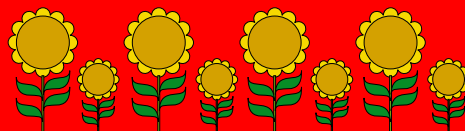




# *Establishing Effective Early Childhood Teams*

Establishing Effective Early Childhood Teams  
Kansas Inservice Training System  
Kansas University Center on Developmental Disabilities  
2601 Gabriel, Parsons, KS 67357  
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email: [kskits@mail.ku.edu](mailto:kskits@mail.ku.edu)  
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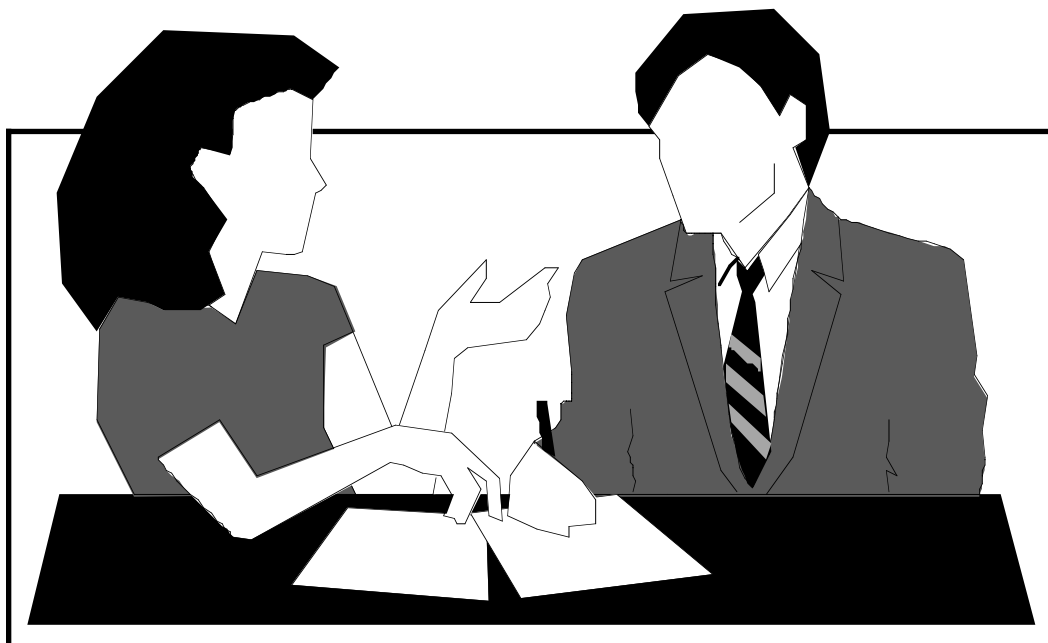


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# Why A Teaming Booklet?

The fields of early intervention, early childhood education, and early childhood special education are constantly changing and evolving. With this evolution, our roles are changing as well. Traditionally, early childhood special educators and related service personnel have worked in isolation to develop assessment information, goals and objectives, and intervention strategies. Changes in legislation and best practices have increased our need and desire to work with each other, in teams, to better serve children and families. In defining teams we generally mean a group of professionals, usually representing several disciplines who have expertise regarding a particular child or group of children. In addition, an increasing number of early childhood special educators and related service personnel are finding themselves in community settings providing services to children with special needs. This collaboration with early childhood educators has created additional demands on our time and resources. However, we have seen the benefits for our children and families of this increased collaboration.

This booklet is designed to increase your awareness of team collaboration and give you the tools to help your teams work together to provide optimal services for children and families. We realize the importance of having resources to use and how little time we have to find them in our work day.



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# Commonly Asked Questions about Early Childhood Teams

## What is an early childhood team?

An early childhood team is a group of individuals, including family members, therapists, administrators and teachers, working together to best meet the needs of children with special needs birth through five.

## Who is on an early childhood team?

An early childhood intervention team can include but is not limited to the following individuals:

- Family members
- All therapists, (occupational therapist, physical therapist, speech language pathologist, social worker, audiologist, occupational therapist assistant, physical therapist assistant, nutritionist, medical doctor, registered nurse, etc.)
- Service coordinator
- Paraprofessional
- School psychologist
- Day care provider
- Primary caregiver
- Special education

## What's the team's purpose?

Teams purposes vary from organization to organization, usually teams meet to discuss concerns, strengths and strategies about one child or group of children.

## What is the program's philosophy and how does the team guide this philosophy?

The program philosophy and the goals the program sets for itself are what guides the team interaction. Clear goals and philosophies help the team to determine bottom line decisions.

