
Communication and Problem Solving



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California Childcare Health Program
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California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

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LEARNING OBJECTIVES

To improve verbal and non-verbal communication skills utilized in early care and education (ECE) programs.

To utilize improved communication skills for problem solving in the work setting.

RATIONALE

A Child Care Health Advocate (CCHA) must have excellent communication skills to effectively promote changes in health and safety standards and behavior, work collaboratively with ECE providers and families, provide support to parents and staff, and deal with conflicts.

INTRODUCTION

To be an effective CCHA, one must be a good communicator, be able to build relationships and be able to solve problems. Once trusting relationships are built between ECE staff, the CCHA and families, it becomes much easier to communicate about issues and problems. Building relationships takes time. To begin building relationships, each person must respect the beliefs of others and recognize the other's perspective. Relationships built on mutual trust are essential to the work of a CCHA.

WHAT A CCHA NEEDS TO KNOW ABOUT BUILDING TRUST

Communication is one of the main tools for building strong relationships based on mutual trust. People have many ways of communicating and have developed communication skills that have been successful in addressing their needs. Communication about health and safety issues forms a large part of the CCHA's daily work. In a typical workday, a CCHA may communicate with parents, provide training to ECE providers, assist with interpreting regulations and help develop policies. Having effective communication and relationship-building strategies will help CCHAs in their daily work. Some keys to building trust in relationships include the following:

- Follow through on commitments and agreements.
- Be consistent.
- Do not take criticism of a policy or issue personally.
- Separate personality differences from the discussion or problem-solving work.
- Be open to the opinions of others.
- Be clear on the issues.
- Listen to the whole story before making decisions.
- Be patient.

WHAT A CCHA NEEDS TO KNOW ABOUT VERBAL COMMUNICATION

Communication is “two-way,” requiring that information both be sent and received. Information may be sent through talking; through written communications such as letters, e-mails or posters; or through nonverbal body language: the tone of voice, attitude and posture. Information may be received by listening, observing and reading.

The Three C's of Communication

When communicating either in person or on the telephone, it is important to make sure you are being understood and to summarize the important points in your communication. The Three C's for effective communication are contact, clarification and closure (Young-Marquardt & National Training Institute for Child Care Health Consultants Staff, 2005).

Contact. This involves making a connection with the person you are talking with. See Handout: Being a Good Listener. Showing the person that you “hear” his or her concern is a good way to begin. It is important to be nonjudgmental.

Clarification. During the clarification phase, the focus shifts to the problem or issue. Why has the ECE provider or parent come to you today? What made him or her share this information with you? Use clarifying questions to make sure that you understand the issue.

Closure. This third stage consists of tying up loose ends. The focus is on action. Closure gives you a final chance to sum up and to make sure the ECE provider or parent has all the necessary information. Be sure that both of you understand what you have agreed upon. Outline the next steps so you both know what they are.

Here is an example of a conversation that might take place between an ECE staff member and the CCHA:

STAFF: So, I see we have a new toothbrushing policy.

CCHA: Yes, have you had time to look at it?

STAFF: Yes, I sure have. Is this a new law or something?

CCHA: No, it is just “best practice,” and it seems that we should be making this part of our curriculum. I hope to introduce the policy at the staff meeting tomorrow, as well as talk about why it has changed. How do you feel about it?

STAFF: Well, it looks like it will be a lot more work for us in the classroom.

CCHA: You are feeling that you have a lot to do, and this just adds to it?

STAFF: Yes, I wish we had some time to respond to the new policy and talk about ways of putting it into practice.

CCHA: I will make sure that there is time for feedback tomorrow when we have the staff meeting. I’m hoping folks will suggest ways of putting the new policy into practice. After everyone has had time to use it and give me feedback, we can revise it.

STAFF: That seems reasonable. It will be interesting to hear about the reasons for using the new policy tomorrow, and I’ll see you there.

CCHA: Great, hopefully we can address some of the concerns you may have.

