

The **CORE** of a Good Life

Conversations Revisited: Stories of Practice with Parents and Providers



**The CORE of a Good Life Conversations Revisited:
Stories of Practice with Parents and Providers
2015 Edition**

This project was completed in partnership with the Wisconsin Personnel Development Project, Waisman Center, University of Wisconsin–Madison with funding from the Wisconsin Department of Health Services, Birth to 3 Program.

The Waisman Center, at the University of Wisconsin–Madison, is dedicated to the advancement of knowledge about human development, developmental disabilities and neurodegenerative diseases. It is one of 9 national centers that encompass both an Intellectual and Developmental Disabilities Research Center designated by the National Institute of Child Health and Human Development, and a University Center for Excellence in Developmental Disabilities (UCEDD) designated by the Administration on Developmental Disabilities.

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A Note From the Author

This collection of stories of practice is intended to be a companion to *CORE of a Good Life: Guided Conversations with Parents on Raising Young Children with Disabilities* (Murphy & Sweet 2009). These stories provide additional practical strategies for professionals in the Birth to 3 Program who would like to include CORE Conversations into their work with families with young children with disabilities. These family stories grew out of my experiences working for many years as an early childhood special education teacher and more recently in 2010 as a primary provider and coach with a local Birth to 3 Program. My recent work with the Birth to 3 Program was an opportunity to reflect on the use of CORE Conversations directly with families, and reflect on discussions with team members about their conversations with parents during home visits. As local Birth to 3 Programs across the state are adopting a primary coach approach to teaming in natural environments (Shelden & Rush, 2011), providers can benefit from complimentary strategies to guide their conversations with parents. I wrote these stories to illustrate ways to use the strategies and questions in the CORE Conversations Guide, which provides additional information on the components of CORE Conversations and questions to consider asking and discussing with parents.

I am also grateful to Mark Sweet, PhD for the inspiration for many of the themes reflected in these stories. Mark has collected and shared many stories during his years of experience as a special education teacher, educational consultant and disability rights advocate.

I am very appreciative for the welcome and support from the staff at the Connections Birth to 3 Program, of United Cerebral Palsy of Greater Dane County. Connections director, Deb Thies, gave me the opportunity to work with a committed and supportive staff of providers and to experience the joys and challenges of supporting families and their young children as a member of a committed Birth to 3 Program team.

To respect confidentiality none of the stories shared here are about real families. Instead they are fiction, with themes and topics used to illustrate reflections on CORE Conversations in my own work with families.

Molly Murphy, PhD, BCBA

Edited by: Linda Tuchman-Ginsberg, PhD, Emeritus, Program Director for Early Childhood and Education Professional Development, Waisman Center, University of Wisconsin–Madison.

Edited by: Elizabeth Wahl, MSSW, CAPSW, Senior Outreach Specialist, Waisman Center, University of Wisconsin–Madison

Desktop Publishing by: Cheri Sanders, Senior Media Specialist, Waisman Center, University of Wisconsin–Madison

For additional information or training on CORE Conversations please contact:

Molly Murphy, PhD

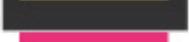
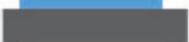
memurph3@waisman.wisc.edu

608-890-3622

www.waisman.wisc.edu/cedd/products.php

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Our Role in the Birth to 3 Program

What do we intend to accomplish?

To support and enhance the growth and development of a young child with disabilities to the best of his or her ability.

- To develop a relationship with a parent or caregiver* in which we support and build the confidence and competencies within that person, so he or she can support and enhance the development of his or her young child.
- To guide parents in discovering what is important to them, by bringing our own professionalism and expertise to inform (not decide) their outcomes.
- To provide evidence based strategies and ways of interacting that will influence the child's development and the parent's functional outcomes for their child and family; through intentional conversation, modeling and attention to balancing what we have to offer with what is most meaningful to the family.
- To be effective in our service provision; to be successful in demonstrating that the Birth to 3 Program helps children to make developmental gains, and is effective in increasing the competence and confidence of parents in meeting their child's needs.

How do we accomplish these outcomes?

- We use evidence based practices to gather information and guide a parent in his or her everyday interactions with their child.
- *CORE Conversations* offers a tool to compliment and be used along with: Routines-Based Interviews™ by Robin McWilliam www.siskin.org/www/docs/112.190
Asset-Based Context Matrix: An Assessment Tool for Developing Contextually-Based Child Outcomes by Linda L. Wilson, M.A., & Donald W. Mott, M.A fipp.org/static/media/uploads/casetools/casetools_vol2_no4.pdf

Promoting Young Children's Participation in Interest-Based Everyday Learning Activities by Jennifer Swanson, A.B.D., Melinda Raab, Ph.D., Nicole Roper, Ed.D., & Carl J. Dunst, Ph.D. fipp.org/static/media/uploads/casetools/casetools_vol2_no5.pdf

- These tools, along with *CORE Conversations* provide ways to keep the conversation focused on what is important to parents, with the goal of meeting the primary outcomes they have identified, with our guidance, perspective and support.

Parents who are raising children with disabilities are often asked questions by social workers, physicians, teachers and therapists who support their child and family:

- "What do you want your child to learn?"
- "What is your vision for your child?"

As I listened to the questions and conversations with other parents, those raising children who did not have disabilities, I heard different questions and topics of conversation. Instead, they were talking about what they liked to do together, what they planned for summer vacation, what their kids liked to do with friends, what was interesting to them, what they wanted to do with or for their children, but had not figured out yet how to do.

After developing *CORE Conversations* with Mark Sweet in 2008, I continued to ask myself and other professionals: Do we need different questions? Or could we be asking some of the same questions we hear from family and friends, from parents who are raising typically developing children? I soon had the opportunity to explore these questions.

