Coaching in Early Intervention
The Evidence and The Gaps

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Team Based Model Early Intervention Services and Coaching

Objectives

- To understand the characteristics and rationale of coaching within team based early intervention
- To understand the practical applications of coaching
- To be aware of the research supporting coaching
Why consider a Team Based Model?

- Evidence based research - Office of Special Education funded several grants to research what is best learning and most effective environment for children birth to 3 years old.
- Consider best practice, some references:
  - Puckett Institute
  - ECTA - “Coaching”, “Team Based Model”
  - NICHCY (http://nichcy.org/)
  - Family Centered Practices Birth through High School
- 31 other states in the US are currently implementing versions of the Team Based Model
- Builds on Strengths

Kristina Park and Stacy Strombeck-Goodrich

What does Team Based Model mean in Arizona

- One team for child/family from referral to age 3
- Each family is part of a complete team
- Each family has a Team Lead working primarily with them. The Team Lead is chosen based on what works best for the family and Family Outcomes (goals)
- IFSP Outcomes are the result of team discussion with families on their priorities, interests, and concerns
- Outcomes are written by the team during the IFSP
- Geographically assigned so that the majority of team members’ time is available for supporting families

Kristina Park and Stacy Strombeck-Goodrich

Team-Based Early Intervention

- What it looks like:
- What it doesn’t look like:
### Characteristics of Team Based Early Intervention

<table>
<thead>
<tr>
<th>Component</th>
<th>Multidisciplinary</th>
<th>Team-Based Early Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Interaction</td>
<td>Team members recognize the importance of contribution from several disciplines.</td>
<td>Team members engage in learning and coaching to develop broad expertise to improve a child's participation across family's activity settings.</td>
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<tr>
<td>Communication</td>
<td>Typically informal; members may not think they are part of a team.</td>
<td>Team members meet regularly to participate in coaching interactions including reflection and feedback.</td>
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</tbody>
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Adapted from Pletcher, Lynda. FIT Program: The Transdisciplinary Team Approach. (2012).

### Characteristics of Team Based Early Intervention

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<tr>
<td>IFSP Development</td>
<td>Members develop separate plans for intervention within their own disciplines.</td>
<td>Team Members and family develop plan together based on functional assessments and outcomes to support participation. The family is valued as an active member with decision-making role.</td>
</tr>
<tr>
<td>IFSP Implementation</td>
<td>Implemented separately by disciplines and separate visits by disciplines.</td>
<td>Team Lead works most frequently with the family. Team members coach the Team Lead to implement the plan across activity settings and may coach family on joint visits.</td>
</tr>
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### AzEIP Core Team

AzEIP Core Team members include:
- DSI
- SLP
- PT
- OT

Illustration by Picaboo - http://free.clipartof.com/
Early Intervention Team

- ASDB Vision Specialist
- Social Worker
- Psychologist
- ASDB Hearing Specialist

Implementation of Teams

1. All team members must be available as Team Lead
2. Attendance at team meetings
3. Team Lead selection process
4. Joint Visits
5. Infrequent change of Team Lead

A Team Lead Is Chosen

- At the IFSP meeting by the IFSP team, which includes the parents
- Looking at the long-term needs
- Using a process according to four factors
  1. Parent/family
  2. Child
  3. Environmental
  4. Practitioner

The Role of a Team Lead is to . . .

- Act as a liaison to the family and team
- Interact with the family most often
- Promote child participation within routines and activities
- Receive team support
- Have scheduling that is flexible, activity based and includes bursts of service

Coaching

- Building the capacity of care providers to promote child learning and development in family, community, and early childhood settings
- Occurs between team members to expand a practitioner’s ability to reflect upon and learn from their practices
Choosing Relationship Over Control

Ten Key Elements of Coaching of Early Childhood
- Consistent with principles of adult learning
- Capacity building
- Nondirective
- Goal oriented
- Solution focused
- Performance based
- Reflective
- Collaborative
- Context Driven
- As hands-on as it needs to be

