Developing Shared Understanding About Caregiver Coaching in Early Intervention: An Individualized Approach

> " To provide individualized, responsive caregiver coaching to families, it is important for families and EI providers to have a shared understanding about coaching. "

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The goal of early intervention (EI) Part C services is to build families' capacities to support their children's growth and development (Individuals with Disabilities Education Act, 2004). One way EI providers can fulfill this goal of the law is through caregiver coaching, which is a recommended and effective practice in the field (Division for Early Childhood [DEC], 2014; Kemp & Turnbull, 2014). Caregiver coaching is a capacity-building practice, in which EI providers partner with family members to help them support their children's development using adult learning strategies, such as reflection and goal setting (Rush & Shelden, 2020).

Several coaching frameworks can be used in EI, including the Early Childhood Coaching Model (Rush & Shelden, 2020), Family Guided Routines-Based Intervention (Woods, 2021), and the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPFI) for Family Coaching (National Center for Pyramid Model Innovations [NCPMI], 2019). Using a coaching framework is important because it provides specific practices and tools EI providers can use to guide *how* they coach families (Williams & Sawyer, 2023). Some coaching practices within these frameworks include joint planning, information sharing, observation,

modeling, reflection, and guided practice with feedback (NCPMI, 2019; Rush & Shelden, 2020; Woods, 2021).

Researchers have found that EI providers believe coaching some caregivers is more challenging than others due to a variety of factors, such as families' expectations for services, cultural and linguistic differences, and families' competing priorities (Douglas et al., 2020; Meadan et al., 2018; Stewart & Applequist, 2019; Tomczuk et al., 2022). The idea that some families are a "good fit" for caregiver coaching, while others are not, reinforces disparities for marginalized families (Tomczuk et al., 2022). This perspective blames families, rather than taking into consideration how coaching can be individualized to meet families' needs and preferences.

To provide individualized, responsive caregiver coaching to families, it is important for families and EI providers to have a shared understanding about coaching. Researchers have reported that EI providers believe developing rapport

and explaining coaching to families positively impacts families' understanding and engagement in coaching (Douglas et al., 2020; Williams & Ostrosky, 2023). Coaching frameworks address this by providing guidance for developing partnerships and/or explaining coaching to families. For example, Rush and Shelden (2020) suggest EI providers explicitly explain coaching to families and provide scripts for doing so. Similarly, one of the EIPPFI practices related to building partnerships states that EI providers clearly communicate coaching roles (NCPMI, 2019). We suggest that developing shared understanding goes beyond explaining coaching to families. While this is one necessary step, it is equally important for EI providers to give families a voice and choice about how coaching is delivered. When EI providers *tell* families what coaching is and the specific roles of a coaching partnership, it positions EI providers as experts, rather than collaborators.

In this paper, we provide four strategies EI providers can use to facilitate individualized and responsive coaching partnerships with families. The strategies are drawn from existing coaching frameworks, the EI literature, and align with the DEC's recommended practices (2014) and position statement on ethical practice (2022). Table 1 shows the

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alignment with the guidance from DEC. Throughout this paper, we provide vignettes to illustrate the steps and incorporate tools providers can use while implementing the steps.

Build Rapport

Building rapport is a key strategy for developing strong partnerships with families in EI (Rush & Shelden, 2020). As EI providers begin working with a new family, they may feel inclined to start coaching as quickly as possible. While it seems like getting started right away would be helpful to families (especially those who have been waiting for EI services), it may actually be counterproductive. Ensuring there is a strong basis for the partnership built on mutual trust and understanding is believed to increase families' engagement in the coaching process (Akamoglu et al., 2018; Douglas et al., 2020; Williams & Ostrosky, 2023); therefore, by spending time in this area, EI providers can bolster the quality and effectiveness of coaching. Further, although it is important to build rapport in the beginning of a coaching partnership, rapport building should be an ongoing priority (Akamoglu et al., 2018).

