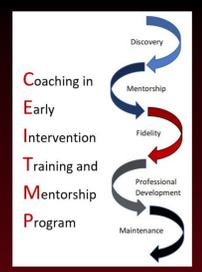


Factors Supporting Sustained Fidelity to Caregiver Coaching Practices

Serena Wheeler, PhD, IECE & Scott Tomchek, PhD, OTR/L, FAOTA

Federal Funds Support the Coaching in Early Intervention Training and Mentorship Program - Grant Number : H181A20085

CEITMP@louisville.edu

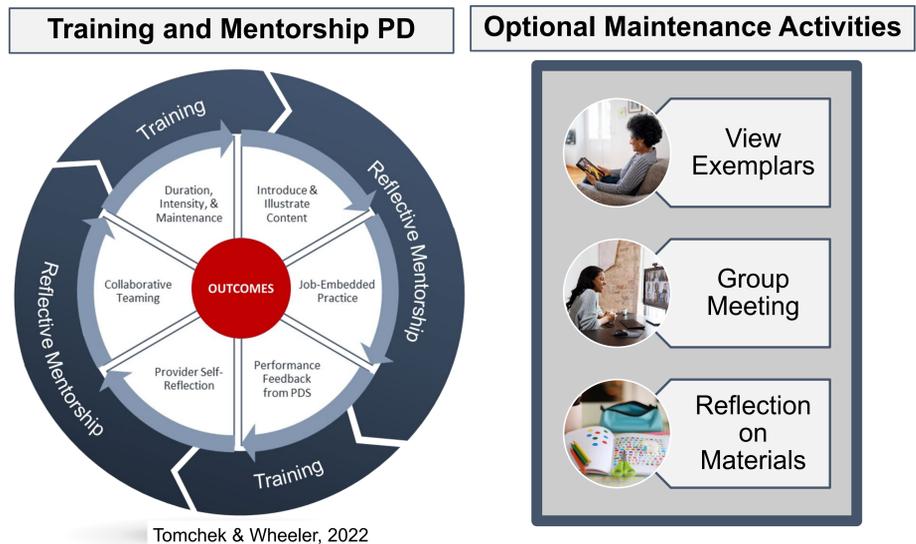


Study Introduction and Purpose

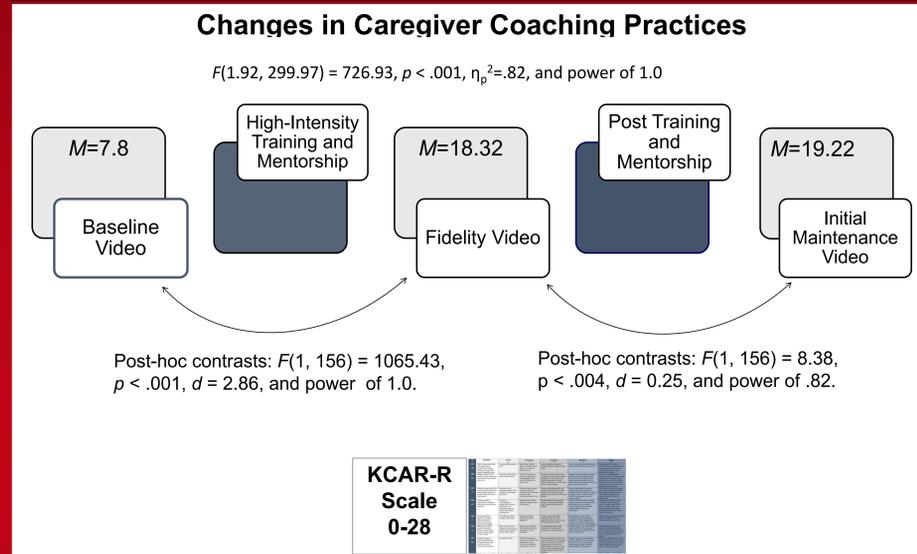


Implementation science strives to narrow the knowledge to practice gap by focusing on system level components that support quality implementation, continuous improvement, and promote the adoption and integrated use of EBPs with fidelity to increase the likelihood of positive outcomes (Fixsen et. al., 2005; Franks & Schroeder, 2013). We used active implementation frameworks to promote change focused on quality services in Kentucky's EI system. We investigated Kentucky EI providers' **sustained intervention fidelity to caregiver coaching** following participation in an evidence-informed training and mentorship program.

