

TABLE OF CONTENTS

Evidenced Based Coaching

Pp 1-2

Coaching in a Variety of Contexts

Pp 2-3

Coaching Training: CEITMP

Pp 3-4

**How Stakeholders and POE Staff
Support the CEITMP**

Pp 4-5

**Provider's Role & Services in the
CEITMP**

Pp 5-7

Recording Early Intervention Visits

P 7

Maintaining Fidelity

Pp 7-8

CEU & Course Credit Opportunities

Pp 8-9

IFSP/Documentation

Pp 9-11

Billing

Pp 11-12

Caregiver Interactions

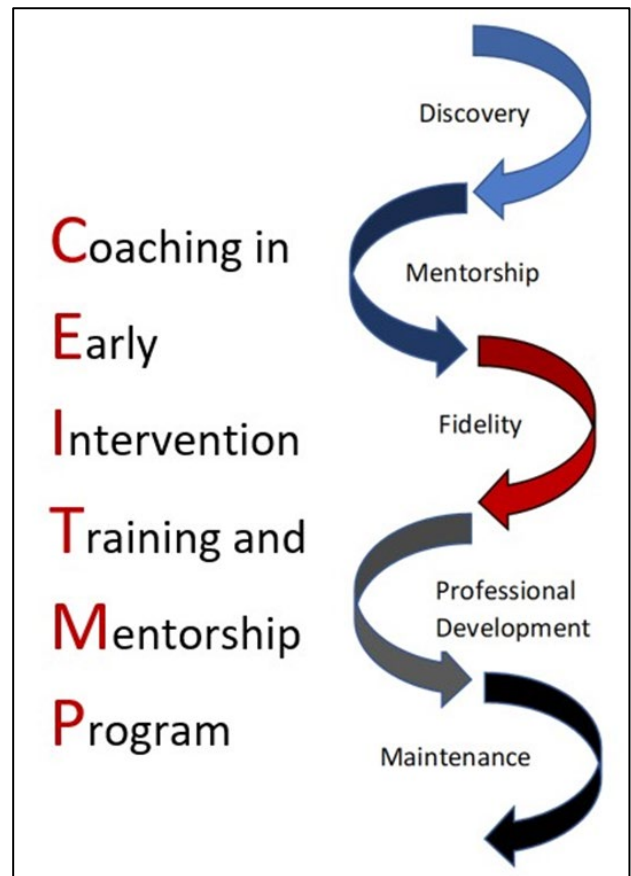
Pp 12-13

**Transitioning From Traditional
Therapy Expectations**

Pp 13-14

Provider Coaching Applications

Pp 14-15



EVIDENCED-BASED COACHING

1. What is coaching in early intervention?

The Early Childhood Coaching Handbook (Rush and Shelden, 2020) defines coaching as “an adult learning strategy in which the coach promotes the learner’s ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations”. We have used the word "consultation" in Kentucky since 2004 when we moved toward a Primary Service Provider (PSP) model to describe our visits with children and caregivers. There are clear differences between these two interaction styles. In traditional consultation, the therapist is the expert, leads the session and focuses on the child, whereas in coaching the caregiver is the focus, is also an expert, and jointly plans the visit. Coaching is more consistent with early intervention, while consultation is more consistent with clinic-based or home health medical therapy.

Kentucky’s model of coaching in early intervention is heavily influenced by Rush and Shelden (2020). Coaching can be implemented with all caregivers and is the framework providers use to partner with families and other caregivers to promote their child’s learning and development using the five research-based practice characteristics: joint planning, observation, action/practice, reflection, and feedback. Providers build trusting relationships by partnering with families to identify their priorities, come up with new ideas, and practice them during routines to build their capacity to handle current situations, while also developing problem-solving skills to address future events. Coaching is not a specific or exclusive intervention strategy, instead, it is the approach used to scaffold families’ expertise and realize their critical role in making the most impact on their child’s development.

2. Why are we training in early intervention?

The Office of Special Education Programs (OSEP’s) revised Results Driven Accountability (RDA) has shifted from a system focused primarily on compliance to one that emphasizes quality and results. RDA requires states to have plans to improve developmental and educational results as well as functional outcomes for young children and students with disabilities. Kentucky Early Intervention System’s (KEIS) current State Systemic Improvement Plan (SSIP) focuses on family outcomes and includes goals targeting the skills of both the Point of Entry (POE) staff and providers who conduct early intervention services. The POE activities aim to strengthen the use and fidelity of the Routines Based Interview (RBI). For providers, the SSIP stakeholder group chose to focus on four evidence-based practices (EBPs): coaching as a parent-mediated intervention, routines-based interventions, natural environments, and strength-based coaching in early intervention. Evidence-based coaching, an interaction style, has been adopted by KEIS to build the capacity of caregivers, who spend the majority of their time with their children, to support them to problem-solve and embed meaningful learning opportunities in their naturally occurring routines or activities to help their children learn and develop. The Coaching in Early Intervention Training and Mentorship Program (CEITMP) is designed to support providers to develop the foundational knowledge and skills to implement these EBPs with fidelity, and after completion, to continue to strengthen their coaching expertise with all families on their caseloads.

3. How do you know the program is successful and providers are coaching?

The success of the CEITMP will be evident through informal and formal means. Informally, when providers are coaching, more caregivers will be active participants in early intervention sessions and outcome development, as well as demonstrate confidence in helping their child develop and learn. Family and provider reports will reflect a shift from traditional child-directed therapy to coaching practices. Coaching practices will be present in provider documentation within service logs, assessments, and progress reports, as well as dialogue among IFSP team members. Formally, the CEITMP gathers data of pre-post video reviews using the Kentucky Coaching Adherence Rubric-Revised (KCAR-R) to measure providers’ use of the foundational quality indicators of coaching with families as they progress through the CEITMP. The sustainability plan for Kentucky’s State SSIP calls for all CEITMP trained providers to complete periodic maintenance checks to ensure continued implementation of high-quality coaching. In addition, the State Lead Agency (SLA) collects outcome data via a family survey, and when families are being coached by providers, we expect them to report high perceptions of their ability to help their child develop and learn. These data (i.e., providers’ fidelity to coaching, family survey) are reported annually in Kentucky Part C’s State Performance Plan/Annual Performance Report (SPP/APR). Lastly, the CEITMP surveys participants throughout the program to solicit

feedback on how the program has influenced their implementation of coaching practices. The CEITMP end survey collects provider feedback on the stated program outcomes and uses it for process improvement activities. Specifically, providers will:

1. Consider existing knowledge and practices in the context of recommended practices
2. Increase knowledge of the EBP of strength-based caregiver coaching
3. Demonstrate caregiver coaching practices with fidelity during early intervention visits
4. Develop a network of support among early intervention colleagues

4. What literature and publications support coaching practices?

Updated research and resources related to coaching, high impact professional development, and early intervention have been added to the KEIS Service Provider Information and Coaching webpage and can be found here:

<https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/fs/CoachingCaregivers.pdf>

5. What other states are using a coaching approach?

Part C of the IDEA (2004), the Mission and Key Principles of EI (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008), and the Division of Early Childhood Recommended Practices (2014) advocate for use of family-centered, capacity-building approaches like caregiver coaching in early intervention systems. As such, 42 of the 50 (84%) state Part C programs utilize coaching approaches.

COACHING IN A VARIETY OF CONTEXTS

6. Can I coach using the tele-intervention service delivery model?

Absolutely, coaching is an ideal framework for tele-intervention visits as it allows providers to utilize their clinical expertise as they support families. The coaching model provides systematic structure and focus for tele-intervention visits. When coaching, caregivers and providers actively partner to expand experiences, knowledge, and ideas. Past participants of the CEITMP have demonstrated success and met fidelity to coaching through recorded tele-intervention sessions. They also report that the knowledge gained in the CEITMP has supported them to prepare and facilitate tele-intervention sessions. To continue to support Kentucky's early interventionists, the CEITMP has developed several resources relating to coaching and tele-intervention. These resources are available at:

KEIS Service Provider Information and Coaching webpage:

<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx>

CEITMP YouTube Channel: https://www.youtube.com/channel/UCUmBdHCYxUWNuSawOSywWng?view_as=public

7. How does coaching work with the added dynamic of foster parents, grandparents, and other family members as caregivers?

The Routines Based Interview/family assessment is a critical step in the process of early intervention services (see <https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/fs/ProcessKEISInfographic.pdf>). Understanding the family strengths, resources, concerns, priorities, dynamics, and contexts drives all early intervention services. Coaching leads to all caregivers feeling confident in supporting children. We use the same strategies with all caregivers, primary and supportive. Both are typically eager to learn how to help children be successful.

8. How do I coach families whose children are seen in a childcare setting?

Coaching families whose children attend a childcare program requires forethought and creative scheduling, which may include planning for visits at both the childcare program and the home. Coaching will occur with the childcare staff if the IFSP indicates childcare as the setting for service delivery. Ideally, if this is the preference of the family, childcare providers will participate in IFSP development for children they are caring for.

If the childcare program was not represented during IFSP development, providers should collaborate with childcare directors, childcare providers, and families at the onset of services to establish a communication system and educate

the team on the coaching approach. The provider must be mindful of the childcare provider's busy schedule and work to accommodate their scheduling needs, while also considering the needs of the child. The same strategies used with families will be used with childcare providers. Childcare providers are typically eager to learn how to help a child be successful in the group setting. Coaching empowers the childcare provider to feel confident in supporting a child's participation in daily routines.

For additional information, please see Early Intervention Services in Childcare Settings: Establishing Collaborative Relationships: <https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/fs/EarlyInterventionChildCare.pdf>

9. Do interpreters have knowledge of coaching and how services should be delivered?

As part of their training, interpreters learn strategies to negotiate conversations with multiple partners. It is not the role of the interpreter to guide or advise the family; their role is to facilitate communication. We recommend that providers briefly collaborate with interpreters before implementing services to discuss their experience with coaching and educate them on the early intervention coaching approach to be used, highlighting the purpose of services are to build the family's capacity to help their child develop and learn.

COACHING TRAINING: CEITMP

10. Who will participate in the coaching training?

All KEIS ongoing service providers (e.g., PT, OT, SLP, DI, TDHH, TVI) statewide will participate in the CEITMP. Current and new providers with a caseload of at least one will receive pre-enrollment opportunities to select their preferred time to participate in an upcoming cohort as we move forward. Providers with active caseloads who choose not to participate in the CEITMP can work with their POE to transition their caseload to other providers and go on voluntary hold while maintaining their contract until they choose to accept referrals.

11. What is the coaching training for providers?

The CEITMP was developed to integrate research-based elements of adult learning associated with positive outcomes (i.e., collaborative teaming; introduction and illustration of practices; job embedded opportunities for practice; self-reflection; mentorship with performance feedback; sufficient frequency, duration, and intensity; maintenance). Groups of approximately 3-5 providers are paired with a dedicated mentor who supports flexibility, practice refinement, and progression through the 32-week CEITMP, which includes self-paced learning activities; monthly 90-minute small group meetings; and reflection on video recorded early intervention visits.

- **Enrollment:** 3-month period of support and providers submit baseline videos prior to CEITMP Kickoff.
- **1-week Virtual Kickoff Meeting:** Review CEITMP, introduce caregiver coaching, and meet with small group.
- **12-week Discovery Phase:** Providers build foundational knowledge of caregiver coaching through focused readings, eLearning modules, group meetings and coaching practice with a peer.
- **10-week Mentorship Phase:** Providers begin to apply what they learned in Discovery Phase using the Kentucky Coaching Adherence Rubric-Revised; self-assess coaching skills; submit segments of their recorded EI sessions for mentor feedback; and participate in group meetings.
- **6-week Fidelity Phase:** Providers refine skills and demonstrate fidelity to caregiver coaching; self-assess; submit recordings of entire EI visits for mentor feedback; and participate in a group meeting.
- **3-week Professional Development Phase:** Providers develop a plan to maintain fidelity to caregiver coaching; participate in a group meeting; and complete an exit survey.
- **Maintenance:** After successfully completing the CEITMP, providers continue to refine their caregiver coaching skills and can participate in a group meeting. Periodically, they will record an entire EI visit demonstrating fidelity to coaching, self-assess, and submit for mentor feedback.

