Coaching in Home Visiting

Supporting Better Outcomes for Professionals and Families

Christa Haring & Angela Rau

With a Letter to the Field by Mark S. Innocenti and Lori A. Roggman

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by

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The individuals described in this book are composites or real people whose situations are masked and are based on the authors' experiences. In all instances, names and identifying details have been changed to protect confidentiality.

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Contents

About the Authors

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Dr. Haring has served as a practitioner and researcher in the field of education for more than 20 years. For the past 13 years, she has collaborated on federally funded grants measuring the impact of coaching and related interventions on outcomes for educators, students, home visitors, and families. As National Director of Education and Research for one of the nation's home visiting models, she oversaw professional development and supported staff for more than 120 home visiting chapters across the country. In this role she was primarily responsible for evaluating the efficacy, effectiveness, and feasibility of early language and literacy interventions implemented to improve interactions between children and caregivers. She also oversaw the identification and implementation of assessment tools to capture changes in attitudes, beliefs, and practices of parents, children, and childcare providers.

Dr. Haring currently supports and trains regional literacy coaches who support more than 60,000 teachers across the state of Virginia. Prior to coming to the University of Virginia, she served as a speech-language pathologist, special educator, curriculum writer, research scientist, and university professor. She holds a Ph.D. in special education with an emphasis in learning disabilities and behavior disorders from The University of Texas. As a mother who benefited from home visiting, she believes strongly in programs that support children and families and the potential these programs have for strengthening families and communities.

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Angela Rau is the Founder of ACTT Consulting. Her professional focus is on home visiting, family engagement, workforce development, and coaching. She informed the Parent as Teachers (PAT) relational approach to home visiting. The first virtual home visiting program, Parents as Teachers @ USC Telehealth, was co-designed by Ms. Rau. This program was selected as the winner of the Gary Community Investments/OpenIDEO Early Childhood Innovations Prize. As PAT Director of Program Innovations and Professional Development, Ms. Rau led training design and the professional development of national trainers. During her term, she drove transitions into virtual training and home visiting. She is an active consultant for The Rapid Response—Virtual Home Visiting (RR-VHV) collaborative. She actively participates in the Start Early Communities of Practice—Professional Development: Pathways to promoting home visitors' competence through coaching.

A Letter to the Field

Mark S. Innocenti and Lori A. Roggman

Greetings to the field of home visiting:

We were invited to write a "letter to the field" about coaching, in lieu of a traditional foreword. We will not be commenting on the content of the following chapters or their strengths, weaknesses, interconnections, or other information as in a traditional foreword. Instead, we will reflect on our experiences and perspectives on coaching in home visiting. We begin by discussing the growth of home visiting as a field and lessons learned along the way that we need to keep in mind. We then reflect on coaching as a developmentally supportive practice and the evidence-base for coaching in home visiting. A discussion of "coaching confusion," regarding the various definitions and terms used in the field, will follow, along with an attempt to clarify coaching as it applies to home visitors in their dual role of coachee (being coached) and coach (coaching caregivers/parents). Finally, we explore how coaching quality interacts with context in home visiting and end with some parting thoughts.

As the writers of this letter to the field of home visiting, we bring a history of experience related to coaching in home visiting—we have studied it, measured it, coached parents and other caregivers, and coached home visitors, although we did not always call it coaching. Dr. Roggman began her professional career as a home visitor in the Head Start Home Start program (Love, 1976), learning to observe what parents did well and adapting to it, and became a trainer for 16 Home Start Training Centers, which included coaching individual home visitors by observing them on home visits and giving detailed feedback. After getting a Ph.D. in developmental psychology, she began studying home visiting practices, identifying "facilitation" of parent-child interaction as a key practice that included engaging them together and giving encouraging feedback, which would now be called coaching (Roggman et al., 2001). Dr. Innocenti provided behavioral services, in homes and offices, to parents with challenging children. He focused on early intervention research projects and became interested in home visiting with the passage of P.L. 99-457, the Education of All Handicapped Children Act, which established required services for infants and toddlers with disabilities (originally Part H, modified to Part C in 1997 with the Individuals with Disabilities Education

Act). He then focused on home visiting projects for those with disabilities or at risk for school failure. His approach changed over time from a more didactic to a more strengths-based, collaborative approach that is aligned with the practices of coaching.

Drs. Roggman and Innocenti began working together on home visiting research projects in the late 1990s. We have described a research-based, developmental approach to home visiting that includes coaching practices, in *Developmental Parenting* (Roggman, Boyce, & Innocenti, 2008), and have developed two measurement tools commonly used for coaching in the home visiting field. One of these tools, *The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes* (PICCOLO, Roggman et al., 2013), helps home visitors observe and give feedback to build on parenting strengths in home visits. The other tool, the *Home Visit Rating Scales* (HOVRS, Roggman et al., 2016, 2019), helps supervisors or coaches observe and give feedback to build on strengths in home visitors' practices as part of professional development. We have been training home visiting programs nationally and internationally on home visiting practices and using these measures for more than 12 years. This has allowed us to interact with thousands of home visiting program staff in many programs both inside and outside the United States. Drs. Roggman and Innocenti are also active, individually and together, in home visiting research, and each participates in national groups focused on multiple aspects of home visiting.

MY HOW YOU'VE GROWN

At the onset of the 21st century, home visiting programs were available and implemented in many communities concerned with the well-being of young children and their families. Coaching was not a major area of discussion or research. Research evidence for the overall effectiveness of home visits was available (Sweet & Applebaum, 2004). Early Head Start, which included both a home visitation and a center-based component, began in 1996 and included a research component, the Early Head Start Research and Evaluation Project (EHSREP), in which Dr. Roggman was a local site Principal Investigator and which showed positive outcomes from home visitation (Love et al., 2005). Part C early intervention programs were providing services in the home as the preferred natural environment (P.L. 101-476). Positive research findings and field growth in home visiting combined with an increasing concern for the preparedness of the U.S. workforce led to support from the business community (Rolnick & Grunewald, 2003). In this positive environment the U.S. Congress passed the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program under the U.S. Department of Health and Human Services (Patient Protection and Affordable Care Act of 2010, PL 111–148: Section 511). MIECHV provided funding and a structure for every state to obtain federal funds for evidence-based home visiting (EBHV) programs.

