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## Effective coaching of parents and professionals supporting children who are deaf or hard of hearing

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**EFFECTIVE COACHING OF PARENTS AND PROFESSIONALS  
SUPPORTING CHILDREN WHO ARE DEAF OR HARD OF HEARING**

**by**

**Emily Grace Firsching**

**An Independent Study  
submitted in partial fulfillment of the  
requirements for the degree of:**

**Master of Science in Deaf Education**

**Washington University School of Medicine  
Program in Audiology and Communication Sciences**

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**Approved by:  
Karen Stein, M.A.Ed., Independent Study Advisor**

***Abstract: This literature review examines the relationship between collaboration, adult learning and coaching. The most effective adult learning strategies and coaching strategies are discussed to help improve student outcomes for children who are deaf or hard of hearing.***

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## Introduction

The National Institute on Deafness and Other Communication Disorders states that approximately 3 out of every 1,000 children in the United States are born with a measurable level of hearing loss in either one or both ears. From the moment this diagnosis is confirmed, coaching begins for the adults supporting the child who is deaf or hard of hearing (D/HH). “Coaching is always an opportunity to empower others by helping them to solve their own problems, take responsibility for their own learning, and find new opportunities to exert competent influence” (Moeller et al., 2013). These three objectives that come with coaching serve to enlighten the adult learner, and consequently have a positive effect on the child with whom they work.

Children who are D/HH have great potential, but they require specialized instruction and support to get there. The more support they get from individuals around them, the faster they can advance and the better they will continue and maintain their learning. Helping families and others to understand the child’s special needs, enables them to interact effectively and provide good support. In other words, helping those who interact with the student will have a positive impact on the student’s progress. But this raises the question, how will all of this information be learned and implemented by these adults? In what ways can a coach engage parents and other professionals working with a newly identified child to benefit their understanding, and consequently benefit the children with whom they will be working? It is important to understand the principles of adult learning, in order to work with adults in the child’s environment to achieve optimal outcomes.

Looking at deaf education today, a number of factors have been identified as contributing to students' success. Two of these factors that are explored in this literature review are the importance of family as partners, and the collaborative nature of educational programming. It has been known for some time that when families are partners in their child's educational program, outcomes are positively affected. Furthermore, because children with hearing loss are more integrated into educational settings, and into the world at large, they interact with a greater variety of professionals. It is in their best interest that all of those in their environment, families and professionals alike, have the skills and information they need to provide effective support.

For many adults who support children who are D/HH, this is their first experience with this population. There is a large body of knowledge to be acquired. They need to learn how best to interact with and support the child to help achieve success. Understanding adult learning will deepen the understanding of how to work with adults, which will in turn, help to shape coaching strategies for those working with them, and will, in the end, benefit the child who is deaf or hard of hearing. For adults, "learning is stronger when it matters; when the abstract is made concrete and personal" (Brown, Roediger III, & McDaniel, 2014). Many researchers have found that when adult learning is supported, children experience a direct and positive increase in academic achievement. In her article, *How Adults Learn*, Eleanor Drago-Severson, states that, "authentic professional learning, in which adults are learning and growing and experiencing as they participate, can make a tremendous difference for adults, children, schools and school systems". This research needs to be considered when supporting adult learning.

Due to the collaborative nature of working with the D/HH student population, it is significant to delve into the research on how adults learn in order to create an effective

collaborative environment, one which is conducive to learning. “General learning evolves through a process of exploration and discovery. It requires collaboration between the mentoring partners and a safe environment that honors the mentee’s integrity and learning style” (Zachary, 2012). When collaboration occurs naturally or is habitually practiced, the child who needs special attention will also benefit greatly. Coaching has been identified as a significant tool in helping parents and professionals gain the knowledge and skills they need to work with children who have special needs. In this literature review, information will be included on how to coach professionals and parents who interact with children who are D/HH based on the principles of how adults learn, in hopes of helping teachers of the deaf and other professionals better utilize coaching strategies to increase effectiveness of professionals and parents as they support children who are D/HH.

