Chapter 1

Orientation

Support Objective: Strengthen positive attitudes toward children with disabilities.

“To the old ones of my childhood who taught me the most important lesson of all: That I did not need to be perfect to be loved. That no one does.”

Alice Walker
Introduction

Washington State Parent to Parent Support Programs is a powerful network that fulfills a crucial role in the adjustment of a family to their child with a disability. We provide support where there may be none. We show people they are not alone. We allow them to work through their emotions in a safe environment, and we watch them find their own answers. We have the privilege to share both their sorrows and their joys.

Parent to Parent Support is based on a deep respect – respect for children with disabilities, respect for ourselves as parents, and respect for other people. It is this philosophy of respect that allows us to walk alongside new parents while they find their way in this community of disability without draining us of energy, nor robbing them of control.

At the core of each of the Parent to Parent Support Programs are a group of parents with unique and valuable skills. They understand feelings of shock, grief and helplessness. They are called Helping Parents (H/P). They hope to make the experience of having a child with a disability a little easier and less traumatic by offering support and information to new parents.

We have 21 community programs serving our state. All programs have a sponsoring community agency and Advisory Board. Children’s Hospital in Seattle also has a Parent to Parent Program called Parent Support Program Children’s Hospital. For P2P Program near you go to our website. http://arcwa.org/index.php/getsupport/parent_to_parent_p2p_programs/coordinators/
Philosophy of Parent to Parent Support

For most parents, the realization that their child has a disability is an emotional crisis.

Parents may feel guilty, angry, depressed, and unable to explain why one of life’s happiest events has taken such a turn.

Looking back, many parents say that in those days of feeling isolated and overwhelmed it would have helped to talk to other parents who had gone through the same experience.

The goal of Parent to Parent Support is to fill that void.

The program is simple: parents of children with disabilities offer emotional support to others in the same situations.

Relationships develop in the direction indicated by the needs of the new parent. Helping Parents do not provide all the answers, but do provide insight. Helping Parents can be role models by sharing their joy and pride in the achievements of their own child.

It is a relationship based on “I know and I understand”.

Mission Statement

Parent to Parent support programs offer emotional support and information about disabilities and community resources to parents who are just learning about and/or seeking new information about their child’s disability or chronic health condition by utilizing trained veteran parents of children with disabilities, called Helping Parents that provide one-to-one emotional and informational support to new or referred parents who have a child with similar needs.

From the Surgeon General’s Report 1999

In a national survey of parents of children with an emotional or behavioral disorder, 72 percent of respondents indicated that emotional support was the most helpful aspect of family support services. Benefits included increased access to information, improved problem-solving skills, and more positive views about parenting and their child’s behavior.
Facts About Parent to Parent Support Programs

The purpose of Parent to Parent Support programs is to match trained Helping Parents with parents who are experiencing a time of crisis or seeking information.

Helping Parents is the term for trained volunteers who:

- have integrated a child with a disability into their family and are willing to share their feelings and experiences with other parents. Helping Parents are open-minded and non-judgmental.
- are trained to be peer support parents by successfully completing a series of workshops on communication skills, resources, community outreach and the referral process.
- do not provide formal counseling but do offer encouragement, emotional support and information on an informal and personal basis.
- do not give advice, particularly medical advice. They may give general suggestions or outline options but they leave decisions to the referred parents.
- serve to model the normalization principle for families experiencing the crisis of acceptance and make them aware of the important affect their attitude will have on their child’s development.

Referred Parents is the term for parents who:

- are experiencing a time of crisis related to their child’s disabilities or seeking information.
- are contacted only when they express an interest in talking with a supporting parent. Contact is never made without the referred parent’s consent and confidentiality is maintained at all times.
- are matched as closely as possible according to relevant criteria: diagnosis or degree of child’s disability, the age of the child, marital status, religious or cultural factors, and geographic location of residence.

Parent to Parent Support:

- may help to reduce the incidence of child abuse and neglect by providing an emotional outlet and reducing family stress.
- strengthens the partnership between parents and professional in the local community.
Complete this for/with your child with special needs.

