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ABSTRACT

Intended for use in Florida training programs for caregivers of infants and toddlers with disabilities, this guide presents an overview of the Model of Interdisciplinary Training for Children with Handicaps (MITCH); offers a user's guide to the series; and presents specific information for presenting Module 4, which focuses on the impact of a child with special needs on family functioning. After an introduction to the MITCH program as a whole, the user's guide provides information on the instructor's role, the 3-hour training session, the use of videotapes and audiotapes, and follow-up activities. For this module, goals and objectives focus on providing participants with an understanding of various family configurations, implications of family order and position, stress factors affecting family members, potential abuse factors, plans for alleviating stress, and sources of help. For each hour of training, a script, suggested activities, and relevant handouts are provided. Attached are lists of recommended resources and references, reproducible forms and handouts, and forms for the 6-week follow up. (DB)

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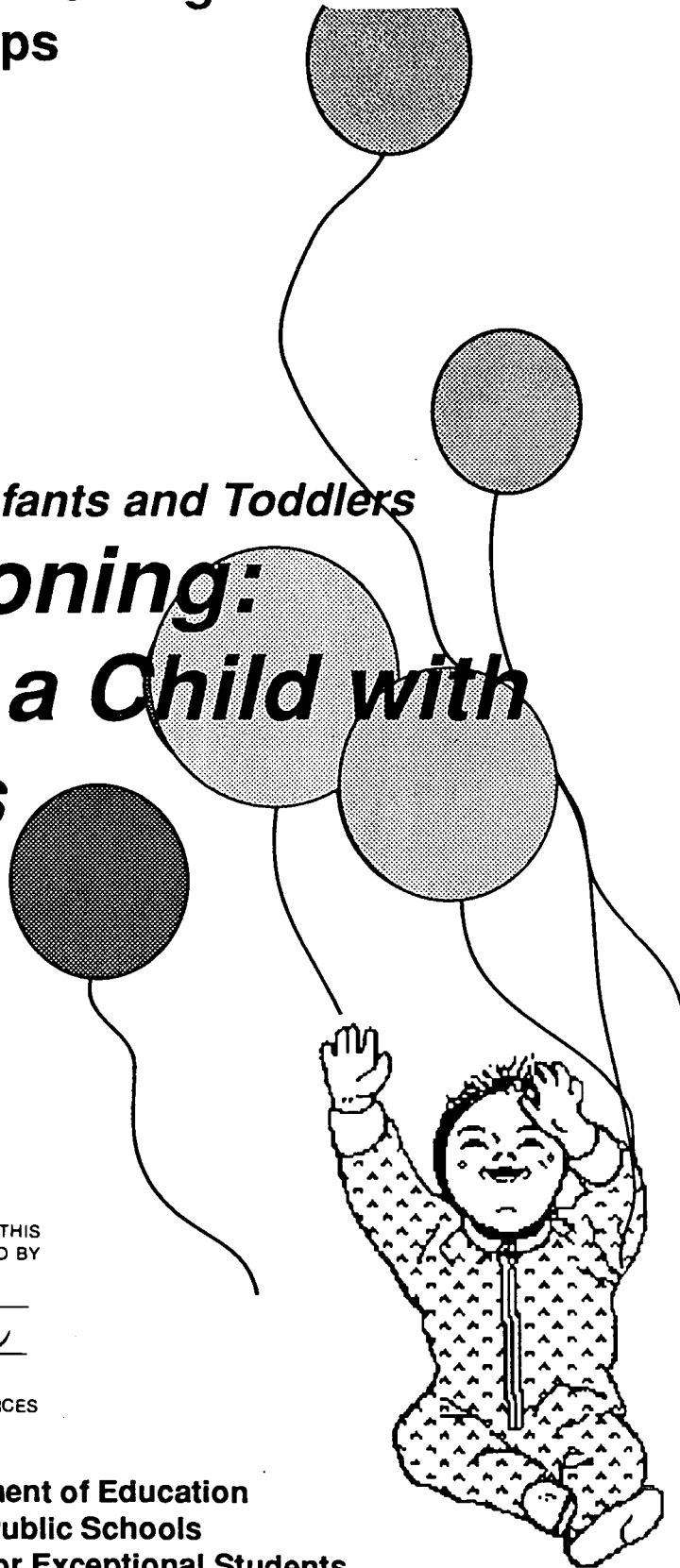
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MITCH Module 4

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Family Functioning: The Impact of a Child with Special Needs



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MITCH Module 4

**Model of Interdisciplinary Training
for Children with Handicaps**

A Series for Caregivers of Infants and Toddlers

***Family Functioning:
The Impact of a Child with
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Florida Department of Education
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MITCH Module 4

**Model of Interdisciplinary Training
for Children with Handicaps**

A Series for Caregivers of Infants and Toddlers

***Family Functioning:
The Impact of a Child with
Special Needs***

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Introduction

Information in the Introduction should be reviewed by each instructor or user of this material. The Users Guide to Series begins on page 5. Information relating to this module begins on page 11.

PROJECT MITCH OVERVIEW

The purpose of the Project MITCH (Model of Interdisciplinary Training for Children with Handicaps) training series is to assist local school districts in Florida in providing interdisciplinary training and resources to parents, non-degreed daycare workers and healthcare providers who work with special needs infants and toddlers ages 0-5, with emphasis on ages 0-2.

This series was funded by a grant to the Florida Diagnostic and Learning Resources System/South (FDLRS/South), on behalf of the FDLRS Network, from the Florida Department of Education, Bureau of Education for Exceptional Students (BEES).

In 1987, the Florida Legislature designated \$100,000.00 of the total appropriation for the FDLRS Network to "expand services to infants and preschool children." The application submitted by Dade County on behalf of the FDLRS/South Associate Center serving Dade and Monroe Counties was selected for funding and was initiated on May 25, 1988. FDLRS/South collaborated with FDLRS/Mailman at the University of Miami and FDLRS/Gateway, serving Hamilton, Columbia, Lafayette, Madison and Suwannee Counties, to complete the work under the grant. Outcomes of the project include:

- assessment of the status of training and resources for the designated population
- design of a collaborative implementation and training model to include development of competencies, replicable training modules which enhance or expand the HRS eight-hour special needs child care module, an adapted training plan for daycare providers, recommendations for curricula to be used in daycare and preschool programs, and recommendations for provision of consultation to parents
- validation of the training modules in Dade, Monroe, and counties served by FDLRS/Gateway
- provision of training for potential instructors and other interested personnel in the 18 FDLRS Associate Center service regions.

Topics for the eleven training modules, as well as information which provided the basis for the competencies, policy framework, and other products of Project MITCH, were obtained from a literature search, interviews, and letters of inquiry and needs assessments sent to over 600 persons throughout the State of Florida. The modules were written by several authors from various disciplines, including early childhood education, exceptional student education, nursing, occupational and physical therapy, speech and language, nutrition and social work. Each module was read by several critical readers and was piloted in both north and south Florida at least three times before final rewriting took place.

The training series emphasizes developmentally appropriate practice and normal development as the means for working with youngsters who have special needs. The eleven three-hour modules that currently make up the series have relevance for caregivers of normally developing children as well as caregivers who may be working with children who are handicapped, experiencing delays, or who may be at-risk. Although several of the modules specifically address normal and abnormal development from birth to 36 months of age, the material is also meaningful to caregivers of preschoolers who are chronologically older but who are functioning developmentally within the birth to three year range.

MITCH MODULES

Eleven MITCH training modules have been developed.

- (1) *Intellectual Development: What You Can Do to Help*
- (2) *Speech and Language Development: What You Can Do to Help*
- (3) *The Child Who Seems Different: Meeting Special Needs*
- (4) *Family Functioning: The Impact of a Child with Special Needs*
- (5) *Listening and Sensory Integration: What to Do Before Speech and Language Develop*
- (6) *The Caregiving Environment: Planning an Effective Program*
- (7) *Behavior Management: Preventing and Dealing with Problem Behavior*
- (8) *Health Care: Infection Control, Medication Administration, and Seizure Management*
- (9) *Motor Development: What You Need to Know*
- (10) *Nutrition and Feeding Practices: What You Need to Know*
- (11) *Working Together: Communication Skills for Parents, Caregivers, and Other Professionals.*

Each of the three-hour modules can be used independently. Although the modules are numbered sequentially, they may be presented in any order since no module provides prerequisite material for another. Each module contains a script for the instructor, activities, references, resource list, and reproducible handouts/overheads. In some cases, a videotape and/or an audiotape and other materials are available to supplement the written material.

MITCH BOOKLETS

Three booklets have also been produced through MITCH. These may be used with modules as indicated or may be used independently. The booklets are listed below:

- *A Simple Introduction to Physical and Health Impairments*, to be used with Module 3
- *Welcome to the World: An Overview of Your Growing Child*, to be used with Modules 1, 2, 3, 6, and 7
- *Curricula for Use with High Risk and Handicapped Infants and Toddlers*, for use as a supplement to the modules.

User's Guide to Series

INSTRUCTOR

Instructor Qualifications

Unless otherwise stated, the MITCH modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood special education, early childhood education, special education, child development, psychology and nursing. *AND HOME ECONOMICS.*

Role of Instructor

Although the modules do contain scripts, the instructor is encouraged to add to them with his own style, personality, anecdotes, information, handouts, references and resources. It is expected that the instructor will exercise judgement in tailoring the material to the needs, interests, and level of the participants. The best presentations will be those that are specifically designed for the participants by the instructor who best knows their needs.

The instructor may change the lecture/discussion and activity ratio depending upon the group's needs. If all modules are being scheduled for presentation within a relatively short period of time for the same group of participants, the instructor may choose among the activities in order to offer variety since several modules share similar types of activities. The instructor will need to plan adequate time in order to become familiar with the material and tailor it to the needs of each specific audience.

A successful presentation of the material is heavily reliant upon an enthusiastic style on the part of the instructor. Suggestions for achieving this include:

- allow for introductions of participants
- accept and acknowledge interaction from all
- paraphrase questions and responses from the participants loudly enough for all to hear
- create a comfortable atmosphere
- summarize the content of each session before closing.

The audience may include a broad range of persons, including those who knowingly work with very young children with special needs, to others who may have children under their care who have special needs that are not yet recognized. The instructor should assist all caregivers in becoming more comfortable with:

- recognizing indicators that a child may be at-risk or may have special needs
- working with that child
- getting additional support and assistance regarding such a child.

It will be important to emphasize that all children are more like one another than they are different. Keeping children in the most natural or normal environment is a major goal for caregivers.

Instructor Preparation and Follow-Through

Prior to presenting any of the eleven three-hour modules, we recommend that each instructor:

- become entirely familiar with the content and format of presentation
- preview any videotape and/or audiotape
- set date for training
- arrange for a comfortable room in which to present the training
- advertise training in a timely fashion (see reproducible flier in Appendix A)
- arrange for the use of an audiocassette player, VHS videocassette recorder, overhead projector and screen, as needed
- photocopy all handouts and the List of Participants
- prepare overhead transparencies and/or other materials
- collect any additional materials not provided in this packet (see materials list).

After presenting any of the eleven three-hour modules, the instructor should:

- photocopy the reminder letter for each participant regarding the return of the Six-Week Follow-Up Activity
- mail the reminder letters three to four weeks after presenting the training module
- collect, or have participants mail, the completed Six-Week Follow-Up Activity
- review completed Six-Week Follow-Up Activity for each participant
- photocopy Certificate of Completion
- complete Certificate of Completion
- deliver or mail Certificates of Completion to each participant who successfully completed the Six-Week Follow-Up Activity

- maintain a complete record of persons who have successfully completed the module, using the List of Participants.

Reproducible copies of the Instructor's Time Table, Advertising Flier, List of Participants, Mailer, and Certificate of Completion are in Appendix A.

THE SESSION

Time

This module, if presented as written, is three hours in length. It may be presented in a single three-hour session, with a 15-minute break after one-and-three-quarter hours, or in three one-hour sessions.

Each module contains a five minute time allotment for opening each hour session, and a five minute time allotment for closing each hour session. If a module is being presented in one three-hour session, the instructor should eliminate the closing time allotment from hour one and the opening time allotment for both hours two and three in order to gain 15 minutes to use for the break. The 15-minute break should occur between presentation of the second and third hours of the module.

It is important to start and end each session on time. Estimates of presentation time are written in the left hand margins for specific segments or activities within each hour. However, the instructor may choose to expand on one or more of these segments or activities while shortening others.

Remember that a limited amount of information that is thoroughly presented will be more meaningful for participants than a larger quantity of information that has been inadequately understood by the participants.

Handouts/Overheads

Each training module comes complete with specially designed handouts. Since the modules complement one another, some handouts and booklets are recommended for use with more than one module. Reproducible originals of these materials are included in each of the appropriate modules. The Curricula booklet is available separately. The instructor should monitor and make decisions regarding reproduction and distribution of all handouts. The instructor also should supplement them with others that are appropriate.

When deciding which of the original handouts to reproduce as overhead transparencies, the instructor should choose only those with print large enough to be seen and easily read when projected on a screen. Many of the originals are not suited for use as overhead transparencies.