## **Collaboration**

Changes in the field of deaf education have increased the need for successful collaboration, both between professionals and family, and among different professions. Collaborative teamwork is a necessary means to ensure a secure, consistent and successful environment for a child who is D/HH. “Focusing on collaborative relationships, coaching provides a supportive structure for promoting conversations between family members, childcare providers, and early interventionists to select and implement meaningful strategies to achieve functional outcomes that focus on the child’s participation in natural settings” (Rush, Shelden, & Hanft, 2003). Successful collaboration occurs when the plan is child-centered. This means that when the focus and efforts of all of the professionals are on the child, the child who needs special attention will benefit more than if the objectives are focused on prescribed curriculum or generic

content. Collaboration is a partnership. And the partnership requires all members of the team to share knowledge, share ideas, build the relationship and share the same goals, while working actively to achieve those shared objectives (Zachary, 2012). Why is collaboration so important in deaf education?

Before the 1970's, students with special needs were primarily refused enrollment or poorly served in public schools (Martin, Martin, & Terman, 1996). Students with disabilities were not earning access to public schools until education reform and legislative mandates occurred. In 1975, Public Law 94-142, now named the Individuals with Disabilities Education Act, or IDEA, required that all students with disabilities receive a free, appropriate public education and provided a funding mechanism to help with the excess costs of offering such programs (Martin et al., 1996). Once this law was built into the educational system, more and more students with disabilities gained access to general education classrooms. In other words, the enrollment of students with disabilities increased, which increased the need for collaborative teamwork.

Additionally, in 1986, Public Law 94-142 was amended to include and provide students ages 3-5 with free and appropriate education or FAPE (Dettmer, Knackendoffel, & Thurston, 2013). All students with disabilities, ages 3-21, were entitled to FAPE under this amendment. FAPE for preschool aged children meant the requirement of IFSPs (Individualized Family Service Plans) for students and families. With these changes in the educational system, families became key contributors in the development and attainment of the student's goals. Children who are D/HH are also entitled under FAPE. With this educational reform, more professionals and more families are being brought together to work collaboratively. In addition to FAPE and the



requirements of IFSPs, other changes in the field of deaf education have been made, which also supports the need for successful collaboration. Under Public Law 94-142, the second amendment established the common practice of early intervention for children who have special needs (Martin et al., 1996). For deaf education, this means that children and their families will be provided with services to help them develop prior to reaching their school age of five years old. Fortunately, other services have been established to identify children with a hearing loss as early as possible, so that they may utilize early intervention services to their benefit.

Another contributing factor to the increased need for collaboration is the increase in early identification of children with a hearing loss. Universal Newborn Hearing Screenings are being performed on newborn infants in order to identify hearing loss. Newborn hearing screenings are conducted shortly after birth (Joint Committee on Infant Hearing, 2007). By year 2005, every state required a newborn hearing screening program and about 95% of newborn infants in the United States were screened for hearing loss before they left the hospital (Joint Committee on Infant Hearing, 2007). Early identification allows families to access early intervention services as early as possible. Participation in early intervention programs has a positive impact on the child's development. Technology is another critical element to helping a child, who is D/HH develop listening and spoken language. With the advances in technology, hearing devices are constantly being updated and there are many different hearing device options that parents may choose from for their child. With best efforts to make this process as smooth as possible, effective collaboration must be in place to help these parents feel supported while making this time sensitive decision. Due to universal newborn hearing screenings, early intervention and decisions on technology, more professionals are being brought together, along with family members to

help children who are D/HH. This puts an emphasis on the importance of collaborative teamwork and how necessary it is to work together.

According to a recent study, up to three times more students who are deaf or hard of hearing are educated in mainstream settings than were 20 years ago (De Raeve & Lichtert, 2012). Research shows that collaboration is becoming more common for these students who are D/HH. Children who are D/HH are getting identified earlier, and technology is constantly advancing, so these children are closing the academic gaps between themselves and their hearing peers. With early identification and early intervention, children are building stronger skills that are appropriate for the mainstream setting, and are often mainstreamed at the earlier grades. To maximize these children's potential- it is significant to ensure that collaboration is successful and meaningful for every child who needs special attention. In order to make collaborative teamwork most effective, members of the team would benefit from understanding how adults learn. When adult learning is supported, it has a direct and positive influence on increasing student achievement (Drago-Severson, 2011).