There are many ways to build rapport with families, such as learning and using family members' names, engaging in active listening, asking about and inviting all significant people to sessions, learning about families cultures and language, asking families about their preferences, and making personal connections to families' experiences (Akamoglu et al., 2018; Bradshaw, 2013; NCPMI, 2019; Rush & Shelden, 2020; Woods, 2021). As shown in Table 1, DEC emphasizes the

Table 1
Alignment of Strategies With DEC Guidance

Strategy	DEC Core Principles for Ethical Practices (2022)	DEC Recommended Family Practices (2014)
Build rapport	Engage in reciprocal relationships and partnerships with families and colleagues through culturally and linguistically responsive and affirming practices. (p. 2) Recognize, celebrate, and respect the diverse cultural and linguistic backgrounds of children, families, and colleagues. (p. 3) Acknowledge families as the most important collaborative partner and a key source of knowledge and expertise, regardless of the practitioner's professional role. (p. 3)	**F1.** Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity (p. 10)
Acknowledge and resist bias	Personally reflect on individual biases and systemic inequities to identify ways to support equitable and inclusive education for all young children and families, particularly children and families who have experienced historical and ongoing marginalization. (p. 2)	**F2.** Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions. (p. 10)
Co-create expectations	Support the belonging of children, families, and other professionals by honoring diversity and creating and supporting opportunities for meaningful participation. (p. 2) Ensure their practices and decision-making include and reflect the wisdom and priorities of the families with whom they work. (p. 2)	**F6.** Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences. (p. 10)
Revisit expectations	Regularly seek out and remain open to incorporating new evidence, training, and wisdom in their professional decision- making process, which includes information from families regarding their values, priorities, routines, and activities. (p. 2)	**F3.** Practitioners are responsive to the family's concerns, priorities, and changing life circumstances. (p. 10)

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importance of understanding and being responsive to various forms of diversity, which sets the stage for partnership. To do this, EI providers need to intentionally learn about families' backgrounds, preferences, and priorities. One way providers can do this is by completing and/or adapting the Routines-Based Interview with families (McWilliam, 2009). Although this tool does not directly cover questions about families' cultures, it acknowledges the diversity in families' routines, expectations, and priorities for their children.

Providers also can create their own tool and/or use open-ended questions that explicitly and respectfully address families' backgrounds and cultures such as:

What would you like me to know about your family's culture? What are some rituals your family engages in? or *What are some games, foods, songs, routines, and activities that are important to your family?* Learning about these topics also helps EI providers build rapport with children. Providers may be tempted to focus their first few sessions on building rapport directly with the child to help the child feel comfortable with them or to understand what motivates the child. For example, it is a common practice for EI providers to sing popular nursery rhyme songs or bring bubbles to their sessions to engage the child. A more culturally responsive strategy to build a

relationship with the child would be to ask the family their preferred ways of engaging in social play or motivating the child, and then participate in the activity *with* the caregiver and child. This allows EI providers to learn about meaningful and culturally relevant books, songs, foods, and social play games, which can be used in future sessions to address the child's goals.

Jamie, an EI educator, just received a referral for a new family, the Kapinga family. She reviews the intake paperwork and learns the family's primary language is French and she will be working with an interpreter for her sessions. Just like she does with all families, Jamie schedules an initial phone call to get to know the family. The interpreter, Rosa, suggests doing the call on Zoom to promote language clarity. During the call, Jamie uses the Initial Phone Call Form (Figure 1) as a guide for the conversation, while Rosa interprets. Jamie starts by asking if she can share a little bit about herself. She tells them she is a former special education teacher, her own child went through EI services, and she came to EI because she loves working closely with families. Afterwards, she asks the family questions to get to know them better. She clarifies questions from the intake paperwork, asks for updates since their son's evaluation, and then asks open-ended questions about the family and their hopes/concerns for their EI sessions (see questions in Figure 1). During this conversation, Jamie learns the family is Congolese, reads and speaks some English, and are new to the area. Together, they plan a date for their first session. Jamie explains that the first visit will focus on getting to know one another better. The mother, Abena, asks how she should prepare for the session and if she needs to get anything for her son ahead of time. Jamie says the sessions will focus on what they typically do together, so there is no need to prepare or get anything new. She invites them to come up with questions/topics they want to discuss and anything they would like to show her during the first session. She also shares that she would like to learn more about their typical routines, what they like to do together, their culture, and their priorities for their son, Samba.

