



Definitions of Family-Centered Coaching Strategies

Considerations:

- ▶ Interventions should focus on minor changes to what caregivers are already doing.
- ▶ Work with caregivers to identify natural learning opportunities during daily routines with the family's own materials.
- ▶ Focus supports on family participation and building caregiver's capacity.
- ▶ Prioritize the use of less invasive coaching strategies.

Reflective Discussion:

A verbal interaction that includes a brief exchange between the early interventionist and caregiver that is focused on supporting the caregiver's self-reflection. The goal is to encourage the caregiver to think about their actions, the environment, use of materials, caregiver practices used, the child's response, and/or the caregiver's comfort level with their ability to implement caregiver practices to support their child's social emotional development or challenging behavior. No constructive or directive statements are used. Instead the early interventionist offers a question to encourage reflection. Reflective discussion can focus on perspectives, feelings, interpretations, or use of practices.

Example: After observing a dyadic interaction, an early interventionist might say:

- "Let's talk about what happened when you gave the spoon to JaMiyah and she threw it on the floor, why do you think she responded that way?"
- "Why do you think Lennon cried when you put him on the floor for tummy time, but was calm when you tried tummy time on your chest?"

Collaborative Problem-Solving:

A verbal interaction between the early interventionist and caregiver designed to lead the caregiver through a systematic process involving identifying an issue in use of a caregiver practice, generating options to address the issue, deciding on a possible course of action to address the issue, implementing the course of action, and evaluating the results.

Example: The caregiver shares with the early interventionist that they are struggling to get their 10-month-old to sleep at bed time without nursing, and they want to get him ready to transition from breast feeding. The early interventionist asks open-ended questions to help the caregiver identify what the typical bedtime routine looks like, and together they generate potential solutions to address the issue. The caregiver chooses a strategy they would like to try before the next visit, and the early interventionist and caregiver agree to evaluate the use of the strategy at the beginning of the next visit.

Joint Planning:

The early interventionist and caregiver discuss and document a plan for what is to occur between visits when the early interventionist is not present. The early interventionist will ask questions to help the caregiver identify the strategy or skill they would like to practice, the routines/activities they will use to embed the strategy, materials they will use, or planning steps the caregiver and the early interventionist will take to work towards the agreed upon desired outcome.

Example: At the end of the visit, the early interventionist and caregiver discuss their plan for helping an 11-month-old learn to point to make requests. The caregiver identifies they would like to practice by holding up two items during meals and during play when their partner is home and can assist prompting the child to point as needed. The early interventionist writes down a list of preferred items identified by the caregiver that they can use when providing choices. The early interventionist also documents that they will email the caregiver a tip sheet on providing choices. They agree to discuss the outcome of the plan at the beginning of the next visit.

Live Observation:

The early interventionist observes the caregiver's implementation of a routine or the use of a caregiving practice or strategy during dyadic interactions without using any other coaching strategies. Visits for live observations are scheduled during the specific routine or activity the caregiver targets as an opportunity to implement a practice or strategy.

Example: After the initial check-in, the caregiver asks the early interventionist to observe the transition between play and a diaper change as their 13-month-old is getting upset. The early interventionist observes the caregiver's use of verbal supports during the transition, and pays attention to the child's responses.

Video/Teleconference Observation:

The early interventionist observes the caregiver's implementation of a routine or the use of a caregiving practice during dyadic interactions at a distance. The caregiver may record and send a video to the early interventionist, or the early interventionist may observe the routine or use of the practice live via teleconferencing.

Example of video observation: The early interventionist watches a video provided by the caregiver with the focus of the video on the caregiver and child during ball play to practice turn-taking. The early interventionist watches the video to note strengths in implementing strategies during the interaction, and identify opportunities for strengthening the implementation of the strategy.

Example of teleconference observation: The early interventionist observes the caregiver with the focus of the camera on the caregiver and child during meal time. The early interventionist and caregiver agree the early interventionist will pay attention to the caregiver's attempts to follow the child's cues.

Performance-Based Feedback:

The early interventionist provides specific information related to the caregiver's implementation of a practice or strategy. Feedback is positively focused, provided often, and linked to child outcomes. Any constructive feedback (i.e., feedback meant to improve) includes specific examples related to child responses or outcomes, and supported by data when possible.

Definitions of Family-Centered Coaching Strategies

Example: While observing a dyadic interaction, an early interventionist might say:

- “It was great to see how you noticed that Jordan lost interest in the key ring and moved him to playing peekaboo. You are really noticing his cues and finding ways to keep him engaged in your back and forth interaction.”
- “Next time you put the blanket over your head for peekaboo, wait and let’s see if Niko responds in any way. Pausing throughout the interaction will help Niko learn to take a turn during your back and forth interaction.”

