

## “It Gives Me Confidence”: Caregiver Coaching from the Perspective of Families of Children who are Deaf or Hard of Hearing

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### Abstract

Caregiver coaching is used in early intervention services with families of children who are deaf or hard of hearing to increase caregivers' skills and confidence in supporting their child's language development, but few studies have examined coaching from the perspective of the caregivers. The purpose of this study was to increase understanding of caregivers' experiences of coaching in the context of listening and spoken language intervention services. Using semi-structured, qualitative interviews, this study examined 13 caregivers' perspectives at three intervention sites in the United States and Canada. Results indicate that caregivers perceive that practitioner characteristics, expectations, and the evolution of the coaching relationship over time contribute to a positive caregiver coaching relationship. This study contributes to the understanding of the caregiver coaching experience and has implications for new and experienced practitioners working to improve their practice by establishing and strengthening collaborative caregiver coaching relationships with the families they serve.

**Keywords:** deaf or hard of hearing, early intervention, listening and spoken language, caregiver coaching

**Acronyms:** DHH = deaf or hard of hearing; EI = early intervention; LSL = listening and spoken language

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Caregiver coaching is a process designed to empower caregivers by building their capacity, competence, and confidence to support their child's development within naturally occurring daily routines (Dunst & Trivette, 2009; Dunst et al., 2007; Rush & Shelden, 2011; Sukkar et al., 2016; Woods et al., 2011). Caregiver coaching is widely considered best practice in early intervention (EI) for families of children with disabilities, including children who are deaf or hard of hearing (DHH; Division for Early Childhood, 2014; Moeller et al., 2013). For families pursuing listening and spoken language (LSL) for their children who are DHH, timely diagnosis, appropriate audiologic management (including hearing technology), and early enrollment in specialized EI services provide much-needed support for families (Ching & Leigh, 2020; Durieux-Smith et al., 2008; Holzinger et al., 2011; Moeller

et al., 2013). Through caregiver coaching, families learn LSL strategies to support their child's learning and development.

EI in general, and LSL practice specifically, has an imperative to include caregivers as active participants, and caregiver coaching is one of the primary approaches for achieving this goal (Rush & Shelden, 2005, 2011; Shelden & Rush, 2005). This is particularly relevant for families of children who are DHH, because research indicates that caregiver involvement in EI is linked to positive outcomes for children (Allegretti, 2002; DesJardin et al., 2006; Spencer, 2004; Zaidman-Zait & Young, 2008), particularly in communication development (Calderon, 2000; Moeller, 2000; Yoshinaga-Itano, 2003). Recent research indicates that early amplification and participation in EI resulted

in a higher likelihood of reaching language scores commensurate with typical hearing peers (Ching & Leigh, 2020; Davidson et al., 2021), and these benefits increased with greater intensity of EI services and greater levels of hearing loss (Ching et al., 2017; Geers et al., 2019).

Recent research has begun to examine the effectiveness of coaching for caregiver learning (Ciupe & Salisbury, 2020; Sone et al., 2021); however, incongruence persists in definition, terminology, and framework. Improving specificity is critical to inform robust evaluations of the processes, intermediate outcomes (e.g., caregiver learning), and eventual outcomes (e.g., communication outcomes for children) of caregiver coaching. In a research synthesis on coaching in EI, Kemp and Turnbull (2014) found no common definition or description of coaching, and practices ranged from *relationship-driven* on one end of the spectrum to *intervener-directed* on the other. Relationship-driven practices involved practitioners collaborating with caregivers on planning and decision-making, and intervener-directed practices involved a more prescribed approach for caregivers to follow. A more recent systematic review in Australia indicated a persistent lack of an operationalized definition of caregiver coaching, inconsistencies in reporting of how practitioners learn and implement coaching practices, and a lack of outcome measures to determine its effectiveness with families of children at risk for disabilities (Ward et al., 2020).

Listening and spoken language practitioners abide by principles that emphasize the importance of caregiver coaching when working with families of children who are DHH (AG Bell Academy for Listening and Spoken Language [AG Bell Academy], 2017; Kendrick & Smith, 2017; Moeller et al., 2013); however, these practices are not well-defined. Practitioners are expected to *guide and coach parents* to become the primary facilitators of their child's communication development and integrate listening and language into all areas of the child's life (AG Bell Academy, 2017; Estabrooks et al., 2016). Widely recognized best practice principles for family-centered EI provide guidance for coaching caregivers of children who are DHH, including the development of collaborative partnerships characterized by open communication, shared tasks, and mutual trust. Coaching helps teach caregivers new skills through the use of adult learning strategies and builds on existing knowledge and skills (Moeller et al., 2013). Additional guidance indicates that practitioners are expected to develop proficiency in parent guidance, including family coaching and adult learning (AG Bell Academy, 2017, p. 20). Although these constructs are essential components of LSL practice, professional guidance documents lack clarity regarding the elements of coaching and how it should be implemented with families of children who are DHH.

