

# Familial, Cultural and Social Influences on Development

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# Discussion

1. What is a family centered approach to providing services and supports?
2. The IDEA part C provides services for which age group of children? What age group does Part B cover?
3. What is the natural environment provision of IDEA.
4. What is cultural competence?
5. Define relationship focused intervention?
6. Describe the responsive parent child interaction.

# Familiar, Cultural, Social Influences on Development

## ◆ IDEA

- Families are the most important constant in a child's life
  - ◆ Environment is the richest context for social, emotional, cognitive and physical development
    - Service providers support the family
    - Services are family centered and family focused as seen in **IFSPs**
- For preschoolers parents play a significant role in designing and evaluating services
  - ◆ Partners with school in developing **IEP**
  - ◆ Families control the early intervention process

# Helping Families Take Control

- ◆ <http://www.Idanatl.org/aboutId/professionals/guidelines.asp>
- ◆ Who comprises the IFSP team?
- ◆ What does the IFSP contain?
- ◆ What is the role of the service coordinator?

# Helping Families Take Control

- ◆ [http://www.education.com/reference/article/Ref\\_Individual\\_Family/](http://www.education.com/reference/article/Ref_Individual_Family/)
- ◆ What are the statements that an IFSP must contain?
- ◆ How does the IFSP differ from the IEP?
- ◆ What steps lead to an effective IFSP?

# Helping Families Take Control

- ◆ <http://www.draccess.org/families.html>
- ◆ What is the Desired Results System?
- ◆ What is the purpose of the DRDP?
- ◆ What are some local parent resources?

# The IFSP process includes:

- ◆ An assessment of child's current level of development, including strengths, interests and areas of concern
- ◆ The family's concerns, priorities and existing resources
- ◆ A statement of the major outcomes (or goals) expected to be achieved for the child and family
- ◆ Supports and services to achieve the stated outcomes – using resources available to child and family.
- ◆ The date the services will begin and their anticipated duration
- ◆ The identification of the service coordinator
  - The service coordinator must initiate this plan at least six months before the child's third birthday.

# Family-Centered Values

## ◆ Family centered approaches require a change in professional thought

- Needs and desire of FAMILY at center of intervention process
- Professionals relinquish “expert” role

## ◆ Family centered values

- Family strengths are identified and emphasized
- Family is actively involved in decision making and planning
- Services and support are developed for the whole family
- Family priorities guide goals and services
- Preference of family is respected regarding level or participation in program

# Family-Centered Values

## ◆ Families as decision makers

- Hold the power to make key decisions
  - ◆ Capable of making wise decision regarding child and family
  - ◆ Leadership role on intervention team
  - ◆ Decisions are respected even if not agreed with

## ◆ Support for the whole family

- Families are interdependent :development of child is enhanced when all members are involved
  - ◆ Family centered approaches focus on enhancing family strengths and capabilities
    - Needs of mothers, fathers, and siblings are considered and respected

# Family-Centered Values

## ◆ Family priorities guide goals and services

- Services reflect the choices and preferences of families
- Family actively involved in all aspects of program
  - ◆ Assessment, writing program plan, selecting services, implementing intervention, and assessing outcomes

## ◆ Preferred level of family involvement

- Some families are actively involved
- Some families want professionals to plan and implement interventions
- Families are given the choice to participate at the level of their comfort and ability

# The Family as a System

## ◆ Families have a systematic nature

- Organized networks of interpersonal relationships: complex interconnections make family relationships
- Intervention in one part of the family can affect the entire family
  - ◆ Families accept changes that cause the least amount of disruption and fit their already established routine
  - ◆ Family members have roles and responsibilities that must be considered by interventionists

# Family Roles

## ◆ Parental Roles

- Mother usually assumes primary responsibility for child
- Goals often lack input by father creating resistance to implement them
- Parents are often required to be educators, therapists, medical technicians advocates and many other roles
- They miss the chance to just be a parent and enjoy their child in a normal parent child relationship

# Family Roles

## ◆ Marital Roles

- Relationship between parents a good predictor of overall family function
  - ◆ Marital satisfaction and harmony associated with positive parental attitudes, less strict beliefs about discipline, more sensitive father child interaction, and less parental annoyance
  - ◆ Marital security seen as key variable in maternal coping ability
  - ◆ Many marriages adversely affected by disability, but strong marriages are made even stronger
    - Marriages need to be supported by providing time for respite
    - Single parent must also be provided an opportunity to be away from child related responsibilities

# Family Roles

## ◆ Sibling Roles

- Siblings serve as teachers, caretakers, friends and playmates
  - ◆ Relationships are very similar to all sibling relationships
- Siblings needs must be addressed
  - ◆ Include siblings in ongoing activities designed for siblings of children with disabilities
- Siblings can be involved by providing child-care, modeling and teaching
- Focusing only on disabled child should be avoided
  - ◆ Family involvement in non-disability related activities
  - ◆ Freedom and support to pursue own interest and activities

