Coaching Families: A Focus on Nurturing and Responsive Relationships

Erin Elizabeth Barton
Vanderbilt University, erin.barton@gmail.com

Follow this and additional works at: https://digitalcommons.georgiasouthern.edu/gapbs

Recommended Citation
https://digitalcommons.georgiasouthern.edu/gapbs/2015/2015/77

This presentation is brought to you for free and open access by the Conferences & Events at Digital Commons@Georgia Southern. It has been accepted for inclusion in Georgia Association for Positive Behavior Support Conference by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.
Coaching Families: A Focus on Nurturing and Responsive Relationships
Erin E. Barton, PhD, BCBA-D
Vanderbilt University

The Pyramid Model Describes 3 Tiers of Intervention Practice
• Tier 1: Universal promotion for all families (all infants and toddlers and their caregivers)
• Tier 2: Secondary prevention to address the needs of infants/toddlers at risk for social emotional challenges (including support for their caregivers)
• Tier 3: Intensive or tertiary intervention for children with persistent behavior challenges (including support for their caregivers)

Social Emotional Development
The developing capacity to:
– form close and secure adult and peer relationships… TRUST
– experience, regulate, and express emotions in socially and culturally appropriate ways… SELF-AWARENESS
– explore the environment and learn… AUTONOMY
…all in the context of family, community, and culture.

Social Emotional Competence
• Presence of
  – satisfying interactions between the child and caregivers, siblings, peers
  – comfortable self-images and perceptions by others
  – matching and modulation of emotional and social responses to the environment
• Synonymous with mental health
  (Squires & Bricker, 2007)
Why is social emotional development important?

The relation between early social emotional competence and later social skills, academic success, and overall quality of life is one of the most robust and long-standing findings of the behavioral sciences in early childhood (Dunlap & Powell, 2009; Strain & Timm, 2001).

There is a critical need to address problem behaviors as early as possible.

Rationale for promoting social emotional development

School Readiness and Academic Success

Social Emotional Competence

High Quality Learning Environments

Social Emotional Competence in Early Childhood

School Readiness and Academic Success

Transactional Model

- The transaction model framework tells us that an infant’s unique characteristics influence the parenting relationship.
- Infants and toddlers learn to share and communicate feelings and experiences with significant caregivers and other children.
- Early social-emotional development is the product of the infant’s characteristics, caregiver-infant relationships, and the environment within which these relationships unfold.
Transactional Model

Research also tells us:
- Parents respond less frequently to fussy, crying babies.
- Parents respond more to infants who make/use complex gestures and words, than those who simply point.
- The frequency of an infant’s gesture, smile, eye contact and babbling affects how adults respond.

Thus:

It's up to the caregiver to change what they do to support their infant and toddler. Likewise, it’s up to the family coach/home visitor to change what they do to support the parents and family.

Transactional Model: Possible Issues?
- Infant/toddler cues are difficult to read
- Infant/toddler can’t see or hear
- Infant/toddler health problems
- Infant/toddler does not respond to parent attention
- Infant/toddler has special needs
- Parent is not aware of infant cues
- Parent and child have different temperaments

Remember: It’s up to the caregivers to change what they do to support their infant/toddler. Likewise, it’s up to the family coach/home visitors to change what they do to support the parents and family. This will be particularly important in the above cases.

Still Face Experiment

Watch the following video:
http://www.youtube.com/watch?v=apzXGEbZht0
- What does this experiment tell us?
- What if the child is non-responsive?
- How does this effect the responsiveness of the caregiver?
Temperament Types
Flexible, Fearful, and Feisty

• Flexible
  – regular rhythms, positive mood, adaptability, low intensity, low sensitivity
• Fearful
  – adapts slowly, quiet, shy, withdraws
• Feisty
  – active, intense, distractible, sensitive

Temperament Types
• These are general types based on the early work of Thomas, Chess, & Birch (1968).
• Their research suggested 10% of children were difficult (feisty), 40% were easy (flexible), and 15% were slow to warm up (fearful) and about 35% are intermediate/mixed. Thus, not all children will fit into one “type.”
• Research shows these are mostly stable over time.
• All of the traits comprise both strengths and needs.

Attachment
Attachment is a pattern of interaction that develops over time as the infant or toddler and caregiver engage.

