



# **Powerful Partnerships**

## **A Parent Professional Workshop**

### **Facilitator's Guide**

**Length: 4 hours**



*This workshop was made possible by a grant from ITAC (Interdisciplinary Technical Assistance Center on Autism and Developmental Disabilities.) ITAC is funded through a Cooperative Agreement (Grant # UA5MC11068) with HRSA's Maternal and Child Health Bureau.*

## **Workshop Description:**

This workshop provides parents of individuals with disabilities, and service providers the opportunity to engage in activities and dialogue that explores the unique parent-professional relationship. Participants will gain perspective from the parent point of view, and the insight parents/caregivers bring to the partnership and team, as well as insight into their own potential biases when entering a partnership with parents. The goal is to enhance the parent-professional relationship in a safe environment and give them the power to improve these relationships and conversations with other families and providers. Workshop activities emphasize the importance of shared decision-making.

Note: This workshop was designed to be facilitated by two people.

## **Learning Objectives**

- Understand the power of inclusion and divisiveness of exclusion in forming parent-professional partnerships
- Enhance skills in reflective listening
- Understand the importance of the narrative in creating a parent-professional understanding as well as in achieving patient satisfaction
- Review concepts of how to create and validate optimal understanding in delivering health care messages
- Explore health theory and the concepts of health beliefs in gaining patient trust, creating understanding and achieving optimal outcomes

## Preparation before Workshop

- **Pre-requirement:** Bring 1-3 items that you feel represents an important aspect of your story (.e.g.- a watch, a piece of clothing, a book)

### Participant Readings

- Doctors and Nurses, Not Learning Together, *The New York Times*, April, 2014. <http://nyti.ms/1HTNsAs>
- Why Doctors Need Stories, *The New York Times-Opinion*, October, 2014 <http://nyti.ms/1qQ9Mj6>
- How to be Emotionally Intelligent, *The New York Times-Opinion*, April, 2015 <http://nyti.ms/1O2jtbp>
- Learning to Listen, *The New York Times-Opinion*, December, 2009 <http://nyti.ms/1Ie6wLB>
- *Implications of Childhood Autism for Parental Employment and Earnings*. *Pediatrics*. 2012 April; 129(4):617-623. <http://pediatrics.aappublications.org/content/129/4/617.full>

## Items to Bring to Workshop/Set up at workshop

- Video: *Patient Diversity, Beyond the Vital Signs, CRM Learning, Carlsbad, CA*
- Personal items for the Unpacking exercise
- Index cards to distribute for questions for parent panel
- Chairs to set up for parent panel
- Laptops for Word Cloud activity set up
- Extra pens and pencils

# Agenda

*The real voyage of discovery consists not in seeking new landscapes  
but in having new eyes. -Marcel Proust*

8:00 a.m. Continental breakfast, Welcome and Introductions

8:30 a.m. The Power of Accessories

9:15 a.m. Unpacking

10:15 a.m. Break

10:30 a.m. Bringing Theory to Life

11:30 a.m. The Power of the Narrative

11:45 a.m. Parent Panel and Discussion

12:45 p.m. Conclusion & Evaluation

# Workshop Activities: Let's Get Started!

## Make Two Announcements:

- 1.) Before we get started I want to draw your attention to the 2 laptops set up. We are going to ask you all to help us create a Word Cloud or Word Puzzle. The topic is:

What are your perceptions of families of children w/ special needs?

During our breaks, please enter a word or words into the puzzle that best reflect your response to this question. There will be one laptop for families or advocates in attendance, and one for service providers. By the end of the day we will have created a Word Puzzle of our shared perceptions!

- 2.) You should have received a set of handouts and an index card. Use the index card to write a question for the Parent-Panel that will be joining us later.

## The Power of Accessories: Exploring Interdisciplinary Groups

*(Approximate Exercise Length 30-45 min)*

This introductory exercise actively invites participants to explore relationships and the concepts of inclusion and exclusion when creating partnerships.

- **Facilitator:** Have participants get up from chairs and gather together, ask them to group themselves according to their accessories.
- **Debrief: Accessories**

The concepts of inclusion and exclusion are pivotal in creating partnerships in the interprofessional domain. A number of leaders have created a foundation to better understand these concepts including Stuart Schleien from the University of North Carolina, Greensboro. His work, and the work of others, provides interprofessional healthcare leaders tools to understand and build upon the best of what has been and might yet be.

## Facilitator: Individual Inclusion Reflection

Think of a time working with parents and colleagues that you recall as a highpoint in creating an inclusive experience that was mutually meaningful.

*Describe that experience. What was going on? Who was involved? What made it memorable?*

## Unpacking (Approximate Exercise Length 60 minutes)

Unpacking is a multi-sensory visual experience that pairs participants in a reflective listening activity that is first modeled by the facilitator. Immediately following the paired activity, we engage in a full group discussion about the role and power of the narrative in building the relationship between health care providers and parents of children, adolescents, and young adults with disabilities, as well as facilitating the transition to adulthood that were evidenced in the pairs activity.

