Coaching Families and Colleagues
A Process for Collaboration in Natural Settings

Dathan D. Rush, MA, CCC-SLP; M’Lisa L. Shelden, PT, PhD;
Barbara E. Hanft, MA, OTR, FAOTA

Coaching in early childhood is an interactive process of observation and reflection in which the coach promotes a parent’s or other care provider’s ability to support a child’s participation in everyday experiences and interactions with family members and peers across settings. Focusing on collaborative relationships, coaching provides a supportive structure for promoting conversations between family members, childcare providers, and early interventionists to select and implement meaningful strategies to achieve functional outcomes that focus on the child’s participation in natural settings. This article provides guidelines for early childhood professionals serving young children with disabilities and their families regarding whom and when to coach, and includes examples to illustrate the five phases of the coaching process: initiation, observation or action, reflection, evaluation, and continuation or resolution. Keywords: coaching, collaboration, early intervention, natural environments, parent/professional relationships

FAMILY-CENTERED care in early intervention was introduced over ten years ago (Dunst, Trivette, & Deal, 1994; Hanft, 1989; McGonigal & Garland, 1988; Shelton & Stepanek, 1994), and continues to challenge many early interventionists today (Darrah, Law, & Pollack, 2001; McWilliam & Scott, 2001; O’Neil & Palisano, 2000; Shelden & Rush, 2001). Early interventionists are generally knowledgeable about the philosophy of family-centered care, and most would say they use family-centered practices; however, literature indicates a disparity between intentions and practice (Boone, McBride, Swann, Moore, & Drew, 1998; Bruder, 2000; Buysse, Schulte, Pierce, & Terry, 1994; Darrah, Law, & Pollack, 2001; McDougal et al., 1999; McLean & Cripe, 1997; Rainforth, 1997). If a family member or other care provider, for example, is perceived by an early interventionist(s) as not being actively engaged in implementation of the Individualized Family Service Plan (IFSP), the interventionist(s) may recommend increasing the frequency and directness of the service to compensate for the lack of ongoing “work” with the child between scheduled sessions (Hanft & Striffler, 1995; Montgomery, 1994). Families/care providers may also request increased services based upon their belief that more “work” with the early interventionist(s) will result in better or faster progress for the child. Since, however, a child becomes interested in and learns new skills during teachable moments which can happen at any time, not just when the service provider is present, frequency and intensity of service does not guarantee developmental progress (Dunst, Trivette, Humphries, Raab, & Roper, 2001; McWilliam, 2000). Additionally, if interventionists focus on remediating the child’s deficits, a disconnect may occur between
“teaching” or “therapy” and the demands and achievements the child faces in daily life (Brotherson & Goldstein, 1992; Dunst, Hamby, Trivette, Raab, & Bruder, 2000; O’Neil, Palisano, & Wescott, 2001; Pollack & Stewart, 1998).

Additional challenges for early interventionists include the federal requirement to serve and support eligible children and their families in natural environments (U.S. Department of Education, 1999), using evidence-based practices to guide intervention (Campbell, 1997; Harbour & Miller, 2001; Snowball, 1999; Walsh, Rous, & Lutzer, 2000). The body of literature describing where and how services are provided, the location as well as the nature of the relationship with a child’s family, continues to grow (McWilliam, 1996; Hanft & Feinberg, 1997; McLean & Cripe, 1997; McWilliam, 2000; Turnbull, Turbiville, & Turnbull, 2000). In order to adequately define how to provide services in natural environments, we must reconceptualize the role of the early interventionist as a coach and collaborative partner working alongside family members/care providers. (Campbell, 1997; Dinnebeil, McInerney, Roth, & Ramaswamy, 2001; Hanft & Pilkington, 2000; Rush, 2000; Shelden & Rush, 2001). Coaching provides a structured method for accomplishing such partnerships with the focus on sharing skills, knowledge, and experiences to develop competence and confidence in the key people, i.e., family members and child care providers, influencing a child’s life. It is an equally effective tool for sharing knowledge and skills among colleagues working in the same, or different, agencies providing early intervention services.

WHAT IS COACHING?

