



Resource Article

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GENUINE
APPLICATION
OF FAMILY-
CENTERED
PRACTICES**

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The practice of being reflective with families and with our colleagues in early intervention is growing. Reflective practice goes beyond simply thinking about what happened to critically thinking about events (e.g., What went well? What didn't? Why? How do I feel about? What can I learn from this? What can I do next time?) and developing insights from those actions to guide future actions. It is a process for stopping and thinking about what happened, making and taking opportunities to consciously analyze decision making that when into what happened, and relating what was discovered through reflection to future actions and interactions.

Watson and Gatti (2012) further explored reflective practices in their article, Professional Development Through Reflective Consultation in Early Intervention. They developed a pilot project in which reflective consultation was used to provide support and development to an early intervention team in an urban Minnesota area. An experienced clinical psychologist provided consultation to 14 early intervention

providers of various disciplines. The project began with an awareness workshop provided by the consultant focusing on foundational information about working with families and children within the framework of reflective practice. The workshop was followed by reflective consultation sessions, which were scheduled on a monthly basis with the consultant. The authors describe, "The primary focus of these meetings was on developing perspectives and strategies for working with children and families and finding ways to create and maintain reflective work environments (p. 112)." The meetings were structured to include such elements as time for checking in with providers, exploring feelings and themes, discussion of a specific situation brought up by a provider, group discussion of struggles, strategies and perspectives, summarizing the discussion, as well as planning for the next meeting. After the pilot project concluded, information and feedback were gathered by means of a reflective process survey (a 12

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5 point Likert of scale, developed by the authors), interviews with reflective consultation participants and with the consultant. Participation throughout the project was voluntary and the number of participants at any given consultation ranged from five to eight.

Overall results suggested stress from the job was high and that reflective processes provided a means for both support and professional development on the job. Sources of stress were varied and included psycho-social risk factors of the families and children served, feelings of isolation due to the limited opportunities to cross paths with colleagues, administrative demands and paperwork, and time constraints. The reflective process was viewed favorably by participants. They appreciated the dedicated structured time for these meetings, felt supported as they explored their feelings and reactions, and were able to gain perspective by sharing their ideas with one another.

Based on these results, the authors made the following recommendations for implementing a reflective consultation process: 1) Establishing administrative support is necessary for allocating time and resources to provide and maintain the reflective consultation process; 2) The consultant should be trained and experienced in reflective processes (advantages and disadvantages of having a

consultant from within or outside the organization is an important consideration to explore); 3) Trust and open communication are critical as they lay the foundation for a safe environment in which to share experiences and feelings; 4) Reflective consultation meetings should take place with regularity; the meetings should unfold in a predictable manner with a structured format; 5) Additional research is needed to further investigate the reflective process and its effect on job satisfaction and performance.

Building reflective practices takes time, trust, and personal commitment. Yet, the value and benefit makes the investment worthwhile. By reflecting on our work with families and colleagues, we tune into the multifaceted aspects that influence our actions and interactions. In turn we learn through this process to enhance the quality support we provide families as we help them discover and enhance learning opportunities that make sense for their child and family.

Watson, C. & Gatti, S. N. (2012). Professional Development Through Reflective Consultation in Early Intervention. *Infants & Young Children*, 25(2), 109-121.



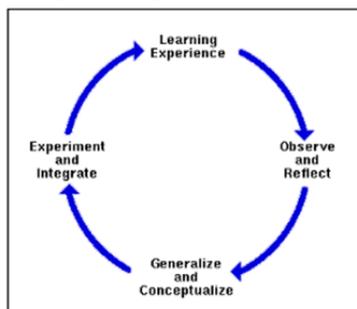
What do the data say?

What is reflective practice?

Reflective practice is an active adult learning principle that involves working with experience to engage in further learning. As an early intervention provider it involves the process of consciously considering the actions, responses, emotions, and thinking of something that has happened in intervention and using that information to understand and guide action to enhance desired practices. With families it encompasses a process of engaging parents in a similar reflective thought process helping them to recapture their experience by stepping out of the moment and thinking about how something worked, or didn't work, or almost worked, why, and what can be learned or applied to future situations.

