



## Resource Article

*Inside this edition  
"Engaging Families -  
Helping Families Use  
Intervention Strategies"*

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Family engagement in early intervention contributes to positive child and family outcomes. The Individuals with Disabilities Education Act (IDEA) reinforces the value of building family capacity to meet the special needs of their children. However, provider's perceptions of family training varies based upon their background and schooling in family-centered practices and adult learning strategies (i.e. coaching). To understand early intervention providers' perceptions of coaching practices, Meadan, Douglas, Kammes, and Schraml-Block surveyed 58 early intervention providers and published the results in an article titled "I'm a Different Coach With Every Family" Early Interventionists' Beliefs and Practices (2018).

Their study involved survey research, whereby participants responded to a series of scaled and open-ended questions, yielding both qualitative and quantitative data. The survey respondents included core early intervention disciplines (i.e., speech pathologists, special educators, occupational and physical therapists, and service coordinators) and other early intervention support personnel, such as psychologists, all from a Midwest state. The majority of study participants (34) reported using coaching practices more

than 50% of the time. For the purpose of this study, coaching was defined as a reciprocal process between the caregiver and the coach (i.e. early interventionist), consisting of a series of conversations or interactions which move fluidly and include joint planning, observation, action, reflection, and feedback. The online survey included a variety of questions about coaching practices which were divided into four categories: 1) description of how or if the coaching practices were used; 2) frequency in which coaching practices were recently used; 3) perceived importance of coaching practices ; and 4) perceived facilitators and challenges associated with coaching. Within the survey, 14 coaching practice statements, adapted from the "Coaching Practices Rating Scale (Rush & Sheldon, 2011), were divided into three coaching characteristic categories: a) joint planning; b) observation and action; and c) reflection and feedback for respondents to rank in terms of frequency of use and importance. Respondents also answered open-ended questions about coaching practices.

Results of the study showed that, of the 14 coaching survey statements, respondents ranked, "I interact with the caregiver in a non-judgmental and constructive manner during the coaching sessions" as the most important. The statement respondents ranked lowest was "I prompt the caregiver

to reflect on his/her knowledge and use of targeted skill/practice compared against research-based standards.” Participants rated the statement, “I create opportunities for the caregiver to observe me modeling the target skill” as the most frequently used strategy and the least frequently used strategy was “I prompt the caregiver to reflect on his/her knowledge and use of targeted skill/practice compared against research-based standards.”

Responses to the open-ended questions about respondents’ experiences with coaching aligned with the quantitative data collected. Further analysis involved chunking the qualitative data into emerging themes. The resulting themes included: the benefits of coaching; the importance of flexible and individualized practices; and the challenges and importance of coaching practices used (p. 206). Some of the emerging benefits of coaching included how coaching helps increase families’ capacity to help their children by increasing their knowledge and skills to implement interventions that are meaningful and doable and how it empowers parents. Participants also noted that coaching builds parent-professional relationships in a way that facilitates family engagement. Regarding the importance of flexibility and individualization, participants highlighted how coaching helps them acknowledge and meet every family where they are at in their life. In fact, one respondent articulated this in a way that resulted in the title of the Meadan et al. (2018) article, “I’m a different coach with every family” (p. 207). Certainly, adaptability and individuality are the key components of early intervention service delivery as is staying attuned to families’ needs and adjusting pace accordingly. To do otherwise might likely prove frustrating for both the families and early intervention providers.

The study data collected on participants’ use of the five coaching characteristics evidenced that joint planning was used with caregivers at the beginning and end of each session and, as part of end planning, emphasis was placed on inviting the family to define what they wanted to do between sessions rather than assigning strategies for them to implement. With regard to observation and

action study participants reported using modeling most often. They also indicated that authentic observation of families’ implementation of strategies did not happen as frequent. Some reasons for this were difficulty observing a routine that does not authentically happen during the course of a visit and not having sufficient time during sessions. Regarding the use of reflection and feedback, respondents noted that they are growing their reflective practices and it takes time to hone these skills. They also indicated that positive evaluation and information sharing were the most frequently used forms of feedback.