12. What if I do not demonstrate fidelity to coaching and successfully complete the CEITMP?

During the final stages of program, providers will submit at least 2 videos showcasing their best caregiver coaching in early intervention and a professional development plan to target areas for continued growth in coaching. With participation in activities and ongoing support and mentorship provided from the CEITMP coaches, reaching fidelity

should not be a concern for those providers who are open to learning and put forth the effort. To date, 100% of providers have ultimately reached fidelity on their video submissions and completed the program.

However, in the event a provider does not achieve the minimum fidelity criteria on their fidelity video submissions, they will have 30 days to submit additional video(s) for review and scoring to demonstrate coaching with fidelity. Only 3.6% of providers have required additional video submissions. If after 30 days the provider does not reach fidelity, they will submit a corrective action plan to the SLA outlining the strategies they will use to improve coaching to allow the provider to reach fidelity. This plan will be consistent with the activities identified on the professional development plan. Non-compliance may result in contract termination - no providers have reached this level.

13. Do you suggest OT/COTAs and PT/PTAs go through CEITMP cohorts together?

Yes, when possible, we recommend they participate in the same cohort. Physical and occupational therapy assistants (PTA/COTA) provide early intervention services under the supervision of a licensed physical/occupational therapist. Recognizing this partnership, when PTAs/COTAs are invited to the CEITMP program we will also invite the supervising PT/OT to join the same cohort. Placing supervisors/assistants together within a cohort also allows:

- Families to receive consistent early intervention coaching from both supervising/assisting providers.
- Time during the CEITMP to be spent applying coaching practices unique to the peer coaching dynamic between supervisor/assistant.
- Both supervisors and assistants opportunities to capture coaching videos with the same family to demonstrate peer and caregiver coaching.

HOW STAKEHOLDERS AND POE STAFF SUPPORT THE CEITMP

14. What is important for all Kentucky's Early Intervention System stakeholders to know and do to educate others about coaching in early intervention?

Part C of the Individuals with Disability Education Act authorizes early intervention services and requires intervention to enhance the capacity of families to meet their child's needs. It is the responsibility of all KEIS stakeholders to understand that early intervention services utilize the evidence-based practice of caregiver coaching. It is important that all effectively convey a consistent message regarding the intent and scope of early intervention services with referral sources and caregivers during initial conversations and subsequent interactions. Families receive a letter explaining the shift to coaching and at intake service coordinators use a video and script to help caregivers understand what early intervention looks like, emphasizing that "intervention" occurs during everyday opportunities children have to develop and learn with the important people in their lives. A coaching approach is used to help families realize their critical role in making the most impact on their child's development and to support them in capturing opportunities in their daily routines to achieve outcomes.

15. What is the role of the POE Staff (Managers, SCs, DCEs) in supporting the CEITMP?

The primary role of the POE staff is to provide district specific information to providers and support communication efforts between providers and CEITMP staff. As noted above, we believe it is critical for referral sources and families to have consistent messaging about what early intervention services are and are not. POE staff play key roles in laying the foundation for this understanding as they have the initial dialogue with families regarding coaching in early intervention visits. Trainings and ongoing collaboration between UofL and POE staff support this crucial role in communicating to families about early intervention coaching. Developed materials support SCs in their discussions with families, such as the Coaching: A Partnership to Support Children and Families handout and the Kentucky Early Intervention System: Working Together to Help Children Learn and Develop video to be shared with families during the intake process. Recognizing the importance of the family assessment in identifying priorities, the SLA provides on-going training for POE Managers and Service Coordinators on the family assessment.

16. What are the tools available to stakeholders to explain the benefits of coaching in early intervention?

- CEITMP KEIS YouTube Channel Videos: <https://www.youtube.com/channel/UCUmBdHCYxUWNuSawOSywWng>
 - [Kentucky's Early Intervention System: Working Together to Help Children Develop and Learn](#)

- [For Families- Coaching During Tele-Intervention-What Does it Look Like](#)
- [Building Caregiver Capacity](#)
- [Foundations for Positive Outcomes](#)
- [Coaching: A Partnership to Support Children and Families infographic](#) located on the KEIS Service Provider Information and Coaching webpage: <https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx>

7 Question Parental Self-Perception of Competency Survey administered at the onset of services.

- The Early Childhood Coaching Handbook by Rush and Shelden (2020)
- Personalize the script below to explain the benefits of coaching in early intervention to others.

“Kentucky has adopted a coaching approach to support children and families. During early intervention visits, caregivers and providers interact and use meaningful conversations to form a partnership to promote a child’s learning and development. Both have key roles and use their knowledge to focus on what is important to caregivers within the family’s everyday activities and routines. With a clear purpose, caregivers and providers begin and end visits with a shared plan; observe each other and try new ideas; and think, problem-solve, and learn together.”

PROVIDER’S ROLE & SERVICES IN THE CEITMP

17. What is the provider’s role in using a coaching approach during early intervention visits?

Coaching is an evidence-based approach that promotes partnership between families and early interventionists and encompasses six key elements. Providers use their expertise to:

2) Foster Trusting Relationships to Partner with Caregivers

Early intervention providers believe that families are the experts of their child, and that families are best equipped to help their children develop and learn. Treating the family with respect and meeting the family “where they are” provides the family with a sense of being valued. As we engage in meaningful conversations with the families by asking them to share about what they have tried and how it worked, or tell about a time when they were successful, the family is heard and will feel more comfortable entering the coaching relationship.

3) Develop Joint Plans Based on Caregiver Priorities

Early interventionists support the family in identifying their priorities to develop plans to achieve outcomes. All families have routines, and these routines are learning opportunities. As we support families in realizing the opportunities that are embedded in their daily activities, we help build their confidence and competence as a teacher for their child.

4) Observe

Providers observe, without interruption, the child/caregiver and child’s interactions within routines in the natural contexts in which they occur.

5) Support Caregiver Practice

Providers support and encourage caregivers to practice their ideas and new strategies related to their concerns and priorities so that they can become more confident in helping their child learn and develop. By having success in trying new strategies and activities, families gain confidence in their ability to teach their children and problem-solve through future challenges they encounter when the provider is not present.

6) Provide Feedback

Coaching includes affirming caregiver reflections and ideas in a capacity-building manner, as well as sharing expertise. Coaches ask permission before sharing information as coaching requires active engagement of both parties.