In 2010 I worked with a Birth to 3 Program as an early childhood special education teacher. Returning to work in a Birth to 3 Program, I was in the position to reflect (daily) on how and what I talked about with parents. As a member of the evaluation/eligibility team, as a primary coach and as a team member, along with my colleagues I considered: "How do we provide the best support to this family?"

* Note: Parent will be used throughout this document to indicate parent and other primary care givers.

We want to know how to support all parents. We want them to have a say and we want to know what is important to a parent, for his or her child and family. We want to know what support they need so they can sustain their child’s learning and growth. We want to support the ordinary activities of their daily life as a family. We consider how to best describe our role to parents, and how to help them understand how we can be useful to them. We also want to find ways to offer our knowledge and expertise, and still encourage the family to take their own path, not ours. In an earlier CORE training session, a the Birth to 3 Program provider shared her new understanding of her role with families:

“I see now that I’m not on the same journey as the parents, but we are traveling together. I am more like the sign posts along the way that they need to notice, so they get to where they want to go.”

Our intentions have been good; we need to consider other possible questions.

How have CORE Conversations helped me as a provider to think about my response to and conversations with parents and family members in a different way? The stories here answer that question.

When a grandfather asked me, “When will my grandchild walk?” I did not feel responsible for predicting the future. I did not have to recite (or remember) the developmental progression that supports the skill of independent locomotion. Instead, I asked gentle questions, over time, as our relationship grew to discover the meaning of walking to the family:

- What is your day with him like now? How might

your day be different if he could move more on his own?

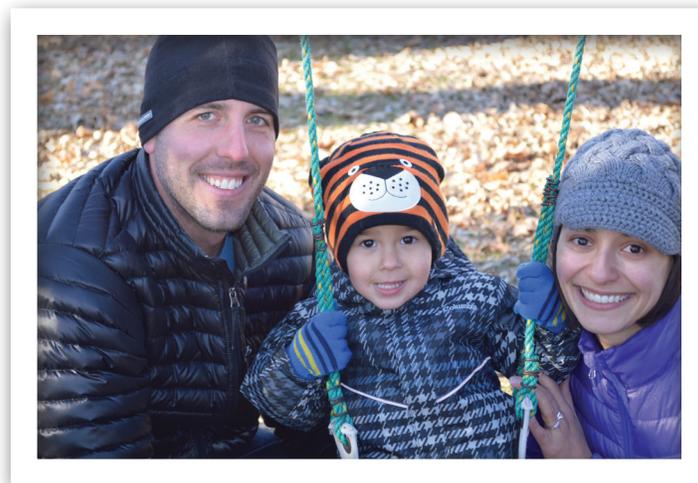
- Where would you go?
- What would you do there?
- Who would be with you, and how would you play and spend time?
- What would you get to do then, that you cannot do now?

Could the questions be the same for all families?

Where do you spend time? Where do you want to spend more time, less time? What do you want to get better at doing? Who are the people you see? What do you enjoy doing together?

The family stories offered here are intended to give the Birth to 3 Program professionals ideas for ways to be conversing with parents, additional questions to consider asking parents, and questions to consider as they meet as a team to discuss the needs of children and their families. CORE Conversations are about the questions you ask and how you think about responding to the questions parents bring to your conversations with them.

CORE Conversations have given me a way to work alongside parents. I do not need to be in front pulling all the weight (expert) and I do not need to give up my knowledge and experience (parent as expert) when it could be useful to a parent. I also do not need to be pulling and wrestling a family in a direction that they do not want to go. My goal is an engaged relationship, one that looks different from the outside for every family. CORE Conversations have helped me accomplish that more often.



I. CORE Conversations Review

What do we mean by Community Opportunity Relationships and Enjoyment?

Community

How families will live, work, play, and connect with extended family members, neighbors and friends.

What are ordinary places in the COMMUNITY that parents of young children with disabilities use or avoid?

Opportunity

How young children and their families will have chances to learn and practice while interacting and participating in ordinary activities.

What are ordinary OPPORTUNITIES that are too often overlooked because they are not designed to be educational or therapeutic?

Relationships

How young children with disabilities will make a contribution in every day interactions and relationships with people they see every day and people they see once in a while.

How can young children develop RELATIONSHIPS in their every day interactions, and how can we help parents convey their child's worth or contribution to the people in their lives?

Enjoyment

How children and their families will live as they want to live, finding fun, pleasurable interactions and supportive relationships to balance the challenges life brings.

How parents with young children find more ENJOYMENT in their daily routines and interactions, to value the fun and pleasure with less focus on teaching or therapeutic interactions and activities?

CORE Conversations also invite us to consider:

How we talk about children will then influence how others perceive them.

Professionals can support families by teaching and modeling ways to talk about their children that encourage and support relationships, instead of creating distance and obstacles in those relationships.

How we support parents in sorting through the relationships that may be available to them and their child that they have not yet considered.

Professionals can support families by helping them to sort through the relationships in their lives that they want to cultivate; and how to manage relationships that may not change or be available to help meet their need for support. This includes how to use intentional communication and respond to difficult conversations or interactions.

How we help parents in identifying the ordinary experiences of being a family.

Professionals can support families by encouraging parents to notice the experiences of parenting that are important to them; and explore how these can stay the same for their families, even though they may face daily challenges in meeting their child's need for additional supports. This includes listening carefully to the parent's hopes, dreams and fears for their child; and by helping parents to discover what is important to their child.

For more information on and discussion of these elements of *CORE Conversations*, please refer to the *to CORE of a Good Life: Guided Conversations with Parents on Raising Young Children with Disabilities (Murphy & Sweet 2009) available on the Waisman Center website.*

II. Where CORE Conversations Can be Useful in the Birth to 3 Program

When and who can be using CORE questions with parents and teams?