**ALL ABOUT ME**

**Name:**

**My pet/pets**

**Things that make me laugh:**
1. 
2. 
3. 
4. 

**Photo**

**Things I want to do but my parents don’t think I’m old enough:**
1. 
2. 
3. 

**School:**
**Things I like to do:**
1. 
2. 
3. 

**I admire**

**My favorite movie:**

**My favorite book:**

**My favorite song:**

**My favorite food:**

**My favorite TV program:**

**Hobbies and Sports:**
1. 
2. 
3. 

**Ways I take care of myself:**
1. 
2. 
3. 

**Places I want to visit:**
1. 
2. 
3. 

**Jobs I want to know more about:**
1. 
2. 
3. 

**Things I do with my family:**
1. 
2. 
3.
People- First
Capacities – Oriented Language

“What is the proper way to speak to or about someone who has a disability? Consider how you would introduce someone who doesn’t have a disability. You would give their name, where they live, what they are interested in, and so on.... Every person is made up of many characteristics, mental as well as physical and few want to be identified only by one....”

- Speak of the person first, then the disability.
- Emphasize abilities, not limitations.
- Respect is important; let the person do or speak for themselves as much as possible.
- A disability is a functional limitation that interferes with a person’s ability to do something.
- A handicap is a situation/barrier imposed by society or the environment.

Pacesetter, September, 1989

Consider the following descriptions of two little girls:

Girl A has Rett Syndrome. She is wheelchair-bound. She’s gastrostomy-fed. She’s non-verbal. Sometimes she acts out by shrieking and kicking her feet. She’s also epileptic.

Girl B is twelve years old. She’s in the fifth grade at her neighborhood school. She has many friends. She loves horses and baseball. She uses a wheelchair to get around. She has a feeding tube to get nourishment. She uses her eyes or a switch to communicate her choices. She takes medication for seizures and sometimes they make her agitated, causing her to shriek and kick her feet.

How do you feel about each girl, based on the way they are described? Which girl do you feel you know more about? What is it in the language used that causes you to feel this way?

P.S. Girl A and Girl B are, in fact, the same girl

Language does matter.
The Declaration of Interdependence

Norman Kunc, 1995

Do not see my disability as the problem. Recognize that the real problem confronting people with disabilities is social devaluation, prejudice, and oppression.

Do not try to fix me because I am not broken. Support me so I can make my contribution to the community in my way.

Do not see me as your client because I am your fellow citizen. See me as your neighbor who, in this time of flourishing urban isolation, is reminding you of how interdependent all of us are on each other.

Do not try to change me. You have no right. Help me learn what I want to know.

Do not try to be a competent professional. You will invariably do harm to me. Be a person who cares, who takes the time to listen, and does not take my struggle away from me by trying to make it all better.

Do not use “pedagogical approaches” on me. To abdicate personal responsibility for your action behind theories and strategies is pure cowardice. Be with me, and when we struggle with each other, let that be the impetus of self-reflection.

Do not try to control me. I have a right to my power as a person. What you see as non-compliance and manipulation, is actually me being in conflict with you. Help me learn how to negotiate at times of conflict. This is assuming of course, that you can do this for yourself at times of anger.

Do not teach me to be obedient, submissive, and polite. You do me no favor. I need to feel entitled to say “No” if I am to protect myself.

Do not try to be my friend. I deserve more than that. Get to know me. We may become friends.

Do not be charitable towards me. The last thing this world needs are more Shriners or another Jerry Lewis. Be my ally as I fight against those who exploit me for their own gratification.

Do not help me, even if it does make you feel good. Ask me if I need your help. Respect my “No” or let me show you how you can best assist me.

Do not admire me. A desire to live a full life does not warrant adoration. Respect me because respect presumes equity.

Do not tell, teach, and lead. Listen, Support, and Follow.
If you have recently learned that your child is developmentally delayed or has a disability, which either is or is not completely defined, this message may be for you. It is written from the personal perspective of a parent who has shared this experience and all that goes with it.