Example: After observing a routine, an early interventionist might say:

- “I have noticed since our past two observations of Allie’s diaper change, you are very consistent in the routine. You let her know when you are picking her up, you give her a favorite toy to hold, you are singing the steps of the routine and making it fun. She has stayed calm and smiles at you when you sing. It seems like your efforts to keeping the routine predictable and safe for her is really working. She is so willing to engage with you!”
- “The play with Jeremiah is working so well! When you are on his level, I can tell he is really noticing you. Today he initiated an interaction by handing you the duck toy! I know one of his goals is to start imitating words. Next time he hands you something try labeling it or make a sound for him to imitate. The more he hears words and silly sounds throughout the day, he might try to vocalize on his own.”

Role-Play with Materials:

Typically used with caregivers who need to build confidence in implementing a new practice or strategy before using it with their child. A simulated situation that occurs between the caregiver and early interventionist to learn a practice or strategy to support their child. In a role-playing situation, both individuals take on a defined role and implement.

Example: The early interventionist and caregiver might take turns acting out watching, waiting and joining in the other’s play.

Live Modeling:

Verbal, gestural, physical, or signed actions that demonstrate the use of a caregiving practice or strategy. In modeling a situation, the early interventionist demonstrates a practice or a strategy as the caregiver observes. Early interventionists might also demonstrate the implementation of progress monitoring for challenging behavior or the implementation of strategies to address challenging behavior. Early interventionists should only use modeling if there is an agreement with the caregiver to do so. Modeling should be followed up by practice opportunities where the caregiver practices using the practice with their child and receives feedback from the early interventionist regarding implementation.

Example: The early interventionist asks the caregiver if they can demonstrate a way to help their child make requests when playing with bubbles. The caregiver responds yes. The early interventionist instructs the caregiver to blow bubbles and wait. When the child reaches for the bubbles, the early interventionist models using a hand over hand prompt to sign “more”, and instructs the caregiver to blow bubbles again. The caregiver and early interventionist switch roles to provide the caregiver practice using the strategy. After a few opportunities, the early interventionist provides feedback to the caregiver.

Video Model:

Use of a video resource to demonstrate the use of a caregiving practice or strategy. In a video modeling situation, the early interventionist might point out specific examples of the implementation of the strategy before, during or after the video to clarify what the caregiver is seeing. Early interventionists might also use a video model to demonstrate the implementation of progress monitoring for challenging behavior, or the implementation of strategies to address challenging behavior. Modeling should be followed up by practice opportunities where the caregiver receives feedback from the early interventionist regarding implementation.

Example: The early interventionist asks permission to share a video about positive parenting practices. The caregiver says yes. The early interventionist shares a Zero to Three video of caregivers demonstrating positive parenting practices. The caregiver decides they would like to practice implementing providing positive attention to their child. The early interventionist observes the caregiver's implementation of the practice and provides feedback.

Manual, Written Support:

The early interventionist and caregiver work together to write out a step by step plan on how to implement a specific strategy. This might include a behavior support plan, or a quick summary of what the caregiver will practice between visits. A behavior support plan should include a specific definition of the child's behavior (the form of the behavior) descriptions of what happens before, during, and after the behavior, a hypothesis statement addressing why the behavior might be occurring (the function of the behavior), and a plan for how to implement strategies to teach more appropriate behaviors. Any written plan should include language that is easily understood by the caregiver with visuals, and individualized to the caregiver and child's needs.

Example: The early interventionist and caregiver sit down together to fill out the Prevent, Teach, Reinforce for Families (PTR-F) Summary Table after conducting the PTR-F assessment with the team.

Example: The early interventionist and caregiver complete the "Routines Planning Form" for the caregiver to follow during the week to help their child transition smoothly during the bed time routine.

Other Help During the Visit

Doing other things during the home visit that are not related to caregiver implementation of practices that support their child's social emotional development, but help to establish or sustain the early interventionist/caregiver relationship.

Example: Temporarily engaging child while caregiver completes a task, helping organize resources/paperwork, assistance filling out paperwork, interacting with siblings, picking up materials.

Emotional Support

The early interventionist uses strategies or support to actively listen and empathize with caregivers, offer mental health supports, and build relationships with families. This might include timely response to emails, texts, or phone calls; using relationship building strategies, affirmations, and positive affect to provide "deposits" in the caregiver's emotional piggy bank; and taking time to show interest in the entire family or their interests and experiences.

Example: An early interventionist listens to a caregiver talk about their frustration with a recent doctor visit, acknowledges the caregiver's feelings, and asks if there is any support they can offer the caregiver.

Material Support

The early interventionist provides materials that support the caregiver's implementation of a practice or strategy that supports their child's social emotional development, addresses a challenging behavior, or enhances the family's well-being.

Example: First, then visuals, visual schedules, social stories, adaptive equipment or technology.

Informational Support

The early interventionist offers additional information or resources that might help the caregiver learn more about practices that support their child's social emotional development and other recommended practices for supporting the family.

Example: The early interventionist watches a video with the caregiver about caregiving strategies that support healthy brain development before discussing which practices they would like to learn to support their toddler's communication.