

# Supporting Parents with Disabilities

for Child Welfare Professionals

*A Desk Reference Guide – Revised February 2019*

“The most recent data available to us reveals that there are at least 100,000 parents with disabilities in the state of Oklahoma... These parents are the only distinct community of Americans who must struggle to retain custody of their children.” ~ National Council on Disabilities

## Removal rates for parents with disabilities:

Psychiatric disability 78-80%

Intellectual disability 40-80%

Physical disability 13%



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## INTRODUCTION

The purpose of this guide is to provide information to help you do your job better. This information includes reference material, procedures and guidelines that can help you complete the tasks required of you. It provides important information on a range of topics to help DHS staff:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The state of Oklahoma aims to give parents and prospective parents (foster and adoptive parents) with disabilities the same respect as other parents. Child safety is the paramount focus of the Child Protective Services (CPS) program; therefore, danger indicators and risk factors must be assessed for all families involved with CPS. All families should be assessed appropriately regarding their abilities to parent, and receive equal opportunities to preserve and reunify their families. These goals of child safety and family preservation/reunification can be achieved by parents and prospective parents with disabilities, or can be achieved when parental supports, accommodations and adaptive equipment are provided. Unfortunately, national research (National Council on Disability, 2012) indicates that persons with disabilities who have or want to achieve the milestone of parenthood have a higher chance of seeing their families separated due to misconceptions rather than valid concerns of child abuse/neglect.

In 2015, The United States Department of Health and Human Services (HHS) and the United States Department of Justice (DOJ) issued technical assistance to assist state and local child welfare agencies and courts and ensure that the welfare of children and families was protected in a manner that also protected the civil rights of parents and prospective parents with disabilities.

Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA) protect parents and prospective parents with disabilities from unlawful discrimination in the administration of child welfare programs, activities and services. At the same time, child welfare agencies and courts have the responsibility to protect children from abuse and neglect. The goals of child welfare and disability non-discrimination are mutually attainable and complementary. For example, ensuring that parents and prospective parents with disabilities have equal access to parenting opportunities increases the opportunities for children to be placed in safe and caring homes.

According to a comprehensive 2012 report from the National Council on Disability (NCD), parents with disabilities are overly, and often inappropriately, referred to child welfare services, and once involved, are permanently separated at disproportionately high rates. In a review of research studies and other data, NCD concluded that among parents with disabilities, parents with intellectual disabilities and parents with psychiatric disabilities face the most discrimination based on stereotypes, lack of individualized assessments and failure to provide needed services. Parents who are blind or deaf also report significant discrimination in the custody process, as do parents with other physical disabilities. Individuals with disabilities seeking to become foster or adoptive parents also encounter bias and unnecessary barriers to foster care and adoption placements based on speculation and stereotypes about their parenting abilities.

The ADA and Section 504 require CPS to provide full and equal access to programs, services and activities, including:

- Investigations
- Witness interviews
- Assessments
- Provisions of in-home services
- Removal of children from their homes
- Case planning and service planning
- Visitation
- Alternatives to guardianship
- Guardianship
- Adoption
- Foster care
- Reunification services
- Child welfare hearings
- Custody hearings
- Proceedings to terminate parental rights

**Source: U.S Department of Human Services and U.S. Department of Justice:** *“Protecting the Rights of Parents and Prospective Parents with Disabilities: Technical Assistance for State and Local Child Welfare Agencies and Courts under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act”*, August 2015 Retrieved from: [https://www.ada.gov/doj\\_hhs\\_ta/child\\_welfare\\_ta.html](https://www.ada.gov/doj_hhs_ta/child_welfare_ta.html)

**Hear first-hand stories from parents with disabilities (video)**

<https://www.youtube.com/watch?v=EoWBoqLzxO0>

The ADA and Section 504 require CPS to provide full and equal access to programs, services and activities, including:

### **WHO QUALIFIES AS DISABLED UNDER THE ADA AND SECTION 504?**

Under the ADA and Section 504, disability means:

- a physical or mental impairment that “**substantially limits**” one or more “**major life activities;**” or
- a record of such an impairment; or
- is regarded as having such an impairment.

In order to have a disability under the ADA, an individual must have or be regarded as having a physical or mental impairment. Not everything that restricts the parent’s life activities qualifies as an impairment.

**A physical impairment** is any medical disorder, condition, disfigurement or loss affecting one of the body systems, such as neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin and endocrine.

**A mental impairment** is any mental or psychological disorder, such as intellectual disability (formerly termed mental retardation), organic brain syndrome, emotional or mental illness and specific learning disabilities.

It is not possible to include a list of all the specific conditions that would constitute physical or mental impairments, but some examples may be useful.

*Examples of conditions that are impairments: AIDS, and its symptoms; alcoholism; asthma; autism; blindness or other visual impairments; cancer; cerebral palsy; depression; diabetes; epilepsy; hearing or speech impairments; heart disease; migraine headaches; multiple sclerosis; muscular dystrophy; orthopedic impairments; paralysis; complications from pregnancy; thyroid gland disorders; tuberculosis; loss of body parts; post-traumatic stress disorder; traumatic brain injury; obsessive compulsive disorder; social anxiety disorder; and schizophrenia.*

### Challenges parents with disabilities often face:

- Discrimination is present in the legal system when parental competency is assessed using inappropriate measures. Evaluators frequently rely on psychometric testing (including IQ tests) and assumptions about what people with various IQ scores can and cannot do. This is particularly detrimental for parents with intellectual disabilities. According to researchers David McConnell and Gwynnyth Llewellyn, “These tests continue to be administered despite the research evidence demonstrating that ***parental IQ is a poor predictor of parenting competence.***”
- Bias often exists within the system. Recent guidelines from the American Psychological Association (APA) for evaluations in child protection matters incorporate additional language highlighting potential bias concerning parental disability:

“Unrecognized personal biases may compromise the ethical integrity and legal reliability of evaluation conclusions and recommendations. Such biases include those related to age, gender, gender identity, gender expression, race, ethnicity, national origin, religion, sexual orientation, disability, language, culture and socioeconomic status and immigration status.... Societal prejudices, just as perniciously, may lead to discriminatory, unfair use of evaluation methods and reasoning that disrespect examinee’s rights and dignity and undermine the scientific and professional bases of the child protection evaluation.... Psychologists also seek to remain aware of the stigma associated with disabilities often found in child protection cases, such as intellectual disabilities and psychiatric disabilities...and they ensure that they have sufficient professional competencies to provide an objective and accurate evaluation of persons with these disabilities.... In addition, psychologists seek to address aspects of the disability that are relevant to parenting, and remain mindful of the potential impact of stigma or bias in their own professional work and that of others involved in the case.”



- There is a lack of peer support for parents with disabilities. They often live in isolation with little natural support, no access to support groups designed to meet their needs, no experience to help them integrate with community groups where parents support each other and little access to respite services when they are exhausted or overwhelmed.
- Parent support services are not a priority in our current state system. There are no formal parenting support services offered by our Centers of Independent Living or within our developmental disabilities service system.
- Parents with disabilities frequently have limited incomes or rely on benefits.
- Women with disabilities who want to become mothers face significant barriers when seeking reproductive healthcare, assisted reproductive technology or when seeking to foster or adopt.

