

Practitioner as Coach: Our Role in Early Intervention

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Refocusing our Perspective

Looking back on our careers as early interventionists, particularly as we moved from center-based services to supporting families in natural learning environments (circa 1990), we realized early on that kerplunking what we'd always done in the clinic into families' living rooms didn't make sense. We soon learned that being in a family's home provided us with a wealth of critical information and also heightened our sense of responsibility. We began to understand that using the family's/child's interests, routines, rituals, and priorities was the venue for promoting the child's existing abilities and learning new skills. By providing therapy to the child and giving homework for parents to perform in our absence or embedding activities and exercises into daily life, we were actually disrupting well-established, meaningful learning opportunities (Raab & Dunst, in press). We found that what we were doing or telling the parents to do was very often our priority, *not* theirs. We also recognized that most of our therapy and recommendations did not take place within the context of naturally occurring activities. As we focused on the child as the direct recipient of our instruction/therapy, we were sending the message that the child needed something that only we could do. Unfortunately, our efforts emphasized our importance and inadvertently diminished the significance of the fundamental role that families play in relation to child learning.

As we continued to clarify our ideas and look for research to support or refute our practices, we found the Dunst (2000) article, "Revisiting 'rethinking' early intervention," particularly useful. This article defines the framework for reconceptualizing our role as practitioners working in early intervention and especially in supporting parents in natural learning environments. Based on considerable evidence about child learning and effective helping as well as considerable effort in changing our mental models and practices, we learned to:

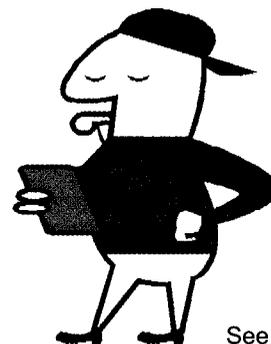
- ⇒ Appreciate what children and families can do instead of dwelling on what they can't
- ⇒ Build on parent knowledge and skills instead of creating dependence on us as professionals

- ⇒ Help parents identify and access desired resources instead of assuming the need for and benefit of professional services
- ⇒ Recognize child and family strengths instead of emphasizing the problems
- ⇒ Support family priorities and interests instead of dispensing professionally-driven recommendations.

As we share these reflections and research evidence with therapists, teachers, and service coordinators, we often hear statements such as, "Well, I know what I'm doing with the child *is* working," or "I'm the only person with the skills and knowledge who can do what I do for the child." We counter these statements (and many more like them) with the following questions to promote reflection about evidence-based practices:

- 1) What evidence do you have that the intervention you're using or recommending works?
- 2) What evidence do you have to demonstrate that the child would not have made the same progress without the intervention(s)?
- 3) How does what you're doing address the purpose of early intervention, which is to promote parent competence and confidence in helping the child learn and grow?

How do you know if your interventions are consistent with child and family interests, priorities, and routines or if these interventions actually impede a family's ability to participate in interest-based, real-life activities?



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Our responsibility as practitioners and service coordinators working in early intervention is to use available evidence to refocus the lens through which we have traditionally viewed and interacted with children with disabilities and their families. In doing so, we stop telling and doing and start listening and building the capacity of family members to support their child's development. As suggested by disciplines across the field of early intervention, our role clearly emerges as a coach to the adults in the child's life to maximize *their* confidence and abilities so that child learning and development of new skills occurs naturally as a part of everyday life.

The Process of Coaching

Coaching is a scientifically-based, interactive process of reflection and feedback used to provide support and encouragement, refine existing practices, develop new skills, and promote continuous self-assessment and learning (e.g., Rush, Shelden, and Hanft, 2003). The role of the coach is to provide a supportive environment in which family members and the coach can jointly reflect on current activities that encourage and enhance child learning as well as generate ideas to support the child's participation in new experiences. The coach's goal for the family and other care providers is to develop competence and confidence to engage in self-reflection, self-correction, and generalization of new skills and strategies to other situations as appropriate without the coach being present (Hanft, Rush, & Shelden, 2004; Rush, Shelden, & Hanft, 2003).

Coaching requires a "specialized set of learned skills" (Doyle, 1999) to "develop people on purpose" (p.4). The five components of the coaching process include 1) initiation, 2) observation, 3) action, 4) reflection, and 5) evaluation. Coaching is a nonlinear process. Each individual situation determines the order in which the coaching components unfold; however, the coach and parents or other care providers will move through each of the components. The coach and person being coached are likely to move in and out of these components a number of times.

Initiation

During the initiation component of the coaching process, either the coach identifies an opportunity for coaching and invites the other individual into a coaching relationship, or the person

(such as the parent) seeks the experience of the coach and opens the door for a coaching conversation. The coach and parent jointly develop a plan that includes the purpose and specific outcomes of the coaching process. For example, the purpose of most coaching with families and caregivers is to support the child's participation and development in ordinary family and community life.

Observation

The coach may observe the parent use an existing strategy or practice a new skill that was just discussed or which the person had been trying between coaching visits. On occasion, the coach may observe the parent or other care provider demonstrate knowledge and understanding of a skill as part of a coaching conversation rather than directly observing use of the skill in the context of a real-life activity. The coach may also observe an unplanned activity and use this as an opening to then initiate a spontaneous coaching conversation. The observation component may be used as well when the parent wants to share a particular challenge with the coach; the coach observes the particular difficulty prior to further discussion. The purpose of these observations is to assist in building the competence and confidence of the person being coached so that person can promote child participation in everyday activities when the coach is not present.

