

Family Partnerships: Building Trusting,
Responsive, and Child-Focused
Collaborations

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NSCC EDITION

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Contents

PART I. FOUNDATIONAL PRINCIPLES OF FAMILY ENGAGEMENT AND PARTNERSHIP

- | | | |
|-----------|--|----|
| 1. | Defining Family Engagement and Partnership | 3 |
| 2. | Culture, Engagement, and Partnership | 8 |
| 3. | Six Reasons This Work is Important | 11 |
| 4. | Frameworks for Family Partnership and Engagement | 16 |

PART II. CHALLENGES AND BARRIERS TO EFFECTIVE FAMILY PARTNERSHIPS

- | | | |
|------------|---|----|
| 5. | A Missed Opportunity: Mia's First Back To School Night | 21 |
| 6. | Expertise and Expectations: Joaquin's Learning Opportunity | 27 |
| 7. | Expectations and Collaboration: Maria's Opportunity to Learn from Deaf Families | 32 |
| 8. | Regional Highlight: When Less is More | 37 |
| 9. | Shifting Our Thinking Around Challenges and Barriers | 40 |
| 10. | Big Ideas: Challenges and Barriers | 42 |

PART III. FAMILY STRUCTURES, IDENTITIES, AND CULTURES

- | | | |
|------------|---|----|
| 11. | Scenarios: Assumptions and Misunderstandings About Family Diversity | 49 |
| 12. | Learning With and From Families | 53 |
| 13. | Unconditional Positive Regard and Our Interactions | 55 |
| 14. | Skills Practice: Learning With and From Families | 58 |
| 15. | Big Ideas: Family Structures, Identities, and Cultures | 60 |

PART IV. CREATING AND SUSTAINING POSITIVE RELATIONSHIPS WITH FAMILIES

- | | | |
|------------|--|----|
| 16. | School-Based Scenario: Joaquin Establishes Control | 65 |
| 17. | Clinic-Based Scenario: Sam Communicates Often | 68 |
| 18. | Trust and communication: Foundations for positive relationships | 71 |
| 19. | How does organizational trust differ from interpersonal trust? | 73 |
| 20. | First Moves: Initial Interactions that Create Positive Relationships | 76 |
| 21. | Communication Tools: Visual Design 101 | 80 |
| 22. | Skills Practice: Effective Written Communication | 83 |
| 23. | Big Ideas: Positive Relationships with Families | 85 |

PART V. DIFFICULT CONVERSATIONS WITH FAMILIES

- | | | |
|------------|--|-----|
| 24. | School-Based Scenario: Mia Follows the Golden Rule | 89 |
| 25. | Clinic-Based Scenario: Sam Raises Expectations | 96 |
| 26. | Effective Communication is Nonviolent and Compassionate | 104 |
| 27. | Skills Practice: A Difficult Conversation About A Child's Grade | 106 |
| 28. | Skills Practice: A Difficult Conversation About Culturally Responsive Practice | 108 |
| 29. | Big Ideas: Difficult Conversations | 110 |

PART I

FOUNDATIONAL PRINCIPLES OF FAMILY ENGAGEMENT AND PARTNERSHIP

We want to begin by sharing existing frameworks built on research conducted by those who established a field of study focused on families. Their work serves as the foundation for the principles you will explore in the subsequent chapters. Then, you will have the opportunity to extend your learning through scenario-based text and interactive skills practice.

CHAPTER 1

Defining Family Engagement and Partnership

Families are an essential part of childhood. What do we mean by “family?” For our purposes, we think about the **family as the most immediate circle of important adults, adolescents, and children who consistently influence, and make decisions for, a child**. When we (the authors of this text) discuss a family structure, **we refer to those who live in a home together as well as those who comprise an extended family**, looking after one another’s children, co-parenting across households, or interacting in additional care giving ways.

The definition of a family varies and we acknowledge that a great deal of research across fields necessarily defines a family as a basic unit of study. Why? Because the purpose of research varies

by field. The family as a unit of study in medicine helps researchers understand the epidemiology and history of disease. As a unit of study to determine social benefits, it may function to make distinctions between related and unrelated individuals living together or apart, and who are therefore impacted by policies regarding qualification for assistance, for example. As a unit of study across fields such as psychology, education, sociology, and more, it functions as an important variable in a person's development and well-being.

Working with children requires a partnership with the most important people in their lives. As professional educators and clinicians, we often work with children for a year (or even a few years) but families are part of each child's life for much longer. Professionals have specific, detailed knowledge about their field. Families have detailed knowledge about their children, as well as their hopes and dreams for them. Part of understanding and supporting children is learning about their families.

A quick note about our intentional decision to use the word child throughout this text: In our respective

fields (education, medicine, therapy, counseling, etc.), we often read words that refer to children's roles or relationships to us. These relationships include teacher-student, counselor-client, clinician-patient, and more. But to their parents, aunts, uncles, grandparents, and chosen family members, they are children.

For quite some time, educators and clinicians typically viewed family involvement or engagement as outreach to families during school and agency centered events such as parent-teacher conferences, field days, science fairs, bake sales, and other activities that take place primarily on school or clinic property on a specific day and time. Families were invited to be involved in activities, but they were often viewed by professionals as the passive recipients of information. Simply put, communication was often one-directional as school and clinic personnel shared information, but didn't solicit input. Here, we again make a distinction between feedback and input. Completing a survey about an event may serve as feedback, but suggesting topics for discussion at a conference is input. Below, you can check your own understanding of these key terms by thinking about common means by which professionals communicate with families.



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CHAPTER 2

Culture, Engagement, and Partnership

Like families, organizations (schools, clinics, agencies, etc.) have cultures. Often, an organization's culture is rooted in dominant societal norms. By this we don't mean one set of societal norms, but the norms reflected in the broader community where the organization exists. The dominant culture may be different on one side of a school division relative to another where each neighborhood is homogeneous, but different. For example, a predominantly white, Protestant Christian community on one side of town often has a different culture than a predominantly Latino and Catholic community located just a few miles away. However, dominant societal norms may be perpetuated by professionals in a building who represent yet a different background from the community they serve. For example, we know that the majority of educators in the U.S. come from white, middle class, Protestant backgrounds. If that demographic is reflected in the school serving Latino and Catholic families, then children may experience cultural incongruity between home and school experiences. Family involvement aims to assimilate families into organizations' cultures through one-directional communication and invitations to attend events on the school or agency property. Family involvement-as

opposed to partnership—is a missed opportunity to collaboratively develop learning opportunities that build on, and align with, families’ [funds of knowledge](#).

Engagement does not necessarily lead to partnership. Meaningful engagement comes from a deep understanding of the families’ cultures and their needs. A true partnership brings together both sources of knowledge (professionals and families), while working towards the common goal of supporting each child as they grow.

We have one caveat to mention here. Partnership does not mean that each individual has final say over every piece of content, every intervention strategy, or every interaction. Rather, **partnership means that each person is heard and a final path is constructed taking all priorities into consideration.**

Every interaction with a family should do three things:

- Strengthen the relations among children and important adults;
- Invite families to collaboratively engage with you, the clinician or educator, through two-directional communication; and
- Empower the family to engage with clinicians and educators and to support learning at home.

Trust serves as the foundation for this work. Without trust, strong relationships falter. Hoy and Tschannen-Moran (1999) defined trust as, “an individual’s or group’s willingness to be vulnerable to another party based on the confidence that the latter party is benevolent, reliable, competent, honest, and open” (p. 189). Throughout this text, we will return to this foundational

understanding of our work engaging and partnering with families, building on it in each section.

CHAPTER 3

Six Reasons This Work is Important



1. Family Partnership makes our work as educators and clinicians more satisfying, informing practice in ways that increase professional self-efficacy.
 - When children engage with professionals who find their job satisfying, they are more likely to engage in opportunities that match their

- developmental and academic needs.
- Career satisfaction and self-efficacy increase professional retention and commitment. When teachers and clinicians remain in their jobs, they are able to build stronger skills and relationships with the community, becoming more effective professionals.
 - Educators and clinicians who demonstrate a passion for their work trust and develop trust with families.
 - When educators and clinicians feel professionally satisfied and successful, they are more likely to remain in their schools/agencies, resulting in greater outcomes for children.
2. Proactive partnership work makes the work less stressful, leading to reduced burnout and greater retention in the helping professions.
- Children benefit from educators and clinicians who have a positive perspective of their profession and do not feel burnout.
 - Experienced educators and clinicians have many strategies and skills that novice professionals have yet to build, including the ability to mentor their less experienced peers.
 - Professionals who work in strong partnership with families have greater access to information to inform their work.
 - Families benefit from professionals who have information about the school/ clinic/ agency and community based on multiple years of working in the community.

- Schools/agencies/ clinics benefit from employing professionals who find joy in their work. Reducing turnover and increasing retention allows for growth over time, rather than acclimating new professionals to the school or agency. This growth can lead to new ideas and can build on existing strengths.
3. Family Partnership is closely correlated with greater academic achievement.
- When children, families, clinicians, and educators all work together to build a trusting environment, children are more likely to attend and participate, leading to greater outcomes.
 - Educators who are able to communicate information about content, due dates, and the importance of academic information to families will see greater benefits for their students.
 - Families may not always immediately understand all aspects of their children's schoolwork (just think about how much multiplication has changed over the years!). Families benefit from educators who provide opportunities to develop an appreciation for the style and content of academic work.
 - Schools/agencies are encouraged to provide opportunities for families to engage with academics, such as math and literacy nights, and other fun activities when engagement is high.
4. Family partnership has measurable benefits for children's sense of connection and belongingness within schools.

- When children know that their important adults trust educators and clinicians, they are more likely to feel a sense of belonging and trust. They may seek out other children, ask questions of adults, and feel that they are a member of the community.
 - When you have built a relationship with a child who feels safe, you can challenge them to reach their potential.
 - When children feel a sense of safety and belonging, families may engage more, ask questions, and trust the professionals who support them. Families may then feel comfortable asking for support when needed or exploring additional opportunities for their child to engage (e.g., co-curricular activities).
 - Children and families are more likely to engage in extracurricular activities, and work towards the betterment of the school/agency for all families and children.
5. Partnership work creates and strengthens support for schools, agencies, and clinics.
- Educators, clinicians, and families who engage in true partnerships have a shared understanding of goals to support the education of children.
 - Children thrive in environments where they receive consistent messages from all adults.
 - When educators and clinicians partner with families, they can reinforce shared goals at home so children know how to respond to expectations that lead to successful outcomes.