Source: National Council on Disability's 2012 report, "Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and their Children".

## Basic courtesy for all disabilities

1. When talking with a person with a disability, speak directly to that person rather than to the companion or sign language interpreter.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
3. When meeting a person who is visually impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
4. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
5. Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
6. The wheelchair is part of the personal body space of the person who uses it, so do not lean or hang on it.
7. Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.
8. When speaking with a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.

9. To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly and expressively to determine if the person can read your lips. Not all people who are deaf can read lips. For those who lip read, be sensitive to their needs by placing yourself so that you face the light source and keep hands, cigarettes and food away from your mouth when speaking.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later," or "Did you hear about that?" that seems to relate to a person's disability.
11. Don't be afraid to ask questions when you're unsure of what to do or how to proceed.
12. Ensure physical access to buildings and offices.
13. Do not pet service animals without checking with the owner first.

### **Getting past the "smile and nod" response**

Sometimes parents can fall into the trap of acquiescence, which is a tendency to agree with statements or say 'yes' to questions, regardless of the content. This happens because:

- The parent does not understand the question.
- The parent does not understand the type of answer that is required.
- The parent may not be easily able to recall information that would help them answer the question.
- The question may be too abstract for the parent, or the question may be poorly phrased, too long or too complex.

If you do not address the issue of acquiescence, you may end up with an inaccurate understanding of a family's needs and the supports they require.

To identify acquiescence:

- Compare what the parent says with information from other sources. For example, you could ask the parent a question to which you already know the answer.
- Use pairs of related questions that ask the same question in different ways (e.g. Are you happy? Are you sad?).

To prevent acquiescence:

- Include a 'don't know' option to questions so that parents don't feel that they must make a choice.
- Keep questions short and simple.
- Use some open-ended questions. An example of an open-ended question is "What toys does Annie like to play with?" A closed question, like "Does Annie like to play with blocks?" will require a yes/no answer.
- Use either/or questions instead of yes/no questions. When you need to be more specific, you could ask an either/or question, like "Does Annie like to have her bath at night or in the morning?"
- Avoid statements or questions that have too much detail or are too complex.
- Ask factual questions that require immediate and concrete answers.
- Ask the parent to explain a comment, or to tell you more about it.
- Ask for examples to illustrate a comment.
- Ask how they are going to do the task.

### **Effective communication**

People who have vision, hearing or speech disabilities, also known as communication disabilities, use different ways to communicate. CPS staff must provide appropriate auxiliary aids and services to ensure that individuals with communication disabilities understand what is said or written and can communicate effectively. This is a different accommodation beyond providing reasonable accommodation.

The best way to ensure effective communication is through consultation with the individual to determine which communication method works best for them, and then to use that method. CPS staff is required to give primary consideration to the auxiliary aid or service requested by the individual with disabilities.

The type of auxiliary aid or service necessary to ensure effective communication depends on:

- The method of communication used by the individual;
- The nature, length, and difficulty of the communication taking place; and
- The complexity of what is being communicated.

Auxiliary aids and services must be provided in accessible formats, in a timely manner and in a way that protects the privacy and independence of the individual with a disability. A public entity cannot impose a surcharge on an individual with a disability to cover the costs of the auxiliary aid or service provided.

Depending on the circumstances, examples of common auxiliary aids and services include:

- Qualified sign language interpreters in person or through video remote interpreting (VRI) services.
- Note takers or exchange of written notes.
- Real-time computer-aided transcription services.
- Written materials.
- Telephone handset amplifiers.
- Assistive listening devices and systems.
- Telephones compatible with hearing aids.
- Closed caption decoders.

- Open and closed captioning, including real-time captioning.
- Voice, text and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones or equally-effective telecommunications devices.
- Videotext displays.
- Qualified readers.
- Taped texts.
- Audio recordings.
- Braille materials and displays.
- Screen reader software.
- Magnification software.
- Optical readers.
- Secondary auditory programs (SAP).
- Large print materials.
- Accessible electronic and information technology.

Public entities cannot require an individual with a disability to bring someone to interpret for him or her. They also cannot rely on an adult or child accompanying an individual to interpret or facilitate communication except:

- In an emergency involving imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or
- When the individual with a disability specifically requests that the accompanying adult interprets or facilitates communication.

### **Accessible material**

People who have visual, cognitive, hearing or motor impairments can have a difficult time accessing print and other documents. Any document made available to the general public, according to the law, must be also made in an accessible format upon request.

This may mean copies must be provided in a format such as Braille, electronic, large print, audio, easy-to-read or a reader can be requested. Be sure to ask the individual if they require any accessible print material and which type they prefer.

### **Advice for professionals from mothers with disabilities**

- “Don’t ask yes/no questions about how we live. Ask how. ‘How do you do X?’ versus assume we don’t.”
- “Presume competence.”
- “Understand that there is a long history of mistrust (for good reason), and that you are working within that context.”
- “Listen to all of our concerns instead of being dismissive. Disabled moms often have heightened sensitivity levels.”
- “Keep an open mind and help find resources instead of assuming [disabled mothers] can’t do things.”

Source: National Research Center for Parents with Disabilities, 2017.

[www.centerforparentswithdisabilities.org](http://www.centerforparentswithdisabilities.org)

## Core principles of child welfare practice in cases involving a parent with a disability

**Source:** U.S Department of Human Services and U.S. Department of Justice: *“Protecting the Rights of Parents and Prospective Parents with Disabilities: Technical Assistance for State and Local Child Welfare Agencies and Courts under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act”*, August 2015. Available online at: [https://www.ada.gov/doj\\_hhs\\_ta/child\\_welfare\\_ta.html](https://www.ada.gov/doj_hhs_ta/child_welfare_ta.html)

The core principles provide the following framework for making decisions and developing appropriate responses:

Two principles that are fundamental to Title II of the ADA and Section 504 are:

- (1) Individualized treatment; and
- (2) Full and equal opportunity.

Both of these principles are of particular importance to the administration of child welfare programs.

*Individualized treatment.* Individuals with disabilities must be treated on a case-by-case basis consistent with facts and objective evidence. Persons with disabilities may not be treated on the basis of generalizations or stereotypes. For example, prohibited treatment includes the removal of a child from a parent with a disability based on the stereotypical belief, unsupported by an individual assessment, that people with disabilities are unable to safely parent their children. Another example would be denying a person with a disability the opportunity to become a foster or adoptive parent based on stereotypical beliefs about how the disability may affect the individual's ability to provide appropriate care for a child.



*Full and equal opportunity.* Individuals with disabilities must be provided opportunities to benefit from or participate in child welfare programs, services, and activities that are equal to those extended to individuals without disabilities. This principle can require the provision of aids, benefits and services different from those provided to other parents and prospective parents where necessary to ensure an equal opportunity to obtain the same result or gain the same benefit, such as family reunification.

