

➔ After you have talked with the family, it's time to connect your knowledge with their needs. Some families may not know very much about developmental milestones and what to expect.

*"I stopped reading all my baby books after my son was born. He wasn't developing normally and I couldn't stand reading cheerful books about 'typically developing children'."* –Ben's Mom

➔ Talk with the family about the next developmental steps that will be part of therapy.

➔ Talk with the family about options for meeting desired outcomes. Remember that the family might have an emotional response to some suggestions that you will need to address.

Example: Parents may feel sadness and anger at the idea of a wheelchair at first—they need to hear how it will help their child achieve the goals you have discussed.



**For more information:**  
First Steps families who want to connect with other families may email us at [familynetw@abouthealthkids.org](mailto:familynetw@abouthealthkids.org) or call **1-800-964-4746.**

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Indiana's Unified Training System



First Steps

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## Conversations with Families: How to Generate Relevant IFSP Outcomes



# Conversations with Families

As a First Steps provider, you are carefully trained to have the knowledge and skills necessary to positively impact a child's development within your chosen discipline. Your training, however, may not have focused on how to talk effectively with families in their natural environments in order to develop relevant IFSP outcomes. Everyone is aware that these conversations need to occur in order to identify the family's current concerns and needs as well as daily routines and activities, but sometimes initiating and maintaining successful dialogues can be challenging. The Family to Family program acknowledges the important role you play in IFSP development and would like to offer the following information gleaned from families who have been through the First Steps system as a guide to conversing with families.



## Something to Remember Before you Ring the Bell

Families do not have the same perspectives as providers! Your sensitivity to this difference in perspective is crucial. You may knock on the door and be focused on a checklist of therapeutic goals while the mother is trying desperately to balance doctor's visits/therapy sessions/sibling needs and her own exhaustion. This difference in perspective can have a huge impact on your conversations.

## What Does the Family Want?

*"The point of therapy is not to learn how to do therapy, but instead to learn how to help children participate in their own homes and communities."* —**Danny's Mom**

➡ Families want practical ideas that can be easily incorporated into their daily lives (e.g., hamstring stretches while changing a diaper, speech play while riding in the shopping cart, knee bends while splashing in the bathtub).



## How Do We Have These Conversations?

- ➡ Pay attention to body language.
- ➡ Become aware of your own discomforts during conversations (e.g., silence can feel awkward but can help you learn important information).
- ➡ Avoid jargon. This includes discipline-specific jargon as well as First Steps jargon (e.g., SPOE, LPCC, OT, PT). Even terms such as "routine" and "outcome" can have different meanings to parents and providers.

## Asking Questions



*"What does Sarah like to do?"*

*"What are his strengths?"*

*"What is it like to go \_\_\_ with Dylan?"*

*"I notice he often plays with \_\_\_, do you see that a lot?"*

*"Are you concerned about \_\_\_?"*

*"Why is \_\_\_ so important to you?"*