



Coaching in Early Intervention: the How and When.

Franzina Coutinho OT, PhD

DIRECTOR OF RESEARCH,
Amar Seva Sangam

DIRECTOR,
Inspirium Holistic Care

Affiliate Member, McGill University



Outline

1. Review of Family Centered care
2. Coaching Concepts
3. Parental Coaching Teams and Approaches
4. Coaching with the Enabling Inclusion Model
5. Implementation of Coaching strategies

FCS recognizes that....

Each family is **unique**

The family is a **constant** in the child's life

Parents are the **experts** on the child's needs and abilities





Elements of Family-Centered Care (FCC)

Recognizing
the family as a constant in
the child's life

Facilitating
parent-professional
collaboration

Honoring
racial, ethnic, cultural,
and socio-economic
diversity of families

Recognizing
family strengths and
individuality and
respecting different
methods of coping

Sharing
complete and unbiased
information with families
on a continuous basis

**Encouraging and
facilitating**
family-to-family support
and networking

Responding
to child and family
developmental needs



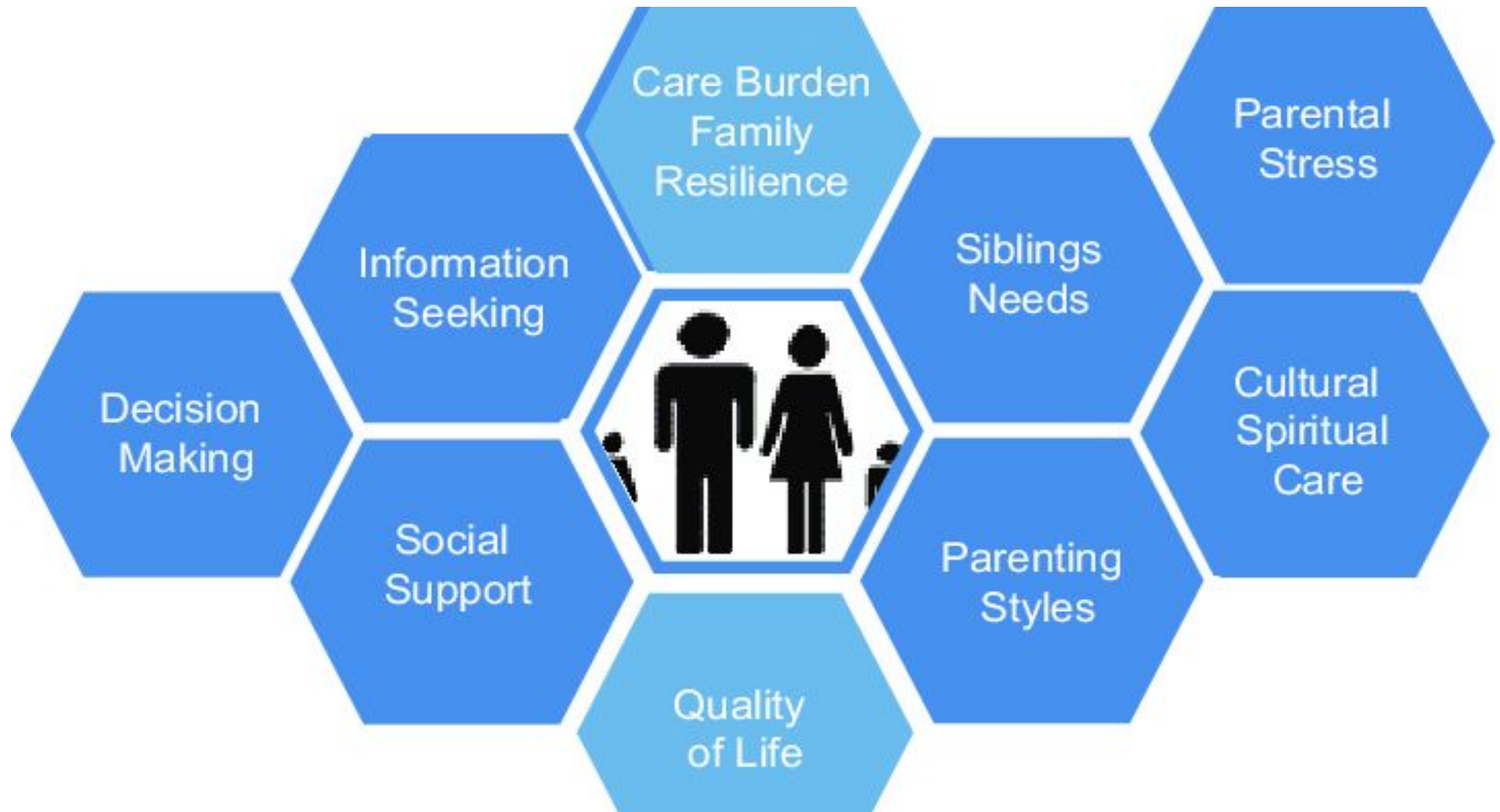
Early Intervention

Use of family-centered practices to promote the active participation of caregivers in prioritizing goals and in decision-making related to their child's services and supports.

Emphasis on caregiver-implemented intervention promoting family engagement.

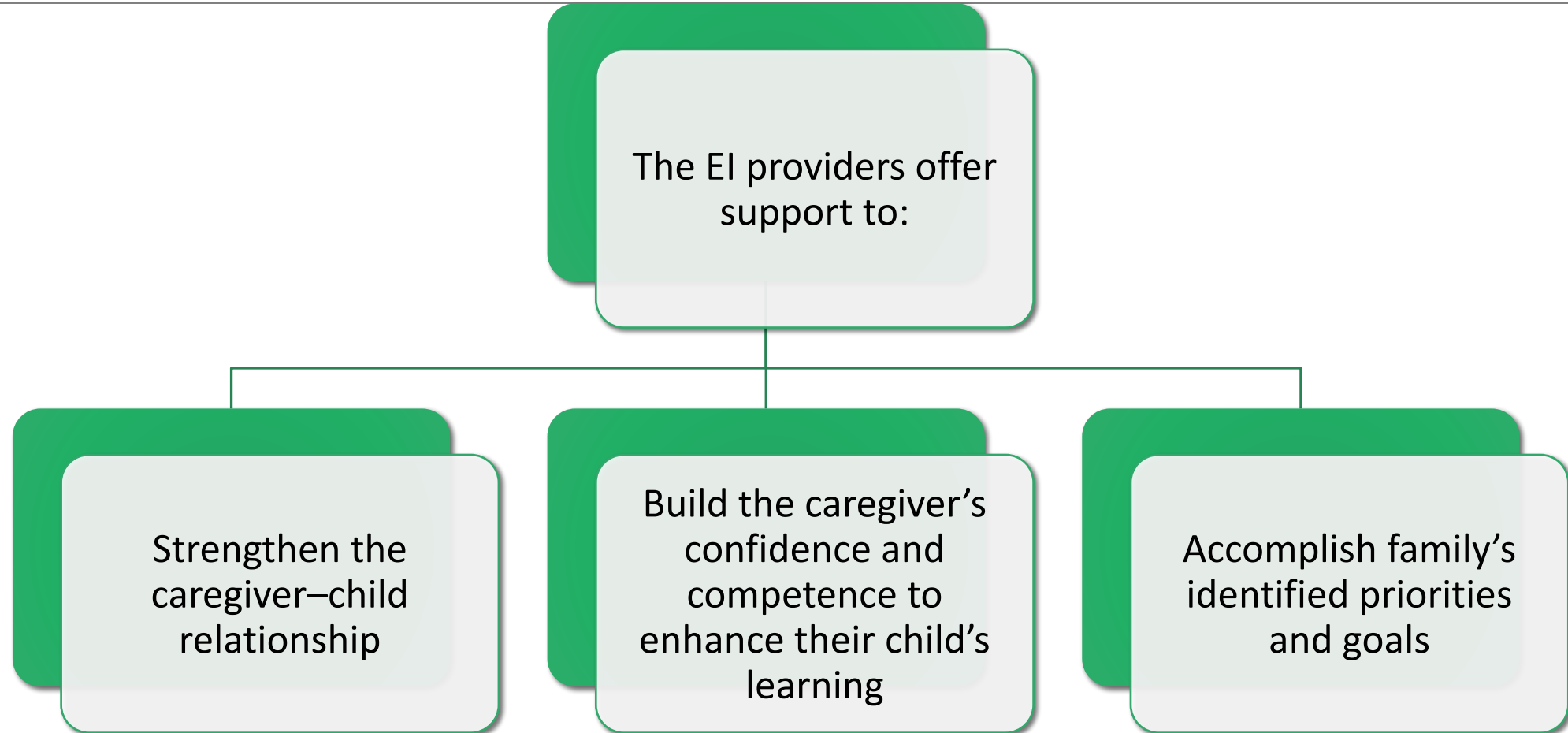
Focus on strengthening the caregiver–child relationship so that caregiver implemented intervention produces positive outcomes for caregiver and child.

