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ABSTRACT

This document presents one module in a set of training resources for trainers to use with parents and/or professionals serving children with disabilities; focus is on parent professional collaboration. Each training module takes about 2 hours to deliver. The module guide has eight sections: a publicity flyer, topic narrative, overview, trainer agenda, activities, summary, bibliography, and evaluation. Introductory information explains how to use the modules including conducting a needs assessment, planning the training, selecting the training module, implementation, evaluation, and followup. Objectives of this module are: (1) become familiar with the history, philosophy, and definition of parent-professional collaboration, (2) identify the many professionals involved in supporting families of children with disabilities, (3) develop an awareness of the feelings which parents have toward professionals and vice versa, (4) identify the qualities of a collaborator, and (5) develop goals for skill building in collaboration. A bibliography identifies 14 books, magazines, or other resources. Eight separate handouts are provided, including a self-assessment checklist on the qualities of a collaborator. (DB)

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**California State Department of Education
Special Education Division
Program, Curriculum and Training Unit**

Presents A Module on:

Parent Professional Collaboration

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1988

This module, as well as thirteen others, were produced under the direction of Karl E. Murray and Susan Westaby of the Program, Curriculum and Training Unit, Special Education Division, CA State Department of Education. The modules are being field-tested throughout 1988. During this field-test stage, they are available by sending \$ 5.00 for each module (includes tax and mailing) to: Parent Training Modules, CA State Department of Education, P.O. Box 944272 - Room 621B, Sacramento, CA, 94244-2720. Make checks payable to Parent Training Modules.

INTRODUCTION

The Parent/Professional Training Modules have been developed to serve as a core set of training resources for trainers to use primarily with groups of parents. Some of the trainings were designed specifically for combined groups of parents and professionals, and all the trainings can be adapted for use with parents or professionals as separate or combined audiences. The training modules in the series focus on content and activities that build skills and offer resources to promote parent-professional collaboration to ensure quality education for all students with disabilities. There are fourteen training modules in this series:

- Parent Professional Collaboration**
- Parental Involvement**
- Stress and Support in the Family**
- Coping with Loss and Change**
- Parent Support Groups**
- An Effective Community Advisory Committee**
- Community Advisory Committee Leadership Training**
- Communication Skills**
- The Individualized Education Program: Rights and Responsibilities**
- Placement in the Least Restrictive Environment**
- Training for Professionals Working with Families**
- Parent Professional Collaboration in Planning for Employment**
- Transition Planning**
- Interagency Collaboration: The Parents' Role**

Each training module has eight sections:

- Flyer**
- Topic Narrative**
- Overview**
- Trainer Agenda**
- Activities**
- Summary**
- Bibliography**
- Evaluation**

Within each of these sections there are these materials:

Flyer - The Flyer highlights what participants can expect to learn by attending the training. It can be personalized for each training by adding date, time, and location in the appropriate spaces.

Topic Narrative -- The Topic Narrative contains content information specifically for the trainer. Trainers use the information to enhance their knowledge and understanding of the subject matter of the training module.

Overview -- The Overview contains the goals and objectives for the module; and the content and presentation strategy for each activity contained within the module.

Trainer Agenda -- The Trainer Agenda contains details of trainer and participant activities, materials and media. It is a suggested agenda that trainers can personalize to fit their style and the specific needs of the participants. A few modules that deal with sensitive or difficult content have Trainer Tips included in the Agenda section.

Summary -- The Summary contains highlights of all the content information presented in activities within the training. The Summary was designed to provide information to prospective participants and to workshop planners.

Bibliography -- The Bibliography contains the names of books, magazines and other resources that were used as references in developing the training modules and may serve as a list of suggested reading materials for trainers as well as participants.

Evaluation -- The Evaluation contains questions that directly assess the objectives of the module as well as some general questions to evaluate the usefulness of materials and trainer effectiveness.

The Parent/Professional Training Modules have been designed to be a flexible and expandable resource for trainers of parents and professionals. It can be housed in binders or in file folders and rearranged as needed. Trainers are urged to add articles, resources and other materials that will make each training reflect their individual style and meet the needs of the participants.

HOW TO USE THESE TRAINING MODULES

Conduct a Need Assessment:

Gather as much information as you can about the groups that you will be working with. The following types of questions may help:

Does the group meet regularly or is it assembled specifically for the purpose of this training?

What does the group want to accomplish? Does it have a stated goal? Are there a set of outcomes that the group wants to achieve?

Who is involved in the group (agencies and organizations)?

If the group is an ongoing group, how is the group organized? (officers, executive committee, standing committees, task groups, etc.)

What has the group already done? What training has the group already received?

What is the group working on now?

How does the group get things done?

Has the group conducted a needs assessment to determine the group's need for training and the training topics of interest?

Plan the Training

Typically, this is a dialogue between the trainer and the client. Often, the client will have a specific topic or activity in mind. Sometimes additional topics will be suggested during the needs assessment process when the trainer probes to get more information. The trainer can share a list of module topics and/or several module summaries to aid the client in selection of a topic(s) from the series.

Select the Training Module

The Parent/Professional Training Modules offer a wide selection of topics and activities. The trainer can select the module that deals with the topic chosen by the client.

Review the Training Module

The module provides the core activities and a suggested trainer agenda. The trainer can adjust both to reflect their individual style and the needs of the client.

