



Collaboration and Teamwork: Addressing the Needs of the Whole Child

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As professionals, we recognize and value the uniqueness of the individual child. As parents, it astounds us how two children raised in the same home can be so different! Whether a typically developing child or a child with special needs, each is so utterly complex. Even with many years of experience with a very wide variety of children with hearing loss, I am often faced with questions that I cannot answer. As a teacher of the deaf/cochlear implant rehabilitation therapist/auditory education consultant, I am constantly aware of how much I need the support of other professionals to answer these challenging questions.

Hearing loss does not occur in isolation. It happens in a child. And every child is complex and unique. Children are more than the sum total of ears, eyes, touch, experience, genetics, muscle tone, and cognition. Each of these components that comprise the individual child is a challenge within itself. Professionals spend their entire careers investigating just one dimension of this complex creature we call a child. These individual fields of study are essential to the diagnosis and treatment of disorders in children. But equally essential is the collaboration *between* professionals. It is essential that teachers of the deaf, occupational/sensory integration therapists, physical therapists, cognitive and learning specialists combine their resources to examine not only the function of their individual specialty, but how the systems of hearing, cognition, sensory integration—to name a few—work in concert to optimize the integrated skills of a developing child.

As early intervention professionals, it is essential that we demand a consistent schedule and protocols of collaboration of specialty areas in the evaluation, prescription and delivery of all services to children with special needs. Not only should professionals in varying disciplines meet around the table at an IFSP meeting, they should meet regularly for collaborative discussion and case review. The importance of “co-treating” should be valued. Goals and activities for sensory integration, physical therapy, speech and development of auditory skills should be integrated into single activities. Professionals should be dedicated to ensuring that a child’s sensory integration needs are adequately met during a speech session; that his back is fully supported or that his feet are flat on the ground. The goals of occupational therapy can be integrated appropriately into a cognitive activity as a child uses both hands to reach for a puzzle piece or to build a block tower.

Professionals in early intervention should carefully examine their model of delivery. Is the child receiving “splinter therapy,” addressing only isolated goals? Or are the professionals sharing each other’s perspectives and skills to provide a “whole child” model of delivery. It should be the goal of every early intervention program to collaborate and integrate the principles and strategies for each of a child’s special needs with the goal of fostering a truly integrated child and family.