Philadelphia Inclusion Network

Promoting the inclusion of infants and young children with disabilities in child care

Participant Module

Collaborative Teaming

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April 2005

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Session: COLLABORATIVE TEAMING

OVERVIEW

What this workshop should accomplish:

Participants will be introduced to the concept of collaboration and the importance of working on a collaborative team to address the needs of children with disabilities but typically developing children as well. Collaboration begins with a respect for all people who are part of a team -- respect for their viewpoints, values, beliefs, experiences, and perspectives, even when those views are different from your own. Participants will learn that collaboration is a difficult process but one that can be facilitated through active listening and conscientiously managing one's own resistance to change. Caregivers will recognize the importance of their role in the collaborative process and increase their ability to work on teams with Early Intervention providers, families and each other.

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From this session, participants will gain understanding about:

- Describe the process of collaboration in planning for a child who is in early intervention or who has special needs
- Participate in a discussion about role releasing and integrated therapies
- Identify how to collaborate for meetings and identify perspectives of team members
- List tips for collaboration

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BACKGROUND

Collaborative Teaming In Early Childhood

Special education and services for infants, toddlers, and preschoolers have been offered to young children with disabilities in communities throughout the United States for the past twenty years -- provided through hospitals, specialized centers, private agencies, and in some instances, through public education systems. The general philosophy under which these programs operated was to provide services early so that children with disabilities would have a good start before entering school. The philosophy was that if intervention began early, children's disabilities would be less severe than if they waited until school-age to receive intervention. While many programs existed across the country, they did not exist in every locality. They were segregated or restricted to children with disabilities or to one type of disability (e.g., blindness) and they often had waiting lists. In other words, capacity did not meet community needs. Parents were often charged fees for their children's services. In 1987, the Education of the Handicapped Act was amended to encourage states to develop and implement publicly-operated state-wide systems of early intervention so that all children and families would have access to services in their communities and, for the most part, at no financial charge. All states, including Pennsylvania, have implemented these state-wide systems. Although the systems vary from state to state and, within some states, they all share common features.

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Teaming and Collaboration

A primary feature shared by programs across all communities is a focus on teaming and collaboration at the level of the child and family and at community and state levels. Models of early intervention are shifting from traditional, paternalistic or professionally-driven models to approaches where families and professionals collaborate in decision-making. One feature of this newer approach is called "family-centered". A family-centered model respects and recognizes the information that families have about their children and their family and treats parents as equal partners in planning and decision-making on behalf of children. In other words, professionals do not make the decisions about "what is best" for children and families but collaborate with families and share information. Families make decisions about what is best for themselves and their children. This is sometimes referred to as empowerment because the role of people outside the family is NOT to make decisions for the family but, rather, to assist the family with decision making. People outside the family -- child care staff, early intervention teachers and therapists, health care or social service agency staff -- must work together as a team, with the family, to plan what will happen with children.

Collaboration begins with a respect for all team members -- respect for their viewpoints, values, beliefs, experiences, and perspectives, even when they are different from your own. Active listening is an important strategy that all team members can use to learn about other people's viewpoints and understanding. Active listening depends upon interacting with people in ways that encourage them to talk about their

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perspectives. For example, one person might ask another person to "tell me more about ---" or when another person is talking, the listener may restate what the person said to encourage them to talk further about the issue. In talking further, the listener may learn not only what is important to another person but why it is important. Each person needs to understand the viewpoint of others even if they disagree with those viewpoints. For example, if one person believes or holds the view that it is best for children to be toilet-trained by their second birthday and another team member thinks that it is OK for a child to become toilet-trained whenever the child is "ready", it is important to recognize and respect both views. It is not necessary to have agreement. In other words, the point is not to discuss whose viewpoint is "correct" but rather to understand that each person's viewpoint is influenced by thatperson's personal experiences, beliefs, values, and knowledge and that views are likely to be different. People do not necessarily share common experiences, knowledge, values or beliefs. As a team, the first step in collaboration is to value differences, to value diversity.

Despite everyone's best intentions, some team members may be resistant to a team process or may appear resistant because of strong belief in their own perspectives. Shifting from a paternalistic "I know best" orientation to an approach where we value differences in perspectives and opinions can be an awkward shift for team members. Resistance can be managed with specific strategies. A team leader can point out the differences that exist among team members and attempt to have the team reach agreement on a consistent position. Behavioral persuasion depends on the principles of positive

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reinforcement. Team members reinforce each other for their opinions, and provide incentives for effective team functioning, such as associating a positive event with change ("Did you notice that when Hilary was with John, John seemed to talk more?") In a functional approach, team members seek and use feedback from all team members, involve the entire team in planning, and clarify who will follow-up on team tasks. Change can occur as long as the change falls within the value system of individual team members and the team as a whole and is related to each persons knowledge and experience.

