

Coaching in
Early
Intervention
Training and
Mentorship
Program

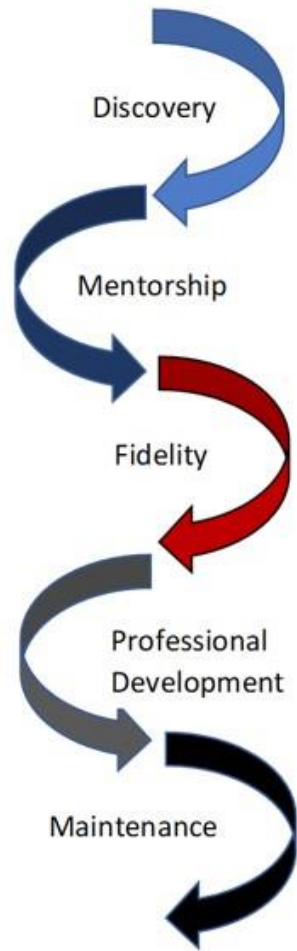


Table of Contents

Evidenced Based Coaching
pp 1-3

Coaching Training: CEITMP
pp 3-5

How Stakeholders and POE Staff Support the CEITMP
pp 5-6

Provider's Role & Services in the CEITMP
pp 6-8

Recording Early Intervention Visits
pp 8-9

Coaching Resources
pp 9-11

Maintaining Fidelity
p 11

CEU & Course Credit Opportunities
p 12

IFSP/Documentation
pp 12-14

Billing
pp 14-15

EVIDENCED BASED COACHING

1. What is coaching in early intervention?

The Early Childhood Coaching Handbook (Rush and Shelden, 2019) 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”.

Coaching in early intervention, then, involves early intervention providers partnering with families and other caregivers to promote learning and development with their child. Coaching includes five research-based practice characteristics: joint planning, observation, action/practice, reflection, and feedback. Coaching is a complex process that requires training, practice, and ongoing reflection. It focuses on building the capacity of caregivers to handle current situations, while also building problem-solving skills to address future events. Early intervention coaches support families in identifying their priorities, coming up with their own ideas and practicing them. Coaching can be used with all families.

2. Why are we training in early intervention?

The Office of Special Education Programs (OSEP’s) new accountability system, Results Driven Accountability, requires states to have plans to improve developmental and educational results as well as functional outcomes for young children and students with disabilities. Kentucky’s 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. The Coaching in Early Intervention Training and Mentorship Program (CEITMP) is designed to provide the foundational knowledge and supports to implement these EBPs.

The CEITMP clearly centers on coaching as an interaction style to frame visits with caregivers. 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 the 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.

We have developed a model research-based framework for early intervention sessions that can be implemented with all caregivers: joint-planning, observation, action/practice, feedback, and reflection. Coaching is not a specific or exclusive intervention strategy as some have suggested. Instead, coaching is the approach used to help families realize their critical role in making the most impact on their child’s development and the approach used to support caregivers in capturing opportunities in their daily routines to achieve outcomes. Coaching is the framework providers use to scaffold their expertise in support of families.

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 intervention and outcome development and, 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 teams.

Formally, the Master Coaches gather data with pre-post video reviews using a scoring rubric measuring the provider's use of the foundational quality indicators of coaching with families as they progress through and exit the CEITMP. In addition, providers will be required to submit videos demonstrating their continued implementation of fidelity to coaching periodically after completing the training. Importantly, the State Lead Agency (SLA) is also collecting outcome data via a family survey. When coaching, the expectation is that there will be higher scores relating to families' perceptions of their ability to help their child learn and develop. Lastly, the UL team surveys participants throughout the CEITMP to provide feedback on how the program has influenced their implementation of coaching practices.

4. What literature and publications support coaching practices?

Adams, R. C., & Tapia, C. (2013). Early intervention, IDEA Part C services, and the medical home: Collaboration for best practice and best outcomes. *Pediatrics*, 132(4), e1073-e1088.

Branson, D. (2015). A case for family coaching in early intervention. *Young Exceptional Children*, 18(1), 44-47.

Douglas, S., Meadan, H., & Kammes, R. (2019). Early interventionists' caregiver coaching: A mixed methods approach exploring experiences and practices. *Topics in Early Childhood Special Education*, 0271121419829899.

Friedman, M., Woods, J., & Salisbury, C. (2012). Caregiver coaching strategies for early intervention providers: Moving toward operational definitions. *Infants and Young Children*, 25(1), 62-82.

