COACHING IN EARLY INTERVENTION: PRACTITIONERS' PERCEPTIONS OF THE TRAINING AND IMPLEMENTATION PROCESS

by

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A thesis submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Master of Education in
Special Education and Child Development

Charlotte

2021

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ABSTRACT

LISA FARYADI. Coaching in Early Intervention: Practitioners' Perceptions of the Training and Implementation Process. (Under the direction of Dr. Laura McCorkle)

Recommended and best practices support the use of coaching strategies in promoting child and family outcomes in Early Intervention (EI) programs. However, practitioners have found it challenging to shift to a coaching approach with families, and there is a gap between knowledge and implementation (Douglas et al., 2019; Peterson et al., 2018). The present study used a non-experimental qualitative design to examine the perceptions of EI practitioners about using a coaching approach. Participants (n = 59) from two EI Facebook coaching support groups were surveyed to gain insight into the barriers they face in adopting a coaching style of interaction with parents, as well as their perspectives on supports they need to be successful. Findings indicated that although practitioners value coaching, they experience challenges in implementing coaching practices and identify needs for ongoing and in-depth professional development. The current study has important implications for how agencies and organizations support practitioners in learning to adopt coaching practices with families.

ACKNOWLEDGMENTS

I would first like to express my deepest gratitude to my committee chair, Dr. Laura McCorkle, who provided feedback and encouragement throughout each step of this endeavor, patiently pushing me to strive toward excellence. I also greatly appreciate my other committee members, Ms. Sheena Jennings and Dr. Kristi Godfrey-Hurrell, for providing their suggestions and insight. I am especially grateful to Ms. Jennings for sharing her wealth of knowledge on coaching and for serving as a sounding board and guide during the early months of the process. Finally, I am grateful to Dr. M'Lisa Shelden and Dr. Mollie Romano for serving as my expert panel and providing their feedback and ideas.

DEDICATION

Dedicated to every family I have had the privilege of serving, and to my own incredible family for their love and support. I am especially grateful to my mother, my first and best encourager.

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CHAPTER 1: INTRODUCTION

The late poet Maya Angelou has been credited with saying, "Do the best you can until you know better. Then when you know better, do better" (The Powerful Lesson Maya Angelou Taught Oprah, 2011, 2:10). The last few decades have seen an explosion of knowledge for how society can best support families of young children with disabilities. The crucial first step was the passing of the Individuals with Disabilities Education Act (IDEA), Part H (now Part C) in 1986, which guided states in ensuring that children aged birth to three years old receive early intervention services. One primary goal of the legislation was to improve developmental outcomes for infants and toddlers with disabilities, thereby reducing the need for special education and even institutionalization in the future (IDEA, 1997). A further purpose of IDEA Part H was to support and enable parents in meeting the needs of their children. Since the inception of this legislation, the field of early intervention (EI) has been concerned with family involvement. For example, the original Division of Early Childhood (DEC) Recommended Practices published in 1993 contained statements that reflected a recognition of the family's primary role in children's learning, expressed an appreciation for families' gifts and strengths, and emphasized communication and collaboration between professionals and parents (DEC Task Force on Recommended Practice, 1993). Each successive revision of the DEC Recommended Practices has further defined and expanded upon these principles, and the field of EI is now in an age of family empowerment and partnership (McWilliam, 2010; Rush & Shelden, 2020).

As professionals have worked to empower and partner with families, themes of family-centeredness and family capacity-building have emerged. According to the DEC Recommended Practices, family-centered practices are those which "treat families with dignity and respect [and] are individualized, flexible, and responsive to each family's unique circumstances," and family

capacity-building practices are those which include "participatory opportunities and experiences afforded to families to strengthen existing parenting knowledge and skills and promote the development of new parenting abilities that enhance parenting self-efficacy beliefs and practices" (Division for Early Childhood, 2014, p. 10). One major shift toward family-centeredness and capacity-building has been where services take place. The move from clinic-based services to the home happened when states began to enforce the Part C requirement that services take place in the child's natural environment (Campbell & Sawyer, 2007). This change occurred in recognition that the family's everyday routines and activities are the most appropriate settings in which to support the child's participation, as they prioritize the family's unique needs and desires and offer an abundance of learning opportunities for the child.

In addition to *where* services take place, there has been a shift in *how* services are carried out by EI practitioners such as service coordinators, special educators and speech, occupational, and physical therapists. The DEC Recommended Practices stipulate that practitioners should use coaching or collaboration methods with caregivers, as this has become widely accepted in the field as a capacity-building process (Division for Early Childhood, 2014). According to Dunst et al. (2014), the idea of capacity-building is closely tied to parents' self-efficacy and refers to a person's belief in their own abilities to successfully effect desired changes. Building parental capacity, therefore, has the important benefit of ensuring that caregivers are eventually able to independently promote their desired outcomes, thus leading to greater self-sufficiency and empowerment.

Accumulating evidence indicates the effectiveness of the use of a coaching approach with caregivers for supporting child outcomes, and parents and EI professionals alike report valuing the practice (Salisbury et al., 2018). Coaching in early intervention has become so ubiquitous

that many Part C agencies throughout the U.S. and in other countries are mandating that professionals follow some form of the approach (Salisbury et al., 2018.) However, EI practitioners have found it challenging to shift to a coaching approach, and like many recommended practices, there is a chasm between knowledge about coaching and its implementation (Douglas et al., 2019; Peterson et al., 2018).

1.1 Statement of the Problem

Coaching is a family-centered, capacity-building approach for providing services that supports the ability of parents and other caregivers to make desirable changes. Coaching has been defined by Rush and Shelden (2020) as:

> an adult learning strategy in which the coach promotes the learner's (coachee's) ability to (1) reflect on his or her actions as a means to determine the effectiveness of an action or practice and (2) develop a plan for refinement and use of the action in immediate and future situations. (p. 8)

In early intervention, the coachee is the parent or other caregiver and the coach is the EI practitioner who provides services to a family under Part C of IDEA (IDEA, 2004). In the present study, the term *practitioner* frequently refers to speech language pathologists, occupational therapists, physical therapists, service coordinators, special educators, and other EI service providers.

In addition to defining coaching, Rush and Shelden (2020) have identified five key characteristics that must be present for EI coaching to be maximally effective: (a) joint planning, (b) observation, (c) action/practice, (d) reflection, and (e) feedback. *Joint planning* is a mutually agreed-upon but parent-driven plan for what each will do between visits. Another key part of the joint plan is identifying what activity or routine will be used as the setting for the next visit. Joint

planning is essential in ensuring that caregivers are able to carry over and use strategies effectively. The characteristic of *observation* is when the parent and/or practitioner observe each other to gain or refine skills and knowledge. This can happen in several different ways, such as when a practitioner observes a family routine or activity, or when the parent observes the practitioner modeling a strategy. The characteristic of *action/practice* is closely related to observation and is when the caregiver has the opportunity to try new strategies or refine existing ones, both at and between visits with interventionists. *Reflection* is the process in which coaches use certain types of questions to help caregivers analyze information and actions, think about their priorities, and plan for future actions. The last characteristic, *feedback*, is when the practitioner shares knowledge or information based on observation, action, reflection, or questions from the caregiver.

These five characteristics are used in a fluid process as the practitioner coaches the caregiver in acquiring knowledge, skills, and strategies that they can use independently to promote their child's development and participation in family routines (Rush & Shelden, 2020). An example of coaching in an EI visit might be when an occupational therapist works with a parent to help them identify and try a strategy, reflect on its effectiveness, and develop a plan for how to use it throughout daily routines. Perceptions of coaching by both caregivers and practitioners are largely positive. Parents report that being coached by a practitioner leads to an increase in both knowledge of strategies and how to embed them throughout the day in activities and routines (Salisbury et al., 2018). Parents also value being an integral part of the team and having a collaborative role in planning, and they feel that the coaching process builds a sense of rapport and trust with their practitioner (Salisbury et al., 2018). Practitioners share the perspective that coaching benefits relationship-building with caregivers and that it increases

parent skills and carryover, thus leading to better child outcomes (Douglas et al., 2019; Salisbury et al., 2018).

However, while practitioners clearly see the benefits of coaching practices, their use of such practices has not kept pace with their stated opinions. For example, although practitioners report valuing all of coaching's key characteristics, their actual use of these components does not match these views, and they particularly struggle with implementing certain components (Douglas et al., 2019). In addition, even though most EI visits now take place in the home or other natural setting, early intervention visits continue to be more child-centered than focused on building parental capacity. According to McWilliam (2012), home visiting "might be the most misunderstood and oversimplified issue in early intervention," with methods of home visiting often falling far short of recommended practices (p. 227). Research suggests that intervention methods remain nearly identical to the clinic-based model where the therapist works primarily one-on-one with the child, with little involvement of caregivers in the process, which is antithetical to a coaching approach (Campbell & Sawyer, 2007; McWilliam, 2012).

One barrier to the widespread adoption of a coaching style is the lack of an agreed-upon definition and key principles (Rush & Shelden, 2020). One comparable method is McWilliam's Routines Based Early Intervention (RBEI) model, which shares much in common with Rush and Shelden's approach and is described further below (McWilliam, 2010). Other similar models found in the literature include collaborative consultation (Salisbury et al., 2009) and participation-based services (Campbell & Sawyer, 2007). Although each of these approaches shares the general goal of being family-centered and capacity-building, the use of different models and definitions creates confusion among researchers and professionals, with various Part C agencies choosing one approach or another and researchers grappling with how to interpret the

growing amount of literature. The field would benefit from a cohesive body of research on coaching that standardizes definitions and key components and then works toward identifying practical methods for helping practitioners become competent at coaching caregivers.

Another hurdle that must be overcome is identifying and designing professional development and training activities that are both effective and practical for equipping practitioners in coaching families. Although many Part C lead agencies provide a one-time initial training in family-centered practices such as coaching, evidence suggests that this is not an effective means for changing practice (Salisbury et al., 2010). In order for practitioners to learn to effectively coach caregivers, they must go through a similar process of being coached that is built upon adult learning principles, such as having ongoing opportunities to practice, self-reflect, receive feedback, and plan for new changes (Hughes-Scholes et al., 2016). A growing body of research is indicating that comprehensive, intensive, ongoing programs that use adult learning principles can lead to greater implementation of coaching practices (Campbell & Sawyer, 2009; Hughes-Scholes et al., 2016; Salisbury et al., 2010). Despite this, single-event workshops have frequently been used by both agencies and practitioners as a preferred means of professional development (Bruder et al., 2013; Campbell et al., 2009).

The situation is further complicated by the way Part C lead agencies provide services to families. For some states, Part C lead agencies directly employ a staff of practitioners in disciplines such as speech, occupational, and physical therapy to provide services to families. For many other states, however, a brokered approach to EI provision is used, with the Part C lead agency providing service coordination, but contracting therapy services to outside agencies (Shelden & Rush, 2013). Most practitioners from these disciplines enter the field having received little training in early intervention in general, and none in coaching caregivers (Douglas et al.,

2019). While these practitioners may complete a required one-time workshop at a lead agency, they may lack the motivation to go further, as learning to become an effective coach requires dedication and effort (Douglas et al., 2019; Peterson et al., 2018). In addition, contract practitioners may not be reimbursed by employers for costs associated with in-depth or ongoing training (Campbell et al., 2009). Many of the professional development programs that have evidence of effectiveness have taken place over months or even years, and they require a heavy commitment of time and labor (Hughes-Scholes et al., 2016; Meadan et al., 2019; Salisbury et al., 2009). This approach is often not practical for many contract agencies and practitioners. Therefore, more information is needed to identify methods of professional development that are feasible and pragmatic to implement and motivational factors that might lead practitioners to partake of such opportunities.