It is suggested, in a time saving effort, that all handouts be compiled into a single packet and distributed at the beginning of the first hour if the entire three-hour module is being presented, or at the beginning of each one-hour session if the module is being presented in one-hour segments. Only the handouts that will be discussed during the presentation should be reproduced and handed out. Some of the handouts present main points but are designed so that participants can use them for note taking. This should be called to the attention of the participants when appropriate.

MITCH printed materials may be reproduced and used in a manner that best meets the needs of the participants. Reproducible originals of handouts, overheads, and booklets (excluding the Curricula booklet) are in Appendix B of each module.

Videotapes

Videotapes have been chosen to supplement the material of several of the modules (Modules 1, 2, 3, 4, 6, 7, 8, and 9). All of the tapes will provide valuable information for the instructor, even if the videotape is not used during presentation of the three-hour module. Therefore, it is important for the instructor to view the tape that is associated with a specific module prior to presenting the module.

The videotapes have not been included in the designated time allotments suggested in each of the module manuals. The instructor may wish to substitute all or a part of a videotape for material written in the module, extend the three-hour time period, show the videotape at another session, or leave the videotape with the participants to watch as follow-up. See the Specific Information section of each module regarding the videotape for that module. Videotapes may not be copied without written consent of the producer. Information for obtaining videotapes is also provided in the Specific Information section.

Audiotapes

Audiotapes are recommended for the presentation of Modules 5 and 7. See the Specific Information section of each of those modules regarding the audiotapes. The audiotape presentations have been built into the designated time allotments suggested in each of the module manuals.

MITCH Theme Music

Included on the reverse side of the two audiotapes, one each for Module 5 and Module 7, is a three-minute segment of the MITCH theme music. The instructor may wish to play this as participants enter the session, as a signal to return from the break, or in any other suitable manner.

Attendance

At the opening session of each three-hour module, participants should sign the List of Participants form (see Appendix A). The instructor should use this form to verify attendance for all three hours of training and completion of the Six-Week Follow-Up Activity.

Six-Week Follow-Up Activity

Three to four weeks after presenting the training module, the instructor, or another person representing the training agency, should contact all participants to remind them to submit their final Six-Week Follow-Up Activity (see Appendix C). This may be done by phone or by mail using the prepared mailer (see Appendix A).

The instructor, or some other qualified person designated by the instructor, should evaluate the quality and content of the performance of the Six-Week Follow-Up Activity by each participant. This may be done by a visit to each participant's place of work or by having each participant mail the completed follow-up activity form to the instructor. The instructor will prepare and give a Certificate of Completion to every participant whose performance meets the instructor's criteria.

Certificate of Completion

Only those participants who attend all three hours of training and who successfully complete the Six-Week Follow-Up Activity are eligible to receive a Certificate of Completion (see Appendix A).

Record of Completion

The instructor should keep the completed List of Participants forms on file in the training agency. Information should be retrievable by the participant's name.

Specific Information for Presenting Module 4

GOALS AND OBJECTIVES

Goal for Hour 1: Participants will gain knowledge of family interactions.

Objective - Participants will gain an understanding of:

- various family configurations
- the implications regarding family order and position.

Goal for Hour 2: Participants will gain knowledge of stress factors that affect a family which has a child with special needs.

Objective - Participants will gain an understanding of:

- stress factors as they may affect individual family members
- potential abuse factors.

Goal for Hour 3: Participants will gain knowledge of strategies for coping with stress.

Objective - Participants will gain an understanding of:

- plans for alleviating stress
- sources for help.

OTHER RECOMMENDED INSTRUCTORS

Because of the nature of the content of this specific three-hour module, the training agency presenting this module may wish to contact other specialized persons within its local area who are willing to perform this duty, such as:

- family therapists
- social workers
- psychologists.

CONTACT LIST

Persons to contact if the instructor has questions regarding this module include:

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EQUIPMENT, MATERIALS, AND SUPPLIES

Equipment

This module can be enhanced with the equipment listed below:

- VHS videocassette recorder and monitor - if videotape is to be used
- overhead projector
- projection screen or alternative
- audiocassette recorder.

Supplies

The instructor should also have the following supplies available:

- chalk
- crayons or markers
- overhead (transparency) pens
- chart paper
- extension cord
- 3 prong/2 prong adapter plug
- masking tape
- transparent tape
- thumb tacks
- extra batteries
- extra pencils for participants.

Materials Contained in This Manual

The following materials are contained in this manual:

- reproducible forms (Appendix A)
- reproducible handouts/overheads and booklets (Appendix B)
- reproducible Six-Week Follow-Up Activity forms (Appendix C).

Videotape

The videotape, Parent to Parent, was selected to complement this module. Use of this videotape is optional for this module. The videotape is 15 minutes in length and depicts a number of families sharing their thoughts and feelings about the birth of a child with special needs and the importance of having emotional support and information available.

Although the film gives the National Parent to Parent phone number, the instructor should provide local numbers. These may be obtained by contacting the Parent to Parent of Florida Headquarters, 3500 E. Fletcher Avenue, Suite 225, Tampa, FL 33612; phone (813) 974-5001.

A copy of this videotape may be borrowed from the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Florida Department of Education, 622 Florida Education Center, Tallahassee, FL 32399-0400; phone (904) 488-1879, Suncom 278-1879, or from any local FDLRS Associate Center. A copy may be purchased from Parent to Parent Virginia, Virginia Institute for Developmental Disabilities, Virginia Commonwealth University, 301 West Franklin Street, Box 3020, Richmond, VA 23284-3020; phone: (800) 344-0012 (voice or TDD).

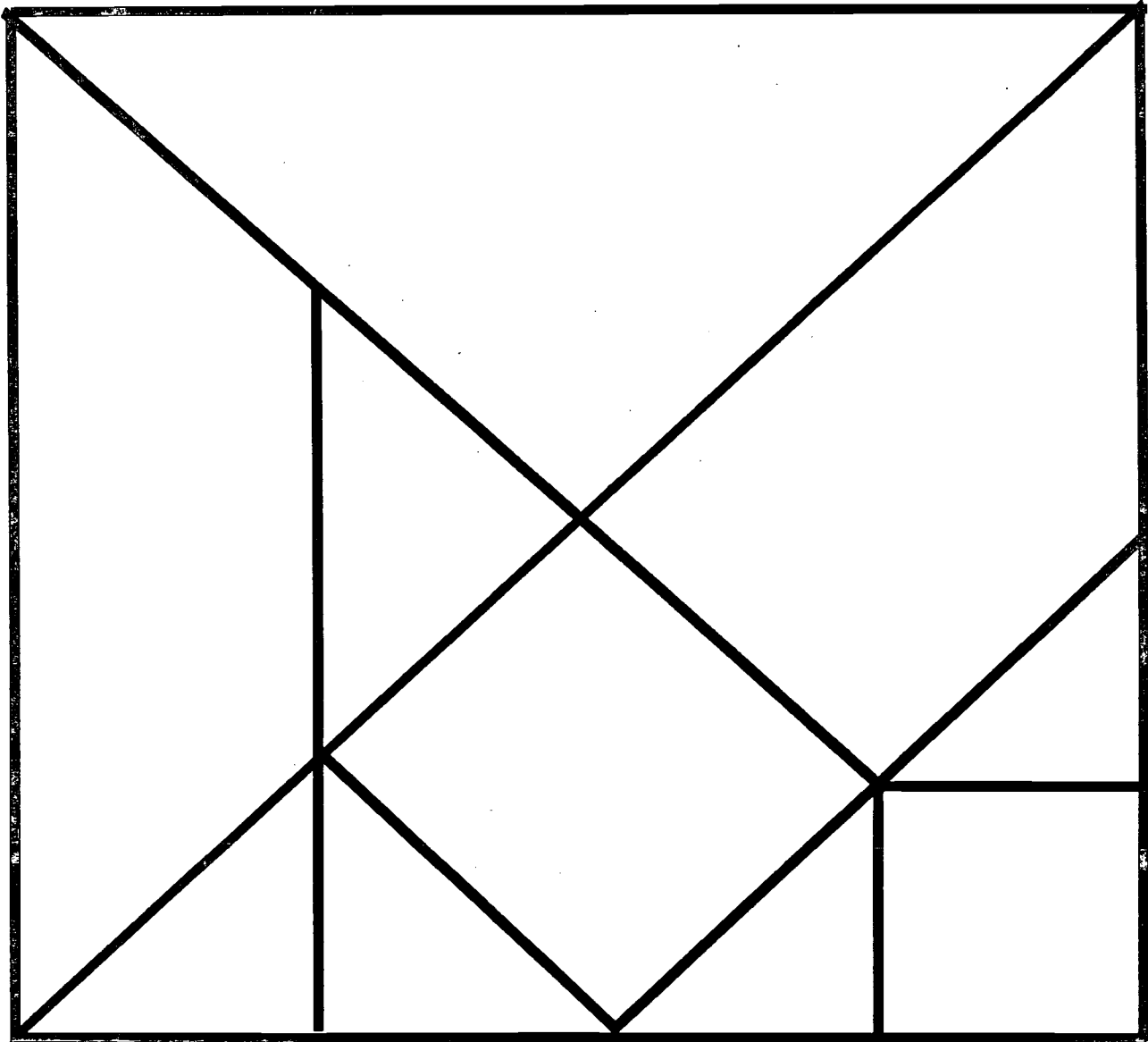
Materials Not Contained in This Manual

In order to present this specific three-hour module, the following materials, which are not included in the packet, need to be obtained by the instructor:

- Four signs to post on wall, one each reading, "Oldest Child," "Youngest Child," "Middle Child," and "Only Child" for Activity (Hour 1).
- One set of puzzle pieces for each group of three to four participants for Warm-Up Activity - see next page (Hour 3).
- One sheet of 8 1/2" x 11" colored paper for each group of three to four participants (Hour 3).
- One roll of tape or glue stick for each group of three to four participants (Hour 3).

Warm-Up Activity

Instructor makes one copy of this square for each group of three to four participants. Cut the pieces apart on the heavy lines. Give one set of 10 pieces to each group. Ask each group to form a figure (e.g., dancer, athlete, animal) and glue or tape them onto their sheet of colored paper.



Module	Hour	Activity
4	3	1 a

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*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Module 4
**FAMILY FUNCTIONING: The Impact of a Child With
Special Needs**

Hour 1

**Goal: PARTICIPANTS WILL GAIN KNOWLEDGE OF
FAMILY INTERACTIONS.**

Objectives - *Participants will gain an understanding of:*

- various family configurations
- the implications regarding family order and position.

5 minutes

GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

15 minutes

LECTURE DISCUSSION: Introduction and Family Structure

Say: The more we know about ourselves and each other the better prepared we are to deal with everyone in our caretaking environment including other workers, children, and parents. In this three-hour module, we are concerned about our relationship to the families of our children, especially those families who have infants and toddlers who are at risk or who have special needs.

All families are alike in some ways. We say they have the same features. Educators believe that working with families requires an understanding of these features of family development and family functioning. It is important to know how these features are changed when a family includes an at risk or a handicapped child. During this three hour module, we will discuss:

- family dynamics, or how families work
- how a family responds to a special needs child
- strategies a family uses for coping with the stresses of dealing with a special needs child.

Say: During the first hour we are going to examine three aspects of family dynamics common to all family groups. These three aspects are:

- structure
- function
- development.

Instructor refers to **Handout/Overhead 4-1-1**.

Say: You may wish to take notes on your handout.

Instructor presents the following material through lecture and activities.

**Handout/
Overhead
4-1-1**

Say: The structural dimension of families refers to relationships among family members and the extent to which those relationships determine how the family deals with living from day to day. In other words, family structure is who is in the family; how these family members work or function together; and how they affect one another.

First, let's consider the composition of the family unit, that is, who makes up the family. We will begin with the immediate family. Let's list as many family combinations as we can think of. For instance, in the TV show *Growing Pains*, the family consisted of a mother, father, two brothers, a sister, and a baby sister. Other examples include:

Instructor uses flipchart or chalkboard to record all ideas from the group. It should be obvious from this exercise that there is not one typical family, but that there are many configurations, for example:

MF	MF	M	M	F	F	MGF
C	C	C	C	C	C	C
	C		C		C	CO

M=mother	C=child	A=aunt
F=father	G=grandparent	U=uncle
SF=stepfather	FM=fostermother	CO=cousin

Say: It is in the immediate Parent-Child unit that most nurturing needs are met. But we must not forget to consider the extended family, because those relationships play an important part in the development of a child. The extended family usually focuses on grandparents. However, there may be many other significant members in an extended family. We must be especially aware of the importance of the extended family to some cultures.

Ask: Are there any members of an extended family that we have not already mentioned? (Examples:

grandparents, aunts, uncles, cousins, in-laws, godparents.)

Ask: How do cultural differences affect family make-ups?

Instructor listens to responses and leads brief discussion to include the following:

- Some cultures (e.g., Hispanic, Haitian) stress extended family arrangements where grandparents live with or are very involved in the care of their own children's children.
- Some cultures stress independence (Anglo/American). Grandparents seldom live with their own children and are less involved in childcare.
- American Blacks tend to have strong matriarchal leadership. Often grandmothers head families and grandchildren come to live with grandmothers, either with or without their parent(s).