When a parent or caregiver contacts the Birth to 3 Program, they begin a relationship that may last for one interaction, for a few weeks or a few years. When we provided CORE Conversations training to four Birth to 3 Programs in Wisconsin, professionals wanted to think about when these strategies could fit into all aspects of their program, from child find to transition. Also, programs explored who could be having CORE Conversations with parents, and concluded that all the Birth to 3 Program staff from the person answering the first phone call, to service coordinators, speech therapists, occupational therapists, physical therapists and early childhood special education teachers could consider adding these questions to their strategies for engaging parents. Program staff also were interested in how to use CORE Conversations as a complimentary strategy with evidence based strategies used in the Birth to 3 Program such as primary coach approach to teaming in natural environments.

Before continuing on with the family stories, first consider how CORE questions might be useful in the different activities of your program, with staff in different roles with families, alongside other strategies and tools you are using currently. Consider these possibilities within these aspects of early intervention.

Child Find

How do families find out about the support and services your program offers? Do the materials reflect your program's mission to connect parents with strategies and resources in their own families and communities? Could your materials better describe Community, Opportunity, Relationships and Enjoyment (CORE)?

Initial contact

Who is the first person from your program that has contact with parents? Does s/he talk about what the Birth to 3 Program may be able to offer their family in relation to Community, Opportunity, Relationships and Enjoyment of their child? How could you ask about or describe how the Birth to 3 Program may help answer their questions, and guide their interactions to support their child's development?

Intake

How and what information is gathered by staff at intake? Before focusing on the child's development or challenges: could there be room for conversation about the parents' connections to their community? Consider what they want their child to have an opportunity to practice; support they may have from family and friends, and how they enjoy time with their child.

Eligibility evaluation

All Birth to 3 Programs are required to meet criteria for determining if a child is eligible for support and services from the program. While gathering information to determine eligibility, can you also be asking CORE questions that will help in developing a longer term relationship with the family? How might these questions be integrated into Routines-Based Interviews™? Even for parents whose child may not be eligible, you are still engaging in a relationship with them, that though shorter, still has an influence on their interactions with and understanding of their child.

IFSP outcomes, services and supports

By this time in the process parents have shared valuable information about their life as a family, asked questions and expressed concerns about their child's development and listened to what you may be able to offer for support. How might questions about community connections, opportunities to practice in ways common to all children, current and potential relationships, and ways parents do and can grow their enjoyment of their child inform the outcomes on the family's IFSP?

Transition

You may know a family for a short time, or work with them for 3 years in the Birth to 3 Program. During the transition out of the Birth to 3 Program, how can you provide reminders to parents of what they have told you about what is important to them for their child? Questions and their ideas about community may effect where continued services are provided. Opportunities to practice will help identify important next steps for the child as will questions about current and new relationships. As their child moves on to new relationships, parents' questions about what is enjoyable to this child and how to enjoy this child may pave the way for new teachers and therapists who will support the family.

III. Family Stories about Practice with CORE Conversations

A parent wants his child to walk and talk. Often as early intervention professionals, you hear parents' dreams and hopes for their children. When children are young, so much of a parent's energy is focused on helping the child to reach important developmental milestones for walking, talking, and becoming more independent. (See the example on page 4 about the grandfather asking "When will my grandchild walk?")

Before CORE Conversations my response to a parent's goal of having his or her child talking, walking or playing, or doing anything beyond the child's current ability would be to:

- Explain the physical and cognitive developmental sequences to talking and playing (or any other developmental skill);
- Make observations of whether or not his child was "ready" to master these steps or determine through assessment and observation what next steps the child might be ready for;
- Make observations of what the child could do, (in an attempt to be gentle with what may have sounded like bad news) and note how supporting those skills may lead to more independent movement and play, but not likely skills similar to a typically developing child of the same age.

How did CORE Conversations help me to respond in a different way?

CORE Response

Using the "When will my child walk?" example these are ways *CORE Conversations* thinking led me to respond.

Community:

I asked this Granddad about where his grandson spent time during his day. Where did they go? I listened for what he said about how daily life would be different if his child was walking. Where are the places that they go now? Where do they spend time? How would their time as a family be better when they went to these places if his child was walking?

Opportunity:

I asked what the child would be doing more of, when he was walking. I was listening for the kinds of opportunities that would be available to his child when he was walking. What did he not get to do that was available to other children his age? What did Granddad worry he was missing now because he was not walking? Were there ways he could practice and participate more until he was walking? What would make more participation possible for this child?

Relationships:

Did others in the family also wonder when he would walk? Did he talk with Mom and Grandma about this? Did Granddad think any of the relationships in their family's life might be different when he was walking? Did other family members have similar goals for him? Did family members have other opinions?

Enjoyment:

I asked what he liked about his child. Were there things they could do, have more fun, when he was walking? Did he think he would enjoy walking more than crawling? What did he notice about him that made him think that? What would be different in their enjoyment of one another, and their enjoyment of the activities they shared when he was walking?

These were not questions I asked all at once or in a specific order, or all at one time. Instead, they were included in conversations over time, while we were doing daily activities together with his child during visits. I paused, I listened and I created enough space in our conversation for his ideas as well as mine. My intention was to build the Granddad's capacity to think about his own questions, and help him to notice possible solutions revealed in our conversations. I intentionally avoided telling him what to do or predicting the future.

Granddad's Response: He seemed to come into the room at least once during every visit, or be sitting nearby. When he responded, it was clear he had been thinking carefully. One visit, when he had just brought the child home from child care, he talked about how worried he was about him at his child care program. He was in a room with children who were walking and running, and what if they fell on him? Would he be upset that he could not follow them quickly enough, or what if there was an emergency? He also shared that he was feeling pressure from his relatives; they seemed confused by how long he had been crawling, and did not seem to understand why a two year old was still "allowed" to crawl on the floor. At a family gathering he noticed that his cousins seemed to still treat him like a baby, and he was not comfortable with that. He also thought his grandson would be happier. Sometimes he seemed frustrated and would whine and complain, and then they had to cut some activities short because everyone ended up in a bad mood.