Coaching is a reciprocal process between a coach and learner, comprised of a series of conversations focused on mutually agreed upon outcomes (Flaherty, 1999; Kinlaw, 1999). The conversations promote self-discovery and result in competence and mastery of desired skills for both the learners and child (Doyle, 1999; Dunst, Herter, & Shields, 2000). Learners, those key people in a child’s life, gain competence when a coach supports them in blending new or existing knowledge, skills, and experience to interact with a child in daily situations, and then evaluates the results (Fenichel & Eggbeer, 1990). Flaherty defines coaching as “not telling people what to do, but giving them a chance to examine what they are doing in light of their intentions” (p. xii). Thus, coaching promotes self-observation, self-correction, and an ongoing learning process through examination, reflection, discussion, and refinement of one’s knowledge and skills (Flaherty, 1999; Gallagher, 1996; Kinlaw, 1999). Coaching is a skill that requires practice and ongoing support from administrators and other colleagues to implement effectively.

In addition to its collaborative process, coaching can structure functional, learner-focused intervention that makes a difference in the life of the child. The early interventionist-as-coach facilitates a dynamic exchange of information based on the learner’s skills and needs, oriented toward the goal of helping a child participate in family, community, and early childhood settings (Bruder & Dunst, 1999). Coaching is an interactive process of observation and reflection in which the coach promotes the learner’s ability to support the child in being and doing. For the child, coaching supports being with the people the child wants and needs to be with and doing what he wants and needs to do. For the learner, coaching develops the competence and confidence to implement strategies to increase the child’s learning opportunities and participation in daily life, knowing when the strategies are successful and making necessary changes in current situations, as well as, generalizing solutions to new and different circumstances, people, and settings (Bruder & Dunst, 1999; Fenichel & Eggbeer, 1992; Flaherty, 1999; Kinlaw, 1999).

WHY USE COACHING?

Over the past ten years, early childhood therapists and educators have begun to refocus their expectations regarding effective partnering with family members. These ex-
expectations have evolved from having families and childcare providers bring a child to therapy or a special class for direct service with “homework” assignments, to supporting and finding meaningful ways to help other key adults and peers improve a child’s functioning. Coaching provides an interactive foundation for establishing and nurturing specialist/family/care provider relationships that shifts the focus from expert-driven to learner-focused service. Learner-focused intervention redéfines whom services are intended for, thus broadening the role of the early interventionist working with a child to supporting key people (i.e., learners) in the child’s life across a variety of environments.

Since a coaching relationship is built upon trust, respect, and open communication (Fenichel & Egbeer, 1992; Flaherty, 1999), it requires commitment on the part of families, other care providers and early interventionists to support the child’s ongoing learning through participation in meaningful activities and experiences. Kinlaw (1999) identified four conditions that lead to commitment between coaches and learners: (1) developing clear understanding of core values, such as early intervention philosophy and rationale for the coaching model, as well as performance goals; (2) ability to influence the coaching process; (3) gaining the knowledge, skills, and confidence to do what learners want and need to do; and (4) appreciation for contributions from all partners in the relationship (p.10). These four conditions for coaching support the basic philosophy of family-centered care and collaborative partnerships that is at the core of best practice in early intervention. Moreover, coaching is a strategy that can be used within any service delivery model, and can help child-focused interventionists apply their disciplinary expertise to individualize support for family members and other care providers, as a means to facilitate the child’s participation in everyday life.

The issue of “hands-on” versus “hands-off” intervention, direct therapy versus consultation, and whether or not these approaches are mutually exclusive has long been debated in the literature (Campbell, 1987; Casper & Theilheimer, 2000; Dunn, 1990; Wilcox, 1989). With coaching, these arguments are unnecessary. The role of the coach is to support the learner when, where, and how needed. Just as a football coach carries the ball to the players on the field, the coach in early intervention supports the learner in developing (or refining) their ability to facilitate the child’s active involvement in his community and family. The early interventionist-as-coach blends “hands-on” and “hands-off” intervention and uses direct service for two critical purposes: assessment and modeling. For example, a mother wants to teach her son the new skill of getting on and off the toilet. The coach, with guidance and input from the mother, may assess the child in the family bathroom by analyzing the effectiveness of several possible interventions. Then, the coach models the agreed upon method a few times until the mother is comfortable that she can assume the “hands-on” role of assisting the child in learning the new toileting skill throughout each day across settings. The role of the interventionist as coach shifts from providing “hands-on” practice, to joint problem-solver, encourager, and resource for new ideas and information. As needed, the coach seeks and receives support from other team members, and may, at some point, engage in a coaching process herself with a colleague to learn desired skills for working with this family.