Greater attention on building the caregivers' capacity to promote child's development within the context of their typical routines and activities





Caregiver Capacity Building



Original Article

Supporting Children's Early Development by Building Caregivers' Capacities and Skills: A Theoretical Approach Informed by New Neuroscience Research

Katherine Magnuson , Holly Schindler

First published: 05 March 2019 | <https://doi.org/10.1111/jftr.12319> | Citations: 15



What is the coaching approach?





Coaching concepts

A coach as someone who supports parental learning through the development of collaborative partnership, by guiding the parent to achieve self-set goals via different learning strategies, and by elaborating on the parent's existing competencies.

“Do not tell the parent what to do”, instead they “help the parent problem-solve challenging activities related to their child” .



Five elements are suggested to be essential to the coaching intervention in childhood disability:

1. Joint planning
2. Observation of the new strategy
3. Action
4. Reflection
5. Feedback

(Rush & Shelden, 2011)

Coaching
concepts



Coaching concepts

Features that differentiate coaching from usual therapy:

1. A pre-planned content (that is often manualized),
 2. Specific dosage (i.e. program frequency and duration),
 3. Outcome measures that align with the initially set goals for the coach intervention.
-

Ogourtsova et al, 2018

Coaching Concept Map

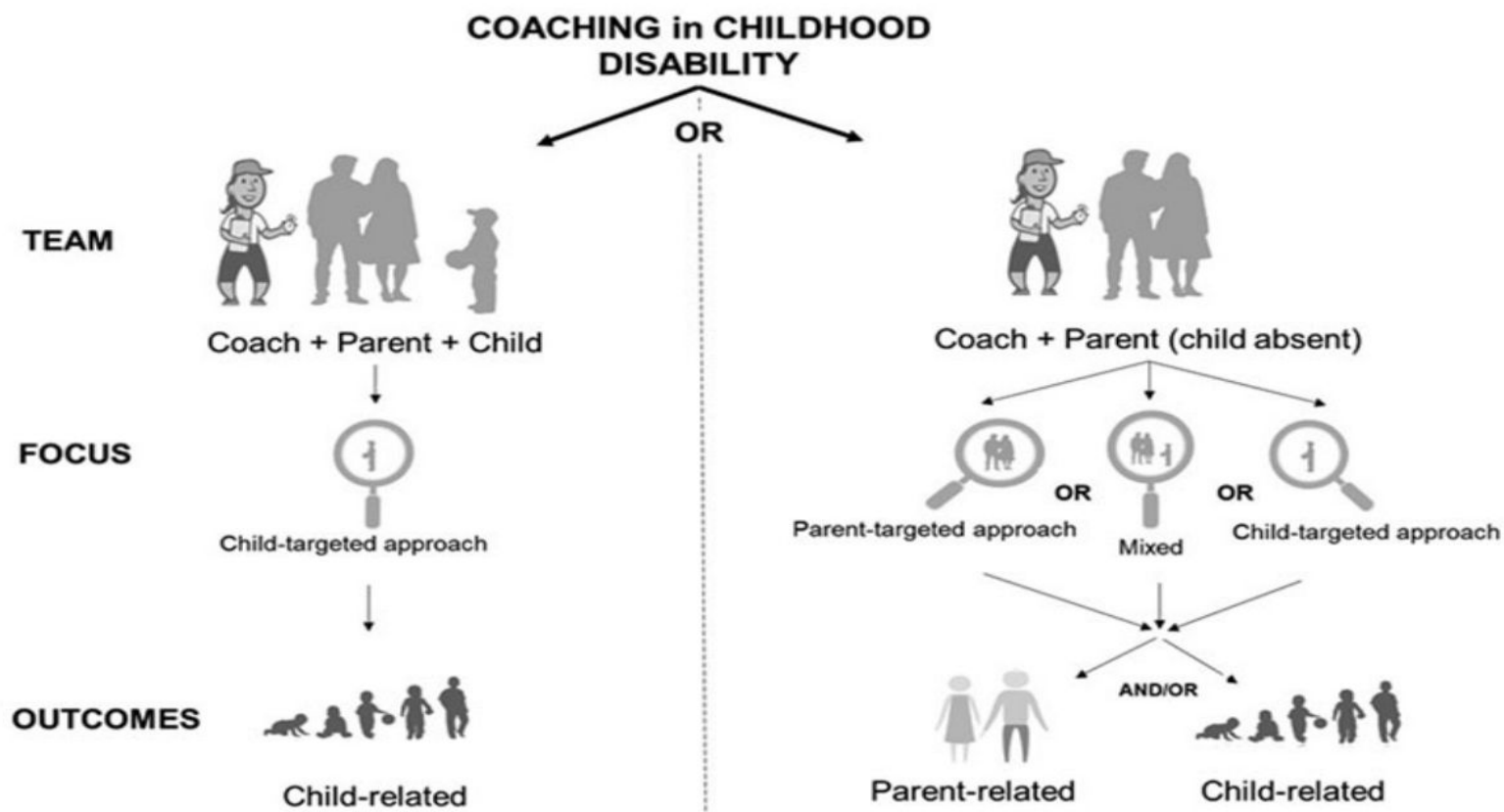


FIGURE 1. Coaching in childhood disability: concept map.



Parental coaching TEAMS

(1) in the presence of the child

(i.e. coaching while treating: team $\frac{1}{4}$ coach + parent + child);

OR

(2) in the absence of the child (team $\frac{1}{4}$ coach + $\frac{3}{4}$ parent).



Why might Coaching work?

- There are 52.9 million children younger than five years of age living with a developmental disability (DD) globally, with approximately 95% of them residing in low- and middle-income countries (LMICs) (Global Research on Developmental Disabilities Collaborations, 2018).