His responses gave me a window into how daily life could be different for his family. He was not asking for information about developmental sequences, so that would not have been my best response. Granddad also became clearer about why this was important to him. This opened up the conversation to other areas important to this family that might benefit from support until the child was walking or more mobile.

Using CORE Conversations Stories

This guide will provide additional family stories as examples of how *CORE Conversations* can be used to support a parent in a way that will lead to a better understanding of their goals for his or her child. You are invited to make your own connections, and consider ways that *CORE Conversations* may enhance your own work with parents raising young children with disabilities.

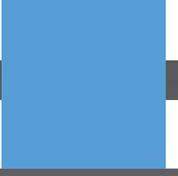
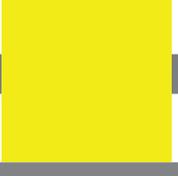
The format of the following family stories is consistent throughout the rest of this guide.

First a common concern or issue that has been expressed by a parent or provider is described in each story.

Next a *CORE Conversation* response is offered. The *CORE* response includes questions that were asked or conversations that developed, in the four main components of *CORE Conversations: Community Opportunity Relationships Enjoyment*



CORE Conversation Stories

	Story 1: “He is just a newborn now, but what should we expect?” (newborn/early diagnosis)	10
	Story 2: “Where will I find the time?” (9 month old/complex medical and developmental needs)	11
	Story 3: “Does she really want me to come?” (1 year old/hard to engage parent)	12
	Story 4: “He needs the experts to help him catch up” (14 month old/medical model)	13
	Story 5: “Am I right and she is wrong?” (18 month old/child care perspective)	14
	Story 6: “Ella sigue siendo nuestra bebe! She is our baby still!” (2 year old/cultural understanding)	15
	Story 7: “Are his aunts and uncles avoiding him?” (2 ½ year old/extended family interactions).	16
	Story 8: “Next Tuesday is fine.” (almost 3 year old/teen mom)	17

Story 1: “He is just a newborn now, but what should we expect?”

The parents received a diagnosis for the child at birth, but neither seemed to have many concerns at that time. Mom wanted to continue to have support, but was not quite sure what her child’s needs might be in the future.

CORE Response

My intention in these conversations was to build on the parent’s delight in their young baby, and encourage all of the experiences that come for all parents as they build a relationship with a new baby. Our conversations over time included more information about what we know about the range of learning abilities of other children with this disability, not as a limitation but as information that the parents did not have.

Community

We talked about how for an infant, his community for a while would be his home with his parents and siblings, family and friends in his neighborhood. I asked questions about other places they might spend time over the next few months, and the activities that the other children participated in, which he would eventually be a part of even if only at drop off and pick-up with his parents. We also talked about their larger community and what the parent anticipated as he grew older. We considered what places they would want him to be a part of that his siblings were at the same age (e.g. library play group).

Opportunity

I asked questions about what his siblings practiced at similar ages. Since the parents did not have previous experience with other children with their child’s disability, they were uncertain of their expectations for him. Conversations about their older children at a similar age led to conversations about wanting him to have the same opportunities available to his siblings. I highlighted for the parent all the practice that comes from healthy responsive relationships. There were concerned that some of his relationships with others would be influenced by the other person’s perspective (negative) about his disability. I also offered what I had learned in working with other children with their son’s disability, emphasizing individual differences.

Relationships

We explored learning and noticing how relationships may change as the child gets older, how priorities shift for many families with a child with a disability, as they sort through the friendships that work and the friendships that no longer are a good fit for their family.

Enjoyment

The parent was already telling me how much she enjoyed her baby; my job was to help maintain that and not only focus on intervention. Companionship, shared goals and highlighting what the parent is learning about their child will build the parents’ capacity to do this for their child life long.

Story 2:

“Where will I find the time?”

Parents who had a 9 month old son with complex medical and developmental needs wanted direct services provided to their child by an experienced therapist. They had these services each week in the community where they lived before moving. This was not the model of the Birth to 3 Program in their new community. In the new program the primary staff person (with team support) coached the parents and caregivers on activities and strategies during daily activities, to support their goals for the child.

CORE Response

My intention in these conversations was to allow my relationships to grow with the parents naturally through shared activities with their son. I wanted to support their relationship as it grew with him. I did not try to convince them that one approach was the right approach. Instead, I encouraged them to experience a kind of support that would help them to understand and enjoy their son, as they took care of his daily needs and helped him learn and grow.

Community

My first interactions were focused on learning more about where the family was spending most of their time. My job was not to change this, but to understand. Direct questions were not the most useful. Instead, it was helpful to listen to the mom to learn this information. In their previous community, the parents spent most of their time at home and at work. A great deal of their time was spent going to medical appointments and trying to fit these into their work schedule.

Opportunity

The parents had become very knowledgeable about the medical and caretaking aspects of their son’s life, in just nine months. They had not had time to think about much else about his experiences, so much energy and time went into his daily care and worries about his health. We talked about what other 9 month olds were doing-how they play and spend their time. This allowed the parents to consider play activities for him, and the activities they were already doing with him for daily care in a new way. As his periods of distress shortened, and his times of being alert increased, they were more encouraged to interact with him in ways that would support his development. They recognized that during the many times each day they did routine care, they also gave him many opportunities to practice important skills and interactions.

Relationships

Both parents worked full time, during the day the child was in a child care program, with a personal care assistant part of that time. The personal care assistant also spent time with him at home. Grandparents came to spend a long weekend about once a month. The family did not know many people and were busy with the responsibilities and relationships they had. Both parents talked about how much they could and could not expect from their elderly parents, who visited and loved their grandson, but were not always able to help with or really understand the complexity of his needs.