Identify Additional Resource Materials

The trainer can add articles, resources, and other materials to the core training module. Often a trainer will introduce local resources or pertinent sample materials.

Deliver the Training

The Parent/Professional Training Modules are best delivered by a training team of a parent and a professional. Collaboration is modeled by the team as each member of the team displays unique perspectives, abilities and knowledge as they enhance each others presentation styles.

Evaluate the Training

Evaluation is an essential element of any training. Each module includes an evaluation that assesses the specific objectives of the module and the usefulness of materials. These evaluations can assist the trainer in refining the module content and modifying presentation style, if needed.

"Follow-Up" the Training

It is a good practice to follow up any training with a personal visit, letter, or a phone call. The trainer may wish to keep a list of names, addresses, and phone numbers of participants to facilitate follow up. The follow -up usually consists fo discussion about how the training may have impacted the client's personal or professional life. Clients may express the desire for further training and/or materials and resources.

Parent Professional Collaboration

(For All Interested and Involved Parents and Professionals)

You, as a participant, will learn about:

- the history, philosophy and definition of parent-professional collaboration
- the variety of professionals you work with
- the feelings that parents and professionals express toward one another
- the qualities of a collaborator
- increasing your skills as a collaborator

Day and Date:

Time:

Location:

For More Information, Call:

Please Come

Parent Professional Collaboration

Topic Narrative

Parents have been assigned or have assumed seven major roles throughout the past hundred years or so. From the 1880's, parents were viewed as the source of their child's problems. The eugenics movement, focused on heredity as the only cause of mental retardation, resulting in laws against the marriage of persons with disabilities, laws for compulsory sterilization, and greatly increasing institutionalization. Institutions kept parents and children separated, assuming that the parents were a negative influence on the child and that only professionals could care for the child effectively.

Then, beginning in the 1930's, parents began to organize on local and national levels in order to meet the educational and other service needs of their children and their own needs for emotional support. Organizations for the disabled, such as Association for Retarded Citizens and United Cerebral Palsy, as well as for the gifted, have had a powerful effect on the opportunities available to children for services and have provided both support and creative outlets for parents. These organizations emphasized, during the 1950's and 1960's, the development and often the actual delivery of educational, social, recreational and adult services.

From 1950's through the 1970's, when services were provided by professionals, parents were first expected to assume a passive role, complying with professionals' decisions and being grateful recipients of services. Later, parents were viewed as learners and teachers, and the fields of education and psychology recognized the important influence of the environment on intelligence. Parent training programs were offered to teach parents how to work with their children.

During these same years, parents served very successfully as political advocates, securing the legal rights of all children to a free appropriate public education (PL94-142, 1975). Many parents continue today to serve in this role, targeting standards of treatment in institutions, the development of community-based services, research, Social Security, architectural accessibility, and anti-discrimination legislation. Since the passage of Public Law 94-142, parents have had the right to fill the role of educational decision-maker.

This role, as well as the roles of learners and teachers or political advocates, focuses on the needs of the family member with a disability. Volunteering for active involvement in organizations, directly providing services, receiving training and in turn training children in home, and-or serving as political advocates and education decision-makers, may not meet the needs of all parents and tends to ignore the needs of other family members. Today, both parents and professionals are recognizing the role of parents as family members and the importance of meeting the needs of each family member and the family as a whole. The development of respite care and sibling support groups are indicative of this perspective. The impact of such a family system philosophy on parent-professional relationships is the realization that families need as individualized an approach as has been given to children in the past, and that the family needs and resources are just as varied and important.

Ideally, parents and professionals work together in a cooperative manner to achieve the goal of increasing the quantity and quality of services for children with disabilities and their families. This collaborative approach is voluntary, based on mutual respect, sharing information honestly and openly, appreciating differing perspectives, and being willing to work together to solve problems and bring about change. It involves not only parents and school personnel but also many other professional service communication and problem-solving skills, the ability to access and understand information, and a conscious attempt to see "the whole picture." It is an on-going process, because the players, information, needs and resources often change over time. Many barriers to

collaborative efforts exist, including negative feelings about each other which are often based on inaccurate assumptions, limited time to develop necessary skills, and limited time to go through the process. Yet the effort to collaborate pays off in improved services and effective use of limited resources.

Overview

The main goal of this module is to understand parent-professional collaboration and identify the skills and attitudes necessary for effective collaboration.

Objectives

1. Become familiar with the history, philosophy and definition of parent-professional collaboration.
2. Identify the many professionals involved in supporting families of children with disabilities.
3. Develop an awareness of the feelings which parents have toward professionals and vice versa.
4. Identify the qualities of a collaborator.
5. Develop goals for skill building in collaboration.

Objective Number	Suggested Minutes	Content	Presentation Strategy
	10	Introductions, Objectives and Agenda Review	
1	10	Definition	Lecturette
	10	Philosophy	Individual Activity and Large Group Discussion
	10	History	Lecturette
2	30	The Professionals	Individual Activity, Small and Large Group Discussion
	10	Break	
3	30	Feelings About Parents	Individual Activity and Large Group Discussion
4	15	Qualities of a Collaborator: Self Assessment	Individual Activity and Large Group Discussion
5	15	Skills in Parent-Professional Collaboration	Individual Activity and Large Group Report Back
	10	Conclusion and Evaluation	
	150		

Suggested Trainer Agenda

**WORKSHOP
TITLE:**

Parent Professional Collaboration

DATE: _____ PAGE: 1

PRESENTERS: _____




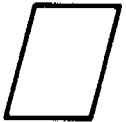
CLIENT:


GOAL:


Understand parent professional collaboration and identify the skills and attitudes necessary for effective collaboration.

