Caregiver Coaching through Telehealth: Benefits, Challenges and Opportunities

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Today’s Plan

1. Why and how of caregiver coaching
2. Adapting for telehealth
3. Early Start Denver Model
4. Real world telehealth lessons
Caregiver coaching benefits

- Gives child more opportunities for learning, which leads to more communication, social, and behavior improvement.
- Reduces parental stress, increases family time, increases hope they can help their child develop & grow.
- Helps caregiver become an active partner in the intervention team.
Caregiver coaching is partnership between caregiver and provider to support use of effective strategies in family daily routines and interactions with the child.

- Techniques may not be natural for families
- Collaborative partnership
- Relationship-based
- Not “education”
- Not “expert” model
“Parents have to be recognized as special educators, the true experts on their children; and professional people...teachers, pediatricians, psychologists, and others... have to learn to be consultants to parents.”

Nicholas Hobb, 1978
Coach role

• Collaborate with caregiver to develop specific child goals
• Coach caregiver to use strategies with child

Caregiver role

• Partner with the coach to individualize strategies for their family
• Use strategies during daily routine and interactions with child

Goals

• Increased caregiver-child engagement and use of strategies to facilitate child skills
• Increased child social communication skills
## Typical Caregiver Coaching Procedures

<table>
<thead>
<tr>
<th></th>
<th>Active Teaching Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Describe skill/ activity</td>
</tr>
<tr>
<td>2</td>
<td>Explicitly model the skill/ activity</td>
</tr>
<tr>
<td>3</td>
<td><strong>Have the caregiver practice skill/ activity in session</strong></td>
</tr>
<tr>
<td>4</td>
<td><strong>Provide opportunities for reflection, and immediate and specific feedback on caregiver practice</strong></td>
</tr>
<tr>
<td>5</td>
<td>Review and develop between-session practice</td>
</tr>
<tr>
<td>6</td>
<td>Summarize what the caregiver learned and check for understanding can collaboratively develop next steps</td>
</tr>
</tbody>
</table>

(Brookman-Frazee & Drahota, 2010)
Adjustments for Telehealth

- Caregiver expectations
- Simplify topics
- Access/use of technology
- Sending materials ahead of time
- Prepare for distractions at home
- Scheduling policy
- Structure to sessions
- Ease of session recording
Caregiver Interventions: Current Best Practice

Behavioral Developmental

Naturalistic Behavioral Interventions

See Schreibman et al., 2015
Common NDBI Strategies

• Child initiated teaching episodes
• Environmental arrangement
• Natural reinforcement
• Prompting in context
• Shared control (aka, turn-taking, balanced turns or reciprocal interactions)
• Modeling
• Adult imitation of child’s language, play, or body movements
Evidence-Based Naturalistic Developmental Behavioral Interventions

- Incidental Teaching
- Pivotal Response Training
- Enhanced Milieu Treatment
- Early Start Denver Model
- Reciprocal Imitation Treatment
- Project ImPACT
- JASPER
ESDM Treatment Practices

Denver Model Principles
   Developmental

Pivotal Response Treatment Principles
   Behavioral

General ABA Principles
ESDM comes from a developmental framework

Teaching is done using ABA strategies

ESDM curriculum follows developmental domains of early childhood

Treatment objectives direct focus on needed skills across domains to accelerate development
Child Video

2 year old working with Dr. Jamie Winter
Four Easy Steps

Set up
- Building a theme with your partner
  - Whatever action you are doing
    - Theme can get repetitive

Theme
- Keeps the play stimulating
  - Enhances curiosity
    - Requires flexibility

Variations

Closing/Transition
- Orderly closing
  - Clear transition to another activity
✓ Get in the spotlight: Capturing attention
✓ Find the smile: SSRs
✓ Takes two to tango: dyadic play
✓ Do what I do: the power of imitation
✓ How kids learn?
✓ Complete the triangle: sharing interests
✓ Talking bodies: developing nonverbal communication
✓ Toy play
✓ Developing speech
Caregiver-Implemented ESDM: Evidence
(Vismara, Rogers, Young / Vismara, Rogers, Young, et al)

- Three single-subject designs and two randomized controlled trials
- Three telehealth studies
- Over 100 children, ages 6 months-36 months, and parents
- Design: 12 wks, 1-hr clinic sessions involving collaborative parent coaching, with 12 weeks of follow-up, maintenance sessions.
- Measures of parent techniques, child language, Play, gestures

Funders: NIMH/NICHD ACE  # R01MH081757, Autism Speaks, OARS, Tupin Foundation, Goldman Foundation
ESDM Supports Working Alliances with Families

(Estes et al., 2013)
Lesson 1: Positioning

A Challenging Activity
COVID-19 Service Modifications

- Move to telehealth for all families
  - Parent Coaching offered weekly

### Tele-Health Benefits

<table>
<thead>
<tr>
<th>Cancellations</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased</td>
<td>Decreased</td>
</tr>
</tbody>
</table>

### Benefits

- Increased flexibility and ease of telehealth
- Fewer cancellations
- Increases interaction with children during coaching
- Both parents can participate

### Barriers

- Technology Challenges
  - Using video software
  - Limited internet access
- Other children at home
- Working from home
Infants with Symptoms in 1\textsuperscript{st} Year

How do we find concerned families?

What do we do when concerned families find us?
Step Into the Spotlight

- Stay face to face, close enough to touch during baby care and play.
- Make sure to express positive emotion and expression, voice, and/or touch.
- Follow baby’s eyes to baby’s interests.
- If baby looks away, try to interact a little slower, calmer, farther away, quicker next time, or give a little break and wait.
- Let toys/objects be a bridge between you two.
- Face-to-face helps learning—don’t let distractions interfere.
- Don’t make baby compete with your phone. Put it away during care and play!

