

COMMUNICATING WITH THE FAMILY FOR THE CHILD'S BEST CHANCE FOR SUCCESS

by Joachim Dattke

Joachim Dattke describes a holistic approach to supporting the needs of the family when a child has a disability. The parent and child benefit from a two-pronged approach: working with doctors, psychologists, and therapists in clinic-based settings, and working with educators in schools and parent-child groups. He defines the importance of developing a personalized learning environment that implements specific aids and attainable objectives for each child. Approaching parents with empathy elicits the change of perspective that is needed for the family to understand how the child sees the world. Professor Dattke gives special appreciation to the Montessori educator who can "identify critical development periods in the child and look for objects and action sequences that the child may be interested in" and who prevent social exclusion by actively involving children in their social environment.

A holistic approach to the needs of the family is a key part of a therapeutic intervention. How do we tell a parent that their child has a disability? We must emphasize the self-determination, the positive capabilities, and the social integration of the child. Our focus in working with children must be based more on the child's strengths and less focused on the deficits of a child. Our task is to consider what children can do and how we can support them.

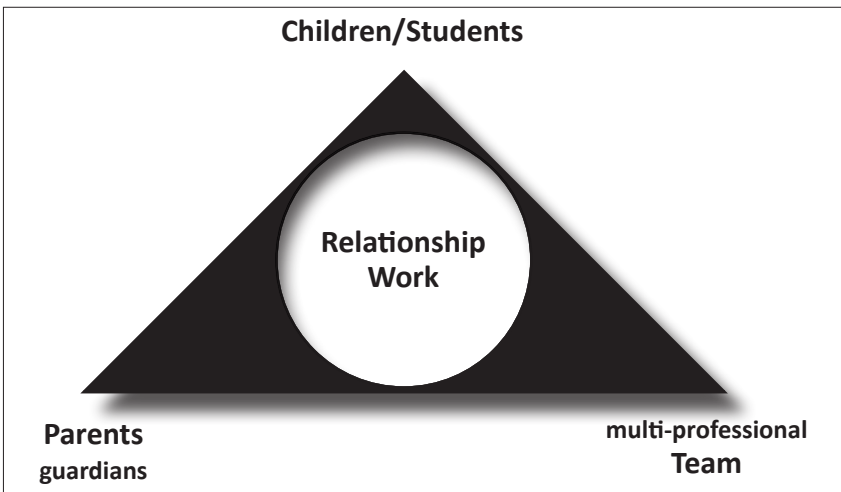
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When communicating with the family about our work, we must always show attainable solutions. We must lead the parents through their valley of tears to a participatory summit. Two strands of personal and organizational communication should be implemented. The first involves parents working with doctors, psychologists, and therapists. This communication is implemented by the therapists and occurs in clinic-based settings, such as individual or group therapy. The family learns supporting skills and follows up at home. The second strand is between the parents and the educators and occurs in schools and parent-child groups. The family also gains support skills in these environments and continues the support in the home.

Under the principles of “common education of the student” the multi-professional team works with the parents/guardians on both sides, working together in a way that is purposeful, authentic, and continuous.

Looking first at the child, we see the joy at achieving certain movements, his joy at achieving the language of his environment, and his joy to discover certain relationships between things in the environment. Seeing these achievements, with which no one interferes, is, for us, a sign of his vast inner necessities. Instead of inhibiting his activity, we must create the means for him to develop it.



When defining a personalized learning environment, we must always know that the child is an independent person who must be considered in terms of his own individual self. The orientation

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of the learning environment should be planned to the educational needs of the student and should be organized by the educational or therapeutic staff for the individual or group situation. The following are key questions for developing the learning environment:

- What situations (depending on the developmental stage of the child) must be created?
- Which variations in the presentation (according to the child's development stage) are necessary?
- What new materials need to be developed?
- What can parents do for individual support or support in the group?

Next, looking at the parents, we will encounter five types of parents:

- Parents with a real concern
- Wailing parents (they have no motivation to change something)
- Visitors (they have heard something but they do not know exactly what)
- Parents who believe they know (everything) better
- Parents who do not want to admit that their child has a disability



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When communicating with parents, our goal is to convert parent types 2-5 into parents with real concern (parent type 1). This change of perspective in the parents must be developed, or the children will suffer. To implement solutions the parent must have complete orientation to the problem. Parents must learn to accept the recommendations of the multi-professional team. The parents must be guided, in small steps, to solutions.

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Often, the analysis of the problems seems to be clear for the parents, but the implementation is difficult. Sometimes diagnoses can prevent/block the change of perspective that is needed for developing support skills. Some parents might act without detailed analysis of the situation. Parents might neglect the interests of the

child. A change of perspective is also needed for parents who do not consider the side effects of their own wrong behavior. The change of perspective is to see the world through the eyes of the child. One suggestion to help the change of perspective is to have parents write a letter from the child's point of view:

I love to hear your voice and I love to see your smiling eyes. In these moments I am happy. But sometimes I get scared when you talk very loudly with me. I do not understand all your words. You probably say that I should do it right, but I cannot. Show it to me often and slowly. Mama, I'll try, please give me time.