OBJECTIVES:






1. Become familiar with the history, philosophy and definition of parent-professional collaboration.
2. Identify the many professionals involved in supporting families of children with disabilities.
3. Develop an awareness of the feelings which parents have toward professionals and vice versa.
4. Identify the qualities of a collaborator.
5. Develop goals for skill building in collaboration.

TIME	WHO	TRAINER ACTIVITIES/CONTENT	PARTICIPANT ACTIVITIES	HANDOUTS MEDIA
10 minutes		Welcome Introductions Objectives and Agenda Review Display Objectives and Agenda on Chart Paper	Listen	 Chart Paper Pens Tape
10 minutes		<u>Collaboration Defined</u> Activity/Handout/Overhead 1 Lecturette Display Overhead 1 Distribute Handout 1 Point out that we are learning that successful collaboration has some distinct characteristics which help define what it is. A Voluntary Relationship: No one can be forced to collaborate; They must want to. A Joint Responsibility: Parents and teachers work best when they have jointly decided on objectives and see each other's mutual efforts. One-sided affairs can be discouraging.	Listen	Chart of Objectives and Agenda  Overhead 1 Overhead projector  Screen  Handout 1

TIME	WHO	TRAINER ACTIVITIES/CONTENT	PARTICIPANT ACTIVITIES	HANDOUTS
10 minutes		<p><u>History of Parent-Professional Collaboration</u></p> <p>Activity/Handout/Overhead 3 Lecturette Display Overhead 3 Distribute Handout 3</p> <p>Point out that the concept of parent-professional collaboration is relatively new. Many trends in our society have affected families of children with disabilities and the relationship they have with professionals.</p> <p>1880 - 1938: The eugenics movement taught that mental retardation is caused by heredity. In order to prevent the spread of "idiotcy", laws were passed to restrict the marriage of retarded individuals, sterilization of such individuals was compulsory, and institutionalization was common. Staff at institutions emphasized that parents could not care for their handicapped children, and that their inability to be good parents caused the initial damage, especially in cases of emotional disturbances such as autism.</p> <p>1930 - 1950: Inadequate responses to children's educational and other needs and to parents' need for support led to the development of advocacy and support organizations on the local and national levels, such as the Association for Retarded Citizens, United Cerebral Palsy, and the Association for Children with Learning Disabilities.</p> <p>1950s - 1960s: Focusing initially on educational programs, parents began developing services for their children either by actually operating programs or by advocating for others in the community to provide services.</p> <p>1950 - 1970: Professionals expected parents to play a passive role in the decision-making process. Professionals made the decisions and explained them to the parents. The parents were expected to be unquestioning and grateful for services which were available.</p>	Listen	 <p>Overhead 3</p> <p>Handout 3</p>

TIME	WHO	TRAINER ACTIVITIES/CONTENT	PARTICIPANT ACTIVITIES	HANDOUTS
30 minutes		<p>1950 - Present: Parent advocacy in the political process has been very successful. Parent organizations, in coalition with each other and with professional organizations, lobbied first for the right to a free, appropriate public education, which they gained at the national level with the passage of PL94-142 in 1975. Other ongoing efforts target such issues as institutional treatment standards, community-based services, Social Security, architectural barriers, and early intervention.</p> <p>1975: The passage of PL94-142, also known as the Education of All Handicapped Children Act (EHA), established the role of parents as partners with service providers. Parents were viewed as having important information to share with professionals and as being the child's "case manager".</p> <p>1980s: All the previously mentioned roles for parents focus on the needs of the child with a disability. Current recognition of the family systems theory emphasizes the diverse and ever-changing needs of individual family members as well as those of the family as a whole. This approach to parent-professional collaboration seeks to individualize services to the whole family, considering its resources, interactions, functions and life cycle. The concept is to provide services in ways which work for the benefit of all.</p> <p><u>The Professionals</u></p> <p>Activity/Handout 4 Individual Activity, Small Group and Large Group Discussion. Distribute Handout 4</p>		 Handout 4 20

TIME	WHO	TRAINER ACTIVITIES/CONTENT	PARTICIPANT ACTIVITIES	HANDOUTS
21		<p>Point out that using professional and community support is most important for families of children with disabilities. The education, health, developmental and social service systems each have specially trained professionals who assist families to identify and remediate whatever problems the children and/or their families have.</p> <p>Instruct participants to individually match each professional title in the first column with a job description in the second column on page 1. Then ask them to list on page 1 any additional professionals they know in the education, health, developmental or social services fields.</p> <p>Divide participants into small groups (3-5) and ask them to determine which person in their group has had contact with the most professionals. Then from those identified in each small group, determine who in the large group has had contact with the most professionals.</p> <p>While participants remain in their small groups, point out that both kinds of professional support needed often changes over the life of a person with a disability. Directing them to page 2, explain that this page shows examples of the possible changes in the kinds and amounts of professional support a person with a disability may need over the life cycle. Ask each group to appoint a recorder/reporter. Have each small group discuss among themselves each life stage and what effect those changes in professional support might have on a family. Have them then answer the question: Why is it so important for families to develop communication and problem-solving skills when working with professionals?</p> <p>Ask each group "reporter" to share their group's response to the last question.</p> <p>Break</p>	<p>Individually match left and right columns on page 1. List other professionals.</p> <p>Divide into small groups. Identify group member having had contact with most professionals.</p> <p>In small groups, discuss each life stage and possible effects of changing professional support.</p> <p>Recorder/reporter writes down answers to the question. Share responses.</p>	<p>Paper and pencils for each small group.</p>