**SUPPORT IN THE LITERATURE FOR COACHING**

Coaching has long been used in athletic training models and leadership development for business CEOs and managers. In the 1980s, coaching became an accepted practice in clinical supervision for educators (Mid-continent Regional Educational Laboratory, 1983; Brandt, 1987; Ackland, 1991). Various coaching models were incorporated in professional development programs which focused on building collegial relationships, resolving specific instructional problems, and learning new skills as well as refining those previously mastered (Joyce & Showers, 1982; Mello, 1984; Costa & Garmston, 1986; Robbins,
Coaching has been used successfully by general educators and administrators (Phillips & Glickman, 1991; Roberts, 1991; Guiney, 2001), special educators (Miller, 1994; Kohler, Crilley, Shearer & Good, 1997), and as a strategy to promote collaboration between special and general educators (Pugach & Johnson, 1995; Hasbrouck & Christen, 1997; Gersten, Morvant & Brengelman, 1995). Coaching has also been effective in preservice preparation programs for special and general educators (Morgan et al., 1992; Cegelka, Fitch and Alvarado, 2001) and in rural schools with master teachers who coach colleagues in their area of specialty (Decker & Dedrick, 1989).

Coaching as a professional development practice for educational personnel over the past 20 years emphasizes the three key characteristics recommended in this model for coaching in early intervention programs: (1) nonjudgmental interaction, (2) observation paired with reflective feedback, and (3) acquisition of new knowledge and skills for the adult learner directed towards improving a child’s performance. Showers (1985) emphasized the nonevaluation function of coaching and states that it “... provides a safe environment in which to learn and perfect new teaching behaviors, experiment with variations of strategies, teach students new skills and expectations inherent in new strategies, and thoughtfully examine the results” (p.47). Ackland (1991) reviewed 25 teacher coaching programs and identified that they all included observation of classroom teaching paired with feedback from the teacher-coach. Feedback and reflection between the teacher-coach and teacher-learner was the essential step in helping teachers improve their instructional strategies since it defined a starting point from which the learner moves towards achieving the desired goal. Garmston (1987) distinguished three purposes for coaching: (1) improved instructional techniques, (2) better relations among staff, and (3) solutions to specific problems, that have highly desirable correlates in early childhood programs. Sharing knowledge and skills in a collaborative process between families, childcare providers, and early childhood specialists to enhance adult-child interaction and education/care routines is a key outcome for incorporating coaching in early childhood programs.

In addition to education and business arenas, coaching has been acknowledged as an important practice supporting professional development in early intervention. Gallacher (1995, 1996) developed a coaching model for early intervention professionals in Montana and describes how it helped practitioners provide effective services to families and children by:

- Sustaining efforts to practice unfamiliar skills or apply new knowledge by offering the support, encouragement and reassurance of other colleagues;
- Reducing isolation and facilitating collaboration through the exchange of ideas, methods, experiences, and resources among participants;
- Promoting the development of trust and collegial family-professional relationships;
- Encouraging staff to engage in continued learning through examination, discussion, and refinement of professional practices.

Following initial instruction on specific early intervention topics, peer coaching was used to assist learning teams in seven areas of the state to integrate their learning in their interactions with families as well as refine individually identified priorities related to home-based intervention. Specific instruction regarding how to use a six-step coaching cycle was provided through a “train-the-trainer” approach to develop facilitator coaches for each of the learning teams.