- In India, there are nearly 2.3 million children under the age of 6 with developmental disabilities, (Ministry of Statistics, 2016) and the vast majority of children in rural and semi-urban areas have limited access to any early intervention services (Krishna et al., 2020).



Why might Coaching work?

- Though India has a population of 1.39 billion, there are only
 - 120,000 registered special educators (RCI, 2021),
 - 50,000 registered physiotherapists (IAP, 2021),
 - 6000 registered occupational therapists (AOIT, 2021)
 - 3000 registered speech therapists (ISHA, 2021) in the country
- Considering these statistics, it is not surprising that a study found that only 10% of Indian children with disabilities were accurately being diagnosed- and even less were getting the required intervention (Gururaj et al., 2016).



THE FOCUS

- (1) be focused on the child (i.e. child-targeted approach), where parents are coached on delivering an intervention strategy to the child);
- (2) be focused on the parent (i.e. parent-targeted approach), where parents are coached on self/stress/mood-management techniques, advocacy skills, and coping strategies;
- (3) combine these two methods (i.e. mixed approach).
- (4) Finally, outcome measures can either be child (e.g. developmental motor skills, language skills) and/or parent-related (stress levels, self-efficacy).



Distance to therapy

Quality service

COVID-19

Uses of
Coaching



Coaching with the Enabling Inclusion Model



Enabling Inclusion[®] (EI) model

Supported by the EI[®] app

CRWs and Rehab Specialists

Community Rehabilitation Workers – 1 x / week

Rehab Specialists – 1 x / month



Screen



Assess & Plan

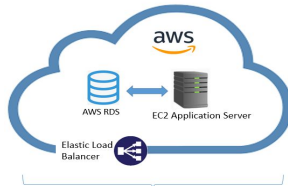


Intervention in Child's Home
(In-person or Tele-rehab)



Reset
treatment
goals & plans

Re-evaluate
every 6
months



Cloud Infrastructure provided by AWS



Existing Android tabs used by ASSA CRW team can be used for new mVBRI mobile application as well



Parent Empowerment When Does it Happen?