A second change of perspective is on the part of the educators, who must also learn to understand the families with their problems. The analysis of the problems seems to be clear for the parents, but the implementation is difficult. Upon receiving a diagnosis or learning of a disability, parents go through stages that are similar to the mourning process:

- The phase of non-admitting [denial]: shock, numbness or emotional paralysis.
- The phase of erupting emotions: restlessness, anxiety, guilt, sadness, anger, despair, Why me? The search for causes. The search for someone to blame.
- The phase of searching and self-separation: What is livable (realistic)? What needs to be rethought?
- The phase of the new self and the world reference: The mother begins to accept their fate, to make the best out of it, look up support, and look up contacts.

To fully support the family and integrate the child, the objectives of our work must be significant and specific for each child. All aims must be reachable for the child, and we have to show small, precise goals to the parents. Instead of describing the end of our work we have to describe the next step of the development of each child. To support the parents, we need to *show how* to work with the child, rather than talk about it.

The following are common stressful experiences for parents of children with complex developmental disorders and disabilities:

- Uncertain future prospects
- Dealing with complex information from medical experts
- Organization of the evaluation and treatment appointments
- Feeling pressured to make responsible decisions for the future
- Fixation of family life to the development of the abnormal child
- Revising their own interests
- Overexerting or overextending themselves
- Disappointment in expectations regarding the development of the abnormal child

The families need the following to help them move beyond guilt and blame so they become positive members of the support team:

- Be integrated into a social network
- Find support in family social relations
- Accept their own responsibility in the treatment
- Self-attribution of success in the treatment of the child
- Emotional stability of the family
- Communication skills and their own self-esteem
- Favorable temperament characteristics of the child
- Confidence in the adaptability of the child

A child with developmental disorders will also have needs as they experience the challenges of adjusting to their disorder:

- Disorder awareness and increased emotional insecurity
- Fear of failure and the transmission of failure anxiety to other learning areas
- Avoidance behavior and low willingness to work hard at tasks
- Unusual, complex and/or challenging behaviors as a result of emotional insecurity

The needs of the child must be an important factor in the long-term prognosis:

- Social factors become increasingly important with age.
- Therapies are only effective if they are implemented in a child-centered approach.
- Emotional and social burdens on the part of the child and the parents can hinder the success of treatment.
- The quality of long-term support is essential, not the quantity.

When communicating with the family in an early intervention stage, showing the strengths of the child will give relief to the parents and will simultaneously promote the child's and parents' needs. Educators need to foster an awareness among parents of the individual needs of the child. Sending the parents on a discovery journey is better than teaching/telling parents. Parents can be shown ways of promoting ordinary play with other children at home. Theme-centered assis-

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tance and aids that integrate Montessori-therapeutic principles and the parents' skills can be compiled in an interdisciplinary collaboration.

Interdisciplinary evaluations and therapeutic interventions are necessary to provide early intervention for a wide variety of conditions, including:

- Learning disability
- Intellectual disability
- Physical disability
- Multiple disability of any kind
- Genetic disability
- Sensory dysfunction/disorder
- Performance deficits
- Behavioral disorders
- Mental disability
- Deprivations
- Emotional disorders

In collaboration with doctors and psychologists, specific goals and support diagnostics are formulated for each child. After that, the focuses of therapeutic aids are discussed with the therapist and parents. The aim is to provide the affected children and their families with need-based networking and professionals.

The paths to the goal are different depending on the ability of each child. A non-disabled child has many opportunities to absorb his environment and to develop his individuality. A disabled child cannot explore the environment the same way as a nondisabled child because motor skills develop more slowly or incompletely. Many impressions are lost this way and the ways to self-discovery are closed. The disabled child is often in need of care so detachment

from the caregiver is not possible. The disabled child is also disabled in the execution of his wishes, so desires, requests, and urges can only be achieved if opportunities are identified.

The paths to the goal are different for a handicapped child, a so-called normal child, or a gifted child, and here is the starting point for the Montessori special education. Montessori educators can identify critical development periods in the child and look for objects and action sequences that the child may be interested in at that moment. We can awaken the child's needs in the next steps of development and enable the fulfillment of these wishes. In early childhood there is a unique chance for children with congenital or early acquired damages and disorders to avoid the fate of lifelong disability. We can protect the children against exclusion, if we succeed in actively involving them in the social environment. We must listen to the child and support others in seeing the child's perspective:

- Help me to do it myself.
- Show me how it goes.
- Don't do it for me.
- I can and will do it alone.
- Have patience to understand my ways. My ways may be longer, maybe I need more time, because I want to make several attempts.
- Allow me also to make errors because I can learn by mistakes.

