

# Partnership with Parents in Therapy Application of the approach at the Hydrotherapy Center

#### 2012

Written by Ilanit Weigenfeld-Lahav, director of the Hydrotherapy Center, Beit Issie Shapiro

### **Background**

The system-wide approach that recognizes the connection between the well-being of the family and the well-being of the child has heightened recognition of the central position of the family and the role it plays in the life of the child. The view that a strong family is important in order to enable the child's optimal development has encouraged awareness of the importance of strengthening the parents of children with special needs, and empowering them so that they can support their children and provide them with experiences and opportunities for growth and development (Dunst, 2002). In recent decades it has increasingly been understood that parents of children with special needs have considerable knowledge of their child's capabilities, needs and difficulties, and different ways of coping with them. This understanding has leveraged the insight that a real therapeutic partnership between the parents and the professional staff contributes significantly to promoting the therapeutic process and achieving the objectives of the therapy, and has generated a change in the status of the parents – from passive service recipients to partners.

The concept of partnership with the family relates to a set of values, principles, and methods of work and action to reinforce the family's skills and support its ability to promote the child's development and learning.

The development of this concept breaks down the barriers between staff member and client, making them both the possessors of expertise, knowledge, skills, and energy to contribute to the process of change. This does not mean that parents and professionals take on each other's roles, but rather that each respects the role and contribution of the other. The strengths of both should be used, generating a combination of professional resources and the resources of the parents.

The professionals bring professional and technological know-how to the partnership, while the parents bring their knowledge of the child and the unique skills that they have acquired while bringing him up (Allen & Petr, 1996). The role of the professionals is to help the parents and support them in their job of raising and nurturing their child in the best possible way: providing them with information, guidance and advice so that they, as parents, will be able to take educated decisions during the critical years of their child's development (Jeffries, 2009).

Extensive involvement of parents in the family-centered program relates to the concept of empowerment. Sadan (1997) defines the process of empowerment as a transition from a state of relative helplessness to greater control over life, fate and the environment, and argues that the significance of this term includes situations in which strength develops or is acquired, and people succeed, by themselves or with the help of others, in achieving better control over their lives.

A review of the literature shows a significant connection between partnership in decision-making and empowerment. Research findings show beyond a doubt that there is a positive connection between the two, and that the more a person is a partner in decisions relating to his life, the greater the degree to which he is empowered (Itzhaki & Makaros 1997). The fact of the partnership, involvement, and commitment to achieving an objective and influencing the decisions taken with regard to his life creates a new sense of control.

## The Hydrotherapy Center at Beit Issie Shapiro

The Williams Island Hydrotherapy Center at Beit Issie Shapiro is a center for treatment and rehabilitation in the water, a national center for treatments and training in hydrotherapy. Hydrotherapy makes use of the advantages of water for rehabilitation purposes, including strengthening, reducing pain, practicing balance, fitness and movement, with the accent on motor skill, communication, and emotional objectives, as well as developing confidence and independence in the water, up to the stage of rehabilitative and competitive swimming. The center attributes importance not only to developing physical achievements, but also to the emotional and social contribution of hydrotherapy, so that achievement is manifested in the patient going on to sporting activity, developing capabilities, independence, and confidence.

The center has adopted an approach that puts the child at the center of the treatment, and sees the family as a major partner in the process.

## Application of the partnership with parents approach at the hydrotherapy center Objectives of the partnership

- 1. Realization of the parents' basic right as a partner in taking important decisions with regard to their and their child's quality of life.
- 2. Changing the role of parents from passive and dependent to active, involved and independent as far as possible.
- 3. Developing the parents' knowledge, skills and abilities to expand their understanding and knowledge of the child's situation, needs and functioning.
- 4. Using the parents' know-how, information and experience to provide more effective service, adapted to their needs.
- 5. Providing an answer to the real needs of the child and the family.

Some parents tend to hand over responsibility to the professionals. They feel that they have only limited knowledge, and therefore avoid active involvement in taking treatment decisions. It is important to remember that the hydrotherapist treats the child once or twice a week, while it is the family that is with him most of the time.

The team wants to involve parents in order to get to know the child better, and make use of their knowledge and experience in coping with the child in different situations, such as lack of motivation and lack of cooperation with the therapist. The team members want to learn from the parents how they clarify the child's behavior. The expectations that the parents have of the treatment are important to the therapist, in order to examine whether they are realistic and achievable, and also to take into account the parents' preferences when deciding on the treatment plan.

The continuum of treatment between the hydrotherapy center and everyday life must be retained, and this requires regular dialogue with the family.