Few empirical studies have examined caregiver coaching in this population. Recent reviews of the literature highlight this dearth of evidence. Shekari et al. (2017) identified 22 studies for inclusion in a systematic review of the role of parents and the effectiveness of EI for children who

are DHH, but none were directly related to caregiver coaching. The review found that family participation in EI is an important factor in a child's outcomes; however, how caregivers learn skills in the context of intervention was not examined. In a systematic review of coaching practices in EI for children at risk of developmental delay, only one of the 18 included papers was directly related to the impact of parent coaching versus therapist-delivered intervention (Ward et al., 2020). The authors concluded that although caregiver coaching is widely accepted, there is a need for studies measuring the impact of caregiver coaching on parent capacity and self-efficacy. Our scoping review on caregiver coaching in LSL EI services included 22 articles, six of which were primary research studies but only one was peer-reviewed (Noll et al., 2021). Our results indicated that caregiver coaching should be individualized, context-driven, collaborative, and strengths-based (Noll et al., 2021). We consolidated eight models of coaching and a variety of coaching practices found in the literature to propose a model of caregiver coaching in LSL practice.

There is limited evidence that parent training is effective in teaching caregivers to implement language strategies with their children who are DHH (Nicastri et al., 2020; Roberts, 2019). In a small randomized-controlled trial, Roberts (2019) found that caregivers ( $n = 9$ ) increased their use of communication support strategies following training, and this resulted in significant gains in prelinguistic speech skills in their children, compared to a control group ( $n = 10$ ) who did not receive training. In a small prospective clinical study, Nicastri et al. (2020) studied the long-term effects of a parent training program focused on increasing language facilitation skills in 14 parents of children with cochlear implants. Parental interaction and child language results were measured immediately following the parent training, and again three years later. Parents improved the quality of their interactions and the children in the treatment group showed a significant improvement in linguistic skills compared to the control group. This study indicates that parent training can be an effective tool for improving parents' use of communication strategies; however, parents learned new skills through a predetermined group curriculum, rather than through individualized caregiver coaching.

Although the EI literature supports caregiver coaching and LSL guidelines suggest its use as a standard of practice, current literature lacks a clear description of caregiver coaching with families of children who are DHH, and little is known about caregivers' experiences with coaching. As such, the purpose of this qualitative study was to broadly examine and increase understanding of caregivers' experiences with coaching in EI services for their children who are DHH and suggest steps practitioners can take to establish a positive caregiver coaching relationship.

## Method

This qualitative research study involved semi-structured interviews with caregivers receiving LSL language EI services at one of three sites and was informed by the principles of interpretive description (Teodoro et al., 2018;

Thorne, 2016; Thorne et al., 1997, 2004). This methodology is well-suited to our purposes because the foundation of this applied qualitative approach is the investigation of a clinically relevant phenomenon to identify themes and patterns from subjective perceptions and generate an interpretive description to inform clinical understanding (Burdine et al., 2020; Thorne et al., 2004). This study received research ethics approval from the University of Ottawa and the CHEO Research Institute in Ottawa, Ontario. Consent was obtained prior to each interview.

### Sampling

Participants were purposely selected from one early intervention program in Canada and two programs in the United States, representing diversity in geographical location, service delivery models, and exemplary LSL services. Site 1 offers services on-site, Site 2 primarily offers home-based services, and Site 3 offers a combination of site-based and home-based intervention services. Eligible participants included caregivers who: (a) participated in LSL services for a child who is DHH, ages birth to 3 years within the previous six months, and (b) were able to communicate in English. Caregivers were invited to participate by their practitioners, and each practitioner was asked to recruit 1 to 2 caregivers, at their discretion. This sampling strategy allowed the practitioners to choose caregivers who could meaningfully inform an understanding of the research problem and provide valuable information to help answer the research questions (Creswell & Poth, 2018).

The aim was to identify recurrent patterns while also capturing diversities in the experiences among caregivers participating in LSL services in different contexts (Braun & Clarke, 2021; Burdine et al., 2020; Thorne et al., 2016). Aligned with the principles of interpretive description, we identified commonalities while acknowledging that the coaching relationship is unique to each caregiver/practitioner dyad. We obtained a deeper understanding of caregivers' experiences, while still recognizing that variations will always exist in applied practice (Abdul-Razzak et al., 2014; Burdine et al., 2020; Thorne, 2016). The resulting commonalities provide new and clinically applicable understanding of the experience of caregiver coaching.

### Data Collection and Analysis

Individual, semi-structured interviews were conducted at a convenient location for the caregivers, including on-site, in the family's home, and, for one family, via Zoom video conferencing software. Caregivers were asked to describe their overall experience participating in LSL EI services, with a particular focus on their relationship with their practitioner and how they learn within the context of an intervention session. The interviewer explained coaching to the caregivers as "a provider teaching the parent, rather than teaching the child" (see Appendix for interview guide). Interviews were audio recorded, transcribed verbatim, and verified before being uploaded into NVivo (12.6.0), a qualitative data analysis software used to organize

and facilitate analysis. To preserve confidentiality in the final report, we removed participant and site names and assigned pseudonyms for reporting.