- Schools/ agencies can spend time in proactive support and growth rather than remediation of difficulties when true communication and partnership exists. Families can also be strong advocates for the school or agency when they feel heard.
6. Families in marginalized communities are empowered when schools, agencies, and clinics partner with them.
- Children are more successful when families have the resources to support learning at home and contribute to learning experiences.
 - Families feel safe and supported when professionals provide information and solicit input from the important adults who are their children's first and foremost teachers.
 - Educators and clinicians are more effective when all families are able to participate in and provide input about their children's education and care plan.
 - Schools/ agencies can effectively support children when families provide valuable information about their children and reinforce academic and social-emotional goals at home.

CHAPTER 4

Frameworks for Family Partnership and Engagement

THE DUAL CAPACITY-BUILDING FRAMEWORK

The [Dual Capacity-Building Framework](#) for Family-School Partnerships was developed to support contextually-responsive strategies, policies, and programs for family engagement. [Dr. Karen Mapp](#), who authored the first and second iterations of this framework, describes it in the following video.



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THE FOUR I'S OF FAMILY ENGAGEMENT (NATIONAL PTA)

The National PTA was established over 125 years ago and continues to serve as the largest organization representing parents and families in the United States. We invite you to explore their Center for Family Engagement and their framework for Transformative Family Engagement.

FAMILY ADVISORS IN PEDIATRIC CARE

The American Academy of Pediatrics recommends a public health approach to [social health and early childhood wellness](#). Learn more about the role of family advisors and family engagement in the video below.



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PART II

CHALLENGES AND BARRIERS TO EFFECTIVE FAMILY PARTNERSHIPS

Driving Questions

- What challenges exist that keep educators and clinicians from facilitating effective partnerships with families?
- What barriers do families and communities face when interacting with schools, agencies, and clinics?
- Why are certain family and community activities the norm in organizational settings?
- What opportunities exist to create effective partnerships?

- Who decides what is best for a child?
- Who has the authority to make social, emotional, and academic decisions for children?

The scenarios in the following chapters provide opportunities to explore these questions. As you read, we encourage you to consider what currently exists in your community and to imagine what might be possible. As you read the stories, write down your responses to the driving questions above.

CHAPTER 5

A Missed Opportunity: Mia's First Back To School Night

Excited to begin her first year of teaching, Mia read through the email her principal sent to the entire middle school staff. The principal included a schedule for the week before students returned; there were times noted for professional learning, team meetings, and individual preparation, as well as the time for a back to school night. Mia reviewed the schedule and began preparing the information she would share with families. When the back to school night arrived, she had practically memorized her script that she practiced alongside her creative powerpoint slides: she shared the learning goals for the year, her preferred contact information, and a few things about herself so the families could get to know her. She provided hand-outs with all of the information that

she verbally shared and her smile wasn't forced because she was genuinely excited to share! Not to mention the fact that her presentation was perfectly timed—the bell rang just as she finished.

After a few weeks, Mia began to wonder why she didn't hear from students' parents and other important adults. No one reached out with questions or concerns, as she invited them to do, though some of her students seemed uninterested in the course material or in demonstrating the level of success that she knew they were capable of.

What happened here? Let's consider the perspective of a family who attended her presentation to help us understand the potential disconnect.

Bess and Manny looked forward to meeting all of their children's teachers. They managed to attend the elementary school event and meet both of their younger children's teachers before rushing to the middle school to meet all seven teachers working with their oldest child. By the time they arrived at the middle school, they felt a bit overwhelmed. They had just signed so many forms, met two teachers, and navigated a very busy parking

situation. They were a bit late, but worked to catch up. By the time they found Mia's classroom, they had already met four other middle school teachers and learned that they would need to find another time to meet with the ESL teacher as well. Bess and Manny both came to the U.S. as refugees and were conversational in English, though they spoke their home language with each other. Mia's powerpoint and handout were in a font that Bess and Manny found difficult to read. There were no materials accessible in their primary language, but they would have felt comfortable reading less "swirly" text. She mentioned an online tool where they could see their children's grades, but the organization of that site seemed a bit challenging, especially given the font choices. They appreciated the opportunity to connect a face with each teacher's name. Mia seemed

particularly warm and kind. They were grateful for that. Once they got home, they put all of the papers from the nine teachers they met and the contact information for the ESL teacher and two school counselors in a folder. They would find time to look through everything if a major challenge arose.

[Mapp and Bergman \(2019\)](#) remind us that educators may not have received necessary preparation for effective family-school partnership work and only personally observed or experienced ineffective practices. Like many novice teachers, Mia drew on her own observations from her practicum and internship experiences to prepare an informative presentation to families. She remembered to use multiple means of information-sharing: an oral presentation, visual slides, and handouts. She hadn't seen other teachers use this opportunity for a conversation, so she didn't consider that these families felt overwhelmed by the amount of information received across multiple schools, grade levels, and offices at the start of the year. She hadn't thought about the ways this first meeting could serve as the foundation for a trusting, collaborative relationship by inviting families to share information

with her, as opposed to their role as passive recipients of information. Let's instead reimagine Mia's preparation and facilitation of a true conversation:

Excited to begin her first year of teaching, Mia read through the email her principal sent to the entire middle school staff. The principal included a schedule for the week before students returned: professional learning, team meeting, and individual preparation time, as well as the time for a back to school night. Mia reviewed the schedule and began jotting down everything she wanted to know about her students and their families. Knowing that she couldn't learn everything that night and share the expected points of information, she began to organize her ideas into two larger categories: Information to Share and Information to Learn. Once she had a long list of necessary information to share, she began to organize it into smaller, more digestible pieces so she wouldn't overwhelm anyone. She obtained contact information for the families, asked the instructional technology specialist about the approved text message system to use, and sent a brief email and text to all families to introduce herself and share her contact information. She then included an easy response method for families to share their preferred mode of communication, adults to contact, and spoken languages. On back to school night, she welcomed everyone verbally and displayed just a few powerpoint slides. The first had a QR code to a brief questionnaire, but she made sure to distribute it in paper

form as well. Families could fill it out on their personal devices or write down responses in the moment. She asked, "What does your child do really well in school?" and "Where would you like to see your child improve?" She also asked, "What are some of the ways you have (or wish you could) support your child's learning at home?" and "If given the choice, what would your child choose to do with their time?"

In this version, Mia focused on what she needed to know from them, learning more about each family's focus and what they value, as well as making clear that she wanted to support them as they support their child.

In our analysis of Mia's, Manny's, and Bess' experiences, we see that a common school experience, back to school night, can take various forms. Much like classroom newsletters and other school-based events, many educators see the purpose as information sharing, rather than information gathering and/ or relationship building.

CHAPTER 6

Expertise and Expectations: Joaquin's Learning Opportunity

Joaquin was several weeks into his first year as a fifth-grade special education teacher. Assigned to teach a self-contained class for students with mixed support needs, his students' schedules varied. Some of his students spent the entire day in his classroom, and others only stayed for reading or math. He taught the same standards and concepts as his general education counterparts, but with a smaller group and added support. Luca Strauss was an eleven-year-old student in his class. She had cerebral palsy, used a wheelchair, and was mostly non speaking. She communicated effectively using an AAC device. She had been in self-contained classes since preschool and he thought that she had thrived in this environment. Looking back on her old IEPs, he could see how much she had

grown over the years. While she was still a few years behind in reading and needed some support in math, she participated and wrote independently.

She was also highly opinionated and loved expressing her big ideas. She always raised her hand and responded with the right answer using her AAC during science class.

During science class, Joaquin taught his students the order of the planets. They learned a song to help remember the order and practice labeling the correct planets during class. For homework, he assigned them a worksheet from the back of their science textbook. The students needed to find each planet and color them according to the directions. Joaquin thought that this was a fun way for the students to show they knew the order of the planets. However, the next day, Luca came to school without her homework finished. This wasn't the first time this had happened, so Joaquin called home to Mrs. Strauss to ask if she knew that Luca wasn't finishing her homework. This was the first interaction between Luca's mother and Joaquin. He was shocked when Mrs. Strauss responded that she told her daughter not to do it. "Coloring is baby work," she told him. "Luca shouldn't be doing that." He tried explaining to her that the worksheet was more than just a coloring page, but he couldn't seem to get through to her. Frustrated, he helped Luca complete the assignment during class.

Where might the disconnect have happened in this

scenario? How might Mrs. Strauss have felt about Luca's learning? Let's consider her perspective.

Maura Strauss loved her daughter, Luca, and had been a vocal advocate for her throughout her young life. When she learned that Luca's teacher had never taught before, she told the principal that she didn't want Luca in his class. Luca's needs were far more extensive than most students and even exceeded some of her classmates' needs in special education. Moreover, multiple teachers expected far less of her than she was capable of, placing even greater work on Maura to supplement learning opportunities outside of school. She experienced these low expectations year after year, never gaining the support that she knew her daughter needed. In fact, the school year began without a single individual interaction with the teacher. He never reached out. She previously worked with an advocate who had expertise in special education and disability law, but the school only made modifications when this extensive process took place. The amount of time, energy, and cognitive focus required of Maura took a toll over the years; her frustration mounted and she found herself simply directing Luca not to complete work that appeared to be a continuation of the school's low expectations and seemingly ableist practices.

[Mapp and Bergman \(2019\)](#) identify educators' low expectations of families and learners as a barrier to effective family engagement, and, ultimately, student and school improvement. They also note that many

families, like Luca's mom, have experienced negative interactions with educators, leading to feeling unheard and not valued. Let's instead reimagine the first interaction between Luca, Maura, and Joaquin to see what might be possible in the face of these past experiences and challenges.

Before the school year began, Joaquin asked the school counselor and special education department chair for a list of students on his caseload. He sent each family a handwritten note with his contact information and an invitation for a conversation so he could learn more about each student and their family. He followed up with all families, regardless of response, as he knew that student records can only provide so much information. He also realized that families with students who receive special education services have to navigate a bureaucratic system that can leave many with a sour taste in their mouth. Maura Strauss responded and seemed hesitant about bringing Luca to the first conversation, but agreed to do so. He thanked Maura and Luca for joining him and invited both to tell him in what areas Luca excelled. Luca immediately responded, "science!" and Maura laughed, nodding in agreement. Luca also told him about her favorite book series and Joaquin took notes. He then asked Maura what has worked well for Luca in previous school years, and what may have not worked as well. Maura shared her prior frustrations and told him that she knew Luca was

capable of more than previous teachers thought. Maura said that was “tired of people giving her daughter easy work.” Joaquin reviewed Luca’s past academic performance and, after the conversation, asked about the possibility of Luca transitioning into general education for Science and Social Studies with a paraprofessional. The school year began with higher expectations and supports in areas of strength and a cautiously optimistic parent who began to feel heard for the first time.