By working together through the Three C’s, the conversation should end on a positive note. Even if the problem has not been resolved, the ECE provider or parent will feel that she or he has been heard.

WHAT A CCHA NEEDS TO DO ABOUT VERBAL COMMUNICATION

Communication is both giving and receiving information. Active listening is a strategy to help receive information. Effective speaking is a strategy that can help provide information to others. These techniques can improve verbal communication skills.

Active Listening

In active listening, the listener shows that he or she is attentive to the speaker, in both verbal and nonverbal ways, by receiving the message, paying attention to the message, receiving with understanding, and reacting and responding to the message. A good listener is attentive, nonjudgmental and understanding, and provides meaningful feedback (Young, Downs & Krams, 1993).

Verbal behaviors that improve active listening include the following (Green, Palfrey, Clark & Anastasi, 2000):

- Allow the speaker to state his or her concerns or suggestions without interruption.
- Encourage questions and answer them completely.
- Clarify statements with follow-up questions (reflection), such as “you are feeling frustrated because you feel no one is really listening to what you are trying to tell them?”
- Ask about feelings.
- Acknowledge stress or difficulties, if appropriate.
- Show understanding by using short phrases such as “un huh,” “tell me more” and “I see.”
- Restate the message; for example, “she is lazy” could be restated as “you feel as though you are doing all of the work.”
- Offer supportive comments.
- Offer information if requested.
- Use open-ended questions, such as “tell me how you think the outcome of that policy will affect the staff?”
- Use paraphrasing, such as “so you are thinking that...”

Nonverbal behaviors to improve active listening may include the following:

- Nod in agreement.
- Maintain eye contact at the person's eye level.
- Respond using facial expressions, body posture and tone of voice.
- Show expression, attention, concern and interest to the speaker.
- Appear patient and unhurried.
- Avoid common "blocks" to communication such as doodling, yawning and checking your watch or the clock.

Effective Speaking

While communication is often stimulated by a good listener, an effective speaker is also needed to have the "two-way" part of communication. The characteristics of an effective speaker are similar to those of an effective listener, but from a slightly different perspective.

Verbal behaviors that improve effective speaking may include the following (Green et al., 2000):

- Have all the relevant information available.
- Speak clearly and concisely without rambling.
- Ask questions and wait for the answer.
- Try to clarify statements and allow the listener to ask questions for clarification without taking it personally.
- Acknowledge stress or difficulties, if appropriate.
- Allow enough time for the listener to respond (a wait time greater than 3 seconds).
- Offer information as concisely and thoroughly as possible.
- Maintain eye contact at the person's eye level.
- Respond using facial expressions, body posture and tone of voice.
- Show expression, attention, concern and interest to the listener.
- Recognize when there are barriers.
- Understand that cultural beliefs may reduce the understanding of concepts.
- Stay polite, honest and flexible, and keep a standard of confidentiality.

- Use social talk only at the beginning of the interaction.
- Give information clearly.
- Use ordinary language, not jargon.
- Acknowledge concerns, fears and feelings.

There are some clear barriers to good communication, and they may include these actions or responses (Young et al., 1993):

- ordering
- belittling
- giving solutions
- interrupting
- judging
- labeling
- using clichés
- false praising
- lecturing or pointing fingers
- threatening or scolding

Successful Communication in Difficult Situations

Unfortunately, there may be communication barriers when disagreements occur. ECE providers or parents may not always follow the outlines or strategies mentioned above. CCHAs may meet people who are difficult to communicate with, especially about sensitive issues. CCHAs' attitudes can affect the amount of cooperation and support received. Remember some of the strategies listed above and try to see the issue from the other person's perspective. Success in communicating, resolving conflicts and ultimately working well with people requires finding common ground. If CCHAs can find ways to reduce the differences, conflict will often be reduced as well. This section discusses various situations in which a CCHA may meet a person who has different needs and perspectives regarding the issue being discussed.