TIME	WHO	TRAINER ACTIVITIES/CONTENT	PARTICIPANT ACTIVITIES	HANDOUTS
30 minutes		<p><u>Feelings About Parents</u></p> <p>Activity/Handout 5 Individual Activity and Large Group Discussion</p> <p>Display chart of statements to be completed:</p> <ol style="list-style-type: none"> 1. "When I'm meeting with professionals, I feel..." 2. "I wish professionals were more..." 3. "I like it when professionals..." <p>Ask each participant to complete the statements in 1-4 words, inviting volunteers to share their thoughts. Record each person's responses on chart paper.</p> <p>Distribute Handout 5 , Pages 1 and 2. Point out that professionals listed their feelings and statements regarding parents.</p> <p>Compare the professionals' lists with the list generated by the parent participants.</p> <p>Point out that professionals sometimes experience the same feelings when they are having meetings with parents. Parents can meet them as partners in meetings, and a real partnership can develop if both parents and professionals can share their feelings with each other.</p> <p>Trainer should have chart of participants response typed and mailed to participants as follow-up.</p> <p>Ask the question: "What skills are necessary to develop in order to feel more comfortable with professionals?"</p> <p>Record the responses on chart paper.</p>	<p>Complete statements.</p> <p>Read and compare lists.</p> <p>Answer question.</p>	<p> Charts with questions listed.</p> <p> Handout 5</p> <p> Chart paper</p>
23 15 minutes		<p><u>Qualities of a Collaborator: Self-Assessment</u></p> <p>Activity/Handout 6 Individual Activity/Large Group Discussion</p> <p>Distribute Handout 6</p> <p>Display Overhead 6</p>		<p> Handout 6</p> <p> Overhead 6</p>

Collaboration Defined

A Voluntary Relationship No one can be forced to collaborate. They must want to.

A Joint Responsibility - Parents and teachers work best when they have jointly decided on objectives and see each other's mutual efforts. One sided affairs can be discouraging.

An Attempt to Reach Consensus and Commitment - It must be based on what is beneficial for the child. There should be no hidden agendas. Discuss and try to resolve differences of opinion with evidence and research. Sometimes we can only agree to disagree. This is all right. It's *how* you do it. Be assertive, not aggressive.

A Learning Experience - Parents have insights into what motivates and increases their child's efforts and performance. Teachers appreciate comments like, "What works best for us at home is to give Johnny a three minute warning before a change of activities, or help him make a list of things he must remember to take to school."

An Ongoing Relationship - Goals, objectives and priorities will change as the child progresses. Parents need to develop a relationship which accommodates for change. For example, if the parents and teacher are trying to eliminate a biting behavior, they need to communicate daily. When the biting is under control, they can select and agree upon another objective.

Collaboration Defined

Collaboration Is:

- **A Voluntary Relationship**
- **A Joint Responsibility**
- **An Attempt to Reach
Consensus and Commitment**
- **A Learning Experience**
- **An Ongoing Relationship**

Parent to Parent Training Manual
Parent Project, Bureau of Special Education
Pennsylvania Department of Education

Philosophy

Collaboration is people working together in a cooperative manner toward a common goal or vision. The goal is to increase the quality and quantity of parent/professional collaboration for improvement of service delivery for individuals with exceptional needs and their families. Collaboration requires the interaction of viewpoints, resources, and services from individuals and agencies, each representing a distinct area of expertise. Persons who successfully collaborate demonstrate a mastery of effective communication principles and skills, creative problem solving skills, and the capability to access and understand necessary information. Conscious awareness of the whole picture (family, community, society) is the foundation for collaboration. When people share together, learn together, appreciate different perspectives, and are committed to working together for a solution that best meets the needs of all involved parties, effective change can occur.

Please circle *three* words from the philosophy that, in your opinion, are most important to parent professional collaboration.

History of Parent–Professional Collaboration

Many attitudes and trends in our society have affected families of children with disabilities and the relationship they have with professionals.

1880 - 1938 Parents as the Problem Source

The eugenics movement taught that mental retardation is caused by heredity. In order to prevent "idiocy" from becoming more prevalent, laws were passed to restrict the marriage of retarded individuals, sterilization of such individuals was compulsory, and institutionalization was common. Professional staff at institutions emphasized that parents could not care for their handicapped children, and that their inability to be good parents caused the initial damage, especially in cases of emotional disturbances such as autism.

1930 - 1950 Parents as Organization Members

Inadequate responses to children's educational needs and to parents' support needs led to the development of advocacy and support organizations on the local and national levels, such as the Association for Retarded Citizens, United Cerebral Palsy, and the Association for Children with Learning Disabilities.

1950s - 1960s Parents as Service Developers

Focusing initially on educational programs, parents began developing services for their children either by actually operating programs or by advocating for others in the community to provide services.

