Features | October 01, 2018

From Couching to Coaching

How do we get families engaged in early intervention? It starts with us communicating their enormous influence on their children's development.

Dathan Rush, EdD, CCC-SLP (solr/searchresults.aspx?author=Dathan+Rush)

The ASHA Leader, October 2018, Vol. 23, 46-52. doi:10.1044/leader.FTR1.23102018.46

Flashback

A mother and father drive their 2-year-old daughter to a twice-weekly, 30-minute session with an early interventionist at a clinic. Sometimes the parents watch the clinician work on speech-language activities with their daughter through a two-way mirror. Mostly, though, they stay in the waiting room to minimize any distractions. The clinician instructs the parents to use a home program to promote carryover between sessions.

Flash-forward

The early interventionist travels to the family's house or to where the family typically goes—such as the park or grocery store. The clinician and family work side-by-side with the child on jointly developed goals during daily activities such as mealtime, tooth-brushing, watering the garden, feeding the dog or swinging at the playground—because this is where language-learning naturally happens. Frequency and intensity of visits are based on the family's and child's unique needs.

Early in my career as a speech-language pathologist, the focus was on what I could teach the child during the session and have the parent carry over at home. Back then, we didn't expect family members to participate in the treatment session, so most stayed in the waiting room of the clinic while I worked with the child.

Fast-forward 30 years. Now clinicians providing early intervention (EI) services under Part C of the Individuals With Disabilities Education Act (IDEA) find themselves in families' homes and other natural environments (such

as child care settings or a store). Research (see sources below) informs us that young children learn in the context of their real-life activities and with the people most important to them.

The "Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments, (http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)" developed by a working group of the U.S. Office of Special Education Programs, emphasizes the importance of promoting children's learning in everyday routines.

The problem is, families may still be sitting on the couch, unengaged, expecting us to work exclusively with their young children—it's just that now the couch is in their home, rather than the clinic waiting room. They may even be elsewhere in the house completing household chores, attending to siblings, texting on the cellphone, working on the computer or dealing with similar distractions. This scenario may happen because families don't wish to interfere or we don't encourage their involvement enough—or a combination of these and other factors (more on that later). But a lack of family participation compromises our treatment's effectiveness.

Many of us chose pediatric speech-language pathology because we wanted to work with children. When providing early-intervention services, however, we enter into a relationship with the child and the family. EI requires taking time to get to know the family by learning about their priorities for the child, familiarizing ourselves with the family's everyday activities as opportunities for child learning, observing contextualized parent-child interactions, explaining what we know about the importance of their active role in their child's learning, and asking and sharing how we can work together.

So how do we get families off the couch and working with us on the child's communication during mealtimes, tooth-brushing and other daily routines? Let's take a closer look.

> Research informs us that young children learn in the context of their real-life activities and with the people most important to them.

Disengaged, why?

I find that when families seem disengaged, they may think they should take a more passive role. We clinicians may have even "taught" them this role.

Other reasons parents may not directly involve themselves include:

- The belief that this is the EI practitioner's time to "work" with the child.
- Feelings of being overwhelmed by their child's special needs or that they lack specialized training required to get the child to do what the clinician can get the child to do.
- A mismatch between the family's and the practitioner's expectations and priorities, which means the parent doesn't see the need to be part of or do what the practitioner does.

EI practitioners may then interpret this behavior on the part of the parent as lack of buy-in, disengagement or resistance.

> Our responsibility is to meet families where they are, learn more about their child and family, and share what we know about how early intervention works.

Involvement strategies

Whatever the reasons some families seem to lack buy-in to early intervention, some basic strategies can help promote their engagement and ongoing involvement. These strategies build their competence and confidence in being able to take an active role in the child's learning.

Know what the parent's interests and priorities are and be responsive to them.

Rather than being so focused on our concerns for the child's development—based on the results of our evaluation—find out from the family what they want the child to be able to do and when it would be most important and helpful if the child could do it. For example, a father might want the child to tell him what he wants to eat at mealtimes to avoid a tantrum when the father cannot understand what he wants.