## What are the roles of consultants on the early childhood team?

Everyone considered a member must be included in the team meetings. Consultants who cannot always be there should address questions and concerns to the team facilitator and should receive minutes of the meetings.

## Who needs to attend IEP meetings?

Family, teacher, related service providers, administrator of special education programs. Remember: Not everyone on the team may need to attend IEP/IFSP meetings. Too many service providers may overwhelm the family.

## Planning time for team meetings:

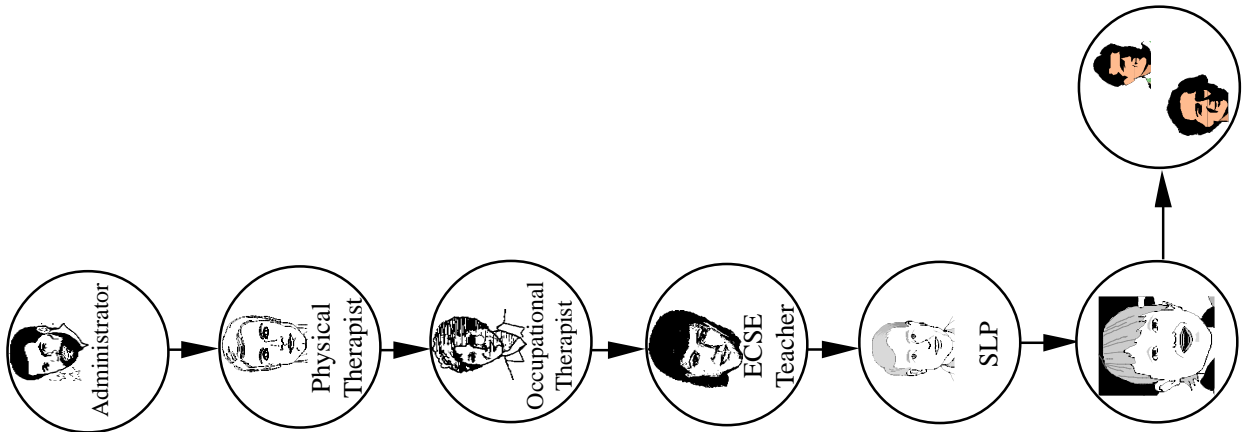
Administrators must be aware of our increased collaboration with community providers and other agencies. Teachers and related services need time to meet as a team. A regular consistent time is ideal.

## Creative ways to communicate with all members of the team:

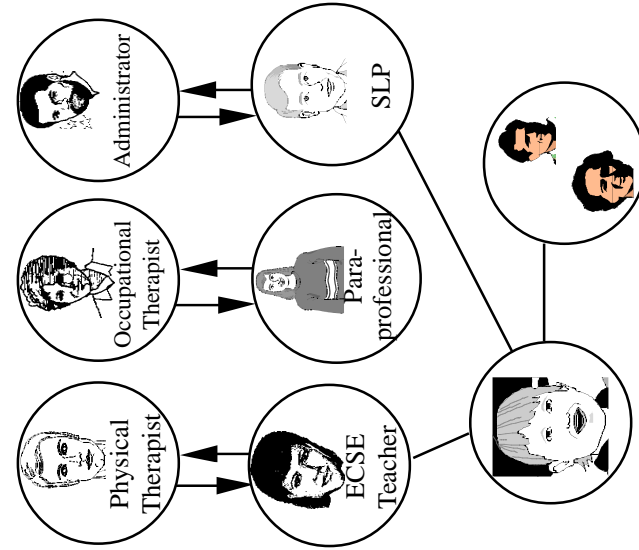
- Shared agenda
- Flip charted paper with meeting ideas and issues
- Team lunch at favorite places