1950 - 1970 Parents as Recipients of Professionals' Decisions

Professionals expected parents to play a passive role in the decision-making process. Professionals made the decisions and explained them to the parents. The parents were expected to be unquestioning and grateful for services available.

1950 - Present Parents as Political Advocates

Parent advocacy in the political process has been very successful. Parent organizations in coalition with each other and with professional organizations lobbied first for the right to a free appropriate public education, which they gained nationally with the passage of PL 94-142 in 1975. Other on-going efforts target such issues as institutional treatment standards, community-based services, Social Security, architectural barriers, and early intervention.

1975 Parents as Educational Decision-Makers

The passage of PL 94-142, also known as the Education of All Handicapped Children Act (EHA), established the role of parents as partners with service providers. Parents were viewed as having important information to share with professionals and as being the child's "case manager".

1980s Parents as Family Members

All the previously mentioned roles for parents focus on the needs of the child with a disability. Current recognition of the family systems theory emphasizes the diverse and ever-changing needs of individual family members as well as those of the family as a whole. This approach to parent-professional collaboration seeks to individualize services to the whole family, considering its resources, interactions, functions and life cycle. The concept is to provide services in ways which work for the benefit of all concerned.

From: P-PACT, 1987 San Diego State University, Department of Special Education
Originally adapted from: Turnbull and Turnbull. *Families, professionals, and exceptionalities: A special partnership*, Columbus, OH: Charles Merrill Publishing Company, 1986.

History of Parent Professional Collaboration

Parent Role		Professional Role
Problem Source	1880 - 1938	Eugenics and Institutionalization Advocates
Parent Organization Members	1930 - 1950	Professional Organizations
Services Developers	1950s - 1960s	Service Deliverers
Recipients of Professional Decisions	1950 - 1970	Decision Makers and Interpreters of Decisions
Political Advocates	1950 - present	Political Advocates
Shared Decision Makers	1975 (PL94-142)	Shared Decision Makers
Family Members	1980s	Family Systems Specialists

Turnbull and Turnbull. *Families, professionals, and exceptionality: A special partnership*, Columbus, OH: Charles Merrill Publishing Company, 1986.

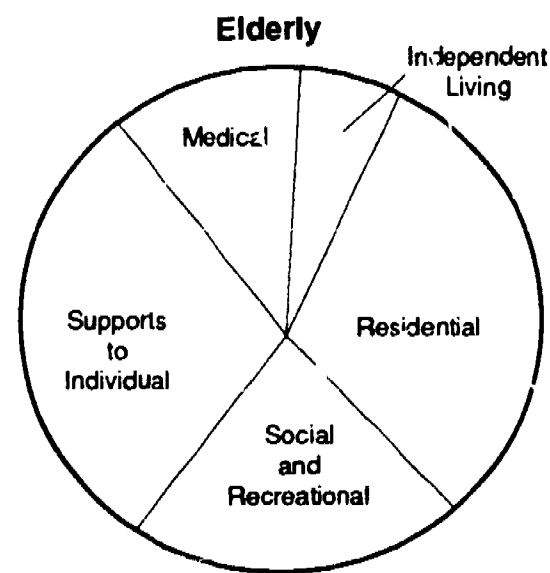
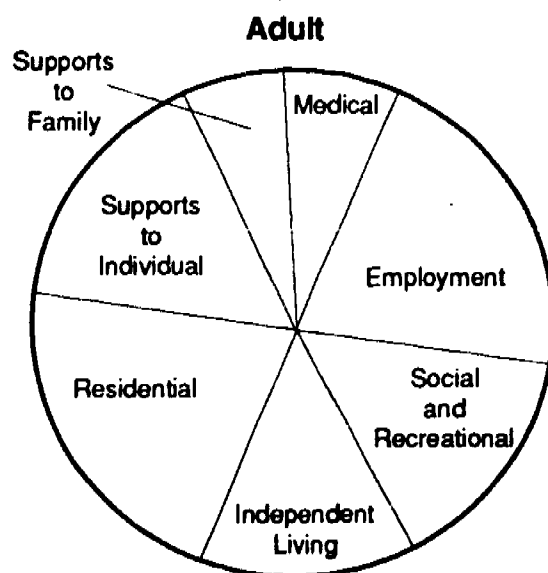
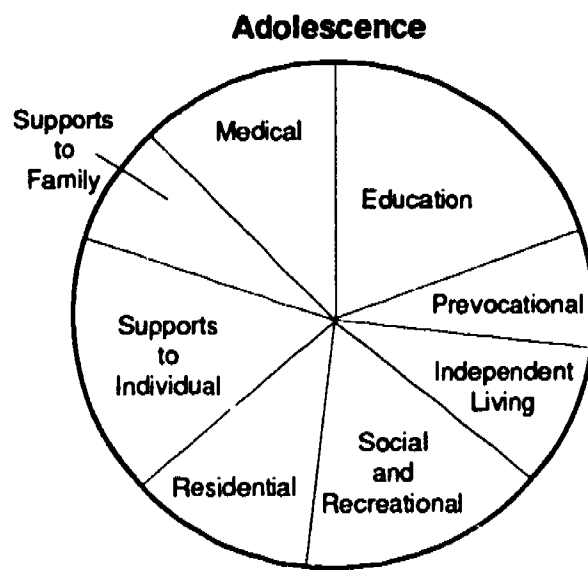
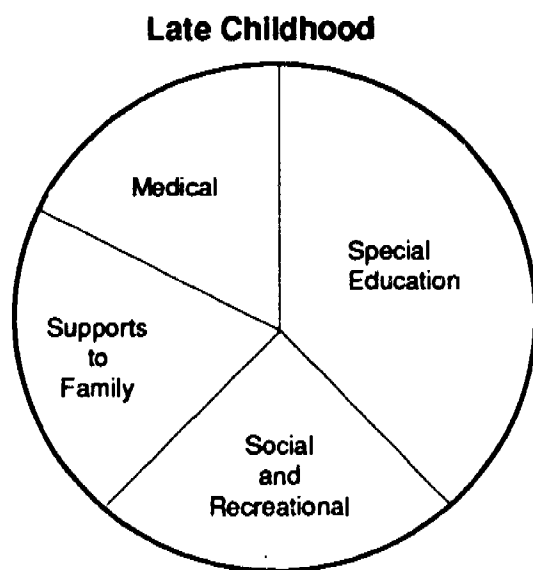
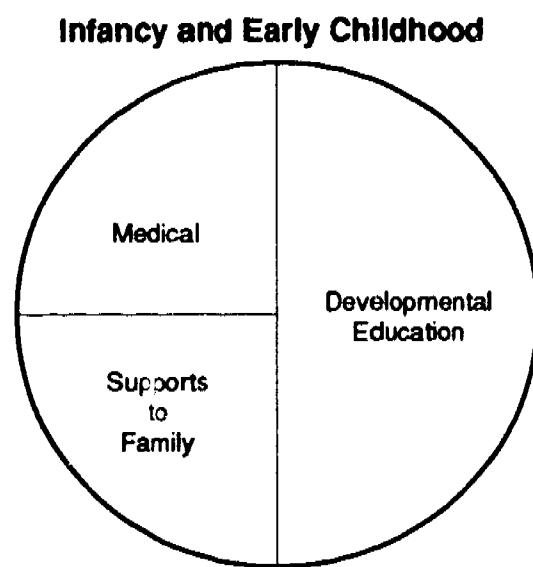
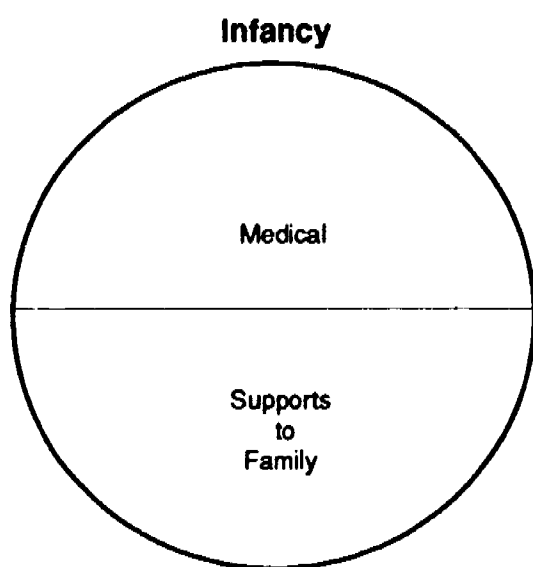
The Professionals

