



Common Misperceptions about Coaching in Early Intervention

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ABSTRACT

This *CASEinPoint* includes the common misperceptions about coaching as an interaction style used in early childhood intervention to strengthen and build the capacity of parents, care providers, and colleagues to improve existing abilities, develop new skills, and gain a deeper understanding of a current versus desired situation. Based on the authors’ experiences and interactions with practitioners from across the United States, who both support and refute coaching as a part of early childhood intervention, this article contains the ten most common misperceptions about the use of coaching practices. Existing misperceptions are not limited to these ten, however, these or similar notions are the most frequently mentioned as barriers to implementing coaching as opposed to a more directive approach.

INTRODUCTION

Coaching is an evidence-based adult learning strategy used for talking with parents and other care providers to recognize what they are already doing that works to support child learning and development as well as building upon existing or new ideas. Rather than telling the other person what he or she needs to do or doing something only to/with the child, individuals using coaching start with what the other person knows and is doing in order to develop and implement a joint plan that meets the needs and priorities of the person being supported through coaching. Coaching involves asking questions; jointly thinking about what works, does not work, and why; trying ideas with the child; modeling with the child for the parent; sharing information; and jointly planning next steps. The reader is referred to Rush and Shelden (2005) for an operational definition of coaching and the associated research-based characteristics.

Based on the authors’ experiences and interactions with practitioners from across the United States, who both support and refute coaching as a part of early childhood intervention, this article contains the ten most common misperceptions about the use of coaching practices. Existing misperceptions are not limited to these ten, however, these or similar notions are the most frequently mentioned as barriers to implementing coaching practices. Rather than issues specifically regarding coaching, most of the misperceptions relate to a lack of practitioner understanding of (a) Part C of the Individu-

als with Disabilities Education Act, (b) family-centered practices, and (c) current research in early childhood. Consequently, coaching is often a source of controversy related to these misunderstandings. This may be due in part to coaching mistakenly being referred to as a model of service delivery rather than a way of purposefully interacting with another adult in order to build his/her capacity to support child learning and development within the context of everyday activities. The reader is referred to the mission and principles for providing service in natural environments (Work Group on Principles and Practices in Natural Environments, 2007) for clarification on evidence-based practices in early childhood.

MISPERCEPTIONS OF COACHING

Misperception 1: Coaching Only Works with Certain Families

The most common misperception about using a coaching approach is that it might work with some families, but not families who are challenged by addiction, poverty, mental health issues, low cognition, or the families who practitioners believe do not care or really do want the practitioner to work with their child. These beliefs are often held by individuals who either have not fully embraced or do not clearly understand family-centered practices. The characteristics of family-centered practices and effective help-giving include respect for the family member, presumption of competence, and promotion of their strengths and abilities rather than limiting them by their presumed deficits (Dunst & Trivette, 1996). If a practitioner or service coordinator is unable to set aside personal filters that place limited expectations on the family, then coaching cannot be successful. With a negative view of the family, even using a child-focused treatment model will not be effective because (a) practitioners cannot provide enough therapy to make a difference, (b) they are creating dependence, and (c) when practitioners are not present, the situation will return to the way it was before they were involved. Most importantly, research indicates that children learn through opportunities to use their skills within the context of real life activities they find interesting and their families find important (Dunst, Hamby, Trivette, Raab, & Bruder, 2000).

Misperception 2: Coaching is Only Useful for Certain Children

Practitioners often indicate that coaching is limited to use with parents of children who have mild disabilities. Some practitioners believe that children with multiple or severe disabilities require more intensive and more specialized services than involving the parents or care providers and use of a coaching interaction style

might allow. Practitioners or service coordinators who hold this perception are operating in a deficits-based, service-based, professionally-centered paradigm. They view their role as teaching skills or engaging the child in decontextualized, passive interventions that they believe the parents are not capable of or do not have time to do. Conversely, when focusing on child participation in meaningful activities as the outcome, parents are very good at knowing what their child likes, wants, and needs to do (Dunst, Hamby, Trivette, Raab, & Bruder, 2000). A coaching interaction style supports the parents in identifying what works, what might need to be done differently, and what level of support they need from the early intervention program to facilitate the child's involvement in everyday life activities.

Misperception 3: Coaching is a Watered-Down Approach

Another misperception is that coaching is a watered-down approach that does not require or devalues the knowledge and experience of a therapist or educator. A multidisciplinary perspective is required to effectively support families in early intervention. Individual coaches must have knowledge, skills, and experiences useful as the content for coaching conversations with families of children with disabilities. How this information is shared, however, is the difference between coaching and other styles of interaction with parents and care providers. The coaching process affords family members and other care providers the opportunity to use and build upon their own ideas prior to jointly exploring other strategies and supports with the coach.

Misperception 4: Coaching Doesn't Allow the Therapist to Touch the Child

Frequently, practitioners believe that touching the child is not allowed as part of coaching. A coaching interaction style can be as "hands-on" as necessary, but also ensures that what the practitioner is doing and discussing with the parent is meaningful and functional within the context of everyday life and builds parent capacity to support child learning and development during all of the times when the practitioner is not present. A practitioner may touch a child as part of the assessment process in which the practitioner and parent explore what strategies work and do not work. Another reason for touching the child is modeling evidence-based strategies for the parent or care provider to try and reflect on during and between visits. This does not mean that the parent must then become the therapist; rather parents participate in the recognition, development, and use of ideas to help their children learn and grow as a natural part of family and community life.