# Three Types of Early Childhood Teams

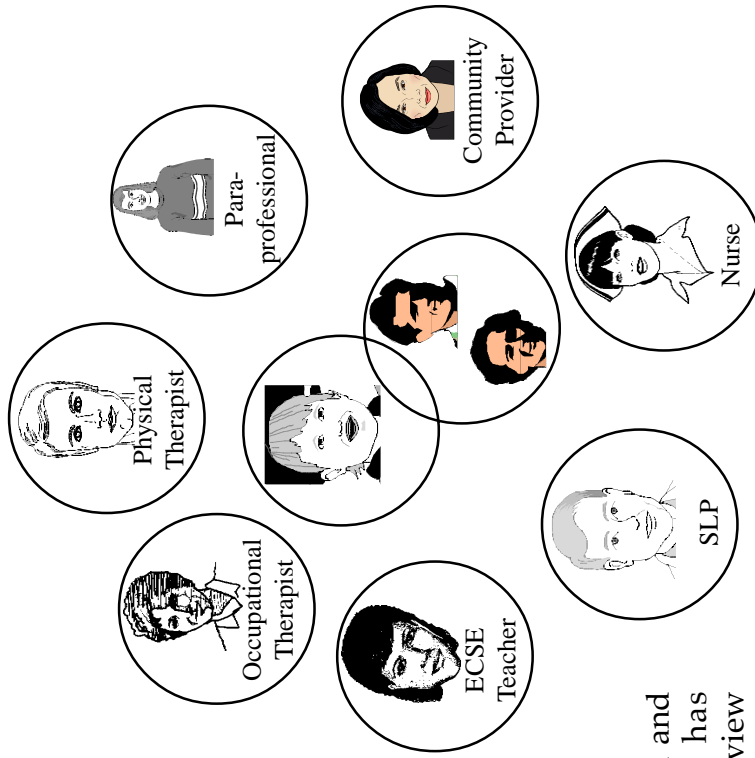
## Multidisciplinary



## Interdisciplinary



## Transdisciplinary



The changing fields of early childhood and early childhood special education has necessitated a change in the way we view teams. Pictured are examples of how teams have evolved over time. In the interdisciplinary models, professionals worked individually to prescribe services to the child and family. In the multidisciplinary models, professionals worked together to plan services for the child and family, but didn't include the family in the decision making. The transdisciplinary team includes the family and works together to plan collaborative services to the family.

---

# 10 C's of Teamwork

Identify and describe the challenges or problems your team faces related to each of the 10 C's. Identify potential solutions and set priorities for change.

## Barriers

## Solutions

**C**ooperation

**C**ommunication

**C**onsistency

**C**oordination

**C**onfronting problems

**C**ompromise

**C**onsensus decision-making

**C**ollaboration

**C**aring

**C**ommitment

Kilgo, J., Clarke, B., & Cox, A. (1990). Interdisciplinary infant and family services training model. Richmond, VA: Richmond Virginia Institute for Developmental Disabilities.

Cripe, J. (1993). Transdisciplinary and community-agency team-developed infant/toddler communication services. Parsons, KS: University of Kansas, KUCDD-Parsons, Project TaCTICS.

# Which Model Does Your Team Use the Most?

	Multidisciplinary ( <input type="checkbox"/> )	Interdisciplinary ( <input checked="" type="checkbox"/> )	Transdisciplinary ( <input checked="" type="checkbox"/> )
<b>Assessment</b>	Separate assessments by team members	Separate assessments by team members	Team members and family conduct a comprehensive developmental assessment together
<b>Parent Participation Development</b>	Parents meet with individual team members	Parents meet with team or team representative	Parents are full, active and participating members of the team
<b>Service Plan Responsibility</b>	Team members implement the part of the service plan related to their discipline	Team members share their separate plans with one another	Team members and the parents develop a service plan based upon family priorities, needs, and resources
<b>Service Plan Implementation</b>	Team members implement the part of the service plan related to their discipline	Team members implement their section of the plan and incorporate other sections where possible	A primary service provider is assigned to implement the plan with the family
<b>Staff Development</b>	Team members implement the part of the service plan related to their discipline	Team members are responsible for sharing information with one another as well as for implementing their section of the plan	A primary service provider is assigned to implement the plan with the family
<b>Lines of Communication</b>	Informal communication lines	Periodic case-specific team meeting	Regular meeting where continuous transfer of information, knowledge and skills are shared among team members
<b>Guiding Philosophy</b>	Team members recognize the importance of contributions from other disciplines	Team members are willing and able to develop, share and be responsible for providing services that are part of the total service plan	Team members make a commitment to teach, learn and work together across discipline boundaries to implement unified service plan
<b>Service Plan Implementation</b>	Independent and within their discipline	Independent within as well as outside of their discipline	An integral component of team meetings for learning across disciplines and team building

Adapted from Woodruff, G., & Hanson, C. (1987). Three models of early intervention. Project KAI, 77B Warren Street, Brighton, MA 02135.