MIECHV shifted the field toward a stronger emphasis on rigorous evidence of effectiveness of home visit program models. Home visiting programs funded by MIECHV are required to demonstrate evidence of effectiveness, and the Home Visiting Evidence of Effectiveness (HomVEE) program was established to assist in this process. HomVEE established criteria for home visiting programs (or models) to be identified as evidence-based. At present, 22 models have met the criteria from the U.S. Department of Health and Human Services to be considered an

"evidence-based early childhood home visiting service delivery model" (HomVEE, 2021). HomVEE provides detailed information on the models reviewed, outcomes of research on the models, and other factors relevant to the models.

HomVEE's systematic reviews of EBHV models increased the understanding of possible options and helped identify programs best suited for a given community, but the process is not without concerns. Research in many models was by the program developers. Most programs do not meet all outcomes identified for home visiting in the MIECHV legislation. Programs designed for urban areas are being implemented in non-urban areas or with different groups from which the original research samples were identified. As of 2021, most of the EBHV models had not participated in scale-up research, which is required by the Institute for Education Science to demonstrate education program effectiveness (Wu et al., 2021). An early review of home visiting, in 2011, highlighted many of these research concerns (Azzi-Lessing, 2011). In some respects, a positive HomVEE review is like the identification of a curriculum as evidence-based in that it provides a starting point, but as with curricula, implementation makes a difference (Halle et al., 2013). EBHV models vary in implementation, while model fidelity sometimes limits improvement and innovation (Innocenti, 2016). Many of these implementation issues, however, can be addressed in home visiting through coaching.

Implementation issues are also being addressed by the Home Visiting Applied Research Collaborative (HARC; https://www.hvresearch.org/). HARC's objectives are to: develop a national network of researchers and other home visiting stakeholders; develop and disseminate a national research agenda; and advance the use of innovative methods and translation of findings into policy and practice. HARC has been a positive impetus for a growing body of research in the home visiting field. One area of strength has been a renewed emphasis on the use of logic models to focus research. HARC has been encouraging the use of Precision Home Visiting Paradigm (Duggan et al., 2022). The precision paradigm helps researchers examine specific mechanisms of action in relation to target behaviors and outcomes in specific contexts. One such mechanism is coaching.

Remember Past Lessons

The growth in home visiting programs and research are positive accomplishments, but we should take the time to look back and see if we are leaving anything behind. One lesson to keep in mind comes from an early evaluation of home visiting conducted in 1974 by Urie Bronfenbrenner (1974), which concluded:

> Parent-child intervention [via home visiting] resulted in substantial gains [that] were reduced to the extent the primary responsibility for the child's development was assumed by the staff member rather than left with the parent.

This is a reminder that the active ingredient in home visiting is not what the home visitor does during the visit but what the caregiver does between visits. Parents need to do more of what they do well—using their strengths—between visits if we are to see outcomes. This finding is still relevant. The Bronfenbrenner evaluation also focused on the role of parents' active involvement in planning not only what they will do between visits but also planning the home visits themselves. Parent involvement in planning for visits was a critical component in the Home Start home visits of the first home-based Head Start programs (Roggman, 1979), and was

used to engage parents in supporting their children's development, even if home visitors had to coax and encourage parents (Hewett, 1978). Planning home visits collaboratively with parents—measured by three items on the HOVRS (Roggman, & Innocenti, 2016)—predicted overall HOVRS scores, and importantly, two key outcomes of home visiting: child language development and parent support for child language development, a reminder of the prescience of Bronfenbrenner's early evaluation. These early recommendations still apply. The planning process involves home visitor practices that can be observed and coached. In another lesson from the past, McCollum and Yates (1994) published research identifying the power of a triadic emphasis, with the parent and child interacting with each other, together with the home visitor, in home visiting (McCollum & Yates, 1994). More recently, Peterson, Hughes-Belding, and colleagues (Hughes-Belding et al., 2019; Peterson et al., 2018) conducted detailed home visit observations and found more time in triadic interactions, with home visitor, parent, and child interacting together and home visitor coaching, led to improved home visitor practices and better child outcomes. Sadly, their research showed that most home visitors spend little time in triadic interactions. They note, however, that triadic interactions can be observed and coached, a recommendation that needs more emphasis.

COACHING AS A KEY PROFESSIONAL DEVELOPMENT PROCESS

Currently in the field of home visiting, the need for professional development has become increasingly clear. Home visiting programs in the United States primarily serve a high-priority population of approximately 400,000 impoverished families and pregnant women primarily with MIECHV funding (National Home Visiting Resource Center, 2021). Early Head Start serves approximately 340,000 low-income families (ECLCK, 2019). Part C, which serves families with a child with disabilities, served 363,387 children in 2021 (Early Childhood Technical Assistance Center, 2022). Additional families are served in community-based programs funded from other sources. Approximately 1.1 million are receiving home visiting services in some evidence-based or evidence-supported program.

    Only a small number of higher education institutions offer training on home visiting. Home visitors typically come to the field with experience in areas such as early childhood, human development, social work, nursing, psychology, or other fields. The work is unique. Two major distinctions of home visiting from other child development services are that home visiting takes place in the intimacy of families' homes (each visit occurs in a changing setting, unlike a classroom) and operates from a two-generation program theory of change. This theory of change asserts that child outcomes are improved indirectly through home visitors' work to enhance parental knowledge and competencies, which parents then use to promote their children's development (i.e., a mediational model) (Hallam et al., 2003; Raikes et al., 2014). To achieve mediating parental outcomes, home visiting requires knowledge not only about early child development but about adult and adolescent learning and development, topics on which few home visitors are trained. Sources of home visiting content knowledge are widely available, while training on effective home visiting practices is more limited.

    Professional development for home visitors focuses on skills and competencies needed to accomplish the goals of home visiting (DEC, 2014; IAFSP, 2022; NCP-FCE, 2018; Roggman et al., 2016; Vallotton et al., 2019), and EBHV models also have

training specific to model fidelity. Nevertheless, many new home visitors come without these competencies. Turnover of home visiting staff is frequent, with the average home visitor in the role 3 years or fewer (Michalopoulos et al., 2019). This situation puts pressure on programs for providing extensive professional development. Much professional development is provided through in-service training, but we know from the educational research that the chain from knowledge to practice is not well supported by in-service training (Yoon et al., 2007).