1.2 Research Questions

The present study sought to explore the perceptions of Part C contract practitioners to gain insight into barriers they face in adopting a coaching style of interaction with parents and a perspective on what might benefit their learning. The proposed research questions were:

1. What do practitioners identify as their greatest barriers to using coaching practices with families?
2. What are the perceptions of EI practitioners about professional development activities for supporting the implementation of coaching practices?
3. What are some of the motivational factors that impact training and implementation of coaching practices?

CHAPTER 2: LITERATURE REVIEW

To identify relevant literature on coaching in early intervention, the following EBSCOhost research databases were searched: Education Research Complete, PsycINFO, ERIC, JSTOR, and Social Sciences Citation Index. The following terms were used in various combinations in the electronic search: *coaching, early intervention, adult learning, preservice, implementation, training, barriers, fidelity, family centered practices, providers, interventionists, agencies, practitioners, professional development, parent, help-giving, empowerment, capacity, Part C, self-efficacy, routines-based intervention, participation* and *collaboration*. In addition, the academic search engine Google Scholar and ancestral searches of journal articles were explored to locate further resources for the literature review.

2.1 Theoretical Framework

The purpose of the current study was to gather insight into barriers that limit early intervention practitioners' adoption and use of coaching practices in their visits with families. A useful theory from which to view parent coaching is Bronfenbrenner's ecological systems theory, which views child development as a complex interaction of many factors over time between the child, family, and society. Bronfenbrenner (1986) proposed that there are five systems that affect a child's growth and learning: the *micro-*, *meso-*, *exo-*, *macro-*, and *chronosystems*. The child's development results from the progressive, dynamic, mutual interaction between these different levels of systems, with activity in one system affecting all other levels and thus the child's learning and growth.

The two levels of ecological systems theory most applicable to the current study are the microsystem and mesosystem. The microsystem is the most influential, as within it are those individuals with whom the child has direct interaction. The goal of coaching in early intervention

is to build the capacity of the people who spend the most time with the child in order to capitalize on the multitude of direct interactions with primary caregivers, as an interventionist can only be present with the child for perhaps an hour or two each week (McWilliam, 2010). Coaching recognizes the family's primary role and supports the all-important child-caregiver relationship which is inherent to the microsystem. The mesosystem is also highly influential to a child's learning, as it is concerned with supporting the interactions between significant people in the child's immediate settings. Coaching involves a relationship between an EI practitioner and parent in which the practitioner seeks to increase the parent's competence and confidence, which in turn heavily influences interactions between parent and child.

An additional theoretical framework relevant to this topic is the adult learning theory of *andragogy*, which distinguishes between how children learn and how adults learn (Knowles et al., 2005). Knowles identified several important ideas related to adult learning, one of which is that adults are most motivated to learn new information if they feel it is relevant, necessary, and will benefit them in some way. Other key tenants of andragogy are that adults benefit from a sense of control and self-determination in their learning, as opposed to being told what they must do, and that they bring a variety of lived experiences to their learning that may both help and hinder them in acquiring new knowledge and skills. Based on these concepts, Bransford et al. (1999) proposed that optimal adult learning takes place when programs use methods that are *learner centered* (i.e., consider the unique features, background, and skills of learners), *knowledge centered* (i.e., provide an understanding of the material, why it is important, and what mastery would look like), *assessment centered* (i.e., provide ongoing opportunities for learners to reflect, revise, and improve their use of material), and *context centered* (i.e., have real relevance and application to the learner's life). Trivette et al. (2009) further described adult learning as

having the characteristics of "readiness-to-learn, self-directedness, active learner participation, and solution-centered" (p. 1). The focus of the current study was how adults (practitioners) coach other adults (caregivers); therefore, the adult learning theory of andragogy provided an appropriate framework from which to view the challenges of coaching implementation.

Ajzen's (1991) theory of planned behavior is also applicable to the adoption of coaching practices by practitioners. According to this theory, an individual's behavior is closely aligned with their intention (i.e., motivation) to perform the behavior, which is predicted by three factors. The first of these factors is the person's attitude toward the behavior, which is tied to their perceptions of its value or worth. The second factor is subjective norm, which relates to the value the individual's culture or group places on the behavior. The third factor is perceived behavior control, which is synonymous with self-efficacy (i.e., what a person thinks about his or her likelihood of being able to carry out the behavior). The extent to which all of these factors are present predicts a person's intention, and thus their ability, to perform the behavior (Ajzen, 1991). When considering EI practitioners and coaching, the extent to which practitioners view the practice as worthwhile, attainable, and supported by their organizational culture and peers all may impact the degree to which they are able to implement caregiver coaching practices.

2.2 Coaching Approaches in Early Intervention

In the past two decades, several different models of coaching have been developed and suggested for use with families in early intervention. The concept of coaching in early intervention dates to at least the 1980s and has its foundations in the family-centered practice framework of help-giving (Dunst, 1988; Dunst & Espe-Sherwindt, 2016; Rush & Shelden, 2020). Dunst (1988) highlighted the importance of certain help-giving practices that result in family empowerment and enablement. Some of the key help-giving practitioner behaviors that

have been found to be effective for enabling and empowering caregivers are active listening, encouraging reflection, promoting problem solving, use of a collaborative approach, and recognition of parents as the decision-maker. In response to this pivotal research, EI professionals recognized that for young children to make optimal progress, it was necessary for interventionists to form a coaching partnership with the primary caregivers, rather than engaging solely with the child. In this way, children could be supported throughout the myriad of naturally occurring learning opportunities found in the day, from the people who know and love them best. However, with no agreed-upon definition of coaching and no operationalized constructs, the question of how to effectively coach caregivers remained nebulous.

Coaching Operationalized and Defined

Rush and Shelden (2020) searched previous research on coaching with the purpose of gaining information on which specific components demonstrated efficacy and how to use this knowledge in practical ways. Based on their extensive review of the literature, they determined that coaching is an effective method for building caregiver capacity, formulated a definition of coaching, and identified certain key characteristics necessary for capacity-building. Coaching has been defined by Rush and Shelden (2020) as:

> an adult learning strategy in which the coach promotes the learner's (coachee's) ability to (1) reflect on his or her actions as a means to determine the effectiveness of an action or practice and (2) develop a plan for refinement and use of the action in immediate and future situations. (p. 8)

In a coaching relationship, the coach's role is one of support, encouragement, and sharing of expert knowledge as needed, so that the caregiver is able to confidently and competently apply strategies to reach the intended outcomes. The interventionist, therefore, is no longer the primary

person responsible for the child's learning. Home visits are not therapist and child focused but are instead focused on supporting the parent. With the practitioner as coach and the parent as coachee, the relationship has the qualities of being collaborative, nondirective, outcome oriented, solution focused, and context driven, with the end goal of equipping caregivers to make meaningful changes (Rush & Shelden, 2020). The basic concept of coaching is that it is a style of interaction in which the interventionist encourages the caregiver in reflecting upon, trying, and planning for the use of intervention strategies, while also supporting with feedback and opportunities to observe and practice as needed. Coaching shares similarities with other family-centered, capacity-building approaches found in early intervention research literature, a few of which are discussed next.

Routines-Based Early Intervention

McWilliam (2010) has proposed a comprehensive model for early intervention called *Routines-Based Early Intervention* (RBEI), which he states is consistent with coaching. Within this model, McWilliam discusses what home visits should ideally look like based upon research from other experts in the field (Campbell & Sawyer, 2009; Dunst & Bruder, 2006; Rush et al., 2003). Similar to coaching, the emphasis is on supporting parents rather than engaging in direct intervention with the child. The key principles of the RBEI model are that families are the major influencers of child development and children learn best in activities scattered throughout the day, rather than when they are in a visit with a therapist. Knowing that this philosophical shift can be challenging for many practitioners, McWilliam (2010) has provided a tool called the *Vanderbilt Home Visit Script* to guide practitioners in identifying family priorities, gaining information on what is working well, and assisting families in implementing strategies. Effective components of home visits using the RBEI approach include listening, modeling, and instructing

caregivers, as well as providing them with informational, emotional, and material supports as needed. As with coaching, the goal of RBEI is to interact primarily with caregivers to support them in effecting meaningful changes toward child outcomes.

Participation-Based Services

Another family-centered model that has been proposed is called *participation-based services* (Campbell & Sawyer, 2007; Fleming et al., 2010). Similar to Rush and Shelden's coaching style of interaction and McWilliam's RBEI, this approach also contrasts sharply with the traditional direct-therapy method where a professional works primarily one-on-one with the child. Instead, the caregiver is the one to choose and lead activities, materials found in the home are used, and caregivers are taught to embed strategies throughout their normal everyday activities to capitalize on learning opportunities. Campbell and Sawyer (2009) have described the participation-based services model as compatible with both the RBEI model and a coaching approach.

Collaborative Consultation

An additional similar model is the *collaborative consultation* approach, which uses family-centered and capacity-building practices such as listening, modeling, providing feedback, prompting, and problem solving (Salisbury et al., 2009). The researchers state that these strategies may be referred to as parent coaching or collaborative consultation. Building further on this framework, Woods et al. (2011) describe common components of collaborative consultation and coaching that include feedback, joint planning, scaffolding of learning, and problem solving. These researchers propose a "learning cycle" as a systematic way of teaching parents how to embed new strategies into daily activities, based on their expressed goals. The three components of this learning cycle include: (a) demonstrating the strategy, (b) letting the caregiver try it with

feedback, and (c) reflecting and problem solving together. The learning cycle closely resembles the characteristics of observation, action/practice, feedback, and reflection that are part of the Rush and Shelden (2020) coaching approach. The authors note that while there are differences between collaborative consultation and coaching, both are concerned with increasing parent competence and confidence (Woods et al., 2011). There are other approaches that use parent-mediated methods that are like coaching, such Project ImPACT for social communication (Ingersoll & Wainer, 2013) and the Early Start Denver Model for autism (Rogers et al., 2012). This is not meant to be an exhaustive look, but rather to highlight the potential for confusion among EI professionals in understanding what constitutes effective parent coaching. In the review of the literature that follows, the referenced studies utilize several synonymous approaches, including Rush and Shelden's coaching, McWilliam's RBEI method, and others.

2.3 Evidence for Coaching

Research suggests that coaching approaches have numerous benefits for children and their caregivers. For caregivers, one of the most important advantages is the confidence and competence to carry over strategies throughout the week, thus increasing the amount of intervention time from once a week during an EI visit to multitudes of potential opportunities. Salisbury et al. (2018) conducted a study in which practitioners used coaching practices to teach parents to use naturally occurring opportunities to embed strategies throughout the day with their children. Participants were 19 parents of diverse backgrounds with children enrolled in early intervention services in Illinois and Florida. As a result of being coached, parents felt that they increased their ability to become adept at a strategy and apply it throughout their day across various routines. The caregivers contrasted these benefits with prior experiences with traditional EI services in which they often felt excluded and incompetent.

Other studies have suggested similar benefits for caregivers, including stronger collaboration with practitioners, more involvement in sessions, and greater responsiveness to their children. Kemp and Turnbull (2014), for example, performed a research synthesis of studies published from 2011 to 2013 to determine child and family outcomes that resulted from coaching parents. Included in the review were seven randomized control trials and one case study that reported outcomes for children with disabilities aged 3 to 36 months and their caregivers. All the studies occurred primarily within home settings and the coaches included teachers, researchers, and therapists. Numerous positive parent outcomes were noted, including improved ability to implement a strategy or protocol with fidelity, increased confidence and competence, a greater sense of partnership with practitioners and engagement in sessions, increased use of strategies in daily routines, a perceived increase in their child's cognitive, motor, and language skills, and greater responsiveness to their child.