Interview data were analyzed using reflexive thematic analysis, which uses an inductive, iterative six-phase process: (a) familiarization, (b) generating codes, (c) constructing themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report (Braun & Clarke, 2006; Braun et al., 2019; Terry et al., 2017). This method of analysis acknowledges and values the researchers' experience and perspective and is well-suited to applied qualitative research that answers clinically relevant questions (Campbell et al., 2021).

To ensure rigor and trustworthiness and account for potential bias (Holmes, 2020), the primary researcher critically reflected on her positionality, participated in reflexive memoing throughout data collection and analysis, maintained detailed field notes and an audit trail, and met with other members of the research team throughout to challenge assumptions, debrief, reflect, discuss, and refine codes and themes.

The primary researcher who conducted and analyzed the interviews is the parent of a child who is DHH and an experienced LSL EI practitioner with experience in collaborative caregiver coaching. This dual perspective affords the researcher a unique perspective on issues of clinical significance in LSL practice and informed the design of this research project.

## Results

Thirteen interviews were completed with one father, nine mothers, and three sets of both parents (see Table 1 for demographic information). All families but one had a child currently receiving LSL EI services; one child transitioned out of EI four months prior to the interview. Four of the participants reported working with more than one practitioner while in EI, and two participants had two children who have received LSL EI services, both of whom worked with a single practitioner. The distribution across sites was as follows: Site 1,  $n = 3$ ; Site 2,  $n = 6$ ; Site 3,  $n = 4$ .

Overwhelmingly, caregivers reported positive experiences with coaching throughout the course of their early intervention experience. Several discussed feeling hesitant, uncertain, or guarded in the beginning, which changed over time as they established a trusting relationship with their practitioner.

Cumulatively, the caregivers described coaching as a positive experience, and we identified three overarching themes that contribute to this positive experience, from the caregivers' perspective: (a) it takes a special kind of person, (b) building on expectations, and (c) figuring it out along the way. See Table 2 for a description of themes, sub-themes, and codes, along with supporting quotes from the interview data.

**Table 1**  
*Demographics*

Variable	Number	Percentage
Interview participant(s)		
Mother	9	69.2%
Father	1	7.7%
Both parents	3	23.1%
Age of child at time of interview		
12–18 months	2	15.4%
18–24 months	2	15.4%
24–30 months	5	38.5%
30–36 months	3	23.1%
> 36 months	1	7.7%
Age at diagnosis		
< 6 months	13	100%
Degree of hearing loss		
Mild	2	15.4%
Moderate	1	7.7%
Severe	2	15.4%
Moderately-severe	3	23.1%
Profound	5	38.5%
Age at service initiation		
< 6 months	11	84.6%
7–12 months	1	7.7%
13–24 months	1	7.7%
Device type		
Hearing aid(s)	5	38.5%
Cochlear implant(s)	6	46.2%
Both	2	15.4%
Frequency of services		
1x/week	6	46.2%
2x/month	5	38.5%
1x/week (onsite), 2x/month (home)	2	15.4%

**Caregiver Coaching is a Positive Experience**

*“So, coaching is very positive. Strong reinforcement with the things we’re doing right, and then guidance on the things we’re doing wrong.” (Henry)*

**It Takes a Special Kind of Person**

*“You really have to be interested in helping these kids and the parents.” (Ashley)*

All of the caregivers talked about their relationship with their practitioner as an impactful part of the coaching relationship, using a variety of adjectives to describe positive attributes (see Figure 1). Some caregivers worked with multiple practitioners over the course of their time in early intervention and used positive language to describe

all of them. All the caregivers talked about the importance of establishing a meaningful relationship as a foundational aspect of their overall positive experience.

**Figure 1**  
*Caregivers’ Description of Practitioners*



*Note.* Word size represents frequency (created on wordart.com).

In addition to highlighting positive personality characteristics, caregivers also described a warm relationship with their practitioner, using phrases such as “familial,” “like a friend,” and “a professional friendship.” After describing her practitioner as supportive, Chelsea described their relationship in this way: “I would say that our relationship is like a family member but also kind of like a teacher—that you really want to please and that you don’t want to disappoint.”

When asked what they thought was most important for establishing the caregiver-practitioner relationship, some caregivers referred to practical factors, such as practitioners’ preparedness, expertise, and time; however, most also cited positive personality traits and the primacy of establishing trust as the building blocks for the coaching relationship.

**Building on Expectations**

*“Expectations have to be clear.” (Henry)*

When describing their experiences, caregivers talked about practitioner expectations as a fundamental component in a positive coaching relationship. Expectations were either explicitly or implicitly established by the practitioner at the beginning of the coaching relationship, and this set the tone for how caregivers viewed their role and the role of the practitioner. These expectations established the foundation for how caregivers experienced the coaching relationship over time and included three elements: (a) the caregivers’ expectations of the practitioner, (b) the caregivers’ expectations of themselves, and (c) how caregivers expected to see progress as a result of coaching.