Enjoyment

“Enjoyment” was a sensitive topic for two very tired, over extended parents. They were developing a relationship with me and needing some convincing that I (and the program) had something to offer. My own interactions with the child modeled enjoyment, and pleasure, and shared attention with him, during regular activities in their home. This was very different from their experience in a clinical setting with a professional focusing on direct therapy with their son, while they waited for him to be done. I needed to build my relationships with them through my interactions with him. We also shared engaging and playful interactions alongside his parents, personal care assistant and staff at his child care program.

Story 3: “Does she really want me to come?”

A Birth to 3 Program provider was feeling frustrated because a young parent of a 1 year old, she met with twice a month, did not have any questions during visits. The parent seemed to be uncomfortable interacting and was distracted by other activities in the home. She kept the TV on and sent text messages on her phone.

CORE Response

My intention in these conversations was simply to keep the conversation going, and to find common ground with this young mom. As long as she was still agreeing to meet, we were building a relationship, even if at first it was limited in my view. The more opportunity for contact, the more likely she would come to see me as a support, not an interference or threat. We needed enough time to learn to speak the same language.

Community

We talked often about where the mom liked to spend time, and what they liked to do together. Since mom was not working at the time, their “community” was home and her aunt’s house, sometimes the mall. I asked questions to learn more about how this parent was spending her day, and if she would like that to stay the same, or changes she hoped to make. This was something she knew about, and did not need to worry about giving a wrong answer to my questions.

Opportunity

We started with small steps for both the mom and the child. I asked many questions about how her day with her child might be easier and more fun, we talked about what her child could practice while they were just doing what they usually do in a day. We played together with the child, and she eventually joined in with more ideas to contribute to what we were playing. This gave us both ideas on where change was possible. Starting with small steps, asking questions to figure out where the opportunities were for her as well as the child was important. In our conversations we found opportunities for her that would enhance her relationship with her daughter, and expand both of their experiences and supports.

Relationships

I asked questions to better understand who were the important people in her life, and came to understand that frequent contact with them via texting was an important part of her day. We discussed what relationships she had the most energy for and if there were relationships she would like to be different. I also asked questions to show my interest in the relationships that were important to her. This was a way to build our relationship, even though we spent so much less time together than she did with important people in her and her child’s life.

Enjoyment

I asked questions about and commented on ways that I noticed she already enjoyed her child. She even sounded proud telling brief stories about her child’s new abilities, and her responses to her daughter persistent behavior challenges. I realized that it was important to have shared enjoyment of her daughter during our visits, laughing and being playful helped her to focus on our conversation and relax. A parent’s enjoyment of his or her child opens a door to learning, for both of them. Shared enjoyment is a way to influence development which can be sustained over the child’s lifetime.

Story 4: “She needs the experts to help her catch up.”

The parent of a 14 month old spent a great deal of energy, time and money arranging additional therapy outside of the home for the child, but was struggling with interacting with the child during regular activities at home.

CORE Response

My intention in these conversations was to ask questions that highlighted what mom knew about her child, balance all the previous information and competition from the experts, and help rebuild her relationship and sense of competence with her child. I also learned that it was critical with this family to offer my own expertise and experience to give them a perspective that they could not have on their own.

Community

I asked questions to find out more about their life as a family. What was their community? How did they see it? Was it limited to work and therapy, or was there more that I did not know about, the places they spent time, the activities they chose? Where do they spend time outside of work and therapy? My questions focused on learning more, and opening up possibilities for how the parents saw themselves and their family in the bigger world around them.

Opportunity

Our conversations were eventually NOT about therapy outside of the home. I learned to not ask questions about the most recent medical advice, as the parents kept track of that information very well. My questions were focused on helping to notice other aspects of their daughter’s personality. I intentionally avoided medical jargon in the ways that we talked about her. What were the simple things, part of every day life, that mom wanted her child to practice? How could we focus on the present and think less about what was missing? I asked them to think about the learning and practice that happens in an ordinary day for all 14 month old children. We noticed together how most of her learning and practice was happening already in between appointments during real life activities that happened over and over each day.

Relationships

We talked about the many relationships in the family’s life, and how during their child’s first year many of those relationships were with medical experts and in the medical system. This had a great influence on the parents’ beliefs about what their child needed. We talked about ways in small steps that mom was becoming the “expert” in the daily life of her child, not just the driver to and from appointments. As we talked about other relationships, I asked about where they now wanted to put their energy. Were there family members who could now be more a part of their child’s life? In my own relationship with the parent, I also had to ask myself when I could do less directly with the child so mom could do more.

Enjoyment

Mom had the chance to see herself as really knowing her daughter. We accomplished this when I modeled enjoyment of her child, and gave mom the lead in making her laugh and helping her find her favorite toy. Mom was the one who helped her to stop crying and showed her skill in artfully replacing the child’s g-tube. These interactions all led to mom having a better sense of confidence and enjoyment of her child. In our conversations, the more we talked about enjoyment, the more mom had permission for enjoyment to matter as much as everything else.

Story 5: “Am I right and she is wrong?”

A parent shared that he did not agree with his child care provider’s concerns about his 18 month old son. He had a different perspective on his child’s behavior and asked for help talking with the provider.

CORE Response

My intention in this conversation was to support the parent in better understanding the child care provider’s perspective, and to offer ways he could continue the conversation to support his son. I wanted to listen to and understand his perspective and understanding of his son. I also modeled ways for him to learn about the provider’s perspective too. My focus was to keep the conversation going and away from determining who was wrong and who was right!