When parents learn about any difficulty or problem in their child’s development, this information comes as a tremendous blow. The day my child was diagnosed as having a disability, I was devastated – and so confused that I recall little else about those first days other than the heartbreak. Another parent described these events as a “black sack” being pulled down over her head, blocking her ability to hear, see, and think in normal ways. Another parent described the trauma as “having a knife stuck” in her heart. Perhaps these descriptions seem a bit dramatic, yet it has been my experience that they may not sufficiently describe the many emotions that flood parents’ minds and hearts when they receive any bad news about their child.

Many things can be done to help a parent through this period of trauma. That is what this paper is all about. In order to talk about some of the good things that can happen to alleviate the anxiety, let us first take a look at some of the reactions that occur.

**Common Reactions**

On learning that their child may have a disability, most parents react in ways that have been shared by parents before them who have also been faced with this disappointment and with this enormous challenge. One of the first reactions is that of denial – “This cannot be happening to me, to my child, to our family”. Denial rapidly merges with anger, which may be directed toward the medical personnel who were involved in providing the information about the child’s problem. Anger can also color communication between husband and wife or with grandparents or significant others in the family. Early on, it seems that the anger is so intense that it touches almost anyone, because it is triggered by the feelings of grief and inexplicable loss that one does not know how to explain, nor how to deal with it.

Fear is another immediate response. People often fear the unknown more than they fear the known. Having the complete diagnosis and future prospects can be easier than uncertainty. In either case, however, fear of the future is a common emotion: “What is going to happen to this child when he is five years old, when he is twelve, when he is twenty-one? What is going to happen to this child when I am gone?” The other questions arise: “Will he ever learn? Will he ever go to college? Will he or she have the capability of living and laughing and doing all the things that we had planned?”
Other unknowns also inspire fear. Parents fear that the child’s condition will be the very worst that it possibly could be. Over the years, I have spoken with so many parents who said that their first thoughts were totally bleak. One expects the worst. Memories return of persons with disabilities one has known. Sometimes there is guilt over some slight, committed years before toward a person with a disability. There is also fear of society’s rejection, fears about how brothers or sisters will be affected. Questions as to whether there will be any more brothers or sisters in this family, and concerns about whether the husband or wife will love this child. These fears can almost immobilize some parents.

Then there is guilt—guilt and concern about whether the parents themselves have caused the problem: “Did I do something to cause this? Am I being punished for having done this? Did I take care of myself when I was pregnant? Did my wife take good enough care of herself when she was pregnant?” For myself, I remember thinking that surely my daughter had slipped from the bed when she was very young and hit her head, or that perhaps one of her brothers or sisters had inadvertently let her drop and didn’t tell me. Much self-reproach and remorse can stem from questioning the causes of the disability.

Guilt feelings may also be manifested in spiritual and religious interpretations of blame and punishment. When they cry, “Why me?” or “Why my child?”, many parents are also saying, “Why has God done this to me?” How often have we raised our eyes to heaven and asked: “What did I ever do to deserve this?” One young mother said, “I feel so guilty because all my life I had never had a hardship and now God has decided to give me a hardship.”

Confusion also marks this traumatic period. As a result of not fully understanding what is happening and what will happen, confusion reveals itself in sleeplessness, inability to make decisions, and mental overload. In the midst of such trauma, information can seem garbled and distorted. You hear new words that you never heard before, terms that describe something that you cannot understand. You want to find out what it is all about, yet it seems that you cannot make sense of all the information you are receiving. Often parents are just not on the same wavelength as the person who is trying to communicate with them about their child’s disability.

Powerlessness to change what is happening is very difficult to accept. You cannot change the fact that your child has a disability, yet parents want to feel competent and capable of handling their own life situations. It is extremely hard to be forced to rely on the judgements, opinions, and recommendations of others. Com-pounding the problem is that these others are often strangers with whom no bond of trust has yet been established.

Disappointment that your child is not perfect poses a threat to many parents’ egos and a challenge to their value system. This jolt to previous expectations can create reluctance to accept one’s child as a valuable, developing person.
Rejection is another reaction that parents experience. Rejection can be directed toward the child or toward the medical personnel or toward other family members. One of the more serious forms of rejection, and not that uncommon, is a “death wish” for the child—a feeling that many parents report at their deepest point of depression.