Coaching Examples
- Coaching a team member in a team conference
- Coaching a caregiver in the natural learning environment
- Coaching the team lead in a joint visit
Resources

- www.coachinginearlychildhood.org
- http://ectacenter.org/
- www.azdes.gov/azeip
- www.nau.edu/sbs/ihd/programs/asdtp


Practical Applications

Team Based Early Intervention on Navajo Nation


**Evidenced-Based Paradigm**

- Coaching Practices
  - Adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations. (Rush & Sheldon, 2004)

- Primary Service Provider Teaming Practices
  - Family-centered process for supporting families of young children with disabilities in which one member receives coaching from other team members, and uses coaching as the key intervention strategy to build the capacity of parents and other care providers to use everyday learning opportunities to promote child development. (Shelden & Rush, 2012)

- Natural Learning Environment Practices
  - Consider the activity settings that the family and care providers value to generate learning opportunities, then let the learning opportunities lead to desired skills and behaviors. (Bruder & Dunst, 1999)

**Early Intervention => Increased Participation & Competence**

- **COACHING PRACTICES**

- **PRIMARY SERVICE PROVIDER TEAMING PRACTICES**

- **NATURAL LEARNING ENVIRONMENT PRACTICES**

**Paradigm Shift**

<table>
<thead>
<tr>
<th>Traditional Paradigm</th>
<th>New Paradigm</th>
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<tbody>
<tr>
<td>Treatment models</td>
<td>Promotion models</td>
</tr>
<tr>
<td>Expertise models</td>
<td>Capacity-building models</td>
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<tr>
<td>Deficit-based models</td>
<td>Strengths-based models</td>
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<tr>
<td>Service-based models</td>
<td>Resource-based models</td>
</tr>
<tr>
<td>Professionally-centered models</td>
<td>Family-centered models</td>
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Traditional Paradigm

- **MEET & TREAT**
- **CHILD/INTERVENTION FOCUSED**
- **DEFICIT BASED**
- **EXPERTISE BASED**
- **MULTIPLE PROVIDERS**
- **TOP DOWN APPROACH**

- I “judge” that family lacks resources and “developmentally appropriate” toys
- Bring in my bag of toys
- Talk about the developmental qualities of toys
- Think that I “model” developmental activities with toys – without being intentional or explicit. Believe that family will learn by watching or being present. (Family often in other room doing chores or watching TV)
- Leave toys with family
- Return to find toys broken, lying outside in yard
- Purchase more toys
- **REPEAT**
My Experience: Emerging Trends

To From

Multiple Service Primary Service Providers Provider

Learned Helplessness Active Learning

From Correcting To Preventing

So, I

- Leave my "Bag of Toys" in Flagstaff
- Figure out what child is currently using to play (rocks, pans, rubber hose, concrete blocks, tires, truck body, fence, sticks, puppies, cats, kittens, sheep, goats, canned goods, cereal boxes)
- Support family to maximize enjoyment & developmental value of existing objects (in, out, counting, stacking, kneeling, tall-kneel walking, side sitting, throwing, catching, labeling, sign)
- Converse with family. If interested, assist family in identifying resources and obtaining toys (goodwill, loan library, yard sale, craigslist)
- Focus on meeting family where they are & with what they have
BUT

- Now we have natural environment using everyday learning opportunities – but still missing family
- How do I get the family outside with the child to engage instead of watching the big screen TV? How do I help the child to engage in learning opportunities during context of family watching TV?