Both parties (educators and families) believe they know what is best or consider their perspective to be right, meaning that the other’s perspective is wrong. This creates an unnecessary adversarial relationship. Instead of trying to convince someone else of our expertise, we might instead begin from a place of inquiry. Joaquin began the initial conversation (in the second version of this scenario) by thanking the family for their time and prompting them to tell him something positive about the child’s learning. He could then build on what works while finding creative ways to respond to ongoing challenges for the family. In this scenario, no one was wrong and no one was right. Everyone’s perspective was valued.

CHAPTER 7

Expectations and Collaboration: Maria's Opportunity to Learn from Deaf Families

Maria Jackson is a preschool teacher who has licensure in PreK-Grade 3. She is employed by a school division that uses a system of "blended and braided" funding to support 3 and 4 year olds. This means that some of the children in Maria's classroom are enrolled in the PreKindergarten program, some of the children are eligible for a Head Start slot, and some of the children have a developmental delay or disability and receive Early Childhood Special Education (ECSE) Services. There is space for 12 children in Maria's class, although at the beginning of the year only 10 children were assigned to her room. In addition to Maria, the classroom team

consists of Jeri, a full-time paraprofessional, Cynthia, an ECSE itinerant teacher who is present for 60 minutes each day, and Nadya, a speech-language pathologist who is present for 30 minutes three days per week.

Anya Rubles is a 4-year-old girl who joined Maria's classroom in November, after a move across the state. Anya uses a hearing aid, her parents are Deaf, and the primary language at home is ASL. Maria is unsure if Anya needs an ASL interpreter in the classroom or if she is able to understand all classroom activities and directions with the use of her hearing aid. The IEP from Anya's former school has some information, but it appears that details are missing. Maria wonders if there are supplemental notes that were part of Anya's file previously, but were not sent with the IEP document. Maria has asked Cynthia for support in understanding Anya's needs and strengths in the classroom setting.

In the past week, Maria sent notes home in Anya's backpack and received replies to the specific questions asked. However, Maria does not feel that she really knows Anya's parents (Mila and Sofia) or their priorities for Anya's time in her classroom. Maria sends home a note asking Mila and Sofia to meet with her so she can better support Anya. She provides two dates and times to meet based on her schedule and an available interpreter's schedule. Sofia responds that she is available during both times, but that her wife, Mila, is not. Could they find an alternate time? Anya responds that the interpreter is

only available then, so they arrange the meeting. When Sofia arrives, she meets the available interpreter for the first time and the three of them sit down. Maria shares the curriculum and asks what areas Anya might struggle with. The interpreter shares these questions and Sofia's expression conveys that she is upset. Unfortunately, Maria isn't quite sure how to remedy this.

Where might the disconnect have happened in this scenario? How might Sofia have felt about Anya's learning? Let's consider her perspective.

Sofia and Mila were delighted to receive an invitation to meet with their daughter's teacher in person, but given the nature of Anya's disability, they wondered why other members of the care team weren't included and why they weren't asked if they have a preferred interpreter with whom they also have a relationship. Compounding their frustration was the inflexibility regarding timing so they could meet as a family. That said, they certainly understood how busy everyone is, including them. There had been multiple instances where something couldn't be shifted in their own lives and only one of them could meet with a member of a care team, a provider, or an educator. When Sofia sat down, she expected to be asked some broader questions, but instead the teacher asked what Anya would struggle with. "Excuse me?!" she thought to herself. What she wanted to say was, "You should have asked me about all of the areas in which my daughter excels."

[Mapp and Bergman \(2019\)](#) identify educators' low expectations of families and learners as a barrier to effective family engagement, and, ultimately, student and school improvement. They also note that many families, like Anya's moms, have experienced negative interactions with educators, leading to families feeling unheard and not valued. Let's instead reimagine this meeting to explore a more positive foundation for family partnerships.

Given the missing details in the IEP from Anya's former school, Maria writes the family an email asking for the opportunity to learn more about Anya and how she can best collaborate and coordinate with the other clinicians and team members. She asks if they have a preferred interpreter, knowing that with their recent move, there is a possibility that they don't yet have a local contact. Still, they may and it is preferable to use a known interpreter with whom a family has a relationship. She also asks what other members of the Anya's support team they would like present or if they have information they would like to bring, as well as the family's availability. When they respond with options and that they don't yet have a preferred interpreter, but have been in touch with a particular agency, Maria coordinates with that agency to identify an interpreter who is available when both parents are available.

Sofia and Mila arrive at the same time as their interpreter and provide copies of information from

Anya's audiologist, pediatrician, and ECSE teacher from their prior community to the interpreter and to Maria. Maria took the time to ask the agency about etiquette in advance and knows to look at Sofia and Mila when talking instead of the interpreter. She smiles at each and thanks them for the additional information, then asks if they might share a bit more about what worked well in her prior early childhood classroom and what presented a challenge. She asked what accommodations supported Anya's learning and full inclusion during activities with her peers.

In this version, Sofia and Mila felt immediately at ease, happy to share what worked well for Anya and in what areas she excelled. They came away from that conversation feeling that Maria wanted to collaborate with them and with the rest of the team to meet all of Anya's needs, including her social and emotional needs; they understood that Maria wanted to facilitate Anya's feelings of belonging in a classroom of children who shared similarities and differences from one another. The extra steps that Maria took to learn about Deaf culture and etiquette facilitated a feeling of comfort. She was also able to use the time to ask the interpreter and the family how they would prefer to communicate in both situations that could be arranged in advance as well as those that required a quick update or question and response.

CHAPTER 8

Regional Highlight: When Less is More

WHEN MORE IS LESS: UNINTENDED PITFALLS OF GREATER ENGAGEMENT

One of the most common pitfalls within this work is thinking of family partnership/ engagement as *more* instead of *different/ improved*. Well-intended educators and clinicians add more events to the school calendars, increase the number and length of communications, solicit feedback through longer surveys, and generally ask more and more of families. We urge you to consider what unintended impacts this may have. Beyond the financial hardship of transportation costs to and from home to schools or centers, we are asking for more of their time. **Time is precious** and families need to balance the need to plan and prepare meals, support learning at home, and consider multiple childrens' needs. Some families are caregivers for older generations, as well as children. Balancing all of these needs alongside their work schedules and basic tasks, such as cleaning their homes, is challenging. Let's take a look at an education center whose staff

acknowledged these competing priorities and reallocated resources to engage families more effectively!

Regional Highlight: The Roberta Webb Early Education Center

Parent and community involvement is at the heart of the [Roberta Webb Early Education Center](#), a non-profit agency that serves children ages 2-5 in Harrisonburg, VA. The mission of the center is to support families with limited financial means and to provide inclusive access to high quality early childhood education. Tuition at Roberta Webb is on a sliding scale, meaning that tuition is determined based on the annual income level of each household each year. There are two programs funded by multiple agencies that provide early childhood education free of charge.

The majority of the parents and families whose children attend Roberta Webb have a busy work schedule and are unable to participate in school activities. Knowing that shopping for food, preparing meals, and taking time to eat the meals are all daily demands on adults' time, the center leadership found creative solutions to provide more time. They provide gift cards that families can use for groceries of their choice, but they also provide a recipe and all ingredients for meals on virtual family nights. A family liaison organizes these virtual events where families

can collaboratively prepare their assembled ingredients by following the instructors' direction and modeling through a web-based conference. In addition, families receive food for meals twice a week so they can spend time engaging with the center staff and one another instead of preparing a meal.

CHAPTER 9

Shifting Our Thinking Around Challenges and Barriers

As we discussed in the introduction, the very way we conceptualize what this work is necessary to doing it effectively. Do we consider family partnership an extra responsibility that we add when we have time? Or is family partnership central to our work and threaded throughout? As Weiss, Lopez, and Caspe (2018) encourage, we must move toward valuing families' priorities and collaboratively designing learning opportunities for their children.

Achieving this requires a major shift in thinking—a shift from devaluing and doing to and for families to one of valuing and cocreating with them.¹

As a professional, you may ask, *What do I do if multiple families have different priorities for their children? Am I supposed to focus on all of them? Should I veer from a school, division, or agency curriculum?* Remember that the term partnership encompasses both parties' perspectives, expertise, and ideas. You, the educator or clinician, bring expertise regarding developmentally appropriate outcomes, professional knowledge, and understanding of the organizational functions in which you work and children grow. Important adults

1. [Weiss, Lopez, & Caspe, 2018, p. 5](#)

in a child's life bring expertise about their child, the needs and strengths at home, and their cultural background.

At the beginning of this chapter we asked, *Who decides what is best for a child?* The ideal situation is one where the family decides in partnership with educators and clinicians who work with their child. There is no single entity or person who should make all recommendations. Effective communication and partnership principles will help you respond to varied priorities while also responding to your responsibilities as an employee of your school, clinic, or agency. We will take a deeper dive into difficult conversations like these in part six.

CHAPTER 10

Big Ideas: Challenges and Barriers

In this part of the book, we explored three families' and three educators' experiences engaging with one another. In the first version of each scenario, the educators replicated dated examples of parent involvement, thinking of their educator role as one of expert and their task as information sharing. As we reimagined how this might shift from involvement to partnership, their role shifted to collaborator and learner, applying their skillful listening and prompting to uncover families' feelings and priorities that might otherwise remain below the surface.

Why do these challenges and barriers to effective partnership between families and professionals exist widely?

Big Ideas

- Educators, clinicians, and families may not have experienced effective partnerships. Without personally experiencing a phenomenon, people often struggle to

conceptualize a different possibility.

- Clinicians, schools, and educators may have negative associations to family members.
- Virginia educators may be unaware that family partnership is included in the Standards for the Professional Practice of All Teachers.
- Virginia educators and clinicians may have received minimal, or no, preparation to effectively engage families. This is particularly true for those who enter the profession via alternate routes to licensure or who unfortunately observed less effective practices during their professional preparation.
- Both parties (educators and families) believe they know what is best or consider their perspective to be right, meaning that the other's perspective is wrong. This creates an unnecessary adversarial relationship.

When we can articulate the barriers, we can more effectively design a strategic response.