1. Family-centered approach: respect, collaboration, partnership
2. Providing general knowledge and specific information
3. Coaching the caregiver: Modelling, education, support
4. Promoting nurturing Care for early childhood development
5. Community and family support groups
6. Supporting inclusion in school and community
7. Supporting access to assistive devices for participation





Parent Knowledge & Support

*Providing Specific information about the Child
and General information & Resources*

- Provide understanding of their child's developmental delay/disability, function, strengths & impairments.
- Parent handbooks in Tamil: Promoting child development, cerebral palsy, autism, etc.
- Early Intervention parent groups
- Parent social media groups for peer connection and mentorship.
- Family guidance regarding community resources, Governmental schemes (e.g., Disability Certificate)



Family-centred goal setting and caregiver measures

COPM (Canadian Occupational Performance Measure);
family priorities, goal identification, parental perceptions

FES (Family Empowerment Scale)

MCSI (Modified Caregiver Strain Index)

CI (Caregiver-child interaction measure)





The Coaching Approach Amar Seva Sangam's Experiences



The Intervention Plan- Parent Coaching



- **A train-the-trainer approach-** Consultative joint visits of Rehab Specialists (PT/OT, speech trainer and special educator) with CRWs.
- **A coaching approach with parents-** Weekly visits by Community Rehabilitation Workers (CRWs) providing EI in all domains of development.
- Empowering parents to integrate **functional goals** & recommendations in **daily routine**.



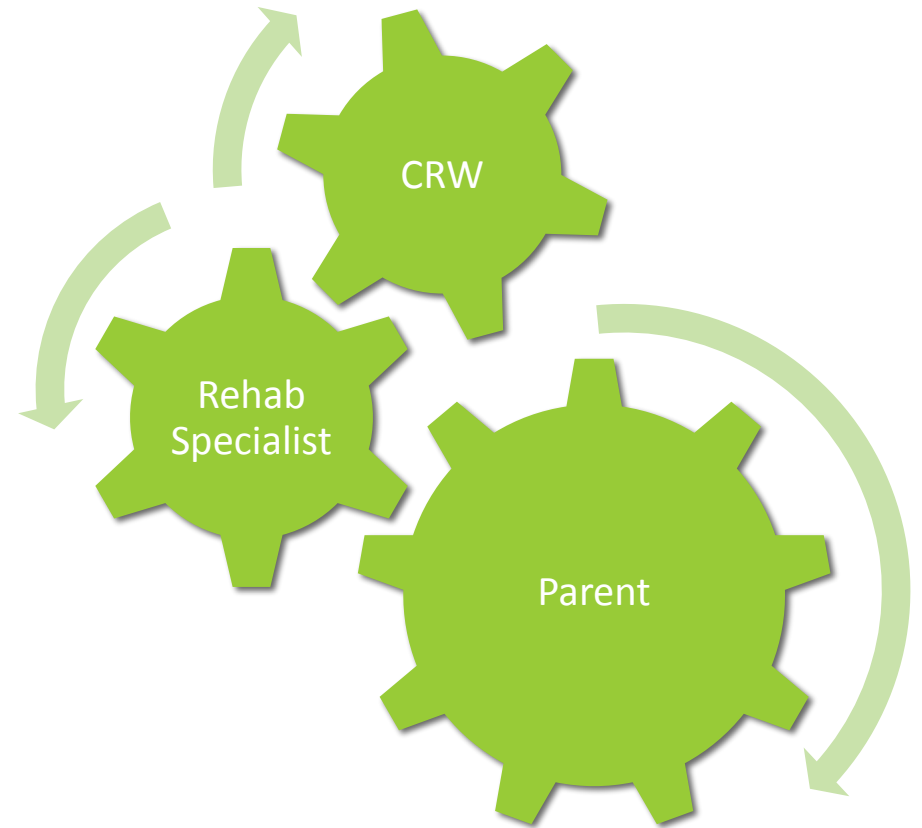
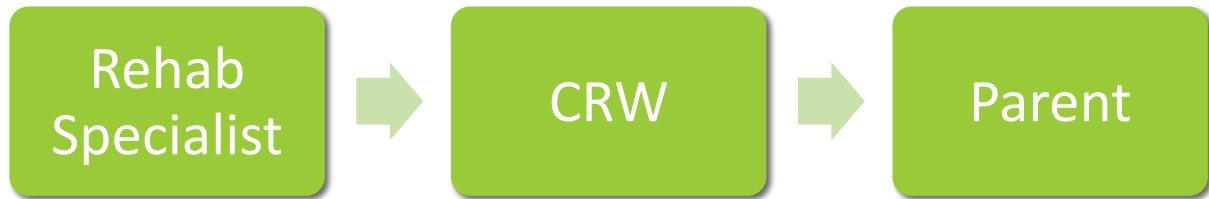
Brinjal

Ca

ult and

ato

Coaching Model





Community Rehab Worker Training

2 Role Plays:

1) Teacher=Specialist; Learner=CRW;
Role Play where the **CRW is the Learner**

2) Teacher=CRW; Learner=Parent;
Role Play where the **CRW is the Teacher**



WE REMEMBER...