7) Promote Reflection

In coaching, early interventionists ask reflective questions to support caregivers’ learning and deepen their insights that will be applicable in the present and future. Evidence suggests that better outcomes result when families develop their own plans and carry them through.

Key Factors for Successful Coaching <https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/KeyFactors.pdf>

Foundations for Positive Outcomes <https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/Foundations.pdf>

18. Is it true that providers are not allowed to touch the child when using a coaching approach?

This is clearly not accurate as many of the quality indicators of coaching ask providers to engage in activities or routines and practice WITH caregivers. Coaching is an evidence-based interaction style used to structure early intervention visits and can be as “hands-on” as it needs to be while engaged in the guided practice component of coaching. Providers observe the caregiver and child engaged in an activity then reflect with the caregiver. This reflective process leads to opportunities for the provider to share feedback and intentionally model strategies with the permission of the caregiver. A vital quality indicator of coaching is caregiver practice.

19. How do providers utilize their expertise when coaching?

Early intervention (EI) providers can share their expertise through reflection, during guided practice and when offering feedback. With coaching, EI providers use reflection to not only gain a shared understanding with the caregiver but also promote insight and problem solving. During guided practice, EI providers can share their expertise through the use of prompting, cuing, modeling, and intentional modeling with the caregiver. EI providers offer feedback, after reflection, to support, offer additional information and build caregiver confidence and capacity to support their child's learning and development. So rather than consulting and telling caregivers what to do, providers use their discipline-specific expertise to shape questions and feedback with caregivers to jointly problem solve.

20. What if the child requires specialized therapy?

KEIS services are not and have never been a replacement for medically necessary clinical services. Families that prefer a medical model of therapy or if a child needs specialized/medically necessary therapy that requires a therapist to implement can seek those services outside of KEIS. EI services and coaching can scaffold the medically necessary services to support families in generalizing strategies into daily routines within natural environments. So, EI and medical therapy can, and in many cases should, exist together for children with complex conditions. We encourage interested stakeholders to review respective professional association guidelines for providing services in early intervention.

- ASHA-Roles and Responsibilities of Speech-Language Pathologists in Early Intervention Guidelines: <https://www.asha.org/policy/GL2008-00293/>
- APTA Maximizing Your Role in Early Intervention <https://pediatricapta.org/includes/fact-sheets/pdfs/IDEA%20EI.pdf>
- AOTA-What is the Role of Occupational Therapy in Early Intervention? https://www.aota.org/~media/Corporate/Files/Practice/Children/Browse/EI/Role-of-OT_1/EarlyIntervention-FAQ.pdf
- DEC Recommended Practices: <https://www.dec-sped.org/dec-recommended-practices>

RECORDING EARLY INTERVENTION VISITS

21. How should I approach recording visits with families?

Prior to your interactions with caregivers, families will obtain a letter in the mail from the SLA discussing the CEITMP and benefits of recording. Service Coordinators will provide families with an introduction to coaching, show the *Kentucky's Early Intervention System: Working Together to Help Children Develop and Learn* video, and review the *Coaching: A Partnership to Support Children and Families* handout which highlights what early intervention sessions should look like. We recognize families obtain a lot of information at intake and IFSP meetings, so we provide a sample script to restate the purpose of recording, along with requesting signed consent. We know the approach to, and positivity of the communication plays a significant role in parent/guardian approval to record. While we always respect family decisions regarding recording, some families do consent with additional parameters, which can be offered as a final discussion point. The interactions and conversations are key to understanding the flow of the early

intervention visit; therefore, offering to place the camera directly on the provider's interactions and not the caregiver and/or child or recording audio only are acceptable alternatives.

22. What do I need to know about recording my visits for the CEITMP?

Providers will record KEIS visits to self-reflect and obtain ongoing performance feedback from a coach during the program and thereafter periodically in Maintenance. The CEITMP team has released a series of podcasts ([CEITMP KEIS YouTube Channel](#)) and infographics ([Key Factors in Successful Coaching](#) and [Foundations for Positive Outcomes](#)), which are linked here and found on the KEIS Service Provider Information and Coaching webpage at: <https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx>

Providers record within any early intervention setting with caregiver consent. Therefore, a group setting requires multiple consents for all parties present. Provider consents are also obtained. UL provides written or electronic consent forms to complete. Providers may obtain a phone and tripod to support recording during the CEITMP, and will be provided access to a secure and HIPPA-FERPA compliant video feedback platform (Torsh Talent). Providers record using the Torsh phone app and upload to a provided account. Baseline and Maintenance video submissions are often recorded with the provider's phone with use of the app. Tele-intervention visits can be recorded either within the platform used for the visit or using a phone/tablet to record the computer screen. A Technology Guide will be provided to support providers with all technology aspects of the CEITMP. Technology tips and supports are provided on an individual basis throughout the program.

MAINTAINING FIDELITY

23. Why do I have to submit a video again, I demonstrated fidelity a year ago?

The CEITMP is structured as a seven-month learning process designed to provide foundational knowledge and support the evidence-based practice of strengths-based coaching. Change in practice requires awareness and engagement with new ideas along with time to put that understanding into action. Sustaining a change in practice over time is challenging and requires repetition. This is evidenced by the data from KEIS provider performance during CEITMP maintenance periods where, to date, 68 – 75% of providers demonstrate maintaining fidelity with their first video submission. All reached fidelity in the CEITMP, so maintaining fidelity is proving to be challenging for some. Research shows that repetition can deepen understanding and engagement with concepts and ideas. Spaced repetition, such as maintenance checks, over long durations, has been shown to be more impactful in sustaining change than mass repetitions at the onset of learning.

The revised RDA for the OSEP shift from a system focused primarily on compliance to one that emphasizes results is the key driver of our maintenance checks. OSEP will be providing funding for KEIS based on quality and results, rather than purely compliance as they have in the past. OSEP wants EI systems and providers to implement, scale up, and sustain evidence-based practices. The sustainability plan for Kentucky's SSIP calls for KEIS to have all CEITMP-trained providers complete periodic maintenance checks to ensure all are continuing to implement high-quality coaching with families. Also, the maintenance checks allow us to collect and report data to OSEP that providers are continuing to implement the specific EBP of coaching with fidelity.