Interventions



Results



Sustained Fidelity Impact Factors

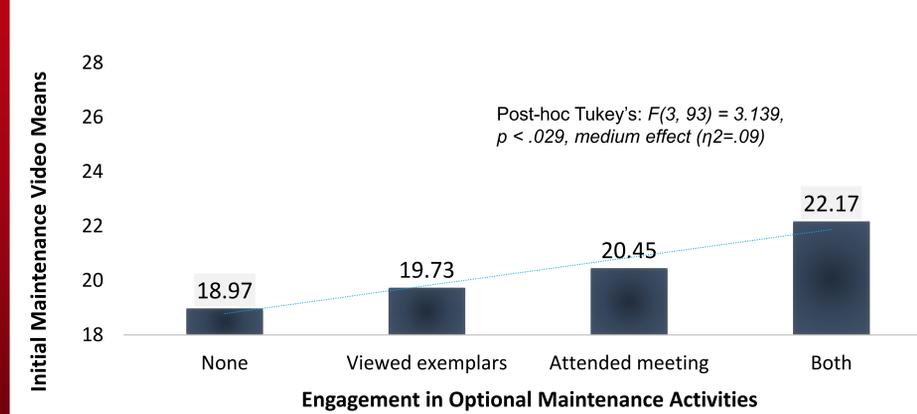
- leadership preparing systems for implementation
- systematic, comprehensive, capacity-building PD with coaching & performance feedback
- consistent funding streams
- access to high-quality training materials in multiple formats
- skilled coaches and mentors to support practitioners to reach fidelity
- tools to integrate new practice into existing practices
- systems for organizing and analyzing data to make decisions
- opportunities for collaboration with colleagues and stakeholders
- practices match intended recipients' needs

From the studies of Ai, J. et al., 2022; Rieth et al., 2022; Vismara et al., 2013; Wheeler 2023

Method

- Study Design:** Group research design with retrospective data collection
- Participants:** 157 EI providers (DI, PT, OT, SLP) who completed the CEITMP and their first maintenance period, 97 had access to exemplar videos and group discussion
- Context:** Real-world PD program supporting statewide early intervention system
- Measure:** Kentucky Coaching Adherence Rubric-Revised (KCAR-R; Tomchek et al, 2023)
- Measurement Schedule:** Pre-training (Baseline), immediately following PD (Fidelity) and following a variable post training schedule dependent on fidelity performance (Initial Maintenance)
- Data Analysis using SPSS 28:**
 - within-subjects repeated measure ANOVA to analyze practice change from baseline to, PD, to initial maintenance submission using KCAR-R scores; Post-hoc pairwise comparisons with repeated contrasts
 - one-way ANOVA to examine differences on initial maintenance submission based on engagement in recommended but optional maintenance activities; Post hoc comparisons with Tukey's test

Differences in Caregiver Coaching Skills With Engagement in Optional Maintenance Activities



Conclusion

- We found that providers maintained similar levels of fidelity to caregiver coaching following participation in PD during their initial maintenance period; and providers who engaged in optional maintenance activities demonstrated higher ratings on the KCAR-R than those who did not engage.
- Key aspects of the striking outcomes: **Effective practice** (caregiver coaching); **Effective PD implementation** (CEITMP: collaborative teaming; authentic job-embedded practice; EI provider self-reflection; training, reflective mentoring and performance feedback from a PDS; sufficient duration and intensity with ongoing follow up support; and multiple opportunities and varied formats for engaging with content); **Enabling contexts**; strong system and state-level support.

Selected References

- Ai, J., Horn, E. M., & Bigelow, K. M. (2022). Examining implementation and sustainability of positive behavior support in childcare centers. *Child & Youth Care Forum, 51*(2), 267–290.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- Franks, R. P., & Schroeder, J. (2013). Implementation science: What do we know and where do we go from here? In Halle, T., Metz, A., & Martinez-Beck, I. (Eds.), *Applying implementation science in early childhood programs and systems*. (pp. 5-19). Brookes.
- Vismara, L. A., Young, G. S., & Rogers, S. J. (2013). Community dissemination of the early start denver model: Implications for science and practice. *Topics in Early Childhood Special Education, 32*(4), 223–233.
- Rieth, S. R., Dickson, K. S., Ko, J., Haine-Schlagel, R., Gaines, K., Brookman-Frazee, L., & Stahmer, A. C. (2022). Provider perspectives and reach of an evidence-based intervention in community services for toddlers. *Autism: The International Journal of Research & Practice, 26*(3), 628–639.
- Tomchek S. D., Wheeler, S., Cheek, C., Little, L., & Dunn, W. (2023). Development, Field Testing, and Initial Validation of an Adherence Rubric for Caregiver Coaching. Manuscript submitted..
- Tomchek, S. D., & Wheeler, S. (2022). Using the EI/ECSE personnel preparation standards to inform in-service professional development in early intervention. *Young Exceptional Children, 25*(3), 146-157.
- Wheeler, S. J., "Evidence-informed in-service professional development to support KEIS providers' sustained fidelity to caregiver coaching." (2023). Electronic Theses and Dissertations. Paper 4051.