Imitate Your Baby!

Babies love to be imitated! You’ll see it in their interest in you.
Imitation is great parent-baby game. It often goes back and forth:
Imitate and parent will get baby going.
Imitate baby’s sounds, gestures, and facial expressions back to him—it’s silly and fun.
Imitate baby’s actions with objects—you might even have to get on the floor.

Talking to Baby

- Talk about whatever baby is saying, especially while holding up, looking, and babbling.
- "Baby speaks baby language too! It’s not just gibberish!"
- "Talk about baby’s hearing, speaking, and responding whatever you see them. Who is speaking?” (to baby). "Can you hear me?"
- Baby is learning to imitate. "Look, that’s you. Say it!"
- "Baby’s first words?" "No. Babbles, they are not words!"
- "Make those sounds make sense. A baby is learning! They need to be encouraged!
- "Use short sentences and a simple voice to help baby learn!"
- Baby needs to see your mouth as well as a visual-auditory scene to make sounds.

Believe baby can talk—"from you? Put the words in or the words can come out!"

TeleBaby

Serving infants (6-12 months) and their primary caregivers

Intervention Sessions

- ~ 1 hour
- 3 times per week for a month
- Telehealth-specific adjustments
# TeleBaby: Coaching Session Plan

## Coaching Session Plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 min</td>
<td>Greetings: initial chat, gather data</td>
<td></td>
</tr>
<tr>
<td>3-8 min</td>
<td>Progress Report: How did it go working on ______ since our last session?</td>
<td></td>
</tr>
</tbody>
</table>
| 8-11 min| Activity 1: Warm Up  
Would you help XX warm up and show me how your work on YY went?  
Take FI Data Here |       |
| 11-16 min| Activity 1: Reflection and Discussion  
How was that for you? Etc. |       |
| 16-19 min| Activity 2: different type of activity - with coaching, observation, action  
Take FI Data Here |       |
| 19-24 min| Activity 2: Reflection and discussion  
How was that for you? Etc. |       |
| 24-27 min| Activity 3: different activity type –  
Take FI Data Here |       |
| 27-32 min| Activity 3: Reflection & Discussion  
How was that for you? Etc. |       |
| 32-45 min| Planning for the week, generalization discussion, closing activity |       |
Use of Technology, Session Structure, and Session Course

- Telehealth easy and convenient
- Strengths: intervention strategies and immediate feedback
- Suggestions: longer course of sessions

Materials

- Handouts easy to understand and follow, helped others at home, not as useful as live coaching
- Additional readings/information (particularly video) may be helpful

Table 1: Caregiver-Reported Ease of Learning Strategy

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Easiest to Learn</th>
<th>Most Difficult to Learn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step into the Spotlight</td>
<td>★★★☆☆</td>
<td>★☆☆☆☆</td>
</tr>
<tr>
<td>Talking to Baby</td>
<td>★☆☆☆☆</td>
<td>★☆☆☆☆</td>
</tr>
<tr>
<td>Imitation</td>
<td>★☆☆☆☆</td>
<td>★★★☆☆</td>
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</tbody>
</table>

Table 2: Caregiver Reported Helpfulness of Strategy

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Most Helpful</th>
<th>Least Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step into the Spotlight</td>
<td>★★★☆☆</td>
<td>None; caregivers reported all techniques were helpful</td>
</tr>
<tr>
<td>Talking to Baby</td>
<td>★☆☆☆☆</td>
<td>-</td>
</tr>
<tr>
<td>Imitation</td>
<td>★☆☆☆☆</td>
<td>★☆☆☆☆</td>
</tr>
</tbody>
</table>
How would you describe your experience?

“It was great. I would recommend it to anyone truly. It wasn’t hard or difficult. It was easy and I felt like it was better than going somewhere since [my child] was in his own home with his normal environment and he didn’t really think that someone new was around.”

“Really positive. At a time when I was feeling sort of helpless because my daughter was young and there weren't many options so ways to intervene and help her this way at least sort of felt like I was doing something to help rather than not doing anything.”
Tips for trying it

- Consider the fit - For you? For your families?
- Try hybrid approach first
- Recommend an initial “orientation session”
- Set expectations
- Create a script or detailed session structure
- Create a consistent session space for yourself
- Maintain open communication with the families
- Send documents ahead of time
Real world discussion

- What did coaching feel like?
- How was coaching over telehealth different than in-person?
- What went well? What was hard?
Thank you!

⭐ To the families who volunteered their time

⭐ To the faculty, staff and trainees at the MIND Institute
Review: Key Points

• Caregiver Coaching
  – Consider role of coach, caregiver, and child
  – Use active teaching while emphasizing practice with feedback
  – Monitor your assumptions/interpretations of caregiver’s behaviors.

• Engagement Strategies
  – Incorporate strategies in all interactions with caregivers
  – Use to create partnership with caregivers
  – Neutralize the common hierarchical nature of teaching
• **Alliance**
  - Actively listen to caregiver
  - Convey a sense of caregiver-therapist partnership
  - Communicate positive regard towards caregiver

• **Collaboration**
  - Give suggestions, not directions
  - Ask for caregiver input
  - Collaboratively plan for home practice (Activity Planner)

• **Empowerment**
  - Recognize and acknowledge caregiver strengths and effort
  - Jointly identify and problem solve barriers

*based on Haine-Schlagel & Bustos, 2013; Haine-Schlagel et al., 2014

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