PART III

FAMILY STRUCTURES, IDENTITIES, AND CULTURES

DRIVING QUESTIONS

We often hear the phrase “families are children’s first (or most important) teachers.” But what does that really mean and do we act in ways that are consistent with that belief? The following questions will guide you as you seek to better understand the challenges, strengths, and perspectives across the diverse families with whom you will partner:

Driving Questions

- What family structures, identities, and cultures comprise

our communities and how have these changed over time?

- What do I need to know about my students' families?
What is too intrusive?
- How can I create an inviting environment and facilitate a space where all families feel like they belong?

The scenarios that follow provide opportunities to explore these questions and the ways that our individual experiences can influence how we view the experiences of the families we serve.

KEY TERMS

Before we share these scenarios, we want to take a moment to define what we mean by structures, identities, and cultures, as well as offer a bit of context around the differing descriptions that exist.

FAMILIES AND FAMILY STRUCTURES

The definition of a family varies due to the use of the definition and we acknowledge that a great deal of research across fields necessarily defines a family as a basic unit of study. Why? Because the family as a unit of study in medicine helps researchers understand the epidemiology and history of disease. As a unit of study to determine social benefits, it may function as distinctions between related and unrelated individuals living together or apart, and therefore impacted by policies regarding qualification for assistance, for example. As a unit of study across fields such as psychology, education, sociology, and more, it functions as an important variable in a person's development and well-being.

For our purposes, we think about the function of a family as the most immediate circle of important adults and peers who

consistently influence and make decisions for a child. When we (the authors of this text) discuss a family structure, **we refer to those who live in a home together as well as those who comprise an extended family, looking after one another's children, co-parenting across households, or interacting in additional caregiving ways.**

IDENTITIES

By identities, we refer to our socially constructed selves. For example, there is no racial gene that delineates those with more melanin in their skin than others, though the boxes checked for race in the U.S. census, for example, make delineations between us. By reviewing the census categories over time, we find changes in how race was defined and understood. Racial categories and many other socially constructed identities continue to evolve as our society evolves. Our social experiences in the world around us are different based on our physical appearances, the sounds of our voices, and even whether we can find food on a local restaurant menu that we can eat, make-up tailored to our skin tones, or products designed for our hair types. Other identity categories include gender, ethnicity, religion, and, as we move through and beyond adolescence, the musical, athletic, and gaming communities in which we engage (among other types of group and role-based identities). These are important not only because of the ways others perceive us, but also **how we define ourselves in relation to those around us.** Understanding the social construction of identity is key to understanding the malleability of the communities we join and build, including the intersecting identities that make each of us who we are.

CULTURES

Just as family structure and identity are not fixed, cultures also

continuously evolve. And **just as our identities reflect intersections among, for example, our gender, ethnicity, language, and vocational or avocational roles, our cultures reflect the bigger and smaller communities in which we move.** Within a larger Jewish culture, for example, we may find distinctions between Ashkenazi, Sephardi, and Mizrahi ethnicities and cultures. Beyond the religious traditions that overlap and are distinct based on origin, we find higher risk of breast cancer among those with Ashkenazi lineage (something that has nothing to do with religious affiliation), descendants of genocides that occurred in different time periods and world regions, and those who chose to join a Jewish religious community based on faith or family.

These are just a few ways we might begin to challenge our own assumptions of a culture as reflective of only religious belief. **Culture reflects our shared histories, the foods we eat, the stories we heard as children, and the ways we make meaning of the world around us.** We may have the same or different cultural points of reference, such as knowing what a wake is (or not!), familiarity with certain names, our ability to define the Italian sayings in a popular television series, or the importance of a religious day on the calendar.

As you read, we encourage you to consider what commonalities, strengths, and barriers currently exist in your community and to imagine what might be possible. As you read the stories that follow, write down your responses to the driving questions above.

CHAPTER 11

Scenarios: Assumptions and Misunderstandings About Family Diversity

Michael's Supportive Network

As an early interventionist working with Michael, you are scheduled to see him and his family one hour every Tuesday morning. However, you find that when you arrive at the house each week, you are not sure which caregiver will be present. Over the past two months, you have met Michael's mom, dad, grandmother, uncle, neighbor, and babysitter. While you find it wonderful that Michael's parents do not cancel sessions and you have been able to meet so many adults that are important in Michael's life, you are also finding it difficult to establish a relationship with anyone/ everyone. Sometimes you can discuss and debrief about strategies that were discussed in the previous week, and sometimes the adult there is not aware of these strategies or goals/ priorities. You want to make sure that your support is meaningful to Michael's family, but you are not sure how to do that.

- How do you get to know Michael's family and their

priorities?

- What biases might you have about Michael's family? How do you recognize these biases?

Donuts with Dad and Muffins with Mom

Noa is a precocious five-year-old, excitedly asking questions in class, standing up to the biggest kid when they say something unkind about her "friend," and planning intricate games that require a great deal of imagination on the playground. This Friday, Noa's teacher notices that she is unusually quiet and seems to spend time with a classmate, Isaiah, who she isn't particularly close to. Isaiah's behavior also seems different to their teacher. Usually, he happily chats with the other boys and enthusiastically engages in reading, writing, and music. On this day, he too seems quieter and spends time only with Noa, instead of the other boys. It seems strange to the adults who know them since it was a planned fun day. In the afternoon, all of the dads are invited to join the class for donuts! This was planned as a monthly event. When the guests of honor arrive, the grown-ups realize that Noa and Isaiah's fathers are not present.

Noa and her mom were at the library earlier in the year and Isaiah and his moms were there for the same children's author event. When their teachers told them about Donuts with Dad, Noa remembered meeting Isaiah's moms. Her other friends with two moms didn't have a dad and her own mother read her books about families with different variations of important adults instead of only books that featured the traditional family with one mother and one father. Noa asked Isaiah if she could sit with him because her dad wasn't going to attend. The two of them spent that day supporting each other in the best way that five-year-olds know how: quietly talking and avoiding the event in which they couldn't fully participate.

- What biases do the professionals have about family structures?
- How might you create more inclusive family events without losing the intent of these types of activities?

David and His Children

David Wilson works in the construction industry and is a single father of two children, Sophia and Davey. The Wilson family lives in a small urban community. Sophia just entered the 6th grade at Northside Middle School and Davey is in the 3rd grade at Rosa Parks Elementary. Miss Jackie, their neighbor, takes care of Sophia and Davey each day after school, in addition to two other children, ages two and four, that she watches all day. David picks up the Wilson children at approximately 6:00 each evening.

Miss Jackie is somewhat able to help with homework, but it is not the only activity happening in the afternoon at her house. Davey's teacher sent a meeting request home in Davey's backpack. Since Davey had finished his homework at Miss Jackie's house, David did not see the meeting request for two days. Davey's teacher then left a voicemail for David. After she hung up the phone, she commented to a fellow teacher, "I just don't know why David isn't involved in Davey's education."

- What assumption was just made?
- How else can we learn more about David and his responsibilities?
- Who else is involved in Davey and Sophia's daily life?

Scenario Discussion

In each of these scenarios, we gain a glimpse into the ways that

families function and the differences across families. Before we go farther, we want to highlight a primary assumption that guides our work: families want the best for their children. While each family may define what is best differently, understanding that most adults want to do right by children is central to interactions with them¹.

1. To be clear, there are certainly far too many instances of abuse and neglect in our society and all of the authors recognize this. In fact, all of us have been in scenarios where we witnessed it firsthand. But, these cases are few and far between. We recognize it and we draw a distinction between the tools and habits of mind we present in this text and the skills needed to respond to those outlying cases. For more information, see *A Guide for Mandated Reporters* from the Department of Social Services.

CHAPTER 12

Learning With and From Families

Given that most children have at least one important adult who has known and loved them since they were infants and others have important adults who care for them every day, ensure that they have food to eat, and share their fears and joys along extended periods of time, we must always remember that families are the experts on their children. To best meet the needs of children, we must build trust with the important adults in their lives and work collaboratively with them to co-construct goals and the means by which their children will achieve said goals.

Some schools, school divisions, and agencies conduct home visits to build trust. [The Parent Teacher Home Visit Model](#) is an evidence based model used across the country. While this practice isn't in every setting, multiple agencies and schools conduct home visits from pregnancy through high school. [Wakefield High School](#) in Arlington County has conducted home visits for over a decade.

Co-author Dr. Judy Paulick incorporates home visits into her teacher preparation courses. She provides future teachers with evidence-based training to conduct these visits in school divisions that incorporate these practices into their family engagement work. While you may or may not work in a clinical setting or school that conducts home visits, you can use some of the following questions to learn about the families and their goals:

- If given a choice, what would your child choose to spend their time doing?
- What were your favorite things to do when you were a child?
- What are your hopes and dreams for your child?
- Where do you consider home?
- What does our family like to do together?
- What traditions does your family enjoy?

By asking about their preferred activities and their hopes for their children, we can learn more about their priorities and, ideally, help to surface why these are their priorities.

CHAPTER 13

Unconditional Positive Regard and Our Interactions

As we consider some of the varied ways that people make sense of the world and how that impacts their decisions and priorities, we often notice that prior experiences with schools and government entities impact their interactions with us, as individual educators and clinicians. We find it helpful to remind ourselves that what might come across as aggressive, negative, or just distant often has nothing to do with our individual interactions with a particular adult, child, or family.

Instead, we consider how adults may view us as representatives of a social institution (public schools or an early childhood intervention program). If they experienced inequity, exclusion, bureaucratic barriers to services, or repeated trauma in these spaces, that could impact our attempts to build trusting and collaborative relationships. That doesn't mean we should not try! In fact, we've all found that persistent, positive interactions that come from a place of empathy will, in time, improve the relationship, even with the most distrusting of people.

Let's return to a foundational theory in psychology: [unconditional positive regard](#).

Unconditional Positive Regard

According to the American Psychological Association, unconditional positive regard is “an attitude of caring, acceptance, and prizing that others express toward an individual irrespective of his or her behavior and without regard to the others’ personal standards. Unconditional positive regard is considered conducive to the individual’s self-awareness, self-worth, and personality growth; it is, according to Carl Rogers, a universal human need essential to healthy development.”

In our work with families and children, we find it helpful to remind ourselves of [Carl Rogers’](#) work. When we give someone the gift of our positive regard, we give ourselves a gift as well. We don’t expend energy being angry or frustrated by behaviors beyond our control. We instead choose to see what might be possible and focus on the tools at our disposal to facilitate a child’s growth¹.

