

FAMILY SHADOWING EXPERIENCE

PURPOSE: This activity is designed to give the trainee the opportunity to experience current service delivery models from the view of the family and child.

OBJECTIVES: After this experience, you will be able to:

- Recognize the impact of “people first” language on the family and child and apply that knowledge to your professional and personal interactions.
- Identify how this experience changed your view from “patient” to “child and family” and apply this information to your discipline specific practice through classroom discussions and your written response to the guiding questions.
- Create an ecomap and be able to share the implications.
- Understand the “daily life” of a family with a child with special needs and use that information to make your professional practice more realistic, relevant, and family driven.

METHOD: A specific child and their family will be matched with each trainee. All of the requirements below relate to this one single child and family. Please bring your experiences and observations to class and use them to enrich classroom discussions. Should a trainee feel they will not be able to complete the requirements below with their matched family, they should consult with the training director.

REQUIREMENTS: The following requirements for the family centered experience must be completed between now and December 9.

1. The trainee will spend at least 12 hours with the child and family. These hours may be accumulated in any configuration of not less than 1 hour at a time and not less than 3 visits (i.e.: you could visit 12 times for one hour, 4 visits for 3 hours each, or any variation in between).
2. The trainee is responsible for keeping an accurate and complete log of visit hours on the attached “Visit Log” form. A copy of this log should be turned in to the training director on October 28. The final log should be turned in when you have completed your 12 hours, but no later than December 9.
3. During your first visit with the family, you should develop an ecomap. It should be turned in to the training director, who will copy your faculty advisor. Since your first visit should occur during the first month of class, the EcoMap is due October 14.
4. The visits should be made with the guiding questions in mind. These questions (attached) should be answered in writing and turned into the training director with the visit log. (December 9 at the latest.)

5. The times and days of your visits should vary enough to encompass a variety of activities which you will select with the family. Minimally, you must visit the child in their home, observe a therapy session with a discipline other than your own, and accompany the family when the child is taken outside the home (in the car, bus, public transportation -- not out in the yard type outside).

The following list may generate ideas:

- Spend time playing with the child;
- Visit at different times of the day;
- Observe recreational activities at home (play areas inside and out);
- Observe a meal in the home;
- Observe bath time and dressing
- Accompany the family on an outing to the mall, park, church, visit with family, etc;
- Observe the child in a therapy session – other than your own discipline;
- Observe the child at school (be aware of the permissions you must obtain for this, some schools are more open than others);
- Observe the child in a structured recreational setting – horseback riding, dance lessons, swim lessons, music class, etc.;
- Attend a medical appointment with the family – doctor, dentist, nurse practitioner appointment, equipment evaluation, home health visit;
- Attend an IFSP or an IEP meeting with the family;
- Attend a meeting with the family and their service worker;
- Accompany the family to a support group or advocacy organization meeting.

This list contains suggestions. You and the family may generate other ideas once you meet. Feel free to expand on this list.

Although you will be spending much time with the child and family, and may establish a close relationship, please be clear that you may not be responsible for the child at any time. A family member should always be present and responsible for the child. You are not allowed to baby-sit, treat, or transport the child. You should not perform any medical functions such as suctioning, nebulizer treatments, or administration of medication. If you have any doubts about what you can and cannot do, please discuss this with the training director or your faculty advisor. This does not mean that you cannot play, read, hold or interact in other ways with the child.

Time spent with the family is a true gift. You will not get this opportunity often. We hope you will make this a very rich experience.