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Coaching and Embedding Intervention in Early Childhood

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Abstract

Coaching and embedding has become an increasingly popular service delivery model in early childhood and has led to higher developmental outcomes for children and increased caregiver confidence and competence in working with their children with delays or disabilities. Coaching and embedding is an evidence based practice and considered a recommended practice by the Division for Early Childhood of the Council for Exceptional Children as a service delivery model for early intervention. Coaching involves many strategies and can be delivered through a variety of modalities including in-person or virtual services. This project includes a review of literature on coaching and embedding in early childhood, development of three coaching videos, a summary reflection on the process for developing coaching videos and next steps for implementation with families, and the outcomes of early intervention.

Key words: early intervention, coaching, embedding

Coaching and Embedding Intervention in Early Childhood: A Literature Review

Early Intervention is the term that is used to describe the services and supports that are available to infants and toddlers with developmental delays and disabilities and their families. Early Intervention falls under Part C of the Individuals with Disabilities Education Act. Part C was established in 1986 and ensures that infants and toddlers with developmental delays and their families receive appropriate early intervention. Early intervention is designed to enhance the development of infants and toddlers with disabilities, reduce future educational costs by minimizing special education through early intervention, and enhance the capacity of families to meet their child's needs (Early Intervention for Infants and Toddlers, n.d.).

Early Intervention is provided to eligible children under 3 years of age and families when they have met initial entrance criteria. This initial criteria under the category of developmental delay can be met by demonstrating a delay in one of the five developmental areas: cognition, physical, communication, social-emotional, and adaptive. A delay in one of these areas means that the child has scored at least 1.5 standard deviations below the mean on a norm-referenced measure. A child may also qualify for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (Choo et al., 2019). This might include a child who was born prematurely with a birth weight of less than 1500 grams, a child born with a genetic condition, or other diagnosed conditions such as Cerebral Palsy (Help Me Grow MN n.d.). A child may also qualify for services under informed clinical opinion. Informed clinical opinion may be used as an independent basis to establish a child's eligibility even when other instruments do not establish eligibility. Qualified personnel use their cumulative knowledge and experience in evaluating and assessing and use their professional

knowledge and skills to make a determination of the need for early intervention (Shackelford, 2002).

Depending on the concerns, a variety of team members may be involved in the evaluation process. These team members might include the Occupational Therapist, Physical Therapist, Speech Therapist, School Psychologist, Teacher of the Blind and Visually Impaired, Teacher of the Deaf and Hard of Hearing, and/or Audiologist, etc. If a child qualifies for early intervention services, they may receive service from any of these team members. Depending on the type of service that is provided, these service providers may provide service through a consultative approach or through direct service. If services are provided directly, coaching may be the form of service that is used by the team members.

Coaching as Service Delivery Model

There are many different service delivery models that are used in early intervention. These models might include primary service provider model, consultation, collaborative team model and coaching, and a variety of others. Depending on where a family receives services and through which entity (school district, private agency, county, etc.) services may be provided using different models (Odom & Wolery, 2003).

Coaching and teaching are both terms that can be used to describe how service is provided depending on what approach is being used. Coaching is when an “EC special educator, early interventionist, or experienced EC teacher (referred to as “coach”) regularly meets with a parent, child care provider, or preschool teacher (referred to as “coachee”) to help build their competence and confidence to support the needs of children under their care” (Jayaraman et al., 2015 p. 324). In practice, teaching may look like the primary service provider working directly with the child and the caregivers taking more of an observational role or not being present at all. Coaching in practice would look like the provider primarily interacting with the caregiver to model interventions and strategies and offer feedback. Both forms of service delivery have been widely used however, more research and studies have shown that when

caregivers are involved in the intervention process, the child and family benefit and have greater outcomes (Jayaraman et al., 2015). Coaching is one of the ways that parents can be involved in their child's learning and can involve many strategies in the process.