People who are angry

Anger is often the result of hurt, frustration or loss. To reduce anger, recognize these emotions by clarifying or restating the message; for example:

- “That must be hard to deal with.”
- “I imagine making all those calls to licensing must be frustrating.”
- “I’m sure the new tier system does feel unfair to you.”
- “I’m sorry this happened to you. You must feel really angry about it.”

People who listen and then say, “Yeah, but...”

“Yeah-but” people are those who, no matter how many suggestions or possible solutions you offer, always find a reason why your ideas just will not work for them. With “yeah-but” people, try using “I” statements after the sentence, “When you...I feel.” For example: “When you tell me that nothing I’ve suggested will work for you, I feel frustrated because I don’t know what else to suggest. I would like to hear some of your ideas for dealing with this issue.”

People who want you to provide all the answers

Answering questions about topics such as proper hand washing techniques is an important part of the CCHA’s role. Sometimes you will meet a person who asks you to provide all the answers, even on simple issues, rather than using their own problem-solving process. When this happens, use an open-ended question to put responsibility back where it belongs: on the other person. Open-ended questions will let the person problem solve things on their own.

For example, this might be a possible conversation:

A parent brings in an unlabeled baby’s bottle, and a staff member asks you what to do.

CCHA: “What have you done when other parents did this?” or “Do you have a policy about labeling bottles?”

ECE Provider: “We have a policy, but this parent never seems to remember.”

CCHA: “What does the policy say about parents who do not label the bottle?”

ECE Provider: “We send the bottle back home, and the parent is called to bring formula.”

This allows the ECE provider to solve the problem on his or her own with information already on hand.

WHAT A CCHA NEEDS TO KNOW ABOUT NONVERBAL COMMUNICATION

Writing is another method of communication used to accomplish the work of the CCHA. Written communication may be in the form of a handbook for parents, policies that the ECE program may need to develop or revise, and notes to parents about the important parts of their child’s day at care. Using the written word is often more difficult than “just talking.” It is easier to have misunderstandings when you do not have the immediate feedback of a one-on-one encounter. Spelling, grammar and syntax may also be a larger problem when one is writing to communicate an idea, event or new policy. As the CCHA, your role may be to draft policies and procedures on health and safety concerns. If you are not sure about your writing skills (or even if you are), it is always good practice to have a coworker review your writing. This is a good role for a Child Care Health Consultant (CCHC) or the ECE program director. They will have differing viewpoints and may have suggestions that could improve the particular letter or document.

E-mail is also another form of communication that has become common for sending information and messages. It is important to use good etiquette when e-mailing. For example, to show that a word is being stressed, you can surround that word with asterisks rather than using all capital letters, which usually indicates that you are yelling at someone. Using slang or jargon often comes across as unclear in e-mails. Also, remember your audience as you write an e-mail and try to model all the good communication strategies discussed so far.

Another aspect of e-mail to consider is that it is like sending a postcard. You should not discuss things that are private or confidential because e-mail can be easily read as it moves from one computer to another. Only if you and the person with whom you are exchanging messages have agreed to encrypt them can confidentiality be preserved.

WHAT A CCHA NEEDS TO KNOW ABOUT PROBLEM SOLVING

Once the CCHA has mastered good communication and listening skills, and has built strong relationships with his or her colleagues and families, problem solving is a much easier job.

Problem solving is identifying a concern or issue and taking steps to correct it (Young-Marquardt & National Training Institute for Child Care Health Consultants Staff, 2005). The steps in problem solving include identifying the problem, clearing up any confusion about what the problem is and looking for solutions. When looking for solutions, it is important to keep in mind the knowledge and resources that are available, and to consult with others on possible solutions.

One approach to solving problems is brainstorming. Brainstorming is a creative problem-solving technique used to explore a wide range of possible solutions. People who brainstorm create many ideas for solving a problem, offering solutions ranging from practical to farfetched. Discussion is not allowed until all solutions are recorded, and solutions are not judged or criticized when first suggested. Brainstorming can be done at a staff meeting.