Finally, coaching is increasingly recognized as a strategy that can help early childhood professionals expand their traditional direct service role in order to realize the potential of enhancing children’s functioning in everyday environments. Hanft and Pilkington (2000) encourage early childhood specialists to reconceptualize their role “to move to a different position alongside a parent as a coach rather than lead player” (p.2) since this generates many more opportunities to facilitate developmentally appropriate interactions and
activities than direct intervention by the specialist. Bruder recognizes the need to coach adults and peers to facilitate meaningful developmental interactions for children with disabilities throughout the day (personnel communication, December 1, 2001). Dinnebeil et al. (2001) studied the role of itinerant early childhood special education teachers and concludes that itinerant teachers “should be prepared to act not simply as consultants to early childhood teachers but as coaches” (p. 42) since this offers a more structured system for jointly identifying specific teaching behaviors or skills to be learned through feedback and modeling from a coach.

GUIDING PRINCIPLES OF EFFECTIVE COACHING

All coaching interactions share three common attributes, i.e., personal discovery, focus on meaningful performance, and a process orientation (summarized in box “Key Elements of Coaching”).

These commonalities are reflected in the following principles (Kinlaw, 1999; Gallacher, 1996).

1. Ensure that coaching is a voluntary process based on collaborative relationships. There is no room for hierarchical, “power-over” relationships that past family-allied and family-focused intervention models have emphasized (McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993; Turnbull, Turbiville & Turnbull, 2000). Between colleagues, coaching must be separated from supervision and/or performance evaluation. Coaching emphasizes acquisition of skills and knowledge to enhance, not rate or assess, a learner’s performance in a specific situation. “Successful coaches stay focused on what can be objectively described—plans, actions, events, data, and the like. Their objective is always to fix performance, not to fix people.” (Kinlaw, 1999, p. 27)

2. Ensure the learner’s success by taking small steps toward positive change. Discuss (and celebrate) progress towards realizing predetermined outcomes for both the adult learner and child. When challenges arise, create an environment in which it is okay to ask for help and assist the learner to reframe problems into opportunities for change.

3. Create opportunities for the learner to master new competencies before moving on. Learners must master new skills by integrating them into typical activities and practices before taking on other tasks. An effective coaching strategy is to assist the learner to vary the time, place, and setting for practicing the new skill, or to teach another care provider what has been learned. Coaches and learners often encounter multiple, unanticipated, and context-specific problems in implementing new behavior. Coaches must address these problems before learners can realize their outcomes (Guskey, 2000; Joyce & Showers, 1980).

4. Provide ongoing encouragement and support as new skills are learned. Positive relationships enable both the coach and learner to focus on how to master new skills without spending their energy trying to address communication problems or align expectations. Coaching promotes collegial relationships based on trust and supports the expectation that competency develops through life-long learning for both the coach and learner.

5. Mutually analyze situations and problem-solve solutions to facilitate self-discovery. The exchange of ideas, methods, experi-

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**Key Elements of Coaching**

1. Coaching is based on conversations of personal discovery re: what is known by an individual (or team) and what new learning is desirable.

2. Coaching focuses on improving individual/team performance within a specific context.

3. Coaching provides a process for improving instruction, experimenting with new approaches, solving problems, and building collegial relationships.
ences, and resources, decreases the learner's isolation and sense that "I am all alone trying to do this" and facilitates creative planning. The mutual conversations that are central to the coaching process are specific to exploring the learner's needs and interests, leading to self-discovery of what is known and/or not understood. This is a crucial first step in the coaching process and leads to deciding if change is desired.

6. Reflect on results together in order to promote self-discovery of options for ongoing improvement. Reflection and self-discovery go hand-in-hand. Reviewing experiences, discussing what worked, checking perceptions, and analyzing strategies and decisions at a conscious level is central to effective coaching. Reflective questions facilitate communication that is interactive and triggers learners to review the implications of their current perceptions and actions and to consider new options (Tomn, 1988).

GOALS OF COACHING IN EARLY INTERVENTION

Coaching is a mutual conversation (Kinlaw, 1999) between two individuals who each have information to share and skills to gain from interacting with one another. The coach has specialized knowledge and skills to share about child growth and development, specific intervention strategies, and enhancing the performance of young children with disabilities. The learner has intimate knowledge of a child's abilities, challenges, and typical performance in a given situation, even though she may need prompting to articulate this knowledge. In addition, the learner has knowledge of her daily routines and settings, lifestyle, family culture, as well as ideas about desirable goals for herself and child (but may not always recognize the best path for reaching them). Thus, the learner gains insight regarding child behavior and adult-child interaction as well as new or expanded skills in promoting child performance and behavior. The coach also expands her repertoire of effective communication and instructional strategies with each new learner since coaching is such an individualized, context-based interaction. One size does not fit all; a strategy that may work for one parent or early interventionist may need to be completely revised for the next.