Eight of the caregivers described an explicit manner in which their practitioners established expectations for their role in the coaching relationship, while five described a more implicit approach. The explicit approach included clearly outlining the role of the caregiver from the very

**Table 2***Description of Themes and Supporting Evidence*

Theme	Sub-theme	Description	Codes and Quotes as Evidence
It Takes a Special Kind of Person		Practitioner characteristics reported as important for fostering the coaching relationship	"I mean, obviously you have to have a certain demeanor to be that type of profession." (Ashley)
Building on Expectations	Expectations of Practitioner	How caregivers view their practitioners' role in the coaching relationship	<i>Practitioner-as-expert</i> : "But she is the, at the end of the day, she's the professional in this. She feels that that's, that's where we need to be going, okay, that's where we're gonna go." (Matthew) <i>Practitioner-as-partner</i> : "I don't know, she feels like a partner. It's kind of fun. Like, compared to some of the other therapists, like physical therapy and occupational therapy, it's a little more them directing everything and them doing everything and just kind of talking me through stuff. Where I feel like with (Practitioner), it's kind of like, I don't know, we're doing it together." (Julie)
	Expectations of Self	How caregivers view their role in the coaching relationship	<i>Being an observer</i> : "So, you know, that's what I take away from my role: observing what they're doing." (Ashley) <i>I'm the student</i> : "But yeah, I do feel like a student. I'm learning new things and I feel like every session I'm learning something different." (Jane) <i>It's all on me</i> : "I'm the everything." (Henry)
	Expectations of Success	How caregivers view progress as a result of coaching	<i>Caregiver learning as a measure of success</i> : "I wanted her to see that we were learning, and we were trying and that we were applying the things that we were learning." (Chelsea) <i>Child performance as a measure of success</i> : "And then she turned 18 months and her language just exploded. I felt so confident after that. That everything they said, 'Oh, work on this,' I would work on it for like a day and (Child) would have it down. And I would, I would be like, 'Oh my gosh, this is amazing!'" (Sarah)
Figuring it Out Along the Way	Establishing a Foundation	The foundation of the coaching relationship is built during a vulnerable time in caregivers' lives and involves a high need for information and establishing trust.	<i>Building trust</i> : "I would also say that you just have to immediately establish this trust, which is not something you can teach, it just kind of happens." (Chelsea) <i>Establishing expectations</i> : "One of the very first things she said to me was, 'This is going to be as good as you, as you want it to be. And it's going to be as much as you're engaged in it.'" (Henry) <i>Information sharing</i> : "When he was younger, we – it was a lot about how to deal with his equipment...it was more informative for us." (Ashley) <i>Overwhelming at times</i> : "I remember at the beginning, it was so overwhelming for all of us...and she...would take the time to explain what is now, what will be, and give us all the information in between." (Isabelle)

**Table 2 (cont.)***Description of Themes and Supporting Evidence*

Theme	Sub-theme	Description	Codes and Quotes as Evidence
	Ongoing Trust and Unguardedness	Trust and unguardedness are needed for the entirety of the coaching relationship.	<p><i>Mutual respect</i>: “When there were things that we questioned, I felt like our relationship made it so that we could bring things up, or I never felt like I could ask a dumb question or anything like that, and I think it’s just because we’ve had that mutual respect.” (Chelsea)</p> <p><i>Openness</i>: “And it’s really, you just got to let your walls down and trust someone else.” (Cynthia)</p> <p><i>Rapport</i>: “...if you don’t make that connection, it’s not going to work.” (Michael)</p> <p><i>Transparent communication</i>: I: “So, what would you say is, is the most important thing for a good provider and parent relationship?” Mary: “I would say transparency and being able to listen to one another...”</p>
	Shared Development of Knowledge and Skills Leads to Empowerment	Practitioners equip caregivers over time by providing information and developing skills; as a result, caregivers take on more responsibility and need less support.	<p><i>Explaining the “why”</i>: “She was, from beginning to end, step by step, we knew why we were doing it from the beginning and what result we were going to have at the end.” (Michael)</p> <p><i>“I’ve learned a lot”</i>: “I learn what I need to know. I mean, I feel like it’s an accomplishment, like ‘oh, oh!’” (Rebecca)</p> <p><i>“It makes me feel empowered and confident”</i>: “So I can try their new suggestions and, yeah, it makes me feel, like, empowered and more confident as a parent.” (Mary)</p>

beginning of the coaching relationship and reiterating the importance of the caregiver’s role over time. A more implicit approach involved demonstrating for the caregiver without explicitly outlining the importance of his or her involvement in planning and during sessions.

**Expectations of Practitioner**

Although all the caregivers acknowledged and respected the practitioner’s expertise in LSL, some deferred to the practitioner as the primary expert and others saw the practitioner as more of a partner whose role it was to collaborate with them as the experts on their child. Some caregivers vacillated between the two, while others generally fit into one category or the other.