Acknowledge and Resist Bias

Bias is an inclination toward or against something or someone, which can either be explicit (directly stated) or implicit

Figure 1
Initial Phone Call Form

<div align="center">**Initial Phone Call Form**</div>

Directions: Use this form prior to your first visit with a new family.

Date:

Caregiver Name(s):   **Child's Name:**   **Child's Birthday:**

Phone: **Email:**   **Address:**

Share information about yourself, professional yet personal to help build the relationship.

> **Script:** "In Early Intervention we get a huge packet about you and your family, but you don't get any information about the provider working with your child. Would it be okay for me to share how I got to this point in my life?"

Clarify any information that was not clear on the initial paperwork or needs to be updated.

> **Script:** "Is there any updated medical information or updated skills your child has gained since the evaluation?"

Ask questions to get to know the family better and their expectations for services.

1. "What is something that you want me to know about your child/family?"
2. "What are your expectations and hopes for our sessions?"
3. "What concerns do you have about our sessions?"
4. "What questions do you have for me at this time?"
5. "Are there any customs, rituals, or preferences you want me to know about before I come to your home?"

Ask how they want to receive communication. (Circle preference)

> Text   Call   Email

Ask if they want reminders of appointments. (Circle preference)

> Yes   No   Day before   Day of

Schedule the first visit, making sure they know it can be during their typical routines and can include multiple family members.

> Date: Time:

(indirectly and subconsciously implied; National Education Association, n.d.). Our society and the systems in which children and families receive services are influenced by both systemic *and* individual biases (Blanchard et al., 2021). Systemic biases are those that are engrained in a system's policies, culture, and norms (e.g., a societal bias toward White norms), while individual biases are those that individuals hold (e.g., a personal bias against families in the welfare system; Blanchard et al., 2021). Studies have shown that implicit bias is engrained in everyone, pervasive, and influences how people treat and talk about others (Gilliam et al., 2016; Harber et al., 2012; Morin, 2015). Thus, it is recommended that EI providers reflect on systemic inequalities and biases as a way to promote inclusion and build

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partnerships with all children and families (Blanchard et al., 2021; DEC, 2022; NCPMI, 2019). Acknowledging and resisting bias, including implicit and explicit, as well as systemic and individual bias, can help EI providers stop pathologizing, blaming, or trying to "fix" certain families who they believe are more difficult to coach and leads to a more empathetic and responsive approach.

A first step is for EI providers to recognize that educational and health care systems do not inherently support all families and were not built with diverse populations in mind (Blanchard et al., 2021). In fact, families in EI may have distrust for the system (and its providers) because of their experiences with institutional marginalization. Recognizing this allows EI providers to better support families and refrain from making assumptions about families who they perceive as unwilling or uninterested in being coached. Likewise, expected milestones for child development (which are the focus of family coaching) are centered on White, able-bodied norms (Annamma et al., 2013). This means EI providers need to recognize the role bias plays in their developmental expectations for children, which may not align with families' expectations, and ensure they are giving families unbiased information (DEC, 2022). Furthermore, EI providers do not need to *convince* families to believe the same way they do or *control* how families help their children, but rather, should focus on understanding the family's perspective (Rush & Shelden, 2020), which is one way to reduce bias (Devine et al., 2012). Rush and Shelden (2020) recommend that coaches "consider how [their] own

beliefs, past experiences, and traditions are different from those of the [family]" (p. 24), which allows EI providers to intentionally recognize perspectives other than their own. EI providers can prompt conversations with families to understand their beliefs around certain topics, such as developmental milestones, disability, children's independence, family roles, and respect. These beliefs are driven by culture and family experience and influence how families and providers "show up" for EI sessions (Bradshaw, 2013; Hamilton et al., 2021; Rush & Shelden, 2020). Thus, EI providers need to understand families' beliefs about these topics and how they differ from their own. Figure 2 shows a self-reflection tool for EI providers to reflect on these topics.

