

Child Assessment in an Interactive Context: A Process to Support Family-Professional Partnerships

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Abstract

Early intervention programs for infants and toddlers with special needs are shifting to family-centered approaches in policy and practice. While policies and recommended practices were established with the passage of Public Law 99-457 in 1986, implementation of family-centered care is just beginning to take form. A shift from traditional to family-centered practices in the child assessment process is particularly challenging, as traditional practices are often clinically oriented with many decisions made at the professional level. Family-centered practices require that professionals support family members to become full members of the early intervention team. Child assessment is often the first contact with families, a critical point to form working partnerships. Suggestions for restructuring the child assessment process in an interactive context are provided.

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The need to change national policy and social programs to support and strengthen families with young children has been well established in recent legislation and policy recommendations (National Center for Clinical Infant Programs [NCCIP], 1988; National Commission on Children, 1991; National Maternal and Child Health Resource Center, 1988). "Best practice" for early intervention programs serving infants and toddlers with special needs recommends family-centered care; the role of professionals is to assist families in developing a system of support that is directly responsive to individual family needs and resources. Family members are thus viewed as partners in the design and implementation of services provided to their children.

For professionals working in early intervention programs, the child's initial assessment is often the first encounter between the family and the early intervention team, presenting a critical opportunity for professionals to begin developing partnerships with families. Special attention to families at this time is important because assessments are generally stressful, particularly when assessment results have implications for placement and services. Furthermore,

since the traditional assessment process clearly portrays the professional as the expert, there is the potential for establishing a dependent, rather than an equal relationship with the family (Bailey, McWilliam, Winton, & Simeonsson, 1990; Hanson & Lynch, 1989; Shelton, Jeppson, & Johnson, 1987).

Currently, the primary goal of parent involvement in the assessment process is to obtain information (Shelton, 1989; Widerstrom, Mowder, & Sandall, 1991), rather than to build partnerships (Meisels & Provence, 1989). For example, Hanson and Lynch (1989) recommend encouraging parent input, suggestions and questions throughout the assessment process. Similarly, Bailey and his colleagues (Bailey, et al., 1990) advocate for parent involvement in the assessment process in roles such as informant about developmental milestones; describer of family-relevant skills and competencies and interpreter of the child's strengths and needs (Bailey & Wolery, 1989.) While such information is important in the assessment, this degree of family involvement falls short of the goal of supporting parents to become full team members and decision makers in planning for their child's needs. In the following section, suggestions are made for restructuring the assessment process to facilitate the building of partnerships with families. The interactive process that is outlined emphasizes on-going exchange of information between professionals and family members, flexibility and responsiveness to parents' stated observations or concerns.

Conduct Assessments in a Natural Setting

As Bronfenbrenner (1986) and Shelton (1989) point out, child assessments are more valid when they occur in natural contexts. Typically, assessments are conducted with strangers and in settings that are unfamiliar to the child who is accustomed to care-giving, social interaction and play as the context of his/her day. Although the most natural physical environment may be the child's own home, center-based assessments can be conducted in friendly, informal, comfortable surroundings within a naturalistic context of social interaction.

A transdisciplinary assessment in an arena format has been recommended as one model of conducting assessments in a naturalistic context (Linder, 1990). In this model, only one professional interacts with the family, while other team members observe. As with all models of assessment, use of the arena format will require adaptations for each family in order to make them feel comfortable in the new surroundings.

Hanson and Lynch (1989) also recommend that, in addition to decisions about where the evaluation will take place, decisions about who will interact with the family should be made carefully with parental input. Family members, who are willing, may be the most appropriate persons to interact with their child during the assessment for two reasons: (a) children are most comfortable interacting with members of their own families and (b) the child's level of comfort influences behavior. Involvement of family members in the assessment also serves another equally important purpose; it acknowledges the parent's authority and rights to their own children.

Focus on Infant Competencies

It is important to recognize that general developmental stages may not have meaning for individual families. For example, some families choose not to wean their infants to drinking from a cup by the age indicated on many developmental tests. Others may choose to carry their children for extended periods, leaving less time for practicing motor skills in other positions. By discussing the range of competencies to be assessed and respecting individual choices, professionals can support family members to recognize and to report individual strengths of their children.

Validate and Respect the Family's Perception of the Child

The primary point of reference for the assessment should be the family's perception of the child. However, families typically are tentative in offering information, closely watching to see how their information is received. Professionals must create an atmosphere that promotes sharing of family perceptions, by demonstrating respect for their observations and comments, and acknowledging their expertise and knowledge.

Demonstrate Respect for Individual Family Differences

Families vary in their desire to become involved in the assessment process. Some families want to assume an active role, while others may perceive assessment as the professional's role. Different belief systems will influence

the extent of their involvement and the degree of support needed by families during the assessment.

Culture and ethnicity influence families' interaction styles and comfort levels with direct questions. In Hawaii, a common interaction style between people in initial meetings or conversations is to find something/someone they know or have in common before proceeding to a formal agenda. Having found common ground, conversational partners can then begin to share information. When applied to the assessment context, this "talk story" format creates an atmosphere where parents are more relaxed and questions are permitted (P. Nishimoto, personal communication, October 30, 1991).

Cultural diversity also requires the frequent use of interpreters. It is the responsibility of professionals involved in the assessment to ensure that interpreters are informed of parents' rights and agree, in writing, to observe the laws governing confidentiality. In addition, every attempt should be made to translate written reports into the language of the family.

Build Flexibility into the Assessment Process

Flexibility in the assessment means that the process for one family may vary greatly from that of another (Hanson & Lynch, 1989; NCCIP, 1988). Team members must be responsive to cues from the child and the family regarding the length of the assessment, and respect any indication that the data being sought has no relevancy to the family.

Maintain Professional Integrity

Professionals have a responsibility to share information and observations with families during the assessment. It is also important to acknowledge to the family that the assessment process may not have allowed their child to display his/her full range of capabilities. Cardone and Gilkerson (1989) view information sharing as presenting the family with possible hypotheses for their consideration.

Conclusion

We have considered some ways to restructure the child assessment process to truly support family members in determining outcomes for themselves and their children. Interactive child assessment emphasizes parent/professional partnerships during child assessment that are built on mutual respect and support for families.

The critical nature of first assessments lies in their power to create lasting impressions on parental attitudes toward

programs, professionals and the services they provide. Parents' commitment to the development of an Individual Family Support Plan and the integrity of the resulting goals can be influenced by their first collaborative experiences with professionals (Meisels & Provence, 1989).

The benefits that can accrue from family-centered child assessment are numerous and include the following: (a) increased comfort for the child and parent, (b) more valid (Bronfenbrenner, 1986) and comprehensive information regarding the child's daily needs and (c) greater feedback and satisfying interactions for all team members. The most important result and benefit of restructuring the assessment process, however, is the opportunity for families and professionals to build partnerships that create a sense of mutual trust and respect and develop a commitment to seek the best possible solutions to problems. Partnerships between parents and professionals recognize that everyone's role is important, and that what is accomplished together is greater than what could be accomplished individually (NCCIP, 1988).

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