

Leading Interdisciplinary Teams Through Change

by Kathy de la Peña

Over a year and a half ago, our early intervention team of professionals went through an in-depth training on the “Family-centered Service Delivery Model.” As the director of the program, I had already spent time reading the research that supported this idea and although I knew the team believed that they were family-focused in their approach to intervention, I was also certain that their behaviors did not really match their beliefs. I was excited for the training and felt it would finally give us the specific information and tools we needed to support families as they struggled to meet the needs of their children with developmental delays. I was surprised to find that what seemed so obvious and right to me, was not well received by most members of the team.

In their article, “Training To Work With Parents: Strategies for Engaging Practitioners Who Are Uninterested,” Nancy Johns and Cathie Harvey (1993) list several reasons why early intervention staff might be resistant to the idea of working with parents. My staff exhibited many of the resistive characteristics described by Johns and Harvey following our training. A major concern was that their training as teachers, therapists, and early intervention specialists had prepared them to work with children, not adults. They had limited experience using interpersonal skills with adults and had never entertained the idea of parent-professional partnerships rather than professionals as “teachers” for the adult caretakers. Others believed that they did not yet have enough hands-on experience with children to offer helpful suggestions to parents. In some cases they, themselves, were not parents and did not seem to understand the strong influence that parents and other caretakers have in the success of their child. Some had cultural concerns, stating, “this model might work with the families *he* (the trainer) serves, but they won’t work with *our* families.” I knew that if I was serious about making this model work and determined not to let the team fall back into old bad habits, I was going to have to provide support to them as we went through the change together. After careful thought and discussion with colleagues, the following steps helped us do just that.

First, I put together a steering committee. The committee was helpful to me and served as an advisory board. We met once each month for the first six months to problem solve together as we hit barriers to implementation. Next, we built in regular meeting times for professional staff to discuss cases they mutually served. This encouraged the modified interdisciplinary approach we had adopted. At weekly staff meetings we brainstormed solutions to help early interventionists who ran into problems the week before. During these meetings and with the support of the steering committee, I regularly kept the “ideal” vision in the forefront. Sometimes I did this by sharing a related article or research study, but each and every week, “family-centered services” was on the agenda. After awhile, other

staff members shared information they had read or had gathered from a conference. I believe that staff members focus on that to which they observe their leaders giving attention. Additionally, at least two other trainings were held that helped staff hone their skills in order to work with adults as well as children. The trainings focused on cultural sensitivity and fostering healthy relationships among family members and between professionals and caretakers. And finally, I found one personal support person for myself. She was another early intervention director going through similar programmatic changes, who I could call any time for her perspective and insight. We made a secret commitment to each other to never have a bad day at the same time!

Although, not every problem is solved, we have made great strides toward becoming more family-centered within the context of our state and local policies and guidelines. My challenge as a leader will be to continue the momentum, stepping aside when necessary. The other morning at our weekly staff meeting, I listened quietly but with great pride and pleasure while our staff members, almost one-by-one, defended the principles of family-centered services to a visiting therapy group who was more supportive of a medical service model. We are beginning to walk the talk!

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