

# Meeting the Challenges, Part III: Assessing Your Program's Readiness to Work with Parents with Intellectual Disabilities

Marilyn Espe-Sherwindt, PhD  
Family Child Learning Center  
Akron Children's Hospital & Kent State University

[mespeshe@kent.edu](mailto:mespeshe@kent.edu)

KDEC February 2010

# Which parents are we talking about?

- ☑ Cannot travel alone
- ☑ Reading & writing problems
- ☑ Erratic appointment keeping
  - ☑ “Poor historian”
    - ☑ \$ problems
    - ☑ Overwhelmed
- ☑ Difficulty with child management
  - ☑ Covering-up
  - ☑ “Benefactor”
    - ☑ History

# Which parents are most likely to succeed?

- **NOT IQ**
- **Spouse/significant other**
- **Extended family**
- **\$\$**
- **Number of children**
- **Mental health / substance abuse**
- **Comprehensive services**
- **Willingness to take advantage of those services**
- **Attitude of service providers**



Keys to Success:  
Programs That Can  
Make a Difference!



# Keys to Success\*

::

## Program characteristics

1. Staff has a philosophy that promotes respect of the competence and integrity of the family.

2. Staff has training on effective approaches and strategies to work with parents.

3. Intake process eliminates waiting list and minimizes paperwork.

4. Professional roles and responsibilities are clear yet flexible.

5. Sufficient staff time for planning and processing is available and protected.

Not yet in place

Partially in place

Fully in place

1

2

3

1

2

3

1

2

3

1

2

3

1

2

3

\*Families/parents = parents with intellectual disabilities



# PRINCIPLES OF EMPOWERMENT

-- Dunst, Trivette & Deal, 1988

1. Assume that parents are competent . . . or are capable of becoming competent.
2. Create opportunities for parents to become competent.
3. Meet needs in ways that promote parents' sense of control.

These principles work for parents with intellectual disabilities/challenges, too!



# Keys to Success\*

::