# What Type of Early Childhood Team Am I On?

Early Childhood Services		Circle the area that is applicable to your team		
<b>Assessment</b>	Separate assessments by team members (✓)	Team members and family conduct a comprehensive developmental assessment together (X)	Separate assessments by team members (□)	
<b>Parent Participation Development</b>	Parents meet with individual team members (□)	Parents are full, active and participating members of the team (X)	Parents meet with team or team representatives (✓)	
<b>Service Plan Responsibility</b>	Team members share their separate plans with one another (✓)	Team members and the parents develop a service plan based upon family priorities, needs, and resources (X)	Team members implement the part of the service plan related to their discipline (□)	
<b>Service Plan Implementation</b>	A primary service provider is assigned to implement the plan with the family (X)	Team members implement the part of the service plan related to their discipline (□)	Team members implement their section of the plan and incorporate other sections where possible (✓)	
<b>Staff Development</b>	Team members implement the part of the service plan related to their discipline (□)	Team members are responsible for sharing information with one another as well as for implementing their section of the plan (✓)	A primary service provider is assigned to implement the plan with the family (X)	
<b>Lines of Communication</b>	Informal communication lines (□)	Regular meeting where continuous transfer of information, knowledge and skills are shared among team members (X)	Periodic case-specific team meeting (✓)	
<b>Guiding Philosophy</b>	Team members recognize the importance of contributions from other disciplines (□)	Team members are willing and able to develop, share and be responsible for providing services that are part of the total service plan (✓)	Team members make a commitment to teach, learn and work together across discipline boundaries to implement unified service plan (X)	
<b>Service Plan Implementation</b>	Independent within as well as outside of their discipline (✓)	An integral component of team meetings for learning across disciplines and team building (X)	Independent and within their discipline (□)	

Add up all the ✓'s, □'s, X's. □'s mean you work mostly as a multidisciplinary team; ✓'s mean you work mostly as an interdisciplinary team; X's mean you work mostly as a transdisciplinary team.

Woodruff, G., & Hanson, C. (1987). Three models of early intervention. Project KAI, 77B Warren Street, Brighton, MA 02135.

# Becoming Transdisciplinary

Circle the number that most closely describes your behavior on the continuum of "role release" for a transdisciplinary approach.

## Role extension

1	2	3	4	5
---	---	---	---	---

I know what I know and that's all I know.

I like a few new ideas now and then—a few workshops, meetings or articles each year.

I never stop learning. I eat, sleep and live to learn more.

## Role enrichment

1	2	3	4	5
---	---	---	---	---

I know what I know and I don't want to know what anyone else knows.

It's nice to learn basic information from other disciplines. Sharing information and attending workshops together is OK.

If one journal or magazine is good, five from different disciplines is better! I'm ready for any special need.

## Role expansion

1	2	3	4	5
---	---	---	---	---

I know what I know. My ideas are mine.

The "whole child" is the focus. I offer ideas and observations to other team members across domains and disciplines.

Sharing feedback across disciplines is the only way. I don't even know that disciplines or domains exist anymore!

## Role exchange

1	2	3	4	5
---	---	---	---	---

I do what I do and I don't do what you do.

I am willing to both teach and learn basic skills to and from other disciplines for children served.

I teach you whatever I do; I learn everything you do. We support and supervise each other until competent.

## Role release

1	2	3	4	5
---	---	---	---	---

I do what I do and you don't do what I do.

I teach, learn and provide support for basic skills needed for children served.

You do what I do; I do what you do; and we do what the children need by teaching, learning, and supporting each other with ongoing communication.

## Role support

1	2	3	4	5
---	---	---	---	---

I do what I do and I don't help you.

I carefully maintain certain responsibilities appropriate only to my discipline and share resources as appropriate.

I maintain my role only when needed but always offer information, resources and support to other team members.

Cripe, J. (1993). Transdisciplinary and community-agency team-developed infant/toddler communication services. Parsons, KS: University of Kansas, KUCDD-Parsons, Project TaCTICS.

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# Ideas for an Effective Transdisciplinary Team

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## Role release component

## Activities

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- Role extension**
- Read new articles and books within your discipline or about your child's condition.
  - Attend conferences, seminars, and lectures.
  - Join a professional organization in your field or a family-to-family network.
  - Explore resources at libraries or media centers.
- Role enrichment**
- Listen to parents discuss their child's strengths and needs.
  - Ask for explanations of unfamiliar technical language or jargon.
  - Do an appraisal of what you wish you knew more about and what you could teach others.
- Role expansion**
- Watch someone from another discipline work with a child, and check your perception of what you observe.
  - Attend a workshop in another field that includes some "hands-on" experiences.
  - Rotate the role of transdisciplinary arena assessment facilitator among all service providers on the team.
- Role exchange**
- Allow yourself to be videotaped practicing a technique from another discipline. Have someone from that discipline review and critique the videotape with you.
  - Work side by side with your counterpart in the center-based program, demonstrating interventions to families and staff.
  - Suggest strategies for achieving IEP goals and objectives outside your own discipline; check your accuracy with other team members.
- Role release**
- Do a self-appraisal—list new skills within your intervention repertoire that other team members have taught you.
  - Monitor the performance of the service providers on your child's IEP.
  - Present on the "whole" child at a clinical conference.
  - Accept responsibility for implementing, with the family, an entire IEP.
- Role support**
- Ask for help when you feel "stuck".
  - Offer help when you see a team member struggling with a complex intervention.
  - Provide any intervention that only you can provide, but share child's progress and any related interventions with the primary service provider and the family.