My struggle: Child wants to run around outside and play, family wants to watch big screen TV inside house

<table>
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<tr>
<th>THEN</th>
<th>NOW</th>
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<tbody>
<tr>
<td>• Safely try to shift focus away from TV</td>
<td>• Support family to provide children with learning experiences and opportunities that strengthen and promote a child’s competence and development</td>
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<tr>
<td>• Directly request shift of focus</td>
<td>• Support learning that occurs in context of things that have a high level of interest and engagement for the child and family</td>
</tr>
<tr>
<td>• Ask family to turn down or turn off TV</td>
<td>• Help adapt interactions, actions, routines, environment, and schedule</td>
</tr>
<tr>
<td>• &quot;model&quot; activity or &quot;provide therapy&quot; while family watches TV show</td>
<td>• Reflect with family on what is working and where additional problem solving may be needed</td>
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But, it’s not as easy as just leaving my bag of toys

- How do you change routine to benefit child (to TV routine: add labeling, counting, conversation, questions, predictions, side sitting, tall kneeling, sitting on edge of stool, activity during commercials)
- How do you coach a change in routine? How do we nudge them along?
- Are we judging families’ routines?
- Is it a fallacy that we are working within a routine? What is routine once we arrive?
- Have to make a judgment call – Make choice focused on family priorities. Abandon “treatment” and intervention “strategies” and focus on opportunity for child-engagement. In this instance, it isn’t the skill of PT that makes a difference for the child. It’s having anyone engage actively with him using anything.
Coaching Families

- Joint Planning
- Observation
- Action/Practice
- Reflection
- Feedback

Primary Coach Approach to Teaming

- Coaching is a practice inextricably linked to the Team Based Early Intervention in AZ.
- In order to use the PSP approach, which involves the strategy of coaching both for families and colleagues, foundational components must be addressed:
  - Role Expectation
  - Role Gap
  - Role Overlap
  - Role Assistance


Coaching is a practice inextricably linked to the Team Based Early Intervention in AZ. In order to use the PSP approach, which involves the strategy of coaching both for families and colleagues, foundational components must be addressed:

- Role Expectation
- Role Gap
- Role Overlap
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Role Expectation

- Expect that each team member will be an evidence-based practitioner in his/her own discipline, early intervention, and early childhood development
- Expect that every team member is competent in providing parent and parenting support
- Expect that all team members know how to mediate care providers' abilities to support child learning and development by using evidence-based adult learning and interaction methods (i.e., coaching).


Role Gap

- When the primary provider does not have all of the needed knowledge and skills to adequately support a child’s learning or implement necessary parent/parenting supports.


Role Assistance

- Ongoing direct support provided to the PSP
- Focused learning opportunities for the team at-large and individual team members to fill an identified role gap
- Provided through regular team meetings, joint visits, colleague-to-colleague coaching, and professional development.

Traditional Paradigm

Natural Learning Environment Practices

It is Hard

- And its not part of my training

New Paradigm
1. **Strengths-based, positive view**
2. **Empowering**
3. **Ownership**
4. **Confidence**
5. **Expert on their child**

- Children learn best in context with multiple opportunities to practice throughout the day
- Easier to generalize new skills when learned in a meaningful and functional activity/setting
- Children are more engaged in preferred activities
- More Meaningful

### Challenges

- Not immediately focusing on the child and getting on the floor to “play”
- Shifting away from previous practices and my “Comfort Zone”
- Feeling professionally competent
- Wanting to “make a difference”, impact development, change lives
- Primarily talking with parents vs working directly with child
- Striking balance between implementing many interventions and coaching families (things not part of a behavioral ‘approach’ of the strategies)
- Conflicting thoughts about this approach for children with complex needs, feel inadequate & want to insufficient time to address all needs.
- Lack “focus” on motor development.
- Supporting learning opportunities within activity settings and interests of the child/parent, even when they vary from my own values

### My Hopes

<table>
<thead>
<tr>
<th>I will</th>
<th>I will not</th>
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<tr>
<td>Listen more</td>
<td>Expect the parent to embed therapy activities into their existing routine and activities</td>
</tr>
<tr>
<td>Ask questions, converse</td>
<td>Expect parent to complete a “daily home exercise program”</td>
</tr>
<tr>
<td>Stop “doing” so much</td>
<td></td>
</tr>
<tr>
<td>Stop “bringing” so much</td>
<td></td>
</tr>
<tr>
<td>Use family activities and opportunities for child participation in developmental learning</td>
<td></td>
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</table>
I will | I will not
--- | ---
• Emphasize strengths and abilities—both Family & Child
• Collaborate with family to support child’s participation in family, community, and early childhood contexts.
• Gain confidence & continue to develop new skills addressing development across all domains
• Target skills based on child deficits
• Automatically refer issues to other team members for answers