Attachment: Video 1.1
Families who face challenges with nurturing and responsive relationships and providing high quality environments are provided with resources, support, and additional services to ensure their capacity to promote social development.
Supporting and Communicating with Families

Self-Reflection
• Self-awareness
  – Examining your own thoughts, beliefs, and behaviors
  – “Hot buttons”
  • The things that you know make you uncomfortable or just drive you crazy!
• Careful observation
  – Behavior has meaning
• Flexible response
  – Sharing power and decision making with families

(Seibel, Britt, Gillespie, & Parkian, 2006)

Self-Reflection Strategies
• Asking questions by wondering
  – I wonder why she forgot the bottle, rather than judging
• Empathy
  – Reflect back, let parents correct you
• Pointing out the positive
  – Use careful observations
• Not knowing
  – Recognize your own professional limits

*Reflection: Take the time to think, rather than be directive

(Seibel, Britt, Gillespie, & Parkian, 2006)

Culture can be compared to an iceberg. We often focus on the part of the iceberg that is “above the surface.”

However, the main part of the iceberg is “below the surface,” much like culture.

Words Matter
• Use child first language!
  – Say, “a child with autism” or a “child with special needs”.
  – A disability is just one part of an individual’s identity.
• Our words reflect our expectations
• Be positive
  – Identify something they are doing right.
• Use accessible language

Using SOUL to Communicate with Families
- Silence
- Observation
- Understanding
- Active Listening
  • More listening than talking
  • More observing body language than talking
  • Trying to understand the others’ feelings
  • Consider the others’ context
  • Restating and clarifying, not asking questions or telling
  • Responding with acceptance and empathy

Culturally & Linguistically Appropriate Services http://clas.uiuc.edu/index.html
Silence

- Attention
- Presence
- Suspension of agenda
- Letting the other lead

Observation

- Noticing
  - Internal and external
- Following cues
- Witnessing
  - Suspension of thought
  - Receptivity

Understanding

- Openness to the conversation
- Willingness to be changed by the encounter/person

Active Listening

Silence, Observation, Understanding... Feedback:

- **Opener**
  - “Would you like to talk about...”
  - “I notice that you’re quiet today...”
- **Validating**
  - “Other parents feel the same way you do...”
  - “You’re not alone, crazy, abnormal...”

Communication Blocks

- Professional Jargon
- Blaming
  - “He’d learn how to do it if you gave him a chance.”
- Saying “always” or “never”
  - “You never seem to want me at your house.”
- Labeling
  - “Parents like you...”

Communication Blocks

- Commentary
  - “If I were you I’d...”
  - “You’d be better off if you...”
  - “My sister had the same problem, and she solved it by...”
- Threatening
  - “If you don’t do this now, your child is going to...”
- Minimizing Concerns
  - “It’s not so bad.”
- Facial and Body Language
Not only is it essential to promote social emotional development within the context of the caregiving relationship, but it is more efficient to have parents promote social emotional competence across daily routines.

**Family Coaching**

**Planning for Teaching**

- **What to Teach**: Functional, generative, measurable child goals
- **When to Teach**: During on-going routines, activities, opportunities for practice and get feedback, etc.
- **How to Teach**: Evidence-based, child focused practices

**Definition of Coaching**

“Coaching is a voluntary, non-judgmental, and collaborative partnership between an early childhood practitioner and the important people in a child’s life.”

**Definition of Coaching**

“Coaching is used to acknowledge and perhaps improve existing knowledge and practices, develop new skills, and promote continuous self-assessment and learning on the part of the coachee.”

**Why Coach with Caregivers?**

- Parent/Caregiver-Child Relationships are the context for infant and toddler social-emotional development
- Coaching focuses on parent-child interaction in the natural environment
- Effective coaching supports parents’ skills and sense of competency with their children
**Rationale for Coaching Model**

- Parent-mediated strategies are more effective than practitioner implemented, for enhancing child development. *(Mahoney et al., 1998)*
- Parent participation in intervention is essential for success.
- Supporting parent responsivity during daily routines is more impactful that the time spent with practitioners. *(Mahoney, 2009; Mahoney & Perales, 2005)*

**Rationale for Coaching Model**

- Interventions are only successful when they result in increased opportunities for responsive interactions between child and caregivers.
- Intensity does not refer to the amount of time with professionals.
- Success depends on the caregivers use of responsive strategies to promote their child's participation in daily activities and routines.