Adapted from: Woodruff, G., Hanson, C.R., McGonigel, M., & Sterzin, E.D. (1990). Community based services for children with HIV infection and their families: A manual for planners, service providers, families and advocates. Brighton, MA: South Shore Mental Health Center.

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# Effective Teams

Effective teams and productive meetings also rely on good leadership. In family-guided early childhood teams, the leader should reflect the family's voice if the family does not choose to lead the meetings or cannot be present. The family is the child's true team leader and should be recognized.



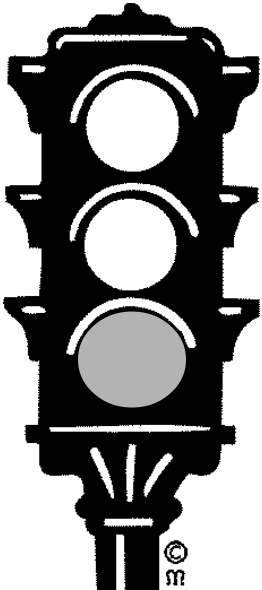
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## Leaders help groups:

- ✘ further define their purpose
- ✘ guide the planning process
- ✘ create a spirit of understanding and collaboration
- ✘ facilitate productivity and creative interaction of the group
- ✘ promote activities consistent with team goals
- ✘ clarify assignments and responsibilities
- ✘ support action and change as needed

(Adapted from Swan & Morgan, 1993; Magrab, 1981)

Family-guided early childhood team members support the family and each other in their efforts to provide leadership.



---

Effective leadership and team member participation need to lead toward agreement on issues and action plans. Before engaging in your problem solving activities, determine how consensus will be defined within your team.

**Consensus is a general agreement or collective opinion.**  
(Webster's Seventh New Collegiate Dictionary.)

## **Consensus is reached when. . . .**

- ✍ all views have been heard
- ✍ all members have been frank and honest
- ✍ all information is shared
- ✍ all members "own" the decision
- ✍ members can "support" the decision



Adapted from Miller, L.M. & Howard, J. (1991). Managing Quality Through Teams. Atlanta, GA: The Miller Consulting Group, Inc., p. 101.

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## How to reach consensus

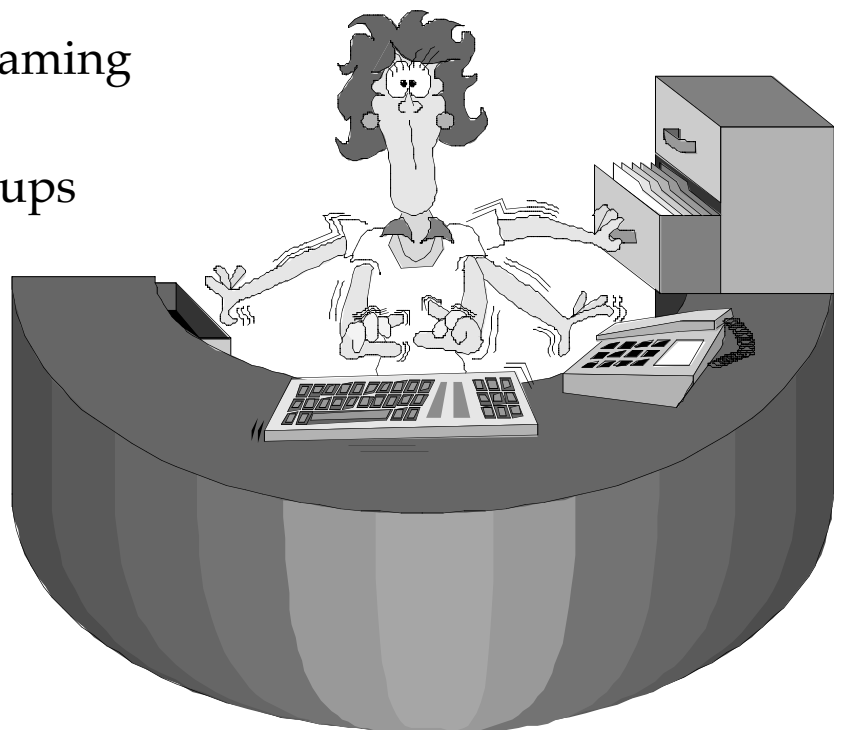
- ✓ Clean up the list of solution ideas
- ✓ Make a new list of combined ideas
- ✓ Vote for the best (20% Rule)
- ✓ Do a pros/cons analysis
- ✓ Define criteria for solutions
- ✓ Discuss feelings about solutions
- ✓ Any other solutions?
- ✓ Can you use more than one solution?
- ✓ Agree on best solution

---

---

**A problem-solving philosophy is instrumental  
in a family-guided early childhood team.  
Team members must remember that  
problems are. . . .**

- ✗ normal
- ✗ opportunities to learn and improve
- ✗ solved without blaming
- ✗ best solved in groups
- ✗ best solved now!