### **Adult-Learning**

With the educational reforms, legislative mandates and early intervention changes, collaborative teamwork is common in general education. More adults are working with children who are D/HH, and consequently need to learn how to work with this specialized population. As families receive a diagnosis early on, they too, are in need of learning about what to do for their child, and how to do it. Adult learning theory can provide a framework for this learning. Adult learning theory is specifically concerned with the ways in which adults engage in self-directed

learning and are motivated to take personal responsibility for knowledge acquisition and use (Raab, Dunst & Trivette, 2010). When a child is diagnosed with a hearing loss, there is an abundance of new information to be learned by the parents of that child. Much of the information relates to next steps for their child, the importance of how he or she will learn most effectively, the diagnosis itself and how to best provide a successful learning environment for their child. When coaching parents or professionals through this process it is important to acknowledge and practice the principles of adult learning. “With knowledge of adult learning principles, service providers can facilitate parents’ learning in ways that expand capacity and increase the parents’ confidence and competence with enhancing the child’s development (Raab et al., 2010, as cited in Raver & Childress, 2015). If professionals deliver new information in abundance to parents without regard to how they learn, they are destined to be less effective.

Malcolm Knowles, an American educator, was one of the earliest pioneers of adult learning. Knowles commonly used the term andragogy, synonymously with adult education, which can be defined as the art and science of adult learning, thus andragogy refers to any form of adult learning (Kearsley, 2010, as cited by Pappas, 2013). In 1984, Knowles articulated five assumptions about the characteristics of adult learners. The first assumption is *self-concept*, which describes the change from being a dependent person to a more self-directed individual. The second describes the importance of the *adult learners’ experience*. All individuals have a variety of experience, including mistakes, and it is those experiences that build our knowledge background. The third assumption includes the adult learners’ *readiness to learn*. This readiness to learn becomes heightened as the developmental tasks of their social roles increase (Pappas, 2013). The fourth discusses the *orientation to learning*, which elaborates on how knowledge

needs to have immediacy of application and adults tend to learn best when it is problem-centered, rather than subject-centered (Pappas, 2013). The last assumption states that adult learners need to have *motivation to learn*. These five assumptions, founded by Knowles, are a general guide to adult learning. Based off of these five assumptions, Knowles became motivated to develop his four principles of adult learning (Pappas, 2013):

1. Adults need to be involved in the planning and evaluation of their instruction.
2. Experience (including mistakes) provides the basis for the learning activities.
3. Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.
4. Adult learning is problem-centered rather than content-oriented (Kearsley, 2010, as cited in Pappas, 2013).

These four principles can be applied to how parents and professionals working with a child who is D/HH/ can learn best. With the changes in educational reform, mandates and early intervention services, families are partners in their child's educational programming and therefore, need to be involved in the planning and evaluation of their instruction. Parents and professionals alike will learn best when the new knowledge is applied by utilizing their prior background knowledge first. That being said, it is very important to establish rapport with all adults working with a child who is D/HH in order to gain their trust and learn where they are in their knowledge and skills. For adult learners working with this population, learning happens most effectively when the problem they are being helped with is immediately relevant. In other words, it is best to teach adult learners information that they need to know and can use in that moment. For example, if

parents and professionals are having a difficult time trouble-shooting a hearing device (hearing aids, Baha, cochlear implants, etc.) they should be taught how to approach their specific problem with that device. In this case, it would not be effective to teach them all about hearing assistive technology, but rather how to change the batteries or how to make sure the device they are using is functioning as it should be. With Knowles' general principles of adult learning in mind, teachers of the deaf and other professionals working with adults might have a more effective approach to helping parents and professionals learn their best.

In early intervention, coaching has long been a standard approach to supporting parents' learning. Early interventionists in deaf education developed a similar set of principles to be used as a guide, when working with families. The following five key adult learning principles were intended to help guide early interventionists to understand how to approach partnering with parents and other caregivers (Raab et al., 2010; Trivette, Dunst, & Hamby, 2010, as cited in Raver & Childress, 2015):

1. Adults learn best when what is being learned is immediately relevant and useful to them.
2. Adults learn best when new knowledge is built on prior knowledge.
3. Adults learn best through active participation and practice.
4. Adults learn and remember most successfully when what they are learning is practiced in context and in real time.
5. Adult learners want feedback on their learning and their performance.