As we know, communication skills are a critical part of most daily routines and activities. When we focus on helping families support children's communication during these activities, it's a chance to infuse our professional perspective. Share with families what we know from research: They are the most important people in their child's life and can affect learning and development more than any toy or electronic device—even more than their early intervention provider. We cannot be with the child enough to make the difference that parents can make—with our support. Families engage when we show we hear them, and they know they can be helpful in meeting the child's needs and their priorities for their child.

Move beyond play and focus on child and family activities that require their involvement.

I believe in the powerful impact of play on a child's learning, so the living room floor has been my playground and context for much of what I teach children and show parents. When we seemingly play with the child to achieve our desired outcomes, some families don't see a need to get involved. Play on the living room floor is often not something they usually do, will do or perceive they have time to do. And they may think their child is getting everything needed from the clinician interaction.

If, however, our visits focus on such communication-development contexts as mealtime, tooth-brushing or diaper changes, family members would need to take a more active role. The family would likely not expect the SLP to take the lead on those activities. Also, most parents engage in these activities with the child multiple times a day, providing frequent opportunities for practicing the child's new skills, parenting strategies and communication interactions. Family members may not have time to play with the child or could forget to "practice their words," but they constantly feed their children and change their diapers, among many other caregiving activities.

When we focus on weaving communication intervention into daily routines and activities, we no longer need to tote a toy bag, or even a tablet, to early-intervention sessions. The focus has shifted to the family's activities and keeping the parent or other primary caregiver in the lead.

> Families engage when we show we hear them, and they know they can be helpful in meeting the child's needs and their priorities for their child.

Schedule visits at times when real-life activities are actually happening.

Plan the next visit before leaving the current visit. Discuss with caregivers the family activity you joined in today and what the family will do between visits to support the child's learning and development. Based on this, ask the family what activity or routine they want to focus on during the next visit. Then, schedule to go back at that time.

Staging an activity or routine for a time when it does not typically occur (but is more convenient for your schedule) would be decontextualized intervention. For example, if the family member typically brushes the child's teeth after breakfast in the morning and before bed at night, working on tooth-brushing at any other time would be out of context for the child, and the conditions would be different: The caregiver or child may be more or less tired than usual, for example, or the child's siblings might be at school and not involved as they typically are.

Coach family members to promote their competence, confidence and enjoyment in helping the child learn.

Our primary role in early intervention is to build the capacity of the parents and other important caregivers to know how to help the child learn—and to do so when we aren't there. If we are always the primary person interacting with or teaching the child, we can unintentionally create dependence on us or send the message to the family that they don't have the skills to foster their child's development.

Instead, we can reshape any perception that their child's learning is the sole domain of the EI provider. Help families realize what they already know and are—or could be—doing.

Many SLPs use a coaching interaction style as an adult learning strategy focused on the parents and other caregivers. Coaching involves:

1. Observing the parent and child engaged in the typical routine or activity and, if necessary, giving the parent an opportunity to learn from observing the practitioner model a new strategy with the child.
2. Giving the parent opportunities to practice new strategies with the child as part of the activity.
3. Prompting the parent's reflection on what is or isn't working (and why), and generating new ideas.
4. Providing feedback by sharing ideas and information.
5. Joint planning with the parent on their work between visits to foster child learning and prepare for the next visit.

Child learning and development occur when we ensure parents know what to do (parent competence), know they know (parent confidence), and enjoy parenting their child in ways that build their language and communication skills.

> Passion and practices without family partnership do not result in enough practice for children to reach their potential.

Acknowledge that EI services are voluntary.

Families are referred to EI from a variety of sources, including physicians, hospitals, social service agencies and the court system. Sometimes parents may not understand why they have been referred or are not concerned about their child's development. They may agree to the service because they were told to enroll, or they are following through with a recommendation. IDEA, Part C recognizes the important role of the parent in early intervention and requires that services be voluntary.

This is particularly critical because we cannot effectively provide early intervention services without family involvement. Our work with the child in isolation of the family, in spite of the family, or even on the floor in front of the family, does not ensure success because the child will likely not have enough opportunities to practice new skills in daily activities.

