

## Coaching Families of Young Children Communication and Nutrition

---

Dawn Franz, MA CCC/SLP-L  
Harvey County Infant Toddler Program

Where have we come from and where are we going?

- History of the program
- What “therapy” used to look like
- What research shows
- The Coaching model - It’s here to stay.

## What does coaching look like?

- Primary Provider model
- Parents as partners
- Collaboration
- Routines based practice

Plant the seed with families from the beginning.... the evaluation and first visits

- Explain the model
- Explain the science and reasoning behind the model
- Sharing that the family has access to all members of the team at anytime
- Start from the beginning and always check for understanding
- Share journal articles or resources
- Get lots of good routines based questions
- Mix up visit times from the beginning so you can see different routines and parents aren’t thinking it’s just “sitting on the couch talking”

## Primary Provider Model

- Collaboration
- Trust
- Co-teaching
- Frequent communication - weekly meeting, lots of questions
- Continuous learning and revisiting ideas and concepts
- Specific agendas so we don’t get offtask
- Admitting when we need help
- Standing up for yourself and your profession when needed

Parents as partners...

Core Beliefs of Home Visiting Families with Young Children

- All families are competent
- All families are unique
- We honor families and their diversities
- The family knows their child the best
- Families are equal team members
- We focus on activities that are important to the family

## Models

Dispensing Model

Relating Model

Reflecting Model

Expert model - ECSE weekly, Specialist one time per month

Research shows that simply going in and working with a child was not good enough to change parent or child behavior (Hebbeler and Gerlach-Downie, 2002), Inside the Black Box of Home Visiting.

## It's Not An Information Problem, It's An Inspiration Problem

## Coaching Philosophy

“Coaching is a helpful and facilitative process that enables individuals, groups/teams and organizations to acquire new skills, to improve existing skills, competence and performance, and to enhance their personal effectiveness or personal development or personal growth” (Ellinger et al, 2008, pg 4).

## 10 Key Elements of Coaching in Early Childhood Philosophy

1. Consistent with the principles of adult learning - For a learner to understand, they must develop a knowledge in a specific context and how to generalize it to other situations.
2. Capacity building - coaching builds the knowledge, skills, and abilities of the coachee to be able to function without the ongoing support of the coach. Helping families understand what they already know and how to apply that knowledge

## Capacity Building

Our job is to build the families capacity to be able to help their child learn and grow. Learning how to relate, how to bond and how to expand their communication.

3. Nondirective - knowing when to ask questions and when to let other discover things on their own.

4. Goal oriented - clearly stated outcomes, providing information to achieve those goals, keep reminding parents of the goals they are working toward and determine if that has changed.

5. Solution focused - identify possible solutions that can be implemented immediately - pulling off diaper, biting, hitting, sleep issues

6. Performance based - measured in terms of growth, development and time, families actively participate for learning and behavioral changes to occur.

7. Reflective - looking back in order to look forward, a way to see progress and keep families focused

8. Collaborative - bringing knowledge together to move forward together.
9. Content driven - keeping context and goals in mind while learning about solutions
10. As hands on as it needs to be - prompting the family to reflect on and analyze ideas, consider alternatives and plan actions -

Families cannot teach what they don't know.  
Families have knowledge and skills that they are using and don't even know it.

Modified from the Early Childhood Coaching Handbook by Deborah D. Stok, Ed.D., CCC-SLP, and Betsy L. Stodden, PT, PhD. Copyright 2011 by Paul H. Brookes Publishing Co., Inc. All Rights Reserved.

#### 5 Key Characteristics of Coaching

- Joint Planning
- Observation - opportunity to see the child in his/her own environment, also parents watching us as they are engaged
- Action/Practice
- Reflection
- Feedback

#### What a visit looks like

- Review the joint plan
- Observe what is happening now
- Ask questions and observe to see what the parents are focusing on
- Provide feedback and suggestions as needed
- Followup for understanding
- Create a joint plan to decide where things are going
- Set the next visit

#### How much hands on.....

- Show it to know it
- Can't expect parents to do what they don't know
- Many times they are doing specific activities and doing a great job, they don't realize how positive their impact is as they are feeling it's just play

## KS Dept of Education

Redesign process

Summit learning

Teachers as coaches

- Mentor students
- Help monitor progress
- Teach as needed
- Guide students to learn in their own style
- Students more responsible for learning
- Less behavioral issues

#### Coaching in Action Video

- How did you feel watching the video
- Differences between the clinical model
- Importance of checking with mom for understanding
- Building mom's capacity

## With the coaching model

- We will need to help families teach children to play
- Play and daily routines are how a child learns
- Red flag for me... they can play by themselves for a long period of time
  - Ask questions about what play looks like

## How do we get to this.....

- Ask questions
- Allow for silence
- Share knowledge after observation
- Ask families questions to gain information, determine their knowledge and help them reflect through the process

[https://www.vcisd.org/main/pdf/quick\\_ref\\_coaching\\_guide\\_june202013.pdf](https://www.vcisd.org/main/pdf/quick_ref_coaching_guide_june202013.pdf)

<https://ttac.gmu.edu/telegram/archives/aprilmay-2012/article-7>

## Coaching Plan

What is happening now?

What would you like to have happen?

What can we do to see it happen?  
Action

Who

When

Results

## Family History and Assessments

- Intake
- Routines Based Interview - RBI (Robin McWilliams)
- Parent Assessment of Needs (PAN)
- Observations and interactions
- Carolina Curriculum
- Rossetti Infant Toddler Language Scale
- MacArthur Developmental Inventory - Words and Sentences
- Routines and Activities (CASEtools)

To create a strong family plan we need to.....