Do not expect that consensus will be easily reached. Time must be allotted for discussing issues and solving problems.

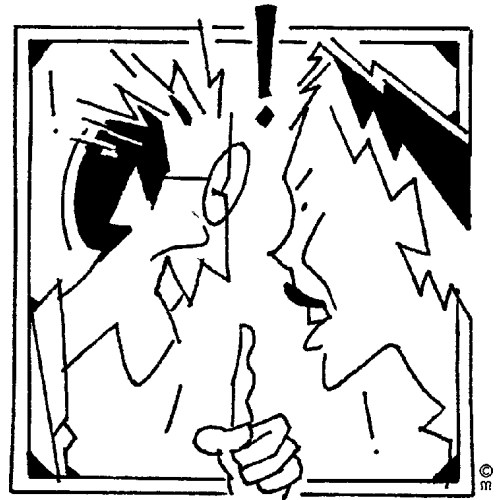
Adapted from Miller, L.M. & Howard, J. (1991). Managing Quality Through Teams. Atlanta, GA: The Miller Consulting Group, Inc., p. 148.

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Problem solving can be a difficult process because we tend to resist change. We would rather continue with the way things are than try something new. Teams often problem solve when change has become inevitable.

## Teams solve problems when. . .

- the child and family outcomes are not accomplished.
- their process is "out of control."
- conflict occurs.
- there are opportunities for improvement.
- change is perceived as a necessary component for growth.



Adapted from Miller, L.M. & Howard, J. (1991). Managing Quality Through Teams. Atlanta, GA: The Miller Consulting Group, Inc., p. 147.

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Here's a tool to help your team problem solve...

# "Problem Solving" Outline

## *Players*

_____	_____
_____	_____
_____	_____
_____	_____

## *Problem*

--

## *Details*


## *Alternative Solutions*

## *Ratings*

*High*

*Moderate*

*Low*

	<i>High</i>	<i>Moderate</i>	<i>Low</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

---

---

# "Problem Solving" Outline-Page 2

*Solution to be tried first:*

---

---

## *Action Plan*

*Implementation Step*

*When/Who*

<i>Implementation Step</i>	<i>When/Who</i>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

*How will the plan be monitored?*

---

---

*How will we know if it is successful?*

---

---

*Date and time of follow-up meeting:*

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# A Successful Team

The ultimate success of a family-guided early childhood team is the success of the child and family. To assure their success, the team must routinely reflect on their teaming skills both individually and as a group.



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# Checklist For Effective Team Behaviors

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## Task-Accomplishing Behaviors

### Initiating

- Establishing goals, objectives, or tasks
- Suggesting procedures, ways of operating

### Seeking Information

- Asking for facts, ideas, opinions, beliefs

### Giving Information

- Offering facts, ideas, opinions, beliefs

### Clarifying

- Probing for meaning
- Explaining ideas

### Building

- Elaborating on others' ideas

### Paraphrasing and Summarizing

- Restating what someone has said
- Reviewing the ideas that have been offered
- Pulling varied ideas together into a whole

### Problem Solving

- Offering alternatives
- Considering advantages and disadvantages
- Making proposals
- Testing for group agreement
- Deciding how to decide
- Identifying who will do what by when
- Summarizing the decision

### Managing

- Sharing leadership appropriately
- Using group time well
- Regularly evaluating its performance

---

## Relationship-Building Behaviors

### Listening

- Attending to others
- Not interrupting
- Responding to what's been said

### Encouraging

- Acting friendly, open, and accepting
- Soliciting participation

### Gatekeeping

- Facilitating everyone's participation
- Observing where the group is in its process
- Testing group satisfaction with the process

### Harmonizing

- Willingness to differ
- Recognizing instead of avoiding issues/ conflicts
- Working through conflicts
- Relieving tension (i.e., laughing)
- Yielding when necessary to achieve group objective

Miller, D. (1991). Strategies for getting teams unstuck. Unpublished manuscript, American Speech and Hearing Association's Infant Project Institute III. Potomac, MA: Phoenix International.