Kemp, P., & Turnbull, A. (2014). Coaching with parents in early intervention: An interdisciplinary research synthesis. *Infants and Young Children*, 27(4), 305-324.

McWilliam, R. A. (Ed.). (2010). *Working with families of young children with special needs*. Guilford Press.

Rush, D. D. (2018). From Couching to Coaching: How do we get families engaged in early intervention? It starts with us communicating their enormous influence on their children's development. *The ASHA Leader*, 23(10), 46-52.

Rush, D. D., & Shelden, M. L. L. (2019). *The early childhood coaching handbook* (2nd ed.). Brookes Publishing Company.

Rush, D. D., Shelden, M. L. L., & Hanft, B. (2003). Coaching families and colleagues: A process for collaboration in natural settings. *Infants & Young Children*, 16(1), 33-47.

5. What other states are using a coaching approach?

More than half of the United States are using a coaching approach within their early intervention system, including Arizona, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New York, New Mexico, North Carolina, Ohio, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington, Washington, D.C. and Wisconsin.

COACHING TRAINING: CEITMP

6. Who will participate in the coaching training?

Initially, the (SSIP) calls for all providers who deliver services in the Lincoln Trail, Big Sandy and Bluegrass pilot sites to participate in the CEITMP, consistent with their KEIS provider agreement. As pilot sites complete the CEITMP, a primary guiding principle of the SSIP is to scale up early intervention evidence-based practices. Therefore, the sustainability plan for the SSIP calls for all KEIS providers, statewide, to participate in the CEITMP to ensure all are coaching families.

7. What is the coaching training for providers?

The CEITMP is divided into four phases and maintenance. Presently, there is one virtual training: a kickoff training to introduce the program content and activities. Also, a designated, self-paced technology training prepares participants for video recording and submission. Your Master Coach (MC), who coaches and mentors your team, will support flexibility, collaboration with other members of your team, and strength-based learning. We recognize the demands on providers and therefore reoccurring group meeting times are flexible and offered via teleconference.

The program's four phases include:

- **Discovery**: providers will begin to reflect on their current practices and begin to gain insight on coaching. Providers gain knowledge on coaching through focused readings, eLearning modules, group meetings and coaching practice with a peer.
- **Mentorship**: providers begin to apply what they have learned in Discovery and are introduced to Kentucky's Coaching Adherence Rubric. Practicing within early intervention visits occurs here, while using ongoing video review. Providers will self-reflect on their strengths and obtain peer and Master Coach feedback.
- **Fidelity**: providers continue to refine coaching skills with caregivers while learning to provide feedback to others. The goal is to focus on implementing coaching practices with fidelity. We want to see providers moving across the rubric continuum toward coaching mastery and consistently in all early intervention visits.
- **Professional Development**: providers develop a professional development (PD) plan to maintain their skills in strength-based coaching; mentor other early interventionists and stay engaged in learning with colleagues. Participants document their first maintenance period on their PD plan.

After successfully completing the CEITMP and demonstrating fidelity to coaching, providers will enter Maintenance. In Maintenance, providers will periodically showcase their ongoing coaching skills. Master

Coaches will continue to check-in with providers, helping maintain the momentum and the on-going expectation of coaching.

8. What if I do not demonstrate fidelity in coaching to successfully complete the CEITMP?

During the final stages of program, providers will submit at least 2 videos representing their best coaching in early intervention and a professional development plan to target areas for continued growth in coaching. With the participation in activities and ongoing support and mentorship provided by the master coaches in the CEITMP, 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 5.1% of providers have required additional video submissions. If after 30 days the provider does not reach fidelity, they will need to submit a corrective action plan to the SLA outlining the strategies to be used 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. We have not had a provider reach this level.

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

Physical and occupational therapy assistants 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. There are many advantages to this approach. Placing supervisors/assistants together within a cohort will allow:

1. Families to receive consistent early intervention coaching from both supervising/assisting providers.
2. Time during the CEITMP for the PT/OT to be spent applying coaching practices unique to the coaching dynamic between supervisor/assistant.
3. Time for both supervisors/assistants to capture coaching videos with the same family illustrating peer and caregiver coaching.

10. 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 the 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. Past CEITMP program participants' have found 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:

Kentucky's Early Intervention Website Provider page, CEITMP section:
<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx>

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

HOW STAKEHOLDERS AND POE STAFF SUPPORT THE CEITMP

11. 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 First Step stakeholders to understand that KEIS provides early intervention services using evidence-based practices, like 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.