The observation component also may be used as an opportunity for care providers to observe the coach demonstrate or model a particular skill, technique, or strategy prior to using it themselves. The parent can then reflect on how the strategy might need to be adjusted for the family and child.

Action

Actions are events or experiences that are planned or spontaneous, occur in the context of a real-life activity, and may take place when the coach is or is not present. Action demonstrates the family member's or care provider's use of new skills and information discussed during the coaching interaction. This type of active participation is a key characteristic of effective help-giving and is an essential component for building the capacity of the person being coached.

Reflection

Reflection is the most important component of the coaching process and is what differentiates coaching from typical consultation between the practitioner or service coordinator and the family. The reflection component consists of the coach asking questions to cause the

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person being coached to think about what is happening now, what he or she wants to have happen, and how to bridge the gap. The coach may then provide feedback and/or new information. The goal of this component is to promote continuous improvement by assisting the family member or care provider to analyze his or her practices and behavior through the use of a reflective discussion with the coach. In this process, the person being coached recognizes existing strategies and discovers ideas to build upon current strengths.

Evaluation of the coaching process

The purpose of the evaluation component is to review the effectiveness of the coaching process, rather than to evaluate the person being coached. The coach should self-reflect after every coaching conversation regarding changes needed in the coaching process, continuing as the coach, and helping the family member or care provider progress toward the intended outcomes. As part of the evaluation of the coaching process, the coach and family member or care provider must decide whether to continue with coaching conversations or if the intended outcomes of the coaching relationship have been achieved.

Use of the coaching process as a strategy to mediate another person's ability to generate ideas, refine existing skills, and develop new abilities is a different way of thinking about the role of practitioners and service coordinators in early intervention. The commitment to building the capacity of others is essential. Our previous role has been as experts who either make recommendations or reserve the most highly technical tasks (typically non-evidence based) to be performed by ourselves. Building another person's capacity is intentional, planful, and ongoing. The coach must seize opportunities for coaching conversations to occur. Coaching occurs as part of a planned series of conversations or spontaneously as a result of an observation, shared experience, or question posed to the coach.



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Effective coaching conversations result in the following actions by the person being coached:

- 1) active participation as a result of joint planning;
- 2) self-reflection that leads to refinement of knowledge and skills; and
- 3) use of current as well as new knowledge and skills as part of everyday interactions with the child.

Conclusion

As the field of early intervention moves forward with the use of evidence based practices, we must hold ourselves accountable for our day-to-day interactions with all families and care providers. In doing so, we must use practices that are empirically sound and discontinue our use of practices that are not evidence based and are decontextualized and practitioner-dependent. While the knowledge, skills, and experiences of the practitioner are useful and necessary in early intervention, the willingness of the practitioner to acknowledge and promote the capabilities of ALL families and care providers is a fundamental characteristic of effective helpgiving. Coaching is an evidence based, helpgiving approach to promote the competence and confidence of families to support the growth and development of their children.

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Selected References for this article are found on page 10. (The complete reference list for this article is available from AAHBEI.)

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To the Families and Caregivers I would say:

1) **Don't be afraid to dream.** I had a conference with the principal at our local elementary school before JP even turned one. I wanted to make sure we were ready. I wanted to make sure the door was open. My son will set his limits just as my other children have. I will not set those limits for him. I am an optimistic realist (*O.K. so some days I am realistically optimistic*).

2) **Be open to change.** My older brother was born with Down syndrome back when there basically was no early intervention. A group of concerned citizens who were open to change began a daycare center for individuals with special needs. This was the best available. Over a period of time, through research and advocacy, services in modern clinics became prevalent. The next natural progression was into the child's natural environment, utilizing the child's existing routines and activities with the people and things he needs and loves. Evidence is now indicating that families and children make significant long-lasting positive changes by using one primary provider for services. Past methods were not bad — they were simply the best that was known at the time.

3) **Be active.** You are your child's best teacher and advocate — a very important part of your child's early intervention team. Take an active role. Participate in the early intervention planning process, evaluations, and intervention. Make it a point to ask questions if you do not understand your role or that of a provider. Reschedule appointments that you cannot keep, don't be a "no show." Communicate with your team. They *need* your input. You will be the one constant in your child's life long after leaving early intervention. The most powerful thing that I gained from our time in early

intervention was knowledge, and I have discovered there is much power in knowledge.

4) **Celebrate.** I have learned a very important lesson over the past few years. Life *can* go on even if not all of the dishes get washed and the laundry isn't all folded. Families *can* blossom even with the extra challenges that come with having a child with special needs. Children *can* grow, learn, and succeed within their natural activities regardless of their needs.

Take time on a daily basis to celebrate this ever-changing kaleidoscope of beautiful successes and challenges. There is great joy in this organized chaotic life that we lead. (*Got to run! My next checklist awaits.*)

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AAHBEI's Mission Statement:

"Parents and providers working together in natural environments for young children with disabilities and special needs."

Life is the flame that is always burning itself out, but it catches fire again every time a baby is born.

George Bernard Shaw

