



Being the SLP Families Will Trust

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If your experience is like mine and like those of many recent SLP graduates I've met over the years, we are very client focused. We want to do what's best for the client. We want to be the one who helps the client make progress and move in the direction they need to move to get better. These are not bad wants; however, problems can arise if our definition of the client is limited. In my early years, I can recall feeling a bit of excitement when I got my first referral for a child with Down Syndrome or Autism, or any other diagnosis. I saw each referral as an opportunity to expand my skills as the helping professional I wanted to become. My first thoughts didn't adequately consider what it might mean to the parent who has a child with Down Syndrome, Autism, or any other diagnosis. What I didn't realize is that, in early intervention, the client is not just the child; rather, it's the family.

As an early interventionist, here is our reality. The child isn't concerned that he or she has some sort of diagnosis. The child is living life large, in the only way he or she knows how. The parents, though, are consumed with their child's difficulties. When a child has been diagnosed with a delay, the question that comes to the parent's mind is, "Now what?" The parent will want to know what steps to take. The parent will want to move in a direction that will help their child learn to communicate more effectively and they will want to move in this direction with confidence. Choosing the right therapist is one of the first steps the parent takes when answering the "Now what?" question in a way that makes the most sense for their family. So, how can we be the therapist that the family will trust?

The Two-fold Process of Early Intervention

Dathan Rush and M'Lisa Sheldon have published a book entitled [The Early Childhood Coaching Handbook](#), a recommended read for any professional entering the field of early intervention (Rush & Sheldon, 2011). They also published an earlier book with Barbara Hanft (Hanft, Rush, and Sheldon, 2004). In both these books, the authors describe the work we do with families as a twofold process: **relationship-based** and **performance-based**.

First, let's talk about the relationship-based part of the process. As interventionists, we have to start by building a *partnership* so that the interventionist AND the parent can **both** bring their knowledge and skills to the relationship. So, it's two way learning: "Mom, you know your child and your family best and I know about language development and how to foster it. Let's keep sharing our ideas so that together we can figure out how to move forward".

Moving forward calls for action, which gets us to the performance-based part of the process. If we have a relationship, performance comes more easily. Together, the parent and the interventionist can be goal-oriented and action-based. "Mom, it seems we agree that this (goal stated specifically) is what we want to see (child's name) learn and this (actions stated specifically) is what we plan to do to help accomplish the goal.

I'll add one final idea to conceptualize Rush & Sheldon's process: **being reflective**. The best work happens when the parents and the coach are reflecting together on the most basic questions:

- What actions are working already?
- What should we be doing differently, if anything?
- What actions might fit with what's already working that would help accomplish the goal even better?

Reflection is what binds the performance-based and relationship-based components of our work..

Clinician to Clinician

In this section, I want to discuss a classic mistake, present one concrete idea that I've come to believe will help offset the classic mistake, and list some additional reflective questions that I hope will prove helpful.

First, the classic mistake: I did this in my early years. I've seen countless other interventionists do the very same thing. In fact, I'd say this mistake was a constant in just about every new interventionist or graduate student I've ever been charged with mentoring. **We jump right into the action without first developing a relationship.** My theory is that we tend to assume that if we recommend it, the parent will do it. After all, we're the experts!. We learn quickly that this doesn't work. The best-case scenario is what I call the "nodder" parent. They'll nod their head "yes" and nod their head "yes" when I'm there with them in session, but when I come back next session, it's clear they haven't done anything about it in between sessions. The worst case scenario is we'll lose the parent. They may go to another therapist or they may elect not to pursue intervention at all. My knee jerk reaction in both the best and worst case scenarios is to blame the parent, but in reality, it's on me. I didn't do enough to develop the relationship before jumping into action.

Next, one concrete idea to offset the classic mistake: When I was in graduate school, I once had to write on an essay question on whether thought organizes language or language organizes thought. My response at the time was "... of course thought organizes language otherwise how would we ever come up with language in the first place." Now, I lean more the other way and believe that language organizes thought. What we call it is what it becomes. The pronouns we use communicate volumes. If we say "I", "me", or "you", then we separate ourselves from the family

and it becomes action-based therapy without enough consideration for the relationship. If we say “we”, the actions taken evolve more out of the relationship. I’m always amazed at the impact the simplest ideas can have. I had to force myself to say “we”. At first, I had to keep repeating to myself the “say we” mantra. Over time, I didn’t have to say “we” anymore because I was thinking “we.” Language organizes thought.