Say: Obviously, the structure of the immediate (meaning parents and child) and extended family involves a number of individual members. Each person brings individual needs, histories, and talents to the family. A consideration of family structure must recognize the uniqueness of family members.

15 minutes

ACTIVITY: Birth Order

Say: I'm going to ask you now to break up into four groups. Please find the sign that represents your place in your family structure.

Instructor places the four signs made earlier in four different areas of the room. Participants divide into groups representing "Only child," "Oldest child," "Youngest child," and "Middle child." Instructor asks each group to choose someone to serve as a recorder.

Say: The recorder is to jot down two or three descriptive words or phrases that tell how the members of the group view themselves, and two or three words that state how their family describes them. For example, you might say "show off," "good student," "baby," "reliable," "makes friends easily," and so on.

After a few minutes, instructor asks the groups to come back together and report on how they felt about their particular position in the family. See if the persons within each group (same birth order) have similar feelings that differ from the feelings of persons in the other groups. The following descriptions of family relationships may be relevant here.

Say: Kevin Leman has written a book about birth order. He points out that there is a tendency for first borns, last borns, middle borns, and only children to share characteristics with others of their birth order.

The oldest child tends to be a perfectionist, reliable, conscientious, organized, critical, scholarly, and serious.

The middle child is likely to be a mediator, has fewest pictures in the family photo album, avoids conflict, is independent, is loyal to peer group, and is a maverick.

The youngest child is charming, blames others, shows off, is precocious, is outgoing, and gets along well with other people.

Children with no siblings, tend to have a combination of traits of both the first and the last born. Often they are seen as "like" adults.

The children we deal with daily bring all of these feelings with them when they come to our caregiving settings. Their parents also bring with them a wide range of feelings about who the children are. By realizing that we all are products of our families, we can relate better to the family members with whom we are working.

20 minutes

LECTURE/DISCUSSION: Family Function/Development

Say: Now, let's talk about how a family functions. You may want to continue to take notes on your handout.

Instructor refers to **Handout/Overhead 4-1-2**.

**Handout/
Overhead
4-1-2**

Within each family there are members who assume responsibilities or tasks. The functional dimension of the family refers to the responsibilities or tasks accepted by family members. Very often, the same family members do the same tasks, or take the same responsibilities every day. They tend to say the same things, have the same ideas, and respond in the same way.

Other family members come to expect these typical or usual or same responses from each of the other family member. They, in turn, tend to respond to the others in the same manner. We call this a family system. Each family member relates to each other family member in their own unique, consistent, familiar way. What one person in a family says or does can be expected, or predicted. How other family members respond to that can also be expected or predicted. When one member does or says something, it affects everyone else in the family unit.

Ask: Think for a moment about your own family. How does your family resolve conflict? How does your family make decisions? How does your family solve a problem?

Instructor pauses, then continues.

Conflict Resolution

Say: Some families resolve conflict by allowing one family member to make the decision for the group. In other family systems conflict is resolved when the whole family meets to discuss the conflict. All members are given a voice in the decision.

It is probably safe to say that most families function somewhere between the two extremes most of the time. When working with parents we must become sensitive to how their family resolves conflict. Look at your handout. How does your family resolve conflict? Take a moment to think about this.

Instructor may want to have participants share this aloud and/or write responses on their paper.

Decision Making

Say: Again, some family units allow one member to make decisions for the whole family. Others use a group approach. Some families do not consider the whole and each member makes decisions which may impact the total family without considering anyone else. Some families do not deal at all with the situation, and make no decision at all. In a way, this is also a form of decision making. Why?

Instructor listens to responses and summarizes.

Say: Persons make a decision not to decide. They are giving up the privilege.

Say: Again, look at your handout. How are decisions made in your family:

- about money?
- about jobs?
- about decorating the house?
- about what to have for dinner?

Instructor listens to responses or asks participants to write on their paper. Point out that the type or nature of the decision may influence how the decision is made.

Say When dealing with families in a child care situation, what can these different forms of decision making mean to you? Let's imagine a situation.

Instructor relates the following scenario.

Say: A child in your care has been showing some delays and is having trouble keeping up with other children of the same age. The director would like to suggest that this child be seen for a developmental evaluation. You and the director make a presentation of the facts to the mother and

father. How would the decision about whether to pursue the evaluation be made by:

- a family that has one dominate decision maker
- a family that makes decisions together
- a family who cannot deal with decision making at all.

Instructor leads brief discussion to include the following:

- Dominant decision maker might say "yes" or "no" without considering the needs, thoughts, or wishes of any other family member, including the child. This decision may, or may not, be based on the best interests of all family members. Also, there are wise and benevolent matriarchs and patriarchs in some families. The decisions made by them are not necessarily bad, but they may not always be considerate of other's feelings.
- Family members who make decisions together could be expected to discuss issues and come to a common decision. Again, the decision may be based on fact, or it could be based on feelings or beliefs that the family unit has as a whole.
- A family who cannot deal with decision making would avoid making a decision. Childcare personnel might drop the issue and nothing would be done, or, childcare personnel might pursue the issue and encourage a decision by offering alternatives and presenting a deadline for having the parents choose between the alternatives. The key here is to be supportive and offer as much information as possible

Instructor should encourage participants to describe preferable ways of family interaction, based on fact and reason, generally including a family decision in an ideal setting. However, caregivers must recognize that other methods of decision making will also occur and can be functional for the family. The caregiver should not be judgmental.

Problem Solving

Say: Finally, let's look at how families solve problems within their family unit, focusing on the question of where to get help. When seeking help most families look to themselves, to extended family, and to friends first. Outside help is usually not sought until a problem is extreme. Therefore, when a child in your care has a problem that you feel

may need professional care or help, the family may be very slow to get the appropriate help. This is not an unusual situation although it is not desirable. Parents may need time and support from persons they trust before they are able to seek the outside help that they need. It is important for us to remember that.

Solving conflicts, making decisions, and solving problems are all difficult tasks for all families. For some families, these tasks are so difficult that the family has trouble acting or functioning.

Ask: How can the caregiver provide help to families who are trying to solve problems? You may want to take notes on your handout.

**Handout/
Overhead
4-1-2**

Instructor refers to **Handout/Overhead 4-1-2**. Instructor listens to responses. Some items that may be included are:

- Understand that parents may need time to act.
- Provide emotional support and encouragement.
- Provide information.
- Hold parent meetings/discussions/group sessions that address common concerns.
- Communicate often with notes, a newsletter, or by just talking with parents.
- Become an interested listener for parents.
- Act as a resource and know where to get help for parents.

Say: It is important that the caregiver provide information to parents about sources of help for a wide range of problems. It is extremely important for the family of a child who is at risk or a child with special needs to have this information and support readily available.

Family Development

Say: Before we finish this hour, we have one more topic to discuss, and that is family development. A family develops or goes through different phases

or stages. We say that the family develops or progresses over time. The stages are:

- childbearing years - when children are born
- childrearing years - when children are being raised
- launching of adult children - when children go away to college, take jobs, or get married; parents re-evaluate their lives
- parents in later years - when children are grown and may have their own children; original parents may be grandparents and/or retired.

According to research (Bailey & Simeonsson, 1988) families are normally pulled together across generations during certain periods. These usually are childbearing, childrearing, and grandparenthood.

At other times there are forces that tend to separate family members or pull them apart. These times are adolescence, midlife re-evaluation, and caring for older parents.

As caregivers, we are usually working with families during the childbearing and childrearing years when families are close. However, the addition to a family of a child at risk or of a child with special needs, can influence the development of the family in a number of ways. It is important that we are sensitive to the concerns of the whole family. We will talk more of this during our next hour.

Summary

Say: We have looked at family structure, functioning, and development. Let's briefly review our handout.

Instructor may review the session outline and bring a focus to appropriate points.

5 minutes
(omit if 3-hour presentation)

END OF HOUR 1: Closing

Module 4
**FAMILY FUNCTIONING: The Impact of a Child With
Special Needs**

Hour 2

**Goal: PARTICIPANTS WILL GAIN KNOWLEDGE OF
STRESS FACTORS THAT AFFECT A FAMILY
WHICH HAS A CHILD WITH SPECIAL NEEDS.**

Objectives - *Participants will gain an understanding of:*

- stress factors as they may affect individual family members
- potential abuse factors.

5 minutes
(omit if 3-hour presentation)

GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

Say: In this one hour segment of our three hour module, we will be looking at stress factors as they relate to the family and the child with special needs.

Participants will:

- recognize stress factors as they may affect individual family members, including parents, siblings, the child with special needs, and extended family
- recognize potential abuse situations.

10 minutes

ACTIVITY: Stresses

Instructor pairs the participants, making sure that everyone has a partner. Tell the participants that they are to take turns sharing with each other the "problems" they had getting to the session on time. They may list these.

Instructor then calls the group together and summarizes what participants have shared. Include statements such as "I had to come directly from work and have not eaten," "My ride was late," or "Johnny couldn't find his shoe and we had to get him to the babysitter." Point out that life is often not smooth and we often feel rushed and stressed. Children have those same kinds of stressors, and come to school with concerns and frustrations. Children with special needs and their families may be even more prone to life's stresses.

Say: We need to be aware of the concerns and frustrations children, parents, and professionals must deal with, and plan for alleviating those stresses whenever possible. Sometimes, just recognizing that there are particular stresses in a person's life helps ease the stress for everyone involved.

Sometimes it helps to be able to talk about the stress. Did it help you feel less stressed, to

feel relieved, when you talked about your problem just now?

15 minutes

LECTURE/DISCUSSION: Family Stress/Stages

Say: All persons experience stress in everyday life. Normal childbearing carries with it added stress. For example, a family awaiting the birth of a new baby has expectations and plans for the future. They are concerned about these being met. Parents expect and hope that their children will be born healthy and will grow up happy. When a child is born who is at risk or handicapped, life for the family is changed forever.

When a child with a handicap is born into a family, the family members first face the shock of knowing that their child has special problems. The event is then followed by a seemingly unending parade of factors related to the birth event. Family members perceive that event relative to their own experiences. All family members have their own needs that have to be met. If a person feels no control or feels a lack of self esteem, stress is accentuated or increased.

Parenting children with special needs is likely to increase family stress. The extent to which stress is experienced, however, varies according to a number of factors. As professionals it may be helpful for us to know the factors that may influence stress for some parents.

Instructor refers to **Handout/Overhead 4-2-1**. Instructor may also use question/answer technique rather than lecture.

Say: Some factors that may influence stress include:

- The temperament and/or behavioral characteristics of the child. If the child's handicap causes great discomfort to the child, the parent may feel distressed with the constant crying and fussing. A child who has

**Handout/
Overhead
4-2-1**

a "calm" and "sweet" personality does not place that same stress on the family members.

- The caregiving demands. If the child needs constant care and supervision, parents can become exhausted. Exhaustion lets stress take over in the body.
- Parental perception of the impact of the handicap(s). Sometimes, the greater the handicap, the greater the stress. However, minor disabilities can also be very stressful because parents may be concerned that they will interfere with the expectations the parents have for their children.
- The family's level of psychological functioning. We saw in Hour 1 that family interactions are important. The family who is cohesive and works together may be better able to integrate a special child into the family than one in which family members are scattered, disorganized, and antagonists toward each other.
- The economic resources available to the family. Nothing can create stress like lack of money. Frequently parents find themselves having to work outside the home in order to meet greater financial needs. At the same time constant care for the child with special needs must be provided, sometimes by highly trained and costly personnel and/or therapists.
- Support from the extended family, community, and professionals. We have already discussed the importance of the extended family. When a family has the support of an extended family system, and/or the support of friends and professionals, the family does not feel they are isolated. They feel that they have persons to call upon for assistance.

- Programs available for both the child and the parent. Support groups and educational programs help the family feel that they are a part of a larger community and that they are "not alone." They find comfort in knowing other knowledgeable people are working with their child.

Ask: Can you think of other factors that may cause stress?

Instructor discusses responses and then continues.

Say: All families deal with the stress of having a child with special needs in different ways and to varying degrees. However, there are a series of similar stages through which most families pass in the process of coming to terms with the condition in which they find themselves, and dealing constructively with the problems and decisions that must be made. It is important that we understand those stages and are able to identify them.

Instructor refers to and discusses **Handout/Overhead 4-2-2**.

Shock, Disbelief, Denial

Say: Denial is refusal to believe there is a problem, even if the family may have already suspected it. It means the family wishes the problem would "just go away." During the denial period the parent may try to explain or rationalize the problem. The parent may also ignore or reject the child. Frequently, parents feel shame and guilt, a feeling of "it's my fault."

Ask: What can be done to help the parent who is going through this stage?

Instructor listens to responses, reacts, and then continues.

Say: We can listen with big ears. Just letting individuals verbalize the problem and their feelings can be helpful to them. Each time they share their problem, they give a small piece of it

**Handout/
Overhead
4-2-2**

away. We also can assure them that their feelings are normal and that we will work together with the child's needs as our main concern.