The following provides details on the use of brainstorming with a group:

- The leader defines the problem to be solved, introduces the criteria that must be met (for example, it should be cost-effective or it must be finished by the spring), and sets a time limit for the brainstorming session.
- The leader assigns a record-keeper to write the ideas on a flip chart or whiteboard for all to see.

- Participants may introduce original ideas or develop associations from the ideas of others, and are encouraged to go as far as possible with any one solution. A seemingly crazy and impractical suggestion may inspire practical, creative solutions.
- Without appearing critical, the leader must keep the participants on the subject, make sure that no train of thought is followed for too long and steer the group toward reasonable solutions.
- When the time limit expires, the participants must agree on the five ideas they like best.
- The leader reminds the group about the criteria that should be used to judge the responses. The participants score the solutions to the problem on a scale of 0 to 5 for each criterion.
- The recorder adds up the scores and posts the group's best solution to the problem. The leader should keep a record of all of the ideas for future reference.

Cultural Implications

It is important for CCHAs to understand different cultural approaches and beliefs about communication. Common communication techniques by one ethnic or cultural group may be interpreted as offensive to another group. For example, many nonindigenous North Americans use direct eye contact to suggest interest, attentiveness and trustworthiness, whereas Japanese and Koreans often prefer indirect eye contact to avoid sending impolite messages (Richardson, 1999). Looking people directly in the eye is perceived by many cultures as rude, prying or disrespectful. Among Native tribal people, Sicilians and Mexicans, staring is thought to produce a malicious effect on a person's life. This belief is known as the "evil eye," and some people protect themselves by wearing an amulet or charm to ward off the spirits being transferred through staring (Andrews & Boyle, 1999). Therefore, CCHAs should make every effort to understand the culture of the families and staff in the ECE program, and to communicate with them in a culturally sensitive manner. The use of interpreters is recommended if none of the adults at the ECE program speak the primary language of the families. Using an interpreter can help to prevent communication problems. Translating educational materials and policies into other languages may also aid in communication with families.

Implications for Children and Families

CCHAs should encourage families to communicate clearly and often with the ECE provider (see *Hand-out: Fact Sheets for Families: Communicating with Your Child Care Provider*). Concerns and issues identified by the family should be addressed in a supportive and family-centered way. This will improve the relationship between the family and the ECE program, and issues will be resolved more effectively and efficiently.

Implications for ECE Providers

When ECE providers communicate clearly and often with their staff, issues and problems can be resolved efficiently. Having a CCHA available to help with problem solving is a valuable resource for ECE programs. Concerns and issues identified by the ECE staff should be addressed in a supportive and staff-centered way.

ACTIVITY 1: BEING A GOOD LISTENER

Fill out the quiz “Being a Good Listener.” In small groups, discuss your strengths and weaknesses as a listener. Are there areas you would like to improve upon?

Being a Good Listener

The art of communicating involves being a good listener. It is impossible to get all the facts if you do not listen to what people are saying to you. Good listening skills are beneficial in every aspect of life.

Take this quiz to assess your listening skills. Mark your responses using the following scale:

Never	Rarely	Usually	Always
1	2	3	4

- ___ 1. Do I allow the speaker to finish without interrupting?
- ___ 2. Do I listen “between the lines” for the unspoken meaning behind what is being said?
- ___ 3. Do I actively try to remember important facts?
- ___ 4. When writing a message, do I listen for and write down the key facts and phrases?
- ___ 5. Do I repeat the details of an interview to the subject in order to get everything right?
- ___ 6. Do I avoid getting hostile or agitated when I disagree with the speaker?
- ___ 7. Do I tune out distractions when listening?
- ___ 8. Do I make an effort to seem interested in what the other person is saying?

Scoring

Add up the points to create a total score.

28 to 32 points: You are an excellent listener.