**Practitioner-as-Expert**

Caregivers who viewed their practitioner as the primary expert tended to describe themselves as less important partners in the coaching relationship. They relied on the practitioner to problem-solve, provide resources, and plan goals and activities for intervention sessions, and were less likely to describe the relationship as collaborative than caregivers who considered their practitioners as a partner. For example, when asked about her role in deciding what to work on with her child, Rebecca shared that she would feel comfortable bringing up concerns with her practitioner, but “I probably wouldn’t make a suggestion because I feel like I’m not the expert.”

**Practitioner-as-Partner**

Alternatively, caregivers who viewed their practitioner as more of a partner considered their role in the coaching relationship as pivotal for their child’s progress. These caregivers described setting goals in partnership with their practitioner because they know their child best and understand what will work in the context of their daily lives. Chelsea described it as “shoulder-to-shoulder learning together,” and stated, “I like working alongside someone.” Some caregivers reported choosing activities and goals for the sessions themselves, others worked together with their practitioner to decide what to target during intervention sessions, and some reported a combination of both approaches.

**Expectations of Self**

Caregivers described their expectations of themselves in the context of their role in the coaching relationship. These expectations ranged from taking full responsibility during sessions and in-between, to being a learner who takes an active role in intervention sessions following practitioner demonstrations, to being an observer and primarily watching the practitioner working with their child. How caregivers viewed their role in the coaching relationship was tied to how they talked about their practitioners’ role—those who saw themselves as observers were more likely to defer to their practitioner as *the expert*, and those who talked about their own role as primary in the relationship

viewed their practitioners as a *partner*. The following codes represent this continuum.

**It's All on Me.** Five of the caregivers described themselves as highly involved in the coaching relationship, because the outcome depended on them learning and implementing strategies with their children in their everyday lives. Henry described the significance of his role in the coaching relationship this way: "I'm the everything. I mean, (Practitioner) is really just giving us the framework." He went on to say that although he sees his practitioner for 45 minutes to an hour twice a month, it's what he does in-between that makes the difference, and that he and his wife want to make sure they are doing everything possible to ensure their child's progress.

**I'm the Student.** Six of the caregivers saw their role as students, learning from the practitioners' expertise, but also willing to actively participate and practice skills after a model during the coaching exchange. Mary described a typical session in which she observes as her practitioner demonstrates a strategy with her child, then she takes a turn and her practitioner offers feedback. She may try again and then they will discuss how she did and what she might do differently the next time. "She'll pull out her activity, she'll tell me what she expects (Child) to say from it. She'll, she'll say it and then she'll pause and wait for him to do it, and then she'll ask me to try it out."

**I'm an Observer.** Two caregivers described their participation as primarily watching and learning and not necessarily taking a turn during the session. Lauren described her role as "an observer and taking it in." She described intervention sessions in which she watches and learns while her practitioner interacts with and teaches her child. She described hesitation to actively participate during sessions because, as she states, "I'm not good at demoing with somebody watching me....but if I can gather all the information and watch you do it, then I can do it later."

### **Expectations of Success**

Caregivers revealed the ways in which they measured success, separate from traditional indicators of progress, such as assessments. They talked about things that made them feel like caregiver coaching was successful, either in terms of their child's progress or their own learning. Some caregivers indicated that both these factors contributed to what they considered a successful coaching experience.

### **Child Performance as a Measure of Success.**

Caregivers indicated that their child's speech and language growth played a role in determining whether coaching was working. Julie talked about her child's progress as a motivating factor for continuing to implement the strategies she was learning:

I think at first, too, it was hard because he really was not turning to anything, so it's, it's hard to be motivated when you're not seeing direct results of it. Once we started really seeing the changes happening, then it was like, ok this is, this is real.

**Caregiver Performance as a Measure of Success.** Six caregivers considered their own growth in understanding and implementing LSL strategies with their child as an indicator of success. Henry referred to his own learning as a measure of progress: "I'm reading to her, I'm always making sure I'm beside, like, and it, there's times where I'll realize, I'm like, holy smokes, she trained me!"

### **Figuring It Out Along the Way**

*"It's a process, it's a journey, you figure it out along the way - what works and what doesn't."* (Sarah)

The coaching relationship changes over time in response to the changing needs of the caregivers. The caregivers described their emotional state and needs in the beginning as very different than what they needed as services progressed, and suggested that by adapting to their needs, practitioners contributed to a positive coaching experience overall.

### **Establishing a Foundation**

The foundation of the coaching relationship is built during a vulnerable period in caregivers' lives. Caregivers reported feeling overwhelmed and in need of information and emotional support. This vulnerable time period is when trust and expectations must be established. Cynthia described the beginning of the coaching relationship in this way: "They come into your life in such a vulnerable place. And it's really, you just got to let your walls down and trust someone else." According to caregivers, the time and effort that practitioners spend in the beginning laying the foundation helps to establish a positive and meaningful coaching relationship. Establishing a foundation includes building trust, establishing expectations, and sharing information, and caregivers often described this as overwhelming at times.