Some team members may have difficulty expressing themselves verbally or may be unwilling to share perspectives for any number of reasons. Others may have a strong commitment to their own experiences or knowledge-base that prevents them from really listening to or hearing the perspectives of others. For example, an individual who has spent five years in school learning about occupational therapy or special education may be so committed to their experiences and knowledge base that the view of others, who have not gone to school to be therapists or special education teachers, may not seem relevant or may not be heard. On the other hand, some team members may devalue their own perspectives because they lack education or experiences and they may be more than willing to do what other people suggest even when those suggestions conflict with their own beliefs and perspectives. Collaboration is a difficult process, but one that can be facilitated through active listening and conscientiously managing resistance to change.

Sometimes members of early education or child care staff feel

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left out of the early intervention planning process that is often used for children with developmental delays or disabilities. Early intervention personnel may not intentionally exclude child care teachers in team meetings, but may think that child care staff will be unwilling or unable to attend team meetings. All team interactions do not necessarily need to occur at formal meetings such as IEP or IFSP meetings. However early intervention staff should contact directors and staff prior to working with a child. Child care staff do not need to wait to be contacted by early intervention staff. They can find out who is providing services to a child and family, contact those people, and establish ways to communicate regularly. These ways do not necessarily need to be dependent on face-to-face meetings. Communication can occur by welcoming early intervention staff to provide services within the child care program, through phone conversations, or simple notes. Both early childhood and early intervention staff should work to make it possible for everyone to participate in a child's IEP or IFSP development and evaluation. When parents, early intervention, and early childhood staff think of ways to communicate and share information, the lives of children and families are easier because people are working together for the best outcomes for everyone.

Activities and Routines As A Basis for Team Collaboration

Each team member has unique expertise, knowledge, and experiences. Families know their children intimately -- what their children like, what works best in difficult situations, how to motivate their children, who their friends are, what their special talents may be. Early childhood personnel know how the child

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does in a group, what children do to make friends, the activities a child may prefer, what a child does well -- and not so well. Early intervention personnel include people from a number of different disciplines, each of which is an "expert" in interventions that relate to a particular aspect of children's development or functioning. Teachers know specialized ways of teaching children. Occupational therapists have strategies to help improve sensory and motor functioning. Physical therapists are experts in motor functioning and performance, and speech and language pathologists know how to promote a child's understanding and use of speech and language skills. Often, these team members may look at and observe only one aspect of a child's functioning and then may design interventions to improve child functioning. Their observations of children's abilities may be made exclusive of the context in which these abilities may be used. Discrepancies may occur because specialists may not consider the context in their evaluations. Children's performance may change when the context changes. For example, children may talk a lot at home but may say little to nothing when in a one-on-one situation with a professional or they may talk only to one or two children in child care but at home may speak easily to everyone. Professionals may also design interventions that are outside of a typical context and then may try to get parents or child care providers to incorporate those interventions into typical child care or home routines -- without any knowledge of what these routines actually look like. This may result in parents and child care providers being asked to "carry over" or do special things during times where special things may not fit well.

Collaboration among child care and early intervention personnel and families can begin with identifying child care and family

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home routines that are going well and those that are not going well. Many child care providers and family members struggle through routines that are not going well when early intervention specialists may have excellent ideas for ways to improve these routines. For example, family mealtimes may not be going well because a child needs to be fed and because only the mother is able to feed the child successfully. Or, a child care provider may be having difficulty changing diapers of an 18 month old who has cerebral palsy because the child's legs are difficult to get apart or because the child stiffens, requiring the child care staff to hold the child on the changing table while still trying to get the diaper changed. When families and child care providers talk with early intervention personnel about routines that are not going well, early intervention people can work together with caregivers to generate solutions that will work within child care programs and children's homes. Just as some routines are problematic, others work really well. A child may really like music and may try to talk and sing during music activities. This is information that is useful for the speech pathologist to know because music may provide a wonderful context within which to intervene to improve a child's language. Listening to stories may be an opportunity for a child to learn and practice listening and other skills. Providing interventions within a context where a child is already enjoying the activity helps to build upon children's strengths and captures their motivation. This is a much more ideal "teaching" situation than trying to get a child to do something out of context or during activities that they do not like. Knowing information about routines and activities in which a child participates at home, during child care, and in other community situations is important information for everyone because these activities and routines become the context in which specific teaching and interventions can be successfully

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embedded.