Intentional Language Choices

Sadly, much of the language historically used in clinical and school settings focuses on something to be corrected. We understand this focus because when you have a disease, you want to be able to treat, if not cure, that disease. If a child struggles to read, we want to implement an intervention that helps them read more easily. However, this focus on the deficit sometimes creeps over into other spaces and we begin to see everything we do as an intervention or correction.

What might change if we view families from a place of strength instead? For example, the term English Language Learners (or

1. For another perspective on the importance of unconditional positive regard, we recommend the following article in Educational Leadership: <https://www.ascd.org/el/articles/the-power-of-positive-regard>

English Learners) focuses on what they don't know. But terms like emergent bilinguals or multilingual families focus on their strengths: their multilingual skills! This is an example where it is easy to notice an assumption we made: that they have a gap and we are here to fill that.

Where else might we make assumptions? We often see this when a family structure doesn't look like a traditional two-partner home. A clinician or educator might assume that an unmarried or unpartnered adult struggles as a single parent. Yet, many of these adults co-parent with a former partner, live in a multi-generational household, or have other important adults with whom they share caregiving responsibilities. It is up to us to pause before assuming that we have to address a challenge that may or may not exist. In fact, we could argue that some of the historically underestimated communities we serve have some of the strongest support networks and valuable skill sets.

CHAPTER 14

Skills Practice: Learning With and From Families

Many organizations, including schools, agencies, and clinics, approach problem-solving by seeking to fix what is broken. In clinical settings, this often extends from a medical model focused on treating illness and disease. [Appreciative Inquiry](#) is a model that assumes that we can learn from what's working (rather than identifying what isn't). Appreciative Inquiry's underpinnings are in the field of positive psychology, a subfield that takes a strengths-based approach.

Ludema et al. (2006) created an interview protocol that we adapted to better suit interactions with families.

Using the questions below, identify an important adult (or family) to practice making this approach your own. You might find a peer or colleague in your organization, a family friend, or even a friend with children who might be willing to provide feedback. Following this practice, ask the interviewee(s) how this approach felt from their perspective. Be willing to listen and to respond with appreciation for their candor and suggestions.

1. Think of a time when you have felt most excited or engaged with your child's school, community

organization, or clinic . What components or factors made it a great experience? What was it about you, others, and the organization that made it a positive experience for you?

2. What do you value most about your child and their experiences in [school, agency, or clinic]?
3. Think of a time when your child was successful (however you define that). What helped your child be successful? What worked well for your child and for you?
4. What is one (or perhaps two) hope(s) you have about [school/ agency/ clinic] to strengthen the organization in the future?

CHAPTER 15

Big Ideas: Family Structures, Identities, and Cultures

Big Ideas

- Families are children's first and longest lasting relationships; families are the experts on their children.
- Families may hold diverse perspectives on well-being, educational success, and the purposes and aims of learning and interventions.
- Responsive educators and clinicians attend to children's needs and experiences, understanding that circumstances outside of the clinical/ school environments impact interactions within those environments.
- All families have challenges and assets that intersect with children's growth and development. Clinicians and educators may need to provide the supports needed to overcome challenges, but focusing primarily on deficits may cause more harm than good.

In the last section, we included the information below. You may find it useful to revisit it after reading these chapters:

Families and Children: Demographic Data

Let's pause here to consider the overall picture of Virginia's demographics. The Voices for Virginia's Children website has [a report providing an overview of children across the Commonwealth](#) and interactive maps that help us understand who we serve in greater detail. Take some time to explore each of the following below and consider what questions you might ask to better learn about the strengths of the community you serve, as well as the challenges and barriers they face.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.atlanticoer-relatlantique.ca/ecefamilypartnerships/?p=63#h5p-8>

PART IV

CREATING AND SUSTAINING POSITIVE RELATIONSHIPS WITH FAMILIES

Driving Questions

- What roles do we play in professional relationships with important adults?
- How do we sustain, not just establish, a relationship with families?

- What are different ways that trust (and distrust) manifests in organizational settings?
- What are evidence based communication practices?

The scenarios that follow provide opportunities to explore these questions. As you read, we encourage you to explore your emotional responses to the stories. Beginning with your own responses, consider the questions above. This chapter will provide evidence-based strategies to communicate effectively and positively with families. Let's begin.

Select one of the two scenarios (chapters) that follow. If you work in school-based settings, we recommend choosing the first scenario. If you work in clinical settings, we recommend the second scenario.

CHAPTER 16

School-Based Scenario: Joaquin Establishes Control

Approaching the end of the first quarter during his first year as a fifth-grade special education teacher, Joaquin realizes that he notes behavioral challenges for more students than he expected. Of great concern to him is that students who have not been identified with behavior-specific diagnoses or needing behavioral supports demonstrate increasingly disruptive behaviors in the classroom. He reflects on his approach at the start of the year. He wanted to build rapport and trust with the fifth graders, but perhaps didn't establish clear enough expectations and parameters. He thinks to himself, "I need to start the second quarter making clear that I control my classroom."

In advance of report card distribution and the end of the grading period, Joaquin sends an email and letter to all families explaining that the group's behavior isn't acceptable and that he's establishing more clear classroom rules. He delineates these rules in the letter and notifies families that he will contact them when their children's behaviors veer from these expectations. As the second quarter begins, Joaquin follows through on his letter. He contacts each family every time their child behaves disruptively. He logs all behaviors and uses a stoplight style chart at the front of the room so all students can see who is in the green

(good), yellow (marginal), or red (very not good) category throughout the day.

Joaquin's inbox has fewer and fewer emails from families and he notices a clear drop in what he previously felt to be positive interactions with the students in his class and their family members. On the other hand, there are fewer disruptions in the classroom during learning time.

Pause and Consider:

Is Joaquin's approach to classroom management and family communication effective? How might you define and evaluate effectiveness?

Let's take a moment and consider this from the perspective of Maura Strauss, the mother of Luca, one of Joaquin's 11-year-old students we introduced in Part 1 of this book.

Maura and Joaquin had a bit of a bumpy start (as described in Part 1), but resolved the misunderstandings. From Maura's perspective, Luca seemed to be learning and feeling appropriately challenged. Maura felt cautiously optimistic that, despite Joaquin's lack of experience, things were heading in a positive direction. That feeling began to change after she received communication about new classroom rules. On its own, that could indicate higher expectations for all learners, something Maura fully supported. But when her daughter's classmates' parents started to share their disappointment and frustration about increased communication regarding behavior, she began to wonder what was going on in the classroom and if her daughter's learning was being interrupted. Then, she received two messages from Joaquin within one week. The first indicated that Luca's behavior didn't meet his expectations. The second message described Luca's lack of compliance with a direction that may have been confusing to her. She revisited the initial communication about rules

and noted the stoplight at the front of the room. She realized that her daughter might react negatively to such a public display, even [feel humiliated](#). She reached out to the school counselor for advice, uninterested in engaging in a second negative confrontation with Joaquin.

Pause and Consider:

We've discussed that every family member wants the best for their children. They want to hear when things go well, as well as being informed when they can provide support and collaboration if things aren't going well.

If you were Joaquin, how might you communicate about classroom behavior that **informs and invites important adults to collaboratively solve challenges with you**? Take a moment to draft a brief email to a family member describing something positive. Then, draft a brief email addressing a challenge.

CHAPTER 17

Clinic-Based Scenario: Sam Communicates Often

Sam, a new case manager and therapist in an outpatient therapy clinic, wants to establish positive relationships with the families of the children he serves. He schedules a weekly time to email helpful information to all families, in addition to personalized communications. The initial responses from caregivers are positive, thanking him for his proactive and clear communication. Noting this feedback, he extends the weekly messages to include additional resources, a longer message from him, and a calendar of community events. He then increases the frequency of the individualized messages to include reminders and suggestions. Soon, the positive feedback and communication from families decreases substantially. "I thought we established a really good relationship at the start!" Sam thinks. "Why haven't they responded to my increased communications?"

Pause and Consider:

Is Sam's communication strategy effective? How might you define and evaluate effectiveness?

Let's consider this from the perspective of a family of a child on Sam's caseload, Michael. Michael's parents, uncle, and grandfather are a close family who share caregiving responsibilities.

Michael's father, David, is the primary point of contact for the family and shares all communications from clinicians, staff, and educators with Michael's mother, uncle, and grandfather. At first, David closely reviewed all session notes, shared these with the rest of the family, and responded to Sam on behalf of the family. When one of them had a question or concern, he shared so they all understood and worked collaboratively. He also paid attention to communications from the clinic and responded to that email address when they needed clarification on administrative functions like insurance billing, community events, and documentation for outside support services. As communication increased, he began to receive what he perceived as duplicate messages. He wasn't sure if he should address questions about the ice cream social, for example, to the clinic or to Sam. His confusion turned into frustration and, rather than being a catalyst for even more emails, he decided to communicate in person when he was able to to meet with clinic staff on site.

Pause and Consider:

We discussed that every family member wants the best for their children. They want to have open lines of communication with clinicians and educators. They also often have other caregiving responsibilities, including older members of their families, other children, and animals. They have jobs and homes to maintain.

If you were Sam, how might you facilitate **a communication**

cadence that informs and invites important adults to collaboratively solve challenges with you while avoiding communication overload? Take a moment to outline an initial, brief communication. What information do families need to know? What might be nice to know, but unnecessary? And what do you need to know about them?

CHAPTER 18

Trust and communication: Foundations for positive relationships

“Hoy and Tschannen-Moran (1999) defined trust as, “an individual’s or group’s willingness to be vulnerable to another party based on the confidence that the latter party is benevolent, reliable, competent, honest, and open” (p. 189). In opposition to trust is distrust that Schultz (2019) described for schools in three categories: relational (interpersonal), structural (top-down decision-making), or contextual (historical interactions) distrust. There are multiple networks of relationships in schools that rely on trust to be successful. In schools, trust can manifest in relationships between students and teachers, teachers and caregivers, caregivers and administration, and administration and teachers. Success in each of these relationships relies on a bilateral trust in which both parties are able to be simultaneously vulnerable and confident in the behavior of the other. For example, in a trusting relationship between caregivers and professionals, caregivers display vulnerability by leaving their child’s education, as well as physical and psychological safety in the hands of other adults. At

the same time, caregivers show confidence in professionals' skills and ability to keep their child safe.

It's important to consider the various relationships between children and their caregivers. Some caregivers have cared for that child their whole life, and some are in a new role as caregiver. Some caregivers grew up within the dominant community culture, some are members of underestimated or underrepresented communities, and some may be new to the community. Trust manifests in schools, agencies, and clinics when educators and clinicians respect caregivers.