Coaching is one of the service delivery models that is a recommended practice and is an evidence-based strategy that can be used in early intervention (Rush & Shelden, 2020). Coaching can be defined as “an adult learning strategy in which the coach promotes the learner's (coachee'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” (Rush & Shelden, 2020, p. 8). This involves a service provider working with caregivers to help them develop their abilities to interact with their children in ways that support their child's development.

In coaching, there are 9 different steps that are used. These include: (a) joint planning, (b) information sharing, (c) observation, (d) direct teaching, (e) demonstration or modeling, (f) practice, (g) feedback, (h) problem solving, and (i) reflection (Lorio, Romano, Woods, & Brown, 2020). Using these strategies helps the session to be focused and have a purpose and goal. An example of using these strategies might look like an early intervention teacher meeting with a parent to discuss a difficult time of the day such as nap time. The parent will share with the provider what this routine typically looks like and what goes on. The service provider would then observe this routine happening either through an in-person visit or over a video call. The provider would teach the parent some strategies to use during this routine and then demonstrate how to use them with the child. The provider would then step back and allow the parent to practice the strategies taught. The provider would give feedback to the parent and they would problem solve together what worked well and what they could try differently next time. Reflection is the final step and would include the parent and caregiver reflecting together through discussion on how the routine went.

Video Coaching

Video coaching is one way that early intervention services can be provided to families and has recently gained interest amidst the current COVID-19 pandemic. Even though video coaching has recently become popular, it has been in practice for many years. Video coaching takes on many names including: videoconferencing, telepractice, telehealth, virtual visits, e-coaching, and many others (Olsen et al., 2012). Video coaching is when service is provided over the internet through a video call using Skype, Facebook Messenger, Google Hangouts, Zoom, etc. Video coaching can also include pre-recorded videos by the service provider that parents can access based on their specific needs.

There are many benefits to video coaching. Video coaching “reduces travel, lessens scheduling challenges, and can result in cost savings and increased program compliance with state and federal regulations” (Olsen et al., 2012 p. 269). Video coaching can also provide service to children who are medically fragile, where families need to protect their children from exposure to illness.

In the study done by Fettig et al. (2016), they focused on the use of e-coaching with a toddler with autism spectrum disorders. The study found that during e-coaching, the provider implemented behavior intervention strategies at higher levels to reduce the child’s challenging behaviors. This study is limited to the single case but presents evidence that e-coaching can be a feasible mode of service delivery and “might be more efficient than traditional face-to-face coaching or mentoring” (p. 132).

There are some drawbacks to video coaching. Some of these challenges might include internet connectivity, access to a device, and caregiver buy in. For example, Olsen et. al., found some parents felt like hands-on visits would have been helpful especially for services like Physical Therapy. Overall, the participants of the study were satisfied with the video coaching service provision but noted that technology issues were the biggest factor associated with dissatisfaction.

Whether coaching in the home or through an e-coaching model, it's important to remember that the purpose of coaching is to enhance the caregiver interactions and skills with their children. This includes providing multiple opportunities for practice with feedback within their child's daily routines. Coaching should be a collaborative process that is directed toward the goals that include parent's concerns and priorities.

Addressing Specific Concerns

In early intervention, it's important to involve parents and caregivers in the planning of services for the child. This discussion should include addressing the priorities and concerns of the family. The priorities and concerns then drive the service provision that is provided. When the priorities and concerns are addressed and used as a basis for child outcomes then the families often feel more included in the process and have a higher likelihood of working toward these outcomes during their everyday routines (Hughes-Scholes et al., 2017).

Some of the frequent concerns brought up by families related to their young children might include, "communication and adaptive skills, behavior problems, social isolation, medical concerns, and future prospects; and to the family as a whole, such as emotional and physical fatigue, social isolation, mental health concerns, marital strain, financial strain, burden on siblings, and time demands" (Hughes-Scholes et al., 2017 p.190). It's important to discuss with the families their specific concerns so that the service providers have a better understanding of the family needs and can better address these concerns and problem solve solutions.