Services offered through KEIS emphasize that "intervention" occurs during everyday opportunities children have to develop and learn with the important people in their lives. A typical two-year old is awake 84 hours per week and 1 hour of that week spent with a provider is equal to a mere 2% of the child's waking hours. The real "intervention" occurs between visits in which 98% of a child's waking hours are spent with caregivers. 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.

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

The primary roles of POE staff are to provide district content expertise and support communication efforts. The State Lead Agency (SLA) contracted with the University of Louisville to oversee and implement the CEITMP. Therefore, the University of Louisville team relies heavily on the knowledge of the POE Manager and staff regarding district providers (e.g., full-time vs. part-time, availability, caseload) when forming cohorts and teams.

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. A training has been provided to POE staff that supports this crucial role in communicating to families about early intervention coaching. We developed materials to support SC's in their discussions with families, such as the Coaching: A Partnership to Support Children and Families handout and made available a video from Virginia to be shared with families during the intake process.

Recognizing the importance of the family assessment in identifying priorities, the SLA is providing additional training for POE Managers and Service Coordinators on the family assessment process.

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

- Info graphics located on the Service Provider Page of the First Steps Website
<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx>
 - Coaching: A Partnership to Support Children and Families
 - Key Factors for Successful Coaching
 - Foundations for Positive Outcomes
 - Questions to Promote Partnerships
- CEITMP KEIS YouTube Channel
https://www.youtube.com/channel/UCUmBdHCYxUWNuSawOSywWng?view_as=public
 - Coaching During Tele-Intervention Video
 - Building Caregiver Capacity Video
 - Foundations for Positive Outcomes Video
- Early Intervention A Routines Based Approach Video:
<https://www.youtube.com/watch?v=OpXGC6G0HMY>
- 7 Question Parental Self-Perception of Competency Survey administered at the onset of services
- The Early Childhood Coaching Handbook by Rush and Shelden (2019)
- Personalize the script below to explain the benefits of coaching in early intervention to others.

“A coaching approach has been adopted by Kentucky’s Early Intervention System 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

14. 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. We expect providers to:

1) Foster Trusting Relationships

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 starting with 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 tell 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.

2) Developing Joint Plans based on caregiver priorities

Early interventionists support the family in identifying their own priorities and ideas to develop plans to

achieve outcomes. All families have routines and these routines are learning opportunities. As we support families in realizing those opportunities that are embedded in their daily activities, we help build their confidence and competence as a teacher for their child.

3) Observe

Providers observe the child/caregiver and child's interactions within routines in the natural contexts they occur.

4) Promote Action and Practice

Providers support and encourage caregiver in practicing 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 trying new things and having successes, families gain confidence in their ability to teach their children and problem solve through future challenges they encounter.

5) Provide Feedback

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

6) Reflect

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

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>

15. 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 relate directly to engaging in activities or routines and practicing WITH caregivers. Coaching is an evidence-based practice (EBP) communication strategy we use to structure our early intervention visits and a vital quality indicator of coaching is action/practice. Observation by the coach of the caregiver and child engaged in an activity provides opportunities for reflection with the caregiver. This reflective process leads to opportunities for the provider to provide feedback and planned modeling with the permission of the caregiver.

Coaching can be as "hands-on" as it needs to be while using the action/practice component of coaching.

16. How do providers utilize their expertise when coaching?

Regardless of discipline, all providers are early interventionists and all disciplines continue to be valuable stakeholders in KEIS. As early intervention providers we partner with families to build their capacity to support their children's learning and development. Families bring the expertise of their child, family, routines/activities, and priorities/concerns. Providers bring their knowledge of development and discipline specific expertise. Coaching is an interaction style used by all early interventionists, regardless of discipline. The RBI and IFSP team still determine the PSP (or Primary Coach). The PSP may need coaching (or consultation) with discipline specific providers in order to support the family in addressing their priorities/concerns. The feedback and intentional modeling components of coaching allow the coach to

share the expertise of their field with both families and other providers.