A recognized component of professional development is skills coaching, which, although a broad concept, is recommended by a substantial body of research (e.g., Casillas et al., 2016; Schreier et al., 2018; Schultz et al., 2019). Coaching is included in the Head Start Program Performance Standards (Part 1302.92) and is required in Head Start and Early Head Start. This book is an indication of the rising importance of coaching in home visiting and suggests the need to better understand the evidence underlying coaching practices. It is through the coaching process that home visitors implement in practice the content knowledge they have acquired and then receive feedback about their implementation of the practice. Coaching home visitors can directly improve home visiting practices.

Coaching in home visiting occurs on two levels, and home visitors play a dual role. A coach (or supervisor, depending on the program and funding) provides coaching for a home visitor who is the coachee. The home visitor then serves as a coach for the parent or caregiver (we will use parent to include caregivers) as a coachee. The parent then implements what has been learned to support their child's development during their everyday interactions. This is all done as a parallel process, in that these two types of coaching roles share common aspects, such that home visitors should be coached in the same manner as how they will coach families, which will affect how parents interact or "coach" their child (Pawl & St. John, 1998; Walsh et al., 2023).

COACHING EVIDENCE BASE IN HOME VISITING

A recent review of research on coaching in home visiting (Walsh et al., 2023) found it in its infancy, with preliminary studies mostly exploring feasibility and expected outcomes, without rigorous tests of actual coaching impacts. The review found support for coaching in centers and classrooms but limited research in home visiting. Nevertheless, some examples of coaching research in home visiting are useful.

Video based-coaching is used extensively and effectively in the Attachment and Biobehavioral Catch-up (ABC), an evidence-based model (Costello et al., 2019) based on Attachment Theory (Ainsworth et al., 1978). The use of video feedback coaching for parenting-focused interventions has produced strong and positive results (Baggett et al., 2017; Fisher et al., 2016; Provenzi et al., 2020) but is not typically included in most home visiting models, although the success of these interventions strongly suggests the usefulness of the process in home visiting. Responsive parenting, such as that emphasized in the ABC model and most other parenting interventions, along with other aspects of parenting interactions shown in the research literature as supporting children's early development, can be coached in the home visit setting. We believe all home visiting programs should emphasize parenting as an outcome and use evidence-based video coaching. Positive parenting aspects are a reliable outcome of home visiting programs (HomVee, 2021, Michalopoulos

et al., 2019) and video coaching models have shown consistent, positive parenting and child outcomes.

Home visitor practices can also be coached. For example, in the SafeCare EBHV model, programs must have a coach who guides model fidelity and supports home visitors (Shanley et al., 2013). The home visitor audio records sessions with families for the coach to review to determine model fidelity and inform a coaching session with the home visitor prior to their next meeting with the family (National SafeCare Training and Research Center, n.d.). In the Promoting First Relationships (PFR) EBHV model, coaches encourage relationship-based skills of home visitors who work with young children and their families. Home visitors record themselves showing the mother a video recording of her interactions with her child. After each home visit, the coach and home visitor meet for approximately one hour to reflect on their use of PFR consultation strategies (Kelly et al., 2008). As a result, home visitors increased their relationship-based skills that emphasize the mother-child dyad. Note the use of audio and video recording in these studies.

Innocenti and Roggman (2018) created a coaching-based community of practice in partnership with Parents as Teachers (PAT) that used online technology to advance home visitors' research-based practice skills regardless of their location, with three virtual meetings and one in-person meeting each year. Video-recording home visit observations and assessing them via the Home Visit Rating Scales (HOVRS; Roggman et al., 2019) was central to this online professional development effort. HOVRS was used as a guide for identifying practices the community wanted to work on, as a source of achievable relevant professional development goals for the community, and as a measure of progress toward quality improvement. Coaching was a goal, a theme, and a shared strategy in the community of practice. Various aspects of home visiting effectiveness—engaging the parent and child, adapting to individual family strengths and needs, encouraging developmentally supportive parenting—were enhanced by using coaching practices during home visits. Learning these practices, and strategies to increase their effectiveness, was an ongoing goal of the community of practice. The theme of coaching involved recognizing strengths and providing encouragement, which were practices identified for focus by the community that also became a shared strategy. Before each meeting, home visitors video-recorded themselves for about 5 minutes during a home visit. During each meeting, the facilitators showed 1–2 minutes of a few of these videos, and everyone in the community described strengths they observed (no suggestions for improvement were allowed). Over the course of 6 years, HOVRS scores consistently increased from year to year.

COACHING CONFUSION: IS IT ALL COACHING?

Supervisors in home visiting programs are expected to provide general supervision that is needed to keep the program running and funded, to provide reflective supervision on a regular basis to staff, and often to provide coaching and support professional development of home visitors. Briefly, reflective supervision is collaborative and uses emotions as data to explore the network of relationships surrounding home visiting practices. It provides emotional support and increases self-efficacy among home visitors (Alliance for the Advancement of Infant Mental Health, 2018; Watson et al., 2014). Some supervisors also observe home visits and

provide feedback to home visitors. More frequently, we see a dedicated coach, but there are still many programs where supervisors must also coach. Regardless of the use of consultants, the supervisor should know what is happening with staff. These tasks are all critical to program and staff well-being.

In a Start Early National Coaching Community of Practice (COP; co-chaired by Innocenti) the community identified the issue of the distinction between coaching and reflective supervision as one to further investigate (Innocenti, Manz, & the COP, 2020). The COP began by informally asking home visitors at a conference about the purpose of coaching. Here are some example comments: "Applying the tactics and tricks of the visit organically." "To brainstorm about difficult clients or office drama." "I think it would be beneficial if there was a staff meeting that outlined what coaching is and what an individual should be getting out of coaching . . . there are a few people in the office that have shared they don't get much from coaching or are not aware of what the takeaway should be." There were many similar responses that raised questions about what programs and practitioners consider to be coaching and what impacts they expect it to have. We have heard similar comments where supervisors say they were doing coaching but their focus was on caseloads, adding more confusion about roles and activities in relation to coaching.