**Coaching is Support-based**

- It’s the family and the caregivers who influence the child
  - We influence them
- Children learn throughout the day
  - Not in separate “goal times”
- ALL the intervention occurs between visits
  - During daily routines
- Focus on maximal intervention
  - Not maximal services
  - “Support to families not services”

**Role of the Coach**

“The role of coach is to provide a supportive and encouraging environment in which the coach and coachee jointly reflect on current practices, apply new skills, and competencies with feedback, and problem solve challenging situations.”

**Role of Practitioners in Coaching Model**

- Collaborate with caregivers to identify strategies to support child participation and learning.
- Collaborate with caregivers to identify natural learning opportunities.
- Support caregivers (coach) in implementing strategies during daily routines and activities.
- Support the caregiver’s identification of and access to resources.

**Coaching Continuum**

- Coach and parent reflect, debriefing that occurred between visits
- Coach observes and provides feedback, reflection after activity
- Coach models and parent observes
- Coach models and parent observes
- Coach prompts and engages while parent engages
- Coach observes and provides feedback, reflection during activity
- Coach observes and provides feedback, reflection during activity

*(McWilliam, 2010; Jung, 2003; Rush & Sheldon, 2011)*
Evidence-based Coaching Strategies

1. Brief and focused
2. Supporting family participation and building capacity
3. Focus on embedding into daily routines
4. Systematic, collaborative progress monitoring
5. Modeling with child
6. Video exemplars and self-reflection
7. Role-play with materials
8. Practice opportunities
9. Performance-based feedback
10. Homework after and between visits
11. Collaborative problem solving
12. Manual, written support
13. Monitor implementation of COACHING!

Brief and focused

- When, What, and How
- Interventions should focus on minor changes to what parents are already doing
- Operationalize natural learning opportunities during daily routines in homes with the family’s own materials
- Teach a parent to imitate a child’s babbling and take turns during diapering and bath time

Supporting family participation and building capacity

- When, What, and How
- Use participation-based goals
- Interventions should focus on family participation in their child’s development and learning.
- Help the family identify sources of support within their extended family or community
- Family coaching approaches should be based on the individual family needs. The EI needs to adapt and match her practices to the needs of the family.

MINOR CHANGES TO WHAT CAREGIVERS ARE ALREADY DOING

Focus on Routines

- When, What, and How
- Teaching parents to embed learning into the family’s daily routines
- Understand their routines!

Collaborative Progress Monitoring

- When, What, and How
- Start with functional goals!
- Functional outcomes focus on the child’s participation in daily routines.
  - These should consider the family’s satisfaction with their child’s participation in daily routines.
- The parent and early interventionist decide on a method for monitoring progress
Live Modeling
- When, What, and How
- Demonstrate strategies
- Practice
- Progress monitoring!!
  - Implementation
  - Child goals

Video Modeling
- When, What, and How
- Identify a model and a medium
- Demonstrate strategies
- Practice
- Progress monitoring!!
  - Implementation
  - Child goals

Video Self-Reflection
- When, What, and How
- When accessible and feasible
- Families who are struggling with implementation

Self-Reflection
- When, What, and How
- Supporting parents in self-reflection of their implementation
- Progress!!

Role Play
- When, What, and How
- Practicing new skills
- When parents are reluctant to try something new with you, role play might be easier at first
- Move to practice with their child

Practice Opportunities
- When, What, and How
- Routines!!
- Outline multiple, simple opportunities throughout the day
Performance-based Feedback

• When, What, and How
• Often!!!
• Positively focused
• Corrective should include specific examples and data when possible
• Linked to child outcomes!
• Be Specific!!!

Motivation for Practice

• When, What, and How
• Minor changes!!
• Focus on helping with routines that are not working well
• Link to child progress

Collaborative Problem Solving

• When, What, and How
• Do not always have a solution
• Ask about what has worked in other situations
• Focus on strengths

Written Manual

• When, What, and How
• Consider reading levels and language
• Use visuals
• Individualize when possible
• BSPs should always be written
  – Table with A, B, C, linked to P, T, R

Considerations

★ Intensity: not just time!
★ Competing interventions
★ Family priorities and resources
★ Family learning history
★ Self-reflection
★ Seek support from peers or other experts