Two primary goals guide all coaching sessions: (1) to support learners in making positive changes in their interactions with young children through a process of observation, action, and reflection; and, (2) to ensure that child/family outcomes are actually achieved. In order to support learners, a coach must be both concrete and helpful from the learner's perspective. Performance expectations for the learner must be finite, achievable, and obviously, desirable. Not only must the skills that are to be mastered by the learner be specified, but so must the strategies for achieving them be clearly understood. If not, coaching sessions can devolve into "all talk and no action." Mutually agreed upon criteria must be set at the first phase (initiation) of coaching for measuring the learner's mastery of new skills leading to a change in a child's daily performance.

WHO TO COACH?

Coaching partners (i.e., learners) may include family members, childcare providers, friends, and other early intervention team members. These partners are involved in coaching relationships for the purposes of learning how to support the child in everyday experiences that promote learning, development, and being part of the family and community. Criteria for matching the coach and learner include, but are not limited to, IFSP outcomes, established relationship with the learner, and knowledge and experience of the coach. Who will assume the coaching role depends, therefore, on who has the needed expertise at the critical time to assist the learner reach his goals. Other early intervention team members must support the coach to implement the IFSP effectively and improve the child's participation across activity settings and learning opportunities. Supporting the coach can be accomplished through ongoing peer collaboration, co-visits for back-up sup-
port, and formal/informal team meetings. For example, one program in Maryland sets aside time for collaboration meetings. Staff post a sign-up sheet beforehand to ensure colleagues who have the expertise to strategize solutions are present (Feinburg, personal communication, September 24, 2001).

WHEN TO COACH?

Every conversation in early intervention is a potential opportunity for coaching. In essence, any parent who enrolls a child in an early intervention program is initiating an opportunity for a coaching conversation related to informational, emotional, and material supports (McWilliam & Scott, 2001). If interventionists clearly understand their role within Part C under the IDEA as a coach to care providers, then all interactions are for the purposes of acknowledging existing strengths of the child and care providers and offering needed, timely supports. As trust, respect, and good communication develop between the interventionist and care provider, individual coaching conversations will include more specific requests and recommendations for support. Potential topics may include and are not limited to, strategies for helping a child move from tube to oral feedings, developing a plan for a child to attend a family reunion, helping a childcare provider to include a child with physical disabilities in circle time, or linking a family with other families with children who are the same age.

Opportunities for coaching team members other than care providers include a colleague requesting assistance, wanting to learn a new skill, desiring help in solving a problem, needing encouragement, or requiring new challenges. Coaching may occur during co-visits, team meetings, or one-on-one conversations. As interventionists provide services in natural settings, coaching is a strategy useful for building and maintaining an effective team.

THE COACHING PROCESS

Coaching requires a “specialized set of learned skills” (Doyle, 1999) to assist in “de-
veloping people on purpose” (p.4). The five phases of the coaching process include: (1) initiation, (2) observation or action, (3) reflection, (4) evaluation, and (5) continuation or resolution (see Figure 1).

Coaching is not necessarily a linear process, but rather the individual situation determines the order in which the coaching phases occur. Observation or action and reflection are the critical links to self-discovery and personal development of the learner. Table 1 outlines the coaching process and provides key considerations the coach must be cognizant of in order to meet the jointly developed goals of the coaching relationship. This table also provides sample questions and activities that may be used by the coach at each phase in the coaching process.