Anger and Resentment

Say: During this stage, parents may become angry about small, insignificant things. Parents may take their anger out on doctors, teachers, and those who want to provide information and support. Parents may also take small bits of information and hang their hopes on them inappropriately. For example, when asked if a person has ever "recovered" from a specific handicapping condition, a doctor may reply that there are a few cases, but it is very unlikely. The parents may hear only the positive thought and not face the reality of the situation. This stage is characterized by the phrase, "Why did this happen to us?" It is not unusual for one parent to blame another family member for the problem.

The people who are interacting with the parent at this time need to listen. However, there is no need to agree or give advice. At this stage it is more important for the parents just to be able to verbalize their feelings. The listener must be prepared, and not let any anger expressed by family members destroy the relationship. As caregivers, we need to give parents reassurance that we care for and accept the child; that we want the best for the child; and will work toward that goal.

Bargaining

Say: During the bargaining stage parents may throw themselves completely into the care of the child. They seem to feel that, "Maybe if I work hard and do everything the doctor, the books, and the teacher say, then my child will be alright."

Parents must be given time to travel through this stage. Once again, the caregiver should just

listen. The competence of the caregiver gives a feeling of calm to most parents.

Depression and Discouragement

Say: At this stage the parent may be looking for help and may be ready to respond to suggestions made by medical or educational persons. This stage is characterized by a feeling of helplessness and hopelessness on the part of the parent. There may be a very real fear for the future. When parents find out that their child has a disability which affects the child's learning, they worry about what will happen as the child goes through school. They may also worry about whether the child will become independent. Parents of severely handicapped children worry about what will happen to their child after their death.

It is suggested that information about support groups, counseling, and resources be made available for families at this time.

**Handout/
Overhead
4-2-3**

Instructor refers to **Handout/Overhead 4-2-3**.

Say: This handout gives you some suggestions for a parent resource list. Look in your phone directory for local addresses. Also remember to refer parents to your local FDLRS (Florida Diagnostic and Learning Resources System) Center.

**Handout/
Overhead
4-2-4 & 4-2-1**

Instructor refers to **Handout/Overhead 4-2-4**, and should explain more about FDLRS if the group is unfamiliar with their services.

Instructor refers back to **Handout/Overhead 4-2-1** and continues.

Acceptance, Action, Adjustment

Say: Finally, after passing through the previous stages, parents come to realize that something positive can be done. They now see the child as the child really is and begin to adjust their lifestyles to accommodate the child's special needs. Parents begin to learn new techniques and want resources.

For the first time, what the caregiver tells the parent may be rationally heard. This is the time to praise progress and encourage realistic expectations. It also means being aware of what the child can and cannot do, as well as what can be done with and for the child.

15 minutes

ACTIVITY: Parental Stages

Say: We are going to break into small groups. Each group will be assigned a short scenario to read and to discuss. Please use your chart (Handout 4-2-2) to help you decide what stage the parents are exhibiting.

**Handout/
Overhead
4-2-2 & 4-2-5**

Instructor refers to **Handouts/Overheads 4-2-2 and 4-2-5.**

Divide participants into small groups. Assign one scenario to each group, or suggest each group work on all three scenarios. The discussion should focus on how group members arrive at the decision as well as their actual response. After 5 minutes ask each group to report back to the large group with their findings. Discuss similarities and differences in their thinking when appropriate. Some expected responses include:

Scenario 1:

- Penny's mother is displaying denial and disbelief. Penny was not enrolled in an early intervention program or even taken for an evaluation.
- Caregivers can respond by listening, focusing on working with the child together, affirming the child's strengths, and gently directing parents to sources of information.

Scenario 2:

- Kate's mother is displaying bargaining behavior.
- Caregivers can respond by listening, showing care and acceptance, and directing the parents to developmentally appropriate activities to do with Kate.

Scenario 3:

- Timmy's father is displaying anger and resentment.

- Caregivers can respond by listening, directing parents to sources of information, accepting parents feelings, and not becoming defensive.

Say: So far, we have looked primarily at the parents of handicapped children. It is important to think about reactions of other family members also. You may have brothers and sisters of children with special needs in your caregiving setting. These children may also need a support system. Siblings of children with special needs often are overlooked because the "special" child takes so much energy. These siblings need additional nurturing and attention. They also need to know that they are important and that they matter.

It is reassuring, however, to note that children exposed early in life to others who are handicapped, often develop a lifelong sensitivity. They seem to gain an awareness and acceptance of people that many others do not have. We must remember a child's experiences affect that child's feelings towards self and others for life.

If time, permits, instructor may lead discussion regarding the following:

- What are the implications for the sibling of an at risk child?
- How might the parents' interactions change after the new child becomes a part of the family?
- What might the sibling do or feel about the new child?
- What might professionals do to help the sibling(s)?

10 minutes

LECTURE/DISCUSSION: Stress and Abuse

Say: Remember, parents are concerned about and involved with what happens to their child. The child's success or failure affects parents deeply. We must remember this every time we deal with parents. What happens when the stress becomes "just too much" for a family member? We know that child abuse is a very real possibility. Stress appears to be a common denominator in the explanation of

**Handout/
Overhead
4-2-6**

abusive behavior. It is easy for the average person to become abusive under stress.

Instructor refers to **Handout/Overhead 4-2-6**.

Instructor may wish to use a question/answer format for the following.

Say: The following stressful situations may contribute to abuse:

- lack of money; resources
- loss of job
- divorce
- moving
- death of a family member
- drugs, alcohol
- a child who is physically different
- a handicapped child
- a premature child
- a child who is temperamentally different
- a child who is behaviorally different.

Instructor asks participants for any other situations. Discuss how the frustrations of these situations can get transferred to other family members such as spouses and siblings of the child with special needs.

Say: There are also signs we look for in children that may indicate that they are being abused. Let's make a list of possible signs.

Abused or neglected children are likely to share at least several of the following characteristics:

- They appear to be different in physical or emotional makeup, or their parents perceive and talk about them as different.
- They may often have welts, burns, bruises, or untreated sores. Often they wear long sleeves to hide them.

- Their injuries seem to be treated inadequately.
- They may show evidence of overall poor care.
- They may be given inappropriate food, drink, or medication.
- They may exhibit a sudden change in behavior.
- They may be habitually absent or late to school. They may be absent for long periods of time.
- They may appear fearful, withdrawn, and cringe from touch.
- They may exhibit low self-esteem.

It is important to remember that there are many children who may exhibit some of the above characteristics who are not abused. But when we pair our knowledge of potential abuse situations with possible abuse signs, we may feel that a child is being abused. As professionals, we are required to report our findings. The state has a toll free number that can be called at any time to report suspected abuse. It is 1-800-96-ABUSE or 962-2873.

Be aware of your caregiving setting's policy for reporting abuse. Some centers prefer to have the director make the actual call, while other centers have different policies. If there is not a policy, then it is up to the individual to make the call. While it may not be an easy thing to do, remember that our concern is with the child.

Summary

We have looked at some stressors and how they may affect members of a family when a child with special needs becomes a member of the family. In the next hour, we will discuss some things that may lessen the stress for parents, siblings, and the special child.

5 minutes

END OF HOUR 2: Closing

Module 4
**FAMILY FUNCTIONING: The Impact of a Child With
Special Needs**

Hour 3

**Goal: PARTICIPANTS WILL GAIN KNOWLEDGE OF
STRATEGIES FOR COPING WITH STRESS.**

Objectives - *Participants will gain an understanding of:*

- plans for alleviating stress
- sources of help.

5 minutes
(omit if 3-hour presentation)

GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

10 minutes

ACTIVITY: Warm Up

Activity 4-3-1a

Instructor divides large group into three to six small groups. Ask each group to arrange a set of the puzzle pieces to form a different figure and glue or tape them to a paper. (See **Activity 4-3-1a** in Specific Information for Presenting Module 4 of this manual.) As soon as everyone has completed the task, or after about 5 minutes, display each picture.

Say: You each began with the same pieces, but have used them differently. Each of us brings a different perspective to a situation. We need to remember that parents, children, other family members, and professionals all have something unique to add to the lives of at risk or handicapped children. There are a variety of ways to look at the same thing and different ways to deal with the same situation. We are going to look at some ways to help parents, siblings, the child at risk or with special needs, and the childcare worker to deal with stress.

20 minutes

LECTURE/DISCUSSION: Support for Families

Say: Let's look at a child who is at risk or who has special needs. Let's also look at the child's parents, siblings, and the other persons who work with the child in a new way. We have talked about how families function and the stages through which family members go when a child with special needs becomes a part of the family. While we have discussed some of the stress factors involved, there are other considerations for us to acknowledge.

First, how can we specifically work with the parents of a special child?

Working with parents to handle stress

Say: Parents of children with special needs spend much of their lives tired and often lonely. Especially when children are seriously handicapped, they require more daily care than do other children. Often the responsibility of care is for 24 hours a day, every day, year after year. Only parents of other at-risk or handicapped children can know what an effort it takes to live normally. Shopping, attending meetings, carpooling, taking children to the doctor, etc. are extraordinarily difficult when you must somehow squeeze in the special care of a disabled child.

The birth of a baby, illness, or death of a family member, or other life traumas are more temporary phenomena. Society knows how to respond to these. There are rituals to follow that help us all get through such times. However, it is much more difficult to respond to a crisis that never ends. Parents in this situation need support and understanding more than any other parents. There are things others can do. As caregivers who are in constant contact with parents of children with special needs, we must know what these things are and then do them.

Instructor asks participants to suggest ways others can help. Instructor leads discussion to include:

- Understand that parents frequently do not have enough energy.
- Understand that parents frequently do not get help and/or support from family or friends.
- Understand that parents frequently face a financial burden.
- Be sensitive and never make judgments.
- Offer practical help.
- Remember that people with handicapping conditions have the same basic needs that all humans have.
- Remember that parents are "first class citizens" who need to be respected and who may need understanding and support.

Say: Let's brainstorm about what an appropriate plan for parents might include.

Instructor lists and discusses how caregivers can facilitate the following parent activities.

Include implications for using the school library, attending and providing workshops, and organizing support groups.

Taking action:

- get information about children, problems, solutions
- ask questions of parents, co-workers, resource persons
- discuss problems, plans, and solutions
- learn new methods of responding, interaction, behavior, and stress management
- become an expert on child's disability
- keep records on child's medical and educational history
- look into research and new programs that are being conducted
- ask other parents.

**Handout/
Overhead
4-3-1**

Say: You may want to take notes on your handout.

Instructor refers to **Handout/Overhead 4-3-1**.

Say: Caregivers may provide parents help through:

- parent support groups
- information about parenting
- care for siblings
- quality daycare
- transportation when needed
- meetings for extended family
- interaction with others who have the same or similar problems.

Say: One major concern of many families of children with special needs is the cost of care. There are ways to help ease the financial burden, but

frequently a family is so concerned about the child, they are not aware of their options.

List and discuss the following and any others that may be appropriate. Include:

- Social Security
- Veterans Administration
- Medicare
- Medicaid
- Hill-Burton
- Insurance
- Other programs
- Other medical assistance options

Say: We discussed in Hour Two the fact that a child with special needs is prone to abuse. It is important then for us not only to know what to look for as signs of physical abuse and how to report it, but also to understand the caregiver's point of view. Stress can lead to abuse. Caregivers, both parents and childcare workers can feel the same stresses. We need to know the "Do's and Dont's" for helping in abuse situations.

Working with Children to Handle Stress

Say: How can we help the sibling(s) of a child with special needs? So often the brothers and/or sisters of a "special" child find that there is no time for them anymore. If they are older, they may see themselves as not as important as they once were. In Katharine Kersey's book *Helping Your Child Handle Stress*, there is an activity aimed at siblings that can be adjusted to fit most age groups. It may be one activity that parents would profit from using with their children, or that all sensitive caregivers might use with their groups. Questions were devised to stimulate conversation between family members and to open up discussions about topics which may be difficult to talk about.

**Handout/
Overhead
4-3-2**

Instructor refers to and reviews **Handout/Overhead 4-3-2**.

Say: Children need opportunities to verbalize problems and exercise problem-solving techniques. This will reduce tension as well as build self-esteem. A meaningful relationship with an adult is a very important factor in determining the future mental health of any child. Every child needs to have at least one adult who thinks that child is wonderful, who cares what happens to the child, and who gives freely of time and energy to the child. The child models the mental health of that adult and will grow up to internalize the coping skills learned through observation and imitation.

Remember to:

- Provide time for conversation with the child.
- Provide time for the child to play with many props.
- Provide systematic relaxation techniques such as, deep breathing, back rubs, and quiet times.
- Be a good role model.

Help other adults remember to do this, too.

Say: As we mentioned earlier, it is important and reassuring to note that when children are exposed to handicapped persons early in life, they often develop a sensitivity which lasts a lifetime. Many children who have lived with someone who has special needs, grow up to choose a helping profession, such as doctor, nurse, social worker, or teacher.