Community

Child care is a natural environment for this 18 month old, so this provided a chance for me to make a connection with the provider. I asked questions to clarify what concerns the child care provider had expressed to dad. We talked about the child care classroom being a little community, and new expectations there might be different for the child than at home. Dad seemed to benefit from asking the child care provider more specifically when and where during the child’s day that she had concerns. He discovered she was most concerned about the child’s behavior when an adult was not immediately available to the child. We talked about how Dad knows his child so well as an individual, and that the child care provider could help Dad see his child as a member of this group. My questions were also a model for the parent, how to talk to other adults about their perspective. I was available to talk directly with the provider as needed.

Opportunity

I encouraged the Dad to talk with the provider more about the ways that children in her room were encouraged to participate and practice different skills. Was his child missing out on these opportunities because of other challenges? Then the provider could help the parent understand that her intention was to help the child do what he wants to do, be successful and feel good, not just identifying things about him that are “wrong”. They explored how they could find shared goals about what they both wanted him to have the opportunity to practice at home and at child care.

Relationships

We talked about the common kinds of concerns that child care providers and teachers might have when children are in a group setting. In a group setting relationships become more complex, with different relationships between the children, and many adults. Many of the concerns of teachers were more about social interaction, participation and behavior and less about lack of early academic skills. For this child, those relationships were different than his relationships at home, and his behavior was also different. We discussed the ways this child was developing and staying with people in a relationship. Is it the same with children and adults? We explored how dad could describe his child so the child care provider and staff were more likely, not less likely to want to have a relationship with him. How could he highlight that the child really enjoyed engaging with others?

Enjoyment

I modeled questions that Dad could ask the child care provider: What was her favorite time of the day with the child? Did they have activities they especially liked to do together? What had she noticed that really made this child laugh? How could Dad also report on things that they did together as a family that were enjoyable? This would inform the provider and expand her perspective about the child.

Story 6: “Ella sique siendo nuestra bebe! She is our baby still!”

A provider had a concern about a family of a two year old, who loved their child so much they did not seem to have expectations for her developmental growth, learning and behavior. They love her dearly, she is the youngest of four. They are very informed about her disability, but so fully embrace their child that they do not put limits on her because she becomes upset.

CORE Response

My intention in these conversations was to respect the parents' perspectives, and also offer the strategies to support their child's development in ways that they said was important to them. They described what they wanted for her as a two year old and for their family. My role was to help them notice what may have been keeping them from reaching their own outcome of more peace and less conflict during their family time together.

Community

This family had a large extended family and many neighbors in their apartment complex who came to visit. Both parents helped their nieces and nephews, and had regular family gatherings. Extended family, who visited often also seemed to think about their little girl in the same way and indulged her as well.

Opportunity

The parents did not have many ideas for their daughter's next steps, so we talked often about what other two year olds were doing. We also talked about examples from their older children. Supporting them was still challenging because the first step needed to be setting some limits for her, which they did not want to do. When I asked, "What do you think she was missing out on?" We had a good conversation in which they realized that she was not getting to do things her siblings did at the same age. They had not yet given her the opportunity to try. We talked about how she could benefit from practicing the same activities and skills as her brothers and sisters when they were her age.

Relationships

During visits I often asked the parents questions about their observations about what was happening between the children as we played. And they noticed that they limited the older ones much more often. That was to be expected, as they understood more, but then it was apparent that they could strike some balance by giving the littlest one some responsibility. We talked about some places to begin: taking turns and not grabbing without asking. All of the siblings were expected to give in to her demands. The parents then noticed that the others did not want to play with her because they always "lost" and sometimes hits her siblings.

Enjoyment

I enjoyed watching how much the parents, and most often the siblings enjoyed this little girl. Our conversations focused on helping them to notice how they could still enjoy her, as she practiced sharing more often, and not hitting her siblings. When they set limits they could still enjoy her persistence and appreciate her strong will. The parents also noticed how they could enjoy all of their children together and appreciate times with the older children too.

Story 7: “Are they avoiding him?”

A parent expressed concern about his child who, at 2½ was not talking and did not easily engage with people. He lacked interaction with extended family members; they did not initiate with him often and gave up when he did not respond right away.

CORE Response

My intention in these conversations was to bring the focus to increasing their enjoyment of the child. Once there is enjoyment, there often is less stress. As the parents relaxed in their interactions, other people become more relaxed and more likely to interact with their child more often. Our conversations were aimed at helping the parents decide where to put their energy in changing family relationships.

Community

We talked about where the family spends time and if they had concerns for their child in any of those places. Dad stayed home with their three children and liked to have outings every few days to the library and park nearby. He took the children on errands like getting groceries with them. He felt that the park went great for his son because he could keep up with and even had better skills than some of the other kids on the equipment. They also had dinner or brunch with mom’s side of the family at least once a week, and gathered frequently each month for birthdays and other celebrations. This is where they faced challenges. There were other grandchildren ages newborn to 7, so there were comparisons during those gatherings. Knowing this helped me to better understand the specific nature of the challenge and help the parent think about where things were going well.

Opportunity

We talked about what kinds of activities they did when their whole family was together. I asked about what everyone else was doing, and what their son chose to do. They were usually at someone else’s house, so their son was always less comfortable than at home. There were opportunities to play with one other cousin or the group, or join an adult who was cooking, playing cards or a playing a board game. The adults would speak louder to him if he did not respond. They did not seem to know what else to do so they stopped trying. Knowing this helped them to think about what their son could be doing with another family member that might help him feel more comfortable, and for the others to feel more comfortable with him. They decided to work on some simple games with him at home, and then take the toys and game materials along with them.

Relationships

We talked about how they could make choices about where to put their energy in strengthening family relationships. Not all family members would understand their son as well as they did. Were there family members who were more open? Did they want to share more information about his delays, or limit that information? What were their expectations of the other’s interactions, and what would need to change to have it feel better when they were all together? Could they accept relatives interacting in ways that were positive, yet not quite the same as how they would with their son, giving up some control?