Supervision in home visiting is complex, and supervisors need a clear understanding of what each supervision/coaching activity should entail. This task is made more complex in that we encourage a parallel process approach for all supervisory activities. This means all supervisory activities have commonalities, including that they are relationship-based, strengths-based, collaborative, individualized, responsive, and reflective. These commonalities apply to reflective supervision and to coaching, and they also apply to other activities of supervision, as well as to the activities of home visitors. The more clarity we can provide the field on these different activities, the better the process.

AN ATTEMPT AT COACHING CLARITY

Some argue that every moment of interaction between supervisor and home visitor can be a coaching moment (Jablon & Dombro, 2015). Perhaps it is possible, but what makes a simple interaction a coaching moment is meaningful feedback. One of us (Roggman) tells of being observed by an evaluator when she worked on the Head Start Home Start project. Home visiting was new and there were concerns by her and her colleagues about whether they were doing it "right." The evaluator observed her visit and told her it was "exactly what a home visit should be." She appreciated the positive feedback but, to this day, she has no clue about what exactly it was that the evaluator saw and liked. This was a positive comment without specific descriptive feedback. It did not help her improve her practice. Some might call the comment coaching; she would not. It was nothing more than a much appreciated positive comment. Some of the stories the Coaching COP heard from the field were similar.

Although minor variations exist across definitions and descriptions of coaching, there are common characteristics across coaching models (Artman-Meeker et al., 2015; Elek & Page, 2018; Isner et al., 2011; McLeod et al., 2017; Myers, 2017; Rush & Shelden, 2020). These common characteristics include: 1) development of professional *relationships,* 2) *collaborative* goal setting, 3) action *planning* and *reviewing,*

4) *observation,* and 5) *reflection and feedback.* We argue that these characteristics need to be present to label an activity as coaching.

We also endorse the definition of coaching as defined by Head Start's Early Childhood Learning and Knowledge Center (ECLKC; n.d.). Note that the focus is on the home visitor as coachee.

> *Coaching is an interactive strategy designed to improve a home visitor's practice. It involves a coach's targeted observation of a skill and joint discussion, reflection, and planning for improvement. Coaching also serves as a link to connect training—the knowledge and skills home visitors learn in a professional development session—to practice—how home visitors use what they learn in their work with parents/families and their children.*

The coaching process used in the ABC home visiting model (Costello et al., 2019), is a clear example of the home visitor coaching parenting skills using the ECLKC framework. Parenting skills are identified, direct observation occurs regularly, strengths are highlighted, reflection occurs, and the process is repeated. Home visitors use their knowledge and skills (identifying strengths, reflective skills, etc.) to provide feedback that moves the parent toward the desired outcomes. This process would be similar for most parenting goals. The ABC model also includes coaching of the home visitors themselves (referred to as home visiting coaches), based on observations of their practices during home visits and feedback from supervisors about model fidelity (mostly specific strengths-based feedback). Thus, the home visiting coaches were coached by supervisory coaches. In this model we clearly see the role of home visitor as coachee and as coach.

There seems to be a consensus that observation and feedback are critical aspects of coaching. Studies of coaching in home visiting (Walsh et al., 2022), consistently included direct observation and reflective feedback. Observation and observation-based assessments have been noted as essential to the coaching process and associated with better outcomes (American Institutes for Research, 2014; Kraft et al., 2018; Rush & Sheldon, 2020; Schodt et al., 2015). Thus, effective coaching of parent-child interactions by a home visitor is unlikely if a parent cannot be observed interacting with their child. Effective home visitors would adapt their coaching to whatever the parent can already do with their child, no matter how minimal (strengths-based). Showing a parent ways to support their child's development could be useful if the parent actively observes and then tries that behavior in an interaction with their child, which the home visitor and parent then discuss—then it meets the definition of modeling (Rush & Shelden). In our experience, however, much of what home visitors call "modeling," is simply working with the child without a parent involved. As recognized in the earliest Head Start home visits (Hewett, 1978), a home visitor may explain or demonstrate an activity to give information, but having the parent *do* the activity shows the home visitor how the parent interacts with the child in their own way and provides ideas for specific encouraging feedback to the parent.

Home visitors, coaches, supervisors, and likely others in the home visiting field need coaching skills. Parallel process requires that relationship-based, strengths-based, collaborative, individualized, responsive, and reflective practices be used consistently across most activities in which home visitors, coaches, and supervisors engage, including both coaching and reflective supervision. Those in the coaching role will require additional skills, particularly accurate observation skills and effective feedback skills. Everyone using coaching needs to be aware that

the process will be repeated regularly to ensure the achievement and maintenance of a desired level of performance. It may be helpful to look at how this applies to the home visitor in their dual role as coachee and coach.

Home Visitor as Coachee

In this situation the home visitor is the *coachee*, being coached by a supervisor or dedicated coach. The focus needs to be on professional development that leads to desired program outcomes. Coaching should focus on professional development skills the home visitor needs in order to improve program outcomes. Skills that have greater impact might be considered first, but the preference would be to collaboratively identify skills and goals, building on the home visitor's strengths (parallel process). Skills appropriate for coaching must be observable and measurable (in some way), and the observations must be repeated if we are to see behavior change. The studies identified as showing evidence supporting coaching in home visiting (Walsh et al., 2022) meet these criteria. There are many skills that can be coached: facilitating parent-child interaction, motivational interviewing, reflective practice, responsiveness to family, collaborative planning, model fidelity, and use of open-ended questions are all observable skills. A coach would observe these skills by a home visitor and then provide feedback within the coaching process. Existing research on coaching in home visiting has focused primarily on the home visitor as the coachee. When the coach cannot observe the home visitor but must rely on the home visitor's description of what happened on the home visit, then the appropriate strategy to support the home visitor is reflective supervision, not coaching, as the data are based on the home visitor's perceptions and emotions. Having the home visitor describe the home visit (referred to as to "play the home movie") is a supervisory approach (Bernstein et al., 2001). Can you "watch" the description and then give feedback? Is this coaching?