Match each professional title in the first column with a job description in the second column:

- | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 1. Pediatrician | ___ A. Treats diseases of the eye. |
| 2. Teacher | ___ B. Treats diseases of muscles, bones and joints. |
| 3. Neurologist | ___ C. Defends or pleads the cause of a handicapped child. |
| 4. Orthopedic Specialist | ___ D. Provides health needs in an educational setting. |
| 5. Ophthalmologist | ___ E. Can evaluate a child's performance in school, establish I. Q. and achievement level of child. |
| 6. Lawyer | ___ F. Treats disorders of the eye that require glasses. |
| 7. Optometrist | ___ G. Can identify a child who has a hearing impairment. |
| 8. Psychiatrist | ___ H. Develops wills and guardianships. |
| 9. Marriage, Family, & Child Counselor | ___ I. Treats childhood diseases and common ailments. |
| 10. Psychologist | ___ J. Licensed person who coordinates agency help, provides service to families, & protects their interest. |
| 11. Language, Speech & Hearing Specialist | ___ K. Doctor who treats emotional problems of the child and/or family. |
| 12. Audiologist | ___ L. Licensed person who specializes in family systems & interaction. |
| 13. Nurse | ___ M. Specialist concerned with developing strength and coordination of body parts. |
| 14. Physical Therapist | ___ N. Treats diseases and disorders of the brain. |
| 15. Occupational Therapist | ___ O. Certified person who is chiefly involved in the learning process of the child. |
| 16. Professional Advocate | ___ P. Specialist who assesses language capabilities of the child. |
| 17. Social Worker | ___ Q. Specialist who helps child with everyday tasks & fine-motor control. |

List other professionals you know who work in special education or related services field.

Professional Support Change Over the Life Cycle of a Child



Summers, J., Brotherson, M.J. and Turnbull, A. *Coping strategies for families with disabled children*. Lawrence, KS: University of Kansas, Kansas Affiliated Facility, 1985.

Feelings About Parents

Professionals listed the following feelings and statements regarding parents. Compare this list with the list generated by the parent group.