Initiation

During the initiation phase, either the coach identifies an opportunity for coaching and invites the learner into a coaching relationship or the learner seeks the experience of the coach and opens the door for a coaching conversation. The coach and learner jointly develop a plan that includes the purpose and specific learner outcomes of the coaching process and clarify any important and necessary ground rules, such as confidentiality or time constraints. To conclude the initiation phase, the coach and learner identify and resolve any barriers that may impede the coaching process (Kinlaw, 1999). As an example of initiation, consider a recent visit to a child’s home, during which the coach discusses the family’s activities over the last week. The child’s teenage sister is present and describes how embarrassed she was when her mother picked her and her friends up after soccer practice because her younger sister’s behavior was so “bratty and obnoxious.” The child’s mother explained to the coach that recently the young girl has been tantruming while riding in the car seat. The mother also indicated the problem seems to be worsening. The coach discusses the mother’s and sister’s concerns and asks if they would like to address the child’s behavior as part of the IFSP. The mother and sister agree, so an
outcome is added to the IFSP and coaching related to the child’s behavior is initiated.

**Observation or Action**

**Observation**

The coach is always present during the observation phase of the coaching process. Depending upon the individual situation, the coach may facilitate the use of any of four different types of observations: (1) the coach observes the learner demonstrate an existing challenge or practice a new skill; (2) the learner observes the coach model a new technique, strategy, or skill; (3) the learner consciously observes himself during an activity or situation by thinking about his behaviors that could promote the child’s learning (i.e., self-observation); or (4) the coach and/or learner observe aspects of the environment. As an example, consider a mother who is experiencing difficulty in getting her child in and out of the car seat when running errands. While in the garage of the family home, the mother demonstrates her current method of getting the child in and out of the car seat. The coach observes the process, notes what seems to be working or causing the mother difficulties, and then uses her observations during the reflections phase.

**Action**

The action phases of the coaching process is what happens outside of coaching conversations. Actions consist of the learner practicing a new skill or strategy, experiencing a situation to discuss with the coach during an upcoming conversation, or thinking about how to handle a future event. For example, a childcare provider would like a child to request food during lunchtime. During a recent visit at the childcare center, the coach and childcare provider brainstormed strategies to encourage the child to make requests for food. The coach and childcare provider agreed that during the time prior to the next visit, the childcare provider would offer the child choices, and wait for a response instead of asking yes/no questions of the child during lunchtime. If the child did not respond, the childcare provider would then model the word and give the child an opportunity to respond. The childcare provider and
Table 1. Coaching tasks and questions to support learners and ensure positive outcomes for children

<table>
<thead>
<tr>
<th>INITIATION</th>
<th>Examples of questions to ask</th>
</tr>
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<tbody>
<tr>
<td>Coach focuses on learner's goals by helping:</td>
<td>• What would help you (in your role as parent, teacher, PT...)?</td>
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<tr>
<td>• Specify relationship between coach/learner, especially focusing on learner's concerns</td>
<td>• What would you like your child to accomplish next?</td>
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<tr>
<td>• Clarify child's abilities and desired outcomes</td>
<td>• What have you thought about doing (or tried)?</td>
</tr>
<tr>
<td>• Pair developmental outcomes to particular intervention strategies</td>
<td>• What will indicate to you that your child is learning this....?</td>
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<tr>
<td>• Determine evidence for child's progress</td>
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<tr>
<th>OBSERVATION and ACTION</th>
<th>Coach may use:</th>
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<tbody>
<tr>
<td>Coach gathers data by soliciting information about:</td>
<td>• First hand observation, audio/video tapes, progress reports</td>
</tr>
<tr>
<td>• Child development and behavior</td>
<td>• Storytelling, dialogue, interviews</td>
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<tr>
<td>• Learner's interactions, strategies, and decisions</td>
<td>• Demonstration, guided practice, modeling</td>
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<tr>
<th>REFLECTION</th>
<th>Questions to ask:</th>
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<tr>
<td>Coach enhances learner's perceptions and actions by helping:</td>
<td>• What happened when you....</td>
</tr>
<tr>
<td>• Summarize impressions of intervention</td>
<td>• What did you do to influence what happened?</td>
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<tr>
<td>• Compare planned for and obtained results</td>
<td>• How is this different?</td>
</tr>
<tr>
<td>• Analyze relationships between child behavior and learner decisions/behavior</td>
<td>• What changes would you make, if any, the next time?</td>
</tr>
<tr>
<td>• Apply new information and reflect on coaching process</td>
<td>• What have you learned from this process....?</td>
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<table>
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<tr>
<th>EVALUATION</th>
<th>Questions to ask:</th>
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<tbody>
<tr>
<td>Coach reviews the effectiveness of the coaching sessions, either alone or with the learner to:</td>
<td>• Do I need to make any changes in the coaching process?</td>
</tr>
<tr>
<td>• Review the strengths and weaknesses of the session</td>
<td>• Am I assisting the learner to achieve the intended outcomes?</td>
</tr>
<tr>
<td>• Analyze the effectiveness of the coaching relationship</td>
<td>• Should I continue as the coach, or will another teammate have the specialized experience/skills needed at this time?</td>
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<tr>
<td>• Determine whether progress is being made to achieve intended outcomes, resulting in continuation or resolution of the coaching process</td>
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coach plan to discuss the results of this action during a follow-up coaching conversation.