# Family roles

## ◆ Role of the child with a disability

- ■ Family relationships are based on the understanding of who the child is and what their unique qualities are
  - ◆ In order to understand the unique qualities of the child all family members must have frequent informal opportunities for interaction
  - ◆ Naturally occurring interactions complete the child's image of self
  - ◆ Clear accurate information about the disability helps both the family and child to develop a holistic approach to the child
    - Concentrating on the characteristics of the child not related to the disability like strengths, interests and personality traits.
  - ◆ Families often naturally develop a holistic view of the child
    - The child shapes his own role in the family by his interests, personality and talents

# Family Roles

## ◆ The role of the extended family

- Increased family mobility has limited extended family networks as sources of support
- Many families still do rely on extended family for emotional and practical help
  - ◆ In some cases grandparents are the primary caregivers
  - ◆ Interventionists must include extended family members
    - Have emotional and informational needs
    - Can provide unique perspectives and additional information
    - Should be involved in support groups, education and involved in IFSP when involvement is desired by parents.

# The Family Life Cycle

- ◆ Transition periods occur when life necessitates change
  - Transitions periods produce increased anxiety, uncertainty and sense of loss
    - ◆ Birth or diagnosis of disability is a transition
    - ◆ Produces feelings of denial, blame, guilt, grief, rejection, withdrawal and acceptance
    - ◆ These response change over time
- ◆ Transitions in families with disabilities are more stressful
  - Milestones that create a sense of accomplishment are delayed or do not occur
  - Estate planning and guardianship must be considered at an early age
  - Parents face all the typical transitional challenges of life, but have an additional challenge by having a disabled child
  - Parents need to be involved in parent support groups.

# Family Diversity

- ◆ Families have a wide variety of situations, backgrounds and philosophies
  - Family membership
    - ◆ Families have rules about who constitutes the “family”
    - ◆ Traditional families were a married couple living with children in the same home
    - ◆ Today’s society has many different versions of the family
    - ◆ Any group or people who are related legally or by blood or who are perceived to be family by the members
      - Can include nonmarital partners, extended kin, friends and religious and community leaders

# Cultural Identity

- ◆ The culture of a family is primarily determinant of the family's structure, membership, values and beliefs
  - Must appreciate each families cultural identity
    - ◆ Not know everything about the culture, but be open and eager to learn and accept culture
    - ◆ Have an awareness of some of the fundamental aspects of the culture
      - Specifics about cultural practices
      - Identify those willing to interpret
      - Use less written forms, use primary language
      - Allow additional time to build relationships and trust

# Attitudes and Skills for Effective Work with Families

## ◆ Respect

- Fundamental belief in the importance of families and trust in the ability to make appropriate choices for child

## ◆ Realism

- Realize that parents have other roles and responsibilities in addition to parenting a child with a disability

## ◆ Good Listening Skills

- Hear what family has to say and be truly interested in understanding each family's unique needs and concerns.

## ◆ Supportive

- A philosophy of empowerment that assumes all families to be competent and give the family credit for attained success
  - ◆ Communicate sense of caring and encouragement
  - ◆ Support based on needs determined by family
  - ◆ Encourage use of natural support networks
  - ◆ Help family solve small problems-success bolsters self-esteem
  - ◆ Highlight successes!!

# Attitudes and Skills for Effective Work with Families

## ◆ Flexibility is the key!

- Family services should be flexible, individualized, and designed to meet diverse needs of families
  - ◆ Whatever it takes mentality
  - ◆ Create positive visions for the future

## ◆ Realize that family choices, goals, practices and values may differ from your own

- Wishes of the family should be honored if the child will not be at risk for abuse or neglect

# California Parent Resources

## ◆ **CPRC – Community Parent Resource Center**

- provide underserved parents of children with disabilities with the training and information they need to enable them to participate more effectively in helping their children. [www.taalliance.org](http://www.taalliance.org)

## ◆ **PTI – Parent Training and Information**

- serve families of children and young adults from birth to age 22 with all disabilities: [www.dredf.org/programs/pti.shtml](http://www.dredf.org/programs/pti.shtml)

## ◆ **FRC – Family Resource Center**

- offer parent-to-parent support and help parents, families, and children locate and use needed services. [www.frcnca.org](http://www.frcnca.org)

## ◆ **FEC – Family Empowerment Center**

- provide education and empowerment for families of 3 to 22 year-olds with disabilities, to help families navigate the educational system and ensure that each child is receiving an appropriate education. [www.cafec.org](http://www.cafec.org)

## ◆ **FVCA – Family Voices of California**

- a clearinghouse for information and education about ways to assure and improve health care for children with disabilities and chronic conditions [www.familyvoicesofca.org](http://www.familyvoicesofca.org)