24. How long will visits be monitored to maintain the fidelity of coaching?

Collection of initial fidelity and sustainability (i.e., maintenance) data is required by OSEP as part of Results Driven Accountability (see question 2). The sustainability plan for the SSIP calls for ongoing monitoring of coaching practices so maintenance checks will be part of KEIS for the foreseeable future. Additionally, KEIS commissioned a provider rate study to better understand the volume, type, expense, and payment components of early intervention services. The rate study is the first step in planning for the implementation of a tiered rate structure for provider payments. The Rate Restructuring workgroup has outlined considerations and provided recommendations for a tiered system of provider payments. The SLA and CHFS are considering this information. Ongoing coaching performance, as measured by maintenance checks, will likely be a consideration in the rate structure algorithm.

25. What are the maintenance and self-correction periods?

After successful completion of the CEITMP, providers will continue to receive periodic checks of their coaching practices to ensure that the momentum and consistency of fidelity to evidence-based coaching in early intervention has been maintained. These checks are known as the maintenance periods, and they span a one-month time frame in which the provider submits a video(s) demonstrating application of quality coaching.

If fidelity is not reached during the maintenance period, the provider enters a one-month self-correction period directly following the maintenance period. While in the self-correction period, the provider is encouraged to self-reflect on feedback received, review information learned during the CEITMP and view exemplar videos in preparation for recording and submitting additional videos to demonstrate fidelity to coaching. A monthly group meeting will be offered to support those in maintenance and self-correction periods to prepare to demonstrate fidelity.

If fidelity is not demonstrated by the end of the self-correction period, the SLA will determine next steps.

26. How often will I have to submit videos that demonstrate fidelity to coaching in maintenance?

The time between maintenance periods is determined by the level of coaching quality demonstrated by providers in their video submissions as measured by the Kentucky Coaching Adherence Rubric. Effort, engagement, and success are valued and rewarded with extended time between maintenance periods. We recognize providers who sustain coaching practices and increase the period between maintenance periods for those with higher fidelity scores. Likewise, those with lower scores are offered additional support and shorter durations between periods. Additionally, those who require more than one video submission to demonstrate fidelity during maintenance will have a shorter duration between maintenance periods than those who reach fidelity with their first video.

Reminder emails from the SLA and CEITMP@louisville.edu will begin approximately 3 months before the scheduled maintenance period.

CEU & COURSE CREDIT OPPORTUNITIES

27. What CEUs and Course Credit opportunities does the program provide?

PT, OT and SLP CEUs for Completion of the CEITMP

The CEITMP has been approved for CEU hours by the Kentucky Board of Licensure for Occupational Therapy for 35 hours, the Kentucky Physical Therapy Association for 28 hours and the Kentucky Board of Speech-Language Pathology and Audiology for 35 hours.

Variability in approved hours reflects statute or board determination. For instance, administrative regulations for the continued competence of physical therapists allow for a maximum of twenty-eight (28) contact hours per biennium to be awarded.

Providers will be awarded a certificate of completion at the conclusion of the program that documents the full estimated contact hours engaged in the program to submit to satisfy board requirements.

The American Physical Therapy Association has indicated that with state approval, no further action is needed and the CEITMP certificate of completion will fulfill national certification requirements. Similarly, the CEITMP certificate of completion can be submitted to the National Board Certification of Occupational Therapists as verification of professional development units. At present, American Speech and Hearing Association (ASHA) CEUs are being coordinated through the UofL Department of Otolaryngology, Head and Neck Surgery and Communicative Disorders. ASHA CEUS is dependent on cohort timing and syllabus activities. Credit will be awarded to providers who complete the CEITMP activities on the time-ordered agenda.

PT, OT and SLP CEUs for Individualized Completion of the CEITMP **when fidelity is demonstrated at baseline**

When a provider submits their baseline video prior to the deadline and demonstrates fidelity to coaching, they are provided an opportunity to develop an individualized plan to complete the CEITMP and earn 10 CEU hours.

PT, OT and SLP CEUs for **Completion of a Maintenance Period**

Four (4) Kentucky Licensure OT, PT, and SLP CEUs have been pre-approved for those who complete the following Maintenance activities:

1. Attend a 90-minute Maintenance Refresher Group Meeting prior to recording the maintenance video.

2. Submit all components of the maintenance video by the 21st of the month of maintenance.
3. Complete a detailed self-assessment for each CQ using the Kentucky Coaching Adherence Rubric-Revised that includes ratings and justification for each CQ and time-synced comments or time stamps with reflection.
4. Submit an updated PD Plan within one week of demonstrating of fidelity to coaching.

Graduate Course Credit

Up to 6 hours of graduate course credit from the University of Louisville College of Education and Human Development through an independent study is available for those willing to pay tuition. Additional collaborations are welcome, and you may reach out to your college program to determine if the CEITMP might satisfy your program requirements.

School District Professional Development Credit

Providers who are also employees of school systems are encouraged to contact their supervisor to inquire if CEITMP completion may satisfy district professional development hours.

IFSP/DOCUMENTATION

28. How will session frequency, intensity and length change using coaching?

Early intervention (EI) services are planned by caregivers and the team when developing the IFSP using available evaluation or progress data, the RBI, and understanding KEIS uses a PSP/Primary Coach model. Sometimes, when coaching a family, they will request a different frequency or intensity than how we have traditionally distributed service units (e.g., weekly, bimonthly or per plan) or how planned on the IFSP. Variability in session length is impacted by a host of factors (e.g., established joint plan, caregiver-provider relationship, environmental factors). Often, these requested changes would support their participation or address priorities in their lives. Research also shows engagement and responsiveness from caregivers enhance outcomes and development across domains. An occasional tweak of the regular meeting time to support caregivers through bath, mealtime, or a trip to the grocery store may be what they need to problem solve and help their child progress. It is essential that EI visits coincide with families' everyday routines, activities, and specific needs.

KEIS recognizes these family needs. According to KAR 30:200, unless approval for exemption to the limits has been obtained, IFSP teams design a plan within the service limits by placing the child's needs and the family's priorities as their primary consideration and by utilizing the PSP/primary coach model. To act in the best interest of the child and family, providers must implement the PSP/primary coach model, use a professional approach to decision-making, use a proactive approach to service decisions about frequency and intensity, and adapt the planning process to incorporate the required limitations. [8.17 (3) (a)].