Reflection

Reflection (Fenichel, 1991; Gallacher, K., 1997) is what differentiates coaching from typical problem-solving and information-sharing between interventionists, care providers, and other team members. The goal of this phase is to promote continuous improvement by teaching the learner to analyze her practices and behavior (Gallacher, 1997). The coach explores what the learner already knows, is doing, has tried, and thinks about a specific situation or need. Through a process of questioning and reflective listening the coach supports the learner in discovering existing strategies and potential solutions to build upon current strengths to address identified problems, concerns, or needs. During the reflection phases, the coach must ask the right questions, at the right time, and in the right way (Kinlaw, 1999). For example, questions raised during the reflection step in a coaching session with a service coordinator after an initial home visit may include: What
do you think the mother meant when she said...? How could you support this care provider in her role as foster parent? What information is critical to share with your team so they can answer the mother’s questions during the assessment?

Once the coach has supported the learner in exploring his knowledge, skills, and experience regarding the topic of the coaching conversation, the coach facilitates additional reflection by providing feedback on the observation or practice. Reflective feedback should be specific, clear, concise, timely, and sincere. The coach may then share information and resources with the learner in the form of demonstration, teaching, and joint problem solving. Flaherty (1999) believes that the coach’s role is to “offer new ways of seeing the situation that can lead to more effective action” (p. 110). The coach must never devalue the learner's ideas to solve the problem or address the concern or inhibit the learner’s ability to solve his own problem (Kinlaw, 1999).

Once the learner and coach have reflected on the observation or action and generated strategies for addressing the situation, the coach confirms the learner’s accomplishments or perspectives by reviewing the discussion, observations, or actions. This review serves as a mechanism for assessing the understanding of the learner and checking for commitment to ongoing action. In addition, the coach affirms the learner by acknowledging his strengths, competence, and mastery of the skills practiced and information discussed. Through the use of confirmation and affirmation, the coach promotes ongoing competent performance of existing skills, as well as newly learned behaviors (Flaherty, 1999; Kinlaw, 1999).

To further illustrate the reflection phase, consider the mother described earlier who is experiencing difficulty in getting her child in and out of the car seat when running errands. During the observation phase, the mother demonstrated her current method with the coach present. In the reflection phases, the coach may ask questions (McWilliam, 1996) such as:

- How often is this a problem for you? Is it ever not difficult for you to get her in and out of the car (i.e., in the driveway vs. the garage or when not in a hurry)?
- Does your husband have the same difficulty? If not, do you know what works better for him?
- What do you believe may be causing this problem?
- What do you think might be some strategies for remedying the situation?
- What have you already tried? What worked? What did not work?

The coach learns that every time the mother picks up the child, he stiffens his body and she is unable to get him to relax. Although her husband does not take the child in and out of the car seat often, he does not experience this problem. He is a tall man and carries the child over his shoulder. He then “folds” the child and places him into the car seat. While observing the mother get her child in and out of the car seat, the coach noticed the mother did not explain what was going to happen to the child and held him under his arms away from her body. The coach reflected upon the differences between the two approaches and asked the mother what she might try differently. The mother suggested holding him in a folded position next to her body before approaching the car seat. The coach affirmed the proposed solution and also suggested that she explain to the child what was happening before attempting to place him in the car seat. The mother then practiced her new idea with the coach observing.