Kentucky Coaching Adherence Rubric – Revised

The ***Kentucky Coaching Adherence Rubric (Revised)*** is a set of 7 defined coaching quality indicators reflecting various skills that providers utilize to build the confidence and competence of caregivers. Each Coaching Quality Indicator (CQ) contains behavioral descriptors, representing a continuum of coaching quality ranging from 0 to 4 or “not yet”, “knowledge”, “awareness”, “application”, “mastery”.

The ***Coaching Quality Indicators*** include:

CQ1 - Fostering Trusting Relationships: Throughout the visit the provider emphasizes the professional partnership with the caregiver and shows genuine interest in the whole family. The trusting relationship is fostered as the provider authentically connects and actively listens to the caregiver; shapes the entire visit around their topics, priorities, and concerns; and communicates in respectful, strength-based, supportive ways.

CQ2 – Caregiver Beginning Joint Plan: The provider intentionally engages the caregiver early in the session to review their previous joint plan and actions. Provider facilitation supports the caregiver to develop an explicit, detailed plan for current visit. The joint plan is implemented.

CQ3 – Observation: The provider observes the caregiver and child in prioritized established routine or activities/to understand what has been occurring. Following the observed activities/interactions, the provider supports caregiver reflection to elicit their insights, problem-solve, determine next steps, and/or flow to guided practice.

CQ4 – Guided Practice: The provider uses intentional modeling, cuing, prompting, and/or reflection to support caregiver to practice new or refined strategies/activities related to their identified priorities. During practice, the provider engages the caregiver to reflect on the effectiveness of these strategies, refinements needed, confidence to implement outside of early intervention visits, and a plan for generalizing to other routines, contexts, or settings.

CQ5 – Feedback: Throughout the visit, the provider affirms caregiver reflections, efforts, and ideas with substantive feedback to attempt to expand caregiver insight and learning. Suggestions and additional information are respectfully made after reflection and with permission, if appropriate.

CQ6 – Reflection: Throughout the visit, the provider has a sense of curiosity in exploring the caregiver’s experiences and priorities by asking open-ended, non-leading, reflective questions to stimulate caregiver thinking, deepen their insights, and promote problem-solving.

CQ7 – Caregiver Joint Plan at the End: The provider engages caregiver at the end of the session to develop their detailed plans for actions between visits and for the next visit centered on their priorities. The provider plans the next visit around the caregiver priority, preferred contexts, methods, and purpose. This two-part plan clearly sets the agenda for the next visit.

Instructions and Use:

This tool will be used to measure providers’ implementation of coaching practices with fidelity during early intervention visits with caregivers and families. Following review of an early intervention session, rate the evidence of coaching quality on the rubric by circling the behavior rating descriptor. Using the continuum of scores a total score of 28 is possible, with fidelity established by a score of 18 with no zeros “0s” or ones “1s”.