Finally, some additional reflective questions: The list below includes just a few of my favorites. If interested, the reference list gives resources that can help provide an extensive list. After reading the list, please don’t walk away thinking we can’t add our comments, thoughts, suggestions, opinions. We certainly can or it wouldn’t be a relationship-based two way learning process. It becomes a balance.

Reflective questions to use with parents

Parent-based questions:

What is already working? Why do you think so? How/where can we do this action even more?
What should we do differently?
What actions can we take that will help?
What might happen if we?
How do you think (child’s name) will respond if we tried this particular strategy?
Which strategy will work best for (child’s name): _____ or _____?

Child-based questions:

What have you noticed (child’s name) is doing that you’d like to see more of?
What is (child’s name) already able to do? What do you see as the next step?
Why do you think (child’s name) is ...?
What do you want to see (child’s name) do differently?

Activity-based questions:

What does (child’s name) like to do?
What is an activity you and (child’s name) like to do together?
When can we try this strategy?
When else can we try this strategy?
During this activity, how can we use this strategy?

What Kind of Therapist Should Parents Choose?

As was mentioned earlier, the parents do not have to pick us to be their therapist. They can choose another therapist, or even worse yet, they can elect not to pursue intervention at all. In the paragraphs above, we were introduced to some of my thoughts and some thoughts from published resources on what it takes to be a supportive interventionist, one the family will be more motivated

to work with. How can we be the therapist the family will trust? We thought it might be interesting to answer this question in a different way as well. The Hanen Centre polled a number of Hanen trained speech-language pathologists around the globe to find out what they suggest a parent should look for when choosing the right therapist. Below is a compilation of what these therapists had to say, and tips on what you can do to be the kind of therapist parents should choose.

The third most popular answer: The therapist needs to be child-friendly.

This sounds simple enough, but we can't take it for granted. If the child isn't comfortable, he/she will not be able to learn. Thus, the parent should watch the therapist interacting with their child. Is she on the floor with him? Is she trying to find out what interests him or is she simply choosing what activities the child is to do? Does their child seem to be having fun? Does their child seem willing to interact with this therapist? If the parent can answer yes to these questions, then chances are their child is ready to learn.

Actions you can take to become more child-friendly: Play with as many children as you can as often as you can. Practice makes perfect. If you are looking for ideas of actions you can take while playing with children, I might suggest taking a look at The Hanen Centre resources or any of a number of other resources that provide therapy strategies.

The second most popular answer: The therapist needs to be experienced and knowledgeable.

A good therapist should know what kind of treatment is best for the child. In addition, this treatment should be based on research. The bottom line is that the therapist should appear to know what he/she is talking about. Finally, the parent should feel comfortable with the amount of experience the therapist has with children similar to theirs. In keeping with the questions theme, some reasonable questions the parents might have are:

- How much of your caseload is made up of children like mine?
- Can I talk to some other parents you have worked with?
- What treatment do you recommend and why? What's the evidence that supports these recommendations? Where can I learn more about this kind of treatment?

Actions you can take to become more experienced and knowledgeable: Unfortunately, this will just take more time on the job. In the interim, the same suggestions made above for becoming more child friendly can certainly apply here. In addition, spend any time you can reading about

research. Journal articles and published resources are good places to start. Journal articles aren't always the easiest read. I'd also suggest as a less formal starting point, taking a look at the variety of research summaries and articles that can be accessed from [The Hanen Centre's website](#). New website articles are always being added, so repeated visits will give access to additional ideas. One final interim suggestion would be to just take a look at the reasonable questions posted above that a parent may ask. Develop possible responses, as if it were a job interview.

The most popular answer: The therapist considers the parent to be an intervention partner.

A good therapist realizes that, because the time he/she spends with the child is limited and because parents are so important in a child's life, parents need to be involved in the intervention and play a major role. To truly make a difference, the parent needs to be confident in what he/she is doing to help the child so that intervention goes beyond the specific treatment session and continues throughout the child's day.

In addition, a good therapist is respectful of the parent and includes the parent in the decision-making process. A parent who feels as if he/she is always being told what to do is not truly a partner.

Actions you can take to be an intervention partner: At The Hanen Centre, we frequently suggest that parents use the strategy of Observe, Wait, and Listen when interacting with their child (OWLing). A good therapist will also adapt this strategy for use during her interactions with the parent.

This therapist ...

- **Observes:** takes the time to discover what is important to the parent
- **Waits:** gives the parent time to talk about what is important to her/him
- **Listens:** responds to what the parent says to show he/she has been heard