Use the following checklist to evaluate your own participation at team meetings and determine your strengths and weaknesses in the areas of teamwork, problem solving, and leadership.



## A Self-Evaluation Checklist

What do I do at team meetings?

<i>Do you use the following skills?</i>	<u>Yes</u>	<u>No</u>	<u>Need Improvement</u>
Assume a posture of involvement?	_____	_____	_____
Lean torso slightly forward.	_____	_____	_____
Directly face the other person.	_____	_____	_____
Maintain eye contact/use eye contact.	_____	_____	_____
Use appropriate facial expressions.	_____	_____	_____
Minimize distractions/mannerisms.	_____	_____	_____
Use nonverbal encouragers?			
Nod your head.	_____	_____	_____
Smile.	_____	_____	_____
Take notes.	_____	_____	_____
Provide brief verbal encouragers?	_____	_____	_____
Make reflecting statements?			
Paraphrase the speaker's words.	_____	_____	_____
Reflect the speaker's emotions.	_____	_____	_____
Pause after making reflective statement.	_____	_____	_____
Ask good questions?			
Open-ended questions.	_____	_____	_____
Closed-ended questions.	_____	_____	_____
Indirect questions.	_____	_____	_____
Clarifying questions.	_____	_____	_____
Summarize information periodically?	_____	_____	_____
Use partnership-building skills?			
Accepting statements.	_____	_____	_____
Compliments or appreciation statements.	_____	_____	_____
Empathetic statements.	_____	_____	_____
Focusing statements.	_____	_____	_____
Agreement statements.	_____	_____	_____
Productive solution statements.	_____	_____	_____

Notes and comments about use of skills:

( continued on next page)

## A Self-Evaluation Checklist (continued)

<i>Do you complete all the problem-solving steps?</i>	<u>Yes</u>	<u>No</u>	<u>Need Improvement</u>
Define the problem?	_____	_____	_____
Gather specific information about the problem?	_____	_____	_____
Explain the problem-solving process?	_____	_____	_____
Identify alternative solutions?			
Ask other person to suggest ideas first.	_____	_____	_____
Introduce your ideas in an open-minded manner.	_____	_____	_____
Summarize solutions mentioned?	_____	_____	_____
Analyze consequences of each solution?	_____	_____	_____
Rate each solution?	_____	_____	_____
Select the best solution?	_____	_____	_____
Determine satisfaction with chosen solution?	_____	_____	_____
State your support for the decision?	_____	_____	_____
Develop a plan of action?			
Specify implementation steps.	_____	_____	_____
Indicate who is responsible for each step.	_____	_____	_____
Indicate when each step will be completed.	_____	_____	_____
Develop a monitoring system?	_____	_____	_____
Specify criteria for success?	_____	_____	_____
Schedule the next appointment?	_____	_____	_____
Notes and comments about use of problem-solving steps:			

Cripe, J. (1993). A self evaluation checklist. Kansas University Center on Developmental Disabilities, 2601 Gabriel, Parsons, KS 67357.

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# Symptoms of unproductive teams

- 🚚 Cautious and guarded communications
- 🚚 Formal or structural communication
- 🚚 Lack of disagreement
- 🚚 Failure to share information
- 🚚 Reliance on criticism
- 🚚 Lack of individual feedback
- 🚚 Low commitment
- 🚚 Unrealistic or unclear goals
- 🚚 Tension within the team
- 🚚 Low confidence in others
- 🚚 Competition among team members
- 🚚 Conflict within team
- 🚚 Failure to utilize team members' talents
- 🚚 Misunderstanding of roles
- 🚚 Conformity
- 🚚 Poorly planned meeting



(Berelson & Steiner, 1964; Varney, 1989)

Cripe, J.W. & Mayhall, C. (1993). Developing local planning councils: Getting started. Parsons, KS: Kansas University Center on Developmental Disabilities.

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# Analyzing Group Effectiveness

On the scales given below, place a circle around the number that best describes your feelings about the group.

Confused, diverse, conflicting, indifferent, little interest.

**A: Goals**

1 2 3 4 5 6 7 8 9 10

Clear to all, shared by all, all care about the goals, feel involved.

Few dominate, some passive, some not listened to, several talk at once or interrupt.

**B: Participation**

1 2 3 4 5 6 7 8 9 10

All get in, all are really listened to, encouragement given.

Unexpected, ignored or criticized.

**C: Feelings**

1 2 3 4 5 6 7 8 9 10

Freely expressed, emphatic responses.

Messages (verbal and non-verbal) guarded, cautious, people not listening.

**D: Communications**

1 2 3 4 5 6 7 8 9 10

Communication flow in all directions - open and authentic, messages (verbal and nonverbal) checked out.