## Your relationship with families

6. Relationship-building is a primary goal of staff-parent interaction.

7. Parents have ongoing and consistent opportunities for input and decision-making.

8. Warmth and respect are consistently conveyed to parents.

9. Family strengths and priorities are identified through parent-provider interactions.

Not yet in place

Partially in place

Fully in place

1

2

3

1

2

3

1

2

3

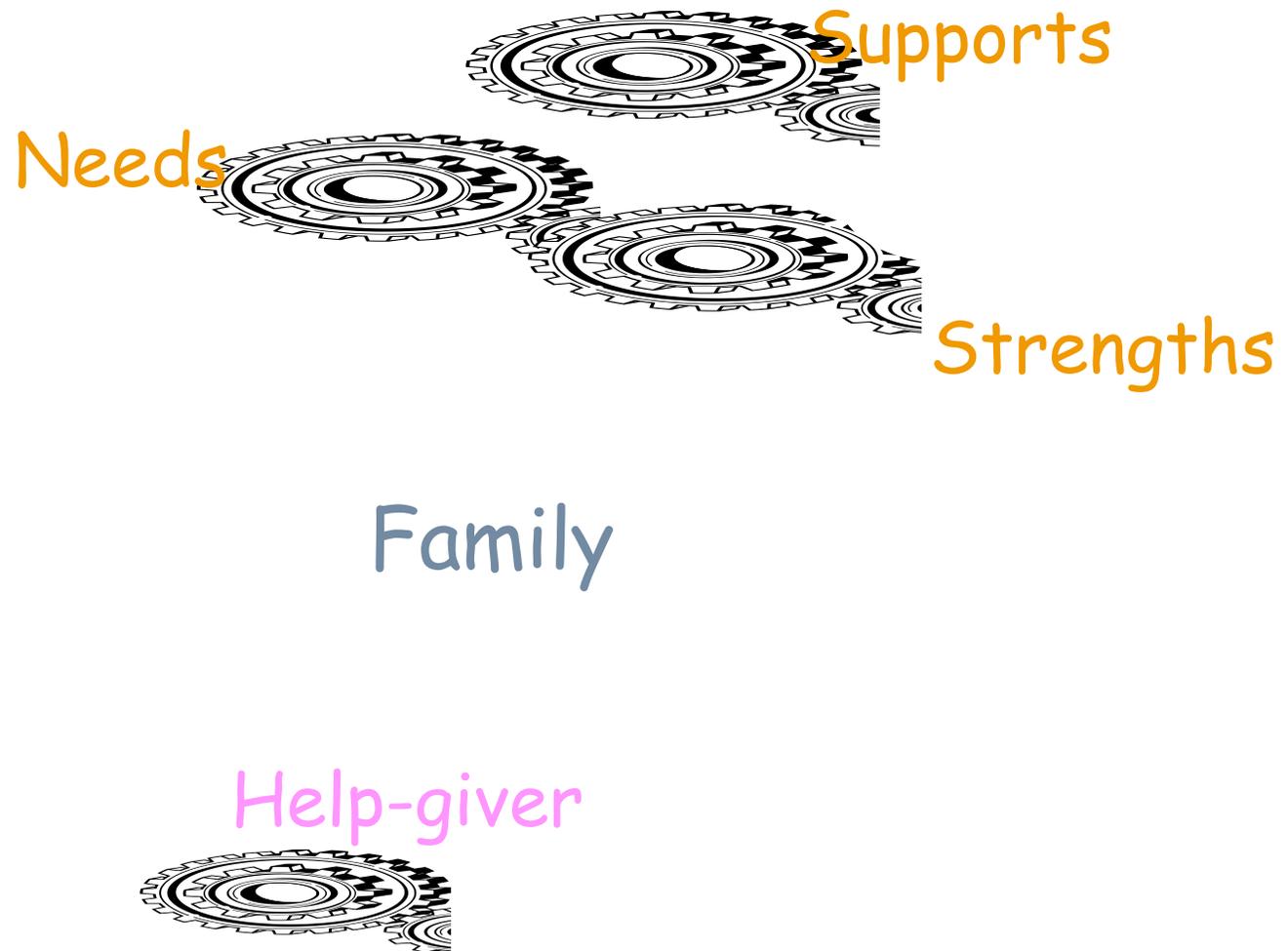
1

2

3

\*Families/parents = parents with intellectual disabilities

# Putting It All Together



# What is a “need”?

For a need to be a “need,” there must be . . .

- Awareness of discrepancy
- Perceived impact on well-being
- Awareness of potential resource
- Perception that they can  
access the resource

-- Dunst, Trivette & Deal, 1988



# Keys to Success\*

Not yet in place

Partially in place

Fully in place

|   | Not yet in place | Partially in place | Fully in place |
|---|------------------|--------------------|----------------|
| ∴ <b>Intervention and teaching new skills</b>   |                  |                    |                |
| 10. Providers work to shift the balance between risks and opportunities.  | 1                | 2                  | 3              |
| 11. Effective help-giving strategies are utilized.  | 1                | 2                  | 3              |
| 12. Activities and interactions are implemented in ways that promote the development of self-esteem, social skills, internal control, role comprehension and problem-solving. | 1                | 2                  | 3              |
| 13. Providers choose teaching strategies and materials that match the learning needs of individual parents.   | 1                | 2                  | 3              |
| 14. The family's informal support system is identified, built upon & expanded.  | 1                | 2                  | 3              |