Example – Family lacks resources and “developmentally appropriate” toys

- Bring in my bag of toys
- Talk about toy qualities
- Play with toys
- “model” developmental activities with toys without being intentional
- Leave toys with family
- Return to find toys broken, lying outside in yard
- Purchase more toys
- REPEAT
- Figure out what child is currently using to play
- Support family to maximize enjoyment & developmental value of existing objects
- Converse with family. If interested, assist family in identifying resources and obtaining toys
- Focus on meeting family where they are & with what they have

Example – Family a&/or child focused on TV

- Subtly try to shift focus away from TV
- Directly request shift of focus
- Ask family to turn down or turn off TV
- “model” activities or “provide therapy” while family watches TV show
- Acknowledge the learning opportunities that exist for this activity setting
- Brainstorm what they might be
- Talk with the family about how to use what they have
- Discuss what learning opportunities are possible and support family in using what they have & are interested in
Example – Family uses Baby Walker (jumper, bumbo seat, bouncer) for extended periods multiple times daily

- Tell family why not to use the baby walker
- Focus on activities to increase pre-walking skills (strength, flexibility, balance, weight shifting)
- Accept the reality that the family values this activity setting and will likely continue to use it
- Discuss with family about why they use it
- Provide information about why the equipment might not be helpful for motor development
- Talk about ways to modify the setting – use for limited times or adjust the height
- Figure out other ways the child can be safely contained and/or engaged

I like to Remember

- “Parents can go to any center-based program, therapy clinic, medical program, or therapy provider they choose. The question is whether or not this falls under the provisions of IDEA, Part C, which require that supports be provided in natural learning environments”
- “role release and delegation of intervention strategies can be both ethical and legal”
- “physical therapists may teach others activities or intervention strategies that do not require the expertise of the physical therapist”

American Physical Therapy Association, Section on Pediatrics

Is there any showing that child's functional outcomes (not just parents satisfaction or relationship-based measures) improve with these practices?

My questions regarding evidence

- Do we maximize participation at the cost of skill development and later independence or function?
- What are long term outcomes for AzEIP only children?
- What are long term outcomes for DDD-eligible children?
- What are differences in implementation of these strategies with new versus seasoned professionals?
- How does age of team or length of team member affiliation impact families’ outcomes?
- Are there different outcomes when teams have dedicated staff versus contractors?

Resources

- http://www.pediatricapta.org/pdfs/Website resources for EI.pdf
- http://www.pediatricapta.org/consumer-patient-information/pdfs/Natural Env Fact Sheet.pdf
- http://www.pediatricapta.org/special-interest-groups/early-intervention/index.cfm
- http://www.pediatricapta.org/special-interest-groups/early-intervention/pdfs/Website resources for EI.pdf
- http://www.pediatricapta.org/consumer-patient-information/pdfs/Natural Env Fact Sheet.pdf
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Evidence and Gaps

Research on Adult Learning

Coaching in professional development

Highlights of selected studies


Research on Parent/Child Interactions

Coaching parents with infants

Highlights of selected studies


Evolution of Coaching

- Emphasis on family-centered practice
- Natural environment as a context
- Primary Service Provider Approach
  - Embeds coaching

Gaps

Practitioners remain primarily child-focused


Fidelity Issues

### Summary of Evidence and Gaps

- Evidence in support of coaching strategies in professional development and parent-child interactions.
  - Team Members
  - Families
- Evidence is incomplete due to fidelity issues
- Conclusion: Until further evidence is available, coaching should be considered a promising practice.