During this period of time when so many different feelings can flood the mind and heart, there is no way to measure how intensely a parent may experience this constellation of emotions. Not all parents go through these stages, but it is important for parents to identify with all of the potentially troublesome feelings that can arise, so that they will know that they are not alone. There are many constructive actions that you can take immediately, and there are many sources of help, communication, and reassurance.

**Seek the Assistance of Another Parent**

There was a parent who helped me. Twenty-two hours after my own child’s diagnosis, he made a statement that I have never forgotten: “You may not realize it today, but there may come a time in your life when you will find that having a daughter with a disability is a blessing.” I can remember being puzzled by these words which were nonetheless an invaluable gift that lit the first light of hope for me. This parent spoke of hope for the future. He assured me that there would be programs, there would be progress, and there would be help of many kinds from many sources. And he was the father of a boy with mental retardation.

My first recommendation is to try to find another parent of a child with a disability, preferably one who has chosen to be a parent helper, and seek his or her assistance. All over the United States and over the world, there are Parent-Helping-Parent Programs. The National Information Center of Children and Youth with Disabilities (NICHCY) has listings of parent groups that will reach out and help you. If you cannot find your local parent organization, write to NICHCY to get the local information.

**Talk with Your Mate**

Over the years, I have discovered that many parents don’t communicate their feelings regarding the problems their children have. One spouse is often concerned about not being a source of strength for the other mate. The more couples can communicate at difficult times like these, the greater their collective strength.

If there are other children, talk with them, too. Be aware of their needs. If you are not emotionally capable of talking with your children or seeing to their emotional needs at this time, identify others within your family structure who can establish a special communicative bond with them. Talk with significant others in your life—your best friend, your own parents. For many people, the temptation to
close up emotionally is great at this point, but it can be so beneficial to have reliable friends and relatives who can help to carry the emotional burden.

**Rely on Positive Sources in Your Life**

One positive source of strength and wisdom might be your minister, priest, or rabbi. Another may be a good friend or a counselor. Go to those who have been a strength before in your life. Find the new sources that you need now.

A very fine counselor once gave me a recipe for living through a crisis: “Each morning, when you arise, recognize your powerlessness over the situation at hand, turn this problem over to God, as you understand Him and begin your day.”

Whenever your feelings are painful, you must reach out and contact someone. Call or write or get into your car and contact a real person who will talk with you and share that pain. Pain divided is not nearly so hard to bear as is pain in isolation. Sometimes professional counseling is warranted; if you feel that this might help you, do not be reluctant to seek this avenue of assistance.

**Take One Day at a Time**

Fears of the future can immobilize one. Living with the reality of the day which is at hand is made more manageable if we throw out the “what if’s” and “what then’s” of the future. Good things continue to happen each day. Take time to “smell the roses.”

**Learn the Terminology**

When you are introduced to new terminology, you should not be hesitant to ask what it means. Whenever someone uses a word that you don’t understand, stop the conversation for a minute and ask the person to explain the meaning.

**Seek Information**

Some parents seek virtually “tons” of information; others are not so persistent. The important thing is that you request accurate information. You should not be afraid to ask questions, because asking questions will be your first step in beginning to understand more about your child. Learning how to formulate questions is an art that will make life a lot easier for you in the future. A good method is to write down your questions before entering appointments or meetings, and to write down further questions as you think of them during the meeting.

Get written copies of all documentation from physicians, teachers, and therapists regarding your child. It is a good idea to buy a three ring notebook in which to
save all information that is given to you. In the future, there will be many uses for information that you have recorded and filed; keep it in a safe place. Again, remember always to ask for copies of evaluations, diagnostic reports, and progress reports.

Do Not Be Intimidated

Many parents feel inadequate in the presence of people from the medical or education professions because of their credentials. Do not be intimidated by the educational backgrounds of these and other personnel who may be involved in treating or helping your child. You do not have to apologize for wanting to know what is occurring. Do not be concerned that you are being a bother or are asking too many questions. Remember, this is your child, and the situation has a profound effect on your life and on your child’s future. Therefore, it is important that you learn as much as you can about your situation.