Home Visitor as Coach

Here the home visitor takes on the *coach* role with the parent/caregiver as the coachee. In theory, the parent then "coaches" the child. Parallel process would have the home visitor use focused observation of parent-child interaction and strengths-based feedback coaching techniques with the parent, using practices similar to those the home visitor experienced as coachee. Also similarly, home visitors can provide feedback to parents about how well they coach their child. Unfortunately, the use of the term "coaching" has become so broad and general that it does not always imply either observation or feedback, with almost any generally positive behavior by a home visitor being called "coaching." The term is used in ways that do not fit the ECLKC definitions of coaching. As a professional development example, the Institute for the Advancement of Family Support Professionals uses the term "coaches" for its highest level of development for each of their competencies (IAFSP, 2022), without defining the term. Given the definitions of coaching in the research literature, it is difficult to apply the term coaching to discussions based on a parent's description of events rather than on an observation. Nevertheless, for some topics, home visitors will have no opportunity for relevant observations and must rely on reflective queries and strengths-based feedback based on how the parent describes events.

From a parallel process approach, what we call coaching by supervisors or coaches of home visitors should also apply to the coaching by home visitors with parents. If coaching is defined or conceptualized differently for different relationships within home visiting, then we are more likely to sow confusion about the term coaching. This may explain how coaching (and also "reflective supervision") have been defined and used so generally as to become meaningless. We do not have a solution to this problem but believe there needs to be more consistency in our use of terms.

A COACHING FRAMEWORK

Most home visitors need ongoing professional development that includes both content knowledge and skill acquisition. Knowing about child development in the context of the home, is a necessity for home visitors, along with parenting, adult and adolescent development, child discipline, family health and safety, family economics, and family nutrition as examples. They would also become knowledgeable about important home visiting practices of relationship development, guided reflection, motivational interviewing, collaboration, and coaching skills, but they will need practice to put these skills into action in home visits. A home visitor may have knowledge of these skills but may need to be coached in order to integrate these skills into their way of doing home visits.

Coaching has been used to support parent-child relationships and interactions in many research studies, and it is that outcome that is most relevant for coaching in home visiting. It is more challenging to see how working with families on a well-being goal, which could be critical for many families, can be described as coaching. As an example, the family has identified improved meal nutrition as a goal on which they want to work. The home visitor has developed a relationship with the family, she has engaged in collaborative planning to identify this goal, used motivational interviewing skills to help develop a plan the parent can implement, and identified SMART (specific, measurable, attainable, relevant and time-bound) outcomes. On future visits the home visitor asks about progress on this goal in relation to the outcomes. The home visitor provides additional information as requested by the family and helps them overcome barriers to their goal using reflective listening and motivational interviewing. The home visitor will most likely not observe the parent preparing a meal or the family eating but will have a "coaching conversation" with reflection and feedback based on the parent's report. This is not coaching as defined by ELCKC, but it is another aspect of good practice. If not coaching, how shall we label this common activity?

If we look at the professional development picture, what are our steps as a supervisor/coach if the parent does not reach this goal? The home visitor would have used many skills to develop this goal with the parent. If the parent were not meeting the goal, we as the coach of the home visitor would want to focus on what led to the non-outcome. Perhaps the home visitor needs to be coached on her relationship skills or motivational interviewing skills to better engage the parent. Perhaps there are emotional responses that prevent the parent from achieving the goal or prevent the home visitor from asking about it. Then reflective supervision will be needed.

We are at a loss for a term to capture all of these activities of good practice and have been guilty of calling it all coaching. There is a need for discussion in the field

on how we talk about the process of a home visitor working with families on well-being goals and goals focused on accessing community services. It is challenging to develop an evidence-base of the home visitor as coach until we better describe the components of coaching and when they work best in home visiting.

CONTEXT CONSIDERATIONS

As we examine the role of coaching in home visiting there are three major context considerations. The first is that the role of home visitor or supervisor is a challenging job: Programs seek multiple outcomes, many home visitors come to the role with limited training, and we expect them to make lasting impacts on children and families. Yet, pay for this work is low. An internet search of wage information has the mean home visitor wage between $16 and $17/hour. Workers in retail and fast-food industries make this much or more per hour for much less stressful work. A 2019 report from Head Start Region 10 found median home visitors' wages were $19.22 per hour, while supervisors were $26.08 per hour (Franko et al., 2019). This situation is not tenable for the work force. Low pay impacts home visitor well-being, which most likely affects the quality of their visits. Efforts to increase work force compensation are ongoing and need to be supported by all of us in this field.

The second concern is likely related to the pay issue. Information about home visitor retention is available in the impressive MIHOPE study (Michalopoulos et al., 2019), which included four major home visiting models, 88 programs, 600 home visitors, 4,200 families. They found that families received an average of 18 visits over 8 to 12 months of program participation. They also found 50% of home visitors had less than 3 years of experience due to high turnover. From a professional development perspective this is the reality we need to consider: high turnover, regular training, and limited time to have an impact. This needs to be incorporated into our planning and in our logic models.

The third concern is for supervisors and coaches. Supervisors and coaches have much responsibility, but we have only begun to look at what supports are needed for them. Although there are many questions, answers are limited. Here are a few considerations: 1) How do supervisors balance the competing needs of the families being served, the needs of the home visitors, and the needs of the program? 2) How do supervisors identify priorities? What guides this process? 3) How do supervisors utilize external training supports, for the home visitors, for the supervisors themselves? 4) Who provides professional support for supervisors? We know from the education research that school principals are critical to the good functioning of schools (NASSP/NAESP, 2013). We can only assume the same is true for supervisors. Much more research is needed.

PARTING THOUGHTS

As you read the chapters of the book, we encourage you to look for information that grows our currently limited evidence-base (Walsh et al., 2022). Look for information on the characteristics of coaches, characteristics of the home visitor as coachee, logistics of coaching such as how much coaching and how often, coaching process and content, consistency in how we talk about coaching, and information related to logic model outcomes. Look to see if the information is clear and can help guide the practice of supervisors/coaches and home visitors. What information is presented

on the different roles of the home visitor and what can occur within the different roles? Is there information you can take and use your next day at work?

We consider coaching a key aspect of professional development. It is how people learn to *do* what is needed to help them *be* better home visitors and supervisors (who is coaching those supervisors?). We hope you find the chapters in the book interesting and that they help you in your journey to better understand coaching as an effective home visiting practice and a source of professional development support.

Our best to you in your work,
Mark & Lori

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Preface

When the COVID-19 pandemic threatened to shut down services for families across the United States, generous donations from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, the Heising-Simons Foundation, and others funded a coalition of leaders of the nation's home visiting models to come together to co-create solutions to continue effective service delivery. One of the deliverables associated with this funding was a series of rapid response webinars available for free to any and all providers serving families in the field.