This last outcome of responsiveness is especially impactful, as recent studies have found that when parents are coached in responsive strategies, this results in significant gains for their children, especially in the areas of communication and socialization. Brown and Woods (2015) examined the effectiveness of a parent coaching intervention that targeted communications skills in nine children enrolled in Part C services who had varying disabilities. Results suggested that coaching was effective in teaching parents responsive strategies, which in turn positively impacted their children's communication skills. Similarly, Ingersoll and Wainer (2013) found that a parent-mediated social communication method with coaching components improved caregivers' fidelity in using strategies, which led to greater gains in their children's use of spontaneous language. In fact, the use of a coaching style with caregivers has been found to have positive outcomes related to all developmental domains. Each of the studies reviewed by Kemp

and Turnbull (2014) reported gains in at least one area of functioning, and two of them reported gains in all five developmental domains (cognitive, social-emotional, adaptive, motor, and communication). It is compelling that these effects occurred regardless of parents' socio-economic status and across a variety of disabilities.

Additional studies indicate coaching's effectiveness specifically for at-risk populations and certain disabilities. Guttentag et al. (2014) looked at the effectiveness of a parent coaching program for 361 mothers with risk factors such as low socio-economic status, teen pregnancy, and low education. Results suggested that coaching increased parent responsiveness and enhanced children's social-emotion, cognitive, and communication skills. Rogers et al. (2018) used a parent coaching model with families of young children with autism spectrum disorder (ASD), with results indicating that children increased in cognitive skills and decreased in symptoms of ASD and parents increased in use of intervention skills and responsiveness to their children. Clearly, a large body of research is supporting the view that parent coaching has benefits for both caregivers and young children with disabilities. It is also important to consider practitioners' perceptions and use of coaching practices.

2.4 Coaching and Early Intervention Practitioners: Views and Utilization

A major finding related to coaching and EI practitioners is that they generally see coaching as a valuable and worthwhile endeavor; however, they experience challenges in their ability to implement coaching practices. A recent study by Douglas et al. (2019) provides insight into this dichotomy between value and use of coaching practices. These researchers used online questionnaires and phone interviews to gain insight into 19 EI practitioners' views about coaching and also had them complete online coaching logs to report on which coaching practices they used in their weekly visits with families. All participants felt that coaching provided

benefits to parents such as an increase in skills, greater empowerment, a strengthening of the parent/child relationship, better outcomes for children, and they perceived all five key coaching characteristics as important. However, their actual use of the characteristics was lacking, especially in the areas of observation, reflection, and action. In addition, although feedback was often used, practitioners relied heavily on the use of evaluative feedback in the form of praise and they reported difficulty knowing when to encourage reflection and when to give feedback.

Other studies have suggested similar discrepancies between practitioners' views and use of coaching. Peterson et al. (2007) looked at which coaching practices related to supporting parent/child interactions were consistently used at the home visits of 15 Part C and 46 Early Head Start (EHS) interventionists. Both programs had stated goals for the use of capacity-building coaching practices such as modeling and guided practice paired with feedback, and the majority of interventionists reported that they agreed with program ideals. At weekly visits with families, however, the Part C interventionists interacted directly with the child 51% of the time, and they initiated and controlled most activities rather than encouraging active parent participation. Coaching parents through interactions with their children and modeling strategies for parents occurred in less than 1% of these interventionists' home visits. In contrast, the EHS practitioners used much less direct one-on-one engagement with the child; however, only about 19% of their visits was spent on coaching caregiver-child interactions and modeling. These findings were replicated in a recent study by the same lead researcher, with interventionists engaging in triadic interactions with parent and child only 17% of their time in visits, and within this, most of the time was spent directly modeling or observing rather than coaching caregivers through a strategy (Peterson et al., 2018). Although the programs studied were explicit in their goals for enhancing caregiver capacity and interventionists reported identical ideals, their

practices did not accurately reflect their views. Additional research has indicated this same mismatch between practitioners' positive views and use of coaching (e.g., Colyvas et al., 2010; Romano & Schnurr, 2020). However, a few other studies have suggested that practitioners can be taught to effectively implement coaching practices with families when provided with certain types of professional development and training opportunities (e.g., Meadan et al., 2019; Salisbury et al., 2009), which will be discussed next.

2.5 Coaching and Effective Professional Development

Professional development includes those activities which equip the learner in implementing a certain practice (Campbell & Sawyer, 2009). Early intervention professional development is characterized by two separate experiences: preservice and inservice. Preservice professional development occurs during the educational phase prior to employment. Inservice professional development includes those training activities that happen once one is employed in the field (Bruder, 2010). Practitioners have reported that opportunities for preservice training in family-centered practices such as coaching is rare (Douglas et al., 2019; Stewart & Applequist, 2019). However, several studies have examined inservice training programs that are showing promise of effectiveness.

One such inservice training was conducted by researchers at the University of Illinois-Chicago's Child and Family Development Program, which is a Part C lead agency for the state. The study followed the experiences of six EI practitioners employed by the agency as they underwent a 2-year training process in adopting a collaborative consultation model with families, which is similar to Rush and Shelden's coaching approach (Salisbury et al., 2009). The agency used ongoing various professional development activities throughout the implementation process, which included elements consistent with adult learning principles and capacity-building,

such as reflective supervision and mentoring, small group discussions for reflection and feedback, and individual support as needed for challenging situations. Findings indicated that practitioners were able to reach implementation fidelity, and they also shared which activities they found most beneficial. While they found the path to implementation challenging and time-consuming, the practitioners felt that the process was facilitated by the ongoing support they received throughout the learning period. Strategies they found especially helpful were opportunities for self-reflecting on their experiences, a sense of community around learning, organizational support, and the large scope of training. Interestingly, as their coaching skills increased, their positive perceptions of the approach also increased. Although this was a small sample, it suggests that a comprehensive training program that incorporates adult learning strategies and ongoing targeted support may result in greater implementation fidelity and a more congenial view toward shifting to the use of capacity-building methods with families.

In a similar but less time-intensive approach, Meadan et al. (2019) conducted a case study with four EI practitioners to determine the effectiveness of a professional development program that included an initial online training and ongoing coaching for several weeks. The online training portion was self-directed and presented information on coaching, family-centered practices, and adult learning strategies, with resources such as flow charts and other reference materials also included. For the coaching phase, each practitioner and one of the researchers, who were all expert coaches, first met to discuss the practitioner's plan for using coaching in an upcoming EI visit with a family. The practitioner recorded the visit and then submitted the video to the researcher to be coded, and the two met shortly thereafter for a time of reflection, feedback, and planning. Results indicated that practitioners improved little or none in their coaching practices after the initial training, although they all performed well on an assessment to

check their understanding of coaching practices given immediately after the initial training. Once the coaching portion began, however, three participants showed immediate improvement and the other showed steady increases over the next few weeks, with all gains maintained even after the program ended. The practitioners also reported high satisfaction with the program and said that they found it to be a worthwhile investment of their time. The researchers concluded that training alone was not enough to enable practitioners to successfully coach families, but that the added component of being coached themselves was what led to their change in practice.

A recent Australian pilot study also utilized a coaching approach to training practitioners in the implementation of a routines-based EI model similar to McWilliam's (Hughes-Scholes et al., 2016). Practitioners first attended a 2-day training that used adult learning principles such as presentation of content, observation, reflection, role playing, and discussion. The practitioners were then supported during the next several months of visits with families, meeting a total of seven times, once every three weeks, for a group reflective practice session where they again had the opportunity to reflect, observe, and receive performance feedback. Practitioners reported that their home visiting skills significantly improved from pre- to post-training, indicating that they perceived this training to be valuable in increasing their coaching practices with families.

Further evidence of effective training comes from a large study which compared the benefits of various professional development activities for supporting 473 practitioners' abilities in using family-systems intervention practices (which is a family-centered, capacity-building model) with families enrolled in EI programs throughout the U.S. (Dunst et al., 2011). The study included three different training programs which included either a one-day conference presentation lasting between 1 and 3 hours; workshops lasting either a half day, full day, or spanning 2 or 3 days; or field□based training that included several visits by trainers over a span

of 4 to 6 months. While all three types of training offered an overview of the associated family-centered practices, the conferences and workshops offered limited opportunities for learners to evaluate and use their practices. The field-based training provided much greater opportunities for involvement and self-reflection by participants. Results indicated that participants who received field-based training judged these trainings to be highly beneficial in equipping them to use family-systems practices with families, while participants in the conference and workshop groups reported less benefits in equipping them to use the practices. The researchers concluded that it is crucial for interventionists to have repeated opportunities to see and apply practices in real-life settings and then reflect on and assess their learning. What all the preceding studies have in common is the use of professional development opportunities with practitioners that align with the way adults learn, which is through being coached. This in turn supports practitioners' abilities to successfully coach caregivers. However, while these results are encouraging, there remain a number of roadblocks that prevent the widespread implementation of coaching practices by practitioners.

2.6 Barriers to Implementation

Recent research has illuminated several barriers which may explain why capacity building approaches such as coaching are not being widely implemented by practitioners, despite their overall esteem of such practices. The barriers most impactful to successful implementation are lack of preservice training, misconceptions and special challenges, and underutilized professional development opportunities.

Lack of Preservice Training

It is rare for educational institutions in disciplines such as speech, occupational, and physical therapy to include curricula specific to early intervention, thus leading to poorly trained

and ill-equipped entry level practitioners. In their study of 22 EI practitioners, Stewart and Applequist (2019) found that educational programs in these disciplines provided little-to-no training in family-centered practices such as coaching. Douglas et al. (2019) found similar results in their study of 19 EI practitioners who were employed at Part C agencies throughout a Midwestern state, with three-quarters stating that having had preservice training was rare. In their survey of 1,668 Part C and Part B practitioners, Bruder et al. (2013) found that only about a third of respondents felt that their preservice programs had prepared them well for serving families. Campbell et al. (2009) point out that discipline-specific programs are concerned with preparing students to work within a variety of settings and pass licensure requirements; therefore, training specific to early intervention is extremely limited for entry-level practitioners. While perhaps understandable, this gaping lack of preparation makes it crucial that new EI practitioners receive effective in-service training and ongoing support in family capacity-building approaches such as coaching.

Misconceptions and Unique Challenges

Another hurdle to coaching implementation is that practitioners sometimes have misconceptions about certain families, even while they report valuing coaching practices overall. For example, Stewart and Applequist (2019) looked at practitioners' perspectives on coaching families from culturally and linguistically diverse (CLD) backgrounds. Findings indicated that practitioners saw numerous benefits to coaching, such as building caregiver capacity, addressing child outcomes, and increasing parent engagement in services. However, they also viewed coaching as not appropriate for all families, such as those who were more difficult to engage or who had medically complex children. A related study by Sawyer and Campbell (2012) found that practitioners sometimes made assumptions about a family's preference for certain coaching

practices, reporting that they were likely to use a practice such as modeling or discussing a strategy rather than having a caregiver practice the strategy if they felt that this was what the family preferred. These types of preconceived ideas present a barrier to the widespread use of coaching, even when practitioners state they see its worth.