10% of what we read

20% of what we hear

30% of what we see

50% of what we see and hear

70% of what we discuss with others

80% of what we personally experience

95% or what we teach others

- Edgar Dale



Facilitating Parent Understanding

Demonstrate

Have the parent practice

Position parent's hands

Explain in plain language

Limit number of exercises/activities taught in one session

Break down exercises/activities into steps

Ask the parent to teach-back and provide constructive feedback as needed

DMCN

Developmental Medicine & Child Neurology

Original Article |  Free Access

Patient engagement in an online coaching intervention for parents of children with suspected developmental delays

Tatiana Ogourtsova , Maureen E O'Donnell, Jillian H Filliter, Kristy Wittmeier, BRIGHT Coaching Group, Annette Majnemer

First published: 22 January 2021 | <https://doi.org/10.1111/dmcn.14810> | Citations: 2



The “Teach-Back” Education Method

Teach-back is an education method where you ask parents of children with disabilities to use their own words to explain what they need to do or know.

(Agency for Health Care Research and Quality).





Steps to "teach-back"

Explain or demonstrate

Explain or demonstrate new exercise or activity that you wish the parent performs on their own.

Request/Repeat

Request that the parent demonstrate/repeat what they have understood.

Follow-up

Follow-up on the next visit







How to use the teach-back method?

- ✓ Adopt a kind voice and attitude
- ✓ Use good non-verbal communication and make eye contact
- ✓ Use language familiar to the patient or parent
- ✓ Request that the patient use their own words to explain what they understand
- ✓ Use open-ended and non-shaming questions
- ✓ Avoid yes or no questions
- ✓ Underline that the responsibility of explaining clearly is yours, the health care provider (e.g. I would like to make sure that I explained things clearly to you. Can you explain it back to me to make sure I did?)
- ✓ If the teach-back is incorrect, try again and verify again (re-phrase, avoid repeating only)
- ✓ Use good print-outs for support materials

Why use the "teach-back" method with caregivers?

It is a way to verify understanding in a non-shaming way

Indicates how effectively YOU taught information & techniques, NOT a "test" for the patient or parent

An opportunity to verify understanding and, if required, explain a second time and verify again

A way of improving communication and caregiver outcomes

Improves parent outcomes, satisfaction, understanding and adherence to recommended home activities





Adapting teaching to different learning abilities



1. Ask about previous experiences (e.g. ask: "Have you or a family member done something like this before?").

2. Help build a link between previous experiences and what you are going to teach (e.g. "I would like you to help your child bring their hand to their mouth just like when you eat").

Learning through Everyday Activities with Parents (LEAP-CP) intervention

- LEAP-CP is an innovative peer to peer approach that provides support in the home to help caregivers be their baby's best teacher.
- A community-based, parent delivered early detection and intervention program for babies at high risk of cerebral palsy in West Bengal (Kolkata)

Benfer KA, Novak I, Morgan C, *et al* *Community-based parent-delivered early detection and intervention programme for infants at high risk of cerebral palsy in a low-resource country (Learning through Everyday Activities with Parents (LEAP-CP): protocol for a randomised controlled trial*. *BMJ Open* 2018;8:e021186. [doi: 10.1136/bmjopen-2017-021186](https://doi.org/10.1136/bmjopen-2017-021186)

Table 1 Parent educational modules in the LEAP-CP programme

Learn^{28 73-75}

- ▶ Importance of play
- ▶ Providing new experiences (tummy time, being upright, weight-bearing)
- ▶ Motivation and success
- ▶ Learning from everyday life
- ▶ Scaffolding play
- ▶ Perseverance vs stress
- ▶ Positioning toys
- ▶ Problem solving approach
- ▶ Learning through repetition
- ▶ Talking through the day
- ▶ Sharing books