In this collaboration, members of the National Model Alliance, who might have previously viewed themselves as competitors, came together seamlessly and with one purpose: to lift the voices of those with boots-on-the-ground in the field. Their fears. Their successes. Their resilience. Their shared mission was to be responsive to their concerns through presentations by professionals broadcasting to a national audience.

As part of this alliance, we were able to see firsthand, and in an unedited way, how leaders of large, bountifully funded organizations worked shoulder-to-shoulder with small, grass-roots mom-and-pop productions who shared their vision of supporting families and children. There was no hierarchy in these conversations. The immediacy of the situation required seeing each other as equals and focusing on the task at hand. Offers of help easily flowed, followed up by action. Having recently stepped out of the competitive halls of academia, it was something I had not previously witnessed, and it was just what the nation—and the nation's home visiting models—needed in a time of uncertainty.

It was during one of these steering meetings that a conversation about supervision arose. It was brought to light that many of the home visiting models promote from within—that home visitors graduated and became home visiting supervisors. The best success stories were those from supervisors who had once been on the other side of the table—those who had previously received services. They were the evidence that models were making a difference, rightfully so.

While not true for all models, many organizations serving families did not require college degrees or prior experience to work with families. In fact, recruitment for positions often occurred from the under-resourced communities they

served. This model served a valuable purpose. Home visitors who lived and worked in their own communities made better connections with their families and demonstrated greater understanding and compassion, which allowed for greater caregiver buy-in and, in turn, more effective intervention.

The problem presented to the group was training supervisors and home visitors for their roles. Because many home visiting positions were entry-level positions requiring little to no formal education, model leaders recognized a potential gap in skills that they were anxious to remedy through training. Conversations centered around identifying the skills supervisors and home visitors needed to navigate and effectively support some complex family situations.

In time, the conversation turned to the practice of coaching. Astutely, Patricia Marickovich, a senior analyst for the Head Start National Office, stated simply, "Reflective supervision is not coaching." There was a pause in conversation as those on the call soaked that fact in for a moment. Then, the team set about to see how they could best support their staff. This comment stayed with me.

Later conversations with state directors revealed similar concerns regarding models of supervision and a need for training in evidence-based practices for creating change within families. The practice of coaching had been near and dear to my heart since I had completed my dissertation on the topic years prior at the University of Texas. At that time, I had the opportunity to be trained by one of the greats in the field of coaching, Jim Knight, from the University of Kansas. During one of his trainings, he revealed that he was currently using a coach to improve his running—while he was training teachers and supervisors across the country to improve educational outcomes through coaching strategies. He lived what he preached, and his message was clear. Everyone could use an effective coach to improve their practice.

How would this translate to the field of home visiting? I took my question to the person I thought would give me the most honest answer. Dorian Traube's prolific work in the home visiting field and her well-funded, cutting-edge research gave her credibility. Her optimism and enthusiasm for the work we shared made her approachable, and her belief in evidence-based practices meant she would be honest. Her response encouraged me to make more phone calls.

I repeated the same phone call with Mark Innocenti and his colleague and wife Lori Roggman, professors emeriti, authors, and researchers who have spent their entire careers working to improve the lives of families. They have literally written the assessments that our models use to observe changes in family interactions. They both agreed. The topic was needed and timely.

I continued making phone calls, one at a time, and more than 30 change-makers in the field of home visiting joined the cause. To say the responses and willingness to contribute were incredibly humbling would be a tremendous understatement. This response is what is right with the world—the army of kindness and support for families and the willingness to meet them and accept them where they are, then partner with them so we all become better.

I think you will agree,
Christa Haring, Ph.D., CCC-SLP

Introduction

The endeavor to gather knowledge and perspectives on coaching in the home visiting space is perhaps bold. However, exploring the unique features of coaching in home visiting is long overdue.

Almost all of the nation's home visiting models use some form of coaching in their work with caregivers and/or to improve the efficacy of services provided by home visitors. Studies on the similarities across coaching models reveal different coaching approaches to reaching the same goal: improving the lives of the families served (Artman-Meeker, et al., 2015). Home visiting models vary widely in their approach and their individual objectives with families; and range in purpose from child abuse prevention to maternal and child health and early education.

The differing foci of models are reflected in the components they elect to include in their coaching cycles. If the primary focus of a particular model is fidelity to the program, observations of both the caregiver and the home visitor may take precedence to ensure each step of the model is implemented correctly and for the appropriate amount of time. Similarly, if the primary goal of a home visiting model is behavior change, a coaching cycle may include more instruction and supported learning. Given this context, reaching a consensus on the construct of coaching can become challenging.

THE CONSTRUCT OF COACHING

The International Coaching Federation (ICF), a 25-year-old organization that sets professional standards for coaches across professions, defines coaching this way:

> Coaching is "partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. The process of coaching often unlocks previously untapped sources of imagination, productivity, and leadership. We all have goals we want to reach, challenges we're striving to overcome, and times when we feel stuck. Partnering with a coach can change your life, setting you on a path to greater personal and professional fulfillment" (International Coaching Federation, What is Coaching, section, para 1).

The Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF) is one of the largest funders of home visiting through The Maternal, Infant, and Early Childhood

Home Visiting Program. HRSA and ACF's Maternal and Child Health Leadership Competencies (2020) state that "Coaching includes providing the guidance and structure needed for people to capably examine their assumptions, set realistic goals, take appropriate actions, and reflect on their actions (and the resulting outcomes or implications)" (USDHHS, 2020, p. 15).

Rush and Sheldon, pioneers in the implementation of early childhood coaching, define coaching 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 & Sheldon, 2011).

Since coaching continues to evolve, it can be helpful to consider what it is and what it is not. Coaching is not an expert in solving someone else's problems. Seeking to solve someone's problem magnifies their weaknesses, devalues a person's capacity, and keeps the person stuck thinking. Instead, coaching focuses on the ongoing professional development of the person's strengths, abilities, and resources.

Coaching is not structured training or a one-size-fits-all approach. Instead, training design increases knowledge and skills, usually explicitly and sequentially. Coaching is a developmental learning strategy that relies on having a responsive relationship with a person with experience and communication skills. It is an effective way to provide feedback, increase awareness of current behaviors, attitudes, choices, and needs, and work together to develop a growth plan. Coaching goals are dynamic, and change as the person being coached grows or identifies new areas they want to improve.

