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# Learning Guide 4.4 Teaming and Collaboration-

# Take Action

## **Objectives**

* Practice identifying characteristics of effective teaming and collaboration

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| **Related Content:** [Module 4, Lesson 3: Take Action](https://rpm.fpg.unc.edu/module-4-teaming-and-collaboration-plan/lesson-3-take-action)**Instructional Method:** Structure Exercise**Level:** Intermediate**Estimated Time Needed:** 5 min. for instructor preparation; 20-30 min. for learner activity |

## **Description**

In this activity, learners will practice using quality communication skills to convey vital information for providing services and supports for children and families. In pairs, learners will take turns communicating and listening to each other about information and then rate one another using the “Communication for Teaming and Collaboration Checklist.”

## **Materials/Resources**

* Learning Guide 4.4 Service/Support information cards
* [Communication for Teaming and Collaboration Checklist](http://ectacenter.org/~pdfs/decrp/TC-2_Communication_Teaming_Collaboration_2017.pdf)

## **Facilitator Instructions**

1. Divide learners into pairs. Provide each learner with a different Service/Support information card and a copy of the Communication for Teaming and Collaboration Checklist. (In instances where there are more learners than cards, make sure pairs don’t have identical cards).
2. Instruct learners to read their Service/Support information card and the Communication for Teaming and Collaboration Checklist and take a few minutes to think about how they will communicate this information to a family. Emphasize the following points for effective communication with families:
* Creating a positive, warm climate
* Make sure the family knows the purpose of the communication from the beginning
* Speak clearly, concisely, and without jargon and with a tone that is professional but also kind
* Make sure there is time for parents and caregivers to ask questions and allow time for information to “sink-in”; do not rush!
* Summarize the follow up actions the family can take and that you, as the practitioner, will take to ensure the best outcomes for the child.
1. Instruct pairs to take turns taking on the role of practitioner and family member. The person with the family member role will listen to and engage with the person in the practitioner role and take notes on their use of effective communication using the “Communication for Teaming and Collaboration Checklist.” Learners will then switch roles. NOTE: Learners in the family role will have to “play along” and provide information when asked that can be fabricated, as this is a hypothetical activity. Tell learners that there isn’t anything you can say that would be wrong – especially in the family member role – and that as practitioners everyone must practice engaging with families who may have limited or no experience in the particular disability of their child.
2. Debrief on strengths and areas of improvement and general reflections in the whole group and provide feedback as necessary.

## **Suggested Assessment**

**Performance Indicator:** Learners will be able to communicate knowledge effectively to families through the use of teaming and collaboration practices.

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| **If the learner…** | **Then provide feedback…** |
| Does not use effective communication skills | Provide feedback regarding their communication that is specific and directly applicable for the learner.Give the learner time and space to actively reflect on their communication skills. |
| Uses language that is not appropriate for family communication (i.e. jargon-laden, not child-centered, deficit based, etc) |  Scaffold the learner in providing communication to the family that is jargon-free, child-centered, and strengths based. Have the learner re-watch videos in Module 5 Lessons 2 and 3.  |

## **Distance Learning Tips**

* In lieu of face-to-face conversations, have learners write emails to fictional family members that communicate vital information for providing services and supports to families and children.
* Provide prompt feedback.

**Learning Guide 4.4 Service/Support Information Cards**

**Directions:** Cut along the dotted lines. Divide learners into pairs and provide one card to each learner. Make sure learners within pairs do not have identical cards.