The reported challenges associated with coaching related to perceived family expectations and ability to use coaching with all families. Responds remarked that it seems to work better with some families than with others. Challenges with coaching were particularly noted when family characteristics involved mental health issues, perceived lack of motivation, lower levels of education, financial concerns, and other stress related circumstances. The challenge of family characteristics is supported by Mahoney and Wiggers (2007) conclusion that “one of the major barriers is that the majority of the professionals in this field (early intervention) do not come from a theoretical and experiential background that emphasizes the role of parents in child development services” (p. 14). Hence, it is important to ensure ample training for early intervention providers in family systems theory and learning how to build families’ capacity to meet the needs of their children and family. Coaching requires equal collaboration among families and providers, with each having unique strengths within the relationship. As professionals in the field of early intervention, it’s essential that we acknowledge the strengths of the family and gain a better understanding of their needs in order to meet them where they are at in their lives to ultimately work forward together. If we do not adjust our pace and consider family concerns, priorities, and resources, we will likely have difficulties engaging families in early intervention processes aimed at enhancing their child’s development.

Mahoney, G., & Wiggers, B. (2007). The role of parents in early intervention: implications for social work. *Children and Schools*, 29(1), 7-15.

Meaden, H., Douglas, S., Kammes, R., & Schraml-Block, K. (2018). I’m a different coach with every family: Early interventionists’ beliefs and practices. *Infants and Young Children*, 31(3), 200-214.

Rush, D., & Shelden, M. (2011). *The early intervention coaching handbook*. Baltimore: MD: Paul H. Brookes Publishing Co.

# What do the data say?



## What do new parents know and want to know about parenting?

This question was part of a Child Trends Study involving 13 focus groups of parents living in three different locations in the United States (Washington, DC, Chicago, IL, and Raleigh/Durham, NC). The focus group participants were recruited using a variety of means, such as involvement in prior studies, community advertising, Craigslist advertisements, contacts with community agencies, and paid advertisements of Facebook, Instagram and parenting websites. Focus group participants totaled 90 parents of young children under five years of age and included 47 black, 32 white, and 11 Hispanic parents. Each of the focus groups lasted nearly two hours and ranged in size from four to eleven parents. Focus group activities included discussions about child development and how parents access information about child development. Emerging themes were reviewed following each focus group and the activities were recorded and transcribed for further analysis and identification of common responses.

To understand what parents know about child development the discussions focused on the major developmental areas of physical and social-emotional development. Perhaps not surprising, parents' knowledge of physical development came across clearer than did their understanding of social-emotional development. This might be because physical development is easier to see, that is physical growth and development such as holding up head, rolling, sitting, crawling, reaching, standing, walking, etc. are more concrete than social interactions and regulatory emotions. Yet, focus group participants demonstrated interest in learning more about social-emotional development and wanted to know what they could do to help their children. The participants also expressed some frustration about the availability of information on social-emotional development and clear cut answers about behaviors such as whining, sleeping, feeding, self-regulation, discipline, and screen time. Parents expressed a clear desire to know if their children were developing normally but also expressed some embarrassment when inquiring about problematic behaviors that they perceived as atypical.

Themes also emerged about why and when parents look for information. The participating parents reported actively seeking information about age-expected development. Interestingly, they also seemed to seek most information during the first few months after their child was born and then again when major developmental changes occurred. When inquired about where they sought information, the parents reported the internet was a go to option and they often used multiple sources including those beyond the internet, such as family, friends, pediatricians/doctors, community agencies, print materials, etc. Pediatricians were identified as the most trusted source of information for understanding their child's physical development. Yet, parents also highly regarded their own parenting experience. However, missing from the information they sought was the "how to" descriptions of how to do what was being recommended. They reported wanting clear steps presented in an understandable and nonjudgmental manner.

The results of this study highlighted several recommendations including:

- being straight forward and clear when sharing information,
- encouraging opportunities to practice while recognizing parents preferences and circumstances
- building upon what parents know and have tried
- reinforcing age-expected development and sharing that information
- ensuring information shared includes father perspective
- discussing parenting practices beyond developmental milestones

Interestingly, these recommendations also align with the values of early intervention as well as principles of adult learning. Gaining insight from families is a critical component of early intervention and asking questions like these are powerful for ensuring quality services that can truly help families.