Today we are living in a stress-filled environment. The media has brought many alarming events into our homes - often at dinner. Young children are confronted almost daily with life-changing events that we know cause high levels of stress. We must recognize stress cues given by children. We must identify stress

**Handout/
Overhead
4-3-3**

sources. We must learn how to reduce stress in the child's environment. We must help children develop strategies to cope with stress for themselves. In order to do this, we must first be able to recognize where children are having trouble dealing with their situations. You may wish to take notes on your handout.

Instructor refers to **Handout/Overhead 4-3-3**. Instructor asks for contributions from participants, and leads a discussion about trouble signs we see in stressed children to include the following:

- changes in appetite or eating habits
- regression in toileting habits
- changes in sleeping patterns
- complaining of poor health, such as, headaches, stomach aches, tiredness
- lack of emotional and physical control including anger, sadness, longing for the past, fear, anxiety, withdrawal, phobias, and compulsions
- problems with coping, including whining, dependency, increased need for physical contact, irritability, non-involvement, wandering, manipulation, noncooperation, aggression, self-blame, and self-accusation
- caregiving setting behavior may show restlessness, distractibility, fear of failure, daydreaming, poor peer relationships, and out of control behaviors (running, hollering).

Say: There are things we can do within our caregiving settings to help buffer stress for young children. The following factors relate to the organization and management of the center. Let's talk about them.

Instructor reads each item and asks participants to comment on how these factors might lessen stress:

- Match activities and expectations of performance to the developmental ability or interest of the child.
- Balance quiet and active times in the daily schedule.

- Plan for opportunity for freedom of choice, initiative or free movement for children with infrequent intervention or interruptions.
- Provide a time structure that does not rush a child or require unnecessary waiting.
- Set attainable limits and appropriate guidelines for behavior.

10 minutes

ACTIVITY: Reducing Stress in My Childcare Setting

Say: There are also other factors that relate to the environment and routines of the caregiving setting that will help promote a healthy, less stressful environment for children. Let's look at these one by one.

Instructor refers to **Handout/Overhead 4-3-4**. Instructor reads each item carefully and asks participants to check whether they do or do not use these factors to reduce stress. Instructor may prefer to ask for suggestions from participants before reading the list.

- Use curtains, insulation, carpets, and other sound-absorbing materials to lower noise levels.
- Provide varied and interesting colors, textures, sounds, and activities in the group environment to stimulate children and avoid boredom.
- Have comfortable, clean, and child-safe surroundings.
- Arrange toys, furniture, and equipment for greater self-sufficiency of children.
- Create a quiet corner or cubbyhole that is available to any child.
- Plan flexible schedules for children who need or desire additional time in an activity.
- Provide snacks and meals on a regular basis, with options for individual feeding needs.
- Schedule planning sessions for teachers and children where problems and needs can be expressed.
- Make an effort to spend time communicating with each child every day.
- Give affection by touching, smiling, and eye contact.

**Handout/
Overhead
4-3-4**

- Demonstrate positive personal regard, respect, and acceptance of all children.
- Allow children to choose their own activities and groupings as much as possible.
- Have available acceptable means or materials for tension relief, such as music, clay or playdough, water play, paint, carpentry, pounding toys, and sand.
- Plan times for rest and relaxation daily.
- Occasionally use soft music or muscle relaxing dramatizations.
- Schedule at least a half-hour of daily vigorous physical activity.

10 minutes

CLOSING ACTIVITY: Books

If time permits, show and discuss books relating to handicaps that would be suitable for classroom use. Provide some examples of books that parents might find useful. One of the follow-up activities requires the participants to accumulate a library or find sources for books to be used both with children and with parents. It might be appropriate to give ideas about where the books are available. Contact the local FDLRS Resource person or public library for book suggestions.

Summary

Instructor may review any material or ask the participants to share what has been most helpful to them.

Instructor refers back to **Handout/Overhead 4-2-3**.

Say: Before we go, I want to remind you of the list of agencies in Florida that may be helpful to you or to a family in stress. Please share this list with other caregivers.

5 minutes

EXPLANATION OF THE SIX-WEEK FOLLOW-UP ACTIVITY

Give participants the phone number at which you can be reached should there be any questions regarding the follow-up activity.

END OF HOUR 3: Closing

<p>Handout/ Overhead 4-2-3</p>

Resource List

Choices and Opportunities Videotape. People with developmental disabilities are frequently denied the opportunity to make choices. This 28-minute videotape shows how parents and caregivers can facilitate choices for children and adults with disabilities. Available from Arizona Department of Economic Security, Office of Human Resources, P.O. Box 6123, Phoenix, AZ 85005; phone (602) 229-2700.

Finnie, N. R. (1975). Handling the young cerebral palsy child at home. Bergenfield, NJ: E.P. Dutton. New American Library, P.O. Box 120, Bergenfield, NJ 07621; phone (800) 526-0275.

Teaching Exceptional Children, Summer 1989. Contains four short reproducible articles about infants and toddlers with special needs in daycare and home settings.

Reference List

- Bailey, D. B., Jr., & Simeonsson, R. J. (1988). Family assessment in early intervention. Columbus, OH: Merrill Publishing.
- Brecker, D. D. (1986). Early education of at-risk and handicapped infants, toddlers and preschool children. Glenview, IL: Scott Foresman.
- Cartwright, G. P., Cartwright, C., & Ward, M. E. (1989). Educating special learners. Belmont, CA: Wadsworth Publishing.
- Florida Developmental Disabilities Planning Council. (1985). First steps: A guide for parents of children with developmental disabilities.
- Florida Diagnostic and Learning Resources System (FDLRS)/South (1988-1989). Parenting made easier: A handbook of helpful hints. Miami, FL: Dade County Public Schools.
- Kersey, K. (1986). Helping your child handle stress: The parents' guide to recognizing and solving childhood problems. Washington, DC: Acropolis Books.
- Leman, K. (1987). The birth order book. New York: Dell Publishing
- Lewis, L. (1989). We're in this together (W.I.T.): Resource manual for integrating handicapped children into daycare and preschool problems. Des Moines, IA: Des Moines Independent Schools.
- Southwest Educational Development Laboratory (1976). Working with parents of handicapped children. Austin, TX:
- State of Florida Department of Health and Rehabilitation Services. (No date) Parent outreach, HRS. Tallahassee, FL: The Florida Developmental Disabilities Planning Council.
- Tseng, W. S., & McDermott, J. F. (1979). Triaxial family classifications: A proposal. Journal of American Academy of Child Psychiatry, 18, 22-43.

Appendix A

Reproducible Forms for Three-Hour Module

Form

- Instructor's Time Table and Notes (2 pages)
- Advertising Flier
- List of Participants
- Follow-Up Mailer (2 pages)

Copies to make

- 1 per instructor
- As needed
- Varies - usually 6 to 8
- One per participant

Note:

Reproduce mailer as one two-sided page by photocopying the second page on the reverse side of the first. This mailer may be reproduced on agency letterhead.

- Certificate of Completion (1 page)
- 1 per participant

Instructor's Time Table and Notes

MITCH Module Title: _____

Training Location _____

Date _____

Instructor _____

Preparation

Date	Task	Completed
_____	Review module	_____
_____	Preview videotape* and audiotape	_____
_____	Arrange for guest speaker*	_____
_____	Set date	_____
_____	Arrange for room	_____
_____	Arrange for A-V equipment*	_____
_____	Advertise	_____
_____	Photocopy all handouts	_____
_____	Prepare any overheads	_____
_____	Collect additional materials	_____

Notes for Training

Hour 1:

Hour 2:

*** if applicable**

Trainer's Time Table and Notes, continued
Hour 3:

**Six-Week
Follow-Up Activity**

Date	Task	Completed
_____	Copy letters	_____
_____	Send letters	_____
_____	Collect activity	_____
_____	Review activity	_____
_____	Copy certificate	_____
_____	Prepare certificate	_____
_____	Deliver certificate	_____
_____	Record trainees who have completed module	_____
_____	Maintain List of Participants on file	_____

Notes:

Coming . . . MITCH Module 4

**FAMILY
FUNCTIONING:**
The Impact of a Child
With Special Needs

TRAINING
FOR
CAREGIVERS
OF
INFANTS
AND
TODDLERS



Date Time

Location

Training Agency

For information and/or registration, call

.....

.....

LIST OF PARTICIPANTS

SIGN IN SHEET MITCH Module # _____

MITCH module title _____

Training date _____

Training location _____

Instructor _____

Hours Attended			
1st	2nd	3rd	*FA

Please **PRINT** your name, social security number, home mailing address, phone and place of work.

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

*** Follow-Up Activity completed**

Dear

This is to remind you that the Six-Week Follow-Up Activity for MITCH Training Module # _____

Title: _____

is due ____ / ____ / ____.

Please submit your Follow-Up Activity to:

If you have any questions, please call:

_____ telephone _____.

Sincerely,

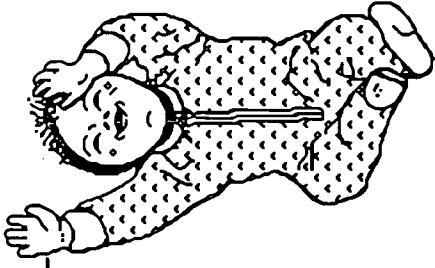
Staple

Fold #2

From: MITCH Module Training

To:

Fold #1



Certificate of Completion

MITCH

Model of Interdisciplinary Training for Children with Handicaps

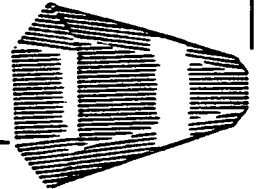
has completed all requirements for MITCH Module 4, entitled:

***FAMILY FUNCTIONING:
THE IMPACT OF A CHILD WITH SPECIAL NEEDS***

Instructor

Training Agency

Date



65

Appendix B

Reproducible Copies of Handouts/Overheads/Booklets

Note:

Each handout is numbered in a three-digit code such as: Handout 3-1-4. The first digit (3 in example) refers to the module number. The second digit (1 in example) refers to the hour of the Module, while the last number (4 in example) refers to the number of the handout itself. Consequently, the example number above denotes the fourth handout to be used during the first hour of Module 3.

Family Structure

Immediate Family: List some possible family groups.

Extended Family: List some possible members.

Birth Order Possibilities: List some characteristics of each.

Module	Hour	Handout
4	1	1

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*MITCH: Model of Interdisciplinary Training for children with Handicaps

Family Functioning/Development

FAMILY FUNCTIONING

Conflict Resolution: How do you resolve conflict in your family?

Decision Making: How are decisions made in your family? . . . About money?
. . . About jobs? . . . About decorating the house? . . . About what to have for dinner?

Problem Solving: How can caregivers help?

- Understand that parents may need time to act.
- Provide emotional support and encouragement.
- Provide information.
- Hold parent meetings that address common concerns.
- Communicate often.
- Become an interested listener.
- Act as a resource and know where to get help for parents.

FAMILY DEVELOPMENT

The three times when families tend to be closest:

- child bearing
- child rearing
- grandparenthood.

The three times when families tend to drift apart:

- adolescence
- mid-life evolution
- caring for older parents.

Module	Hour	Handout
4	1	2

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*MITCH: Model of Interdisciplinary Training for children with Handicaps

Factors that Can Influence Stress in Adults

Temperament and/or behavioral characteristics of the child.

Caregiving demands.

Severity of handicap(s).

Family's level of psychological functioning.

Economic resources.

Support available from family/community/professionals.

Programs available for child and family.

Module	Hour	Handout
4	2	1

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*MITCH: Model of Interdisciplinary Training for children with Handicaps

Common Responses of Parents With Special Needs Children

Common Responses	Parents' Feelings/Actions	What Caregivers Can Do
<p>Shock Disbelief Denial</p>	<p>Denial of handicap. Pretend handicap is not there. Excuses for why child is having "trouble." Shame, guilt, unworthiness. Overcompensate by intense training. Doctor "hopping" - visits to different doctors to find out what the parent wants to hear.</p>	<p>Listen with acceptance. Assure that feelings are normal. Focus on working together with the child. Affirm child's strengths. Direct parents to sources of information, gently.</p>
<p>Anger Resentment</p>	<p>May become angry at seemingly insignificant things. Sound envious of others. Verbally abusive to teachers or others that have taught or been part of the child's diagnosis. May take statements by professionals or others out of context and restate them to the child's advantage.</p>	<p>Listen with acceptance. There is no need to agree or give suggestions. Direct parents to sources of information. Affirm your acceptance of the child and focus on working together. Avoid giving examples of what others have done.</p>
<p>Bargaining</p>	<p>Work hard with the child, i.e. "If I work with him every day he will catch up." Postponing acceptance of the child's handicap; i.e., "This is just a stage." "His eyes are crossed - when that's corrected he'll catch up."</p>	<p>Listen with acceptance. Show caring for child and for the parents.</p>
<p>Depression Discouragement</p>	<p>May be more open to suggestions for helping the child. Mourn the loss of the image of "normal child." Have a sense of helplessness and hopelessness.</p>	<p>Listen with acceptance. Avoid criticism or too much praise. May need to suggest support group, counseling, or other local resources.</p>
<p>Acceptance Adjustment</p>	<p>Realize something positive can be done. Accept the whole child. Adjust lifestyle. Recognize needs of child. Learn new techniques.</p>	<p>Teach new training techniques. Praise progress. Encourage realistic expectations.</p>

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Module	Hour	Handout
4	2	2

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Florida Organizations

Alcohol, Drug Abuse and Mental Health Program -- Children's Section

Department of Health and Rehabilitative Services
1317 Winewood Blvd.
Tallahassee, FL 32301
(904)487-2415

American Diabetes Assn.