Working on daily routines is another important piece of early intervention. Certain routines can often be more difficult and of concern for families. Service providers learn about the families daily routines through completing a Routines-Based Interview as part of the initial evaluation process. A Routines-Based Interview (RBI) is, "a semi-structured interview with 3 purposes: To develop a list of functional outcomes, to assess child and family functioning, and to establish a positive relationship with the family. The basic structure is questions about daily

routines, from the beginning of a typical day to the end of the day” (McWilliam et al., 2009 p.225). Discussion about routines continue throughout service sessions as needed.

Hughes-Scholes et al. (2017) explore some of the difficult routines families experience throughout a day. During the study parents reported that, “the morning, dinnertime, and bedtime routines were perceived to be the most stressful and chaotic routines of the day” (Hughes-Scholes et. al., 2017 p 194.). Parents from the study also experienced challenges with taking children on outings, their child’s lack of independence including during play, sleeping, and toilet training, the difficulty they had completing household chores during the day while caring for their child, and their lack of free time or downtime. An understanding of the challenges and child’s functioning during difficult daily routines can help a service provider carefully assess all aspects and intensity of families’ concerns and priorities, and can help them plan targeted interventions.

Impact of Primary Caregiver-Delivered Intervention

Primary caregiver-delivered intervention is the term to describe a caregiver using interventions and strategies learned from early intervention service providers to work with their child during everyday routines and activities (Pellecchia et al., 2020). These interventions and strategies work on developmental skills and strategies to address their concerns and priorities for their child.

Coaching and intervention is a collaborative effort, where caregivers play an integral role in their child’s development and success (Jayaraman et al., 2015). When parents and caregivers are involved in their child’s early intervention through participating in coaching and embedding intervention throughout their child’s day, this can result in significant improvements in their developmental skills (Hohlfeld et al., 2018). By embedding intervention throughout the child’s day, the child is receiving multiple opportunities to practice skills and therefore, receives a higher frequency of intervention. “The primary aims of these interventions are to reduce the impact of the challenges faced by the family of children with disabilities through teaching

parents new knowledge and skills to reduce the child's behavioral, emotional and developmental difficulties" (Hohlfeld et al., 2018 p.2).

In the article, *The Impact of Parent-Delivered Intervention on Parents of Very Young Children with Autism*, the main finding was that participants who received parent coaching reported lower parental stress than caregivers who received community intervention as usual. This study provides insight that this type of service delivery can have a positive impact and be beneficial in lowering stress levels of parents.

Caregiver and Provider Experiences

The feelings of caregivers and service providers can vary depending on the experience that they have or type and level of service that they receive. Ziegler & Hadders-Algra (2020) wrote that,

Studies have shown that most families are rapidly willing and able to overcome the initial effort, as they appreciate the collaborative intervention style addressing their priorities, enhancing their capacity, and increasing their confidence, self-efficacy, and self-determination (p. 571).

This demonstrates the feelings that parents generally want to be involved in their child's intervention and they are willing to do the extra work to build their competence and confidence in working with their child.

Additionally, *Caregiver and Provider Experiences with Coaching and Embedded Intervention* Salisbury, et al. (2017) noted that "Caregivers felt that having the provider observe, then coach, was a powerful influence in their own learning" (p. 21). In this study, the coaching practices gave the providers and caregivers the opportunity to discuss what worked, what did not work, why, and how to move forward. Providers could see the caregivers gain confidence and competence from the coaching method.

Even though there were many positive experiences noted in the study done by Salisbury, et al. (2017), challenges can arise in the coaching model. One of these challenges that were

discovered included having a shift in thinking where the caregiver was used to providers coming into their homes with a set agenda. In coaching, the providers ask parents what they want to work on or what they want to do with the time during the home visit. This can be difficult when a caregiver is used to the provider coming in the home to work directly with the child or being put on the spot to think about something to work on. Some of these challenges might be related to unfamiliarity with this model or inexperience of service providers and caregivers. When a caregiver is experiencing one of these challenges, the provider should encourage them to participate in the services to the maximum extent that they feel comfortable (Stewart & Applequist, 2019). Because of this, services could be offered on a continuum. An example of this could be providing direct service to the child during some visits and coaching to the parent during other visits.