20 to 27: You are about average in your listening skills, but there is room for improvement.

10 to 19 points: You might want to consider reading more about effective listening.

9 points or fewer: You have serious listening problems.

Adapted from Maxwell & Dornan (1997).

ACTIVITY 2: COMMUNICATION SCENARIOS

In small groups, talk about the following scenarios, answer the questions at the end of each scenario and report back to the large group.

Scenario 1

Roles:

Sandra Jones, a mother

Maggie, a preschool teacher

Background:

Yesterday afternoon, Ricky Jones, a 3-year-old child, bumped his head while he was playing outside at his ECE program. He was riding a tricycle, but fell off because he ran into a toy truck out in the yard. There was no bleeding, and after his teacher Maggie comforted him for a couple of minutes, he felt better and was able to play again. The program staff forgot to mention to his mother that the fall had occurred.

Later in the evening, he developed a bruise on his forehead.

The next day, the boy's mother is speaking to her child's head teacher. It is drop-off time at the center. While the mother and teacher are talking, there are several other families coming in. Parents are signing in their children, hanging up coats and trying to get on their way to work for the day.

Mother: Excuse me, Maggie, do you have a minute? I need to ask you something about yesterday.

Teacher: Yeah? Is there a problem?

Mother: Well, yesterday at dinnertime we noticed that Ricky has a pretty big bruise on his forehead. How did that happen?

Teacher (impatiently): It wasn't serious—look at him. He's fine. He fell off his trike during afternoon playtime, but he got over it right away. (Looking at another area in the room.) Kevin—don't put your backpack right there—you need to hang it on the hook.

Mother: I would really appreciate it if you would let us know if this happens again. We thought maybe he had a concussion, or somebody hit him. This time it isn't serious, but what if something serious does happen? Parents need to know.

Teacher: Listen, we have a whole lot of families coming through here, and it gets busy. I just didn't have a chance to tell you yesterday. Let's not make a big deal out of little things. (Looking away.) Johnny, put your lunch away in the refrigerator—don't leave it on the table. (Looking back to the mother.) Is there anything else you need? I really have a lot of work to do right now.

Questions to think about:

- Is this an example of effective communication?
- What are some of the barriers to communication that are present here?
- Can you give any examples of active listening in this scene?
- How might a CCHA assist this program and this teacher to make it easier to communicate more effectively?

Scenario 2

Roles:

Rick Rodgers, a head teacher who recently completed training as a CCHA

Elaine Williams, a classroom assistant for a room of 3- to 4-year-olds

Background:

The teacher has developed a toothbrushing policy for the center because he has learned about the problem of tooth decay among California's young children. He is planning to meet with the assistant staff so they can learn how to help the children brush their teeth each day after breakfast. He has distributed the new policy in writing to all staff for them to look over before the meeting. In this scene, he is talking to one of the assistants the day before the staff meeting.

Assistant: So, I see we have a new toothbrushing policy.

Teacher: Yes, have you had time to look at it?

Assistant: Yes, I sure have. Is this a new law or something?

Teacher: No—it is not a law, but it is a “best practice,” and we need to make this part of our curriculum. During the meeting tomorrow, I am going to explain why this is so important for the children.

Assistant: Well, it looks like it is going to be much more work for us in the classroom.

Teacher: You are feeling that you have a lot to do, and this just adds to it?

Assistant: Yes, I just wish we had some time to respond and to think about ways of putting it into practice.

Teacher: I'll make sure there is time for feedback tomorrow at our meeting. I am hoping that folks will have suggestions for how to make this go smoothly, so I can revise the policy with your input.

Assistant: Well, that seems reasonable, I guess. I am curious to know the reasons we are doing this.

Teacher: Great; hopefully we can address your questions at the meeting tomorrow.