\*Families/parents = parents with intellectual disabilities

# Balancing Risks & Opportunities

RISKS

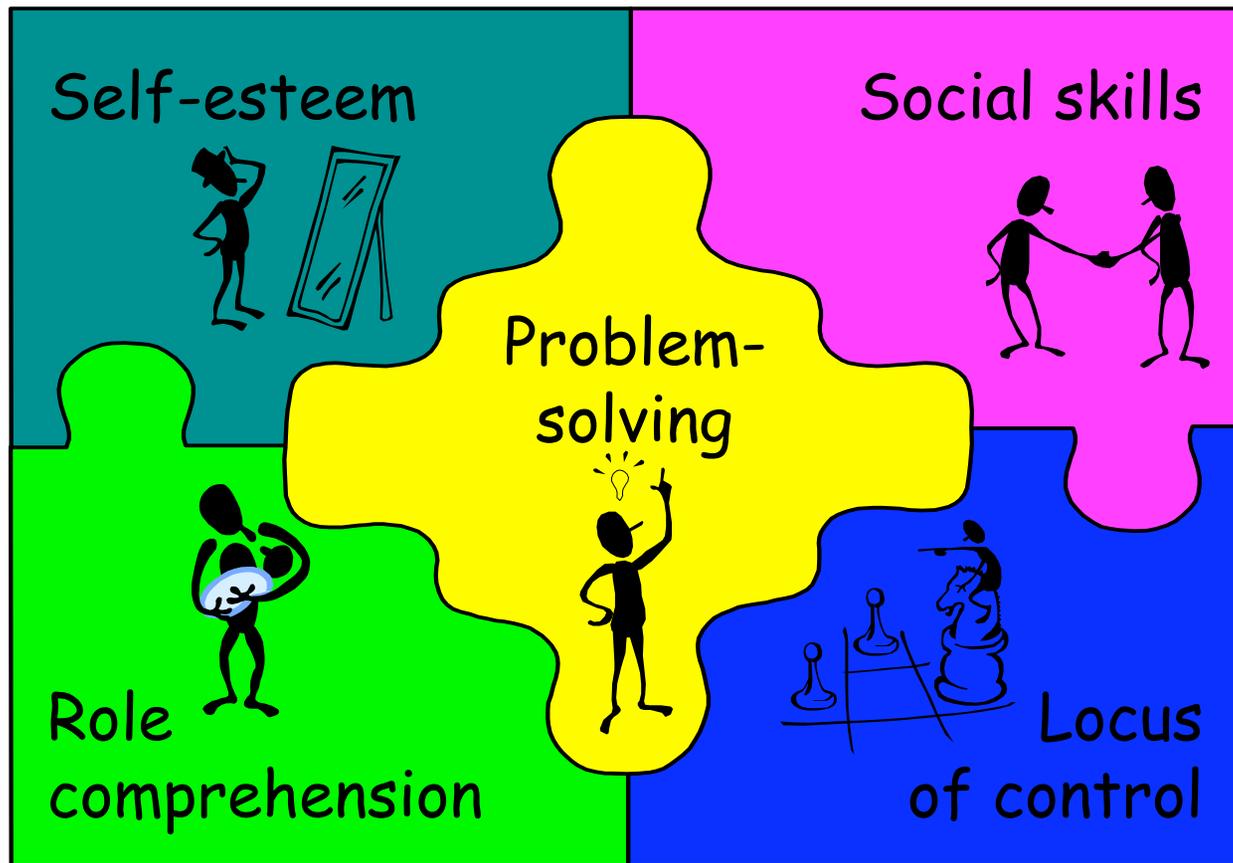
OPPORTUNITIES

Mother's age  
Parent education  
Income  
SES  
Job stability  
Pregnancy  
Number of children  
Residential stability  
Marital status  
Marital stability  
Child temperament  
Infant separation  
Parental mental health  
Parental health  
Parental self-esteem  
Parental locus of control  
Parental social skills  
Coping strategies  
Parenting style  
P-C interactions  
Nutrition  
Accidents/toxic substances/illnesses  
Alternate caregivers  
Extended family  
Extrafamily support  
Life events