- **Facilitator:** Tell the milestones of your story through visuals. Pull out each item and tell its story. When you’ve finished, audience now has an understanding of who you are.
- **Break into Pairs for 15 minute exercise:** Have participants turn to their neighbor and ‘unpack’ using the tokens/items they’ve brought with them, or a description of them.
  - **Note to Participants:** *Please listen as your partner unpacks--- listen with intent and appreciation for your partner’s story. Allow your partner to go deeper into his/her life experiences and story.*
- **Debrief**—we all have a story to tell—and a parent of a child with a disability has his/her own story and possibly their child’s story ---to tell. Stories give us the opportunity to make a connection with someone that goes beyond a medical diagnosis, or label. They help us see the whole person, the whole picture.

➤ **Facilitator:** Have participants turn to the following questions in their handouts:

1.) Today....reflect on your own story and consider....

- a. What were the significant moments in your life that you remember?
- b. What was happening at that time in your life?
- c. Are there sights, sounds, visual images you recall?
- d. What factors in the situation made it stand out?

2.) How might your story affect your work with children and families?

3.) How has your story shaped your professional career?

4.) How might your story shape your values?

-----15 MINUTE BREAK-----

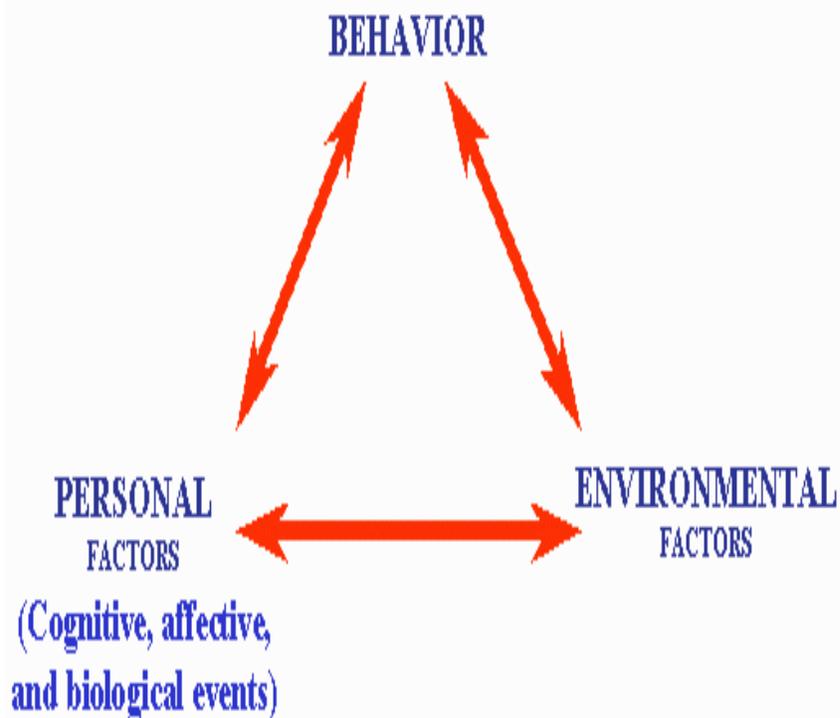
**Remind participants to enter a word into the word puzzle!**

## Bringing Health Theory to Life (Approximately 60 minutes)

Using a film and/or active sharing, participants will explore numerous concepts related to health beliefs and health disparities. This exercise will underscore the importance of providers having a strong understanding of their patients' culture and values and engaging in non-judgmental listening to create trust and enhance the provider-parent relationship--and ultimately outcomes. Non-judgmental listening is an active effort to suspend your own values and opinions while gaining insight into the parent's perspective, values and opinions while engaging in joint decision making.

➤ **Facilitator:** Use slides to discuss Health Theories and Models below.