Team Models and Roles

A variety of team structures (or models) exist and are used in different situations. A child with a disability may be followed in a hospital clinic -- for example, a follow-up monitoring program for children who have been born prematurely. The parent(s) may take the child to the clinic at periodic intervals and the clinic may have a team that includes a physician, nurse, and maybe some therapists. These team members may see the baby and parent(s) individually and then come together to discuss their findings and develop recommendations which are then shared with the family. This would be labeled as a multidisciplinary team because multiple disciplines are involved in generating findings and recommendations for a client (in this case, the baby and the family.)

In early intervention, the two most frequently used team models are **transdisciplinary** and **integrated therapy** models. Both of these approaches are relatively similar in that they do not support interventions where the specialist (special education teacher; therapist) takes the child out of a typically occurring activity to provide intervention that is out-of-natural-context nor works solely with the child one-on-one using an adult-child interaction framework. Rather, in these models, specialists work with others like child care teachers or families to help them promote children's participation in activities and routines and learning of new skills that will be functional for the child. Each team member plays a unique role, with parents serving as the decision-makers on behalf of their children and families, and other caregivers (such as child care staff) providing information

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about how the child functions in typical activities and routines.

Tips for Collaboration

Team members can promote collaboration by evaluating the team process and by using communication skills. Teams should take time to review their progress and identify areas for improvement. These discussions can occur with reference to a particular situation/child or can be general to a team that works together frequently. For example, the same team members may comprise the team for two children who are in the same child care program. More often than not, however, team members vary and these discussions need to occur with reference to the child with whom the team is working. Asking questions such as "what are we doing well?", "what could we be doing better or differently?" and "what can we do immediately to start doing things better or differently?" can help team members focus as a team on the collective role of team members in enhancing the functioning of the team as a whole.

Teaming and collaboration are not necessarily easy, nor do the skills required to be effective come "naturally." So -- why collaborate? What are the benefits for families, for their children, and for the individuals, the professionals, para-professionals, and others who will be putting in time, effort and commitment to making collaboration successful?

Families have long complained about the numbers of health, early intervention, child care, and social agency personnel with whom they need to communicate, the fragmentation and duplication of services, and the lack of shared information

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systems or eligibility criteria. This is a particular problem for families who are at socioeconomic disadvantage and who may be using multiple services or interacting with multiple agencies. Families of children with chronic health care needs or whose children have multiple disabilities may also be dealing with numerous doctors, nurses, child care staff, and early intervention personnel. Service coordination can assist families to access, use and coordinate multiple services from multiple agencies. However, when all these individuals work together with the family to plan, provide, and evaluate services, families lives are made less complicated and less of their time is required for service access and use.

Professionals benefit by learning what each one is able to do and by working interdependently with each other. Each agency has a unique mission, purpose, services, and "clientele". However, when people work together, often fewer services are needed to achieve the same outcomes and the multiple benefits of agencies and their personnel can be directed to child and family needs, priorities, and values.

For children, collaboration may result in services that are targeted to a child's needs and that work together to achieve outcomes. When this occurs, children often make greater progress.

How can we best collaborate? Creating a team of people who are all committed to helping a child be the best that he or she can be is the basis of collaboration. A team can include individuals from many different agencies or may include as few people as a child care teacher and the child's parent or caregiver. When children are enrolled in both child care and

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early intervention, they will be receiving services from at least two agencies or providers - the child care staff and the early intervention staff. These individuals need to form a team with the child's parent or caregiver and direct their joint efforts to optimizing a child's development and learning.

Sometimes, team meetings or special team meetings such as IFSP/IEP meetings may be difficult to schedule, especially when staff from more than one agency will be attending. Scheduling meetings in advance for an entire school year can help make it possible for more people to attend. Appointing one person to serve as the facilitator can make meetings quicker and more productive. Having another person serve as the secretary or recorder ensures that all people are informed of decisions made at the meeting even including individuals unable to attend. Collaboration does not necessarily rely on everyone being in the same place at the same time -- however good communication is essential.

Roles and Perspectives of Team Members

Models

Transdisciplinary services - There is a primary integrator of information who works with the family. Other team members work through the primary integrator. Team members role release. That is, team members teach each other skills necessary to work with the child. Over time, people working on transdisciplinary teams have a varied and thorough background. Ideally, transdisciplinary team members have the most well-rounded skills.

Integrated therapies - One definition is that therapy services are provided in classrooms in a way that the child is not pulled away from the group. The specialist works side by side with the teacher and releases roles. Another definition is the specific expertise that a particular specialist (therapists, special education teacher, etc.) knows is taught to another person(s) and infused within the normally occurring activities and routines in a particular setting.

Roles and Perspectives

Parent - decision maker for family, historian, and person who knows the child the best

Administrator - resource arranger, protects agency, and program implementer

Early Intervention Specialist/Therapist - information provider, help to develop options for children, and provide information to families, and help to make decisions about levels of services

Scripts for Role Playing

Parent #1 - This parent is very active and an involved person. This parent has specific ideas about what he or she wants for the child. The parent wants to use as many resources as possible. For example, Parent 1 wants daily communication from all staff members who work with their child.