Within a single coaching conversation the learner and coach typically move from observation to reflection a number of times. The coach, for example, may model a new technique or the learner may practice an agreed upon method for solving a problem on which the learner and coach reflected. Another scenario may focus the reflection conversation on a situation that occurred between coaching sessions, then have the learner observe the coach model some strategies with the child, followed by another reflection conversation.

**Evaluation of the coaching process**

The purpose of evaluation is to review the effectiveness of the coaching process. Evaluation with the learner may or may not occur
within every coaching conversation. The coach, however, should self-evaluate following each coaching conversation by answering these questions:

- Do I need to make any changes in the coaching process?
- Do I need to continue as coach?
- Am I assisting the learner to achieve the intended outcomes?

When the learner is present during evaluation of the coaching process, the discussion should involve questions to obtain feedback from the learner regarding the strengths and weaknesses of the coaching process, effectiveness of the coaching relationship (Gallacher, 1996), and whether the process should continue or the intended outcomes have been achieved.

**Continuation or Resolution**

**Continuation**

The continuation phases occur after the coach and learner have evaluated the coaching process and determined additional coaching conversations are needed to achieve the outcomes. The purpose of the continuation phases is to summarize the results of the coaching session and develop a plan for what needs to occur before and during the next coaching conversation. Some actions include, planning for child learning opportunities, practicing new skills, and accessing needed resources and supports. In the previous example of getting the child in the car seat, continuation of the coaching process occurs if the mother and the coach decide to follow up on the actions the mother will practice between sessions. The coaching process could also continue if the mother and coach decide the car seat situation is resolved, but have other outcomes to address as part of the IFSP.

**Resolution**

Resolution occurs when the coach and learner mutually agree that the outcomes of the coaching process have been met. As a result of the coaching process the learner has developed the competence and confidence to implement strategies to increase the child’s learning opportunities and participation in daily life, knows when the strategies are successful, makes necessary changes in current situations, and generalizes solutions to new and different circumstances, people, and settings (Bruder & Dunst, 2000; Flaherty, 1999; Kinlaw, 1999).

**Critical Issues**

Coaching offers a unique mechanism for delivering early intervention services that support collaborative relationships among all team members, family to interventionist and colleague-colleague. Three key issues familiar to administrators and interventionists, however, must be addressed in order to realize the benefits that a coaching approach can provide.

**Providing professional development for effective teaming**

Coaching, in particular, supports the use of a primary service provider model in which a selected interventionist helps family members implement all outcomes on the Individualized Family Service Plan, with support and consultation from colleagues. In order to do this effectively, interventionists must develop their interpersonal communication skills for teaming, e.g., managing differences of opinion, problem-solving, and decision-making, as well as learning to integrate reflective questions with modeling/demonstration for learners. Videotaping sessions and/or using commercial videotapes to review with team members (Edelman, 2001), working with a mentor, analyzing self-assessments of teamwork, and participating in specialized seminars for the entire team (Garland & Frank, 1996) are strategies for improving communication skills, particularly for assuming the role of coach as primary service provider.

**Securing support from administrators and third-party payers**

Support from public and private third-party payers and early intervention program administrators at the state and local levels is vital for implementing any change in program practice (Apter, 1994). The coach as primary service provider is dependent on periodic interaction
among team members, necessitating time and payment for collaboration, team meetings, and co-visits. Logistical barriers include varied work schedules and caseloads, isolated locations with significant travel distances, and struggles of turf, authority, and power within and across early childhood agencies (Ludlow, 1994; Garner, 1994).

Meeting family expectations

Many families are referred to community early intervention programs directly from medical settings and expect that therapy and education will now be provided in their home several times each week by different specialists. Interventionists must make time (beginning with the initial home visit) to get to know the family, their interests, priorities, and natural settings as the family is learning how the early interventionist can support their child’s participation in family and community life. Coaching reinforces the critical importance of focusing on the learner’s, not the interventionist’s, point of reference.

CONCLUSION

Kinlaw (1999) stated, “Coaching is always an opportunity to empower others by helping them to solve their own problems, take responsibility for their own learning, and find new opportunities to exert competent influence” (p. 62). Coaching is a mechanism for how to provide early intervention services and supports that are family-centered, evidence-based, and learner-focused using a primary service provider model in natural settings.

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