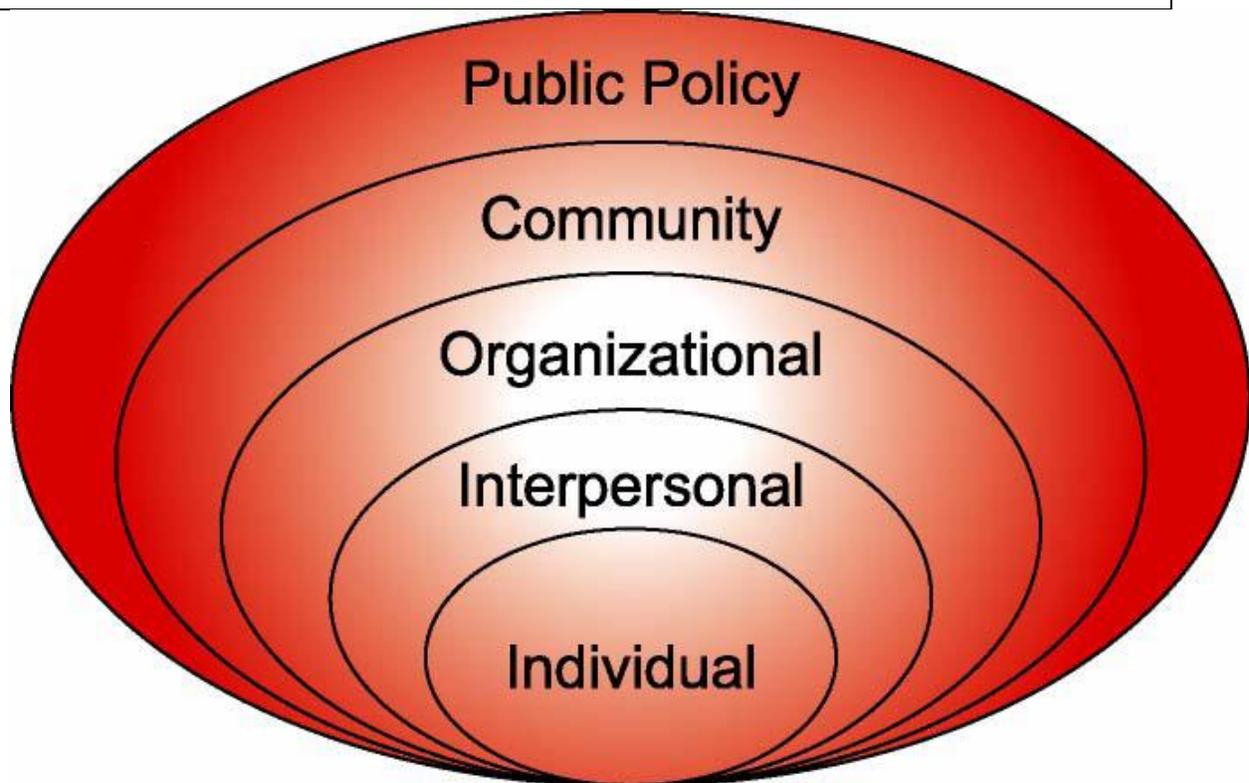
## SOCIAL COGNITIVE THEORY (SCT)





## The Social-Ecological Model

Relationship between the individual + socio-demographic environment
Individual behavior is determined to a large extent by geographic/social elements
Healthy behaviors are shared among the community as a whole When < barriers behavioral change becomes more achievable and sustainable



## Bringing Health Theory to Life (continued)

- **Facilitator:** Show 10 minute video segment from *Patient Diversity: Beyond the Vital Signs* as an example of how people’s personal health belief theories play out in a clinical setting.
- **Exercise:** Break participants up into groups of 3 or 4 and have them discuss the questions below for approximately 15 minutes. Then bring them back together to share as a whole group for approximately 20 minutes. Questions below are in their handouts.

### *Discussion Questions:*

1. a. What feelings did the scenario evoke for you (from a personal/professional perspective)?  
  
b. Did your personal values and beliefs influence the way you perceived the scenario? If so, in what ways?
  2. In what way did any of the health theories “come alive” in the scenario? Can you identify any “health beliefs” in the scene? How did they influence the interaction?
- **Message:** We all come to the table with a set of beliefs that we’re holding on to. It’s our job as practitioners to find out what they are!

## **The Power of the Narrative in Medicine (approximately 15 minutes)**

We as professionals need to be aware of our own history, values and belief systems and the influence of these on our relationships with patients and families. Likewise, professionals can strive to interact with patients' and families' to engage them in sharing their history and beliefs. Our role as a professional is to gain an understanding of ourselves and our patients and families so that we can adapt and meet them in a place where we can both build and share trust.

- **Facilitator:** Now that you've 'unpacked' and we've discussed some of the relevant theories, you can see how important your story is, and how important it is to get to know the stories of the families you work with.
  - **Debrief/take home:** People don't forget the story. They may forget names, dates, but they don't forget the story. When you learn someone's story, it gives you a connection that goes beyond a diagnosis or label. It leads you to a deeper understanding of how we are all different and yet the same. That's the power of the narrative.

## **Parent Panel (Length Approximately 60 minutes)**

Parents from the community are invited to participate on a panel discussion and respond to questions raised by workshop participants. This activity occurs at the conclusion of the workshop to invite a more open and knowledgeable dialogue surrounding challenging concepts.

- **Facilitator:** Collect index cards and ask questions. Moderate the discussion. Remind participants about the principles of advocacy and inquiry. (See next page).

## Remembering.... Advocacy And Inquiry

**Advocacy** is . . . Speaking our own mind or viewpoint without making someone else wrong.

**Inquiry** is . . . Slowing down our normal response pattern to ask genuine questions and show interest.

**Examples:**

<b>Advocacy</b>	<b>Inquiry</b>
<b>What I saw happening was...</b>	<b>Did I miss something?</b>
<b>I think it would be a good idea if we tried to...</b>	<b>What do you think?</b>
<b>I suggest that we...</b>	<b>Do you see things differently?</b>

### Conclusion and Evaluations

- Thank Parent Panel for sharing their experiences.
- Ask Participants to please complete the evaluations in the back of their handouts and turn them in before leaving.
- Thank everyone for their time!