Bartlett, J. Guzman, L., & Ramos-Olazagasti, M. (2018). First-Time Parents' Knowledge of Early Child Development: Focus Group Report. Bethesda, MD: Child Trends. Accessed from: <https://www.childtrends.org/wp-content/uploads/2018/07/>



# Consultation Corner

## 3 Strategies to Facilitate Caregiver Learning During Visits

Dana C. Childress, PhD

Early Intervention Professional Development Consultant  
Partnership for People with Disabilities at Virginia Commonwealth University

Remember our scenario from last month? You were imagining yourself on a first visit. You skillfully set the stage by explaining how early intervention (EI) works and you asked the parent about her typical morning routine. When you found out that, if you weren't there, the children would have been watching cartoons and the mother would have been cleaning up from breakfast and doing laundry, you weren't sure what to do next. You began to move to the floor to play with the child because that was the easiest, most familiar thing to do. Consider this: What if you avoided the gravitational pull to the floor and tried something else first? What would that be? Where would it lead? Here are a few ideas.

### Strategy #1: Stay in Your Lane

Ouch, this can be a hard one. We know what we're supposed to do, but when the going gets tough, it's easy to slip out of our lane and into more child-focused intervention. If, instead, you remain mindful of your role as a coach and consultant to the parent, it will be easier to stay in your lane. Staying in your lane means remembering your purpose – to facilitate child and caregiver learning. Sitting on the floor is a very natural way to facilitate child learning because you are at the child's level, in reach of toys, and in the child's play zone. This position may not be the best for facilitating caregiver learning, though. The reality is that most families don't spend a great deal of time

on the floor playing with their children. Some do, but for many families, they are more likely to playfully engage their children during caregiving and other daily routines (Childress, 2011).

There is merit to encouraging parents to play with their children, but be sure to remember that floor play is only one routine in which to situate intervention. Whenever you can join other routines, you will be more likely to help the caregiver learn strategies that she can use more frequently during the week. This is important because adult learners learn best when what they are learning is immediately relevant and useful. They also like to try out what they are learning in context and in real time. When the child offers the toy to you (as he is certain to do), it's okay to be playful with him, but be sure to hand the interaction back over to the parent. You are there to observe and facilitate the parent-child interaction. You will share your expertise too, but just be sure you don't get in the way of that interaction by veering out of your lane.

Here are two resources to help you stay in your lane:

- Video: [Sharing Your Expertise](#) (Making Access Happen Coaching Support Learning Community)
- Blog post: [4 Strategies to Help You Stay in Your Lane during EI Visits](#) (EI Strategies for Success blog)

## Consultation Corner (continued)

### Strategy #2: Use Reflective Conversation to Learn About What to Do Next

Before you give in to that gravitational pull, you could initiate a reflective conversation to gather information about the activities the parent mentioned. Revisit the outcomes on the child's Individualized Family Service Plan (IFSP). Use open-ended questions to ask the mother how she could help her child learn to ... (insert parent priority) during these activities. Reflective conversation offers the parent the opportunity to think about what she does, how and when she does it, and how her actions could affect her child's development. It raises her awareness of her own importance and helps her see the possibilities before her. You are also helping her identify natural learning opportunities and think about how she could use them to encourage her child's development. This is great because research suggests that emphasizing caregivers' awareness and interpretation of their own actions and helping them identify and use natural learning opportunities are interventions associated with positive child outcomes (Dunst & Trivette, 2009; Mahoney, 2009). You might also share your expertise here, which is fine as long as the process remains a reciprocal flow of information.

Let's think more about the clean-up routine. Imagine that the child's parents want him to learn to follow simple instructions and respond to his name. You might ask, "How could Sam practice responding to his name while helping you clean up breakfast?" or "What instructions could Sam learn while helping with clean-up?" Sure, you could have just provided ideas, but helping the mother think through possible answers is likely to be more effective. Adult learners are self-directed learners; we like to have a "say" in what we learn and what we do

with it. The process of having a reflective conversation helps the mother broaden her thinking about how to engage and respond to her son, which is a great skill for her to develop and use the rest of the week, when you aren't there.

