

FGRBI Coaching Strategies

A variety of general and specific coaching strategies to support caregiver-implemented intervention in families' everyday routines and activities are used in early intervention.

General Coaching Strategies

- Information Sharing (IS)
- Observation* (Ob)

Specific Coaching Strategies

- Direct Teaching (DT)
- Demonstration with Narration* (Dem/N)
- Guided Practice* (GP)
- Caregiver Practice* (CP)
- General and Specific Feedback (GF & SF)
- Problem Solving (PS)
- Reflection (Re)

* Should occur within routines

Note

In this document, "provider" refers to any member of the of the child and family's team. Use of these strategies should be in the context of caregiver and child participation within the family identified routine or activity.

General Coaching Strategies

Information Sharing (IS)

The caregiver and provider exchange information about the child's and family's outcomes, priorities, and IFSP. Both participate in the conversation by asking and answering questions, listening, sharing ideas, and clarifying information relevant to the intervention. Information sharing is used to gather updates about the child and family, progress on outcomes, child health status, and other services. IS is used to review priorities, share developmental information and resources, and plan for the session.

- e.g., Dad shares updates on their activities and the child's participation in home/community routines while the provider listens and asks follow-up questions.
- e.g., Mom shares that she successfully got an eye doctor's appointment for next week for Ella and herself.
- e.g., The provider shares resources on safe finger foods as Dad offers updates from last week, and they plan for the snack routine.

*Observation (Ob)

Ob occurs when the caregiver interacts with the child while the interventionist observes quietly. The primary role of the caregiver is to interact with the child in a new or familiar routine; the role of the provider is to observe, gather information, and after observing, share specific feedback with the caregiver. The provider should be nearby but not part of the activity. Observations should last at least 20 seconds before feedback to ensure an adequate picture is obtained. Specific feedback builds on the caregiver's strengths for engaging the child's participation in the interaction.

- e.g., The provider observes Sarah's handwashing routine. Mom waits for Sarah to ask before turning the water on and offering her soap. Sarah requests excitedly and completes the routine, including drying her hands.

Specific Coaching Strategies

Direct Teaching (DT)

The provider shares information about a specific intervention strategy or how to establish opportunities for repetition in a routine with the intent for the caregivers to learn how to support their child's learning. The child may or may not be included in the interaction during the explanation of the strategy and how it helps support development. A handout or video clip may be used for illustration.

- e.g., *The provider tells the caregiver, "Mikala can reach for toys easier when her trunk is stable. You can help her be stable by placing your hands slightly above her waist as you hold her on your lap. This will allow her to use her arms to reach. As she gains strength, you can use less and less support to help her."*

*Demonstration with Narration (Dem/N)

The provider takes the lead in demonstrating a strategy with the child while the caregiver observes. The provider sets up the demonstration by telling the caregiver what she is going to do and why. The provider narrates during and after the demonstration with the purpose of explaining how to use the strategy as it is being demonstrated. Dem/N offers caregivers an opportunity to see the strategy while also observing how the child responds. Dem/N may be repeated and should evolve into GP or CP so that the caregiver can practice while the provider is available for support.

- e.g., *The provider positions the child on her lap and places the book on the child's lap so he can see the pictures and turn the pages. She explains how Mom can put her arms around the child and physically assist him to turn the page and point to the picture as she names it. The provider asks Mom if she has any questions and then places the child on her lap with the book so she can try.*

*Guided Practice (GP)

In GP, the provider supports the caregiver and child to learn new strategies or skills or practice ones that have been revised in the identified routine. The provider may offer suggestions about how or when to use a strategy, how to adapt materials, where else to embed the strategy to increase opportunities, recommend variations or share examples of other strategies to try. The provider may join in briefly to try a strategy with the caregiver and child during the routine but backs out for the caregiver to continue practicing with the child. The caregiver should have multiple turns to practice using the strategy(ies). GP often leads to CP.