Questions to think about:

- Is this an example of effective communication?
- What are some of the barriers to communication that are present here?
- Can you give any examples of active listening in this scene?
- How might a CCHA assist this program and this teacher to make it easier to communicate more effectively?
- Would there have been a more effective way to introduce this new policy?

Scenario 3

Roles:

Betty W., a school readiness employee who makes home visits to children ages 3 to 4

Juliana, a mother of a 4-year-old boy named Evan

Background:

Betty has been assigned to help Evan and his family. She visits them twice a week. She is just getting to know them, as she was assigned this family just a few weeks ago. Betty has noticed some behaviors of Evan's, which she thinks may be signs of a hearing problem or developmental delay. For example, Evan does not speak in sentences. He speaks in single words, which are mostly unclear. He is not responsive when his parents speak to him, and he avoids eye contact with Betty when she visits. Evan is easily frustrated and has frequent tantrums when things do not go his way. He has a very difficult time with transitions from one activity to another, preferring to stay at the same activity for very long periods.

Evan is strongly attached to his mother, and usually sits on her lap during Betty's visits. His mother is very protective and is not aware that her son's development is not normal. Today, Betty has decided that she needs to suggest to Evan's family that they should have Evan seen for a hearing screening and possibly a developmental assessment. During the visit, Evan is on his mother's lap.

Betty: Juliana, I need to talk to you about something important today. I have some serious concerns about Evan and I think he needs special help.

Juliana: What do you mean?

Betty: I have noticed every time I see Evan that he is not speaking as well as a 4-year-old should. Not only is he delayed in talking, but he is delayed in listening and understanding speech too. I think that he may have a hearing problem, or possibly even something worse, like a cognitive delay.

Juliana: Evan is very smart! All of the boys in our family are late talkers. My own father says he never spoke until he was almost 5.

Betty: You need to take him to his pediatrician and ask for a referral to the Audiology Clinic at Children's Hospital. They should do a hearing test. If he passes that, then he should be assessed by a developmental pediatrician for cognitive delay. I was hoping to see some progress in Evan, but I am not seeing any. Please don't delay any longer. You are in denial and it is hurting your child.

Juliana (crying and hugging Evan): You think our baby is mentally retarded? I don't think you know what you are talking about! Nobody else has ever mentioned a problem, including our pediatrician. Betty, I am too upset now to talk about this, and you had better leave.

Questions to think about:

- Is this an example of effective communication?
- What are some of the barriers to communication that are present here?
- Can you give any examples of active listening in this scene?
- How might a CCHA assist this home visitor to make it easier to communicate more effectively?

If there is time, role play this scenario using "good" communication skills and language.

NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

2.039, 2.047, 2.057.

CALIFORNIA REGULATIONS

From *Manual of Policies and Procedures for Community Care Licensing Division*

Title 22, Division 12, Chapter 1, Article 101226.3, 101223.2.

RESOURCES

Organizations and Resources

Organization and Contact Information	Description of Resources
National Child Care Information Center (800) 616-2242 www.nccic.org	The National Child Care Information Center is a national clearinghouse and technical assistance center that links parents, providers, policy-makers, researchers, and the public to early care and education information.
National Resource Center for Health and Safety in Child Care (800) 598-KIDS http://nrc.uchsc.edu	The NRC's primary mission is to promote health and safety in out-of-home child care settings throughout the nation.
National Training Institute for Child Care Health Consultants (919) 966-3780 www.sph.unc.edu/courses/childcare	Supports the health and safety of young children in child care settings through the development of a national child care health consultant training program. NTI has developed a state-of-the-art national train-the-trainers approach that includes both face-to-face and self-study components.

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HANDOUTS FOR COMMUNICATION & PROBLEM SOLVING MODULE

Handouts from California Childcare Health Program (CCHP), Oakland, CA

Page Handout Title

19 *Fact Sheets for Families: Communicating with Your Child Care Provider*

Handouts from Other Sources

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Communicating with Your Child Care Provider

Child care has become a necessary part of life in our society. More and more working parents depend on child care programs to provide a safe place for their children while they are at work or attending school.