"When I'm meeting with parents I feel..."

frustrated	indignant
professional liability	put down
parents don't care	successful
parents not very informed	organized
uptight	confident
threatened	satisfied
insecure	knowledgeable
pressured	helpful
patronized	appreciative
tired, burned out	fulfilled
tense	accomplished
upset	good about myself
unsure	needed
incapable of dealing with parents	burdened with red tape
unprepared	

"I wish parents were more..."

better listeners	informed
assertive	interested
less intimidated	reliable
initiating in dealing with problems	responsible
caring	involved
supportive	objective
better models	sensitive

"I like it when parents..."

are perfect
attend conferences, staffings...
follow through with suggestions
both attend meetings
see progress
provide feedback regarding the child's "performance"
are supportive of special services
are open with their communication
put their child's education first
show initiative in finding out what their child does in school
remember me at Christmastime
are honest
are objective
are understanding of professional perspectives
are open minded

Remember professionals sometimes experience the same feelings when they are having meetings with you, and that they too are "frustrated, uptight, insecure, threatened, tense, upset, unprepared, put down, burdened with red tape...." You can meet them as partners, involved in the same meeting, sharing the same feelings, the same frustrations, the same fears.

Remember, when you are feeling frustrated, that they too may be frustrated; when you are feeling angry, that they too may be angry; when you are feeling afraid, that they too may also be afraid; when you are feeling helpless, that they too, may be feeling helpless. A real partnership can develop between you and the professionals you are meeting with if you can share your feelings with each other.

Adapted from: Interdisciplinary Center for Human Services, California State University, Fresno

Qualities of a Collaborator Self Assessment

Rank your skills as a collaborator on the continuum below. Please circle the number in each category that best matches your skill level.

	Needs Improving		Adequate		Well Developed
1. I am self confident	1	2	3	4	5
2. I know my strengths and weaknesses	1	2	3	4	5
3. I make a conscious effort to improve my skills	1	2	3	4	5
4. I am open to differences (cultures, personalities, ideas)	1	2	3	4	5
5. I have a clear set of values	1	2	3	4	5
6. I am assertive in expressing my values	1	2	3	4	5
7. I am self directed	1	2	3	4	5
8. I am interdependent (cooperative yet independent)	1	2	3	4	5
9. I have a systems perspective looking at whole picture (family, community, society)	1	2	3	4	5
10. I am able to tolerate ambiguous situations	1	2	3	4	5
11. I am flexible	1	2	3	4	5
12. I have good observation skills	1	2	3	4	5
13. I am able to negotiate in conflict situations	1	2	3	4	5
14. I possess good communication skills	1	2	3	4	5
15. I like to help others	1	2	3	4	5
16. I understand group process and dynamics	1	2	3	4	5

My two strongest skills are:

- 1.
- 2.

Two skills I need to improve are:

- 1.
- 2.

Qualities of a Collaborator

1. Is Self Confident...about interpersonal skills...about competence in his or her own discipline
2. Values Self-Awareness and Growth as a Continuous Process
3. Is Open to Other Perspectives...other disciplines...other cultures...other personalities...other ways of achieving a goal
4. Has a Clear Set of Values and is Assertive in Expressing Them
5. Is Self-Directed or Interdependent, as Appropriate
6. Has a Systems Perspective on the Family, the Community, and Society...and sees himself as part of these
7. Is Able to Tolerate Ambiguous Situations
8. Is Flexible
9. Is Able to Negotiate in Conflict Situations
10. Has Good Observation Skills...concerning both self and others
11. Has Good Helping and Communication Skills
12. Understands Group Processes and Dynamics

Taken from: Interdisciplinary Center for Human Services, California State University, Fresno.

Increasing My Skills In Collaboration

It is important to have some specific goals for ourselves as we work toward improving our skills in parent-professional collaboration. By writing them down and setting deadlines, we help insure that we really will get the job done. Try to be realistic, and base your choice of activity on the areas of needed improvement you identified in the previous activity.

By _____, I will _____
(date)

Examples of goals are:

By _____, I will take a course on behavior
(date)
management and apply those skills at home.

By _____, I will get all my children's records - health,
(date)
education, interests, etc - organized into individual notebooks.

Parent-Professional Collaboration

Summary

Many attitudes and trends in our society have affected parents of children with disabilities and the relationships they have with professionals.