The relationships between children and professionals also depend on trust, vulnerability, and respect. When adults demonstrate trust, they provide children a sense of responsibility and autonomy.

CHAPTER 19

How does organizational trust differ from interpersonal trust?

Organizational trust can be viewed as employees trusting the organization that they work for and in the leaders that make decisions on behalf of the organization. One way of addressing organizational trust is by looking at relationships between leaders and staff members in a building. Leaders make decisions that affect the staff members that work in that building. Organizational trust is broader than individual or interpersonal trust because it includes a decision-making component.

Individual trust between two people relies on confidence in the other person's actions, but organizational trust relies on confidence that those with power will make decisions that positively affect others.

Organizational trust inherently includes a hierarchy of power between the people making decisions and the people whose lives those decisions affect because of the hierarchy of power within an organization. The trust involves two parties: leaders of the organization and members of the organization. This type of power dynamic is not typically present in relationships with individual or interpersonal trust, making it a defining

feature between organizational trust and interpersonal trust.

Since **organizational trust involves a hierarchy of power**, there will inevitably be people at the bottom of that hierarchy. It's important for people higher up in the hierarchy to empower those who inherently have less power.

One way for schools to empower caregivers is by using open communication and transparency. This will allow caregivers to be more aware of events, programs, or students' individual needs and goals.

Schools should also share the knowledge that they have with caregivers in order to empower caregivers to play a greater role in their student's education.

For some caregivers, education can appear as something out of their realm of knowledge, which leaves them in a position where they may not be confident in their children's education. With open communication and knowledge sharing, caregivers will be able to be more involved in their student's education and have more trust in the education professionals working with their student. It's also important that schools provide time and space for caregivers'

voices to be heard. This can manifest in the form of a PTA/PTO, suggestion box, surveys, and more.

When teachers and administrators create a school community where caregivers feel safe, valued, and welcomed, they foster an environment where caregivers can feel comfortable sharing their concerns, ideas, and experiences.

In addition to the ways that schools can empower caregivers and create opportunities to build trust in the school, schools should find ways to remove families' barriers to accessing the conditions that create trust in the school. For example, open communication is a powerful way to build trust with families, however the communication must be in the families' languages for it to be impactful. Similarly, providing forums for families and caregivers to voice their opinions will only build trust if families are able to access the language of the survey and participate in the PTA meetings in their language. Hosting and inviting families to events to help them learn more about the school and their student's education is a great strategy, but schools must consider caregivers' work schedules that could prevent them from participating in these events meant to foster community and trust. **Barriers will look different for each family, so it's important that schools get to know their families and their needs in order to best support them and foster a relationship of trust.**

CHAPTER 20

First Moves: Initial Interactions that Create Positive Relationships

We explored the role of communication and shared some of the foundational research around trust, but you may wonder, “Where do I start?” If you are beginning a new job soon or meeting a family for the first time, there are specific actions you can take to create a strong foundation for a collaborative, positive relationship with a family.

No matter your initial kind of communication, focus on what you hope to learn about them instead of giving information. The only information that a family needs from you in your first communication is your name, contact information, calendar or schedule, and a succinct sentence or two that conveys positive intent. The rest of that message, which should be succinct given families’ many competing priorities, should be an opportunity to learn. These initial, brief interactions are referred to as **High Quality Connections**¹.

Beginning With Questions

1. <https://www.workties.org/post/what-questions-work-for-you-in-building-high-quality-connections>

Questions asked at the beginning of a connection are consequential. They are often a type of “first move” in an unfolding connection pattern that sets the trajectory for how well or how poorly a connection is likely to fare.

Four kinds of questions convey effective intention, and are therefore most effective for building high quality connections in professional spaces. “The four high prospect intention buckets are questions that: 1) convey genuine interest in the other person; 2) call forth positive emotions in the other (e.g., gratitude, calm, awe, love); 3. provide help or assistance to another; and/or 4) intend to uncover common ground (e.g., shared history, interests or other qualities).”

Let’s consider some examples of each type that you can include in an initial communication you send to families, ask during a first conversation, and use to begin a conference or check-in².

1. Ask questions that **convey general interest in the person/ child:**

1. What’s been the most meaningful part of raising [name of child]?
2. Children teach us so much about ourselves! What have you learned about yourself from [name of child]?
3. Tell me a little bit about yourself. What were your early childhood or school experiences like?
4. What does your family love to do outside of school/ clinic?
5. What concerns, if any, do you have about the upcoming school year/ next few months?

2. Adapted from: <https://www.workties.org/post/what-questions-work-for-you-in-building-high-quality-connections>

2. Ask questions that **inject positivity**:
 1. What worked well for [your child] in the past?
 2. What do you and your child like to do together?
 3. Tell me about the activities that your child enjoys in their free time.
3. Ask questions that can **offer help and assistance**:
 1. What is something that another [teacher or clinician] did that you found particularly helpful?
 2. What is something I can do to help you support your child's learning or development at home?
 3. Thinking about a particular challenge for you as your child's caregiver, what barriers have you encountered? What supports might help you overcome those barriers?
4. Ask questions that **uncover common ground**:
 1. What are you most looking forward to this year?
 2. What have you read or watched recently that you found really interesting?

Let's take a moment to reconsider the very first question we must ask as culturally responsive practitioners: What is your name? This is a seemingly simple question and yet, as some of the co-authors can personally attest, somehow often goes very, very awry. Listen to the interview below (or [read the transcript](#)) to learn more about the experiences of so many to better understand why asking what people want to be called and pronouncing their names correctly is more than just common courtesy.

Lastly, we want to share a small, but effective reminder: If you first meet an important adult after any interaction with their child, begin by sharing something positive about their child. For example, you might share that you really appreciate how kind they are or

that they immediately struck you as alert and inquisitive. Perhaps their adolescent shared really valuable insights or a recent success (no matter how big or small) in their life. Note that with your genuine appreciation of the opportunity to work with them. Then, your deeper learning about their family can begin.



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<https://pressbooks.atlanticoer-relatlantique.ca/ecefamilypartnerships/?p=74#h5p-9>

CHAPTER 21

Communication Tools: Visual Design 101

Newsletters, webpages, and emails are often fulfilling for professionals because it is an opportunity to be a bit creative in our work. However, few of us have formal training in communications or graphic design, professions that combine creativity and practical strategies to effectively engage an audience. In this chapter, we'll focus on that audience (important adults and family members) and the skills you need to effectively communicate in written and digital formats.

CONSIDERATION #1: ACCESSIBILITY

By accessibility, we refer to the opportunity for people with disabilities to “acquire the same information, engage in the same interactions, and enjoy the same services” as people without disabilities¹. This doesn't just mean providing accommodations or alternate ways of accessing materials and experiences. This means designing inclusively. The following link provides a simple, easy-to-follow list of foundational reminders regarding digital accessibility. We recommend bookmarking it and referencing it when you review

1. <https://aem.cast.org/get-started/defining-accessibility>

communications: <https://digital.gov/resources/best-practices-for-writing-for-accessible/?dg>. The following are often missed when professionals begin their journey toward making communication more accessible:

- Headers are not simply large or bolded fonts. Designers use the heading levels in the document, making it both easier to read and accessible for those using screen readers.
- Authors use [plain language](#) to communicate information. As a non-example, copying and pasting the Standards of Learning or guidance for clinicians from a health professions journal won't be as helpful as translating the key points into plain language that a family can understand.
- Images have captions and [alt text](#) that describes the visual.
- [Sans serif fonts](#) are considered the most accessible.
- [Color contrast](#) is accessible. The [WebAIM color contrast checker](#) is a free and easy tool to check yours!

CONSIDERATION #2: OVERLOAD

A basic principle of design is asking, What do they need to know?, and conversely, What is nice to know? We can reduce the overload by including only what they need to know, so that family members can focus on the important stuff. Long narratives can become bullet points. Clip art can... well, perhaps it isn't necessary at all?

CONSIDERATION #3: CLEAN, ELEGANT DESIGN

You no longer need a background in design or to start from scratch. And instead of searching popular sites where you can purchase

templates that others in your profession created, you can simply use the tools you have. [Microsoft Word](#) and [Google Docs](#) both have very clean, elegantly designed templates that you can easily edit for your purposes. You may notice some of the following characteristics of well designed documents:

- Text doesn't fill the page. Designers intentionally use white space to draw the reader's attention to the important information.
- Bulleted lists replace long narrative sections whenever possible.
- No more than two fonts are used. Some choose one font for headers and another for text, as an example.
- No more than two font colors are used.

Remember, the best guidance we can provide is that **the focus of your written communication is the reader, not the designer.**

CHAPTER 22

Skills Practice: Effective Written Communication

Now, let's put your knowledge to practice! Using the strategies we just discussed, evaluate the following written communication examples. Select the opportunities to strengthen these documents.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.atlanticoer-relatlantique.ca/ecefamilypartnerships/?p=78#h5p-10>

In this example, there are three opportunities to improve accessibility for those with disabilities. Can you find them?



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<https://pressbooks.atlanticoer-relatlantique.ca/ecefamilypartnerships/?p=78#h5p-11>

CHAPTER 23

Big Ideas: Positive Relationships with Families

Big Ideas

- Trust is the foundation of positive relationships. We can think of it as relational, structural, and/ or contextual¹.
- Early communication must establish open communication, by sharing needed information and by inviting families to contribute and collaborate.
- One way to consider trust is to ask, “Will they feel hurt, embarrassed, or criticized if they speak honestly?” If the answer is yes, then there is a lack of psychological safety and trust.
- We can foster positive relationships through high quality

1. https://www.hepg.org/HEPG/media/Documents/Sample%20Chapters/Schultz_Distrust-and-Educational-Change_Chapter-1.pdf?ext=.pdf

connections: short-term, positive interactions in workplaces. Three mechanisms build and strengthen high quality connections: cognitive, emotional and behavioral².

- Approach work with children from a place of inquiry. By seeking to understand, searching for perspectives that may contradict our assumptions, and asking sincere questions, professionals create safe, healthy, and positive collaborations that benefit children.

2. <https://positiveorgs.bus.umich.edu/wp-content/uploads/HighQualityConnections.pdf>

PART V

DIFFICULT CONVERSATIONS WITH FAMILIES

Driving Questions

- What are some of the reasons that conversations with families feel difficult?
- What are some of the reasons that professionals struggle with difficult conversations with families?
- What communication strategies have evidence of their effectiveness?