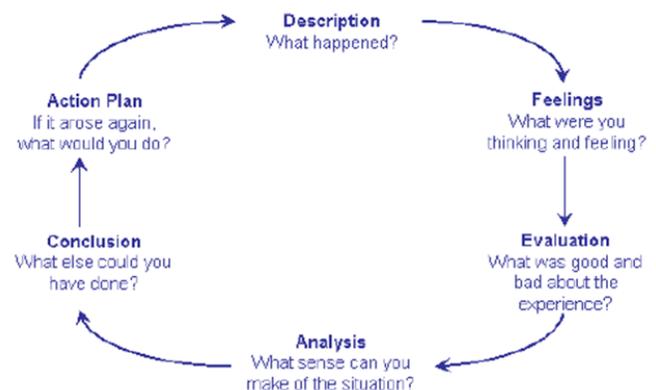
To help understand reflection in adult learning theory let's look at a few definitions and models. The Boud, Keogh, and Walker (1985) description of reflection is helpful in understanding the process of reflection. They describe reflection as "an important human activity in which people recapture their experience, think about it, mull it over and evaluate it" (p. 19). From this definition we see the importance of action in reflection. It is an active learning process rather than a passive process of simply receiving information.

Adult learning theorist, David Kolb, further described how adult learning is an active process in which the learner does something (a learning experience) then through the learner's observation and reflection on the experience they assimilate the experience in light of past experiences and knowledge, and determine future action that can be tested and applied to different situations. Shown here is Kolb's (1984) active reflective learning process.



Adding to Kolb's work, Gibbs (1988) defined a framework that incorporated a debriefing process to facilitate reflection. This provides a formula type model of reflection that includes guiding questions to consider each stage of Gibb's reflective cycle.

Gibbs' model of reflection (1988)



Encouraging critical reflection and challenging learners to identify and consider alternatives is also one of Stephen Brookfield's (1986) six practices of adult learning. Adults establish their own cultural and contextual biases and beliefs; thereby they should be encouraged to engage in critical reflection to determine what actions are truly worth trying in light of their current situations and circumstances.

Reflective practice is an important aspect of early intervention and a key element of coaching. It is part of the process of meeting parents where they are and working together to help them analyze what's happening and what's needed to achieve the priorities they have identified for their child and family. As a provider you facilitate the reflective process by asking parents questions and engaging in discussion to encourage thinking about actions, interactions, and learning opportunities and use that information to identify and enhance further learning opportunities. As a colleague, peer, or mentor you facilitate the reflective process by also asking questions to encourage consideration of actions, responses, interactions, and thinking to adjust and fine-tune desired practices in early intervention. Think about the questions you find helpful in promoting reflection.



Consultation Corner

From January through July 2015 we are excited to have Peggy Gallagher and Eileen Kaiser as our consultation corner experts addressing the topic

“Ensuring the Genuine Application of Family-Centered Practices”

This month we explore the following dilemma:

I feel like the family could see great progress with their child’s challenging behavior if they were more consistent with the strategies we’ve come up with.

One of the greatest gifts you can give parents of a child with special needs is the gift of confidence—that they can interact with and communicate with their child in meaningful and effective ways. You as the provider can be there to coach and offer suggestions to the parents, but remember the parent (or primary caregiver) is the important person who interacts with the child on a daily basis. You might want to help parents practice what they will do the next time the behavior occurs. Talk with them about what they have tried, encourage their reflection, and together plan, practice, and offer feedback. Video may also be an option. You could also ask them to video a portion of the behavior and their response so that the next time you meet, you can together review how it went and give feedback and praise to promote the parent’s feelings of confidence about his or her response to the child. As the parent becomes more adept and confident in using the strategy, you can reduce your role in providing guidance and encourage the parent to use the techniques independently. Research shows that when interventionists used coaching as part of parent-child interactions related to child development, parent engagement increased from 26% to 62% of the intervals coded (Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007).

Children with special needs may sometimes have more challenging behaviors than typically developing children, especially if they are unable to communicate easily. As a primary provider, draw upon input from others on the team to help identify the best ways to let the child respond. Helping

parents offer choices to children is another very effective way of helping children voice their opinion and also gives the child a feeling of power or control over his or her environment which can lead to fewer challenging behaviors. Such choices can be very simple such as “Would you like to put on your shoes by yourself or would you like me to help you put them on?” Note that the choice isn’t about whether the child is going to put on his shoes, but rather how it will happen. At each visit, the early intervention provider can ask what went well since the last visit and what the parents still want to work on. Remember the keys to consistency for challenging behaviors: place, caregiver, and time of day. Asking the parent about these variables can help the team understand what works and what does not.