Florida Affiliate, Inc.
3101 Maguire Blvd., Suite 288
P.O. Box 19745
Orlando, FL 32814
(305)894-6664

American Heart Assn., Inc.

Florida Affiliate Office
810 63rd Avenue North
P.O. Box 42150
St. Petersburg, FL 33742
(813)522-9477

Arthritis Foundation

Florida Chapter
3205 Manatee Avenue West
Bradenton, FL 33505
(800)282-9487

Association for Retarded Citizens/Florida

106 North Bronough, Suite M1-7
Tallahassee, FL 32301
(904)681-1931

Bureau of Education for Exceptional Students

Department of Education
Florida Education Center
Tallahassee, FL 32399-0400
(904)488-1570

Captioned Videotape Project for the Hearing Impaired

Florida School for the Deaf and Blind
P.O. Box 1209
St. Augustine, FL 32084
(904)824-1654

Children's Med. Services Pgm. Department of HRS

1323 Winewood Blvd.
Building 5, Room 127
Tallahassee, FL 32301
(904)487-2690

Developmental Services Pgm.

Department of HRS
1311 Winewood Blvd.
Building 5, Room 215
Tallahassee, FL 32301
(904)488-4257

Division of Blind Services

Florida Department of Education
2540 Executive Center Circle W.
Tallahassee, FL 32301
(800)342-1828 - (904)488-1330

Division of Blind Services Library for the Blind and Physically Handicapped

P.O. Box 2299
Daytona Beach, FL 32015

Florida Developmental Disabilities Planning Council

1317 Winewood Blvd.
Building 1, Suite 309
Tallahassee, FL 32301
(904)488-4180

Florida Association of Rehabilitation Facilities

1605 E. Plaza Drive, Suite 8
Tallahassee, FL 32308-5311
(904)877-4816

Florida Bar Lawyer Referral Service

The Florida Bar
Tallahassee, FL 32301-8226
(800)242-8012

Florida Commission on Human Relations

325 John Knox Rd., Ste. F-240
Tallahassee, FL 32303
(800)342-8170

Florida Council of Handicapped Organizations

P.O. Box 2027
Satellite Beach, FL 32937
(305)777-2964

FL Association for Children with Learning Disabilities

5683 Deerfield Road
Orlando, FL 32808
(305)295-8203

Florida Easter Seal Society

1010 Executive Center Drive
Suite 101
Orlando, FL 32803
(305)896-7881

FL School for the Deaf & Blind Child Study Center

207 North San Marco Avenue
St. Augustine, FL 32084
(904)824-1654

Florida Soc. for Children and Adults with Autism

1523 Julia Tonia Drive
West Palm Beach, FL 33415
(305)965-0409

Module	Hour	Handout
4	2	3

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*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Florida Organizations

(continued)

FL Epilepsy Foundation
P.O. Box 6059C
Orlando, FL 32853
(305)422-1439

Florida Instructional Materials Center for the Visually Handicapped
5002 North Lois Avenue
Tampa, FL 33614
(800)282-9193

FL Justice Institute, Inc.
1401 Amerifirst Building
One S.E. 3rd Avenue
Miami, FL 33131
(305)358-2081

FL Legal Services, Inc.
226 W. Pensacola Rm. 216-218
Tallahassee, FL 32301
(904)222-2151

Governor's Commission on Advocacy for Persons with Develop. Disabilities
Office of the Governor
The Capitol
Tallahassee, FL 32301-8047
(800)342-0823
(904)488-9071

Handicapped and Workstudy Program
Division of Vocational Education
Department of Education
Florida Education Center
Tallahassee, FL 32399-0400
(904)488-5965

Head Start
Humanics Associates
Florida Office
255 Whooping Loop, Suite 255
Altamonte Springs, FL 32701
(305)834-6538

March of Dimes Birth Defects Foundation
Regional Office
12550 Biscayne Boulevard
North Miami, FL 33181
(305)895-2856

Mental Health Agency
Department of HRS
1317 Winewood Boulevard
Tallahassee, FL 32301
(904)488-8304

Mental Health Assn. of Florida
345 S. Magnolia Drive, Suite A13
Tallahassee, FL 32301
(904)877-4707

Muscular Dystrophy Assn.
1301 Seminole Boulevard, Suite 105
Largo, FL 33540
(813)585-5446

National Kidney Foundation of Florida, Inc.
One Davis Boulevard, Suite 304
Tampa, FL 33606
(813)251-3627

Office of Vocational Rehabilitation
Department of HRS
1309 Winewood Boulevard
Tallahassee, FL 32301

Parents Anonymous
1106 Thomasville Road
Tallahassee, FL 32303
(800)FLA-LOVE
(904)224-8481

Parent to Parent of Florida
3500 E. Fletcher Ave., Ste. 225
Tampa, FL 33612
(813)974-5001

The Pro Bono Directory
Legal Assistance Project
Dept. of Public Interest Programs
The Pro Bono Directory
The Florida Bar
Tallahassee, FL 32301
(904)222-5286

Southern Legal Counsel, Inc.
115 N.E. 7th Avenue
Gainesville, FL 32601
(904)377-8288

Spina Bifida Coalition of FL
996 Florida Town Road
Pace, FL 32570
(904)994-4001

State Special Olympics Hq.
2639 N. Monroe St., Suite 151A
Tallahassee, FL 32303
(904)385-8178

Statewide Human Rights Advocacy Committee
1317 Winewood Boulevard
Building 1, Room 310
Tallahassee, FL 32301
(904)488-4180

Univ. of Miami Mailman Center for Child Development
Multidiscip. Training Facility
P.O. Box 016820
Miami, FL 33101
(305)547-6631

Upjohn Healthcare Services
Florida Region Administration
P.O. Box 2607
Winter Park, FL 32790

Module	Hour	Handout
4	2	3 (con't.)

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*MITCH: Model of Interdisciplinary Training for Children with Handicaps



National Organizations

Aid to Adoption of Special Kids

3530 Grand Avenue
Oakland, CA 94610
(415)451-2275

Alexander Graham Bell Association for the Deaf

3417 Volta Place, N.W.
Washington, D.C. 30007
(202)337-5220

American Brittle Bone Soc.

1256 Merrill Drive
Marshallton
West Chester, PA 19380
(215)692-6248

American Alliance for Health, Physical Education, Recreation and Dance

Information and Research Utilization Center
1900 Association Drive
Reston, VA 22091
(703)476-3400

American Association for the Advancement of Science Project on the Handicapped In Science

Office of Opportunities in Science
1776 Massachusetts Dr., N.W.
Washington, D.C. 20036
(202)467-4400

American Association of University Affiliated Programs for the Developmentally Disabled

1234 Massachusetts Ave., N.W.
Washington, D.C. 20005

American Association on Mental Deficiency

5101 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202)686-5400

American Cleft Palate Education Assn.

331 Salk Hall
University of Pittsburgh
Pittsburgh, PA 15261

American Civil Liberties Union

132 West 43rd Street
New York, NY 10036

American Coalition of Citizens with Disabilities (ACCD)

1200 15th Street, N.W., #201
Washington, D.C. 20005
(202)785-4265

American Council for the Blind

1211 Connecticut Ave., N.W.
Suite 506
Washington, D.C. 20036
(202)833-1251

American Foundation of the Blind (AFB)

15 West 16th Street
New York, NY 10011
(212)620-2000

American Genetics Association

818 18th Street, N.W.
Washington, D.C. 20036

American Kidney Fund

7315 Wisconsin Avenue
Bethesda, MD 20814-3266
(800)638-8299

American Occupational Therapy Association

1383 Piccard Drive, Suite 300
Rockville, MD 20850
(301)948-9626

American Physical Therapy Association

1111 N. Fairfax St., Suite 200
Alexandria, VA 22314
(703)684-2782

American Printing House for the Blind

P.O. Box 6085
1839 Frankfort Avenue
Louisville, KY 40206
(502)895-2405

American Red Cross

National Headquarters
17th and D Streets, N.W.
Washington, D.C. 20006
(202)737-8300

American Society for Deaf Children

814 Thayer Avenue
Silver Spring, MD 20910
(301)585-5400

Arthrogyposis Assn., Inc.

5430 E. Harbor Heights Drive
Port Orchard, WA 93866
(206)871-5057

Association for Persons with Severe Handicaps (TASH)

7010 Roosevelt Way, N.E.
Seattle, WA 98115
(206)523-8446

AAWE/Alleviates Alliance

206 N. Washington St., Suite 320
Alexandria, VA 22314
(703)836-6060

Association of Birth Defect Children

3201 E. Crystal Lake Avenue
Orlando, FL 32806
(305)898-5342

Module	Hour	Handout
4	2	3 (con't.)

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National Organizations

(continued)

Association for Children and Adults with Learning Disabilities (ACLD)

4156 Library Road
Pittsburgh, PA 15234
(412)341-1515

Association for Retarded Citizens (ARC) National

2501 Avenue J
Arlington, TX 76011
(817)640-0204

Asthma and Allergy Foundation of America

1302 18th St., N.W., Suite 303
Washington, D.C. 20036
(202)293-2950

Boy Scouts of America

Scouting for the Handicapped Division
1325 Walnut Hill Lane
Irving, TX 75062
(214)659-2000

Cancer Research Institute

Memorial Donations
133 East 58th Street
New York, NY 10022
(212)688-7515
(800)223-7874

The Candlelighters Foundation

2025 "I" Street NW, Suite 1011
Washington, D.C. 20006
(202)659-5136

Center on Human Policy

4 East Hungtingon Hall
Syracuse University
Syracuse, NY 13210
(315)423-3951

Clearinghouse on the Handicapped

Office of Special Education and Rehabilitative Service
Room 3106 Switzer Building
Washington, D.C. 20202-2524
(202)732-1245

Compassionate Friends, Inc.

P.O. Box 1347
Oak Brook, IL 60521
(312)323-5015

Cooley's Anemia Foundation

105 East 22nd St., Suite 911
New York, NY 10010
(212)598-0911

Cornelia de Lange Syndrome Foundation

60 Dyer Avenue
Collinsville, CT 06022
(202)693-0159

Center for Law and Education, Inc.

Gutman Library, 3rd Floor
6 Appian Way
Cambridge, MA 02138
(617)495-4666

Children's Brain Research Clinic

2525 Belmont Road, N.W.
Washington, D.C. 20008

Children's Defense Fund

122 C Street, N.W.
Washington, D.C. 20001
(202)628-8787

Closer Look

Parents Campaign for Handicapped Children and Youth
1201 16th Street, N.W.
Washington, D.C. 20036
(202)822-7900

Council for Exceptional Children (CEC)

1920 Association Drive
Reston, VA 22091
(703)620-3660

Cystic Fibrosis Foundation

6000 Executive Blvd., Suite 309
Rockville, MD 20852
(301)881-9130

Dental Guidance Council for Cerebral Palsy

122 East 23rd Street
New York, NY 10010
(212)677-7400

Developmental Disabilities Office

U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 338E
Washington, D.C. 20201

Disability Rights

Education Defense Fund, Inc.
2032 San Pablo Avenue
Berkeley, CA 94702
(415)644-2555

Dysautonomia Foundation

120 E. 41st Street
New York, NY 10017
(212)889-0300

Module	Hour	Handout
4	2	3 (con't.)

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National Organizations

(continued)

Dystrophic Epidermolysis Bullosa Research Association of America
2936 Avenue W
Brooklyn, NY 11229
(212)774-8700

Ephphatha Services for the Deaf and Blind
P.O. Box 15167
Minneapolis, MN 55415

Epilepsy Foundation of America
4351 Garden City Drive, Suite 406
Landover, MD 20785
(305)459-3700

Found. for Children with Learning Disabilities
P.O. Box 2929
Grand Central Station
New York, NY 10163
(212)687-7211

Friedreich's Ataxia Group In America
P.O. Box 11116
Oakland, CA 94611

Girl Scouts of the U.S.A. Scouting for Handicapped Girls
830 Third Avenue
New York, NY 10022
(212)940-7500

Human Resources Center
I.U. Willets Road
Albertson, NY 11507

Human Growth Found.
4607 Davidson Drive
Chevy Chase, MD 20815
(301)656-7540

Hydrocephalus Parent Support Group
9430 Reagan Road
San Diego, CA 92126

Institute for the Achievement of Human Potential
8801 Stenton Avenue
Philadelphia, PA 19118

International Association of Parents of the Deaf
814 Thayer Avenue
Silver Springs, MD 20910
(301)585-5400

International Institute for Visually Impaired, 0-7, Inc.
1975 Rutgers Circle
East Lansing, MI 48823

John Tracy Clinic (deafness, hearing impairments, deaf/blind)
806 West Adams Blvd.
Los Angeles, CA 90007
(213)748-5481

Joseph P. Kennedy Jr. Foundation
1350 New York Avenue, N.W., Suite 500
Washington, D.C. 20005
(202)393-1250

Juvenile Diabetes Foundation, Int'l.
23 E. 26th Street
New York, NY 10010
(212)889-7575

Know Problems of Hydrocephalus
Route 1, River Road, Box 210A
Joliet, IL 60436

LaLeche League, International
9616 Minneapolis
Franklin Park, IL 60131
(312)455-7730

Library of Congress Division for the Blind and Physically Handicapped
1291 Taylor St., N.W.
Washington, D.C. 20542

Little People of America
Box 633
San Bruno, CA 94066
(415)589-0695

Leukemia Society of America, Inc.
National Headquarters
800 2nd Avenue
New York, NY 10017
(212)573-8484

MPS Society
552 Central Avenue
Bethpage, NY 11714
(516)433-4419

March of Dimes National Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

Mental Disability Legal Resource Center
Commission on the Mentally Disabled
American Bar Association
1800 M Street, N.W.
Washington, D.C. 20036
(202)331-2240

Module	Hour	Handout
4	2	3 (con't.)