History of Parent - Professional Collaboration

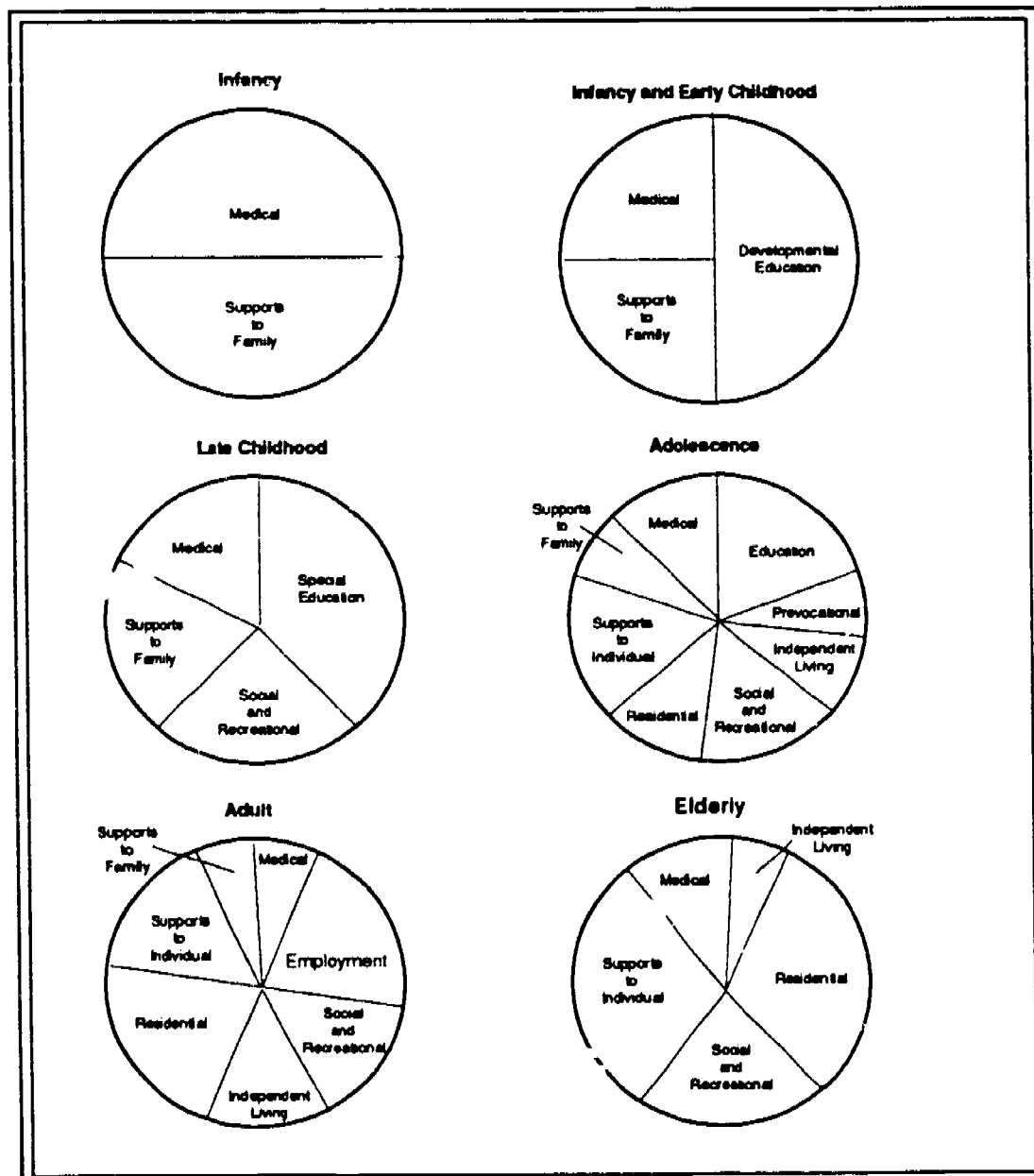
Parent Role		Professional Role
Problem Source	1880-1938	Eugenics and Institutional Advocates
Parent Organization Members	1930-1950	Professional Organization Members
Service Developers	1950s-1960s	Service Deliverers
Recipients of Professional Decisions	1950-1970	Decision Makers and Interpreters
Political Advocates	1950-Present	Political Advocates
Shared Decision Makers	1975 (PL94-142)	Shared Decision Makers
Family Members	1980s	

Collaboration is people working together in a cooperative manner toward a common goal. It requires the interaction of viewpoints, resources and services from individuals representing distinct areas of expertise. When people share together, effective change can occur.

Collaboration Defined

- A Voluntary Relationship
- A Joint Responsibility
- An Attempt to Reach Consensus and Commitment
- A Learning Experience
- An Ongoing Relationship

Families of children with disabilities need professional and community support. The kinds of support they need often change over the life of their child with a disability.



Parents and professionals often experience the same kinds of feeling towards one another during meetings, such as frustrations, anger, helplessness, insecurity and tension. A real partnership can develop if those feelings can be shared openly.

Effective collaborators have certain attitudes and skills which enhance their ability to work successfully with others.

Qualities of a Collaborator

- is self-confident
- values self-awareness and growth as a continuous process
- is open to other perspectives
- has a clear set of values and is assertive in expressing them
- is self-directed or interdependent, as appropriate
- has a systems perspective on the family, the community, and society
- is able to tolerate ambiguous situations
- is flexible
- is able to negotiate in conflict situations
- has good observation skills
- has good helping and communication skills
- understands group processes and dynamics

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Evaluation

Your responses to the questions/statements below will assist us in improving this module. Please respond to all items. Your participation in this evaluation is completely *anonymous*. DO NOT place your name anywhere on this evaluation.

Based on a scale of 1 through 10, how much of the information presented was new to you?

_____ 1 is not much new; 10 all new.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. I am aware of the history, philosophy, and definition of collaboration.	1	2	3	4	5
2. This session helped me identify the professionals I do/will work with.	1	2	3	4	5
3. I now realize that parents and professionals share similar feelings.	1	2	3	4	5
4. This session helped me identify the attitudes and skills of collaboration.	1	2	3	4	5
5. This session helped me identify some skills I want to improve.	1	2	3	4	5
6. The material presented was sensitive to all cultural groups.	1	2	3	4	5
7. The material covered information which was appropriate to all handicapping conditions.	1	2	3	4	5
8. The material presented matched my needs.	1	2	3	4	5
9. I will use some of the information/resources that were introduced.	1	2	3	4	5
10. The instructors did a good job.	1	2	3	4	5
11. Specific suggestions to improve this module:					