Enjoyment

We talked about ways to be with their child that showed others how interacting with him could be enjoyable, and how fun he could be. Instead of convincing reluctant family members, or arguing, they could be a model by joining their son and another family member to help them get to know one another. Helping other people see and experience what can be enjoyable with their child kept the focus off the adult’s trying to solve the problem. This focus on enjoyment encouraged family members to be playful and inviting to all of the children in the family.

Story 8: “Next Tuesday is fine.”

A teen mom of an almost 3 year old could clearly talk about her concerns for her daughter, but canceled sessions often. She agreed with the provider, but then did not really use the strategies talked about and continued to talk about the child’s behavior as challenging.

CORE Response

My intention in these conversations was to find a way to keep connecting with this parent in small ways and consistently share enjoyment of her daughter. She liked to sit back and watch during play. It helped to give her small, specific ways to join in. She finally asked, “Can you tell me exactly what I can do to help her_____”? Modeling during play (without telling the parent specifically what I was doing) was not always helpful. She needed direct communication about how I was playing with her daughter, and why.

Community

Our conversations often started with questions about what this mom and her family had been doing that week, where they spent time. She was living with her parents, and the grandparents were involved in caring for the child. She often talked about wanting to get out more often, to places other than the small green space outside of her apartment building. She talked often about missing going out with friends. We tried to figure out places they could go for free. For now their community would be close to home until they had transportation. This was a source of frustration to her. She was looking forward to the child possibly going to preschool when she turned 3.

Opportunity

Though they spent most of their time at home, this young mom had definite ideas about what she would like her daughter to be learning. She also told great stories about her antics, which she told with pride. The mom was very aware that her daughter’s behavior was very different with her than it was with and with other family members like grandma.

Relationships

When we talked about where the child spent time, it was evident that this young mom encouraged her child to continue to have relationship with Dad and extended family though they were no longer a couple. I noticed as her child neared her third birthday, mom was looking forward to her child having other relationships (e.g. preschool teachers). She was ready for this to happen.

Enjoyment

This mom seemed to take pleasure in the stories she told about her child, a combination of amusement and exasperation in not being successful in helping her daughter change her behavior. She was also a great observer of her daughter, and had identified parts of her personality (strong willed, likes routines and keeping things the same, sensitive) from very early on.

Summary

Consideration for using CORE Conversations in the Birth to 3 Program

At a CORE Conversations trainings a provider asked,

“If everything is going okay with a family doing things the way we usually do, then why would we use CORE Conversations?”

CORE Conversations offer a process that can help us to be even more effective in our work with parents and young children with special needs. The previous family stories present strategies that reflect a way of thinking about how we work with parents. We can challenge our own definition of “okay” and look more deeply at what strategies we can use to support parents effectively. We are interested in not just short term changes, but long term changes for parents and their children. We want to support parents in how they think about their children, so they can work toward long term growth and learning. A parent’s perspective about their child then influences how he or she interacts with his or her child with special needs. Those interactions then determine what opportunities their child will have, and what relationships will be available. We have a responsibility to families, and to our funding sources, to have a systematic and informed practice for our work.

Strategies in the Birth to 3 Program are changing. We have the opportunity to build on and expand effective strategies. The success of a child in the Birth to 3 Program is no longer measured only by developmental gains. Our own professional expertise and skill in interacting with and teaching that child is no longer required to achieve parents’ outcomes. We need to be successful in using our expertise and experience to support parents in identifying and meeting outcomes that make a difference to them. Conversations with parents have been an important strategy in the Birth to 3 Program for a long time. Early intervention providers have led the way in developing strategies to gather and share information with parents. Early Intervention providers already ask about daily routines and important aspects of the daily life of a family. We need to continue to develop and use tools that teach us how to listen to what parents have to say—tools that translate what we hear from parents into outcomes that they can accomplish with our support.

Professionals need motivation and time to learn and integrate new strategies. A wider perspective on our shared work with parents of the youngest children with disabilities may give us the motivation to improve our practice. We need to integrate new strategies with our discipline specific expertise. We have a shared responsibility to be responsive to the diverse needs of all families. We need to continue to better understand how our practice will influence parents and their children long beyond the time we have a relationship with them.

Professionals have an opportunity to realign and reconsider their reasons for choosing to work with families in the Birth to 3 Program. Many professionals may have chosen to work in the Birth to 3 Program because of the focus on relationships. Most professionals recognize the value embedded in ongoing interactions with parents. Most also appreciate and value their role in supporting a parent in building his or her relationship with his or her child. Consider the reasons why professionals have decided to work with families raising young children with disabilities: Because of love of babies and toddlers? A desire to share skills as a social worker, educator or therapist? Curiosity about and interest in the learning and growth of young children? Desire to offer support and knowledge to families? Interest in community supports and service development? What ever may have been the original reason a provider chose the Birth to 3 Program, the focus now is a teaming approach to coaching parents to support their children in natural environments (ie. community). A provider’s time with children and parents is short though. By the time the children we support reach their third birthdays, we will be saying goodbye.

Understanding what may happen next for the families and children we support is an important responsibility for professionals in the Birth to 3 Program. When you consider this statement, do you wonder if we have prepared parents for those next steps? In the short time we have with them, have we made strides in connecting parents and their children to their communities? Have we helped parents to consider opportunities for their child that are available to all children? CORE Conversations offer the opportunity to consider these questions and your answers may bring some changes in your conversations with the parents you support. When you know more about the experiences of those babies, toddlers and preschoolers as they grow older, you may find yourself reconsidering the possibilities for how you provide supports as an early intervention provider.

What do we know about what often happens next?

As little children with disabilities grow up, they will continue to benefit from many of the same experiences and opportunities that are available to their typically developing peers. Many of those opportunities have not always been available to them. As children with disabilities get older, they may have more challenges in accessing the same activities and relationships in schools that are available to their typically developing peers. Even children with more mild delays, like communication delays, often have difficulty development friendships, especially when their delays continue into their years in school. Many children with moderate to significant disabilities do not participate in extra curricular activities or can only do so with additional adult support.