Another way to reduce bias is to reframe stereotypes and assumptions about families (Devine et al., 2012). If an EI provider notices themself applying a stereotype to a family they are working with, they can intentionally come up with alternative thoughts or responses they can use. Venet (2021) endorses the idea of having unconditional positive regard for children and families, rather than judging them. EI providers can build their capacity to have unconditional positive regard by noticing when they have a negative or biased thought/response, coming up with a list of positive or unbiased thoughts about a particular family, and considering alternative explanations when judgment arises. For example, if an EI provider is having a difficult time helping a family engage in coaching, they might have judgment-based views about why that is (e.g., *the family doesn't care, they have too much on their plate, they aren't educated/ don't understand*). Instead, unconditional positive regard means

Figure 2
Cultural Match Self-Reflection Tool

Cultural Match Self-Reflection Tool

Directions: This tool is intended for your personal reflection. Reflect on the topics in the left column and complete the "My Beliefs and Preferences" section. Over time, you can learn about the family's beliefs and preferences by engaging in observation and asking respectful questions. Jot notes as you learn about these for the family and continuously reflect on the open-ended questions. Additional bullet items or questions can be added as needed.

Topics (add additional bullet points as needed)	My beliefs and preferences	Family beliefs and preferences
Interactions between EI provider and family • Demonstrating respect • Sharing personal information • Keeping professional boundaries • Communicating		
Child-rearing practices • Discipline • Dressing • Toileting • Feeding • Self-help/independence		
Family functions/relationships • Gender/family roles • Religion • Humor		
Services/help-giving • Views about disability • Views about mental health/wellness • Views about social services		

Reflective Questions:
1. What are some similarities you share with the family? How do these similarities affect your interactions?
2. What are some differences between you and the family? How do these differences affect your interactions?
3. What steps can you take to ensure you honor the family's beliefs and preferences?

providers focus on the positives and their role in *supporting* the family (e.g., *all families care about their children, this family works hard for their family, I wonder what the family knows/believes about child development*).

Jamie has never worked with a Congolese family before the Kapingas and wants to learn more *about their culture. Before her first visit with the family, she does some research about Congolese culture, including watching a documentary and reading about Congolese parenting practices. She also reflects that some of what she learned may not be true for the Kapinga family and she should not make any assumptions. She uses the*

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self-reflection tool (Figure 2) *to jot some notes about some of her cultural beliefs and wonders how the Kapinga family feels about the same topics. During the first session, Jamie intentionally observes and asks questions to understand the family's culture better. For example, she pays attention to the family's communication style and notices they call her Miss Jamie. She asks them how they would like her to address them, and they settle on first names. Jamie also observes how the family interacts with one another. She notices that Abena puts crackers directly into Samba's mouth when he is sitting on her lap eating a snack. She initially assumes the family must not value independence, as she knows independence is a common cultural difference in child-rearing. However, when she asks the family about their beliefs about Samba's self-help skills, Thierry, Samba's father, shares that they want him to be as independent as possible. Jamie follows up by asking what meals typically look like for the family and Abena shares that usually they sit at the table together and Samba feeds himself. Today, she put him in her lap so she could continue talking to Jamie. By taking the time to have this conversation, Jamie now understands the families' priorities and routines better and she can provide more individualized support that fits their specific priorities, rather than her perceptions of their priorities.*