This does not mean lowering standards for individuals with disabilities; rather, in keeping with the requirements of individualized treatment, services must be adapted to meet the needs of a parent or prospective parent who has a disability to provide meaningful and equal access to the benefit. In some cases, it may mean ensuring physical or programmatic accessibility or providing auxiliary aids and services to ensure adequate communication and participation, unless doing so would result in a fundamental alteration to the nature of the program or undue financial and administrative burden. For example, a child welfare agency must provide an interpreter for a father who is deaf, when necessary, to ensure that he can participate in all aspects of the child welfare interaction. In other instances, this may mean making reasonable modifications to policies, procedures or practices. For example, if a child welfare agency provides classes on feeding and bathing children and a mother with an intellectual disability needs a different method of instruction to learn the techniques, the agency should provide the mother with the method of teaching that she needs.

Under Title II of the ADA or Section 504, in some cases, a parent or prospective parent with a disability may not be appropriate for child placement because he or she poses a significant risk to the health or safety of the child that cannot be eliminated by a reasonable modification. This exception is consistent with the obligations of child welfare agencies and courts to ensure the safety of children. However, both the ADA and Section 504 require

that decisions about child safety and whether a parent or prospective parent represents a threat to safety must be based on an individualized assessment and objective facts, including the nature, duration and severity of the risk to the child, and the probability that a potential injury to the child will actually occur. In addition, if the risk can be eliminated by a reasonable modification of policies, practices, or procedures, or by the provision of auxiliary aids or services, the child welfare agency must take such mitigating actions.

A public entity may impose legitimate safety requirements necessary for the safe operation of its services, programs or activities, but they may not be based on stereotypes or generalizations about persons with disabilities.

By applying these principles consistently in the child welfare system, child welfare agencies and courts can ensure that parents and prospective parents with disabilities have equal access to parenting opportunities while ensuring children safely remain in or are placed in safe and caring homes.

Want practical examples of what these principles mean in real life? Check out the Questions and Answers section of the source document listed at the beginning of this section. It covers different types of disability and what reasonable accommodations would look like.

## Impact on children and parents

Separating a parent and child can have profoundly negative effects. Even when it is necessary, research indicates that removing children from their homes interferes with their development. The more traumatic the separation, the more likely there will be significant negative developmental consequences.

[http://www.practicenotes.org/vol2\\_no4/effects\\_of\\_separation\\_and\\_attachment.htm](http://www.practicenotes.org/vol2_no4/effects_of_separation_and_attachment.htm)

Sometimes the symptoms of a mental illness may present as problematic behaviors, including abuse and neglect. In these situations, intervention by CPS is warranted. In such instances, a parent's illness is of significance as it can help inform appropriate services that will help the parent eliminate or reduce these problematic behaviors.

***However, there is no basis for a blanket assumption that having a mental illness means a parent will have symptoms that will present as dangerous behaviors.*** Therefore, the existence of parental mental illness alone is not, and should not be considered, just cause to remove a child from the home; and there should be no reason to cause a child the lasting psychological distress that may result from foster care placement. In the case of the parent, the mental illness will only be exacerbated in these situations as the parent will understandably experience mental distress over the loss of his/her child. In fact, being a parent has proven to be one of the most effective motivators for individuals to engage in treatment/recovery. The parental role gives individuals a sense of purpose and positive identity in society that they may not otherwise be able to find (Nicholson & Henry, 2003).

<http://tucollaborative.org/wp-content/uploads/2017/04/Trauma-The-Impact-of-Removing-Children-from-the-Home.pdf>

The right to care for and raise one's own children is among the most fundamental rights parents have. Parents with disabilities frequently experience discrimination in child protection proceedings based on stereotypes and presumptions of their parenting capacity. Despite these persistent stereotypes, individual with disabilities are capable of caring for their children, particularly with appropriate services and supports.

<http://www.drcnh.org/familylaw.html>

Discriminatory separation of parents from their children can result in long-term negative consequences to both parents and their children. In addition to the Office of Civil Rights and Department of Justice case where a mother and daughter were deprived of the opportunity for maternal/child bonding for two years, the National Council on Disability report is replete with case studies with similar consequences. For example, a child welfare agency removed a newborn for 57 days from a couple because of assumptions and stereotypes about their blindness, undermining precious moments for the baby and parents that can never be replaced.<sup>10</sup> Similarly, after a child welfare agency removed a three-year-old from his grandmother because she had arthritis and a mobility disability, the toddler developed behavioral issues and progressively detached from his grandmother, though he had had no such experiences before this separation. Any case of discrimination against parents and caregivers due to their disability is not acceptable.

[https://www.ada.gov/doj\\_hhs\\_ta/child\\_welfare\\_ta.html](https://www.ada.gov/doj_hhs_ta/child_welfare_ta.html)

## Definitions - Types of disabilities

Disabilities can affect people in different ways, even when one person has the same type of disability as another person. Some disabilities may be hidden, known as invisible disability. There are many types of disabilities, but listed below are some of the most common that affect a person's:

- Vision
- Hearing
- Thinking
- Learning
- Movement
- Mental health
- Remembering
- Communicating
- Social relationships

### **Autism**

People with autism have a developmental disability that affects their verbal and nonverbal communication and social interaction. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines and unusual responses to sensory experiences.

### **Hearing disability**

People with hearing disabilities can include people who are completely or partially deaf. "Deaf" is the politically-correct term for a person with hearing impairment. People who are partially deaf can often use hearing aids to assist their hearing. Deafness can be evident at birth or occur later in life due to injury or illness. People who

are deaf often use sign language as a means of communication. Sign language is as rich and complex as any oral language, and those who use it should be provided an interpreter just as you would someone who spoke Spanish or French.

### **Intellectual disabilities**

People with intellectual disability generally have a lower IQ than a typical person. This affects their ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience. The most common syndromes associated with intellectual disability are autism, Down's syndrome, fragile x syndrome and fetal alcohol spectrum disorder.

### **Learning disabilities**

People who have a learning disability have difficulty with one of the processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities; intellectual disability; emotional disturbance or environmental, cultural, or economic disadvantage.

### **Mobility and physical impairments**

People with mobility impairments can include people with varying types of physical disabilities that effect their:

- Upper limb(s).
- Lower limb(s).
- Manual dexterity.
- Coordination with different organs of the body.

Mobility impairments may be present at birth or acquired with age due to illness or injury.

**Psychiatric disability**

People with psychiatric disabilities (these can also be referred to as mental health conditions or behavioral health conditions) may have recognizable symptoms and behavior patterns that impair personal functioning in normal social activity. This includes conditions such as schizophrenia, affective disorders, anxiety disorders, addictive behaviors, personality disorders, stress, psychosis, depression and adjustment disorders.

**Speech or language impairment**

People with a speech impairment have a communication disorder such as stuttering, impaired articulation, a language impairment or a voice impairment.