- e.g., *The provider hands Mom a cup and suggests she hold it in front of Anna for a moment giving her an opportunity to reach for it.*
- e.g., *While playing ring around the roses, the provider guides Mom to not fall down until Mia "tells" her to, via either gestures or words.*
- e.g., *The provider suggests to Dad that he move a few of the toys behind him so the child wasn't distracted by so many options for play.*

*Caregiver Practice (CP)

The caregiver takes the lead in interacting with the child as the provider observes and supports the interaction as needed. As the caregiver practices, the provider identifies the caregiver and child's strengths to share specific feedback to the caregiver or child's behavior, offer encouragement, or ask a reflective question without interrupting the routine. The provider is less actively involved or 'hands-on' than in GP. The intent is for the caregiver to practice new or revised strategies in a familiar or new routine with the provider available to offer GP, DT, or Dem/N only as needed. SF or Re follows each CP.

- e.g., *Grandma uses a brief wait time and a smile to encourage Amy to take a turn during book reading rather than asking, "What's that?" Grandma waits after reading the title; Amy vocalizes, and Grandma turns the page. Amy points, vocalizes, and looks up at Grandma to "tell" her about the picture. When the book is finished, the provider asks Grandma what she thought went well.*
- e.g., *Mom asks Billy where he wants to sit to put on his shoes. Billy helps by lifting up each foot when it is time for his socks and then his shoes while Mom shows him and labels the clothing items as she puts them on. She waits for him to stand up on his own so they could go outside.*

Specific Coaching Strategies

General and Specific Feedback (GF and SF)

The provider comments about the caregiver's use of strategies with the child or the child's behavior/responses. Feedback may be specific (citing something the provider observed) or general in nature encouraging or affirming participation. SF to the caregiver is encouraged throughout the session to provide additional information to the caregiver about what is working and why. SF that links what the caregiver does to how the child responds promotes confidence and competence. Feedback may be provided during or after the routine and may be directed to the child or the caregiver. Feedback should occur after observation, guided practice, and caregiver practice.

- e.g., "Look at you both smiling!" (GF)
- e.g., The provider comments to Dad, "Emil stacked the blocks when you handed him 1 at a time. He piled them 6 high! You gave him time and your attention while he put it on top." (SF)
- e.g., The provider makes a comment to the child that serves as feedback on Mom's strategy use, "You like it when Mom imitates your sounds, don't you? You just keep talking back to her." (SF)
- e.g., "Awesome! You did great, Sebastian!" (GF)

Problem Solving (PS)

The caregiver and provider consider and discuss routines, outcomes/targets, and strategies to identify options and revise or expand the current plan. Both parties contribute, define, or clarify solutions to a problem, situation, or concern and develop an action plan for when or how the strategy will be used in the routine. If needed, the provider supports the caregiver's active participation with questions and comments for discussion, such as "What do you think worked," "What didn't feel quite right," or "What do you think will make this easier for you or the child to participate?" The provider and caregiver must contribute substantively for at least **2** turns in the exchange that results in ideas to try, different routines for practice, or plans for new outcomes for it to be PS.

- Provider: "How do you think we could help him get the ball to you?"
Mom: "Maybe if I hold the laundry basket, he can throw the ball into the basket."
Provider: "That's a great idea. Have you tried 'ready, set, go' to get his attention?"
Mom: "Not here, but other times like on the swing. It helps; I'll try it."

Reflection (Re)

The provider supports the caregiver in reflecting on a routine, home visit, strategy, or child's progress. The provider may ask questions or make comments to encourage the caregiver to reflect. Re encourages the caregiver to generate ideas to enhance strategy use and ways to generalize strategies to new routines. Reflection helps the caregiver put words around what the child is learning to do and how they want it to look as Re is made. The provider may also build or expand upon the caregiver's comments to encourage continued Re. Videos or other tools may be used to create opportunities for reflection.

- e.g., "Let's watch this video clip to see how he responded when you gave him a 'job' to do while cleaning up after breakfast. Tell me what you think you did to make this work so well."
- e.g., "You told me that drinking from a cup wasn't working very well. What do you think makes that so hard?"
- e.g., "What are some activities you do outside with the family that Ava could join? How could that benefit your family?"

References

- Friedman, M., Woods, J., & Salisbury, C. (2012). Caregiver coaching strategies for early intervention providers: Moving toward operational definitions. *Infants & Young Children, 25*(1), 62-82.
- Woods, J. J., Wilcox, M. J., Friedman, M., & Murch, T. (2011). Collaborative consultation in natural environments: Strategies to enhance family-centered supports and services. *Language, Speech, and Hearing Services in Schools, 42*(3), 379-392.