As practitioners working in EI, we have a passion for helping infants and toddlers, and we have practices that we know work. But passion and practices without family partnership do not result in enough practice for children to reach their potential. Our job becomes ensuring that parents and other caregivers know what we know about their child's current development, how children learn, the critical role the family plays in the process, our commitment to work shoulder-to-shoulder with them to achieve the family's desired outcomes, and that the decision for their child and family to participate in early intervention is theirs.

Families come to EI with different mental models of early intervention and of audiology and speech-language pathology services, as well as with varying degrees of buy-in based on their understanding of our role and services. Our responsibility is to meet them where they are, learn more about their child and family, and share what we know about how early intervention works based on decades of research about child learning and development.

By following these tips, we can promote family buy-in and engagement in early intervention by showing family members how important they are and, together, ensuring success for their children and themselves.

Sources

Adams, R., Tapia, C., The Council on Children with Disabilities, . (2013). Early intervention, IDEA Part C services, and the medical home: Collaboration for best practice and best outcomes. Pediatrics, 132, e1073–1086. [Article] (http://dx.doi.org/10.1542/peds.2013-2305) [PubMed] (http://www.ncbi.nlm.nih.gov/pubmed/24082001)

Akamoglu, Y., & Dinnebeil, L. (2017). Coaching parents to use naturalistic language and communication strategies. Young Exceptional Children, 20, 41–50. [Article] (http://dx.doi.org/10.1177/1096250615598815)

American Speech-Language-Hearing Association, (2008). Roles & Responsibilities of SLPs in Early Intervention: Guidelines, [Guidelines]. Available from https://www.asha.org/policy/GL2008-00293 (https://www.asha.org/policy/GL2008-00293)

Dunst, C., & Trivette, C. M. (2009). Capacity-building family systems intervention practices. Journal of Family Social Work, 12, 119–143. [Article] (http://dx.doi.org/10.1080/10522150802713322)

Friedman, M., & Woods, J. (2012). Caregiver coaching strategies for early intervention providers: Moving toward operational definitions. Infants and Young Children, 25, 62–82. [Article] (http://dx.doi.org/10.1097/IYC.0b013e31823d8f12)

Individuals with Disabilities Education Improvement Act (IDEA), (2011). Part C Final Regulations, Available from https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf (https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf)

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, 79–94.

Paul, D., & Roth, F. P. (2011). Guiding principles and clinical applications for speech-language pathology practice in early intervention. Language, Speech, and Hearing Services in Schools, 42, 320–330. [Article] (http://dx.doi.org/10.1044/0161-1461(2010/09-0079)) [PubMed] (http://www.ncbi.nlm.nih.gov/pubmed/21060115)

Roberts, M. Y., & Kaiser, A. P. (2011). The effectiveness of parent-implemented language interventions: A meta-analysis. American Journal of Speech-Language Pathology, 20, 180–199. [Article] (http://dx.doi.org/10.1044/1058-0360(2011/10-0055)) [PubMed] (http://www.ncbi.nlm.nih.gov/pubmed/21478280)

Rush, D. D., & Shelden, M. L. (2011). The early childhood coaching handbook. Baltimore MD: Paul H. Brookes

Swanson, J., Raab, M., & Dunst, C. J. (2011). Strengthening family capacity to provide young children everyday natural learning opportunities. Journal of Early Childhood Research, 9, 66–80. [Article] (http://dx.doi.org/10.1177/1476718X10368588)

Trivette, C. M., Dunst, C. J., Hamby, D. W., & O'Herin, C. (2009). Characteristics and consequences of adult learning methods and strategies. Tots-n-Tech Research Institute: Research Brief, 3, 1–33.

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, 379–392. [Article] (http://dx.doi.org/10.1044/0161-1461(2011/10-0016)) [PubMed] (http://www.ncbi.nlm.nih.gov/pubmed/21386056)

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like/doesn't look like. Retrieved from http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf (http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf).

Dathan Rush, EdD, CCC-SLP, is associate director of the Family, Infant & Preschool Program at the J. Iverson Riddle Developmental Center at the North Carolina Department of Health and Human Services in Morganton.
dathan.rush@dhhs.nc.gov (mailto:dathan.rush@dhhs.nc.gov)

0 Comments

Submit a Comment