**Traumatic brain injury**

People with a traumatic brain injury have an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both. The term applies to head injuries that result in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

**Vision disability**

People with vision impairments can have conditions that range from minor to serious. They might simply use corrective lenses or might be completely blind, or somewhere in between. These conditions may be present at birth or acquired later due to illness or injury.

**Reminder:**

Not all disabilities are visible and many adults with disabilities will be reluctant to identify themselves with a label. They fear having that label used against them--That it will lead to assumptions about their competence as a parent, or that they will not be judged on what they can or cannot do, but on stereotypes associated with their particular disability label.

If you suspect a parent you are working with is struggling because of a disability, there are behavioral symptoms that you can look for. Be sure that you do not force the parent to admit they have a disability, but as the professional, also ensure that you offer the reasonable accommodations that are appropriate.

**Behavioral red flags of intellectual disability or learning disability**

- Missed appointments
- Disorganization
- Poor judgement
- Sequencing difficulty
- Problems understanding time
- No follow through when they seem to understand
- Short/long-term memory issues
- Performance fear
- Attention issues
- Not wanting to get down on the floor with their child or appear to play/be silly
- Difficulty generalizing information
- Rigidity
- Child has frequent or chronic health problems
- Competing with child for attention or toys



## Reasonable accommodations

There is increasing evidence that persons with disabilities can effectively parent with appropriate services and supports in place. CPS staff is required to provide reasonable accommodations or modifications to parents and potential (foster or adoptive) parents with disabilities. Reasonable accommodations and modifications are not one-size-fits-all; they are individualized. CPS staff should clarify the necessary accommodations from the outset of the individual's involvement with the agency so that the communication process, case plan, evaluation and reunification efforts are appropriately adapted. Reports for court should reflect attention to these issues. It is not appropriate or feasible to address disability issues only at the end of the process. Reasonable accommodations or modifications should be provided unless doing so would fundamentally alter the nature of the service, program or activity.

Reasonable accommodations may include, for example, parental supports, adaptive equipment and training intended to support the parent or prospective parent with disabilities in their parenting activities.

Examples of reasonable accommodations can include:

### **Parental supports**

- Day care services
- Respite care
- Co-parent or mentor
- Family or informal support networks (church, neighbors)
- Long-term family foster care
- Training
- Parent helper/child care assistant

- Aide or personal assistant
- Supported housing
- Accessible transportation
- Concrete calendar with appointments clearly identified
- Pictorial representation or reminders of tasks (step-by-step)
- Safety/emergency plan
- Service animals
- Money management assistance
- Housekeeping services

### **Adaptations**

- Adaptive equipment (e.g. adaptive cribs and child care equipment, communication devices, specialized computer software or cooking/feeding equipment)
- Adaptation to physical environment (e.g. ramps, lower counters, level handled door knobs and minor home modifications)

Service providers are also required to fully comply with the ADA and Section 504. Under these laws, contractors must provide reasonable accommodations to qualified individuals with disabilities, unless doing so would present undue hardship.

Reasonable modifications that one might request for a parent can include:

### **Service delivery**

- Increase frequency of service provision
- Extend length of time of service provision
- Increase repetition of information and training

- Modify counseling or parenting skills training to provide more concrete, hands-on instruction in a natural environment
- Provide in-home parent modeling
- Link parent with a co-parent or mentor
- Tailor parenting education to the needs of the parent
- Provide more extensive and thorough follow-up services
- Provide services at an individual's home or alternative accessible site
- Give frequent reminders for appointments/services
- Provide accessible transportation
- Refer and assist the parent in accessing community services and supports
- Refer a parent with a mental health or intellectual impairment to an ad litem

### **Communication**

- Provide all information in large print, audiotape, Braille or digital format
- Offer note-taking or transcriptions of meetings and court activities
- Assist in reading materials
- Provide interpreters
- Provide assistive listening devices
- Provide open and closed captioning

Adapted from Lightfoot, LaLiberte, & Hill (2007)

In the next few pages you will find additional tips and strategies to help you effectively interact with parents who have each of the different types of disabilities listed above. At the end of each section will be one or more resources. These provide in-depth guidance on accommodations for each type of disability, as well as a first-person story from a parent with this disability. You can use these resources for your own education, as well as share them with co-workers. If you are referring a parent with disabilities to another provider who does not have extensive experience working with adults with disabilities, sharing the resource document can help ensure that the parent has equal access to the service or program you are asking them to participate in.

### Intervention strategies – Autism

Areas most likely to need support: Communication and social skills

1. People with autism often struggle with anxiety, particularly when they are under stress or when their usual routine or environment is changed. Usually there is some behavior they do repetitively as a self-soothing measure. If this repetitive behavior increases, it is a sign their anxiety level is raising. Figure out what has changed to cause the anxiety and help them understand why the change is necessary or how to correct the change. They won't be able to process new information you need them to hear while they are in a high anxiety state.
2. People with autism often have a particular area of interest. You will see it reflected in their environment with collections or memorabilia, and hear them frequently bring it up in conversation. Use this interest to motivate the behavior you need them to learn. If you want to see them engage more with their child, find an age-appropriate way they can share their interest with their child.
3. People with autism are often acutely affected by smells, sounds and textures that you and I routinely ignore or block out. Be sure to read page 19 in the resource guide below. This will help you locate a place to meet with the parent where they can focus on you and what you're telling them rather than distracting sensory input.

4. Communication is almost always a challenge for someone with autism. Speak calmly - use direct, concrete phrases with no more than one or two steps, or write brief instructions on a pad if the person can read. Allow extra time for them to respond. The parent may repeat what you have said, repeat the same phrase over and over, talk about topics unrelated to the situation, or have an unusual or monotone voice. This is their attempt to communicate, and is not meant to irritate you or be disrespectful.
5. Using pictures to support how you want something done can often be helpful.
6. Structure and routine are almost always helpful for someone with autism. They find predictable routines calming and once learned, the routine is usually followed to the letter. This can be helpful when parenting if you help them construct a positive, effective parenting routine and learn how to do each task in the routine.
7. People with autism will not have absorbed “social norms” the way a typical adult will. If there is an important social skill you need them to demonstrate as a parent, intentionally teach them the skill as a social rule. Be aware the parent may dress oddly, invade your space, prefer to be farther away from you than typical or not make eye contact.