Kentucky Coaching Adherence Rubric – Revised

CQ	PROVIDER...	Not Yet 0	Knowledge 1	Awareness 2	Application 3	Mastery 4
CQ1 FTR	Partners with caregiver by connecting, listening, and responding in respectful, supportive ways to foster trusting relationships	Focuses attention mostly on child	Directs; talks more than listens; conversation may be general or not related to caregiver topics	Leads conversation; responds to caregiver statements, restates, and/or reviews	Interacts reciprocally; actively listens; shows interest and sensitivity during session to relate to caregiver	Stays engaged to partner with caregiver and consistently shape conversation around caregiver topics; communicates in respectful, strengths-based ways to support caregiver
CQ2 B J P	Engages caregiver early in session to review their previous joint plans and develop plans around their priorities for the current visit	No joint plan; takes charge of visit, directs activities	Confirms only previous between visit or current visit priority; OR offers own activity suggestions for current visit; may ask caregiver for affirmation	Identifies priorities of the previous between visit and current visit plan only (no details); OR discussion leads to previous between visit or current visit plan to include both the caregiver-affirmed priority and at least 1 detail (e.g., routine, activity, setting, strategy, purpose, rationale, desired outcome)	Supports caregiver to review how their previous between visit plan went AND to ultimately identify their priority for current visit; facilitates interaction for caregiver to indicate at least 1 detail for both plan parts (e.g., routine, activity, setting, strategy, purpose, rationale, desired outcome). Joint plan is implemented	Launches visit by engaging with caregiver to reflect on previous between visit plan implementation and develop explicit, detailed current visit plan (e.g., routine, activity, setting, strategy, purpose, rationale, desired outcome) centered on caregiver priorities. Joint plan is implemented
CQ3 O	Observes caregiver and child in prioritized, established routine or activity, to understand what has been occurring followed with reflection to promote insight and/or flow to guided practice	Does not capture or has no opportunity to observe child-caregiver interactions	Selects activities to observe or observes interactions not related to established caregiver priority or joint plan; no follow-up	Observes child activities and/or child-caregiver interactions related to established caregiver priority or joint plan; may ask questions to gain information and/or give feedback; may include reflection on past action without future planning	Captures opportunities to intentionally observe child-caregiver interactions in caregiver prioritized activities followed by asking at least one reflective question related to the observation to promote caregiver insights; may include reflection on past action with future planning	Collaborates with caregiver to observe child-caregiver interactions in caregiver-prioritized routines/ activities without interruption and before feedback; Reflection related to the observation follows to elicit caregiver insights and/or flow into guided practice
CQ4 GP	Proactively captures opportunities for caregiver to practice new or refined ideas with child followed with reflection to promote insight	No child-caregiver practice or utilizes own materials to engage child in activity	Implements own activities or utilizes own materials and caregiver observes activities	Identifies opportunities for caregiver to practice ideas/strategies linked to established caregiver priority or observation; may ask questions to gain information and/or offer feedback	Cues, prompts and/or models for caregiver to practice or try ideas related to their identified priority; at least one reflective question follows to facilitate caregiver insights related to the practice	Uses intentional modeling, cuing, or prompting for caregiver to practice ideas related to their priority in a natural routine; use of reflective questions with caregiver encourages further problem solving and practice opportunities
CQ5 F	Offers substantive feedback to caregiver reflections throughout the visit to affirm and attempt to enhance their learning experience, insights, or actions	No feedback provided to caregiver; child focused feedback	Primarily praises caregiver and/or offers suggestions/information	Acknowledges caregiver reflections related to priorities; may offer suggestions/information prior to giving caregiver opportunity to reflect	Affirms caregiver reflections with substantive explanations; brainstorming, suggestions, or information are related to priority and shared after ample time for caregiver reflection	Uses substantive affirmations of caregiver reflections on their priorities throughout the visit to enhance their learning experience, insights, or actions
CQ6 R	Asks effective reflective questions to stimulate thinking, promote problem solving, and elicit insights from the caregiver	Makes many declarative statements; may ask yes/no and informational questions, without intent to reflect	Asks at least one question with reflective intent; directs conversation more than responding	Occasionally asks questions with reflective intent; may lead part of conversation to a particular response	Frequently employs open-ended reflective questions with intent to have caregiver share thoughts and insights related to their priority or the joint plan	Predominantly and throughout the session, asks open-ended reflective questions related to caregiver priority or the joint plan and allows opportunity for them to respond with thoughts and insights
CQ7 E JP	Engages caregiver to intentionally develop detailed plans for their actions between visits and for the next visit centered on their priorities	No joint plan formed	Confirms only between visit or next visit priority; OR directs plan development by giving homework or selecting the activities to work on	Identifies priorities of the between visit and next visit plan only (no details); OR discussion leads to between visit or next visit plan to include both the caregiver-affirmed priority and at least 1 detail (e.g., routine/activity, setting, strategy, purpose, rationale, desired outcome)	Supports caregiver to ultimately identify what they would like to focus on between visits AND for the next visit; facilitates interaction for caregiver to indicate at least 1 detail for both plan parts (e.g., routine, activity, setting, strategy, purpose, rationale, desired outcome)	Ends visit by engaging with caregiver to reflect and develop explicit, detailed plans for between visits and the next visit (e.g., routine, activity, setting, strategy, purpose, rationale, desired outcome) centered on their priorities