### **Ongoing Trust and Unguardedness**

The ongoing coaching relationship also requires trust and unguardedness, and caregivers shared that mutual respect, rapport, transparent communication, and openness contribute to a positive coaching experience. All of the caregivers described a level of comfort with their practitioners that allowed them to freely ask questions, share concerns, and communicate openly without fear of judgement. They expressed relief to have someone supporting them and providing reliable information, and the confidence that was gained in the beginning provided the foundation upon which the ongoing relationship was built. Gina described this progression of trust: "I always felt like I had to be so defensive about him and stuff, where, after a while, she just made it really comfortable, and I didn't feel like I had to have a guard up anymore."

Cynthia highlighted the willingness to be open and vulnerable as a necessary component in a coaching relationship that may involve difficult conversations at times:

I think there needs to be an element of accepting and giving of, like, critical information. If you can't receive information from them that is hard to hear...it's a level of vulnerability that's kind of

required...if you can't receive or give information back and forth, without open communication, and there's a lot of walls up, it's just, it's not going to be a good relationship...

Gina and Michael talked about what they considered to be the most important component of the ongoing coaching relationship: trust.

We trusted that we could ask her a question and she trusted that she could ask us or tell us something and it would not change anything... so even when we did not get the best news or you get the good news, she's always there to help you and guide you.

Caregivers described several ways in which practitioners established trust, including being a reliable source of information, being supportive and non-judgemental, establishing a personal connection with them and their child, and actively listening to their concerns. They also indicated that time was a factor, both in the amount of time they spent with their practitioner, and the timing of the onset of the relationship, when they needed information, support, and encouragement.

### **Shared Development of Knowledge and Skills Leads to Empowerment**

Over the course of the coaching relationship, the shared development of knowledge and skills leads to a transfer of responsibility and empowerment from the practitioner to the caregiver. Sarah described how her level of confidence has changed over time: "I always leave, especially now, feeling really confident in what (Child) is doing...Knowing that, that I get it, that I can, that I can help my child." Ashley talked about having so many questions in the beginning, especially with regard to how to help her child, but then, over time, using LSL strategies has become second nature: "I've started doing things that I don't even notice that I'm doing...it's become the norm."

Although all of the caregivers described an evolution of the coaching relationship over time, the progression was not necessarily linear. Caregivers described times when they felt overwhelmed, even after the intensity of the early stages of their child's diagnosis and beginning EI. They reported feeling more empowered as they learned skills and built confidence, but there were times when they still needed extra support. Ashley explained one example of this: "I think, personally, like, with early intervention and with parents that are, like, overwhelmed—like, right now we are going into the transition stage and that's very overwhelming to me. I don't want to leave the comfort of here."

### **Discussion**

This research is novel in that it examines caregivers' perspectives specific to coaching in LSL EI services, increases understanding of how caregivers experience coaching, and highlights how practitioners can establish and maintain an effective coaching relationship. Caregivers of children who are DHH viewed coaching as

a positive experience; however, because practitioners recruited caregivers, it is possible that these data reflect only meaningful coaching relationships. The caregivers conceptualized coaching in different ways, according to their experience, and some conflated caregiver coaching with the entirety of the EI experience. This suggests one of two things: that the LSL practitioners integrated coaching seamlessly with families in the context of their intervention, or that practitioners did not always take a collaborative approach to caregiver coaching. This study reveals three factors that contribute to a positive coaching experience, according to caregivers: practitioner characteristics, how expectations are set and maintained, and coaching that adapts to changing caregiver needs over time.

Our findings indicate that characteristics of the practitioner play an important role in a positive caregiver coaching relationship. Caregivers used a variety of descriptors to describe their practitioner as warm, caring, and trustworthy. Interestingly, Tattersall and Young (2006) also found that professional communication and manner were the most important influences on parents' experiences during the audiologic diagnostic process. The perspective of the caregiver has been underrepresented in both the general EI and LSL literature, and, as such, this insight highlights the importance of demeanor and the establishment of trust in creating a positive coaching partnership, which can, in turn, lead to growth. This finding aligns with perspectives of coachees in an early childhood setting, who reported that they valued their relationships with their coaches and this positive partnership led to growth and change (Knoche et al., 2013). Other studies have indicated that caregivers were satisfied with their family-centered intervention services (Stewart et al., 2020) and that a collaborative and supportive relationship was important for their learning (Salisbury et al., 2018); however, our study extends the understanding of specific characteristics that may lead to a supportive relationship between caregivers and practitioners. Caregivers' experiences with coaching may in part determine the uptake of intervention and their engagement as well as their perceptions of the quality of intervention, which in turn can influence their child's developmental outcomes.