Grow^{38 53 76 77}

- ▶ Breastfeeding*
- ▶ Observation of feed
- ▶ Complementary feeding
- ▶ Observation of solids
- ▶ Balanced diet
- ▶ Preparing safe weaning foods
- ▶ Introducing textured foods
- ▶ Growth monitoring
- ▶ Making the home safe
- ▶ Health check
- ▶ Going to the doctor

Love^{73 78 79}

- ▶ Infant and family strengths
- ▶ Understanding CP
- ▶ Parent-infant bonding
- ▶ Responsive parenting
- ▶ Dealing with grief
- ▶ Support from family
- ▶ Values and finding joy
- ▶ Dealing with negative thoughts
- ▶ Creating a parent support group
- ▶ Questions from my community
- ▶ Self-care
- ▶ Waiting for my baby to respond



Caregiver skills training (CDT) for families of children with developmental delays or disabilities- Toolkit

- Provides guidance on caregiver skills training for families of children aged 2–9 years with developmental delays or disabilities.
- Provides caregivers with skills that they can use at home to improve their child's engagement in activities and communication, and to promote positive behaviour and skills for daily living.
- Developed and informed by both clinicians and caregiver-mediated interventions implemented in high-income and LMIC that have research evidence re: influence on children's behaviour and caregivers' skills.
- The package was informed by experiences in different regions and sociocultural contexts
- Certain adaptations may be needed to make the package suitable for use in different cultures and contexts

Reference: <https://www.who.int/publications/i/item/9789240048836>

Caregiver skills training Facilitator and Participant Guides

1	Session 1: Introduction – Getting children engaged
2	Session 2: Keeping children engaged
3	Session 3: Helping children to share engagement in play and home routines
4	Session 4: Understanding communication
5	Session 5: Promoting communication
6	Session 6: Teaching new skills in small steps and levels of help
7	Session 7: Preventing challenging behaviour – helping children to stay engaged and regulated
8	Session 8: Teaching alternatives to challenging behaviour
9	Session 9: Problem-solving and self-care
	Annex 1: Summary of tips and key messages

Reference: <https://www.who.int/publications/i/item/9789240048836>

Home visit schedules at a glance

	Home visit 1	Home visit 2	Home visit 3
Timing	<i>Before session 1</i>	<i>Between session 5 and session 6*</i>	<i>After session 9</i>
Objective of the visit	<ul style="list-style-type: none"> ▪ <u>Get to know the family and establish goals</u> 	<ul style="list-style-type: none"> ▪ <u>Re-evaluate goals</u> ▪ <u>Provide tailored support</u> 	<ul style="list-style-type: none"> ▪ <u>Re-evaluate goals</u> ▪ <u>Provide tailored support</u> ▪ <u>Longer-term plans</u>
Assessment component	<ul style="list-style-type: none"> ▪ Assessment of child/ caregiver needs ▪ interview with the caregiver ▪ administering facilitator-child interaction ▪ observing caregiver-child interaction 	<ul style="list-style-type: none"> ▪ Assessment of child/ caregiver needs ▪ observing caregiver-child interaction 	<ul style="list-style-type: none"> ▪ Assessment of child/ caregiver needs ▪ observing caregiver-child interaction
Goal-setting component	<ul style="list-style-type: none"> ▪ Establish goals ▪ Complete goal-setting worksheet 	<ul style="list-style-type: none"> ▪ Re-evaluate goals ▪ Consult and adjust worksheet if necessary 	<ul style="list-style-type: none"> ▪ Re-evaluate goals ▪ Consult and adjust worksheet for longer-term goals
Skills training component	<ul style="list-style-type: none"> ▪ First demonstration of strategies [optional] 	<ul style="list-style-type: none"> ▪ Coaching and demonstration of strategies 	<ul style="list-style-type: none"> ▪ Coaching and demonstration of strategies



Take Aways

- Be patient and encourage patience in your parents.
- All parents want hope.
- Prescriptions work.
- Baby steps go a long way!



Contact Us : Center of Excellence, ASSA

Enabling Inclusion Program, Amar Seva Sangam

Franzina Coutinho, PhD, OT

Email: DIRECTORRESEARCH@AMARSEVA.ORG