Atmosphere polite, careful, closed, guarded, superficial listening, afraid to criticize or be criticized (distrust high).

**E: Trust**

1 2 3 4 5 6 7 8 9 10

Spontaneity, reveal feelings, respect and use responses they get, freely express negative reactions (trust high).

Every man for himself, no feeling of mutual support.

**F: Mutual Support**

1 2 3 4 5 6 7 8 9 10

Genuine concern for each other is evident, persons feel free to take risks.

Jump directly to remedial proposals, treat symptoms rather than basic causes.

**G: Diagnosis of Group Problems**

1 2 3 4 5 6 7 8 9 10

Situation carefully diagnosed before action is proposed, remedies attack basic causes.

# Organization Dimensions Scale

Please circle the number which most nearly describes how you view the functioning of the early intervention team on the following dimensions.

Goals		
1. clear	1 2 3 4 5 6 7	confused
2. conflicting among groups	1 2 3 4 5 6 7	shared among groups
3. members indifferent	1 2 3 4 5 6 7	members feel involved
4. not supported by organizational procedures	1 2 3 4 5 6 7	supported by organizational procedures

Leadership Style		
5. autocratic	1 2 3 4 5 6 7	democratic
6. oriented toward task	1 2 3 4 5 6 7	oriented toward people
7. maintains status quo	1 2 3 4 5 6 7	seeks change

Coordination and Interdisciplinary Function		
8. knowledge of other professionals and agencies is low	1 2 3 4 5 6 7	knowledge of other professionals and agencies is high
9. task responsibility in the hands of one or a few	1 2 3 4 5 6 7	task responsibility shared by staff
10. tasks are fragmented among subgroups	1 2 3 4 5 6 7	tasks are well coordinated among subgroups
11. responsibilities are sharply differentiated among professional disciplines	1 2 3 4 5 6 7	responsibilities are overlapping among professional disciplines

(continued on next page)

## Decision Making and Procedures

12.	communication procedures are confused or unknown	1 2 3 4 5 6 7	communication procedures are clearly understood
13.	decisions are made by part of team; others' ideas and opinions are not heard	1 2 3 4 5 6 7	decisions are made by consensus; deviant information is used to improve decisions
14.	problems are not diagnosed well	1 2 3 4 5 6 7	problems are accurately diagnosed
15.	conflict management procedures are unknown or confused	1 2 3 4 5 6 7	procedures to manage conflict are clear and understood
16.	differences are denied, suppressed or avoided	1 2 3 4 5 6 7	differences are recognized, confronted and worked through
17.	the team is closed; new members are ignored by the team	1 2 3 4 5 6 7	the team is open; new members are oriented quickly into group activities
18.	the team handles most tasks by routine procedures	1 2 3 4 5 6 7	the team is flexible and seeks new and better ways to increase its efficiency

## Cohesiveness and Trust

19.	team members rarely work	1 2 3 4 5 6 7	team members always closely together
20.	Team members feel outside the group; not really a part of the team	1 2 3 4 5 6 7	Team members feel very much a part of the team
21.	consumers remain outside the team effort	1 2 3 4 5 6 7	consumers are well integrated into the team
22.	interactions among the team are careful and guarded	1 2 3 4 5 6 7	interactions among the team are open
23.	feelings are not freely expressed as part of team interaction	1 2 3 4 5 6 7	feelings are freely expressed and receive empathic responses

(continued on next page)

### Cohesiveness and Trust Continued

- |   |               |   |
|---|---------------|---|
| 24. team interaction often hampers task achievement                 | 1 2 3 4 5 6 7 | team interaction usually helps task achievement             |
| 25. group meetings usually do not accomplish what is necessary      | 1 2 3 4 5 6 7 | group meetings usually accomplish what is necessary         |
| 26. many team member resources and skills are not used by the group | 1 2 3 4 5 6 7 | all team member resources are used effectively by the group |

### External Conditions

- |   |               |   |
|---|---------------|---|
| 27. regulatory requirements of agencies place severe constraints on the flexibility of team members | 1 2 3 4 5 6 7 | regulatory requirements do not hamper role flexibility among team members |
| 28. reimbursement requirements place severe constraints on the way work is done                     | 1 2 3 4 5 6 7 | reimbursement requirements have limited impact on the work                |

If you circled mostly 1's, your team is poorly functioning. If you circled mostly 7's, your team is functioning maximally.

Adapted from Cohen, Perry D. Evaluation of Interdisciplinary Team Training and Humanistic Patient Care Training in Hospices: Case Study-Demonstration Site #1. Perry Cohen Associates, September 1981.

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**\*These resources can be borrowed from the  
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