Culturally and Linguistically Diverse Families

When working with families from culturally and linguistically diverse backgrounds, it's important for providers to be family-centered and establish a trusting relationship with families by involving the parents to meet the needs of their child with developmental delays. Harry (2008) points out that there are six characteristics of effective collaboration with culturally and linguistically diverse families. These six characteristics included: "(a) communication that is positive, understandable, and respectful; (b) commitment to the child and family; (c) equal power in decision making and service implementation; (d) competence in implementing and achieving goals; (e) mutual trust; and (f) mutual respect" (Harry, 2008 p. 375).

These characteristics provide some recommendations for parent and teacher collaboration for culturally and linguistically diverse families. Other recommendations might include acknowledging that children can demonstrate their knowledge and capabilities in many ways, actively involving parents and families in early learning programs, not assuming anything and always check for understanding. Asking questions, talking through things, and seeking to understand are important strategies to collaborate with families. Coaching is also another way to

support culturally and linguistically diverse families. “Coaching allows for greater respect of cultural differences as well. It encourages conversation about whether ideals favored by the dominant culture are important to the family and, if not, the focus can shift to culturally relevant aspects of development” (Stewart & Applequist, 2019 p. 247). Stewart & Applequist (2019) also point out that culturally and linguistically diverse families that have a close relationship with their early intervention service provider has resulted in greater access to social services for families (p. 247).

There are however, some challenges involving parents in the evaluation process. In an article that discusses involving culturally and linguistically diverse families in prereferral interventions the author’s point out that,

Involving parents who come from culturally and linguistically diverse backgrounds in their children’s education can be challenging. Limited English skills, poverty, long working hours, and isolation from mainstream culture often impose challenges and intimidations on many fronts and prevent these parents from becoming actively involved in school partnerships (Tam & Heng, 2005 p. 223).

Differences in cultural and linguistic backgrounds can influence learner characteristics and potential identification because the concept of disability is “defined differently across cultures and the potential for cross-cultural miscommunication is extremely high when service providers’ cultural frameworks differ from those of the families they serve” (Harry, 2008 p. 372). There may also be differences in customs, expectations, language barriers, and limited resources within the school district that may impact learner characteristics and identification.

Coaching that is family-centered can be an effective and empowering form of service provision. Harry (2008) suggests that “perhaps most important in our pursuit of effective collaboration is to look at the big picture and broaden the focus of our attention to schools as communities and to the communities of schools” (p. 384).

Outcomes of Early Intervention

Family-centered coaching is considered a recommended practice in early intervention by the Division for Early Childhood of the Council for Exceptional Children (Pellecchia et al., 2020). When a child receives early intervention, they can experience greater outcomes and demonstrate a higher trajectory of developmental skills and progress. Families benefit from early intervention by being able to better meet their child's needs from an early age. For example, Pellecchia, et. al (2020) pointed out the impact that, "Parent-mediated early intervention for children with ASD results in improved child outcomes across a range of developmental domains, as well as improved parental self-efficacy and treatment engagement." Another study done by Holfeld et al. (2018) discussed how "early intervention has positive outcomes for parents of children with neurodevelopmental disabilities" (p. 1) and that "Early intervention leads to an increase in developmental, social and functional outcomes for children" (p. 1).

Video coaching has also allowed families to access services that they might otherwise not have been able to receive due to a variety of reasons. Families that have medically fragile children, live in remote areas, or have busy schedules are able to access these services at a time and location that works best for them, are able to limit exposure to illness, and do not feel pressure to prepare for a visitor or have to travel to a location to receive service (Olsen et al., 2012). Because more children are able to receive services through either in-person or virtual means, the outcomes of early intervention may be even greater.