The IFSP process allows for determining the most appropriate design and scheduling of sessions to assign service units in a way that is responsive to family and child needs. IFSPs are written bi-annually or per plan, which allows for flexibility in service provision, and they are individualized and developed around each child's unique needs/family's priorities. The EI process allows for revisions to the IFSP as needed. The IFSP team may make a Request for Exception to Service Limitations to the Record Review team if they feel additional units are warranted. The procedure for submitting a Request for Exception to Service Limitations can be found in the Policy and Procedure Manual.

29. If we are using coaching, what is the purpose of having an IFSP and why do we need specialized therapy services such as OT, PT, and ST?

The IFSP guides the family and early intervention (EI) providers in meeting the developmental needs of a young child from birth to age three (3) with developmental differences. It is a contract between the family and the state's EI system that carries the full rights and safeguards of federal and state law. The IFSP outlines the outcomes for the child and family and the EI services that will be provided to help the child and family achieve the identified outcomes. IFSPs

are written to reflect caregiver priorities and we support caregivers to help increase their capacity and competence to support their child’s development and learning.

EI services are therefore chosen based on the priorities of the family. Families participate in the Routine’s Based Interview to assess their concerns, resources, and priorities related to the child’s development. The family chooses the outcomes and priorities that they want to address through IFSP services. Decisions about service intensity, frequency, and service providers are based on the functional outcomes and are made at the IFSP team meetings. Physicians or other professionals may provide recommendations for services which are considered by the IFSP team; however, the IFSP team selects services based on the family’s priorities. As a family-centered system, Kentucky’s I System upholds the priorities of the family, even when the professionals have different priorities for the child.

The match between the IFSP outcomes and the ability of the provider(s) to support and assist the family in accomplishing those outcomes is the critical factor when choosing service provider(s) to partner with each family. Once chosen, the IFSP team must consider the following factors to determine frequency and intensity of service: the complexity of the priority outcomes for the child, the nature and complexity of the child’s needs, the confidence of the family in the knowledge and skills required to address their child’s needs, the complexity of the family’s needs, the extent of their social support network, and the nature of the intervention strategies.

The IFSP team relies on the expertise and knowledge of disciplines to build the capacity of the family to address their child’s needs. KEIS has adopted a PSP teaming model to serve families. This terminology will transition to “Primary Coach” when regulations are updated. There is no “one discipline” that can address all children, all families, and all functional skills. It takes a team approach to fully support achieving the outcomes. So, one (1) provider is selected as the PSP/Primary Coach to meet with the family most often for coaching visits. However, Kentucky has not strictly adhered to a PSP model of intervention. KEIS has allowed for peer-to-peer coaching during “cotreatment” visits that allow our providers more flexibility than many states that strictly limit EI services to only one provider. The Primary Coach uses assistance from the other team members to address IFSP outcomes and participate in co-treatment visits as needed for family priorities. The purpose of these joint visits is to expand the observation, practice, and feedback during coaching with caregivers as the child progresses. At times, joint visits may be needed for problem-solving issues that are impeding the child’s successful learning.

There is a system in place for providers to be compensated for these joint/co-treatment visits. There is no set number of co-treatment visits allotted for each IFSP- the number is determined by the child and family’s needs and the progress towards achievement of IFSP outcomes. (Kentucky’s Early Intervention System Policy and Procedure Manual-Section 8.1) PSPs share information with other providers between visits. Additionally, TOTS allows all team members access to view service log notes, progress reports, assessments, and communication exchanges. We can gain a good sense of a child’s development and progress toward outcomes using coaching elements during a visit (e.g., during joint planning, observation, and guided practice). Consultation and collaboration with colleagues also occur during team meetings and more frequently occur via phone calls, texts, and emails.

30. How is coaching documented on the service log?

The service log contains elements that are required to be documented in the child’s record using a specific format. The components of coaching, such as joint planning, observing, using reflective questions, providing feedback, and practicing/modeling, are easily integrated into service log notes. Each text box within the service log contains a ghost prompt that guides providers on the information to be included.

BILLING

31. Is coaching a billable service?

Third-party payers reimburse for medically necessary services that require expertise to remediate deficits and promote skill acquisition, which is the ultimate result of early intervention. The manner in which the practitioner delivers the service should not be dictated by the payer. Part C of IDEA does, however, state that support and services should be provided in the child’s natural environment and be designed to promote the competence and confidence of care providers to enhance the child’s growth and development through participation in everyday activities. Coaching

is the evidence-based approach the practitioner uses to interact with parents and care providers to maximize child progress both when the practitioner is and is not present. Mediating caregivers' knowledge and skills is an added benefit of the use of coaching practices. The practitioner is not, however, billing the third-party payer for how he/she interacts with the parent or care provider (i.e., coaching), but rather for the time and expertise necessary to achieve the developmental progress of the child." Common Misperceptions about Coaching in Early Intervention (Rush and Shelden, 2008)

Billing in Kentucky's Early Intervention System (KEIS) has not changed since the inception of the Primary Service Provider model in 2004. We are currently building the skills of KEIS providers so that the services are more effective and consistent with the evidence. According to the American Academy of Pediatrics, "Rather than a 'medical model' wherein a specific treatment is applied directly to the child for a specific malady, the paradigm is shifted to a contextual and consultation-based delivery of supports and services to the family and the infant. Similar to the concept of the medical home being a process rather than an address, the concept of the natural environment describes a process rather than a physical address. These concepts have been endorsed by national stakeholder organizations, including those of speech, physical, and occupational therapies. Increasingly, a best practice method, endorsed across diverse disciplines, provides coaching strategies to families for use in the child's natural learning environments. This method has been shown to build the capacities of a parent or other caretaker as new skills (both in the family member and the child) are acquired" (Adams, Tapia, and The Council on Children with Disabilities, 2013).

An early intervention session should always include planning, observation, guided practice, feedback, and reflection—these are necessary elements of the visit and are billable to insurance. The child must be present, and the provider models strategies and gives feedback to the parent/caregiver as they implement the strategy. These same practices also often occur in a clinical setting.

32. What billing codes do we use to bill for services when we use coaching?

When billing for Early Intervention services, 2 types of codes are required:

- Current Procedural Terminology (CPT) Codes: This is a procedure code for the treatment provided during the service.
- International Classification of Diseases (ICD) Codes: This is the diagnosis code that the provider is addressing; this may be different from the medical diagnosis of the child and must be specific.