Coaching is not therapy, psychoanalysis, or psychotherapy. This mental health intervention tends to focus more on mental health, emotional healing, and well-being. Coaching is a reflective practice that supports individuals as they turn thinking into action.

Coaching is not evaluative. Evaluations imply a level of judgment or comparison against a previously set standard. Instead, it focuses on individual growth, development, and progress.

Coaching is client-driven. Within a vested and safe relationship, a coach uses conversational strategies so the client can set their own learning pace as they navigate through challenges. It is an adult learning process where a person (a coach) supports someone else (a client/coachee) to keep learning and achieve personal growth in a way that benefits them.

Coaching is sustained professional development with a partner. We know from prior research that coaching increases the likelihood that changes will be maintained (Cornett & Knight, 2009). Coaches work with the client to identify strengths and areas that need improvement. Together the coach and the client co-create goals, exchange ideas, share resources, and build on their expertise. Coaches provide a safe space for clients to share concerns, make mistakes, and practice new skills. Effective coaches become partners with those they coach.

Coaching focuses on strengths. Boyatzis's research confirms a positive, strengths-based approach leads to more lasting behavioral change (Boyatzis, 2008; Seligman, et al., 2005). This transformation in belief, and evidence of effectiveness, is not surprising to home visiting practitioners. Home visiting models hold a unifying premise that all people have strengths. The strengths-based approach identifies strengths, explores intentions and motivation, gives feedback that informs

future actions, then focuses on what they can or choose to do. Therefore, when a professional leverages a strengths-based approach, they can expedite lasting positive change.

COACHING APPROACHES

Home visiting coaching approaches can vary depending on the desired outcome of the professional, program, home visiting model, intervention, and person receiving coaching. While not all coaching cycles look the same, the underlying purpose of coaching—to support change or improve practice—remains the same. In this text, we have worked diligently to look at coaching from multiple perspectives. Across the text, the authors describe skill-based, practice-based, and performance-based coaching.

Skill-based coaching focuses on mastery. Overall, the intent is to develop the capability to execute a skill or behavior related to a particular environment. For example, a skill-based coach may focus on a home visitor's developmental screening skills. First, the coach models the specific skill or strategy and observes a home visitor rehearse the use of a screening tool with fidelity to the instrument's design. Then the coach provides feedback.

The Practice-Based Coaching (PBC) model is a cyclical process associated with a change in the coachee's practice fidelity. The PBC coaching process includes shared goals, action planning, focused observation, reflection, and feedback. Coaches focus on practices such as actions or behaviors that are observable and measurable. This coaching approach is based on research demonstrating that effective methods lead to positive outcomes for children (Synder et al., 2015).

Performance-based coaching is commonly thought of when coaching in a home visiting space. Whether a recipient of coaching is a parent or a home visitor, performance-based coaching seeks to improve one's competency, qualities, and strategies over time. A performance-based coach facilitates effective decision-making and skills in dynamic, ever-changing situations like home visiting. Coaching to establish and maintain fidelity to the model is a vital outcome of performance-based coaching. The performance-based coaching processes often include setting goals, identifying resources, addressing obstacles, evaluating, and monitoring performance related to the goals. While growth is the goal, identifying strengths is the focus of performance-based coaching in the home visiting context (Snyder et al., 2015).

COACHING ROOTED IN CONNECTION

Children do not develop in isolation. Parents do not parent in isolation. Successful systems are fundamentally relational. As one family member changes and develops, the whole family system changes.

The power of relational health is true to the human condition. Positive connections matter. They are protective of professional health, as well as family health. A connected conversation allows a person to see stressors differently. New ideas start to form. Where exhaustion is present, a conversation with a fully attentive coach brings hope-filled energy. Coaching uses the power of positive connection, so regulation and reward are part of the growing process. These connections create the positive change we see in families and children we serve.

CHAPTER OVERVIEWS

This text includes the perspectives, knowledge, and professional practice of authors who make up a body of researchers, practitioners, home visiting model designers, family systems coaches, and early intervention experts. Chapters focus on the following.

Chapter 1: Relationships, Precision, and Moving the Needle for Home Visiting

In this chapter, the author explains what home visiting is as a profession then applies the Precision Paradigm to address some of this uncertainty in service delivery. The author uses field experience developing a toolkit to help home visitors in their work as an example of the process, and the lessons learned along the way.

Chapter 2: Adult Learning and Relationship-Building in Coaching

All coaching happens in the context of relationships. Authors of this chapter discuss what we know about adult learning theory and application, then tie it to relationship-based coaching strategies and principles grounded in a strong evidence base.

Chapter 3: Coaching Families

Chapter authors focus on a common four-step coaching model for families: 1) co-creating shared goals, 2) supported learning and practice, 3) observation, and 4) feedback. Woven throughout the chapter is a description of a home visitor-caregiver coaching session as the coach and client go through a typical coaching cycle.

Chapter 4: Reflective Supervision and Practice-Based Coaching

This chapter discusses reflective supervision and practice-based coaching and how they can be used to support home visiting work with families. The authors share their experiences with reflective supervision and how it empowers home visitors. They also discuss the intersection between the role of coach and supervisor. Readers will discover the distinctions and commonalities between roles now being incorporated into programming.

Chapter 5: Coaching Home Visitors

This chapter is informed by the notion of the parallel process—that home visitors are concurrently coachees and coaches, and therefore require distinct coaching processes. The authors use a framework that promotes home visitor and family well-being, quality of practice, and a relationship-based context to promote child outcomes. This framework provides the organization for this chapter and the emphasis will be on coaching home visitors. The chapter contains 12 research-informed coaching strategies. The authors generously position this chapter as starting points for research-based coaching strategies and research efforts that develop and examine a coaching intervention that values both home visitors' well-being and practice.

Chapter 6: Culturally Responsive Home Visiting: Making Supports RAIN at the Home Visitor Level

In this chapter, the authors provide guidance and suggestions for home visitors working to develop cultural responsiveness in their day-to-day interactions with individuals, families, and groups from culturally and linguistically diverse backgrounds. They offer practical steps for engaging with families and caregivers along the entire continuum of care.