Two more resources to help you reflect:

- Handout: [Reflection Questions](#) (Family Guided Routines-based Intervention)
- Video: [Reflection and Reflective Questions](#) (Making Access Happen Coaching Support Learning Community)

### Strategy #3: Facilitating Caregiver Practice and Providing Feedback

Next, you're ready to help the caregiver practice using an intervention strategy with her child. You might begin by asking if Sam has ever helped clean up before. You might ask for permission to see if the three of you could try helping Sam participate and explore what he could learn while cleaning. Since it's the first visit, you might share information about how to help children follow-through on instructions using hand-over-hand guidance. You might model if needed, then offer the parent the chance to try using the strategy herself. As she helps Sam bring his plate from the table to the sink, you will observe and ask the parent how that interaction felt. Provide specific feedback that helps her know how her actions helped Sam understand what's expected of him and how to follow her instruction. If Sam gets distracted and tries to run away, problem-solve with her about how she could keep his attention. Celebrate how she sings to Sam to keep him engaged while he puts the napkin in the trashcan. Reflect on the experience and help her think about how she could use these same strategies during other routines or later that day, after lunch.



## Consultation Corner (continued)

Facilitating caregiver practice can be a little harder than just doing the interaction with the child ourselves. When you feel that way, remember your purpose. Keep in mind that you are there to seize any opportunity to facilitate the caregiver's interaction with her child so she can practice and receive feedback. Adult learners benefit from opportunities to try out new skills and receive feedback on their mastery. This will better prepare her for doing the same thing when you aren't there. It's an intentional process that often means we have to sit on our hands and avoid taking over a routine. You aren't withholding what you know; rather, you are actively supporting the caregiver's learning instead of hoping she's learning by watching you work your magic with her child.

A few more resources:

- Handout - [Coaching Strategies](#) (Family Guided Routines Based Intervention – look under Resources)
- Videos - [Video Illustrations](#) (Family Guided Routines Based Intervention)
- Video - [Tips for Engaging Coachees](#) (Making Access Happen Coaching Support Learning Community)

### But What Do I Do When...?

Challenging thoughts will likely rise to the surface while you reflect on how to implement these strategies. You may find you struggle to help a reluctant parent practice, or that another caregiver responds to reflective conversation with short answers. Don't give up. Take time to reflect on yourself and what you could do differently to engage that caregiver. For the reluctant parent, take time to build trust and praise positive interactions when you see them. For the quiet parent, maybe you can find a better time of day for a livelier visit. Honestly, I think if you walk in the door with your intention set, to support learning for both the parent and the child, and you are persistent in your attempts to use these strategies, you're more than half way there.

Next month, we'll wrap up this series with our final three strategies for helping caregivers successfully use intervention ideas with their children between visits – when most of the learning occurs!

Childress, D. C. (2011). Play behaviors of parents and their young children with disabilities. *Topics in Early Childhood Special Education*, 31(2), 112-120. doi: 10.1177/0271121410390526

Dunst, C. J., & Trivette, C. M. (2009). Using research evidence to inform and evaluate early childhood intervention practices. *Topics in Early Childhood Special Education*, 29(1), 40-52. doi: 10.1177/0271121408329227

Mahoney, G. (2009). Relationship-focused intervention (RFI): Enhancing the role of parents in children's developmental intervention. *International Journal of Early Childhood Special Education*, 1(1), 79-94. Retrieved from <http://www.int-jecse.net/issues.asp?u=11>



## On the WWW

Our web resource this month is a bit different. It is a link to an online documentary titled "Our Curse." This documentary was filmed by Tomasz Sliwinski who is also the father featured in the film with his wife and their baby boy. This film shows the story of the family's journey into parenthood and their emotional process of dealing with the fear and complications associated with having a child with a rare disease (congenital central

hypventilation syndrome /CCHS). The film is narrated in Polish, but includes subtitles and it is 30 minutes in length. As you watch the film think about your work as an early intervention provider and the importance of being empathetic and meeting families where they are at in their lives.

The documentary is available online at <https://www.nytimes.com/video/opinion/100000003489430/our-curse.html>



## Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on **Engaging Families—Helping Families to Use Intervention Strategies**, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August through November) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in December 2018. There is no need to register for the CEUs.

Rather, if you are interested, complete the exam online at [www.edis.army.mil](http://www.edis.army.mil)

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

KIT Newsletters  
are available  
online at  
[www.edis.army.mil](http://www.edis.army.mil)

*Thank you for your continued interest in the KIT.*