Co-create Expectations

Research suggests that one reason EI providers have a difficult time implementing coaching is due to families' expectations for services (Stewart & Applequist, 2019), which EI providers believe can be mitigated if they explain coaching to families (Douglas et al., 2020; Williams & Ostrosky, 2023). Currently, much of the guidance on creating expectations for coaching sessions focuses on what EI providers can *tell* families. For example, Rush and Shelden (2020) suggest that providers develop a script for describing coaching to families which includes a general description of team members' roles (including family members), an explanation of everyday routines, succinct and simple references to research, and a prompt for family members to ask questions. Similarly, there are coaching handouts and videos made for families that explain coaching (see Table 2 for examples). While these resources are helpful, they lack an opportunity for families to *co-create* what their EI coaching sessions will look like. Co-creating expectations about coaching means EI providers not only share information about coaching with families, but then also elicit their perspectives and feedback about the process. In alignment with guidance from DEC, as shown in Table 1, co-creating expectations honors families' preferences, wisdom, and their role as active participants and key decision-makers. EI providers can use reflective questions during and after presenting their explanation of coaching to obtain the family's feedback. Some questions might include: *What do you think about the coaching roles? How does this process align with your expectations for EI services? Is there anything you want to add or change about this process?* Additional questions are provided in Table 2 that can be used in conjunction with the resources provided.

Importantly, when EI providers seek families' feedback about

Table 2
Resources to Explain Coaching With Reflective Questions for Families

Resource	Description	Reflective Questions
Family Guided Routines Based Intervention's "Welcome to Early Intervention" handout http://box5495. temp.domains/~fgrbicom/wp-content/ uploads/2020/03/Welcome-to-EI.pdf	A handout that describes three important features of home-based services: the natural environment, the family's role, and the EI provider's role.	• What parts of your routine do you want to focus on? • What do you think about the coaching roles? • How do these roles align with your expectations for services?
Infant and Toddler Connection of the Highland's "Coaching in Early Intervention" handout https://www. veipd.org/main/pdf/early-intervention-coaching_handout_highlands.pdf	A handout that briefly defines six steps of coaching (joint planning, observation, action, reflection, feedback, joint planning).	• What do you think about the coaching practices? • Are there any you think you will enjoy or find challenging for you? • What changes would you make to these definitions?
Illinois Early Intervention Clearinghouse's "What Happens During a Typical EI Visit?" handout https://eiclearinghouse. org/einotes/typical-visit/	A handout with bullet points about how EI providers and families plan together, work with the child together, and engage in discussion together.	• How does this align with your expectations for services? • Are there any bullets you think are particularly helpful or unhelpful?
Family Guided Routines-Based Early Intervention's "A Parent Talks about Iowa's Early Access Program" video https://vimeo.com/139806903	A video in which a caregiver describes her experiences with EI services including the roles of the EI provider and family during sessions.	• Was there anything the caregiver said that really stood out to you? • What components did they mention that you think will work well for your family?

Note. When sharing resources like this with families, they may need to be re-created in the family's home language and/or interpreted by a team member when explaining them.

coaching, it is possible families will disagree or feel uncomfortable with key components of coaching. For example, some families may have competing priorities that make it difficult for them to be present for the session, they may believe it is not their role to implement strategies, or they may expect providers to bring toys and activities for their child. It is important EI providers respectfully set boundaries about non-negotiables (e.g., family presence), while also compromising with the family, honoring their preferences, and building families' comfort with coaching over time.

Near the end of Jamie's first session with the Kapinga family, she asks if they can talk about what their sessions might look like moving forward. She explains that usually she starts sessions by talking about the child's progress and updates since they last saw each other. She asks them, "How does that sound to you?" Thierry, the father, smiles and shares that he and Abena take pride in their son and love to talk about him. Jamie then says, "After we do the update, we can talk about your goals and come up with ideas we can try together. I might show you some strategies and then ask you to try it with Samba. Will that work for you?" Abena looks nervous when she answers, "I thought you were here to help Samba. I don't know how." Jamie clarifies, "I'm here to support your whole family. You can always tell me if something doesn't work for you, and we can try something else. It sounds like you want to focus our sessions on learning new things before you try them. Is that right?" Looking more relieved, Abena nods

her head. Jamie asks if there is anyone else they would like to be involved in the sessions and Thierry says "Maime," which Rosa interprets as "grandmother." Jamie asks if they would like Maime to join them next week, and the family agrees. Jamie writes some notes summarizing the conversation so she can refer back to them later when planning their next session. She notes that the family likes celebrating their child, Maime will be included, and Abena might feel hesitant to practice new strategies during sessions and wants to receive parent education.