The State Lead Agency is unable to provide specific codes for providers to use for their billing because all billing must be individualized to the diagnosis of the child and the treatment that is being provided. However, should you have general billing questions, you can always contact the State Lead Agency for guidance.

COACHING SUPPORT FOR CHALLENGING SITUATIONS

Providers have and will encounter challenges with coaching in the same way they experience challenges when providing direct therapy. In these situations, we rely on the Mission and Key Principles of Early Intervention to guide our responses and provide potential solutions to these challenges. Common questions have related to caregiver interactions, transitioning from traditional therapy expectations, and coaching application topic areas.

CAREGIVER INTERACTIONS

33. What if a caregiver does not want to participate in the visit?

Families enroll in the Kentucky Early Intervention System (KEIS) because they want what is best for their children. As early intervention (EI) providers we acknowledge infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. With the necessary support and resources, caregivers can enhance their children's learning and development. Additionally, the primary role of a service provider in EI is to work with and support family members and caregivers in children's lives. This challenge often speaks to our failure to clearly communicate these key principles and the fact that we have created a structure where families are not actively engaged in sessions. Highlighting the vital role of caregivers, we conduct a family assessment to understand their

routines and priorities to guide the IFSP and intervention. Some caregivers have expressed that they feel fearful or unconfident in helping their children develop the skills they need. It is not unusual to encounter families that are reluctant to participate for these and other reasons. As we establish trusting relationships with caregivers, they begin to feel more comfortable in entering the coaching relationship. This safe, consistent learning environment empowers them to try new things. When families feel acceptance about their interactions, they are proud to show us how they interact with their children and what they know. Coaching is the intervention approach we use to support them in helping their children develop and learn. The coaching literature indicates that the act of trying something and reflecting on what happens is a critical ingredient in the capacity-building process.

34. How do I approach when the family says they have already tried everything?

As the coach, we demonstrate a desire to build a trusting relationship with caregivers; we use reflective questions to dig deeper and help families develop additional strategies that they haven't thought about before. Central to coaching is listening, which provides the family with a sense of being valued and heard. When we engage the family in a conversation about what they had tried, how it worked, or sharing about a time when they were successful, we are showing the family we care and understand that each child and family is unique.

35. What do we do when caregivers suggest inappropriate goals or activities?

The early intervention process must be dynamic and individualized to reflect the child's and family member's preferences, learning styles, and cultural beliefs. Additionally, IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities. A coach limiting the family by presuming that an activity or strategy may not be effective creates a barrier to the family learning how to support their child. The coaching literature indicates that the act of trying something and reflecting on what happens is a critical ingredient in the capacity-building process. When we support the family in trying activities and provide them feedback, we build their capacity and level of comfort. These opportunities allow the coach and caregiver to reflect on what was or was not effective in informing future priorities and activities. It is important to remember that it is appropriate to tell a family when an activity or strategy may pose a danger or be unsafe. Asking caregivers reflective questions to determine their knowledge and then providing feedback, such as sharing developmental sequences, may be used if needed. If the caregiver wishes to continue to focus on a priority that is not currently listed on the IFSP, the Service Coordinator should be contacted.

36. The family often doesn't know how to answer questions I ask. What do I do when the caregiver answers "I don't know"?

Just as learning to use reflective questions can be a challenge for those new to the coaching framework, answering reflective questions is a new experience for many caregivers. At times, caregivers may say, "I don't know," in response to a reflective question. In fact, it is an expected and ok response—we all feel that way at times. Typically, as we begin consistently using the coaching approach, families, in turn, come to expect questions and feel more comfortable engaging in the process. First and foremost, focus on the relationship with the family. If caregivers seem truly frustrated, it's ok to give choices or refer to IFSP goals during joint planning. When caregivers still aren't sure how to respond, rephrase the question. If it is a higher-level question, such as an analysis or alternative question, try an awareness question—those are generally easier to answer. Brainstorming could also be used. As providers we often want to jump in to "rescue" caregivers who don't answer right away, but sometimes giving them time to process and think may be all they need.

37. I ask what they want to work on, but they think YouTube is educational. How do I coach in these situations?

When caregivers show an interest in finding educational activities, build on that strength! Within the coaching approach, joint planning encourages caregivers to choose activities that are important to the family - and let's face it - most infants and toddlers today engage in screen time. During observation and guided practice, we can help make the most of caregiver interactions during screen time and engage caregivers to reflect on the interactions. Our feedback around caregivers' reflections and insights, can aid families as they assess the effectiveness of those experiences and support them to link successful strategies to additional contexts and activities within their natural routines.

TRANSITIONING FROM TRADITIONAL THERAPY EXPECTATIONS

38. What if caregivers expect or want traditional therapy?

We must acknowledge that in early intervention the primary role of a service provider is to work with and support family members and caregivers in children's lives. Infants and toddlers learn best through everyday experiences and interactions with people most important to them. Families who are experiencing a shift in service delivery may need additional support to understand the crucial role they have in their children's learning and the many opportunities for intervention available in their daily routines. Families need to know the difference between Kentucky's Early Intervention System services and clinical services to make informed choices. KEIS is not a replacement for medically necessary clinical services if they are needed.

39. What if the family wants me to bring my toy bag to the next visit because the child is more responsive and attentive when I do?

Children, like many of us, are interested in novel things. Coaching in early intervention is an evidence-based practice that targets the use of resources within families' natural environments, routines, and activities to maximize children's learning during these meaningful interactions with their caregivers. Bringing in a toy bag means that caregivers won't be able to replicate the activities once we leave and take the toys away with us. Caregivers will be more likely to follow through with activities that utilize materials they already have and in the context of their typical routines, such as meals, diaper changes, bath time, and playtime.

40. What do I do when the family does not have any resources in their home?

Research tells us that young children learn in the context of their real-life activities/materials and with the people most important to them. All families have routines, and routines are learning opportunities. Consider embedding activities or strategies into diaper changes, naps, bedtime, meals, and baths. As we support caregivers in realizing those opportunities that are ingrained in their daily activities, we help build their confidence and competence as teachers for their children.