An interesting finding from this study was that expectations were a strong underlying factor in a positive coaching partnership. Caregivers' expectations of their practitioners were connected to their view of their own role in the partnership, with those who described their practitioners as partners taking a more active role in the coaching process during EI sessions. Consistent with previous literature, our study showed that clear expectations and mutually agreed upon goals are important for establishing a partnership, leading to a positive and successful coaching relationship where partners play a vital role (Rush et al., 2003; Rush & Sheldon, 2011; Workgroup on Principles and Practices in Natural Environments, 2008). As active caregiver participation is understood as an important component in the coaching process (Noll et al., 2021), a lack of engagement precludes a bidirectional, collaborative exchange between caregiver and coach. This

balance of power is an important consideration. Balanced partnerships between families and practitioners are considered best practice in family-centered EI for children who are DHH, according to an international consensus statement (Moeller et al., 2013).

Our findings indicated that this partnership is established at the beginning of the coaching relationship and is reinforced through joint planning and active participation in individual sessions. Caregivers who consider themselves observers and the practitioner as expert do not enter into a reciprocal coaching exchange where the caregivers actively contribute and participate; rather, the practitioner primarily chooses goals and activities and instructs the caregivers, with or without opportunities to practice skills within the context of a session. This level of caregiver participation represents more of a practitioner-directed style of intervention and does not represent a balanced partnership, therefore highlighting a potential obstacle in establishing a collaborative coaching relationship.

Ambiguities in the EI literature suggest that caregiver coaching is not always differentiated from parent training; the difference lies in the extent of the caregiver's role in decision-making and goal setting and a truly collaborative partnership between caregiver and coach (Kemp & Turnbull, 2014; Ziegler & Hadders-Algra, 2020). Most caregivers in our study described an active role and hands-on practice during sessions with their child; however, two caregivers described their role primarily as observers. Although all three intervention sites espouse caregiver coaching, this indicates that at least some of the time with some caregivers, more traditional intervention that does not incorporate caregiver coaching is used. This may be due to personality characteristics of the caregivers or may be linked to the expectations established and maintained by the practitioners throughout the EI process.

Our results highlight that practitioners need to explicitly establish expectations and partner with families in ways that will encourage active participation and allow for a reciprocal coaching relationship to develop. Caregivers were more likely to view their practitioner as the expert (vs practitioner as partner) when expectations were established implicitly rather than explicitly. Additionally, the ways in which caregivers talked about their expectations of progress provides insight into their perception of success. Caregivers who view progress as their own mastery of LSL strategies, rather than solely based on their child's progress, understand how critical their role is in the coaching process, and take responsibility for learning and implementing LSL strategies with their child beyond the context of the intervention session.

Results of our study indicate that caregivers' needs change over time, and practitioners who adjust their coaching in response contribute to a positive coaching relationship. The goal of the coaching relationship is to build expertise to enable the caregivers to become skilled facilitators of speech and language with their children. The practitioners scaffold their coaching by gradually increasing the caregivers' responsibility and ownership as they gain skills. This is accomplished by ensuring that the caregivers understand the reasoning

behind the strategies they are learning, co-creating goals, continuing to build on what they are learning over time, and giving them opportunities to feel successful and confident in their newfound expertise. Previous studies have indicated that the provision of information is important for meeting the needs of caregivers of children who are DHH (Decker & Vallotton, 2016; Fitzpatrick et al., 2008; Roberts et al., 2015; Stewart et al., 2020), and our study suggests that this need is greatest in the beginning of the coaching relationship. Previous research suggests that caregivers initially experience shock, but it gets easier over time with information and support provided by EI professionals (Haddad et al., 2019). Additionally, caregivers have reported that they find the initial decisions related to intervention such as communication modality and device use stressful, and the support of LSL practitioners is invaluable (Gilliver et al., 2013; Roberts et al., 2015). In our study, caregivers reported this as a time of trust-building that formed the foundation of the coaching relationship, so, although it was a stressful time, ultimately it solidified their confidence in their practitioner.

Not only does the type of information caregivers need change, the amount of support changes as caregivers gain knowledge and confidence in implementing LSL strategies. One goal of family-centered EI is for caregivers to gain proficiency in implementing LSL strategies with their children. According to the caregivers in this study, practitioners who scaffolded their support built the caregivers' confidence and made them feel empowered. Empowerment resulted in caregivers taking a more active role in the coaching process, and in some cases independently setting goals and implementing strategies with feedback from the practitioner. Our finding supports recent research that indicates that caregivers gain skills over time as a result of focused LSL EI (Josvassen et al., 2019). Our finding also supports research in the general EI literature that found that practitioners' use of caregiver coaching strategies decreased over time, resulting in caregivers taking the lead in sessions with less support (Ciupe & Salisbury, 2020). An interesting direction for future research would be to examine the effectiveness of coaching practices—whether coaching (process) indeed leads to measurable skill development (outcome) for families participating in EI services.