17. What if the child requires specialized therapy?

KEIS is not and has never been a replacement for needed 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, they can seek those services at their local clinic outside of Kentucky's Early Intervention System. 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/Early-Intervention-FAQ.pdf

DEC Recommended Practices: Family, Checklists, Practice Guides, Video Illustrations
<http://ectacenter.org/decrp/decrp.asp>

RECORDING EARLY INTERVENTION VISITS

18. How should I approach recording visits with families?

Prior to your interactions with caregivers, families will receive an introduction to coaching from SC's and obtain a family letter in the mail discussing the CEITMP and benefits of recording. A family handout and a video highlighting what early intervention sessions should look like will also be provided. We know families obtain a lot of information at intake and IFSP meetings, so we provide the same resources, including a script, to each provider who begins the program to restate the purpose of recording and program benefits. We know the approach to, and positivity of the communication plays a significant role in parent response. While we want to respect family discussions regarding recording, some families do consent with additional parameters, which can be offered as a final discussion point. Such as, offering to place the camera directly on the provider's interactions and not the caregiver and/or child. Or, recording audio only as the interaction between you and the caregiver are the keys to understanding the flow of the early intervention visit.

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

Providers will record First Steps visits to self-reflect and obtain ongoing video reviews with feedback from a Master Coach during the program and thereafter periodically in Maintenance.

The CEITMP team has released a series of podcasts (CEITMP KEIS YouTube Channel) and the infographics (Key Factors and Foundations), which are linked from the First Steps website at
<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx>

How do I record?

Providers may record within any setting with caregiver consent; however, a group setting requires multiple consents for all parties present. UL provides written or electronic consent forms for families to complete. Provider consents are also obtained. You will record using a phone app and upload to an account provided, both are secure and HIPPA-FERPA compliant. Providers may obtain a phone and tripod to support recording features during the program. Baseline and Maintenance video submissions are often recorded with the providers phone with use of the app. Tele-intervention visits can be recorded either within the platform used for the visit or using your phone to record the computer screen. Technology tips and supports are provided on an individual basis throughout the program.

COACHING RESOURCES

20. What do we do when we encounter challenges when using a coaching approach?

Providers will encounter challenges with coaching in the same way they encounter challenges when providing direct therapy. In these situations, we rely on the Key Principles of Early Intervention to guide our response to these challenges. In our experience, some solutions to challenges include:

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

As early intervention providers we acknowledge infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. With the necessary supports and resources, caregivers can enhance their children's learning and development. Additionally, the primary role of a service provider, in early intervention, 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. Highlighting the vital role of the caregiver(s), we conduct a family assessment to understand their routines and priorities to guide the IFSP and intervention. Some parents 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. When families feel acceptance about their interactions, they are proud to show us how they interact with their child. 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.

What if caregivers expect or want traditional therapy?

As above, 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 in order to make informed choices. KEIS is not a replacement for clinical services if they are needed.

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

Coaching in early intervention occurs in natural contexts and routines, which frequently includes

environments where there are competing factors for the attention of caregivers. The early intervention 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 help them realize their role as having the most impact on 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.

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 members' 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. 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 to inform 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.

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

The family assessment is a critical step in the process of early intervention services. Understanding the family priorities, concerns, dynamics, and context drives all early intervention services. Coaching leads to all caregivers feeling confident in supporting children. We use the same strategies with all caregivers, who are typically eager to learn how to help children be successful, regardless of settings.

22. 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 on a regular basis.

If the childcare program was not represented during IFSP development, providers should collaborate with childcare directors, childcare providers and family 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 his/her 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 Tips for Coaching in Child Care Settings
<https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/TipsforCoachinginChildCareSettings.pdf>

23. 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. Providers should collaborate with interpreters before implementing services to discuss his/her experience

with coaching and educate him/her on the early intervention coaching approach that will be used, as well as highlight the purpose of services are to build the family's capacity to help their child develop and learn. It is not the role of the interpreter to guide or advise the family; their role is to facilitate communication.

MAINTAINING FIDELITY

24. How long will visits be monitored for maintaining fidelity of coaching?

The sustainability plan for the SSIP calls for KEIS to have all providers, statewide, participate in the CEITMP to ensure all are coaching families. Therefore, ongoing monitoring of coaching practices will be part of KEIS for the foreseeable future. After successful completion of the CEITMP, participants in the pilot sites will continue to receive periodic checks of coaching practices to maintain the momentum and consistency of using evidence based coaching practices in early intervention home visits. The frequency of these maintenance checks is determined by the performance of providers during review, with those consistently meeting fidelity during maintenance having longer periods of time between reviews. When rolling out the CEITMP statewide starting in March of 2021 a similar process will occur.