The scenarios that follow provide opportunities to explore these questions. As you read, we encourage you to explore your emotional responses to the stories. Beginning with your own responses, consider the questions above. This section will provide

evidence-based strategies to preemptively avoid, and respond to, difficult conversations. Let's begin.

Select one of the two scenarios below. If you work in school-based settings, we recommend choosing the first scenario. If you work in clinical settings, we recommend the second scenario.

CHAPTER 24

School-Based Scenario: Mia Follows the Golden Rule

MIA

As we discussed in earlier chapters, every interaction and communication is an opportunity to strengthen a relationship. As you read through the school-based scenario below, write down what you notice. What words are said? If you can imagine this playing out in real life, what might you observe? Think about the tone potentially conveyed, the facial expressions and body language that accompany the words, and the proximity between Mia, the teacher, and Bess, the important adult.

At the end of the school day, as buses pull away from the building and small groups of students move to the PE department for sports or various classrooms for extra-curricular clubs, Mia logs into her email to review any messages received while teaching. To her surprise, Bess, a parent of one of her students, walks into her classroom, eyes narrowed and arms crossed. "I need to talk to you," Bess says while standing in the classroom doorway. Mia responds, "Of course. Please sit down." Mia lifts a chair and places it beside her desk. Mia then sits down in her chair, turning it to face Bess.

Bess takes a deep breath and says in a direct tone, “Because of what you said, my child came home embarrassed about us, her parents. You told them that they shouldn’t do what we do to earn our money and put food on the table?”

“Wait. what?,” asked Mia immediately feeling defensive after being accused of something she didn’t understand.

“What did you tell the class about earning higher grades?” asks Bess.

Mia genuinely doesn’t remember what she specifically said, but responds, “I always encourage all students to do the best that they can and make a point to let them know that I’m here to help them. I help them imagine the future careers they can have when they are successful in school. I want them to dream big and imagine bright futures for themselves!”

Bess, tears in her eyes, says, “You told them that if they don’t work harder, they might not be able to do anything but be someone’s assistant or a custodian.”

Mia immediately responds to defend herself, “While I respect what you do, I work to support our students’ success. Our school focuses on laying the foundation so that every student can be successful in high school and, later, attend college. When I help them be successful here, they can go on to earn more money and have fulfilling professional careers.”

Bess stands up quickly, but before walking out of the classroom says to Mia, “You have no place telling our children what they should or should not do. We are their families. Not you.”

What happened here? When we introduced Bess and Manny in chapter one, we shared that they came to the U.S. as refugees. For many refugees, their education or professional licenses don’t immediately transfer and they must find whatever work they can while concurrently moving through the credentialing systems. For others, the U.S. provides the first opportunity to advance their education, yet they also must balance the immediate needs of supporting themselves and their families. Let’s imagine that Bess

and/ or Manny were in one of these situations. They might be working as administrative assistants, custodial staff, technicians, or other roles that require minimal prerequisites. Or perhaps another family's important adults entered the workforce as teenagers for other reasons and continue to work in roles that don't require a college degree. There is no shame in honest work, yet Mia implied judgment and a misunderstanding of the career trajectories possible without an undergraduate or graduate degree. However well intended, Mia's words had a negative impact.

Let's consider Mia's intent and thought process.

Mia had developed a positive mentor-mentee relationship with a more experienced teacher, Alex. Shortly after Bess leaves her room, she walks down to Alex's classroom, relieved to find him there. "I don't suppose you have a few minutes to talk?" Mia asks. Alex has a flexible schedule that day and invites Mia to sit down. Mia recounts the situation, asking Alex to help her understand what she did wrong or if Bess was the one who was wrong. Alex pauses for a moment. He asks, "Tell me what led you to think someone was wrong or right." Mia considers his question and mumbles, "Well, I guess I assumed that in arguments, someone is usually wrong, and the other person is right." Alex reassures her that there are some scenarios where that might accurately reflect behaviors and interactions. For example, behavior deemed illegal in the workplace is a fairly clear line we don't cross. But he then says something she hasn't considered, "If our goal is to strengthen a relationship, then it really doesn't matter who is wrong or right. In fact, focusing on that might only serve to weaken a relationship." He then invites Mia to share more about her thought process, "What led you to choose that strategy to motivate students to achieve greater academic success?" Mia immediately responds that some of the teachers she learned from in school said those things and she knew that her family wanted her to be a professional, defining it by earning a

college degree that led to a specific occupation. In her case, she majored in education and became a teacher. Alex repeats back what he thought he heard her say by summarizing, "So it sounds like you used similar strategies to what worked well for you. Do I understand that?" Mia responds yes and adds, "It's important to me to always follow the Golden Rule: treat others the way you want to be treated." Alex pauses again and asks, "What if they want to be treated differently than you do?"

Let's consider what Alex kindly shared and what he graciously modeled during this exchange. He approached Mia's difficult conversation with curiosity. Instead of evaluating her choices, he provided opportunities for her to share more; by asking her to tell him what instead of asking why, he allows her to share her thought processes and creates a psychologically safe space to do so without judgment. He modeled exactly what researchers and practitioners in conflict mediation suggest: Approach other humans with curiosity. Seek to understand instead of to reply. Now let's consider his guidance regarding the Golden Rule. Without telling her she was wrong, he asks a question with embedded guidance: consider how someone else wants to be treated. If we focus only on what works for us, we miss the opportunity to learn with and from those around us. We reference only our cultural and structural experiences, not those of the families we aim to serve. We, the authors of this text, invite you to consider an updated version: treat others how they want to be treated. By doing so, you create the space for culturally responsive practices as you de-center yourself and your experiences, centering instead the members of our diverse communities who bring a wealth of wisdom to the conversations.

We want to reimagine this conversation ending more positively. But first, let's take a moment to think about what went well. At the beginning, Mia invited Bess into the room, placed a chair beside her, and turned to face her. This proximity, invitation, and physical

focus on an upset individual is important. After all, everyone wants to feel seen, valued, and heard.

Let's consider three important steps when emotions are strong:

1. First, when confronted with an accusation or simply a statement that something wasn't okay, apologize. This can be as simple as "I'm sorry."
2. Second, validate the upset person's emotions. You might respond, "I can hear how upset you are."
3. Invite them to have a conversation from a place of curiosity. This might sound like, "Could you say more about what happened so I can better understand?"

Let's see how Mia might put all of this together in this re-imagined version:

At the end of the school day, as buses pull away from the building and small groups of students move to the PE department for sports or various classrooms for extra-curricular clubs, Mia logs into her email to review any messages received while teaching. To her surprise, Bess, a parent of one of her students, walks into her classroom, eyes narrowed and arms crossed. "I need to talk to you," Bess says while standing in the classroom doorway. Mia responds,

"Of course. Please sit down." Mia lifts a chair and places it beside her desk. Mia then sits down in her chair, turning it to face Bess.

Bess takes a deep breath and says in a direct tone, "Because of what you said, my child came home embarrassed about us, her parents. You told them that they shouldn't do what we do to earn our money and put food on the table?"

Mia takes a slow breath to calm her nerves, remembers that it isn't helpful to respond defensively, and apologizes. "I'm sorry. I can see how upset you are." In this brief response, she validates Bess' emotions and notices Bess uncross her arms. Mia then says, "Please tell me what happened so I can learn more." Bess takes another deep breath and shares, "You told them that if they don't work harder, they might not be able to do anything but be someone's assistant or a custodian."

Mia takes another slow breath to maintain her composure. She reminds herself that being right isn't important. It's about regaining trust and strengthening the relationship. She then asks her to help her understand, specifically, what caused the embarrassment. Bess explains that since coming to the U.S. as refugees, it is taking a great deal of time to find better work and to transfer professional certification from their prior country. At this time, Bess works as an assistant in an office, and while the position doesn't require a college degree or pay as much as her manager earns, it is a good job with a steady salary and benefits. Mia realizes the pain she inadvertently caused with her comments that she intended as motivation. She apologizes again and asks how Bess recommends approaching this differently moving forward.

Bess immediately says that she appreciates Mia's apology and requests that Mia apologize to her daughter as well. Mia agrees to do so. Bess then begins to share more about her work and about the many career paths that the refugee center shared with her, many of which don't require a college degree. Mia begins to take notes, asking more questions and putting an action item for herself: to talk to the school counselors about how they view

postsecondary career paths and what she could do to help support the entire school community.

At the end of the conversation, Bess smiles and thanks Mia for being so responsive. She thanks her for apologizing to her and reminds her to apologize to her daughter tomorrow before class starts. Mia asks if she might call them at home tonight to apologize and Bess says yes. They end the conversation calmly, both feeling better about the situation and about their future interactions.

What worked well here? Mia used a basic, yet effective, strategy to regulate her own emotional response. She reminded herself to respond calmly, rather than react defensively. She then used the three steps to deescalate the situation: 1) apologize, 2) validate emotions, and 3) invite a conversation. She approached the conversation from a place of curiosity, rather than defensiveness. She wanted to understand, rather than to reply. This avoided the game of who's right and who's wrong. And finally, she asked Bess to collaboratively construct a way forward.

CHAPTER 25

Clinic-Based Scenario: Sam Raises Expectations

As we discussed in earlier chapters, every interaction and communication is an opportunity to strengthen a relationship. As you read through the clinic-based scenario below, write down what you notice. What words are said? If you can imagine this playing out in real life, what might you observe? Think about the tone potentially conveyed, the facial expressions and body language that accompany the words, and the proximity between Sam, the clinician, and David, the important adult.

Sam, a new case manager and therapist in an outpatient therapy clinic, meets Michael's parents, uncle, and grandfather for the first time. He reviewed Michael's file in advance of their meeting and feels comfortable beginning the conversation. He introduces himself by his first name, shares his role, and invites the family to sit down in chairs around his desk. They sit down. "Thank you so much for your time. I look forward to working with you so Michael's growth isn't interrupted." Sam continues to share the summaries from the other providers who support Michael. He then takes a breath and says, "Based on everything I've read and shared, I think we can help Michael reach a place where he can function just like

all of the typically developing children.” Michael’s important adults exchange glances as his father, David, slowly responds, “What do you mean by that?” Sam, realizing he may have said something that didn’t land as he intended, rephrases, “ I just meant that your son is doing so well! I think that if we push him a bit, he’ll surpass your expectations.” David responds with a very firm tone of voice, “We have known Michael since he was in utero. We’ve worked with every doctor, nurse, therapist, and educator available for the past three years since he made his entrance on this earth. Michael’s development isn’t, as you put it, typical. He won’t be typical. But he will be him. You have no right to show up here now and tell us we aren’t doing enough.” The family stands up and walks out together.