A related theme found in the literature is that practitioners frequently experience unique situations that leave them floundering. In the Douglas et al. (2019) study referenced above, practitioners identified numerous challenges, such as getting parents to understand their own role as the child's teacher, keeping parents engaged, ensuring continuity and carryover when there were multiple caregivers, and time constraints which limited their ability to be an effective coach. Almost three-quarters of participants reported that they felt inadequately trained to face these situations. Similarly, the participants in the Salisbury et al. (2009) study mentioned specific challenges that indicate a need for greater support. Practitioners of physical and occupational therapy grappled with how to align coaching practices with their discipline-specific practice acts calling for provision of services directly to the child. Practitioners also shared that their role is made more difficult when working with families who had other therapists who use a direct therapy model and bring in outside materials. Another recurring theme was that unique family circumstances (e.g., cultural views about certain routines, multiple family members living in a small space, etc.) made the use of a coaching approach more challenging. However, it is noteworthy that as practitioners' competence and confidence in using coaching practices increased over time, their concerns about the above issues decreased and their support of coaching as being an effective and valuable way to support families increased (Salisbury et al., 2009).

Practitioners in rural areas may experience even greater issues implementing family-centered practices. A recent qualitative study by Decker et al. (2020) examined how families receiving Part C services in Montana perceived practitioners' use of family-centered practices such as collaboration and capacity building. Parents reported that overall, therapists had positive relational qualities, were knowledgeable, and sometimes shared helpful strategies. However, parents reported some practices by practitioners that do not align with coaching and capacity building. For example, therapists frequently used their own materials in clinic-based settings, as in this state, there was difficulty meeting even the most basic IDEA Part C requirement of where services take place. Less than a third of therapists' visits occurred in the home or other community setting. In addition, regardless of setting, therapists only occasionally involved caregivers by having them observe and then practice a strategy. Parents reported that they were cast in the role of observation most of the time and some parents even reported being asked to wait outside of the therapy area. The researchers concluded that capacity-building practices were not being used by the majority of Part C practitioners in this study and suggested that rural practitioners may need extra support in implementing coaching practices (Decker et al., 2020). Studies such as those cited above emphasize the distinct challenges that practitioners face in their implementation of coaching practices, further highlighting the need for effective training and ongoing support.

Underutilized Professional Development

A final barrier to greater implementation of coaching practices is underutilized professional development opportunities. A growing body of research is identifying effective ways to support practitioners in implementing family-centered practices such as coaching (e.g., Meadan et al., 2019; Salisbury et al., 2009). In order for practitioners to be successful, training

must include opportunities for reflection and practice of new skills, observation of master clinicians, interaction with peers, and other experiential learning methods. Hanft and Anzalone (2001) further suggest that agencies and practitioners alike should consider professional development as a "lifetime commitment to quality practice," and that practitioners must recognize that competence in family-centered services will require ongoing training and support (p.76). Unfortunately, this may not yet be happening on a large scale. According to Campbell et al. (2009), less than one third of Part C lead agencies across the US require practitioners to complete annual professional development activities. In addition, although workshops and other one-time trainings have been identified as the least effective method of training, they are frequently used by early intervention agencies, and one for which practitioners have a strong stated preference ((Bruder et al., 2013; Campbell et al., 2009).

Considering the large number of Part C lead agencies that contract out services such as occupational, physical, and speech therapy, it is understandable that practitioners may lack motivation for in-depth professional development activities. Practitioners may not be compensated for these types of training and may incur additional expenses due to missed work opportunities and travel costs. In addition, although Part C lead agencies sometimes mandate a one-time training for practitioners, when further professional development is available, it is often voluntary. Many Part C lead agencies have a high need for therapists and do not provide direct oversight, leaving quality assurance in recommended practices up to individual contract agencies. Therefore, practitioners may have little incentive or motivation to learn new ways to practice that are at odds with their current practices, especially those that are challenging to implement (Campbell et al., 2009). A pressing question is how to develop professional

development programs that consider the unique issues that contract practitioners face, and how to encourage and motivate practitioners to avail themselves of offered trainings.

2.7 Summary

Recent insight into how young children learn best has revolutionized the field of early intervention. According to Stewart and Applequist (2019), "The role of the early interventionist has evolved from a practitioner of primarily child-focused direct services to a practitioner of family-centered knowledge and skills designed to support children in their homes and communities" (p. 243). With the growing awareness of families as the primary instruments of change, EI practitioners have the challenge of not only knowing discipline-specific evidence-based strategies; they must also be able to impart this knowledge to caregivers in a way that is easy to understand and apply. For interventionists to truly impact a child's learning and development, they must be able to support the adults in the child's life by coaching them in how to effectively embed strategies throughout daily routines and activities.

Practitioners are not being adequately supported in acquiring the skills needed to work effectively with families. Professional development opportunities and requirements have not kept pace with the adult learning strategies known to be most effective, which include "active learner participation in training opportunities, frequent and ongoing training experiences, coaching and mentoring, trainer-learner joint reflection, and learner engagement in self-assessment of his or her mastery of learning content" (Bruder et al., 2013, p. 261). The issue is further complicated by the variability in how states implement Part C services, with some practitioners being directly employed by Part C lead agencies and some working for outside contract agencies. For the latter group, the issue becomes how to provide practical and effective professional development in coaching practices and how to motivate practitioners to take advantage of such offerings. The

goal of this study was to fill a gap in the literature regarding the distinct challenges that early intervention practitioners, especially contract practitioners, face in implementing coaching practices.

CHAPTER 3: METHODOLOGY

The present study used a non-experimental qualitative methodology to explore the perceptions of EI practitioners regarding the barriers they face in adopting a coaching style with families and how they perceive training activities related to coaching implementation. In contrast to quantitative methods which aim for precision, qualitative studies are appreciated for their ability to procure nuanced, complex, and multifaceted perspectives from participants (Tracy, 2010). Qualitative research methods have the advantage of allowing researchers to move beyond asking "what" and "how many" questions, to asking "how" and "why" questions. This can yield a rich source of data on a topic of interest – especially topics related to human behavior and motivations – and enable meaning to be construed from the information gathered (Kuper et al., 2008). The qualitative process may thus be used inductively to generate ideas, hypotheses, and theories that can provide important foundational data for planning effective interventions (Neergaard et al., 2009).

Within the qualitative research tradition, a phenomenological approach is one "that focuses on exploring how individuals make sense of the world and that aims to provide insightful accounts into the subjective experience of these individuals" (Kuper et al., 2008, p. 405). This approach further offers a way for the researcher to describe and interpret a common experience of a group of people (McMillan, 2016). In the current study, the common phenomenon was the process that EI practitioners underwent for learning to use a coaching approach with families. Phenomenology is also concerned with how the individual's unique perspective and situational context influence their perceptions of events and experiences (Starks & Trinidad, 2016). Therefore, the phenomenological perspective is relevant to EI practitioners because they encompass many different roles, backgrounds, and viewpoints. A phenomenological focus

consequently provided insight into how these individuals subjectively viewed the process of learning to coach, including their unique beliefs, challenges, and motivating factors.

3.1 Participants and Setting

Early intervention practitioners represent various disciplines (e.g., psychology, social work, health, early childhood education, and special education). The core disciplines and services in early intervention typically involve special education, physical therapy, occupational therapy, speech-language pathology, social work, and service coordination. To reach a sample of practitioners in these core disciplines, a purposive sample was taken from two early intervention Facebook groups. The stated purpose of the two Facebook groups was to support practitioners who self-identify as using a coaching approach. One of the groups was called "It's Not in The Bag - Parent Coaching in Early Intervention" and had approximately 6800 members practicing across the US and in other countries at the time of the survey. The other group was called "Parent Coaching in Early Intervention" and had approximately 950 members practicing in the US and other countries at the time the survey was posted. These groups were chosen for their convenience in obtaining a sample of practitioners licensed to provide Part C early intervention services in one of the core disciplines or a related area who were using a coaching approach with families. In order to participate, individuals had to be 21 years of age or older, a practitioner in one of the disciplines mentioned above, have a minimum of one child aged birth to 3 with an Individualized Family Service Plan (IFSP) on their caseload, and work for an agency that required practitioners to use a coaching approach with families.

Although 79 people began the survey, 20 were removed due to incomplete responses. Remaining participants (n = 59) were comprised of 91.5% Caucasian (n = 54), 5.1% biracial or multiracial (n = 3), and 3.4% preferred not to say (n = 2), with a gender distribution of 58

females and 1 male. All of the participants had worked in early intervention for at least one year, and 88% (*n* = 52) had been in the field for more than 5 years. Approximately 65% (*n* = 38) had been in the field for more than 10 years. About 12% (*n* = 7) of participants said they had been using a coaching approach for less than 1 year, 8.5% (*n* = 5) had been coaching for 1-2 years, 20% (*n* = 12) for 2-3 years, 29% (*n* = 17) for 3-5 years, 17% (*n* = 10) for 6-10 years, and 12% (*n* = 7) said they had been coaching for more than 10 years.

The largest discipline represented was speech language pathology at approximately 32% (*n* = 19), with participants also from the fields of special education (*n* = 12), physical therapy (*n* = 10), occupational therapy (*n* = 8), service coordination (*n* = 2), and other (*n* = 8). Those who responded in the other category identified their disciplines as developmental specialist, special instruction, nurse, and family therapist. All participants had at least their bachelor's degree, 71% (*n* = 42) held a master's degree, and 10% (*n* = 6) held a Ph.D. A total of 26 U.S. states were represented. At 64%, the majority of participants (*n* = 38) were directly employed by a Part C agency, with the remaining participants either working for an outside agency or as a self-employed contractor (*n* = 21). The most common teaming approach used was a primary service practitioner model (*n* = 31), followed closely by use of a multi-disciplinary approach (*n* = 24). Three of the remaining participants said they were not sure what approach they were using, and one participant said the approach varied by county.

3.2 Procedures

After approval by the University's Institutional Review Board, the researcher contacted the administrators of the two Facebook early intervention coaching groups and obtained consent to disseminate the study (see Appendix A). The researcher then posted a brief description of the study, inclusion criteria, and a link to the online survey (see Appendix B). When a participant

followed the link, an informed consent statement explained the purpose of the study, expected level of risk, time required to complete the survey, an assurance of confidentiality, the ability to withdraw participation at any time, and other pertinent details (see Appendix C). Each participant was informed that they were giving implicit consent by clicking the link to the next section of the survey. The survey remained open for two weeks, with reminders posted every three days to encourage greater response.

3.3 Instruments

The researcher used SurveyShare (SurveyShare, 2020) to build the self-designed survey questionnaire (see Appendix D). The first 16 questions collected demographic information such as participants' age, gender, race, professional discipline, years employed in EI, etc. The next 13 open-ended questions asked practitioners to share their experiences and thoughts about coaching and related professional development. These questions were designed to elicit information related to practitioners' perceptions of coaching, barriers to implementing coaching practices, and their views toward related professional development.

Because the survey questions were created by the researcher, it was important to assess whether they fulfilled the purpose of the study and were clear and concise. The pilot process provided social and content validity. As part of this process, the researcher requested feedback from two experts in the field of early intervention coaching, Dr. M'Lisa Shelden and Dr. Mollie Romano. Based on their suggestions, minor changes were made to the wording of some of the demographic questions and one additional open-ended question was added. The survey was also piloted with two EI practitioners, one of whom was an occupational therapy assistant and one of whom was a speech language pathologist. These professionals were known to the researcher in her work as a service coordinator at a Part C lead agency. Feedback from these practitioners was

that the survey questions addressed the research questions and the survey was able to be completed within 15 minutes or less. The practitioners in the pilot group were not eligible to take the survey.