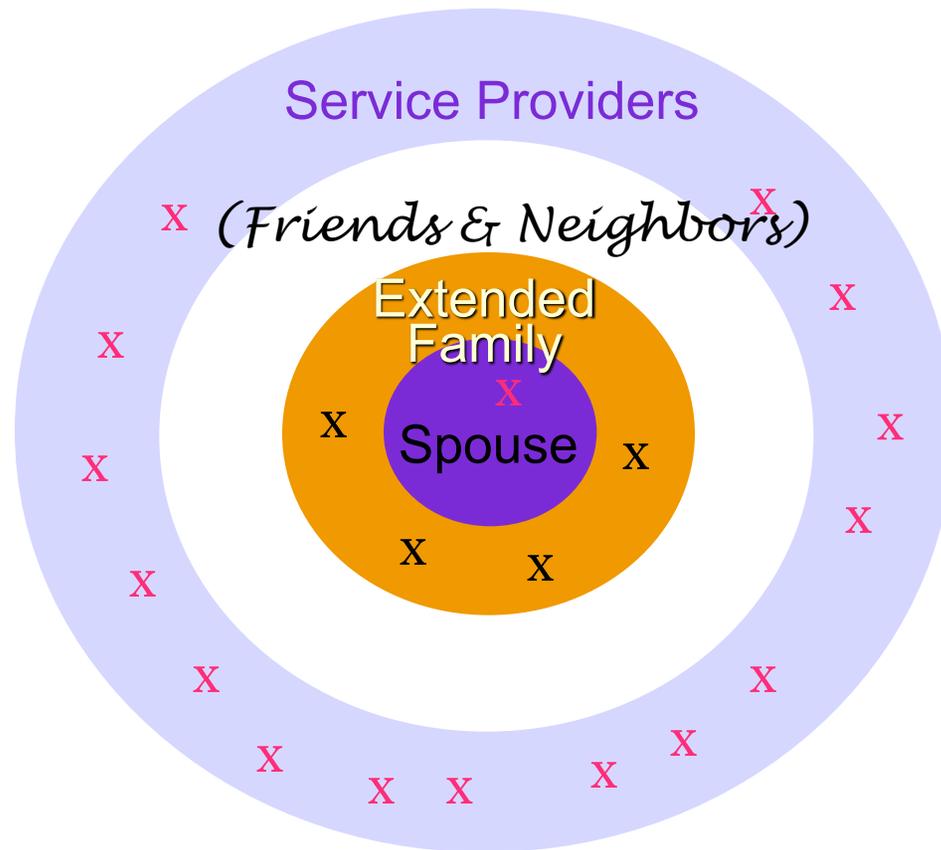


-- Dunst, 1993

# Putting Together the Puzzle



# Where do families turn for support?





# Keys to Success\*

∴

## Coordination

15. Communication and collaboration occur among all agencies involved with the family.

Not yet in place

1

Partially in place

2

Fully in place

3

16. Transition among supports and services is planned in ways that expand a family's network of supportive partnerships with providers.

1

2

3

17. Strategies for evaluating progress focus on relevant child and family outcomes.

1

2

3

\*Families/parents = parents with intellectual disabilities

# Evaluating Progress

| How can we demonstrate that . . .   | Strategies/Tools   |
|---|--|
| 1. A trusting relationship has been established?  | <ul style="list-style-type: none"><li>• Attendance</li><li>•</li><li>•</li></ul>   |
| 2. Parents have made gains in the 5 key areas?  | <ul style="list-style-type: none"><li>• <u>Profile for Looking at Change</u></li><li>•</li></ul>                           |
| 3. We have assisted families to expand their support networks?                                | <ul style="list-style-type: none"><li>• Periodic “Eco-Mapping”</li><li>•</li><li>•</li></ul>                               |
| 4. We have met our program outcomes?<br>(Any adaptations needed for this group of families??) | <ul style="list-style-type: none"><li>• <u>Assessments from your curricula</u></li><li>• IFSP outcomes</li><li>•</li></ul> |
| 5. ??????   | <ul style="list-style-type: none"><li>•</li><li>•</li></ul>  |