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 and awareness 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. High performers have a longer duration between maintenance videos than those that barely reach fidelity.

Additionally, those that require more than one video submission to demonstrate fidelity during maintenance will have a shorter duration between maintenance periods than those that 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 CEU's and Course Credit opportunities does the program provide?

PT, OT and SLP CEUs

The CEITMP has been approved CEU hours for state licensure with the Kentucky Board of Licensure for Occupational Therapy for 35 hours, Kentucky Physical Therapy Association for 28 hours and the Kentucky Board of Speech-Language Pathology and Audiology for 15 hours.

Variability in approved hours reflect statute or board determination. For instance, administrative regulations for continued competence of physical therapists allows for a maximum of twenty-eight (28) contact hours per biennium to be awarded. Further, KYSLPA noted that the goal of continuing education is to stay up to date on new and current technologies, ethical concerns, and intervention techniques in the field. If a licensee solely used this course for a renewal period, they are not meeting those goals for a variety of CEU opportunities.

Providers will be given 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 fulfil 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 can be obtained through an Independent Study but requires a personal fee. If interested, please see the ASHA website <https://www.asha.org/CE/Independent-Study/> for complete details. Please note that ASHA has been insistent that providers begin the process of enrolling in an independent study PRIOR to counting hours. It is recommended that individuals consult with ASHA when their enrollment in the CEITMP may span across two different calendar years (i.e. 2020 & 2021).

Graduate Course Credit

Up to 3 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

First Steps providers who are also employed by school systems may contact their supervisors to inquire if completing the CEITMP may satisfy required district professional development hours.

IFSP/DOCUMENTATION

28. Service Frequency, Intensity and Length by RBI, Caregivers, Team at IFSP Development using PSP model

Sometimes when coaching a family, they request a different frequency or intensity than how we have traditionally distributed service units (e.g., weekly, bimonthly or per plan). Often these changes would support their participation or address priorities in their lives. KEIS does recognize 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 model. To act in the best interest of the child and family, providers must implement the PSP 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)] Variability in session length is impacted by a host of factors (e.g., established joint plan, caregiver-provider relationship, environmental factors).

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.

The IFSP process allows for determining the most appropriate design of sessions, including the strategic planning of scheduling, and grouping service hours in a way that is responsive to a family and child's needs. There is a system in place for providers to be compensated for peer to peer coaching during "cotreatment" visits. Additionally, TOTS allow team members access to view service log notes, progress reports, assessments, and communication exchanges. At the present time, consultation and collaboration with colleagues frequently occurs via phone calls, texts, and emails.

IFSP's are written bi-annually or per plan which allows for flexibility in service provision and they are individualized and developed around each child's needs/family's priorities. The Early Intervention process allows for revisions to the IFSP as needed.

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

The IFSP team relies on the expertise and knowledge of disciplines to build the capacity of the family in addressing their child's needs. 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.

Early intervention services are chosen based on the priorities of the family. Families participate in assessments of 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, services are selected based on the family's priorities. As a family-centered system, Kentucky's Early Intervention 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 providers 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.

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 consultant support for providers in a vendor-based model to allow our providers more flexibility than states that strictly limit early intervention services to one provider. So, the Primary Coach uses assistance from the other team members to address IFSP outcomes and participate in co-treatment visits as needed. The purpose of the co-treatment visits is to expand the observation, practice, and feedback during coaching with caregivers as the child progresses. At times, the co-treatment visits may be needed for problem-solving issues that are impeding the child's successful learning. 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)

30. How is coaching documented on the service log?

The key components of coaching can easily be used to document the visit in the Service Log. The Joint Plan at the beginning of the session can be used to document the Caregiver Report. The Reflection, Observation, Action/Practice and Feedback components document the Description of Intervention and Response to Intervention portions of the service log. The Joint Plan at the end of the visit is documented in the Plan for Next Visit. These components with examples are discussed in more detail in the CEITMP.

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 supports 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 strategy the practitioner uses to interact with parents and care providers to maximize child progress both when the practitioner is and is not present. Mediating parents' 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 has not changed since the inception of the Primary Service Provider model in 2004. We are currently building 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 natural environment describes 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).

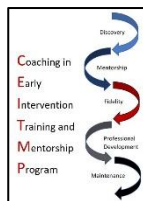
An early intervention session should always include planning, observation, action/practice, feedback and reflection and additional planning for the next session—these are necessary elements of the visit and are billable to insurance. The child must be present and the provider models strategies, gives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



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