## Guiding working principles for partnership between the hydrotherapy center team and the families

These principles have been designed on the basis of the approaches of empowerment and family-centered service:

- Mutual respect between the professionals and parents is the basis for effective partnership.
- The parents are seen as partners in the solutions, but not as responsible for the problems. The parents have knowledge and wishes with regard to the appropriate solutions.
- The parents choose the degree of involvement and partnership that suits them the center offers parents a variety of opportunities for involvement in taking decisions and in the treatment.
- The treatment program and the parents' involvement are specifically adapted for each family and its unique characteristics – different children / families need different solutions, and different degrees of involvement for the same problems.
- The professionals respect and accept the preferences and choices of the family.
- The Center encourages families to be involved in the process.
- Sharing information provides the basis on which to develop joint work by professionals and parents.

## Working in partnership – levels of inclusion

- Partnership is not equality, it relates to individual differences, recognizes them, and benefits from the fact that people complement each other (Evroni & Shapiro, 1997).
- Working in partnership must be based on the acknowledgement that the clients may also take the initiative, and requires taking responsibility and maintaining openness throughout the process: the difficulty lies not only with the professionals, it is also shared by the clients (Rosenfeld, 1993).
- Inclusion of clients recognizes the client's right to participate in decisions impacting his or her life (Itzhaky & York,1994).

The scale of degrees of inclusion designed at the Hydrotherapy Center is based on the degrees of inclusion of Itzhaky & York (1994), and Konrad's continuum of parent involvement (1996), and ranks the different categories of parent involvement along a chronological and developmental continuum – up to the highest degree of partnership.

- 1. No inclusion
- 2. There is communication giving and receiving information
  - Giving information to parents
  - o Receiving information from parents
- 3. Including parents as observers
- 4. Reciprocal consultation
  - Receiving feedback from parents, including the right to voice their objections developing ways and mechanisms for the parents to respond to the treatment program and its implementation
  - Consulting with the parents
- 5. Coordination, determining areas of responsibility and division of roles the parents participate in implementation, following instructions
- 6. Cooperation in planning and putting the program into practice
  - Including the parents in responsibility and taking decisions, but the professional has the right of veto
  - o Equal responsibility of parents and professionals
- 7. Empowering the parent
  - Full and senior partnership of parents parents have the right of veto
  - o Full and exclusive responsibility of the parents in taking decisions.

At the Hydrotherapy Center, the parents choose the level of involvement and partnership that suits them – the Center offers them a broad range of options for involvement. The Center staff encourages parents to be actively involved in the decision-making and treatment.

Some parents choose not to be involved at all. In these families, the child comes for treatment at the Hydrotherapy Center accompanied by a support worker, or sometimes another family member. The staff receives no information about the child's progress outside the pool, or about other situations in his life that may affect his performance during treatment in the pool. The Center staff makes a great effort to be in contact with the parents, and involve them.

For the most part, there is basic communication between the staff and the family, in the form of giving and receiving information. During the process of admission to the Center, the parents are asked to come to meetings and provide information about the child and the way he functions at home. Many parents understand that events that occur in the child's everyday life impact his ability to get the most out of the therapeutic meetings. They therefore take care to update the therapist at their own initiative about every unusual event in the child's life, for example "the child had a difficult day in kindergarten", or "he didn't sleep well at night", or "his father left for Army reserve duty and there is a change in his mood and behavior".

Many parents also mediate information between the systems in the community with which they are in contact and the therapist, for example "the kindergarten teacher suggested...", or "the physiotherapist at school said...".

Parents choosing to participate as spectators are present at the treatment but tend not to be involved in the decisions. These parents show an interest in what takes place in therapy; some will not initiate questions, but others will approach the therapist after the treatment, ask questions, or ask for brief feedback. Spectator parents are sometimes parents experiencing therapy for the first time, and choosing minimal involvement at this stage. Some of them will increase their degree of involvement when they become familiar with the framework, the staff, and the progress of the treatment.

Reciprocal consultation is a mechanism that parents can use, at their initiative or at the initiative of the therapist, to relate to and express their opinion on the treatment or its results to the therapist. The feedback provides the therapist with important information for considering, together with the parents, how to proceed with the therapy and how to cope with difficulties that arise in the course of it. The feedback enables the therapist to consider changes in the treatment method, for example being more assertive, or on the contrary – making fewer demands and giving more control to the child during treatment. Feedback gives the therapist the opportunity to discuss processes occurring during the treatment with the parents, such as describing emphases in the treatment, or the way in which the therapist relates to the child's needs.

In addition, the therapist himself can initiate a meeting at which he consults with the parents on ways of working with the child that are also suitable for application at home, and learns from the parents other ways of coping with the child in various situations, for example, how to motivate the child in situations of lack of cooperation, such as favorite songs or incentives and reinforcements. Sometimes the parents update the therapist on effective responses in situations of challenging behavior or crossing boundaries.