**Helpful resources:**

Autism: A guide for those who support adults following a diagnosis

[https://www.asdinfo.wales.co.uk/resource/2015\\_-supporting-adults-autism-guide\\_eng.pdf](https://www.asdinfo.wales.co.uk/resource/2015_-supporting-adults-autism-guide_eng.pdf)

The Joys and Challenges of Being a Parent With Autism

<https://www.theatlantic.com/family/archive/2017/05/autism-parenting/526989/>

Communication Tips

<http://www.autism.org.uk/about/communication/communicating.aspx>

## Intervention Strategies – Hearing Disability

Area most likely to need support: Communication

1. There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids. Hearing aids do not guarantee that the person can hear and understand speech. They increase volume, not necessarily clarity.
2. Make sure you get the person's attention before you begin to communicate. It is not considered rude to lightly touch people you do not know to get their attention. If possible, flick the lights when entering an area or room to get the parent's attention.
3. Establish eye contact with the individual and speak directly to the person in your normal voice and not to their interpreter, if an interpreter is present.
4. Let the person establish their preferred method of communication for your conversation, such as lip reading, sign language or note writing. When speaking, make eye contact. Be aware that sign language is not another form of English; it is an official language with its own grammar, contexts and rules. There are several different sign languages, and they are not interchangeable, so ask which one the individual prefers.
5. Use facial expressions, gestures and visual cues, such as holding up items that you are discussing.
6. Slow your speaking rate if you tend to be a rapid speaker.
7. Make sure you have good light on your face.
8. Do not run your words together.
9. Avoid complex and long sentences.

10. Pause between sentences to make sure you are understood.
11. If you are giving specific information such as time, place, addresses, phone numbers, it is good practice to have it repeated back to you.
12. Be aware of situations where a person may be waiting for a service (transportation, a table, the start of an activity) where the common way to communicate is an announcement or the calling of the person's name. Make sure you communicate in writing when someone cannot hear you or develop an agreed-upon alternative way of notifying them such as email or texts.
13. If you cannot understand what is said, ask people to repeat it or write it down. Do not act as if you understand unless you do. If there is some doubt in your mind whether they understood you correctly, rephrase your statement and ask them if you have been understood.
14. Offer pencil and paper. Write slowly and let the individual read as you write. Written communication may be especially important if you are unable to understand the person's speech.
15. If the person reads lips, be aware that 50% of English words look alike on the lips.
16. Persons who may deal very well in one-on-one in communication may have a hard time with two or more speakers, especially if there are many interruptions and interjections. In group discussion, ensure each person follows the above guidance. Seat people in a circle, and each person should indicate when they are speaking. Take turns to speak – more than one person speaking at once makes lip-reading very difficult.
17. When someone asks, "What did you say?" the answers, "Never mind," "Nothing," or "It's not important," are very common replies. These are insulting and demeaning, because they communicate that the person is not worthy of repeating yourself.
18. Make sure there are no physical barriers between you and the person while in conversation.

19. If the person is using hearing aids, avoid conversations in large, open and noisy surroundings.
20. Explain if there is an interruption such as a phone ringing, knock at the door or any activity that is disruptive outside of your office.
21. Do not become impatient or exasperated with the person if it takes longer to communicate. Showing impatience to someone who is deaf or hearing impaired may cause those who are less assertive to back off from telling you of their needs.
22. If you are concerned about safety in the home, consider a flashlight. They can use it to signal their location in the event of an emergency and it will facilitate lip-reading or signing in the dark so that they can communicate with first responders. Cry signal devices are also commercially available if there is an infant in the home.

**Helpful resources:**

*DRS Services for the Deaf and Hard of Hearing* have free visor cards available to place in vehicles to identify people who are deaf or hard of hearing for law enforcement officers. Cards are available in the Tulsa or OKC offices, or staff will mail cards to deaf or hard of hearing people. You can email [SDHH@okdrs.gov](mailto:SDHH@okdrs.gov), call by videophone 405-543-2646 or voice call 918-836-5556 for more information.

*The Oklahoma Assistive Technology Foundation* will install free special alert smoke alarms to qualified applicants. Learn more about this program and how to apply at <http://ow.ly/h3bZ302ONxd>

Oklahoma Registry of Interpreters

<https://www.rid.org/advocacy-overview/state-information-and-advocacy/oklahoma-state-information/>

Let's Talk – Deaf Parent Video Series

<http://www.vicdeaf.com.au/content.asp?id=272&t=deaf-parenting-stories&cid=79>



## Intervention strategies – Intellectual disabilities

Areas most likely to need support: Communication, organization, educational pacing

1. Keep communication simple, using short sentences and completing one topic before moving to the next topic.
2. If possible, use visuals to help them learn a new task or remember the correct steps in a task or routine. This can be actual pictures, picture schedules, videos or other visual aids.
3. Do things together. If there are appointments that need to be made or multiple options for a program they need to complete for you, do those things together. If will get done quickly, you'll be available to assist if needed, and you will save time in the future discussing why something still isn't done.
4. Break down the complete plan into a "to do" list of steps that must be accomplished. Be sure to include all of the steps – not just "go to six AA classes," but "1. Find local AA classes, decide on most convenient location and time, contact class coordinator to discuss any special accommodations needed, select six dates to attend, enter dates on phone calendar, set reminders for classes, set reminder before each class to arrange transportation or childcare if needed." Take the full plan and break it down into shorter lists that can be accomplished in two weeks. Give the parent just one list at a time so they can see regular progress without becoming overwhelmed.
5. Keep questions short and simple. Use either/or questions instead of yes/no questions. An example of this is "Did that make you feel happy or sad?"
6. Include an option of answering "I don't know" to questions and make sure the parent knows that it is ok to say this.
7. Use some open-ended questions, like, "Tell me what you've been doing this week to practice/move forward with (insert something they are working on from their plan)" or simply go over their two week "to do" list and ask what they did on each item.

8. Ask the parent to explain a comment you just made, or to tell you more about it, such as, “Tell me what will happen if you don’t go to visit your child this week.”
9. Ask for examples to illustrate a comment the parent has made or how the parent is going to do the task.
10. Provide concrete examples. For example, if you are talking to a parent about strategies to deal with a child’s behavior, give your suggestions in a way that describes exactly what would be happening. For example, you could say, “When Jenny asks for some toast at breakfast and says ‘please’ – give her the toast and tell her you liked the way she said please,” rather than, “Praise Jenny for appropriate behavior at breakfast.”
11. Allow plenty of time for the parent to answer. Sometimes it is tempting for a practitioner to jump in with suggestions if parents are taking their time to answer.
12. You will not be able to resolve “barriers” until parents trust you enough to share what they are. Be consistent and reliable in how you respond to the parent. Show respect for their thoughts, ideas, and concerns. And try to work with them and collaborate to solve any issue they bring to you.
13. Be sure to reinforce things they are doing well as a parent. Chances are they haven’t had a lot of positive role models to follow and they need to know what they are getting right.
14. Ask for a Competency Based Parenting Assessment. This assessment is designed specifically for parents with intellectual disabilities and will provide information on their strengths and weaknesses, resource programs that can help them and information about their current natural supports. Successful parenting will usually require long-term support from natural supports and resource programs. It’s important to evaluate their actual functioning as a parent and include observation of parent and child in their home environment to ensure that assessment results reflect the parent’s capacity and not simply their diagnosis.

Observation of parent and infant or child should be in the natural setting (a combination of home and community is optimal). Observation should occur over a period of time, a minimum of six to eight weekly two-hour visits. One should observe all aspects of basic care as well as play.