What happened here? When we introduced Michael in chapter three, we shared that he received early childhood interventions and supports. That means that Michael has one or more disabilities and is eligible for support from both public services and through private health insurance. Children who receive these supports have varied disabilities and possible outcomes. Let’s imagine that Michael’s family was told that Michael’s disabilities were not life threatening, but required managing his environment and providing additional supports as he would not develop in ways that most children did. Let’s imagine that Michael’s family, hopeful that he would have a good quality of life and immediately bonding with their sweet, smiling baby boy, inquired about best and worst possible outcomes. Perhaps as Michael grew, they noticed differences between him and other children of the same age. Perhaps they also noticed similarities. They may have sought guidance from medical providers and clinical staff, as well as through family support groups they joined. Perhaps they accepted the reality of Michael’s disabilities and established realistic goals centered on helping Michael have equitable access to the world and to be a loved, valued member of his family and community. These are some of the basic tenets of the disability rights

community, yet Sam implied a lack of understanding. The foundation of early intervention services (as described for Michael and his family in chapter 3) are rooted in the family's goals for their children. When Sam led with his priorities, he unintentionally negated family wisdom and experience. However well intended, Sam's words had a negative impact.

Let's consider Sam's intent and thought process.

Sam had developed a positive mentor-mentee relationship with a more experienced clinician named Carolina. Shortly after Michael's family leaves his office, he walks down to Carolina's office, relieved to find her there. "I don't suppose you have a few minutes to talk?" Sam asks. Carolina invites Sam to sit down. Sam recounts the situation, asking Carolina to help him understand what he did wrong or if David was the one who was wrong. Carolina pauses for a moment. She asks, "Tell me what led you to think someone was wrong or right." Sam considers her question and slowly says, "Well, I guess I assumed that in arguments, someone is usually wrong, and the other person is right." Carolina reassures him that there are some scenarios where that might accurately reflect behaviors and interactions. For example, behavior deemed illegal in the workplace is a fairly clear line we don't cross. But she then says something he hasn't considered, "If our goal is to strengthen a relationship, then it really doesn't matter who is wrong or right. In fact, focusing on that might only serve to weaken a relationship." She then invites Sam to share more about his thought process, "Tell me what led you to encourage the family to consider new goals?" Sam immediately describes the historical inequities that children and adults with disabilities face and his goals as a case manager to do whatever he can to reduce those inequities. He describes his own motivation for his career: growing up with a disabled brother who wanted to have greater autonomy and independence, Sam and his family wished that their perceptions were valued,

particularly after his brother transitioned from early intervention to outpatient clinical support. Sam explains that there was one case manager who did and his brother's skills expanded during that time. Carolina repeats back what she thought she heard him say by summarizing, "So it sounds like you approached the situation the way that your family would have wanted someone to approach you. Do I understand that?" Sam responds yes and adds, "It's my job to ensure that we're raising expectations in the disabilities community. I guess I always follow the Golden Rule: treat others the way you want to be treated." Carolina pauses again and asks, "What if they want to be treated differently than you do?"

Let's consider what Carolina kindly shared and what she graciously modeled during this exchange. She approached Sam's difficult conversation with curiosity. Instead of evaluating his choices, she provided opportunities for him to share more; by asking him to tell her what instead of asking why, she allows her to share her thought processes and creates a psychologically safe space to do so without judgment. She modeled exactly what researchers and practitioners in conflict mediation suggest: Approach other humans with curiosity. Seek to understand instead of to reply. Now let's consider her guidance regarding the Golden Rule. Without telling Sam that he was wrong, she asks a question with embedded guidance: consider how someone else wants to be treated. If we focus only on what works for us, we miss the opportunity to learn with and from those around us. We reference only our cultural and structural experiences, not those of the families we aim to serve. We, the authors of this text, invite you to consider an updated version: treat others how they want to be treated. By doing so, you create the space for culturally responsive practices as you de-center yourself and your experiences, centering instead the members of our diverse communities who bring a wealth of wisdom to the conversations. As a clinician, this is particularly important as IFSP goals are determined in conversation

with the family. Even if the EI therapist or provider feels strongly about a certain goal, it is not written down if the family doesn't agree it is a priority.

Before we re-imagine this conversation ending more positively, let's take a moment to think about what went well. At the beginning, Sam invited the family to sit in chairs around his desk. This proximity and invitation is important. After all, everyone wants to feel seen, valued, and heard. Now let's consider three important steps when emotions are strong:

1. First, when confronted with an accusation or simply a statement that something wasn't okay, apologize. This can be as simple as "I'm sorry."
2. Second, validate the upset person's emotions. You might respond, "I can hear how upset you are."
3. Invite them to have a conversation from a place of curiosity. This might sound like, "Could you say more about what happened so I can better understand?"

Let's consider how Sam might put all of this together in this re-imagined version:

Sam, a new case manager and therapist in an outpatient therapy

clinic, meets Michael's parents, uncle, and grandfather for the first time. He reviewed Michael's file in advance of their meeting and feels comfortable beginning the conversation. He introduces himself by his first name, shares his role, and invites the family to sit down in chairs around his desk. They sit down. "Thank you so much for your time. I look forward to working with you so Michael's growth isn't interrupted." Sam continues to share the summaries from the other providers who support Michael. He then takes a breath and says, "Based on everything I've read and shared, I think we can help Michael reach a place where he can function just like all of the typically developing children." Michael's important adults exchange glances as his father, David, slowly responds, "What do you mean by that?"

Sam takes a slow breath to calm his nerves, remembers that it isn't helpful to respond defensively, and apologizes. "I'm sorry. I can see that you're upset" In this brief response, he validates the family's emotions. Sam then says, "Let me take a few steps back. Please tell me about your child and what's worked well for him these past few years. Then, perhaps you can tell me what goals you have at this time." David responds, "We established a number of effective strategies with his early intervention therapists and providers. You can see the established goals right there in your files."

Sam takes another slow breath to maintain his composure. He reminds herself that being right isn't important. It's about establishing trust and a collaborative relationship with a family. He then apologizes again, "I'm sorry," and asks David, "What should I know about Michael and how can I, as your new case manager, make sure I support your goals?"

David describes Michael as an amazing child. Michael's mom, Leslie, and his grandparents, Eric and Barbara, begin to talk almost

concurrently. “He’s very curious. His favorite toys are firetrucks and he could play with everything about firefighting all day. He smiles so much and he has such joy. But if he doesn’t feel loved, he’ll cry so loudly. He has to know he’s loved. He has a few favorite foods. We’re introducing new foods, but he’s very particular. He likes to play with other children, but in smaller groups. He doesn’t love too much loud noise. He gets overwhelmed. We want him to know that he’s loved and to be able to do things kids enjoy doing. And sometimes that means he has to do them a little differently or at different times. He liked the community theater event a few weeks ago. They had a special afternoon for children with sensitivities to loud noises and too many lights.” Sam asks focused questions to verify some of what he hears from the family and what he’s read in the notes across the five domains: cognitive, motor, communication, self-help, and social or emotional. He clarifies existing goals and asks about new goals by saying, “So what I hear you saying that you want for Michael this year is.....” And then he makes sure that he writes it down and allows the family time to review it. He then says that he will send all of his notes, including their goals, for them to review at home. “Should I email you or print it out for you to take with you?” He then explains that some of the goals must be written in a certain way for insurance. He offers to provide the very clinical language and what he thinks of as “a normal human version” for clarity. The family laughs and says, “Yes, please. We would appreciate that.” Sam then translates the clinical jargon into [plain language](#) for the family.

At the end of the conversation, all family members thank Sam for being so responsive. They end the conversation calmly smiling at one another, everyone feeling better about the situation and about their future interactions.

What worked well here? Sam used a basic, yet effective, strategy to regulate his own emotional response. He reminded himself to

respond calmly, rather than react defensively. He then used the three steps to deescalate the situation: 1) apologize, 2) validate emotions, and 3) invite a conversation. He approached the conversation from a place of curiosity, rather than defensiveness. He wanted to understand, rather than to reply. This avoided the game of who's right and who's wrong. And finally, he asked the family to collaboratively construct a way forward.

CHAPTER 26

Effective Communication is Nonviolent and Compassionate

Central to our approach shared throughout this book is nonviolent and compassionate communication. The first term, nonviolent communication, was coined by Dr. Marshall Rosenberg, a clinical psychologist. Dr. Megan Tschannen-Moran's work builds on his work, extending it into coaching and educational contexts. Take just 11 minutes to listen to her describe these foundational concepts. Below the video, you will find the referenced Compassionate Communication Guide.



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here: [https://pressbooks.atlanticoer-relatlantique.ca/
ecefamilypartnerships/?p=87#oembed-1](https://pressbooks.atlanticoer-relatlantique.ca/ecefamilypartnerships/?p=87#oembed-1)

[Compassionate Communication Guide](#)

CHAPTER 27

Skills Practice: A Difficult Conversation About A Child's Grade

Now that you've had the opportunity to consider a scenario that didn't go well and how that same scenario could end more positively, you can practice a simplified version.

Remember the three steps:

1. Apologize.
2. Validate the other person's emotions.
3. Offer a conversation to collaboratively identify a solution.



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CHAPTER 28

Skills Practice: A Difficult Conversation About Culturally Responsive Practice

Now that you've had the opportunity to consider a scenario that didn't go well and how that same scenario could end more positively, you can practice a simplified version.

Remember the three steps:

1. Apologize.
2. Validate the other person's emotions.
3. Offer a conversation to collaboratively identify a solution.



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CHAPTER 29

Big Ideas: Difficult Conversations

Big Ideas

- Difficult conversations, like all conversations, are opportunities to strengthen relationships.
- Listen to understand – that sounds like a basic concept, but often people listen to respond. Truly being present in a conversation means that you are listening for the purposes of hearing another perspective, not forming your response/next statement in your head while the other person is talking.
- The most difficult conversations involve at least one person whose emotions are strong. The emotions we can observe may not best reflect the unmet needs that lie beneath. To best engage, we first diffuse tension, then listen to one another to identify and respond to those unmet needs.
- A typical response to someone who challenges you or your work is to defend your actions. However, focusing on

being right concurrently implies someone else is wrong. No one feels heard, valued, or seen when they are told they are wrong.

- The golden rule sounds lovely, but serves to perpetuate culturally unresponsive practices. Instead of treating people how you want to be treated, take the time to better understand how they want to be treated.

