



# **Day in the Life of a Provider**

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**Charlene Davis, Developmental  
Specialist Senior**



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**



- Developmental specialists, speech-language pathologists, occupational therapists, physical therapists
- Collaborate with community partners from IESDB (teachers of the deaf/hard of hearing and vision specialists at the Idaho Educational Services for the Deaf and the Blind)
- State staff and contractors
- All staff available to serve as primary service provider (PSP) or joint visitor as needed



- Provide visits to children in their natural environment (places where young children typically spend time including home, childcare and community settings such as the park, grocery store or library).
- Help caregivers learn strategies to enhance their child's development within the context of their everyday routines and activities.
- Use a coaching interaction style that focuses on adult learning. Use reflective questions and intentional modeling to build caregiver's capacity.



- “Coaching is an adult learning method, our interaction style, our bedside manner. We use coaching to help caregivers know how to use learning opportunities to increase child participation and to foster child learning. Early Intervention can be further described as using a foundation consisting of relational help giving practices, coaching and natural learning environment practices in order to support building caregiver capacity”

*(FIPP, 50<sup>th</sup> Anniversary Series, Dathan Rush, Putting Coaching in Context)*



3 Foundations of the Capacity-Building Model:

1. **The Capacity-Building Model philosophy** is strengths-based, promotes engagement, and builds on child interests.

2. **The Capacity-Building Model practices** include active participation and reflection on the part of the caregiver.

3. **The Capacity-Building Model emphasizes outcomes** that encourage self-attribution and build on the knowledge and skills of caregivers.

*(FIPP, 50<sup>th</sup> Anniversary Series, Dathan Rush, Putting Coaching in Context)*



- Each child is assigned a primary service provider (PSP) and other team members provide support through coaching questions, teaming or joint visits
- PSP sees the child on a regular basis according to frequency listed on the child's IFSP (Individualized Family Service Plan)
- Each visit follows a format including revisiting the previous plan with caregivers, engaging in a planned activity for the visit, making a plan for what the caregivers will practice until the next visit, and making a plan for the focus of the next visit.



- Previous plan was for parents to model signs at meals including “more” and “all done” and offer a no thank you bowl for child to place food they didn’t want in rather than throwing on floor. Parent reports that child has begun using the “more” sign but has not caught onto the “all done” sign yet. The no thank you bowl is beginning to work but child still needs a verbal prompt and some hand over hand assistance to put food in the bowl. Parent wants to continue with this strategy as well as continued use of the signs.
- Planned activity for this visit was interactive play between child and older sibling who is three. Parent wants child to enjoy some back and forth play with sibling and be willing to share materials. Provider checks in with parent and confirms this is still a good activity to focus on for today. Asks parent what types of toys/activities they have currently been encouraging siblings to do together. Parent reports they have tried rolling or kicking balls back and forth and playing with the mega blocks set. Parent reports that child is still working on learning to keep the ball game going for more than a few turns and may knock down sibling’s block tower when playing with blocks.



- Provider asks parent if they can see what this looks like. Parent gets out toys/materials and provider observes how they play. Provider may share observations of what they see and use questions to encourage parent to reflect on the activity-
  - What have you tried?
  - How is it working?
  - What else could you try?
- If needed, provider may ask if parent would like them to model a strategy such as trading toys and if so will intentionally model the strategy giving the parent something to be looking for and then debrief with them after the model, ask parents if they would like to try, and follow-up with how they thought it went.
- Providers can be as hands on as needed to demonstrate techniques and strategies, but goal is always to help the caregiver learn how to use the strategy when the provider isn't present rather than doing "hands on" therapy with the child and giving the parent "homework."
- At end of visit, provider and parent review what was discussed and practiced during the session and make a plan of what parent would like to try between now and the next visit. They also make a plan for what will be focused on during the next visit, always keeping in mind to tie it to a routine or interest of the child.



- Children are more engaged when we focus on things they like to do and are interested in.
- By focusing on the child's routines, it provides many opportunities for practice.
- Infants and toddlers learn best within their daily routines and activities and don't respond well to drill and practice or direct instruction.
- Provider is there for 60 minutes, generally a few times a month. Caregivers are with them all the time, so they are the primary teachers.
- By using materials already in the home, children are using things that are familiar to them and can be accessed all the time rather than just when the provider is there and uses toys from a toy bag.
- Caregivers learn best when they are active participants, can practice the skills and understand how it will be useful to their child.



- Providers help with completing evaluations to determine eligibility for services. Along with the parents and service coordinator, they are part of the team that helps choose the primary service provider and develops the IFSP for children who qualify for services.
- Attend monthly meetings with other providers on team to provide support and share ideas and strategies with each other to build capacity.
- Provide additional support through joint visits with other providers or participating in teaming (a more in-depth discussion of child between at least two team members to develop strategies that may be helpful during visits).



- Below are references for more information on using a coaching style of interaction.

<https://fipp.ncdhhs.gov/prof-development/elearning/>

<https://fipp.ncdhhs.gov/publications-products/publications-products-faqs/>

*The Early Childhood Coaching Handbook*-Dathan D. Rush and M’Lisa L. Shelden