Conclusion

Early intervention is provided to eligible children who demonstrate a delay in a developmental area or have a diagnosed disability. These services generally take place within the child's natural environment and service providers work with the child and family on their concerns and priorities. Coaching and teaching are two different ways that service can be provided to children and families. Coaching works directly with the parent to teach them skills and strategies to work with their child while teaching is an approach where the provider works directly with the child. Both of these approaches are currently in use in early intervention.

There are many different intervention models and strategies that are effective for service delivery. Coaching along with caregiver-implemented intervention are considered best practice at this time. Overall, caregivers and service providers have had positive experiences with this model of service delivery. Early Intervention in the form of coaching and caregiver-implemented intervention through embedded learning opportunities can have a positive outcome for children and their families. This can lead to higher levels of parent competence and confidence in working with their child and the child may demonstrate improved developmental skills.

Video coaching is a powerful tool that can be utilized as an effective and efficient means of service delivery. Video coaching is cost effective for school districts and agencies and can allow for easier access to service for families.

Many families have specific skills or daily routines that they would like to focus on during service delivery. Through the use of a Routines-Based Interview, the service provider is able to learn about the priorities and concerns of the family along with the difficult routines and times of the day.

Early intervention can have a significant impact on a child's ability to learn new skills and overcome challenges and can increase success in school and life.

Video Coaching Project

As part of this final project, I developed 3 short video tutorials for parents on strategies to use throughout their daily routines that incorporate developmental skills. I created these videos and posted them on a Facebook group for early intervention providers which is a private group that has 3.9 thousand members nationwide. When posting these videos, I also included a brief survey of 5 questions that asked participants to rate the content of this video in relation to how relevant it is for families of children in early intervention, the length of the video, if the video is appropriate for many different types of families, ease of access to the video, and an opportunity to provide additional feedback.

Video 1

The topic of the first video was a cognitive and communication task to use items throughout the home to practice sorting and labeling. In this video, I modeled how to teach a child to sort between two items. I discussed how to initially teach this skill, how to incorporate language skills, and how to expand on these skills.

This video received six responses from the survey posted on Facebook and one response from a colleague who also provides early intervention services in the same school district. Each person that completed the survey responded that the content is 100% applicable for families that receive early intervention. All of the participants responded that the length of the video which was four minutes and twenty seconds was just right. Five out of seven people that completed the survey responded that the content of the video was appropriate for many different types of families while two respondents only somewhat agreed. Six of the respondents thought the video was easy to access while one person thought it was somewhat easy to access.

At the end of the survey, there was an opportunity for respondents to provide additional feedback. Four people gave additional comments in this section. One person thought that I did a

great job of explaining how to make the activity more challenging for children that function at different levels and how I gave examples of different items to use for this activity. Another person thought I should include why sorting is a cognitive skill or why it's important. I shared this video with a colleague of mine and asked for feedback and she thought I should explain what cognitive skills are because parents may not know what that means. She also thought it would be helpful to write the different cognitive and communication skills on the screen so that it catches parent's eyes and they could remember seeing "offer choices" on the screen and then later when the opportunity arises for parents that this may help them to remember to offer choices during a daily routine. She also noted that it may be beneficial to post the video on YouTube to allow parents easier access to the video.

Video 2

The topic of the second video was a cognitive and language task of using a daily routine of putting dishes away from the dishwasher to practice sorting and model language. In this video, I modeled how to include a child in helping with a daily routine, how to incorporate language skills, how to sort, and how to expand on this activity.

Five people completed this survey and one person provided additional feedback. All five participants thought that this video was very applicable to families that receive early intervention. All five participants thought that the length of the video which was two minutes and fifty five seconds was just right. Three out of five of the participants thought this video seemed appropriate for many different types of families while two people thought it was somewhat appropriate. Four out of five of the participants thought the video was easy to access while one person thought it was somewhat easy to access.

In the additional feedback section, one person provided feedback and thought the video was very applicable to families that receive early intervention and liked that I talked about how

to adjust the activity for younger or older children. The participant suggested I set the camera in one place to record the video, that way the camera isn't switching back and forth between me and the materials and the parents can fully see what is happening. The participant also thought that I should discuss how to modify the video for people that do not have a dishwasher. Additionally, the participant wondered how I would be sharing this video with parents and suggested using YouTube since many families are familiar with using it.