3.4 Subjectivity Statement

As a former occupational therapy assistant employed primarily in early intervention, I have personal experience in the process of learning to use a coaching approach with families. In fact, my interest in studying this subject is largely due to the challenges I faced in acquiring effective coaching skills with the families I served. I began my coaching journey by taking a one-day workshop that was required of all contract practitioners working with my local county's Part C lead agency. I was immediately impressed by the potential of this capacity-building approach for empowering caregivers to carry over strategies that could profoundly influence their child's developmental trajectory. It made intuitive sense that for a family to experience maximal progress, intervention would need to happen much more often than just at weekly occupational therapy visits. I went away from the workshop eager and ready to apply my new-found knowledge and begin coaching the families I served. However, I quickly realized that for me to be able to successfully implement coaching, I needed more support, as I faced an immense gap between what I knew and what I practiced.

Despite reading and rereading Rush and Shelden's (2020) *The Early Childhood Coaching Handbook* and other training materials, situations frequently came up that left me stumped and confused. I faced issues in trying to coach disengaged caregivers, parents who were distracted by their other children, and families that required an interpreter. I was frequently beleaguered by little ones who just wanted me to play with them, rather than having me coach their parents through interactions. I responded to my implementation challenges by seeking out additional

training opportunities, such as shadowing other practitioners who were skilled in coaching, recording and then reflecting on my OT visits, and meeting with a master coach for several months to receive further feedback. Eventually I experienced greater success in my coaching abilities, and out of a sincere desire to see others succeed and help families, completed training to become a master coach.

In my current position as a Part C service coordinator, I continue to observe the difficulties that practitioners have in coaching families, despite completing the required one-time training in the approach. I know the amount of motivation and commitment that it takes to learn this new skill, especially for contract practitioners. During my own coaching journey, although there was no cost to the one-day workshop, I received no compensation for this or other training activities I attended, and I incurred expenses when I purchased training materials and cancelled visits to shadow another practitioner or meet with a master coach. I realize that not all practitioners will be able or willing to commit to the intense training that I pursued, and this drives my inquiry into exploring their perceptions and experiences. I hold strong beliefs about the power of coaching, while also having a realistic view and deep curiosity about what efforts a practitioner might put into learning to coach families. I have personally experienced the satisfaction of watching a parent recognize and take ownership of their own role in helping their child progress, and I have seen children make amazing advances when a coaching approach was used. It is important to consider that my first-hand experiences have shaped me with ideas, beliefs, and assumptions that had the potential to impact the way I interpreted participants' responses, despite efforts to maintain objectivity in analyzing the data. In an effort to limit subjectivity, I engaged in a continuous reflective process during the data analysis process.

3.5 Design and Data Analysis

The research design was non-experimental, qualitative, and utilized a survey with open-ended questions, with descriptive information also collected that related to participants' demographics (i.e., age, gender, discipline, service provided). The demographic data was analyzed using Excel spreadsheet functions to generate tables with frequencies and percentages. As this was a qualitative survey, an in-depth analysis of the research data was conducted for emerging themes. Content analysis is an advantageous method for analyzing qualitative data, as this approach has the benefit of bringing structure and organization to the data, while also allowing flexibility in incorporating unique and unexpected findings (Johnson & LaMontagne, 1993). In addition, content analysis has the benefit of allowing the researcher to remain true to the data without subjectively drawing inferences, letting participants speak for themselves, and findings can be reported in a way that is easily understood by the reader (Neergaard et al., 2009).

Content Analysis Steps

The researcher conducted a content analysis with members of the M.Ed. thesis committee using the following seven steps:

1. The data was prepared for analysis by importing survey responses from the SurveyShare platform into an Excel spreadsheet using the researcher's password-protected laptop.
2. The researcher read through the data several times to get a sense of familiarity, making note of questions, initial thoughts, and possible emerging themes.
3. The researcher then collaborated with her committee chair to identify units of analysis based on the survey questions that best addressed and aligned with the three research questions (see Table 1).

4. The data was tentatively coded and organized into mutually exclusive categories based on the identified units of analysis. A Microsoft Word document was created for each of the three research questions. Under each of these, the participant responses to the corresponding survey questions were copied and pasted into the document. The researcher then used a line-by-line approach to read through and color code responses according to possible emerging themes.
5. Codes were further refined by a review of 10-15% of the data with assistance from her committee chair until the data had been either categorized or rejected as inappropriate.
6. Integrity of the codes was accomplished by having two people uninvolved in the research process review and code the same 10-15% portion of the data to ensure accurate identification of categories. The researcher asked two peers in her M.Ed. cohort to serve in this capacity, as both of these individuals were knowledgeable about research methods and evidence-based practices in child development and special education. The data was shared via a secure, approved platform (Dropbox). The researcher provided peer reviewers with the codes and their definitions, along with detailed instructions for the coding process. Once the peer reviewers had coded the data, the researcher and reviewers met to share differences in perceptions about coding definitions. At this meeting, when clarification was provided about coaching activities and terminology, a consensus was reached.
7. The researcher then finalized coding of the remaining data, creating a new document which separated and grouped participants' responses according to their codes within each category, in order to locate patterns in the data and further support accurate coding and

reporting of findings. This document was shared with the committee chair for review and feedback, with student and chair in agreement on the final coding of the data.

Emergence of Codes

Several codes for each of the three research questions were identified from the content analysis procedure. Related to the first research question, "What do practitioners identify as their greatest barriers to using coaching practices with families?", codes that emerged were: (a) challenges experienced with families (i.e., buy-in, carryover, engagement, understanding the model); (b) other challenging situations (i.e., childcare settings, unique family factors, child wants to play with practitioner, concerns with child progress, technology issues); (c) differing approaches among team members (i.e., direct therapy approach, bringing in outside materials, medical model); and (d) challenges in use of coaching components (i.e., practitioner's ability to use coaching practices such as reflection and modeling).

For the second research question, "What are the perceptions of EI practitioners about professional development activities for supporting the implementation of coaching practices?", survey questions asked participants to share their views on beneficial professional development, non-beneficial professional development, hindrances to professional development, and suggestions for improving professional development. The following codes emerged for beneficial professional development: (a) master coaching (i.e., opportunities to receive ongoing support from master coaches and mentors); (b) in-person trainings (i.e., Rush and Shelden, Hanen, RBI, other in-person trainings); (c) online trainings, videos, podcasts, or printed materials; (d) peer modeling (i.e., opportunities to shadow or observe other practitioners' visits); (e) group supports (i.e., book club, peer groups, online support groups); (f) teaching or mentoring others; and (g) logging or videoing their own visits and reflecting. For non-beneficial

professional development, the following codes emerged: (a) readings and webinars (i.e., book study, textbooks, worksheets, handouts and other printed material, online webinars); (b) theory-based training (i.e., theory-based training, training that is not practical or relevant to practitioner's needs or area of practice); (c) lack of opportunity to observe, practice, and problem solve; and (d) other (i.e., lack of agency support, lack of availability, cost, specific trainings). When participants were asked about hindrances to receiving professional development, the following codes emerged: (a) time factors; (b) lack of availability (including relevant professional development); and (c) cost of training.

Participants also shared suggestions for improving professional development activities, with the following codes identified: (a) master coaching (i.e., opportunities to receive ongoing support from master coaches and mentors); (b) in-person trainings (i.e., Rush and Shelden, Hanen, Routines-Based Intervention, other in-person trainings); (c) opportunities for peer modeling and feedback; (d) group supports (i.e., book club, peer groups, online support groups); (e), online trainings, videos, podcasts, or reading; (f) suggestions for follow-up training topics (i.e., coaching childcare teachers, engaging parents, challenging situations, maintaining fidelity, ongoing trainings); (g) preservice or board-specific training; and (h) other (i.e., more availability, decreased cost).

For the third research question, "What are some of the motivational factors that impact training and implementation of coaching practices?", the following codes were identified: (a) commitment to supporting families (i.e., building parent capacity, stronger relationships with families, family empowerment); (b) commitment to implementation of best and recommended practices (i.e., benefits development and outcomes; effective; supported by research); (c) self-motivation for improvement; and (d) to fulfill job requirements.

CHAPTER 4: FINDINGS

The purpose of the present study was to explore the perceptions of early intervention practitioners to gain insight into barriers they faced in adopting a coaching style of interaction with parents, their motivations for coaching, and a perspective on what might benefit their learning. A non-experimental qualitative design was used to address the following research questions:

1. What do practitioners identify as their greatest barriers to using coaching practices with families?
2. What are the perceptions of EI practitioners about professional development activities for supporting the implementation of coaching practices?
3. What are some of the motivational factors that impact training and implementation of coaching practices?

A survey containing both demographic and open-ended questions was disseminated to two Facebook EI coaching groups. Participants (n = 59) were primarily female (n = 58) and Caucasian (n = 54). The most common disciplines represented were speech language pathology (n = 19), special education (n = 12), physical therapy (n = 10), and occupational therapy (n = 8). All of the participants had worked in early intervention for at least one year, and 88% (n = 52) had been in the field for more than 5 years. The majority of participants (n = 38) were directly employed by a Part C agency, with the remaining participants either working for an outside agency or as a self-employed contractor (n = 21). The most common teaming approach used was a primary service practitioner model (n = 31), followed closely by use of a multi-disciplinary approach (n = 24). Almost 20% of participants had been using a coaching approach for less than 2 years, 50% for between 2 and 5 years, and about 30% had been coaching for more than 6 years.

Participants reported experiencing a variety of activities for learning to coach, including in-person and virtual workshops, group discussions, working with a master coach, reading books, watching videos, observing other practitioners, and participating in online support groups. Length of training activities ranged from one-time workshops lasting a few hours to ongoing activities lasting several months or years. Several participants stated that they continue to participate in regular, ongoing professional development for use of coaching practices. Open-ended questions related to the research questions were analyzed using a content analysis procedure to identify emerging themes.

4.1 Research Question 1

The first research question asked participants to share their greatest barriers to implementing a coaching approach. Themes that emerged were: (a) challenges experienced with families, (b) other challenging situations, (c) differing approaches among team members, and (d) challenges in use of coaching components.

Challenges Experienced with Families

One theme that emerged related to coaching barriers was challenges with families, specifically parents' lack of understanding of coaching practices, family engagement, buy-in, and carryover of strategies. Practitioners felt that parents often do not understand their own vital role in the intervention process, preferring direct therapy instead and expecting the therapist to come in and "fix" their child. Typical responses in this category were "parents want you to 'heal' their child and come in and work with the child and not coach them" and "some families do not 'buy into' this method. They want a quick fix." Another participant shared this thought:

> The family is typically overwhelmed in general, and watching their child enjoy playing with someone else is rewarding to the parent. So is getting a break from having to always

> be the one entertaining the child or working with the child. Therapists are good at their job and make it look easy, so parents see strategies work, but I don't know if they feel that they can do it too.

A different participant stated, “Families who are used to the old way of the therapist doing their thing with their bags of tricks think the new style is ‘lazy’ especially if the therapist is new to the style of interaction and doesn't know how to fully implement the new way.” Other participants felt that engagement and participation levels differed between families. For example, one participant reported, “Comfort levels vary with different families on my part and their part. Sometimes there is just a disconnect and I don't always know why.” Another participant shared, “Parents sometimes feel more stressed and see less value in receiving therapy services if ‘they are providing the therapy’.”