Revisit Expectations

Once shared expectations are developed, it is important EI providers and families come back to these frequently. NCPMI (2019) suggests that one way EI providers can communicate about roles with families is by "allow[ing] for changes in roles as caregiver-practitioner relationship develops or sessions needs are determined." This approach to renegotiating expectations aligns with recommendations from DEC (see Table 1) related to acknowledging that families' priorities, circumstances, needs, and expertise change over time and are not static. In practice, a family may not feel comfortable engaging in caregiver practice when they first meet a provider, but over time may develop the confidence and trust to do so. Conversely, a caregiver who only has one child may feel they have the energy and time to dedicate to caregiver practice during and between sessions, but once they have a second child, they may need to take a break from practicing strategies. Therefore, coaching sessions will

look different based on these changing circumstances. EI providers need to explicitly have ongoing conversations with families so they can effectively provide services and support families to make informed decisions about what their sessions will look like. They can do this by asking family members reflective questions about what they like and dislike about coaching and by summarizing and clarifying families' preferences.

An important part of this renegotiation is recognizing when families seem uncomfortable with or disengaged from coaching. It is important EI providers do not make assumptions about why families are not engaged, but rather adapt their style to fit the families' needs, preferences, and priorities. For some caregivers, a simple reminder about what coaching in EI is may help them become engaged again in the process. For others, there may be larger barriers, such as the EI provider making suggestions that do not match the family's priorities and preferences or a family having competing priorities. These require the EI provider to demonstrate flexibility, such as offering the family choices, planning sessions at times that fit the family best, and acknowledging and accepting different types of engagement.

Over the last 2 months Jamie has been working with the Kapinga family, she has focused heavily on parent education and modeling strategies to various family members, in alignment with their preferences. She ensures the strategies she offers are meaningful to the family by letting them choose strategies and showing them how they can be used within their typical routines with Samba. Jamie always asks, "Would

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you like to try it?" after she models. Sometimes the family members are willing (especially Abena), while other times, they say they will try it later. Jamie and the Kapingas decided together to video-record when Jamie models a strategy so they can view it later when they want to try it and share it with family members who are not present during the session. Recently, at the beginning of their sessions, Abena has started to naturally practice strategies as she shows Jamie all the new things Samba has learned. Jamie always thanks her for showing her and affirms how her actions benefited Samba.

Jamie decides it is a good time to talk to the family again about the coaching process and see if they have any new ideas about what it could look like during their sessions. She brings a handout about coaching strategies that Rosa has translated into French. Jamie points to the coaching strategies and explains each one, asking how the family members feel about the ones they are implementing regularly (joint planning, modeling, reflection). Abena shares that by watching Jamie model strategies with Samba, she has learned how to do them herself. Jamie takes this opportunity to ask how Abena feels about practicing the strategies while Jamie watches. Abena admits she still feels a little awkward, but she appreciates when Jamie compliments her actions. Jamie clarifies with Abena by asking, "It sounds like you like to do the practices in this order—joint planning, modeling, practice, and
then positive feedback. Does that sound right?" Abena says "yes!" and adds she also likes reflecting when they first begin their session as they share updates. Jamie takes notes so she can remember this conversation, emphasizing she will make it a top priority to give compliments as soon as Abena practices a strategy, rather than trying to have Abena reflect or offering Abena constructive feedback. However, Thierry and Maime explain they like to do the strategies with Samba after the sessions when they have more time and space. Jamie confirms they want to be part of sessions by sharing information and observing, while Jamie and Abena implement strategies with Samba, and they all agree. Jamie realizes this conversation will be ongoing and will likely change as the family's circumstances change. She will continually reflect with the family on how the coaching sessions are going, check in with them when she suspects a change needs to be made, and invite the family to suggest changes as necessary.

Conclusion

Developing shared understanding with families about caregiver coaching needs to be an individualized process that incorporates family voice and choice. By utilizing the four strategies in this paper, EI providers can create and maintain coaching partnerships centered on families' priorities, preferences, and expertise.

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