Do Not Be Afraid to Show Emotion

So many parents, especially dads, repress their emotions because they believe it to be a sign of weakness to let people know how badly they are feeling. The strongest fathers of children with disabilities who I know are not afraid to show their emotions. They understand that revealing feelings does not diminish one’s strength.

Learn to Deal with Bitterness and Anger

Ultimately, bitterness and anger will hurt you a great deal more than they will affect those toward whom the anger is directed. It is very valuable to be able to recognize your anger and then let go of it. It is understandable that parents will be bitter and angry and disappointed to learn that their child has a serious problem. When you realize that these negative responses tend to hurt you and make you less effective with your child, you can decide to do something about them. Life is better when you are feeling positive. You will be better equipped to meet new challenges when bitter feelings are no longer draining your energies and initiative.

Adopt a Grateful Attitude

It is hard to remain angry when one is grateful. Sometimes, when everything seems to be going wrong, it is difficult to find a cause for gratitude. However, in the scheme of things, if you look around and count your blessings, perhaps positive feelings can overtake the more negative ones.
Maintain a Positive Outlook

A positive attitude will be one of your genuinely valuable tools for dealing with problems. There is truly always a positive side to whatever is occurring. for example, when my child was found to have a disability, one of the other things pointed out to me was that she was (and still is) a very healthy child. The fact that she has had no physical impairments has been a great blessing over the years; she has been the healthiest child I have ever raised.

Keep in Touch with Reality

To stay in touch with reality is to accept life the way it is. To stay in touch with reality is also to recognize that there are some things that we can change and other things that we cannot change. The task for all of us is learning which things we can change and then set about doing that.

Remember That Time Is On Your Side

Time heals many wounds. This does not mean that living with and raising a child who has problems will be easy, but it is fair to say that, as time passes, a great deal can be done to alleviate the problems. Therefore, time does help!

Find Programs for Your Child

Even for those living in isolated areas of the country, assistance is available to help you with whatever problems you are having. At the end of this paper, a person is listed who will help you get started in gaining the information and assistance you need. While finding programs for your child with a disability, keep in mind that programs are also available for the rest of your family, too.

Take Care of Yourself

In times of stress, each person reacts in his or her own way. A few universal recommendations may help: Get sufficient rest; eat as well as you can; take time for yourself; reach out to others for emotional support.

Avoid Pity

Self-pity, the experience of pity from others, or pity for your child are actually disabling. Pity is not what is needed. Empathy, which is the ability to feel with another person, is the attitude to be encouraged.
Avoid Judgments

During this period, parents may become judgmental about the way people are reacting toward them or toward their child. Many people’s reactions to serious problems are based on a lack of understanding, fear of knowing what to say, or fear of the unknown. Therefore, others may sometimes react inappropriately, but you need not use too much energy in being concerned over those who are not able to respond in ways that you might prefer.

Keep Daily Routines as Normal as Possible

My mother once told me, “When a problem arises and you don’t know what to do, then you do whatever it was that you were going to do anyway.” Practicing this habit seems to produce some normalcy and consistency when life becomes hectic.

Remember That This is Your Child

This person is your child, first and foremost. Granted, your child’s development may be different from that of other children, but this does not make your child less valuable, less human, less important, or in less need of your love and parenting. Love and enjoy your child. This child comes first; the disability comes second. If you can relax and take the positive steps just outlined, one at a time, you will do the best you can, your child will benefit, and you can look forward to the future with hope.

Recognize That You are Not Alone

The feeling of isolation at the time of diagnosis is almost a universal feeling among parents. In this paper, there are many recommendations to help diminish those feelings of separateness and isolation. You can diminish these feelings by recognizing that they have been experienced by many others, that understanding and constructive help are available to you and your child, and that you are not alone.

This article was originally written in 1984 for the National Information Center for Children and Youth with Disabilities (NICHCY).

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