15. Inappropriate conditions for evaluation include: Observation only in an office setting, too many people present, someone present who alters the situation, such as a foster parent or someone with hostile relationship. These same conditions should be considered for visitations. Adequate and appropriate visitation needs to be established so that a parent/child relationship can be developed or sustained.

**Helpful resources:**

If you need help with visuals or obtaining a Competency Based Assessment, contact your regional resource specialist on parents with disability to consult on your case.

Communicating with Parents with Learning Difficulties

<https://cloudfront.ualberta.ca/-/media/rehabilitation/faculty-site/research/fdsi/documents/practice-points/communicating-with-parents-ld.pdf>

Webinar: Working with Parents with Intellectual Disabilities and Their Families: Strategies and Solutions for Social Workers

<https://ensemble.brandeis.edu/hapi/v1/contents/permalinks/Gr75RfHc/view>

Assistive Technology for Individuals with Cognitive Impairments

[http://idahoat.org/Portals/60/Documents/Services/Resources/AT\\_CognitiveImpairmentsHandbook.pdf](http://idahoat.org/Portals/60/Documents/Services/Resources/AT_CognitiveImpairmentsHandbook.pdf)

## Intervention strategies – Learning disabilities

Area most likely to need support: Processing and organizing information (auditory, written or numerical)

The impacts of learning disabilities (LD) are life-long and are dependent upon the specific type of learning disability. The issues that made schoolwork so challenging for a child with LD will crop up again in the workplace, in social situations and in the home. Paperwork and reports at work, keeping up with bills and helping children with their homework can be a struggle.

Positive characteristics of adults with LD may include problem-solving skills, compensatory strategies, persistence, empathy and outgoing personalities.

Areas of difficulty include:

- Difficulty with reading, writing and/or math
- Poor memory
- Difficulty following directions
- Inability to discriminate between or among letters, numbers and/or sounds
- Eye-hand coordination problems
- Difficulty putting things in the right sequence
- Disorganization
- Difficulty adjusting to change

Part of building trust with a parent who has LD may be understanding the emotional fall out of being a person with LD in our culture. This article explains it well: “Top 5 Emotional Difficulties of People with Learning Disabilities”

<http://www.ldpride.net/emotions.htm>

**Helpful resources:**

Learn about specific LD (dyslexia, dyscalculia, dysgraphia, processing disorders, etc.).

Each section provides signs and symptoms of the LD, as well as helpful strategies to engage with those impacted by the specific LD.

<https://ldaamerica.org/adults/>

Supporting parents with learning disabilities: Good practice guide

This guide pairs simple statements with supporting pictures – an example of how to make materials easier for parents with LD to understand.

[http://www.changepeople.org/Change/media/Change-Media-Library/Project%20Media/CHANGE\\_good\\_practice\\_guidance\\_2006.pdf](http://www.changepeople.org/Change/media/Change-Media-Library/Project%20Media/CHANGE_good_practice_guidance_2006.pdf)

The organization above has also created several books in “easy read.” They teach parenting and life skills in a style that was developed with input from parents with LD to ensure the information was accessible.

<http://www.changepeople.org/shop/products>

Baby Buddy is the multi-award winning free app that guides you through pregnancy, birth, parenting and beyond. You can explore the web version of Baby Buddy or download the full version of the app for free on the App Store and Google Play.

<https://www.bestbeginnings.org.uk/baby-buddy>

## Intervention strategies – Mobility and physical impairments

Mobility and physical disabilities also fall along a continuum, from people who have mild to significant limitations which can limit movement, strength and endurance

1. If shaking hands is appropriate, do so. People with limited hand use or who use prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.
2. Leaning or hanging onto a person's wheelchair is similar to leaning or hanging onto a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it. Stand next to the person's wheelchair rather than lean or hold onto it.
3. When pushing people using a wheelchair, let them know that you are ready to push. Be aware of the distance between the chair and other people to avoid clipping their heels. Avoid sudden turns or speed changes and carefully watch for changes in levels and pavement cracks and potholes. When moving up or down steps, steep ramps, or curbs, ask wheelchair users how they would like to proceed.
4. When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so the two of you are at the same eye level.
5. When giving directions, consider and be specific about distance, weather conditions and barriers such as stairs, steep hill, ramps and construction areas.
6. Ask for permission before moving someone's cane, crutches, walker or wheelchair.
7. Try to ensure there is space in your waiting room and your office for someone in a wheelchair or scooter to wait comfortably in their chair.
8. Ideally, a parent should start preparing their home environment before the baby arrives. With a physical disability, it is likely that the parent will need to work with an Occupational Therapist to determine what parenting tasks will require adaptive equipment – be sure to connect them with Oklahoma ABLE Tech.

**Helpful resources:**

Disability Etiquette – practical tips to help you accommodate different types of physical disabilities

<https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>

Oklahoma ABLE Tech Adaptive Baby Care Equipment – provides assessment and equipment loan  
888-885-5588

<http://okabletech.okstate.edu/ABC>

Assistive Technology for Parents with Disabilities

[http://idahoat.org/Portals/60/Documents/Services/Resources/AT\\_ParentsHandbook.pdf](http://idahoat.org/Portals/60/Documents/Services/Resources/AT_ParentsHandbook.pdf)

## Intervention strategies – Mental health conditions

Areas most likely to need support: Medication management, household management and crisis planning

1. Help the parent arrange for respite (back-up childcare) for times when their mental health condition makes it impossible for them to parent. Having a pre-arranged plan will make it easier for everyone to feel confident that the family can be safe. Make sure that not just the parent but also school-age children and a trusted adult nearby know how to set the plan into motion.
2. If the parent uses medication that makes them extremely tired, make sure that an emergency meal prep box is created with non-perishable food items and picture recipes are available so that school-age children can always access a meal.
3. Most parents have a strong desire to maintain custody of their children. Use this desire to motivate them to participate actively in treatment and recovery work.
4. Help the parent connect with natural supports in their neighborhood, at their child's school or daycare, in local parenting groups or in faith-based organizations. They will need an ongoing network of support to be a successful parent.
5. Help the parent organize routines regarding school, health, dental and play/social activities. Consistency can help maintain family stability.
6. If the parent seems anxious or agitated, speak calmly and offer to repeat information. If the parent seems nervous or confused, be willing to break things down step-by-step to help them understand what steps need to be completed. Don't take things personally. Don't get frustrated. Be patient.



7. Respect a person's choice of language or terminology. For example, if they ask you to refer to something as a "mental health condition" instead of a "mental illness," listen to their request. If they say they don't have a mental health condition, but identify mental health treatment as a medical need, don't disagree. Just help them select a plan with appropriate treatment.
8. If a parent brings an assistor, be sure to speak directly to the person, not to the assistor. They may be there for moral support or simply as a second set of ears, so that important information is heard by more than just the parent and can be retained and acted upon.
9. Do not try to rescue or cure the person with mental illness; instead, make referrals to mental health organizations and agencies. Make sure the family has the local mental health crisis number posted somewhere it can be accessed as well as programmed into family member phones. The parent may prefer to have it posted inside a cabinet door where it is accessible, but not visible to every visitor.
10. Help children build their own natural support network of extended family members, friends, their friends' parents, coaches, Big Brothers/Big Sisters and other mentor programs, YMCA group leaders, faith-based groups. Having more adults they can turn to will help support both the child and the family.