Other Challenging Situations

In addition to issues related to family engagement, participants shared a variety of uniquely challenging situations. The difficulty of coaching childcare teachers due to hectic classroom schedules was mentioned by several participants. One participant noted, “It’s easy to work with a child at a daycare facility, but difficult to coach the teacher because the teacher is so involved with other duties in the ‘classroom.’” In addition, several participants felt that complex medical needs such as cerebral palsy, autism spectrum disorder, and speech production issues were a barrier to use of a coaching approach with families. Other challenging situations reported by participants were trying to coach parents when children were playing on tablets or watching TV during sessions, language and cultural barriers, parents experiencing extreme stressors such as poverty, and parents who were not used to playing or interacting with their child. A situation specific to the Covid19 pandemic was that some practitioners found it challenging to coach when

doing virtual visits with families, giving reasons such as the child being distracted by the screen, families experiencing technology issues, and the difficulty of building relationships with parents through a screen.

Differing Approaches Among Team Members

A further theme that emerged on barriers to the use of coaching practices was the use of differing approaches by other practitioners and team members. Participants reported that it was challenging to coach parents when there were other professionals using a direct therapy model with the family and bringing in outside materials (i.e., the toy bag), as they felt this confuses parents and sets conflicting expectations. One developmental therapist observed, "I've provided services to many families that accept and seem to enjoy a coaching style of interaction when it's all they know, but when other therapists join the team that are child-centered, they start to question it or become less engaged with it, wanting to just sit and watch." Another therapist shared the view that the first few visits with a family are crucial for setting the stage for a coaching approach, stating, "Better parent education regarding the coaching model needs to happen when the child enters early intervention, starting with service coordinators." On the other hand, a service coordinator noted that she found it frustrating when she laid the groundwork with families for how sessions would look, and then the therapist came in with a different approach, commenting, "It's extremely frustrating when we set up a family to work closely with their therapist and then the treating therapist comes in and doesn't work with the family in that way. When they don't address functional goals I just want to scream."

Challenges in Use of Coaching Components

The last theme that emerged for barriers to the use of a coaching approach was participants' self-reported limitations in implementation of coaching practices. Many participants

shared that coaching was hard to implement. One stated that coaching "requires a huge amount of versatility and flexibility and it's a big responsibility that can weigh on you." Another reported this similar thought: "The hardest part is accepting that this is a process that will take time to learn and implement well. It feels frustrating to not get it right all of the time." Several participants mentioned difficulty with certain coaching components, such as the use of reflective questions to support parents in generating ideas and problem solving. One participant shared, "It is difficult to work through the reflective questioning process and not just give my opinion or my solution." In a similar response, another participant stated that she found it challenging to use a variety of reflective questions to help families identify and choose strategies and said, "Sometimes I just really want to come right out and tell them what I would do, but that is not true to coaching." Another participant reported challenges in supporting parents in trying strategies and in teaching ways to embed them within families' routines, stating, "I am still working on getting to Action/Practice and effectively teaching and adjusting strategies. It is also challenging to join families in their routines. I am working on building my skills for interacting effectively with caregivers with different personalities and learning styles."

4.2 Research Question 2

The second research question examined how practitioners felt about their professional development related to coaching caregivers. Survey questions asked about participants' perceptions of beneficial professional development and training for coaching, unhelpful professional development, and suggestions for improving professional development.

Beneficial Professional Development

Participants shared many professional development and training activities that they found beneficial for supporting implementation of a coaching approach. These included: (a) master

coaching; (b) in-person trainings; (c) online trainings, videos, podcasts, or printed materials; (d) peer modeling; (e) group supports; (f) teaching or mentoring others; and (g) logging or videoing their own visits and reflecting. Most participants listed more than one activity or training as being valuable to their learning.

Master Coaching. One of the most frequently mentioned beneficial training activities was having access to a master coach or mentor. Participants felt that working one-on-one with a master coach to support them in self-reflection and provide them with feedback was crucial to their success in implementing a coaching approach. One participant observed that of all her professional development activities, "The one-on-one coaching has been the most valuable because it is guided by my reflection on what skills I need to learn next. As part of this process, I have completed and reviewed coaching logs with my coach which has enabled me to reflect on the skills I am currently using and to identify next steps in developing my use of coaching practices." Another participant mentioned the benefits of having a master coach for support after her initial coaching training, stating, "Follow up with 'master coaches' periodically and as needed has also been beneficial. This was needed to answer questions and problem solve issues that come up while practicing implementation of a coaching approach." One participant also noted that she found it especially helpful to have a master coach in her own discipline of physical therapy.

In-Person and Online Trainings. Many participants spoke highly of in-person coaching workshops, mentioning those specifically by Rush and Shelden, McWilliam, and others. Several shared the reason they found workshops such as these helpful was because they provided an explanation of coaching practices coupled with opportunities to observe and practice the material. Participants described effective workshops as those that were hands on and showed

detailed examples. One participant stated, “Rush & Shelden provided a two day in-person training to introduce and practice their coaching practices. It was a positive introduction.” However, this participant went on to comment that further training with a master coach was important in being able to implement a coaching approach. In a related area, several participants also reported online workshops and watching video examples as being beneficial. Several speech language pathologists shared the names of discipline-specific training programs (i.e., Cari Ebert and Hanen) but did not clarify whether these were in-person workshops, virtual trainings, or online modules.

Peer Modeling. Participants also shared that peer modeling (i.e., watching other practitioners coach families) was beneficial to their own application of coaching practices. In response to the survey question asking which professional development activities had been most valuable in supporting use of coaching practices, one participant stated, “OBSERVATION: I had the chance to spend two days with Dr. Sheldon and PT Jenny Johnson and see coaching in action.” Another participant shared that she found observation to be effective because it “helped me have a model for how to use these strategies.” One participant also commented, “The training was important...but seeing the model working for families and being utilized by a high functioning team of professionals who all understood the process and supported me in my learning was the most important part.”

Group and Other Supports. Another theme that emerged for beneficial professional development was group supports. Participants reported workplace discussion and collaboration groups, Facebook coaching groups, and book clubs. One participant commented, “It’s helpful to hear other people’s experiences providing parent coaching.” Another shared that she found being a member of a reflective practice group was beneficial because “we were able to really discuss

and problem solve through some of the challenges to providing coaching." Less frequently mentioned beneficial activities included mentoring or coaching others and recording or logging one's own visits and then reflecting on coaching skills.

Unhelpful Professional Development

Participants were also asked about training activities that they did not find beneficial for learning to use coaching practices. While several participants stated that all training received had been helpful, many others reported activities that they did not find beneficial. These included: (a) readings and webinars; (b) theory-based training; (c) lack of opportunity to observe, practice, and problem solve; and (d) other (i.e., lack of agency support, lack of availability, cost, specific trainings).

Readings and Webinars. One theme that emerged was that reading about coaching and receiving information via workshops or online modules was frequently not helpful, especially if this was the only training offered. One participant commented, "Reading about coaching isn't super helpful to me. It is definitely more so when coupled with other training avenues." Another specifically mentioned worksheets or flow charts, saying, "While these are nice, they are not always available to carry into day to day practice." Other printed materials mentioned in this category were books, handouts, and PowerPoints. One participant pointed out, "I can research and read on my own."

Theory-Based Training. Several participants reported that they found coaching trainings theory-based or not relevant to their professional role, with limited opportunity to reflect, observe other practitioners, practice new skills, or ask questions. For example, one participant shared that in a one-day training she took, "there was too much information given, no time for practicing the skills, and everything was presented as though our sessions occur in a 'perfect

world' bubble. It felt unrealistic." Another stated that "large group trainings have been the least helpful. The amount of information can be overwhelming, and the instruction is not tailored to my specific needs as a coach." Participants also shared that some of the examples presented in such workshops felt artificial, impersonal, and rigid.

Lack of Opportunity to Observe, Practice, and Problem Solve. Another theme that emerged for unhelpful professional development was that practitioners perceive a lack of opportunity to observe and practice coaching. One participant shared the following as unhelpful professional development: "Trainings that spend more time trying to convince people that it is a good approach rather than really discussing the how to do it and how to overcome barriers." Another participant commented that in her home state, the initial coaching trainings "were hastily put together and had little practical information about how to get parents on board." An additional participant reported that her online training provided no opportunity for questions and answers and that it felt impersonal, and another shared that she found lectures with no real-life or video examples to be ineffective.

Other. In this category, a few participants shared the names of specific trainings that they did not find beneficial. They also shared three factors that hindered them from participating in professional development: time, cost, and lack of availability of relevant training. One service coordinator commented, "I have a high caseload so I'm not volunteering for trainings unless I'm required to go to them." Another participant stated, "Learning to use coaching practices takes time. Completing the coaching logs has been worthwhile but very time consuming." A speech language pathologist reported both cost and lack of availability of relevant training as hindrances, stating, "The coaching trainings are usually really broad and for all service providers - it would be great to have some specific to SLPs and have them not be so expensive." Many

other participants reported that there was a lack of availability of coaching training in their area. One practitioner stated that time, cost, and availability were all factors that hindered coaching training and said, "I believe employers should offer training to support employees." The assistant director of an EI lead agency offered an administrative perspective that may explain these hindrances: "I will share that the fee for service model makes it difficult for us to train as many staff as we would like."

Suggestions for Improving Professional Development

In response to the survey question that asked participants if they had suggestions for improving professional development for coaching, it was difficult to pick out dominant themes. Rather, practitioners shared a variety of suggestions based on their experiences in learning to coach families. These included: (a) master coaching; (b) in-person trainings; (c) opportunities for peer modeling and feedback; (d) group supports; (e), online trainings, videos, podcasts, or reading; (f) suggestions for follow-up training topics; (g) preservice or Board-Specific Training; and (h) other (i.e., more availability, decreased cost).

One suggestion that was mentioned repeatedly by participants was the opportunity to observe others coaching, and they used terms such as "actual demonstrations," "real life, believable video examples of coaching," and "observation of coaching in action with a variety of families" to reflect this need. One participant shared her appreciation that her state has supported implementation of coaching practices by providing a 5-year training initiative that included a component of ongoing peer coaching and observation.

An additional suggestion that was reported by several participants was for greater availability of training related to specific needs beyond just coaching basics. One practitioner said, "I would like to see more 'advanced' trainings offered - coaching families through difficult

situations, refining reflective questioning skills, effective joint planning." Another shared, "I think the trainings need to go beyond theory and dive deep into practice. I think discussing how to help parents accept this model is important. Practitioners need to be on the same page and use the model." Similar to these viewpoints, another participant commented, "I'd like a more strategic approach. Maybe discussing different learning styles and how to address them. Strategies to address the reluctant parent or how to work with a parent whose child doesn't respond well to handling or is easily distracted."

4.3 Research Question 3

The third research question examined motivational factors for participants' use of a coaching approach with families and for their participation in professional development for coaching practices. The following codes were identified: (a) commitment to supporting families; (b) commitment to implementation of best and recommended practices; (c) self-motivation for improvement; and (d) to fulfill job requirements.

Commitment to Supporting Families

One theme related to motivation for pursuing coaching training and using coaching practices was practitioners' commitment to supporting families, as they felt that it empowered and built parent capacity, encouraged ownership and use of strategies, and increased parent engagement and buy-in. Related to this theme, practitioners felt that using a coaching approach supported a closer relationship with parents, creating a sense of teamwork, connection, and mutual respect. One participant gave this response for why they value coaching:

> It empowers parents to be the agent of change rather than the practitioner. Strategies are so much more embedded within daily routines and 'owned' by the parent because they are part of the process rather than talked at and provided with strategies to carry out after

> the therapist leaves. When a parent is the one to help a child take their first steps or say their first word, it is so rewarding to watch.