This study adds to recent research aiming to better understand the experiences of caregivers receiving family-centered EI, including coaching. Studies have indicated that caregivers report being told that taking an active role in the intervention process is essential for their child's development (Decker & Vallotton, 2016), which is aligned with recommended EI practices and essential for caregiver coaching (Division for Early Childhood, 2014; Moeller et al., 2013). Families of children who are DHH find coaching beneficial for learning LSL strategies (Josvassen et al., 2019), and report satisfaction overall with the family-centered services they receive (Fitzpatrick et al., 2008; Josvassen et al., 2019; Roberts et al., 2015; Stewart et al.,

2020). Our results align with recent survey research that indicated that caregivers considered coaching a positive experience (Josvassen et al., 2019; Salisbury et al., 2018).

Our study extends this understanding by examining the experiences of caregivers receiving LSL EI services and suggests specific factors that practitioners can incorporate to contribute to a positive coaching relationship in their work with families. First, there is benefit to setting clear expectations and parameters for caregiver participation as partners in the coaching relationship from the very beginning. Also, recognizing that caregivers' needs change over time and that they have a high need for information and support in the beginning, practitioners can build trust by being a credible source of information and offering support with kindness and empathy. Another consideration is that families who start the process later, resulting in less time in EI, will likely still need the trust-building that sets the stage for the remainder of the coaching relationship. Once trust is established and the foundation is set, practitioners can adapt to the changing needs of the caregivers over the course of their time together. Finally, practitioners can scaffold their coaching strategies, including modeling and demonstrating in the early stages of learning, with the goal of transferring responsibility to the caregiver as skills and confidence increase. Caregiver coaching is a capacity-building practice, intended to build knowledge and skills to a level of mastery that empowers caregivers in their interactions with their children (Dunst et al., 2014; Dunst & Trivette, 2009; Rush & Shelden, 2011, 2019). This goal should be explicitly shared with the caregivers from the beginning to establish the expectation for active participation in the coaching relationship and to empower them as capable agents of change in their child's LSL development.

The variability with which the caregivers talked about coaching highlights differences in coaching practices among practitioners. In particular, caregivers described their role in intervention on a continuum from observation to active participation in all aspects of the coaching exchange. These differences in expectations and practice may reflect discrepancies in practitioners' training and preparation for coaching, as some may have been trained to teach children who are DHH rather than to coach their caregivers. This is an important consideration, because although best practices indicate that children who are DHH should receive services from highly trained practitioners (Moeller et al., 2013), this does not account for the specialized skills needed to engage with and teach adult learners. Additionally, because there is a lack of a consistently used model of caregiver coaching in LSL services (Noll et al., 2021), it cannot be assumed that all practitioners are adequately trained to implement evidence-based coaching practices with families. This indicates a need for the development of standards of practice for coaching caregivers and pre-service and in-service training to increase the likelihood that practitioners will consistently implement these coaching practices.

This study was not without limitations. Caregivers were invited to participate by their practitioners, who may have

chosen *ideal* families that do not necessarily represent the diversity of viewpoints and experiences of all families on their caseload. This is especially important to consider since all participants considered caregiver coaching a positive experience. It is also important to note that differences in caregiver demographics were not addressed in this study due to small numbers; however, this presents an opportunity for future exploration. In addition, although a strength of this study was the inclusion of three different models of service provision, the experiences of relatively few caregivers may not be transferable to experiences of the broad range of caregivers receiving LSL EI services across North America, much less globally. This limitation provides direction for future research to elicit the voices of caregivers from a variety of cultures and backgrounds, in a range of settings, in the broader context of LSL EI services. In addition, the design of the study and the number of participants precluded meaningful comparison between sites offering different models of service provision. However, it would be interesting to further explore these differences with a larger group of caregivers. Examining the views of LSL practitioners in future research will also enhance understanding of the caregiver coaching process. Finally, interpretive description necessitates that the researcher uses reflexivity to continually evaluate their response during data collection, analysis, and writing. The researcher's own positionality, pre-understandings, and experiences are considered by some to be integral to the research process and these important considerations should be identified and disclosed as a means to enhance the credibility of the study (Agrey, 2014; Berger, 2015; Holmes, 2020). Interpretation from the lead researcher's perspective as a parent of a child who is DHH and an LSL practitioner becomes a common ground from which to hear, co-construct meaning and learn from others. While I employed reflexivity throughout this work, my belief in collaborative caregiver coaching as an effective and family-centered approach to LSL EI services informed the research design and analysis and therefore may have impacted the results.

Caregiver coaching in LSL practice is a means by which caregivers learn to use enhanced language interactions to improve their child's language outcomes, ultimately resulting in self-efficacy and carryover of intervention strategies into their daily routines (Noll et al., 2021). This study is unique in that it explores from the perspectives of caregivers how LSL coaching influences their active role in communication intervention and achieving positive outcomes for their child and family. This work has the potential to help current and future caregivers of children who are DHH advocate for a partnered, collaborative approach to caregiver coaching. Additionally, this study provides insight for practitioners working to establish and maintain positive caregiver coaching relationships, including understanding the role of practitioner characteristics, explicitly establishing expectations, and adapting their coaching over time. This insight has the potential to impact the work of practitioners currently coaching caregivers as well as pre-service professionals learning the art and science of LSL caregiver coaching.

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