Day Care Teacher - This is the day care teacher's first teaching experience. This teacher has never worked with a child who has special needs and is not sure what to expect. The teacher is wondering if this is really her responsibility and is afraid to ask questions. Since it is his or her first meeting, she or he remains very quiet throughout the meeting.

Specialist #1 - This specialist is a good informant of early intervention services including the process, of resources. The specialist has many ideas of how to include this child and is willing to do just about anything to be helpful and resourceful.

Director of the child care - The director is worried about liability and says things that make it sound like she really doesn't want to accept this child. The director asks the specialist many questions. This director isn't sure she can accommodate specialists' requests, scheduling, materials, etc.

Parent 2 - This parent is worried that this child care can't take care of the child's special needs. The parent would really prefer that the child be at home, or in a specialized agency. Parent 2 isn't quite as talkative as parent 1, but has expressed concern about the child care setting. This parent needs reassurance that the child care center is willing to do whatever is needed for the child.

Specialist #2 - This specialist tends to use a lot of "jargon" and technical terms that require others to keep asking, "What is that?". The specialist seems to assume that the child care staff understands the early intervention system and its supports. Specialist 2 is always willing to answer questions.

Real Life Stories

Tommy likes to Play

Tommy is three years old and has Down Syndrome. He demonstrates play behaviors at the two year old level, scribbling with a crayon, putting together simple 4 piece puzzles, and identifying major body parts. Tommy communicates primarily by pointing. He seems reluctant to use any of the equipment at the playground, prefering to sit and watch the other children.

Alisha

Alisha is eighteen months old and has the play behaviors of a six month old, still enjoying rattles and simple musical toys. Alisha mouths most objects given to her, but is also visually attentive to activities around her. She is just beginning to crawl. Her parents would like her to be enrolled in the two year old class because they think that those children would be a good role model for her. They have also heard good things about the teacher in the class.

Sam likes Creative Play

Sam is four years old. He has been enrolled at four other preschool programs in the past two years, being asked to leave each program because of his behavior. Sam is non-verbal and has a short attention span, being able to play with a toy or sit at an activity for only about one minute. Sam can exhibit aggressive behaviors such as biting and hitting the other children frequently throughout the day. His parents say he is creative and likes to draw. Sam also will engage in elaborate play routines with his Winnie the Pooh toys.

Rachel can't wait to go to child care

Rachel is two years old and has cerebral palsy. She wears braces on her legs and is just beginning to walk with a walker. Rachel seems to have age appropriate cognitive skills. She is putting words together and plays with simple manipulatives (puzzles, magnetic blocks, and pop beads). Her parents would like her to be potty trained as quickly as possible.

Collaborating With the Early Intervention Team

1. Identify the special education and related-service personnel available to children in your program

2. Contact the staff involved with the child identified for, or receiving, special education and related services

3. Request a meeting with the special education staff to develop/review the IEP

4. Establish regular meeting times with all staff involved with the child

5. Provide staff development opportunities

6. Establish and maintain regular communication mechanisms

7. Evaluate child, staff, and program status on a frequent basis

Source: Bruder, M.B. (1994) Working with Members of Other Disciplines: Collaboration for Success. In M. Wolery and J.S. Wilbers, *Including Children with Special Needs in Early Childhood Programs* (pg. 6). Washington, D.C.: National Association for the Education of Young Children.

Routines That are Working Well and Not Working Well

Schedule Category/ Routine	Working Well	Strengthen IFSP/IEP objectives	Not Working Well	Adaptations

1. What are the child's strengths?
2. What are the concerns?
3. What are the priorities?
4. What is the plan?
5. What did the team do to collaborate?

Tips for Collaborating

Evaluate Team Progress - Four Questions for Improvement

1. What are we doing well?
2. What could we be doing better?
3. What could we be doing differently?
4. What can we do now (within the next 48 hours) to start doing things better/differently?

Source: M. Forest and J. Pearpoint. Tash Newsletter. May, 1997

Use Collaboration Skills

1. Criticize the idea, not the person
2. Integrate several opinions into a single position
3. Probe for more information
4. Build on teammates' ideas
5. Encourage positive teamwork behaviors
6. Develop physical proximity
7. Come to meetings prepared
8. Develop method of communication

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What Did You Learn Today?

1. Did you make any changes in your child space since the last session? Explain

2. List 2- 3 main points you learned from this session.

3. I am leaving this session with a better idea about how to:

4. What is one thing you plan to do differently in your child space before the next session?