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*MITCH: Model of Interdisciplinary Training for Children with Handicaps

National Organizations

(continued)

Mental Retardation Association of America

211 East 300 South, Suite 212
Salt Lake City, UT 84111
(801)328-1575

Muscular Dystrophy Association

810 Seventh Avenue
New York, NY 10019
(212)586-0808

Myoclonus Families United, c/o
NORD

2153 East 22nd Street
Brooklyn, NY 11220

National Amputation Foundation

1245 150th Street
Whitestone, NY 11356
(212)767-0596

National Association for Deaf/Blind

2703 Forrest Oak Circle
Norman, OK 73071
(405)733-7311

National Association for Disabled Citizens

P.O. Drawer 8075
Maitland, FL 32751
(305)628-8850

National Assoc. for Down Syndrome

Box 63
Oak Park, IL 60303
(312)543-6060

National Assoc. for Parents of the Visually Impaired, Inc.

2011 Hardy Circle
Austin, TX 78757

National Assoc. for the Deaf Legal Defense Fund

Florida Avenue and 7th Street, N.E.,
Suite 311
Washington, D.C. 20002

National Association for Sickle Cell Disease (NASCD)

3460 Wilshire Blvd., Suite 1012
Los Angeles, CA 90010

National Association for Visually Handicapped

305 East 24th Street, 17-C
New York, NY 10010
(212)889-3141

National Association of Private Residential Facilities for the Mentally Retarded

6269 Leesburg Pike
Falls Church, VA 22044
(703)536-3311

National Assoc. of the Deaf

814 Thayer Avenue
Silver Spring, MD 20910
(301)587-1788

National Ataxia Foundation

6681 Country Club Drive
Minneapolis, MN 55427
(612)546-6220

National Hearing Assoc.

1010 Jorie Blvd., Suite 308
Oak Brook, IL 60521
(312)323-7200

National Association of the Physically Handicapped

70 Elm Street
London, OH 43140
(614)852-1664

National Center for a Barrier-Free Environment

1015 15th St., N.W., Suite 700
Washington, D.C. 20005
(202)466-6896

National Center for Education in Maternal and Child Health

38th and R Sts., N.W.
Washington, D.C. 20057

National Clearing House for Human Genetic Diseases

3520 Prospect St., N.W., #1
Ground Floor, Suite 1
Washington, D.C. 20057
(202)842-7617

National Down Syndrome Congress

1640 W. Roosevelt Road
Chicago, IL 60608
(312)226-0416

National Down Syndrome Society

70 West 40th Street
New York, NY 10018
(212)764-3070
(800)221-4620

National Easter Seal Soc.

2023 West Ogden Avenue
Chicago, IL 60612
(312)243-8400
(312)243-8800 (TDD)

National Federation of the Blind

1800 Johnson Street
Baltimore, MD 21230
(301)659-9314

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National Organizations

(continued)

National Foundation for Ileitis and Colitis

295 Madison Avenue
New York, NY 10017
(212)685-3440

National Genetics Foundation

555 West 57th Street
New York, NY 10019(212)586-5800

National Head Injury Foundation

280 Singletary Lane
Framingham, MA 01701
(617)879-7473

National Hearing Aid Society

20361 Middlebelt Road
Livonia, MI 48152
(313)478-2610

National Hemophilia Foundation

19 W. 34th St., Room 1204
New York, NY 10001
(212)563-0211

National Ichthyosis Foundation

151 Toyon Drive
Vallejo, CA 94589

National Information Center for Handicapped Children and Youth (NICHCY)

P.O. Box 1492
Washington, D.C. 20013

National Institute for Rehabilitation Engineering

97 Decker Road
Butler, NJ 07405
(201)838-2500

National Juvenile Law Center

St. Louis University School of Law
3701 Lindell Blvd.
St. Louis, MO 63108

National Mental Health Association

1021 Prince Street
Alexandria, VA 22314

National Neurofibromatosis Foundation

70 West 40th St., 4th Floor
New York, NY 10018
(212)869-9034

National Organization on Disability

2100 Pennsylvania Avenue, N.W.
Suite 234
Washington, D.C. 20037
(202)293-5960

National Rehabilitation Association

633 South Washington Street
Alexandria, VA 22314

National Retinitis Pigmentosa Foundation

Rolling Park Building
8331 Mindale Circle
Baltimore, MD 21207
(301)655-1011

National Reye's Syndrome Foundation

P.O. Box RS
Benzonia, MI 49616

National Society for Children and Adults with Autism

1234 Massachusetts Avenue, N.W.
Suite 1017
Washington, D.C. 20005
(202)783-0125

National Spinal Cord Injury Association

149 California Street
Newton, MA 02158
(617)964-0521

National Tay-Sachs and Allied Diseases Association

92 Washington Avenue
Cedarhurst, NY 11516
(516)569-4300

National Tuberous Sclerosis Association

P.O. Box 612
Winfield, IL 60190
(312)668-0787

Office for Handicapped Individuals

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Osteogenesis Imperfecta Foundation

632 Center Street
Van Wert, OH 45891

Orton Dyslexia Society

724 York Road
Baltimore, MD 21204
(301)296-0232

Parent Care

University of Utah Medical Center
50 North Medical Drive, Room 2A210
Salt Lake City, UT 84132
(801)581-5323

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National Organizations

(continued)

Parent Network
1301 E. 38th Street
Indianapolis, IN 46205

People First International
P.O. Box 12642
Salem, OR 97309
(503)378-5143

Pollo Information Center
510 Main Street
Roosevelt Island, NY 10044

Prader-Willi Association
5515 Malibu Drive
Edina, MN 55436
(612)933-0115

**President's Committee on
Employment of the Handi-
capped**
Washington, D.C. 20010

**President's Committee on
Mental Retardation**
Washington, D.C. 20201

Scoliosis Research Society
444 N. Michigan Avenue, Suite
1500
Chicago, IL 60611
(312)822-0970

Scoliosis Association
1428 183 Main Street, East
Rochester, NY 14604
(716)546-1814

Sharing Our Caring
(Down Syndrome)
P.O. Box 400
Milton, WA 98354

Sibling Information Network
Department of Educational Psycholo-
gy
Box U-64, The University of Connecti-
cut
Storrs, CT 06268
(203)486-4034

Siblings for Significant Change
Room 808
823 United Nations Plaza
New York, NY 10017

**Support Organization for Trisomy
(SOFT)**
7326 S. 145 Street, East
Midville, UT 84947
(801)566-0674

Special Education Programs
U.S. Dept. of Education
Switzer Building
330 "C" Street, S.W.
Washington, D.C. 20202

**Spina Bifida Association of
America**
343 South Dearborn Street, Room
317
Chicago, IL 60604
(312)663-1562

United Cerebral Palsy Associations
66 East 34th Street
New York, NY 10016
(212)481-6300

United Ostomy Association
2001 West Beverly Bldg.
Los Angeles, CA 90057
(212)413-5510

**The United States Association
for Blind Athletes**
55 West California Avenue
Beach Haven, NJ 08008

The Voice
(Hearing Impaired)
2939 Hollandale
Dallas, TX 75234
(214)349-3271 (V/TDD)

Youth Law Center
693 Mission Street
Second Floor
San Francisco, CA 94105
(415)543-3379

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Toll-Free Telephone Services

AMC Cancer Information Center.....	800-525-3777
American Council of the Blind.....	800-424-8666
American Kidney Fund.....	800-638-8299
Better Hearing Institute Hearing Helpline.....	800-424-8576
Cancer Information Service National Line.....	800-4-CANCER
Captioned Films for the Deaf.....	800-237-6213
Center for Special Education Technology Information Exchange.....	800-345-8324
Child Abuse Registry.....	800-342-9152
Children's Defense Fund.....	800-424-9602
Closer Look LD Teen Line.....	800-522-3458
Epilepsy Information Line.....	800-542-7054
ERIC Clearinhouse on Adult Career and Vocational Education.....	800-848-4815
Foundation Center.....	800-424-9836
Heartline.....	800-241-6993
HEATH Resource Center.....	800-54-HEATH
International Shriners Headquarters.....	800-237-5055
Job Accommodation Network.....	800-526-7234
Job Opportunities for the Blind.....	800-638-7518
National Alliance of Blind Students.....	800-424-8666
National Center for Stuttering.....	800-221-2483
National Committee for Citizens in Education.....	800-NETWORK
National Crisis Center for the Deaf (TDD Only).....	800-446-9876
National Down Syndrome Congress.....	800-232-6372
National Down Syndrome Society.....	800-221-4602
National Easter Seal Society.....	800-221-6827
National Health Information Clearinghouse.....	800-336-4797
National Hearing Aid Society.....	800-521-5247
National Information Center for Educational Media.....	800-421-8711
National Rehabilitation Information Center (Voice/TDD).....	800-32-NARIC
National Special Needs Center.....	800-233-1222
	800-833-3232 (TDD)
National Spinal Cord Injury Hotline.....	800-526-3456
Orton Dyslexia Society.....	800-222-3123
Poison Information.....	800-542-6319
Resource Center for the Handicapped.....	800-22-SHARE
RP Foundation Fighting Blindness.....	800-638-2300
Special Education Software Center.....	800-327-5892
Spina Bifida Hotline.....	800-621-3141
Tripod Service for Hearing Impaired.....	800-352-8888
Washington PAVE.....	800-5-PARENT

The data on these information sheets has been furnished by **Parent to Parent of Florida**, 3500 E. Fletcher Ave., Suite 225, Tampa, FL 33612; (813)974-5001.

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The Florida Diagnostic and Learning Resources System - FDLRS

Your local FDLRS Center can provide specific information regarding handicapping conditions and local community resources. They also may provide support services, screening and diagnostic services, resource materials, training and other forms of assistance regarding the education and care of infants/toddlers with special needs. If they do not have a ready answer or solution for you, they may refer you to a resource that does.

There are 18 FDLRS Associate Centers throughout Florida. They are listed below according to the counties they serve.

Escambia, Santa Rosa, Okaloosa
 FDLRS/Westgate Associate Center
 30 E. Texar Dr., Pensacola, FL 32503
 (904)469-5423

Washington, Bay, Calhoun, Franklin, Gulf, Holmes, Liberty, Walton, Jackson
 FDLRS/PAEC Associate Center
 411 W. Boulevard, Chipley, FL 32428
 (904)638-6131

Leon, Gadsden, Jefferson, Taylor, Wakulla
 FDLRS/Micosukee Associate Center
 Highroad Corner, STe. 10, 1950 W. Tennessee St.
 Tallahassee, FL 32304
 (904)487-2630/(904)488-4150

Hamilton, Columbia, Lafayette, Madison, Suwannee
 FDLRS/Gateway Associate Center
 P.O. Box 1387, Jasper, FL 32052-1387
 (904)792-2877

Putnam, Baker, Bradford, Flagler, St. Johns, Union
 FDLRS/NEFEC Associate Center
 N.E. Florida Educational Consortium
 Rte 1, Box 8500, 3841 Reid Street
 Palatka, FL 32177
 (904)329-3800

Duval, Clay, Nassau
 FDLRS/Crown Associate Center
 1450 Flagler Ave., Room 15
 Jacksonville, FL 32207
 (904)390-2075/(904)390-2154

Marion, Alachua, Citrus, Dixie, Gilchrist, Levy
 FDLRS/Springs Associate Center
 3881 N.W. 155th St., Reddick, FL 32686
 (904)591-4300

Orange, Lake, Osceola, Seminole, Sumter
 FDLRS/Action Associate Center
 1600 Silver Star Rd., Orlando, FL 32804
 (407)293-5841/(407)295-4020

Brevard, Volusia
 FDLRS/East Associate Center
 Educational Services Facilities
 2700 St. John's Street
 Melbourne, FL 32940-6699
 (406)633-1000, extension 540

St. Lucie, Indian River, Martin, Okeechobee
 FDLRS/Galaxie Associate Center
 1901 S. 11th Street, Ft. Pierce, FL 34950
 (407)468-5385/5389

Pinellas, Hernando, Pasco
 FDLRS/Gulfcoast Associate Center
 1895 Gulf-to-Bay Blvd., Clearwater, FL 34625
 (813)442-1171/(813)462-9687

Hillsborough
 FDLRS/Hillsborough Associate Center
 Department of Education for Exceptional Students
 411 E. Henderson Ave., Tampa, FL 33602
 (813)272-4555

Polk, Hardee, Highlands
 FDLRS/III Associate Center
 1062 N. Broadway Avenue, Bartow, FL 33830
 (813)534-2877/2881

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4	2	4(R)

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Sarasota, Charlotte, De Soto, Manatee
 FDLRS Associate Center
 1135 Gun Club Road, Sarasota, FL 34232
 (813)378-4690

Collier, Glades, Hendry, Lee
 FDLRS/Big Cypress Associate Center
 Collier County Public Schools Admin. Center
 3710 Estey Ave., Naples, FL 33942
 (813)643-2700

Palm Beach
 FDLRS/Alpha Associate Center, Cedar Square
 2112 S. Congress Ave.
 West Palm Beach, FL 33406
 (407)433-3500

Broward
 FDLRS/Reach Associate Center
 1400 N.E. 6th St.
 Pompano Beach, FL 33060
 (305)786-7699/(305)768-7704

Dade, Monroe
 FDLRS/South Associate Center
 5555 S.W. 93rd Ave.
 Miami, FL 33165
 (305)274-3501

The following FDLRS Specialized Centers may also be helpful.