- Build family relationships
- Build trust
- Multiple observations of the student
- Input of a variety of caregivers
- Sometimes we hold off on forms until 3 mo. — or more trust is built
- Plans are formally evaluated/reviewed every 3 mo. in our program

<https://blogs.illinois.edu/files/6150/364271/88801.pdf>

[https://fipp.org/static/media/uploads/casetools/casetools\\_vol2\\_no5.pdf](https://fipp.org/static/media/uploads/casetools/casetools_vol2_no5.pdf)

### Communication Strategies Used Daily

Eye contact  
Joint engagement  
Create communication opportunities  
Get into your child's world, play, interests  
Name it to tame it - not your okay but you are safe  
Imitate your child - nonverbally and verbally  
1+ model  
Talk less so they talk more  
Modeling play  
Modeling conversation

### Routines - what can be targeted

Bubbles  
Bath time  
Meal time  
Drinks and snacks  
Getting in and out of the car  
Dropping siblings off at school  
Nite time routines  
Audience ideas

### Family examples:

D - getting started  
J- sensory needs, support to classroom  
K- oral motor needs at childcare and home  
G - reflex integration, sensory processing, language stimulation  
L - eye contact  
E - communication opportunities at home

## Coaching video

Ipad use

---

Dathan D. Rush and M'Lisa L. Sheldon  
The Early Childhood Coaching Handbook  
Coaching Families and Colleagues in Early Childhood  
FIPP.org

Robin McWilliam  
Routines - Based Early Intervention

Jim Knight  
Better Conversations

## Nutrition/Feeding

IT team

Relationships with  
physicians and maternal  
child ward

## Mouth breathing/oral health

- Healthy oral structure and function
- Impact on later development
- Palatal shape and how it's formed

### Nutritive Suck

- Swallowing emerges in utero at 13 week gestation
- Sucking emerges at 18 weeks gestation
- Coordination of suck and swallow 32-34 week
- Coordination of suck, swallow and breathing at 37 weeks
- Maturation is related to gestational age

## Newborn Referrals

- Hospital
  - Primary Physician
- Hospital or Outpatient SLP
  - Lactation consultants

- Orofacial Anomaly
  - Muscles
  - Prematurity
  - Latch
  -
-

Monitor weight - scales, frequency of weight, working closely with a Dr.

Anatomical - helping families understand

Neurological - irregular patterns

Bottle supplement to breast feeding

Nipple shield

Bottle - different nipple shape, size, flow

Pacing - Regulate for 1 min.

Cheek and/or chin support

Positioning - ears about chin

## Referrals at 3 months

- Primary Physician
- Hospital or Outpatient SLP
- Lactation consultants
- Parents As Teachers

- Lack of weight gain
- Loss of liquid
- Reflux
- Coordination

Monitor weight

Anatomical

Neurological

Bottle supplement

Pacing

Cheek and/or chin support

Feeding milestones and next steps

When to start spoon feeding

## Referrals at 6 months

- Primary Physician
- Hospital or Outpatient SLP
- Lactation consultants
- Parents As Teachers
- Parents

- Lack of weight gain
- Transitioning to solids
- Weaning
- Whole Child

Motor development

Positioning

Current Nutrition

Environment

Opportunities - frequency

Oral sensitivity

Kay Toomey - developmental feeding chart

## Referrals at 9 months

- Primary Physician
- Hospital or Outpatient SLP
- Lactation consultants
- Parents As Teachers
- Parents

- Lack of weight gain
- Transitioning to solids
- Weaning
- Gagging

Current Nutrition  
Environment  
Opportunities  
Oral sensitivity  
Motor development  
Positioning  
Thickening  
Increasing texture - blending, wheat germ, cereal,  
Kay Toomey - Feeding progression  
Oral motor sensitivity  
Tongue movement  
Oral exploration

[https://www.phoenix.towerhamlets.sch.uk/hamlets/primary/phoenix/areas/websitecommunityonly/web/developmentallofcontinuum\(1\).pdf](https://www.phoenix.towerhamlets.sch.uk/hamlets/primary/phoenix/areas/websitecommunityonly/web/developmentallofcontinuum(1).pdf)

## Jaden

Pierre Robin Syndrome- what his early intervention looked like

- |   |     |   |
|---|-----|---|
| <b>Picky Eater</b>  | vs. | <b>Feeding problem</b>  |
| <ul style="list-style-type: none"><li>- Limited favorite foods</li><li>- Unpredictable when accepts new foods</li><li>- +carbohydrate foods</li><li>- Demands favorite foods</li><li>- May have social eating</li><li>- Growing fine</li><li>- Large mild intake to compensate</li><li>- "Grow out of it"</li></ul> |     | <ul style="list-style-type: none"><li>- Poor oral motor or sensory skills as well</li><li>- Poor health and growth</li><li>- Dependence upon atypical food patterns</li><li>- Rarely adds new food</li><li>- Doesn't return to prior phased out foods</li><li>- Suspect medical issue</li><li>- Freaks out with new foods</li></ul> |

Happy Mealtimes, Jami Growney, OTR/L

Toomey & Associates, Kay Toomey, Ph.D.  
The Sequential Oral Sensory (S.O.S.) Approach to Feeding to treat the "whole child"

Rocky Mountain Feeding Institute

Suzanne Evans Morris, Feeding the Whole Child

Prefeeding Skills

Ages and Stages, LLC. Diane Bahr, website

Nobody Ever Told Me or my mother That!, Diane Bahr, MS CCC-SLP, CIMI

Responsive Teaching

Carolina Curriculum

MNRI, Masgatova Method

Play to Talk

The Hannen Method

The Early Start Denver Model for Children with Autism

KU Juniper Project

Help me Talk

Ziggurat Model



# ABC Model

What happened before  
Who was there

Behavior

What happened after the  
behavior

What did the student  
escape, avoid or gain from  
the behavior