41. I am doing EI to help the child develop not work with the family. Why are we focusing on the family so much?

The Mission and Key Principles of EI, supported by each of our discipline-specific professional associations, universally guide us to support caregivers' capacity to help their children learn and develop. In contrast to traditional direct models of our training, coaching is family-driven, targeting their concerns during meaningful contexts. These everyday learning opportunities with engaged caregivers are more abundant and relevant than isolated activities with us once a week.

42. I already know what works for my families, so why not just keep doing what I'm doing?

Our discipline-specific training gives us guidance on evidence-based approaches for common developmental conditions or concerns. As early intervention providers, we scaffold that information with caregiver expertise about their child, routines, and resources. We collaborate and reflect with caregivers to generate successful activities, strategies, and solutions unique to their lives and routines. As a result, caregivers gain confidence in their knowledge of what works for them and their families and in their ability to problem-solve and address future concerns.

43. Progress is so slow. Don't we think the child could make more progress if I work directly with them?

Research does not support this view, as caregivers are with children 98% of their weekly waking hours, and we are with the child and caregivers approximately 2% of their weekly waking hours. Instead, research has found children learn best with familiar people in activities that are embedded in daily routines and that caregiver-implemented intervention produces positive outcomes with lasting results. Coaching caregivers to develop their knowledge and skills around their priorities will lead to them having far more opportunities to help their children develop and learn than therapists who provide skill-based training which does not generalize to enhance participation in meaningful, real-life activities across domains and family culture.

44. When we coach, we aren't getting kids ready for preschool. Isn't that a going to be a problem when they transition?

Early Intervention services focus on addressing families' priorities and the practices used are grounded in the family's routines. We build on and provide supports and resources to help caregivers enhance children's learning and development through everyday learning opportunities. Most, if not all, of these developmental areas have clear linkages to preschool participation for young children. KEIS also prepares families and their child for multiple transitions; preschool is only one possible transition. If preschool readiness is a caregiver priority and included on the IFSP, coaching can support those individual family interest areas reflective of preschool readiness.

PROVIDER COACHING APPLICATIONS

45. How do we balance the multiple distractions that may be present in natural environments to ensure caregiver involvement?

Coaching in early intervention (EI) occurs in natural contexts and routines, which frequently include environments where there are competing factors for the attention of caregivers. The EI process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs. We meet families where they are and reinforce their role as the agents of change for their child's development. Coaching families to develop their knowledge and skills, around their priorities, will lead to them having far more opportunities to help their children develop and learn even when distractions exist.

46. In some cultures, the dad makes all the decisions. Mom is the caregiver during visits. How to we coach and joint plan then if dad is not there?

Seeking to understand a family's culture and desired style of interaction is an important part of strength-based, responsive early intervention (EI) practices. Culture often guides, or at least influences, a family's routines, child development, expectations, beliefs, and desired outcomes. Supporting the family in understanding the framework of EI and coaching will provide mutual knowledge and be key to moving forward with caregiver-driven interventions. Having open, respectful conversations that reflect a partnership approach will help in planning each EI session. Coaching is family driven which aligns with cultural recognition and acceptance when serving all families. As we begin to foster trusting relationships through reflection of current roles, family routines, expectations, etc., we also can continue to build by sharing what EI is, and what a visit looks like including joint planning, scheduling around key caregivers' schedules/preferences so they may participate either in person, virtually or by phone. Family priorities can be determined prior to visits and shared during the session. The coaching approach lends itself to a structure that consistently drives the current and future sessions.

47. I don't want to pressure caregivers to think of a plan if they hesitate. So why not just have them text me or we go with the flow.

The development of a joint plan is key to a meaningful and priority-driven (EI) session. Establishing a two-part joint plan is an effective way to ensure caregivers are active participants and shouldn't be a high-pressure activity. The caregiver's voice provides a shared understanding of what is important to the family and focuses planning and the direction of their child's EI. This intentional planning will support the quality and flow of your next visit. If caregivers do begin to feel pressured, providers can rephrase questions or offer choices based on current session, previous priorities, and/or IFSP outcomes. Consistently working within the coaching framework helps caregivers to prepare and build confidence to share their voice. Supporting caregivers, in taking an active role in their child's EI is strengthened over time using transitional strategies that are responsive to each caregiver.

48. What do I do when the family asks for help solving a problem?

Adults learn best through actively participating and practicing what they are learning with opportunities to reflect and receive feedback. The goal of coaching focuses on supporting families to build their confidence and competence to help their children develop and learn. Using the coaching components of planning, observation, practice, reflection, and feedback assists families in coming up with their own solutions and moving toward their desired outcomes.

Coaching also includes sharing expertise after the caregiver has had time to reflect and respond, as well as offering ideas and information in a capacity building manner when invited.

49. How do I share ideas that come to mind during sessions that I want to offer to the family?

Adult learning principles indicate that caregivers are more likely to follow through with strategies that they generate. Supporting caregivers to identify and refine their own ideas using reflection before offering feedback is a more effective way of achieving outcomes based on the current evidence. When providers share their ideas before caregivers reflect and problem-solve, they are risking the possibility of derailing the family's ideas or offering suggestions that do not match their life routines/priorities. We share expertise after exploring families' ideas and with permission.

50. How do I get all the coaching quality indicators to flow together during a visit. It is so hard to support the flow of conversation and move to observation and practice?

Combined, the seven coaching quality indicators support an intentional, comprehensive coaching style of interaction that addresses caregivers' priorities, desired outcomes, and insights to build their competence and confidence to help their child learn. The coaching approach is responsive to the authentic, individualized rhythm of each visit where caregivers are true partners in the development and implementation of the session. Having the confidence to adhere to the coaching framework during sessions is often developed with repeated opportunities to practice and ongoing reflection. Begin with your areas of strength and ensure you are consistently implementing those practices across families and sessions, and gradually add in other components of coaching. Starting each session with a strong, detailed beginning joint plan will set the stage for meaningful observation and guided practice. Reflection on the observation allows for jointly brainstorming ideas for problem-solving and inviting caregivers to practice strategies. Additionally, some providers have reported that developing a set of "go-to" questions and transitional phrases, as well as reviewing exemplar videos of coaching practices, have supported their evolution of coaching quality.

**Federal Funds Support the Coaching in Early Intervention Training and Mentorship Program
Grant Number H181A200085 | email: ceitmp@louisville.edu**