Clearinghouse/Information Center
 Florida Department of Education
 Bureau of Education for Exceptional Students
 Florida Ed. Center, Tallahassee, FL 32399-0400
 (904)488-1879

**Communication Systems
 Evaluation Center (CSEC)**
 434 N. Tampa Ave., Sta. 702
 Orlando, FL 32802
 (407)849-3504/(800)328-328-3678

**Florida Instructional Materials for the
 Visually Handicapped (FIMC)**
 5002 N. Lois Ave., Tampa, FL 33614
 (813)876-5016/(800)282-9193

**Educational Television and Captioning
 Center for the Hearing Impaired**
 207 N. San Marco Ave., St. Augustine, FL 32084
 (904)823-4461

FSDB Outreach/Parent Education Services
 Florida School for the Deaf and the Blind
 207 N. San Marco Ave., St. Augustine, FL 32084
 (904)823-4040

**FDLRS/FSU - Regional Evaluation
 and Consulting Center**
 218 Regional Rehabilitation Center
 Florida State University, Tallahassee, FL 32306
 (904)644-2222

**FDLRS/USF - Multidisciplinary
 Diagnostic and Evaluation Services**
 University of South Florida
 3500 E. Fletcher Ave., Ste. 225, Tampa, FL 33612
 (813)974-5001

**FDLRS/UF - Multidisciplinary Diagnostic
 and Training Program**
 Box J-282 JHM Health Center
 University of Florida, Gainesville, FL 32610
 (904)392-6442/(904)392-5874

FDLRS/JU - First Coast
 Jacksonville University Interdisciplinary Center
 225 Gooding Building
 2800 University Blvd. N., Jacksonville, FL 32211
 (904)725-4646

**FDLRS/Mailman - Multidisciplinary
 Evaluation Services**
 Mailman Center for Child Development
 University of Miami
 P.O. Box 016820, Miami, FL 33101
 (305)547-6624

FDLRS/TECH
Instructional Technology Training
 Resource Unit Educational Services Facilities
 2700 St. John's Street
 Melbourne, FL 32940-6699
 (407)633-1000, ext. 542, 544

FOR AN UPDATED COPY OF THIS LIST, PLEASE CONTACT THE CLEARINGHOUSE AT THE ABOVE ADDRESS. (R 02/04/91)

Module	Hour	Handout
4	2	4(R) (con't.)

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STAGES OF PARENTS

Read each scenario. Discuss what stage parent may be in. How could you respond?

SCENARIO 1

Two-year-old Penny is in your care. Her parents brought her to you after Penny's doctor suggested she may need an early intervention program.

Penny rarely speaks. She has poor muscle control and she lacks interest in her surroundings. Penny's mother tells you that Penny isn't talking because she had a lot of ear infections. She also explained Penny doesn't play with the other children because she is an only child.

SCENARIO 2

Eighteen-month-old Kate has been under your care for three months. She is somewhat slower than many other children her age. However, she appears to be happy and she gets along well with the other children.

Her mother has asked you to send "work" home that she can do with Kate so that Kate can catch up with the other children. She is trying to teach Kate the letters of the alphabet and how to count by rote.

Module	Hour	Handout
4	2	5

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STAGES OF PARENTS

SCENARIO 3

Timmy has been in your care for over a year. You have noticed that he is displaying some serious behavior problems. He is very active, he does not seek eye contact, he becomes preoccupied with certain objects, and he refuses to play with other children or adults.

You have expressed your concern to his mother. Since then, Timmy's father has called several times to complain about your program. He is coming in to talk with you today. He appears to be angry.

Adapted from Lewis, L. (1989).

Module	Hour	Handout
4	2	5 (con't.)

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STRESS

Stress appears to be a common denominator in the explanation of abusive behavior. Stressful situations that may lead to abuses:

- lack of money
- loss of job
- divorce
- moving
- death of family member
- drugs, alcohol abuse
- a child with special needs.

Possible signs of abuse that may appear in children. Abused children are likely to share at least several of the following characteristics.

- They appear different emotionally or physically.
- They may have welts, bruises or untreated sores.
- Their injuries may not be well treated.
- They may show evidence of overall poor care.
- They may be given inappropriate food, drink or medication.
- They may exhibit a sudden change in behavior.
- They may be habitually absent or late to school.

ABUSE HOTLINE NUMBERS: 1-800-96-ABUSE or 1-800-962-2873.

Module	Hour	Handout
4	2	6 (R)

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POSSIBLE ACTION

PROVIDE:

- parent support groups
- information about parenting
- care for siblings
- quality caregiving
- transportation when needed
- meetings for extended family
- opportunity for interaction with others who have the same or similar problems.

Module	Hour	Handout
4	3	1

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Questions To Help Siblings Express Feeling

When asking questions, the word "different" may be changed to another word that may be more appropriate or specific.

- Do you ever feel sad because you are not "different" and your brother/sister is?
- Do you ever feel funny about bringing friends to your house because they might see your "different" brother/sister?
- Do you avoid telling your friends that you have a "different" brother/sister?
- Are you afraid you might hurt your "different" brother or sister when you play?
- Do you know why your brother/sister is the way he/she is?
- Do your parents spend more time with your "different" brother/sister than with you?
- Do you feel that you miss out on things because of the extra care (or cost) your sister/brother needs?
- What will happen to your sister/brother many years from now? Do you wonder how that will affect you?
- Do you ever wonder why your brother/sister is "different" and you are not?
- Do you feel that having a "different" brother/sister has made you more understanding and aware of other people who may have problems?
- Do you ever feel left out or jealous of the amount of time and attention your parents must give to your "different" brother/sister?
- Because your parents must spend a great deal of time with your "different" brother/sister, do you ever feel the need to be especially "good" or to do something special to get the attention and approval of your parents?
- Do you ever feel pressure to become more successful because you know that your brother/sister will not be able to achieve the goals that you can?
- Do you ever resent the amount of time you have to care for your brother/sister when you could be doing something else?
- Do your parents ever make you include your brother/sister in your plans with your friends?

Adapted from Kersey, K., (1986).

Module	Hour	Handout
4	3	2

*MITCH: Model of Interdisciplinary Training for Children with Handicaps: Florida Diagnostic and Learning Resources System/South, FDLRS/South, Exceptional Student Education, Dade County Public Schools, 9220 S.W. 52nd Terrace, Miami, FL 33165; (305)274-3501.



STRESS

SIGNS OF STRESS IN CHILDREN:

- changes in appetite or eating habits
- regression in toileting habits
- changes in sleeping patterns
- complaining of poor health such as headaches, stomachaches, or tiredness
- lack of emotional and physical control including anger, sadness, longing for the past, fear, anxiety, withdrawal, phobias, and compulsions
- problems with coping including whining, dependency, increased need for physical contact, irritability, non-involvement, wandering, manipulation, non-cooperation, aggression, self-blame, and self-accusation
- restlessness, distractibility, fear of failure, daydreaming, poor peer relationships and out of control behaviors.

Module	Hour	Handout
4	3	3

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Reducing Stress in My Care-Giving Setting - (How Well Do I Do?)

- | | | In my care-giving setting we: | |
|-----|--|-------------------------------|-------|
| | | DO | DON'T |
| 1. | Use curtains, insulation, carpets and other sound-absorbing material to lower noise levels. | _____ | _____ |
| 2. | Provide varied and interesting colors, textures, sounds and activities in the group environment to stimulate children and avoid boredom. | _____ | _____ |
| 3. | Have comfortable, clean and child-safe surroundings. | _____ | _____ |
| 4. | Arrange toys, furniture and equipment for greater self-sufficiency of children. | _____ | _____ |
| 5. | Create a quiet corner or cubbyhole that is available to any child. | _____ | _____ |
| 6. | Plan flexible schedules for children who need or desire additional time in an activity. | _____ | _____ |
| 7. | Provide snacks and meals on a regular basis, with options for individual feeding needs. | _____ | _____ |
| 8. | Schedule planning sessions for teachers and children where problems and needs can be expressed. | _____ | _____ |
| 9. | Make an effort to spend time communicating with each child every day. | _____ | _____ |
| 10. | Give affection by touching, smiling and eye contact. | _____ | _____ |
| 11. | Demonstrate positive personal regard, respect, and acceptance of all children. | _____ | _____ |
| 12. | Allow children to choose their own activities and grouping as much as possible. | _____ | _____ |
| 13. | Have available acceptable means or materials for tension relief, such as music, clay or play dough, water play, paint, carpentry, pounding toys, and sand. | _____ | _____ |
| 14. | Plan times for rest and relaxation daily. | _____ | _____ |
| 15. | Occasionally use soft music or muscle relaxing dramatizations. | _____ | _____ |
| 16. | Schedule at least a half-hour of daily vigorous physical activity. | _____ | _____ |

Module	Hour	Handout
4	3	4

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Appendix C

Reproducible Forms for the Six-Week Follow-Up Activity

Six-Week Follow-Up Activity

MITCH Module 4 FAMILY FUNCTIONING: The Impact of a Child with Special Needs

DIRECTIONS Participant may choose two or more of these activities.

- (1) *Go back to your caregiving setting and choose five children that you feel may be having some adjustment problem. Don't write down the child's real name, but give the child a nickname you will remember. (Instructor should briefly discuss the importance of maintaining confidentiality.) Look at the children's records and list the family structure as we did in the activity in Hour One. Are these children living with one parent, two parents, going from one family to another? Are these children oldest, youngest, middle? What do these findings tell you about the children? How does that affect your perception of these children? Use a Fact-Finding Sheet for each child you write about.*
- (2) *Over the next six week period, collect several (10 to 15) books (from the library or a bookstore) that can be used in the classroom to sensitize children to various exceptionalities. Be sure they are age-appropriate and factual. Make a list of the books on the Book List. Read at least one of the books to the class and answer the questions about your reaction and the children's reaction to the book. How was the story received? Would you use it again? Why? Why not?*
- (3) *Find sources for books that might be helpful to parents who have children with special needs. A list of books available in your local library might be one possibility. If funds are available, begin a parent library at your caregiving center, or bring in books you have borrowed. Write a short description of at least three of the books. If you have a center newsletter, these descriptions might be used in it, one at a time, to let parents know about the book. Displaying the book at the entry of your center may also encourage parent usage.*
- (4) *Make a list of things that can be done to create a less stressful environment in your care center. Draw a floor plan and note where changes might be made. Include as many of the environmental factors that were listed in the Hour Three presentation as possible. Include a copy of your daily schedule and note where provisions are made for creating a healthy, stress-free environment. Then report on the changes using the worksheet.*

Name _____

Date _____

MITCH Module 4

Fact-Finding Sheet

Child's nickname _____

Child lives with: (list) _____

If one or both parents are not in the home with the child, does the child see the parent(s)? If so, how often?

Birth order of child _____

How does this affect the child? _____

What does the above information tell you about the child?

How does this affect how you work with the child?

Name _____

Date _____

MITCH Module 4

Book List

	Title	Author(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Name of story to read to class _____

Reaction of children:

Your reaction:

Will you use it again? Why or why not?

Name: _____

Date _____

MITCH Module 4

Sources for Books

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

We have started a parent library at our center. It includes these books:

	Title	Author(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

I have written a brief description of three books on a separate paper that I have attached.

Name: _____

Date _____

_____ MITCH Module 4 _____

Creating a Less Stressful Classroom

I have done the following to reduce stress in my classroom:

A floor plan or photograph and copy of my schedule are attached



**Family Functioning:
The Impact of a Child with Special Needs**

For ease of use, instructor is encouraged to remove the staple on this booklet and place the module into a three-ring binder.

Trim the binder identifier to an appropriate size, and affix to the spine of the binder.

BINDER IDENTIFIER





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Tallahassee, Florida
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