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| **Child:** Brenna, age 2**Practitioner Role:** Speech and Language Pathologist*You have just completed your initial evaluation using the Preschool Language Scales (PLS-5) of Brenna and found that she is significantly delayed in her auditory comprehension – specifically her attention the environment and people, vocabulary, spatial concepts, and time/sequence concepts. She is also delayed in her expressive communication in the domains of social play and language structures. You would like Brenna’s family to work on her auditory comprehension through play that requires Brenna to listen carefully to instructions (i.e., picking the correct animal to put into the zoo).*  | **Child:** Jeremy, age 4**Practitioner Role:** Early Childhood Special Education Teacher*Jeremy has been in your class for a few months now and you have noticed that he has difficulty transitioning between activities. For the last two weeks you have collected data demonstrating the frequency of Jeremy’s tantrums during transitions. The data shows that Jeremy was having 2-3 tantrums per day, always before lunch, before nap, and after outside time. You would like to try implementing a positive behavior support plan to improve his transitions by identifying reinforcers for compliance with the transition. You would like Jeremy’s parents to help you identify what would be reinforcing for Jeremy.*  |
| **Child:** Hao, age 5**Practitioner Role:** Head Start Teacher*Recently, Hao has started displaying challenging behaviors, specifically kicking and hitting other children. You know that Hao is a dual language learner and his family has recently arrived to the United States. Over the past week you have collected data on Hao’s behavior and found that the antecedents for his behavior are other children that: (1) get too close to Hao; (2) take blocks from him or from what he perceives are his blocks; and (3) get in front of him when lining up to go outside. You would like to start working with Hao using both a positive behavior support plan but also increasing his capacity to use language to support his needs. You would like to discuss possibilities with Hao’s parents and other caregivers.*  | **Child:** Randy, age 3**Practitioner Role:** Preschool Teacher*Randy has just completed his Early Screening Inventory and has come up “REFER” due to his failure on a number of tasks specifically in the visual/motor adaptive area and language and cognition area. At this time you would like to report the results to Randy’s family and then discuss some next steps including getting a physical from the pediatrician with a vision and hearing test to rule out health issues that may be contributing to his poor performance. Although you know that this information can be scary for parents you want to assure them that Randy will be retested in 6 weeks and if there is no change at that time you will have another meeting to talk about next steps.*  |
| **Child:** Britney, age 1**Practitioner Role:** Developmental Therapist*You are meeting with Britney’s parents after having a discussion with Britney’s related service providers (physical therapy and occupational therapy) about the family’s concern regarding Britney’s feeding habits and patterns. The parents were having difficulty getting Britney to try new foods, eat more than 2-3 bites of solid food, and feeding herself. She prefers to be spoon-fed purees. After observing Britney during a home visit and then talking with the other practitioners you have decided to share some additional strategies with Britney’s parents including having Britney play with novel food after she’s already eaten (so she is not hungry/frustrated) and developing stronger oral-motor muscles through various exercises.* | **Child:** Justin, age 2**Practitioner Role:** Early Interventionist*Justin has recently been referred to your agency by his pediatrician due to physical delays in his gross motor functioning. After reviewing Justin’s medical history, you noticed that he spent some time in the neonatal intensive care unit at birth due to issues of oxygen saturation at birth. You would like to gather additional information from Justin’s parents and caregivers but also don’t want to scare them. You need to elicit information from the adults in Justin’s life to create a clearer picture of Justin’s development and to help decide a course of action in intervention for Justin.*  |
| **Child:** Esmeralda, age 4**Practitioner Role:** Childcare teacher*Esmeralda is showing fearful and internalizing behaviors in the classroom recently, which has been a change in the past few weeks. Specifically, Esmeralda is keeping to herself in the interest centers and often leaving or running away when other children join her. She is showing some anxiety at pickup and drop-off by crying in the classroom and clinging to her mother. You would like to discuss options with Esmeralda’s mother about how to ease this transition for Esmeralda while also gaining insight into what might be causing stress for Esmeralda, either in school or at home, that is eliciting this change in her behavior.*  | **Child:** Emeka, age 5**Practitioner Role:** Pre-kindergarten teacher*It is towards the end of the pre-kindergarten year and you are getting ready to start writing transition profiles for the children in your class who will be headed to kindergarten. Emeka is a child with a developmental delay who will be attending kindergarten next year. Emeka has been successful in your program with the implementation of various social and environmental supports such as personal schedule cards, private check-in times with the teacher, and access to a cozy area for emotional regulation. You would like to talk with Emeka’s family about how to help them advocate for these supports for Emeka as he transitions to the kindergarten classroom and also gather their thoughts and ideas about how to best support the transition for Emeka.*  |
| **Child:** Ethan, age 3**Practitioner Role:** Speech and language pathologist*Ethan has a moderate language delay from unknown causes. He has recently started attending preschool three days a week in the morning. On the other days, Ethan is cared for by his grandmother. You have recently begun therapy with Ethan focusing on articulation and vocabulary. You have been able to share the strategies with the classroom teacher and have been able to push into the classroom a few times to observe and support Ethan within the natural routines and activities there. However, you have not had the chance to speak with Ethan’s grandmother and are concerned about Ethan’s progress with the strategies on days he is not in school. You have called a meeting with Ethan’s grandmother to elicit information about how Ethan’s day looks with her and how she can embed some of the strategies into her daily routine with Ethan.* | **Child:** Harriet, age 10 months**Practitioner Role:** Vision therapist*Harriet has moderate to severe vision impairment due to complications from a premature birth. She is ten months old with a corrected age of 7 months. Over the past few weeks you have been introducing a new strategy or activity to embed into the natural activities and routines of Harriet’s family. These have been things such as including a mobile for Harriet to kick and move with her feet, playing peek-a-boo, and rolling balls toward Harriet. You and Harriet’s family need to discuss how these activities are working within the context of their daily routine and what adjustments or changes need to be make. Also, you would like Harriet’s caregivers to give you an update on how she is doing with her glasses and their ability to maintain use of the glasses for most of the day. You can brainstorm how to overcome any barriers Harriet’s family is experiencing concerning the use of the glasses and implementation of the strategies.*  |