Video 3

The topic of the third video was modeling how to engage in pretend play which incorporates social-emotional and communication skills. In this video, I discussed how the parents can use any items in their home and how to provide more or less modeling depending on what level their child is at. I also gave some examples of different play schemes that parents can use as a starting point for pretend play and materials that they can use in their home.

Four people completed this survey and two people provided additional feedback. Two people responded that the video was very applicable to families that receive early intervention while two people responded that it was somewhat applicable. Three people responded that the length of the video which was three minutes and forty seconds was just right while one person responded that they thought it was not long enough. Three people strongly agreed that the video seemed appropriate for many different types of families while one person thought it was somewhat appropriate. Three people thought the video was easy to access while one person somewhat agreed that it was easy to access.

In the additional feedback section, one person thought that it was great that I gave parents different ideas of other items or play schemes they could do so that parents don't feel the need to go to the store to buy the same materials. This person thought it might be helpful to use text on the screen when describing the main strategies that I want to teach parents. It could

be helpful if parents are taking notes, that way they know what the important information is. The respondent also thought it could be helpful to use a child to demonstrate the strategies with, this way parents could see how to interact with the child based on what the child is saying and doing.

A second respondent noted that it might be helpful to position the camera in one place instead of carrying it with me so that parents are able to see me and all the materials I am working with.

Reflection

I chose this literature review and project because as I work in early intervention, I was interested in learning about what research has to say about the outcomes and effectiveness of early intervention and coaching. Early intervention is rarely discussed during school district professional development so this was a great opportunity to learn more and to expand my knowledge and skills on the effectiveness of early intervention, the use of video coaching, learning about culturally and linguistically diverse families and their views on early intervention and coaching, and the outcomes of children and families that receive early intervention services.

Through the last year of living and teaching during a pandemic, I was interested in exploring the use of video coaching and creating video tutorials for parents to be able to conveniently access when they wanted or needed. I created 3 sample videos to model different skills that parents could work on in the home to promote cognitive, communication, and social-emotional skills. I submitted these videos on a Facebook group along with a survey and received some great feedback from other early intervention providers.

What I have learned through the literature and through my project and survey is that video coaching can be a very effective means of service delivery, especially during a pandemic

where it may be difficult to service children in-person. Video coaching can help reach families that live in remote locations, can be a great option when the weather is unfavorable to drive in, when another child or family member is sick in the home, and for families of medically fragile children. Moving forward, I would like to offer parents a variety of options for which service delivery model they would prefer. Some of these options might include, video coaching, in-person services, and access to video tutorials.

What I have learned through this project that directly connects to the literature is that video coaching through either a video call or through recorded videos can be an efficient and effective way to provide services over traditional in person services. Especially through the current circumstances, video coaching has allowed children to be safely serviced without exposing them to possible illness. This type of service can continue to be an option to families with the knowledge that it is an effective means of service delivery.

In some instances there is still a gap between what the literature says is recommended and what is actually being done in practice. In some of the studies that I reviewed, it was discussed that even though coaching is recommended for early intervention, it is not always being used. I believe that more professional development and training specific to coaching and embedding while including the use of video coaching could help to narrow this gap.

When creating future videos, I would use YouTube to upload my videos to share them with families, place the camera in one spot so that parents can see the whole picture, and elaborate on what specific skills are being taught. I would also consider adding words to the screen to highlight what skill is being taught. It could also be beneficial to record video sessions so that caregivers and service providers can watch the session again at a later time to remember what was said or done in the session, to observe, problem solve, or reflect.

Overall, I thought this project was very beneficial to my professional career. I learned about many studies that have been done about early intervention including different service delivery models including video coaching, the impact and outcomes of early intervention, and the benefits and challenges. This project also gave me confidence to share videos of myself with others and to gain feedback and suggestions on how to improve my videos to help them be more effective.

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