Coordination, determining areas of responsibility and division of roles –parents are partners in implementation, under instruction. For example: if the child has difficulty getting used to the swimming goggles, the therapist can ask the parents to practice with the child during the daily bath at home; sometimes parents take part in mentally preparing the child for the therapy, or for changes that are going to take place, such as moving from one pool to another, by verbal preparation or by using appropriate symbols of communication before the therapy.

Collaboration in planning and putting the program into practice takes place when the parents and the therapist consider together how the appropriate program for the child can be implemented both at the Hydrotherapy Center and at home. For example, the therapist could instruct the parents in how to support and hold the child during various everyday activities, such as eating, dressing, and so on, in order to continue the therapeutic work in the pool at home.

The level of full and exclusive responsibility of the parents for decision-making and treatment occurs when therapy comes to an end and the therapist instructs the parents on how to continue practicing and keeping up the achievements made during the therapy. In fact, the parents become their child's therapists in practice, with all the implications this has.

#### Variables that affect the level of involvement of the parents

A wide range of variables affect the patterns of involvement of the parents, and among them we can mention:

- Background variables of the parents and the family (personality, education, family situation, scale of family support systems).
- The impact of the child's presence on the functioning of the family
- The perceptions of the parents are part of the variables affecting the style and patterns of behavior of the family
- The parents' ability and willingness to take responsibility for the decisions
- The parents' motivation to be partners in the therapy
- The number of treatment sessions

## Factors that encourage or hamper partnership with parents

### Personal factors relating to the staff

### **Encouraging factors**

- Belief in the parents' ability to promote the treatment
- The view that the parents know their child better than anyone
- The view that the parents' needs and preferences are central to the treatment program
- Good communication with parents
- Belief that partnership is achievable
- Previous successful experience with the inclusion of parents

#### Hampering factors

- Fear of losing professional authority
- Fear of the parents' criticism, and of exposure
- The desire to focus on the professional work the treatment. Sharing requires time
- Lack of belief in the parents' ability to be effectively involved
- Difficulty in communicating with parents
- The parents' objectives and wishes are liable to conflict with the professional approach
- The professionals are often involved in defining "boundaries of partnership", to prevent intervention beyond what the organization defines as desirable partnership.

## **Factors relating to the parents**

#### **Encouraging factors**

- Parents want to be involved in deciding on the treatment program
- The parents' willingness to be involved in implementing the program in the organization, and maintaining continuity of treatment at home
- Successful previous experience with involved parents

#### Hampering factors

- The parents' fear of holding back the process
- The parents' lack of belief in their abilities

- The parents' dependence on professionals
- Unsuccessful experience of inclusion in the past
- Lack of awareness of the idea of partnership.

#### In conclusion

It can be said that establishing a partnership between professionals and parents is a multi-stage process based on ongoing and regular dialogue between the therapist and the parents. The possibilities for involving families are many and varied, and each family can choose the level of involvement that is appropriate to its needs, wishes, and abilities.

The therapist has to believe in the parents, recognize their abilities and strengths, and acquire the skills to prepare for working together with parents. The parents have to believe in themselves, recognize the unique knowledge that they have of their child, and appreciate the unique contribution that they can make to shaping the treatment program and, as far as possible, also implementing it.

#### Sources

Carl J. Dunst. (2002). Family-Centered Practices: Birth Through High School The Journal of Special Education. Vol. 36, no. 3; pp. 139-147.

Susanne King, Rachel Teplicky, Gillian King & peter Rosenbaum. (2004). Family-Centered service for Children With Cerebral Palsy and Their Families: A Review of the Literature. Seminars in Pediatric Neurology, Vol. 11, No. 1: pp 78-86

Teresa A. Byington & Peggy J.S. Whitby. (2011). Empowering Families During the Early Intervention Planning Process.

Young Exceptional Children. Vol. 14, No. 4; PP 44-56

Reva I. Allen & Christopher G. Petr. (1996). Toward Developing Standards and Measurements for Family-Centered Practice in Family Support Programs .

In: George H.S. Singer; Laune E. Powers; Ardis L. Olson. Redefining Family Support. Paul H. Brookes Publishing Co. N.Y.

Jeffries. J. (2009). Within a Family-Centered Practice, How Can Family Outcomes Be Identified? Physical & Occupational Therapy in Pediatrics. 29 (2), 129-132

Guralnick, M. J. (2005). An overview of the developmental systems model for early intervention. In M. J. Guralnick (Ed.), The developmental systems approach to early intervention (pp. 3-28). Baltimore: Brookes