### **Helpful resources:**

Webinar: Family Mental Health Begins with Parents

This resource covers different types of interventions for parents with mental illness and their families, the advantages of leveraging access to mainstream resources and the need to enhance existing practices to make them parent-informed and family-focused.

<https://ensemble.brandeis.edu/hapi/v1/contents/permalinks/Mj2b6E7P/view>

Parenting with a mental illness: programs and resources

<http://www.tucollaborative.org/parenting/>

## Intervention strategies – Speech or language impairment

Areas most likely to need support: Making themselves, their thoughts and ideas understood

1. People with speech and language disorders may take longer to communicate with you. Be patient and respectful. If it is a stressful situation, try to stay calm. If you are in a public area with many distractions, consider moving to a quiet or private location.
2. Ask one question at a time, giving the person time to respond before moving on.
3. If the person uses any assistive technology devices, make sure the devices are always within the person's reach.
4. Do not raise your voice. People with speech disabilities can hear you.
5. Give individuals your full attention and take time to listen carefully.
6. Always repeat what the person tells you to confirm that you understood.
7. Take time to understand the message when a person is using a communication device such as a letter, a word board or a device that produces speech. Note that talking with an individual using an augmentative and alternative communication (AAC) system is often significantly slower than communicating through natural speech.
8. Give people time to answer you and consider using open-ended questions. People who use AAC often must plan ahead for situations where there is a lot to communicate in a short time frame, such as sharing information during a meeting. Fortunately, today's AAC devices offer the option of preparing messages needed in advance of situations. With that in mind, it is extremely helpful for people who use AAC devices to know as far in advance as possible what topics, questions or other communication expectations are coming up, allowing them to be as prepared as possible for these situations.

9. Pay attention to pointing, gestures, nods, sounds, eye gaze and eye blinks.
10. Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech, do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
11. If you still cannot communicate, ask if they have any type of communication board or book, or offer them paper and pen so that they can write the message. Do not guess.
12. To establish basic communication, ask them to:
  - i. "Show me how you say YES."
  - ii. "Show me how you say NO."
  - iii. "Show me how you point."
13. Teach people to indicate these phrases. Creating a simple sheet of paper with pictures or words for each choice and then adding a sheet protector can make a simple, handy and relatively durable communication board:
  - i. "I don't know."
  - ii. "Please repeat."
  - iii. "I don't understand."
14. There are people whose speech is difficult to understand. There are also people who are unable to speak so others can understand them. People unable to communicate using natural speech may use a variety of methods that allow them to communicate. Some, but not all, people with limited speech also have difficulty understanding what people say to them because of their disability, age, a hearing loss, cognitive difficulties and/or language differences. 711, a form of Relay Services, provide Communications Assistants (CAs) for

people with speech disabilities. This includes those who use speech-generating devices and who have difficulty being understood on the phone. CAs have strong language-recognition skills and are trained to be familiar with many different speech patterns. The CA makes the call and repeats the words exactly. More info on the program is available at:

<https://www.fcc.gov/consumers/guides/speech-speech-relay-service>

15. Once you have an established relationship with an individual with a speech or language impairment, you can ask if it is alright for you to try to finish their sentences. Some people are ok with this while others will find it annoying.
16. Use technology to ease the way. Parents with speech impairments can have anxiety around talking to other adults. This makes it difficult for them to do simple tasks like making medical appointments. Teach them how to use online systems and email whenever possible, and introduce them to helpful speech apps like those described below.
17. If no solution to the communication problem can be worked out with you and the person, consider asking if there is someone who could translate or interpret what they are saying.

### **Helpful resources:**

Questions to ask for identifying communication and accommodation needs

[https://www.hpsm.org/documents/Provider\\_Toolkit\\_Identifying\\_Accommodation\\_Needs.pdf](https://www.hpsm.org/documents/Provider_Toolkit_Identifying_Accommodation_Needs.pdf)

Apps for Adults with Speech Disorders

<https://www.speechbuddy.com/blog/speech-therapy-techniques/apps-for-adults-with-speech-disorders/>

Some individuals with severe speech impairments decide to use sign language as their communication method. Remember to utilize an interpreter if this is their preferred method of communication.

Oklahoma Registry of Interpreters

<https://www.rid.org/advocacy-overview/state-information-and-advocacy/oklahoma-state-information/>

## Intervention strategies – Traumatic brain injury

Areas most likely to need support: Memory, processing information and managing stressful situations

1. Some people with traumatic brain injury (TBI) may have trouble concentrating or organizing their thoughts. If you are in a public area with many distractions, consider moving to a quiet or private location and try focusing on short-term goals.
2. Be prepared to repeat what you say, orally or in writing. Some people with TBI may have short-term memory deficits.
3. If you are not sure whether the person understands you, offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not “over-assist” or be patronizing.
4. Be patient, flexible and supportive. Take time to understand the individual, make sure the individual understands you and avoid interrupting the person.

## Tips for communicating with people with post-traumatic stress disorder (PTSD)

5. Stress can sometimes affect a person’s behavior. Do your best to minimize high-pressure situations.
6. People experience trauma differently and will have their own various coping and healing mechanisms, so treat each person as an individual. Ask what will make him or her most comfortable and respect his or her needs.
7. Be tolerant if the person repeats his or her stories and experiences, and avoid interrupting the person.
8. In a crisis, remain calm, be supportive and remember that the effects of PTSD are normal reactions to an abnormal situation. Ask how you can help the person, and find out if there is a support person you can contact. If appropriate, you might ask if the person has medication that he or she needs to take. Offer assistance but do not insist or be offended if your offer is not accepted.

9. Don't be afraid to say "I don't know," or "Let me check." You can be clear about the limits of your authority or ability to respond to a person's needs or requests.
10. Be mindful that symptoms of TBI and PTSD may fluctuate and are influenced by many factors - there may be periods of ease and comfort as well as more challenging times.
11. Support, patience and understanding go a long way. Be generous with these.