Chapter 7: Culturally Responsive Home Visiting: Making Supports RAIN at the Systems Level

Building on the principles addressed in Chapter 6, the authors discuss how larger systems like agencies can tailor supportive practices to clients from various cultural backgrounds and develop culturally responsive attitudes. They emphasize supporting diverse communities in a manner that is just, beneficial for others, and respectful of families' heritages. Throughout the chapter, the authors offer reflective inquiry prompts for readers to consider their systems' culturally responsive practices.

Chapter 8: Virtual Coaching for Families and Home Visitors

This chapter describes the history behind the rapid incorporation of virtual services. To support all professionals using virtual coaching, the authors describe best practices when preparing and practicing a virtual environment for a family or home visitor. The authors offer considerations that home visitors can resource when deploying their virtual home visiting practices. The chapter is loaded with resources.

Chapter 9: Collaboration With Early Intervention Programs to Support Families and Their Children With Disabilities

This chapter provides an overview of Part C early intervention programs and services for infants and toddlers with disabilities and their families. The authors describe the characteristics of caregiver-coaching models used within early intervention services and identify ways that home visitors and early intervention (EI) providers can partner to support children and families. Throughout the chapter, the authors offer a narrative dialogue between a home visitor and an EI provider, providing a model for the formation of a partnership between providers for the purpose of providing high-quality services.

Chapter 10: The Field of Family Life Coaching

Chapter authors describe the commonalities of family life coaching and home visiting to empower families toward health and well-being. Authors bring to life types of family life coaching through vignettes showing the impact on family-driven goals. Home visitors interested in coaching strategies will find seven techniques to effectively serve families from all walks of life. Supervisors seeking to know the effects of family life coaching on child and family outcomes will learn about improvement in relationships, behaviors, and bridging to other services.

Chapter 11: Abecedarian and
Child First: Lessons for Partnering With Caregivers

This chapter includes lessons learned in working with families by sharing experiences from two home visiting service models: the Child First model, and the Abecedarian Approach. Professionals will learn how coaching facilitates home visitor practice to enhance home visitor-caregiver partnerships even when home visiting becomes difficult.

Chapter 12: Coaching to Fidelity:
Implementing the SafeCare© Parenting Model

This chapter focuses on the SafeCare parenting model (Lutzker, Bigelow, Doctor, Gershater, et al., 1998), and describes how fidelity is promoted through coaching during the implementation of SafeCare by community-based agencies. The authors describe the SafeCare model and its evidence base, and then the dissemination model for SafeCare, with an emphasis on how fidelity is measured and monitored during broadscale implementation. Throughout the chapter, they describe how a performance-based coaching approach influences fidelity and the challenges they faced.

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*For my parents, Bob and Debora Haring, who since
I was a little girl, taught me I could do anything I put my
mind to, sacrificed to help make those things happen, and continue
to support me through each adventure. Thank you for teaching us about
unconditional love. For my siblings—Fuller, Sterling, and Leah—who
have demonstrated what it is to be thoughtful professionals, amazing
parents, kind people, and loyal friends. And for my son Carter, who has taught us
all what it means to live life fully and completely, and to love with abandon.*

—Christa Haring

*My dedication is to Jean Francis Roy, my father, who
challenged me to step into the crystal blue. I am eternally
grateful for my thinking partners, who hang with me as I explore
ways of being, doing, and knowing: Cathy Corff, Jill Collier,
Donna O'Brien, Christine Zimmerman, Robin Roberts, and Start Early
Community of Practice. I am confidently grateful for my efficacy partners,
who believe in me even when I am unsure: Steve Roy, Kelly McNerney,
Lindsey Shah, and Amy De La Hunt. I am passionately grateful for my loves
whom I care for deeply and who care for me unconditionally: Jack Rau, Marc
Rau, Meredith Rau, Michael Rau, Lacie Rau, and Kolten, Karson, and Kasen Rau.*

—Angela Rau

"The authors empower home visitors to build trust, continually improve practice, and achieve outcomes with families through a comprehensive range of skill-based, practice-based, and performance-based techniques . . . this book is more than a manual; it is a catalyst for positive change in home visiting."
—Brad Richardson, Ph.D., University of Iowa School of Social Work;
National Resource Center for Family Centered Practice

"Gathers together top researchers in the field of home visiting to consider the evidence base for supporting the home visiting workforce through coaching . . . this welcome book clarifies how relationship powers both the professional development of the workforce and the skills of caregivers."
—Angela Tomlin, Ph.D., HSPP, IMH-E®, Professor of Clinical Pediatrics and Co-Division Chief, Developmental Medicine, Department of Pediatrics, Indiana University School of Medicine and Stephan Viehweg, ACSW, LCSW, IECMH-E®, CPC-P, Assistant Research Professor and Associate Director of the Indiana LEND Program, Indiana University School of Medicine

A coaching guide specially designed for home visitors and their supervisors, this groundbreaking book answers the call for more and better training in early childhood home visiting programs. The expert authors developed this guide for two critical purposes: to give supervisors actionable strategies as they coach home visitors, and to give home visitors principles and practices for coaching families of children from birth to 5 years.

Featuring a who's who of interdisciplinary experts and a wealth of practical materials, this book prepares readers to:

- Make the most of **parallel practices,** in which the best strategies coaches use to partner with coachees are also used by home visitors to partner with caregivers

- Use **reflective supervision** and **practice-based coaching** to enhance work with families

- Apply the principles of **adult learning** to build respectful and reciprocal coaching relationships

- Implement **research-informed coaching strategies** that promote well-being

- Ensure **culturally responsive home visiting**

- Deliver effective **virtual coaching** to home visitors and families

- Collaborate with **early intervention** providers

- Use coaching to **increase fidelity** to evidence-based programs and practices

Perfect for use as a professional development resource or a textbook, this transformative book will help both supervisors and practitioners excel in their roles and improve the lives of children and families.

ABOUT THE AUTHORS: **Christa Haring, Ph.D., CCC-SLP,** has coached teachers, parents, and home visitors in 24 states across the country. At present, she serves as a research scientist at the University of Virginia, where she supports the training of more than 80,000 teachers across the Commonwealth in reading instructional practices. **Angela Rau, MAT,** is pioneering innovative home visiting, coaching, family engagement, and workforce development approaches. She leverages 35 years of experience to translate research into impactful practices nationally, ensuring a brighter tomorrow for all.