Quality child care is more than baby sitting

Child care can make a major difference in children’s development. A quality child care program can provide a warm, caring, age-appropriate, stimulating and safe environment, and help children to learn social skills and get the early childhood education they need to be ready for kindergarten and school.

The National Association for the Education of Young Children (NAEYC) suggests that a “high quality early childhood program provides a safe, nurturing environment that promotes the physical, social, emotional, and cognitive development of young children while responding to the needs of families.”

Good communication is a key component

A positive relationship between you and your child care provider and the provider and your child is essential to providing quality care.

Just as child care providers have an obligation to report when children in their care are exposed to a contagious disease, you as a parent have the same obligation to report diseases to the child care program, even if you keep your child at home. That way, the child care provider can alert other parents in care to watch for signs of that illness in their child and seek medical advice when necessary. Several childhood diseases such as chickenpox, cytomegalovirus (CMV) and Fifth Disease can also harm an unborn child, if a pregnant woman is exposed to these diseases for the first time.

Your child care provider is your partner

Your child is continuously learning new skills both at home

and child care. And your child care provider is your partner in your child’s happy and healthy development. Personal contact on a daily basis is essential to ensure the transfer of information required to meet the child’s needs. Talk with your provider about your child’s development and behavior, and any concerns either of you have.

Some of the areas you may discuss with your provider

- When enrolling your child, ask about the physical structure, policies and procedures of the child care facility, and discuss your expectations and what they can expect from you.
- Review your child’s current health records and health history with the child care provider to ensure correct information. This will help meet your child’s health and social-emotional needs and assist him or her in progressing in the child care setting. The health history ensures that all information needed to care for the child is available.
- When your child has a contagious illness, you may need to take special measures so that the sickness does not spread to others. Some diseases or conditions must be reported to the local health department, child care licensing and others. Other parents also need to be informed that their child was exposed. Ask which conditions may cause your child to be excluded from child care.
- Talk about taking care of sick children and medication administration during child care hours.
- Share any behavior changes you notice and any concerns or questions you have. Keep providers informed about unusual things in your child’s life such as sleep problems or family illness.
- If you need community resources, ask your child care program if they can provide information on topics such as low-cost health insurance for children.

You and your child care provider need to be aware and respectful of each other’s beliefs, values and knowledge about how to deal with children. You both want what is best for your child. If you are in disagreement about what’s best, take a step back and evaluate what it’s really about. Call the Child Care Healthline at (800) 333-3212 for information.

by A. Rahman Zamani, MD, MPH (03/03)



Provided by California Childcare Health Program
For more information, please contact:
Healthline 1-800-333-3212

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BEING A GOOD LISTENER

The art of communicating involves being a good listener. It is impossible to get all the facts if you do not listen to what people are saying to you. Good listening skills are beneficial in every aspect of life.

Take this quiz to assess your listening skills. Mark your responses using the following scale:

Never	Rarely	Usually	Always
1	2	3	4

- ___ 1. Do I allow the speaker to finish without interrupting?
- ___ 2. Do I listen “between the lines” for subtext?
- ___ 3. Do I actively try to retain important facts?
- ___ 4. When writing a message, do I listen for and set down the key facts and phases?
- ___ 5. Do I repeat the details of an interview to the subject, in order to get everything right?
- ___ 6. Do I avoid getting hostile and/or agitated when I disagree with the speaker?
- ___ 7. Do I tune out distractions when listening?
- ___ 8. Do I make an effort to seem interested in what the other person is saying?

Scoring

Add up the points to create a total score.

28 to 32 points: you are an excellent listener.

20 to 27: you are about average in your listening skills, but there is room for improvement.

10 to 19 points: you might want to consider reading more about effective listening

9 points or fewer: you have serious listening problems.

*Adapted from John C. Maxwell, *Becoming a Person of Influence: A Person of Influence...Listens to People.**