Similarly, another practitioner noted this reason for valuing coaching: "the ability to empower a family to use techniques on their own. It's powerful and rewarding to see it work. No better feeling professionally." Many other participants commented on their enjoyment at being able to support a family's capacity to affect their child's progress and development. Participants also held the view that coaching parents brought about greater engagement in sessions and a close collaborative relationship. One participant shared, "Setting up the therapist/parent relationship as a partnership and not hierarchical brings a level of engagement to the interaction that most parents value."

Commitment to Implementation of Best and Recommended Practices

An additional theme that emerged for why practitioners' are motivated to coach caregivers is because they believe it to be effective in obtaining desired results and that it is supported by research. One participant stated, "Coaching is an evidence-based practice and is very effective in building caregivers' capacity." Many participants shared thoughts about how coaching promotes achievement of children's goals. For example, one of the participants noted, "I love being able to help families learn to think like I do and become problem solvers. When they take ownership of their child's goals and progress, change happens more quickly!" Another commented, "I strongly believe parents make more of a difference for their child's development than one hour of therapy from a therapist." Other participants gave brief, succinct answers such as "it works better," "best practice," "research-based for 0-3," and "it's evidence based."

Self-Motivation for Improvement

The third theme that emerged was that practitioners are motivated to learn and use a coaching approach because of their own desire for self-improvement. Typical example responses in this category were "to improve my practice," "refine my skills," and "to do better at my job." One participant stated that her motivation for using a coaching approach was initially because of job requirements but she transitioned into being intrinsically motivated: "At first to learn the model for my new job EI and now it's to continually add to my knowledge and toolbox." Another shared similar thoughts: "There's always something to learn about yourself and your responses and because of that you are challenged to continually grow and improve. It has taught me to use coaching in other parts of my life as well."

Fulfil Job Requirements

The last theme that emerged as a reason for training and implementation of coaching practices was because of employer requirements. One participant commented that coaching was a "state requirement to continue providing EI services." Another said, "Our state mandates the coaching model." However, when a participant gave this response, they often followed it up by saying that they used coaching practices for other reasons, such as they viewed it as best practice for families. One participant commented that coaching "is required by my job - but has proven to be effective and best practice." Another stated that coaching is "required by my employer, but I also want to learn to coach families better to increase success with outcomes." Similar thoughts were voiced by many participants, and in fact, only one of the 59 participants reported that the sole reason for her use of a coaching approach was due to job requirements and that she found no value in the practice. This participant felt that agencies should "acknowledge that coaching can be helpful, but it's only a piece of the puzzle, not the only way to do therapy…most families just

want us to do our jobs and stop trying to make them the therapist." However, this was the only participant to share this strongly unfavorable view of coaching.

CHAPTER 5: DISCUSSION

The current study used a nonexperimental qualitative survey method to gather the perspectives of EI practitioners about their use of a coaching approach with families and their views about professional development for implementing coaching practices. Participants encompassed many different roles and backgrounds; however, they all shared the common experience of being employed in an EI setting that required use of a coaching approach. Therefore, a phenomenological approach was beneficial in exploring this common subjective experience of a diverse group of participants. Findings aligned with previous research that suggests that practitioners recognize the value of using a coaching approach with families. Participants in the current study shared their views of coaching's role in increasing family empowerment and capacity building, the ability of caregivers to carry over strategies, and coaching's effectiveness in supporting children's progress and stronger relationships with families. Previous studies (i.e., Douglas et al., 2019; Salisbury et al., 2018) have also reported these same favorable views of coaching by EI practitioners.

However, previous research (i.e., Decker et al., 2020; Douglas et al., 2019) has also found that although practitioners value coaching for its benefits to children and families, it is challenging for them to put these ideals into practice. This finding was also echoed in the present study. In the current study, practitioners shared that certain coaching practices did not come easily to them, especially when first learning the approach. One participant stated, "I felt like my first couple of years transitioning to coaching were hard at times. I missed just going into homes and working directly with the child." Other practitioners commented that they found it challenging to lead parents through a process of reflective questioning, rather than just providing them with ideas or suggestions, and this was especially difficult when parents had previously

experienced a direct therapy approach with other practitioners. Participants also noted challenging situations related to caregiver buy-in and participation, carryover of strategies, language barriers, and coaching in childcare settings, all issues that have been reported in previous studies (Douglas et al., 2019; Salisbury et al., 2009; Stewart & Applequist, 2019).

When one considers the diverse needs of families coupled with the lack of inservice and preservice training, it is understandable that practitioners experience difficulty in implementing coaching practices. Romano and Schnurr (2020) point out that practitioners who use a coaching approach must be able to integrate several different skill sets. In contrast to a direct therapy approach which requires only the knowledge and application of evidence-based strategies with the child, coaching requires a practitioner to be able impart these strategies to adult caregivers in a way that they can understand and apply. This requires the ability to identify and coach caregivers in strategies that can be embedded into a range of routines and activities, but in a way that is sensitive and respectful of each family's individuality and diversity.

Also consistent with previous research was the finding that attaining proficiency in coaching practices requires a high level of commitment and effort, along with the support of effective professional development by Part C agencies. In the study by Salisbury et al. (2009), practitioners were supported by highly committed trainers throughout an in-depth, ongoing two-year process designed to support them in reaching fidelity to coaching practices. Participants in that study shared which training activities they perceived as most beneficial. Strategies they found especially helpful were opportunities for self-reflecting on their experiences, a sense of community around learning, organizational support, and the large scope of training. Along these same lines, research by Dunst et al. (2011) found that participants perceived their field-based training to be much more effective than workshop or conference attendance, as this afforded

them repeated opportunities to see and apply practices in real-life settings and then reflect on and assess their learning. Similarly, practitioners in the current study shared that these types of training opportunities were helpful to their success in implementing a coaching approach. The activities they identified as most beneficial were interactive workshops with opportunities to observe and practice new skills, peer groups for support with challenging situations and problem solving, discipline-specific training, and ongoing support and observation of master coaches or mentors. Training activities deemed not advantageous were readings and webinars, theory-based training, and those that lacked the opportunity to observe, practice, and problem solve. The implications of these findings will be discussed further below.

5.1 Limitations

The current study has certain limitations. Because the survey was researcher-designed, this raises the question of reliability and validity. In an effort to ensure that the survey questions accurately addressed the research questions, I worked closely with my committee chair and committee members during the design process. I also sought advice from an outside expert panel and from the pilot group of practitioners and added or modified questions based on their feedback. Reliability during the coding process could have been affected by the large quantity of responses received and the fact that I am inexperienced in qualitative analysis. To lessen this limitation, I worked closely with my committee chair and peer reviewers to reach a consensus on categories, themes, and codes. I engaged with the data repeatedly and reflectively and provided abundant verbatim language from participants to accurately represent their responses and support credibility in the findings.

Another limitation concerns the fact that I am an active member on both of the Facebook coaching support groups and am an administrator on one of them. Over the past several years, I

have posted suggestions and recommendations on coaching in both forums, thus introducing the possibility that some participants may have responded based on their perceptions of my expectations. In an effort to reduce this possibility, I refrained from actively posting on both groups for the three months prior to the survey dissemination.

The choice to gather participants from the two Facebook coaching support groups also introduces the probability of a biased sample of practitioners. These groups were chosen for their convenience in accessing practitioners licensed to provide Part C early intervention services who were using a coaching approach with families. Participation in such groups is voluntary, and it is likely that members in these groups were already strongly motivated to increase their coaching skills. In fact, one of the groups was originally created for experienced coaches who wanted a place to gather without arguing or debating the effectiveness of the approach. Practitioners who seek out peer supports may be more likely to be supportive of coaching and more motivated to increase their coaching skills. It is not known how these participants' experiences would compare to those of other practitioners who have not sought out such groups.

5.2 Implications and Future Directions

The current study has important implications for how agencies and organizations support practitioners in learning to adopt coaching practices with families. According to Bronfenbrenner's (1986) ecological systems theory, the immediate family setting, the microsystem, is the prime influencer in a child's development. Equipping practitioners in family-centered approaches such as coaching directly supports parents and other caregivers in this primary role. With the current knowledge to practice gap, the pressing question is how stakeholders such as EI lead agencies, contract agencies, educational institutions, and discipline-

specific boards can support practitioners' in implementing coaching practices so that families might experience maximum benefits.

Participants in the current study shared their perspectives on what types of training activities and supports they need to effectively use a coaching approach with families. Their views align closely with the theoretical frameworks of andragogy and adult learning methods (Bransford et al., 1999; Knowles et al., 2005; Trivette et al., 2009). One of the principles of andragogy is that adults benefit from the availability of a variety of learning activities that are relevant to their unique needs and experiences (Knowles et al., 2005). Participants in the current study shared that having access to a combination of various types of training (i.e., in-person workshops, master coaching, discipline-specific training, observation of peers, group supports, etc.) was helpful. Another principle of andragogy is that adult learners benefit from the opportunity to practice a skill, reflect upon their performance, and then problem solve with guidance if needed (Knowles et al., 2005). Many participants in the current study reported that opportunities to meet with master coaches and peer groups provided them with vital support in this area. Adult learners also appreciate choice and self-determination in what types of training are most beneficial to their own situation and needs (Knowles et al., 2005). When developing professional development and training activities, it is important to consider all of these adult learning factors to ensure that practitioners are fully supported in their ability to implement coaching approaches.

The current study also aligns with Ajzen's (1991) theory of planned behavior. This theory posits that successful implementation of a behavior or practice requires that an individual see the practice as worthwhile, achievable, and supported by their organization and peers. In the current study, the vast majority of participants perceived coaching as a worthwhile practice, and they

shared a variety of motivations for coaching. However, it is less clear how many practitioners perceived coaching practices as attainable and supported by their organizational culture and peers. Many participants reported challenging situations and how these were made worse by other professionals using differing approaches with families. Some participants shared ways their organization effectively supported their learning with beneficial professional development activities, while others gave suggestions for what types of training they wished their employer would provide. Many practitioners commented on a lack of available training in general, and a need for trainings to go beyond theory or basic principles. They also reported a desire for observation of and interaction with other coaches. When an organization makes these types of quality training activities available, they may be creating a climate that better enables practitioners to achieve proficiency in the use of a coaching approach. Future research may examine whether motivational factors, organizational climate, and professional development opportunities that support attainability converge to increase implementation and fidelity to coaching practices.

One area that the current study did not examine was the relationship between professional development and practitioners' skills in the use of a coaching approach with families, as the sole goal was to gain insight into how practitioners perceive coaching and related professional development. Success in implementation of coaching practices is crucial, however, for providing families and young children with optimal outcomes. Future research needs to look at how professional development can promote fidelity in implementation, as research suggests that coaching is challenging for practitioners and its use is sparse (Douglas et al., 2019; Peterson et al., 2018). There are a few studies that have examined the effect of training activities on coaching implementation; however, most of these have been small and have used researchers to

conduct the training process (i.e., Meadan et al., 2019; Salisbury et al., 2009). To remedy this, Romano and Schnurr (2020) suggest moving beyond studies that use researcher-conducted training to research that examines the use of real Part C interventionists to train EI practitioners in coaching practices.

One of the original areas of interest of the current study was whether contract practitioners and those employed directly by Part C agencies experience differences in motivations for pursuing coaching training and implementing coaching practices. A few of the participants who were contract practitioners did identify costs associated with professional development, such as taking time off to attend training, incurring travel expenses, and paying for conferences and materials. However, contract practitioners in the current study still overwhelmingly reported valuing and being motivated to use coaching approaches with families. One reason for this may be due to a biased sample. As discussed in the limitations section above, practitioners who are members of coaching support groups may be more favorable toward a coaching approach and therefore more motivated to request and utilize coaching training. It is not known whether this is reflective of most contract practitioners, thus limiting the generalizability of the findings. Future studies could examine the perspectives of a diverse sample of contract practitioners by attempting to reach a broader group of contract practitioners.