Common behaviors that parents of young children birth – 3 years might describe as challenging include biting; tantrums, with screaming or stomping feet; refusing to do what the parents ask, such as going to bed; or hitting other children or adults. As an early intervention provider, you can help the parent or caregiver figure out why the child might be exhibiting the behavior since all behaviors have a purpose. In other words, what is the function of the behavior for the child? Is refusing to go to bed a way to say Maria Grace wants a little more of Dad’s attention tonight since Dad just recently got home from a 6-month deployment? Or is trying to bite his new baby sister a way of asking for more of Mom’s time perhaps, which seems to be taken up with nursing the new baby right now? Other behaviors may occur because the child is trying to “escape” doing something he or she does not want or like to do or does not know how to express desires. It is important that parents realize such behaviors are common among most toddlers and that the adults’ responses are what will help modify the child’s behaviors. Consistency is the key! And as early intervention providers, our work can include helping parents see that consistency must occur across three major domains: the places in a child’s life, the caregivers in a child’s life, and the various times of day in a young child’s life.

Consultation Corner (continued)

Consistency of Place: Once strategies are decided upon, explore with parents and caregivers how the strategies can be used in *all the places* where the challenging behavior occurs and help them understand the importance of this consistency. For instance, if the 2 year old child lays down on the floor and starts screaming when she doesn't get a cookie at lunch, his Mom may be able to walk away and ignore the behavior at home. BUT, if the same behavior occurs in the commissary when his Mom doesn't select the cookies Bruce wants, or at the fast food restaurant, where he doesn't get fries as desired, it may be harder for the parents to ignore the behavior. They may feel embarrassed about ignoring their child in public. As the provider, talk through the many places where challenging behaviors occur and help parents figure out strategies so they can be consistent with their responses no matter where the behavior occurs. A small pocket book with photographs of child friendly rules, for instance, could be pulled out at home or in a restaurant as a reminder.

Consistency of Caregiver: Once strategies are decided upon, help the parents and caregivers understand that the strategies must be carried out similarly by *all the different caregivers* who work with the child. Young children learn that the various adults in their lives react differently to their behaviors and that different adults sometimes have different expectations. Children learn early who to ask to get what they want! Spouses may have differing parenting styles as well. One spouse may have an expectation that when she says stop, the child should stop immediately, but children don't always respond this quickly. As the provider, you have a wonderful opportunity to help parents discuss differing parenting styles and expectations and help them see the importance of consistency for the sake of the child and for their own sake and confidence in responding to the child's challenging behavior.

Consistency of Time of Day: Once strategies are decided upon, help the parents and caregivers understand the importance of carrying out the strategies similarly across *all the times of the day* when the behavior occurs. For instance, if Dad has started lying down with Quentavius to make him stay in the room at bed time, and the new strategy is that Dad will read a book and then turn the night light on and leave, the same routine should be used at nap time as well.

A useful tool to help parents identify times and places throughout the day when strategies can be practiced is the "Everyday Child Learning Opportunities Checklist – Active Engagement Plan" (Adkins, Dunst, Raab, & Trivette). Available online at: http://www.cecll.org/download/ECLLTools_7.pdf

The following websites also have good information for families about dealing with challenging behaviors:

- TACSEI <http://challengingbehavior.fmhi.usf.edu/>
- Zero to Three <http://www.zerotothree.org/child-development/challenging-behavior/tips-tools-challenging-behaviors.html>
- CSEFEL <http://csefel.vanderbilt.edu/>
- CDC Parenting Videos <http://www.cdc.gov/parents/essentials/videos/index.html>

As you explore these resources and think about the families you work with, consider using a visit to watch particular videos and discuss information found on these sites. Remember too that often when implementing a new strategy in response to a challenging behavior, the behavior itself may at first increase. Help parents understand this reality. It may just be that the child needs to see and understand the consistent response the parents have identified to address the child's challenging behavior.



On the WWW

As the philosophy and work in early intervention has shifted from working directly with the child to supporting and coaching the family to build their confidence and competence in addressing the priorities they have identified for their child and family, we've witnessed the demise of the toy bag. Gone are the days of having toy stores in the trunks of our cars and assorted bags to organize child-centered lessons.

and replacing it with good functional IFSP outcomes to address with families as part of ongoing early intervention visits. But what do families say? This month the www resource is a video clip from Florida State University illustrating a family's perspective about use of the toy bag in early intervention.

Granted there are different provider perspectives on saying goodbye to the toy bag

<http://dmm.cci.fsu.edu/IADMM/videoexamples/ToyBag.html>



Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

In line with the focus on *Ensuring the Genuine Application of Family-Centered Practices*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (January through June) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in July 2015. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil

KIT Newsletters
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Thank you for your continued interest in the KIT.
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