Misperception 5: Coaching is Not a Billable Service

Third party payers reimburse for medically necessary services that require expertise to remediate deficits and promote skill acquisition, which is the ultimate result of early intervention. The manner in which the practitioner delivers the service should not be dictated by the payer. Part C of IDEA does, however, state that supports and services should be provided in the child's natural environment and be designed to promote the competence and confidence of care providers to enhance the child's growth and development through participation in everyday activities. Coaching is the evidence-based strategy the practitioner uses to interact with parents and care providers to maximize child progress both when the practitioner is and is not present. Mediating parents' knowledge and skills is an added benefit of the use of coaching practices. The practitioner is not, however, billing the third party payer for how he/she interacts with the parent or care provider (i.e., coaching), but rather for the time and expertise necessary to achieve the developmental progress of the child.

Misperception 6: Some Parents Want to be Told What to Do, Not Coached

Practitioners, who use coaching as an interaction style with parents, must ensure that the parents understand that the role of the practitioner is to support their ability to promote child learning within the context of everyday life activities. While the practitioner may have ideas that might work, the practitioner should start with what the parents know and are doing that could be achieving the desired effect. Coaching is a way of finding out what the parents want, know, are already doing, and jointly generating ideas to foster child learning and development. Just telling the parent what to do may or may not match with the parent's lifestyle, goals, or learning style. The parent might be willing to do what the practitioner says during the visit and perhaps for a short time later if it happens to be a match. Similarly, the practitioner doing something to the child or for the parent may address the issue at that moment, but does not necessarily prepare the parent to handle the situation in different contexts or go beyond what was told or done. In contrast, coaching builds on what the parent is currently doing and teaches him/her to identify and implement other ideas and strategies in the current and future situations without dependence on the coach.

Misperception 7: Coaching Implies a Hierarchical Relationship Between the Practitioner and Parent

Practitioners and parents should enter a coaching relationship equally. All parties have knowledge, information, and skills that may be useful to the other. The

coach's role is to assist the parent in identifying his/her current state, desired future state, a plan for how to reach the desired future state, and strategies for reaching the destination. The coach and parent build on what they both know to achieve the desired outcomes.

Misperception 8: Coaching is a Technique to Get People to Do What You Want Them to Do

Getting people to do what you want them to do implies a power-over relationship. Coaxing is a technique sometimes used under the auspices of coaching to ask questions in such a way as to lead the person being coached to the "right" answer or the answer that the practitioner is seeking. Persons who effectively use coaching ask reflective questions of the person being coached and are open to the possibilities of what the answers or options might be. The answer or option might not be what the coach would select, but as long as it can fit within the evidence-based framework of what the practitioner knows to be effective for promoting child learning and development, the parent's ideas can remain within the realm of possibilities to be further jointly analyzed by the parent and practitioner in terms of potential positive and negative consequences for the child and family. If the practitioner has information that the parent does not have, then certainly s/he would share it with the family. Neither coaching nor any other technique is necessary to try to lead the parent to a desired response. In those instances, the coach just shares the information, and then reflects upon it with the parent.

Misperception 9: Coaching Does Not Allow a Practitioner to Share Expertise with the Parent or Caregiver

The reason for having therapists and educators interact with parents of children with disabilities is because they have a wealth of knowledge, skills, and experiences to share. When using a coaching interaction style with a parent, the coach should start with what the parent already knows and understands. Adult learning research indicates that people are more likely to learn new information if it fits within their existing mental framework of knowledge and past experiences (Bransford, Brown, & Cocking, 2000; Donovan, Bransford, & Pellegrino, 1999). The critical factor for practitioners using coaching is knowing when and how to use his/her expertise to build upon the parent's knowledge. If a parent has no specific knowledge or understanding of a particular content area, then the coach begins by sharing information and helping the parent link it to what he/she already might know or is doing.

Misperception 10: Coaching is the Same as Consultation.

Coaching is an adult learning strategy in which the

coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations (Rush & Shelden, 2005). Consultation is generally used to help the consultee solve a current problem with the intention that this will help him/her to solve similar problems in the future (Buysse & Wesley, 2005). Consultation in early intervention has most often been associated with classroom-based interventions, whereas coaching is an interaction style that may be used with parents, teachers, and other care providers within any context in which young children may be found. Consultation is typically used to refer to an indirect model of service delivery. Coaching does not differentiate between direct or indirect, hands-on or hands-off intervention.

CONCLUSION

The purpose of this CASEinPoint was to clarify the common misperceptions of coaching practices in early childhood intervention. Practitioners working in the field of early intervention must be knowledgeable of the federal law governing services for infants and toddlers with disabilities. They must also be current in their understanding of research-based practices, skilled in teaming with other professionals, and thoughtful about the way in which they interact with the adults in children's lives in order to strengthen and expand the adults' abilities to promote child learning and development. In light of the increasingly available evidence for supporting young children with disabilities in natural settings and the intent of Part C to build the competence and confidence of care providers for supporting child learning and development, coaching is a research-based strategy useful for interacting with the important adults in the life of the child.

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