Future studies could also examine practitioners' needs for discipline-specific training at both preservice and inservice levels, as this was mentioned by several participants. The role that practitioners play in supporting families differs across disciplines; for example, the role of a service coordinator is distinctly different from that of a physical therapist. The present study gathered participants from a wide array of disciplines that included speech language pathology, special education, physical therapy, occupational therapy, service coordination, and others.

Therefore, the field may benefit from further research to examine the perceptions of practitioners from individual disciplines related to their specific professional development needs.

5.3 Conclusion

Recommended practices support the use of coaching strategies by EI practitioners for promoting child and family outcomes, as research indicates that the use of a coaching approach promotes caregivers' competence, confidence, and ability to embed strategies into daily routines, thus resulting in better outcomes for children (Douglas et al., 2019). However, a gap remains between practitioners' motivation and use of coaching practices with families, and there is a lack of research for how the field can better equip them. The current study adds to the research base by allowing practitioners to express their thoughts on which activities they perceive as most beneficial to their learning. It is hoped that this research will be a useful contribution to a deeper understanding of how organizations can best support EI practitioners and an aid to informing and guiding effective professional development opportunities for the implementation of coaching practices.

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Table 1

Units of Analysis

Research Question	Most Relevant Survey Question
1. What do providers identify as their greatest barriers to using coaching practices with families?	25) What is the most difficult part of coaching families? In what areas do you feel a need for more support? 26) What are some of the barriers you face in implementing coaching practices with families?
2. What are the perceptions of EI practitioners about professional development activities for supporting the implementation of coaching practices?	21) Have there been any personal costs involved in taking these trainings, and if so, please describe. 22) What training experiences do you feel have been the most valuable in supporting your coaching abilities and why? 23) What have been the least helpful training experiences for you in learning to coach and why? 27) What factors have hindered you from receiving coaching training (e.g., time involved, costs, lack of availability, etc.)? 28) What suggestions do you have for improving professional development and training activities related to coaching and how might these be helpful?
3. What are some of the motivational factors that impact training and implementation of coaching practices?	20) What has been your motivation for pursuing coaching training? 24) What do you value most about coaching and why? 29) Do you have any other thoughts you would like to share about your coaching training or experiences?

Appendix A: Letter to Administrators of Facebook Coaching Groups

Dear Administrator:

I am currently working toward a Master of Education in Special Education and Child Development at the University of North Carolina at Charlotte. I am in the final semester of my program and am conducting my thesis. My research involves exploring the barriers that early interventionists face in using family-centered practices with families, specifically their use of coaching practices. I am seeking early intervention service providers such as special educators and speech, occupational, and physical therapists to participate by taking a survey that explores their experiences and perceptions related to their learning and implementation of coaching practices.

I am asking your permission to post a brief description of my project and the survey link on the group's discussion page. After clicking on the link, participants will be taken to a page describing inclusion criteria and information pertinent to informed consent. They will be informed that their participation is voluntary, anonymous, confidential, and involves no known risks. If they wish to proceed, they will continue to the study, which first requests demographic information such as EI discipline, age, gender, years of practice, etc., and then asks several open-ended questions about their coaching experiences. The online survey is expected to take less than 20 minutes to complete, participants may withdraw at any time, and there are no known risks and no adverse effects expected.

Should you have any questions about the study, you may reach out to me or my committee chair, Dr. Laura McCorkle, at the contact information below. Thank you for your consideration.

Sincerely,

Lisa Faryadi
Candidate for Master of Education in Special Education and Child Development, UNCC
Phone: 704-618-4910
Email: lfaryadi@uncc.edu

Dr. Laura McCorkle
UNCC Assistant Professor
Department of Special Education and Child Development
Phone: 704-687-8840
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Appendix B: Social Media Post with Link to Survey

"Hello, Everyone! I am completing my M. Ed. in Special Education and Child Development at the University of North Carolina at Charlotte. I am conducting my thesis project on coaching in early intervention and the barriers that EI providers face in learning to use a coaching approach. I am seeking participants to take a brief survey that asks about their experiences with coaching. If you are a provider of occupational therapy, physical therapy, speech therapy, special education, or a related discipline; have at least one child aged birth to 3 with an IFSP on your caseload; are employed at an agency that uses a coaching approach; and are at least 21 years of age, your participation would be greatly appreciated. Please click the attached link to learn more about the survey and participate if you choose. The survey should take less than 20 minutes to complete. If you have any questions, please feel free to direct message me here on Facebook. Thanks so much for your help!"

Appendix C: Informed Consent Document

UNC CHARLOTTE
Department of Special Education
9201 University City Boulevard, Charlotte, NC 28223-0001

Consent to be Part of a Research Study

Title of the Project: Coaching in Early Intervention: Practitioners' Perceptions of the Training and Implementation Process
Principal Investigator: Lisa Faryadi, Candidate for M. Ed. In Special Education and Child Development, University of North Carolina at Charlotte
Faculty Advisor: Dr. Laura McCorkle, Assistant Professor, Department of Special Education and Child Development, University of North Carolina at Charlotte

You are invited to participate in a research study. Participation in this research study is voluntary. The following information provided is to help you decide whether or not to participate. If you have any questions, please ask.

Important Information You Need to Know

- The purpose of this research study is to explore the perceptions of Part C early intervention providers to gain insight into the barriers they face in adopting a coaching approach with families.
- Your participation is voluntary, and you may stop participating at any time.
- You will be asked to complete an online survey.
- If you choose to participate, the survey will require about 20 minutes of your time.
- There are no expected risks from participating in this research.
- While there are no direct benefits to you personally, many people find participating in such surveys enjoyable, and the research may benefit the field of early intervention.

Please read this form and ask any questions you may have before you decide whether to participate in this research study.

Why are we doing this study?
The purpose of this study is to explore the perceptions of Part C early intervention providers related to the barriers they face in adopting a coaching style of interaction with parents, and a perspective on what might benefit their learning. The research will also gather information on providers' experiences with professional development activities on coaching practices.

Why are you being asked to be in this research study.
You are being asked to participate in this study because of your membership in a Facebook support group for early intervention practitioners. To be eligible to participate, you must be 21 years or older; provide early intervention services in the disciplines of occupational therapy, speech therapy, physical therapy, special education, or a related discipline; have at least one child aged birth to 3 years old with an IFSP on your caseload; and be employed in a program that uses caregiver coaching or similar practices.

What will happen if I take part in this study?
If you choose to participate in this study, you will be asked to complete an online survey on your experiences related to learning to use a coaching approach with families. In the first section of the survey, you will be asked to provide information such as age, gender, race, professional discipline, service provided, years employed in EI, and degree and certifications held. The next section will contain open-ended questions asking about your experiences and perceptions of coaching and related professional development activities you have participated in. The entire survey should take no more than 20 minutes to complete.

What are the benefits of this study?
You will not benefit directly from being in this study. However, others might benefit because the knowledge gained may be useful for developing more effective ways of training early intervention providers in the use of coaching approaches. This could greatly benefit both families and children enrolled in Part C early intervention services, and the professionals who provide them with services.

What risks might I experience?
There are no known or expected risks to participating in this survey, including privacy and confidentiality.

How will my information be protected?
Your privacy and confidentiality will be maintained to the fullest extent possible. No personal identifiers such as your name or email will be collected. Your survey responses are confidential, all data will be stored on a password-protected database, and data will only be shared with the principal researcher, research assistants, and thesis committee members.

How will my information be used after the study is over?
After this study is complete, study data may be shared with other researchers for use in other studies without asking for your consent again, or as may be needed as part of publishing our results.
The data we share will NOT include information that could identify you.

What are my rights if I take part in this study?
It is up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you begin the survey but do not complete it, your information will not be used in the study and will be discarded.

Who can answer my questions about this study and my rights as a participant?
For questions about this research, you may contact the principal investigator, Lisa Faryadi, at 704-618-4910 or lfaryadi@uncc.edu. If you have further questions or concerns about your rights as a participant in this study, please contact Dr. Laura McCorkle at 704-687-8840 or via email at lmccork3@uncc.edu. If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researchers, please contact the Office of Research Protections and Integrity at uncc-irb@uncc.edu.

Consent to Participate
If you are 21 years or older; are a provider of early intervention services in the disciplines of occupational therapy, speech therapy, physical therapy, special instruction, or a related discipline; have at least one child aged birth to 3 years old with an IFSP on your caseload; are employed in a program that uses caregiver coaching or similar practices; understand the statements above; and freely consent to participate in the study, then please click the "Next" button to continue with this survey.

Appendix D: Coaching in Early Intervention Survey

1) What is your professional discipline?

- Occupational Therapy
- Physical Therapy
- Speech Language Pathology
- Special Education
- Service Coordination
- Other:

2) What is your highest level of education?

- Associate Degree
- Bachelor's Degree
- Master's Degree
- PhD

3) How long have you been working in Early Intervention?

- Less than a year
- 1-2 years
- 3-4 years
- 5-7 years
- 8-10 years
- 11-15 years
- More than 15 years

4) What is your age range?

- 21-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70 or above

5) Please specify your ethnicity:

- Asian
- Black or African American
- Caucasian
- Hispanic or Latino
- Native American
- Native Hawaiian or Pacific Islander
- Multiracial or Biracial
- Prefer Not to Say
- Other:

6) What is your gender?

- Female
- Male
- Non-Binary
- Trans-Gender
- Prefer not to say
- Other:

7) In which state or country do you work?

8) What is your approximate gross annual income?

- Less than $30,000
- $30,000 to $70,000
- $71,000 to $100,000
- $101,000 to $200,000
- Above $200,000
- Prefer not to say

9) Please list all professional licensures, certifications, and credentials you hold:

10) Are you:

- Directly employed by a program that provides comprehensive early intervention services under Part C
- Employed by a company that contracts with a Part C early intervention agency
- Other:

11) Are you a salaried or hourly employee?

- Salaried
- Hourly

12) How many children aged birth to three with an IFSP do you currently provide services for?

13) About how many hours per week do you work in Early Intervention?

14) What type of teaming approach does your state use?

- Multidisciplinary
- Interdisciplinary
- Primary Service Provider Approach to Teaming
- I'm not sure
- Other:

15) How long have you been using a coaching approach?

- Less than 1 year
- 1-2 years
- 2-3 years
- 3-5 years

- 6-10 years
- More than 10 years

16) What settings or populations other than Birth to 3 do you work in?

17) How would you define coaching in early intervention?

18) Please describe the coaching approach(es) in which you've received training:

19) Please describe all of the coaching training activities you've had, including both past trainings and ones that you are currently involved in:

Type of training (e.g., in-person or virtual workshops, online training courses or modules, small group mentoring, etc.):
Length it took to complete the training:

20) What has been your motivation for pursuing coaching training?

21) Have there been any personal costs involved in taking these trainings, and if so, please describe:

22) What training experiences do you feel have been the most valuable in supporting your coaching abilities and why?

23) What have been the least helpful training experiences for you in learning to coach and why?

24) What do you value most about coaching and why?

25) What is the most difficult part of coaching families? In what areas do you feel a need for more support?

26) What are some of the barriers you face in implementing coaching practices with families?

27) What factors have hindered you from receiving coaching training (e.g., time involved, costs, lack of availability, etc.)?

28) What suggestions do you have for improving professional development and training activities related to coaching and how might these be helpful?

29) Do you have any other thoughts you would like to share about your coaching training or experiences?