**Helpful resources:**

Deployment Related TBIs – Tips on how to manage the most common symptoms

<https://www.brainline.org/deployment-related-traumatic-brain-injury-and-co-occurring-conditions>

<https://www.brainline.org/people-tbi/managing-symptoms>

Brain Injury Resource Guide

[https://www.ok.gov/health/Protective\\_Health/Injury\\_Prevention\\_Service/Traumatic\\_Brain\\_Injury/IPS-TBI-Links.html](https://www.ok.gov/health/Protective_Health/Injury_Prevention_Service/Traumatic_Brain_Injury/IPS-TBI-Links.html)

Homeland Classes through NAMI

Support for parent with TBI or PTSD who is active or past military – find Homeland class through NAMI website

<https://www.namioklahoma.org/nami-programs>

## Intervention strategies – vision disability

Areas most likely to need support: Navigating unfamiliar spaces, keeping up with movements in the environment; or accessing adaptive equipment

1. Always introduce yourself and anyone else who is present for the conversation. As a caseworker, it is important to introduce yourself and anyone who may be accompanying you. Identify who you are and what your job or role is.
2. Do not touch or move their white cane.
3. While many persons who are blind can use braille, the majority of persons who are blind do not.
4. If you are leaving the room or your desk, tell the person you are leaving. If there is an interruption, such as a phone ringing, knock on your door or someone steps into your office, explain the interruption.
5. When conversing in a group, identify the person who is speaking and to whom you are speaking.
6. Speak directly to a person who is blind, not through a companion.
7. Give the person verbal information that is visually obvious to those who can see. For example, you will want to read them any paperwork you hand them to review or sign.
8. Don't assume your help is needed, offer and wait for the person to accept. If you are asked to offer guidance, offer your arm so the person can grasp your elbow and proceed at a normal pace. Do not take a person's arm and move them by the elbow.
9. Be descriptive when giving directions. Saying, "Over there," has little meaning to someone who cannot see you point. "Four doors after turning right from the elevator," would be much more helpful.
10. Never leave a blind person standing alone in the middle of a room. Escort the person to a seat or place their hand on "a point of reference" such as a wall or table.

11. A Guide Dog walks on the left, so you should walk on the right. Do not pet a Guide Dog – the dog is responsible for guiding his/her master who cannot see and should not be distracted from their duty.
12. If assisting a person to a chair in your office, place their hand upon the back of the chair; do not try to push the person into a chair.
13. Describe things from their perspective, not yours. Some persons who are blind use a “clock” reference for things directly in front of them such as a meal. For example, something could be positioned at three o’clock (to their right) or six o’clock (directly in front and close). Before using this strategy, ask the person if this is useful to them.
14. Do not move items (furniture, personal items) after the person has learned their position. This can be frustrating and, in some cases, dangerous for the person.
15. If a parent is struggling with particular parenting tasks, connect them with Oklahoma ABLE Tech for help in obtaining assistive technology or adaptive equipment that can maximize their independence or encourage them to purchase a practical guide such as, “Hands on Parenting: For Parents who are Blind or Partially Sighted” available at:  
[http://www.lookingglass.org/store/product\\_info.php?products\\_id=63&osCsid=df74ec1c60d3383382904d4e2d033be1](http://www.lookingglass.org/store/product_info.php?products_id=63&osCsid=df74ec1c60d3383382904d4e2d033be1)

### **Helpful resources:**

Parenting without Sight: What Attorneys, Social Workers, and Parents Should Know about Blindness

<https://nfb.org/Images/nfb/Publications/brochures/BlindParents/ParentingWithoutSight.html>

Oklahoma ABLE Tech

Toll Free: (888) 885-5588 or <http://okabletech.okstate.edu/>

Visually impaired parents raising sighted children

<http://www.vickieparkermft.com/viparents.php>



## DHS resource specialists for cases involving a parent with a disability – Frequently asked questions

Q: I don't know if a parent I'm working with has a disability. Can the resource specialists help me?

A: Yes. The resource specialists are available to assist in cases where you know or suspect that the parent has a disability. Many parents will not self-identify as having a disability because they fear this will negatively impact their case or people's perceptions of their ability to be a good parent. Look for patterns in behavior. Some behaviors that may indicate a disability are:

- Missed appointments
- Disorganization
- Poor judgement
- Sequencing difficulty
- Problems understanding time
- No follow-through when they seem to understand
- Short/long-term memory issues
- Performance fear
- Attention issues
- Not wanting to get down on the floor with their child or appear to play/be silly
- Difficulty generalizing information
- Rigidity
- Child has frequent or chronic health problems
- Competing with child for attention or toy

Q: When is the best time to contact resource specialists?

A: You can contact resource specialists at any point in your work on the case, but they will be most effective if you bring them into the case early, preferably while the child(ren) are still in the home. Some parenting supports and resources will not be available once the child is removed from the home and progress on parenting skills will be much slower if skills are only practiced during limited visitations.

Q: How can the resource specialist help me?

A: Resource specialists can help in a variety of ways:

- They can answer questions by phone or email helping you locate general community resources and recommend disability-specific resources and/or strategies that may benefit the family.
- They can help you educate yourself more fully about a type of disability you haven't worked with before.
- They can help you figure out how your own services may need to be adapted so that you can work effectively with this particular parent and accommodate their disability.
- They can help you access a Competency Based Assessment to determine the parent's strengths, weaknesses, helpful resources and/or accommodation strategies and the capacity of their natural support network.
- They can connect you with their full interdisciplinary resource team via conference call to brainstorm unique solutions for individual cases.
- They can help you educate providers that need to serve this parent, but aren't prepared to accommodate the parent's disability.
- They can recommend ways to increase and or nurture the parent's natural support network. Lifelong disabilities require a lifelong support network beyond temporary programs.
- In complex cases, they can visit you on site to meet with the parents and/or their providers to share their expertise.

Q: How do I reach my resource specialist?

A: A resource specialist is available in each DHS Region. Contact information for all resource specialists are listed on the Sooner SUCCESS website or by contacting Sooner SUCCESS by email or phone.:

Website: <https://soonersuccess.ouhsc.edu/Services-Programs/Supporting-Parents-with-Disabilities>

Email: [sooner-success@ouhsc.edu](mailto:sooner-success@ouhsc.edu)

Phone: 405-271-2710

### Topic resources:

Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children  
National Council on Disability, February 2012  
<https://ncd.gov/publications/2012/Sep272012>

*Protecting the Rights of Parents and Prospective Parents with Disabilities: Technical Assistance for State and Local Child Welfare Agencies and Courts under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act*, August 2015  
U.S Department of Human Services and U.S. Department of Justice  
Retrieved from: [https://www.ada.gov/doj\\_hhs\\_ta/child\\_welfare\\_ta.html](https://www.ada.gov/doj_hhs_ta/child_welfare_ta.html)

Services for Parents with Disabilities – Child Welfare Information Gateway  
<https://www.childwelfare.gov/topics/systemwide/service-array/services-to-children-and-youth-with-disabilities/youth/disabilities/>

Sooner SUCCESS Resource Binder on Supporting Parents with Disabilities  
<http://soonersuccess.ouhsc.edu/ServicesPrograms/SupportingParentswithDisabilities.aspx>

Join our Facebook group for the latest news on new resources and strategies  
<https://www.facebook.com/OKpwd/>

Learn more about Sooner SUCCESS and how we can help not only parents with disabilities but also children with disabilities. We can connect parents, foster parents, grandparents raising grandchildren and parents with disabilities to local services that can benefit them and their children. We also help families navigate complex systems, and help access respite services. Visit our website at: <https://soonersuccess.ouhsc.edu/>



## Child Welfare Services



## Developmental Disabilities Council of Oklahoma

DHS Pub. No. 19-09      Revised 01/2020

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