Many youth and adults with disabilities have limited options for inclusive employment or post secondary education experiences and are at risk for limited friendships and companionships beyond supports provided by paid workers. They may also have fewer opportunities to gather in community activities that are available to people of the same age, with similar interests. While at first glance it may seem that the lack of services is responsible for more limited opportunities, if we look closer we will notice something else.

What was missing?

The individuals, their parents, their early support providers and their community may not have had expectation that independence, meaningful work and relationships were an attainable goal. Parents who did report that their young adult family members were experiencing meaningful work and friendships all had an expectation from a young age that those experiences were going to be available. This became a shared priority between parents and their supporters. When the child was young they began modeling the attitudes, and providing the opportunities to practice and relationships that would make their shared goal a possibility. They had those goals in mind when they made decisions about what their child was learning and practicing. They cultivated relationships based on their belief that their child would benefit from life long participation in ordinary activities, meaningful work and ordinary relationships.

What difference does knowing this make for professionals in the Birth to 3 Program?

The topics of the conversations you have with parents now will influence how they see and talk about their child, how they identify goals and what is important to practice for their child, and their ideas about what is possible for their child and family. Has the provider supported a family in considering a neighborhood preschool for their child? Do they talk with families about how they like to spend time on the weekends and vacations? Does the team know about their relationships with neighbors, extended family and how these people interact and engage with their child during community and family gatherings? Has the team talked about what supports and relationships might be available to parents already, relationships that parents may have not yet considered? Do professionals use language when describing the child that parents then could use to help people get to know their child and want to spend time with him or her?

If they have, these team members have started CORE Conversations with the parents they support. CORE Conversations include natural and ordinary supports. We then avoid having the first solution to all of a family's needs to be adding more services, or adding their name to another waiting list. We have encouraged parents to not give up on what was important to them because their child has a disability. We have helped parents notice the opportunities and relationships that developed because their child has a disability.

We cannot guarantee that parents and caretakers will accomplish all of their goals for their child and family. Our conversations can provide them with reminders and choices they may not have considered.

CORE Conversations are the beginning of a journey with parents about what is possible for their child with a disability and their family. The conversations offer a perspective that holds much promise for the early years and into the future.

When we bring CORE Conversations to our work in the Birth to 3 Program

We never minimize the challenges faced everyday by a parent raising a child with disabilities, including children with mild, moderate and significant needs. Professional or paid supports may be the best resource for SOME issues or problems that parents encounter with their children. Even with a perfect service system, the majority of children and adult with disabilities still have needs for meaningful relationships, meaningful work and a say in how they live their lives and accomplish their individual goals. What is meaningful to one parent may be different than what is meaningful and valuable to another. Until we develop other options for families, we will be limited by what the service system can or cannot offer.

We support parents and service providers to notice when natural and ordinary supports are the solution. Natural and ordinary supports are available to all families, with and without special needs. These are found through friendships, family relationships and relationships that grow when families participate in activities available to the whole community.

We notice when CORE Conversations help us meet our goals of more engagement and satisfaction in our relationships with parents. This makes a better match of outcomes and purpose in the work we do together; better connections to the activities and relationships of ordinary life for children and their parents.

We recognize that family members and new people might need some information, maybe permission, and a little guidance to be open to and effective in their interactions with children with disabilities and their families. This may create chances for them to invite and engage parents and children with disabilities into existing community opportunities, child care, school classes, activities, and eventually, jobs. Many people in the community who may not know someone with a disability may need strategies that help them feel comfortable, confident and able to relate.

Through CORE Conversations parents will experience a greater sense of purpose, accomplishment and satisfaction. They will have a chance to recognize their own priorities in the work you do together. Professionals will experience greater engagement as they partner with parents, with a greater sense of shared responsibilities for outcomes that make a difference in everyday life.



Easy Access CORE Quick Guide

This guide can be used as a review before meeting with a family or at your program's team meetings as you talk about families and children and concerns or questions that you have.

Community

- What do you know about the parents' family, friends, and connections in the community?
- What are you doing already that connects parents to their own resources?
- Does your team start with conversations about inclusive opportunities for children and activities that all families with young children use?
- Is your first response to suggest an increase in service or another program or waiting list?

Opportunity

- How and when do you talk about family priorities when a child has a disability?
- Do you consider opportunities and practice, not just developmental gains or closing the gap?
- Is there a consistent message from all team members about a range of ordinary activities, options, not just therapeutic and structured interactions?
- How do you talk with parents about the importance of considering activities that are also available to other children the same age, even if the child cannot participate in the same ways that his peers might? Where are the other children of the same age spending time?

Relationships

- Have you modeled for parents ways to talk about their child that emphasize that they are children first, as compared to talking mostly about their disabilities or medical needs?
- Do you consider the contribution a child can make when deciding outcomes?
- How do you reconcile a professional perspective about what a child needs with parents' views about what the child and the family needs and wants?
- Have you listened in a way that allows you to help connect parents and encourage relationships that are supportive? While helping them also identify and minimize
- Relationships that are draining? Or talk about potential relationships for companionship and support of their child and family?

Enjoyment

- How do you describe your role when you are interacting playfully with the child? Do you find it easy to have fun with the child and do you talk about how and why? Do you include the parent in these interactions?
- Does your team intentionally find ways to provide supports and services in the course of activities that are interesting and ordinary for the parent and child - instead of more structured therapy sessions?
- Have you commented to the parent on what you see them enjoying together? Have you offered realistic ordinary ways the make interacting more enjoyable, to balance the stressors of lack of sleep, medical issues, food issues, and other stressors common to young families?



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