Though these five key adult learning principles are designed for early interventionists helping a family with a new hearing loss diagnosis, they are also relevant for use by others working with families or other professionals at any time in the coaching process. It is important to keep in mind when coaching parents or professionals that every adult is an individual, and must be approached as such. These five key principles can serve as a guide, but it is the coach's responsibility to build rapport and establish a strong working relationship with the adult he or she is coaching in order to utilize these principles effectively. The ultimate goal is to facilitate learning through the coaching process in order to better the child's development and increase his success.

A closer look at the principles developed out of the early intervention dialogue indicates that they are highly aligned with the principles of adult learning first described by Knowles. The first principle states that learning is best for adults when it is currently relevant and useful to them in that moment. If a family has just been informed about a hearing loss diagnosis, then that family might have a difficult time comprehending all of the information about what they should do in one month or one year. The family may also be feeling overwhelmed and may need time to cope and digest what a hearing loss diagnosis means for their child and what it might mean for their family. Based on this first principle, a coach or other professionals might consider talking with the family about their priorities and focusing on what is important in that moment for their emotional well-being as well as for their child. When parents and other professionals are being coached about relevant and useful information, information that is current to where they are, they are more likely to learn, retain and be able to apply that information.

The second principle articulated by the early interventionists points out that adults require a foundation of prior knowledge before they are capable of taking in and retaining new information. Since every adult has a different background or history, it is essential to build rapport with each individual in order to be knowledgeable about their prior experiences and relevant knowledge. Brown, et al, identifies elaboration as a tool to solidify learning.

“Elaboration is the process of giving new material meaning by expressing it in your own words and connecting it with what you already know. The more you can explain about the way your new learning relates to your prior knowledge, the stronger your grasp of the new learning will be, and the more connections you create that will help you remember it later” (Brown et al., 2014). Coaches should model the act of elaborating new knowledge, and give parents and professionals opportunities to elaborate the new information as well. Teachers of the deaf often coach parents and professionals on how to encourage communication between themselves and the child as well as coaching them about the child’s diagnosis and what it means. If parents and professionals are able to apply this new knowledge about hearing loss to aspects of their lives that they already know as well as be able to explain the newly learned knowledge in their own words, then they will be more likely to fully comprehend the diagnosis and retain any new information they were just told.

The third principle, active participation and practice will help adults learn more effectively, is clearly supported by Knowles’ principle of active learning. While it is very common for coaches or other professionals to step-in and complete a task or provide direct service, the coaching model for helping parents and professionals working with a child who is D/HH looks quite different. For example, when a physical therapist is providing service to a child who needs

therapy that professional does not have the parent provide the physical therapy, but rather the physical therapist provides that direct service. However in a deaf education setting, the coach provides the parent or other professionals with a model of what to do and how to implement it with the child. Then, the coach moves to the background and gives the parent or other professional a chance to work with the child themselves. This coaching model provides interactive learning sessions in which the parent or other professionals has the opportunity to practice the skills to be developed, with the coach there to guide them. This approach not only helps the adult learn the needed techniques and skills, but it also builds confidence in the adults regarding their ability to help the child succeed.

The fourth principle states that new information is remembered more easily when adults are able to practice it in context and in real time. The main idea behind this principle is to help parents and professionals strengthen their skills when working with the child in a natural setting. One of the goals when working with children who are D/HH is to be sure the skills they practice in structured settings are carried-over into their natural settings. Structured settings are environments in which the teacher is in control of the materials, activities and procedures. Natural settings are environments that are most similar to the settings a child would be in if he were not receiving special education services. Coaching provides opportunities for supported practice in real-life environments, when it is tailored to the specific needs and settings relevant for each family.

Reflection is one of the greatest tools for learning and improving one's skills. The fifth principle states that adult learners want honest feedback about how they are improving. When parents and other professionals are given positive, but honest feedback, those adults will be able



to reflect on their strengths and think about how to improve their skills. As reflective practice becomes an interactive procedure between the coach and the other adults, collaboration is strengthened, and coaching will become more effective. Fostering reflective practice demonstrates the real meaning of life-long learning and embodies the concept of the growth mindset. The more one is able to reflect on their performance, the more self-directed the learning will be.

Adult learners are individuals who have a variety of backgrounds, skills, needs and priorities. The five key adult learning principles coming out of early intervention provide a guide for implementing the most effective way to teach new information to adults working with children who are D/HH. There is an abundance of information that comes with a hearing loss diagnosis, so it is highly significant to consider the best way to help the adults in the child's life learn. When the adults who are working with the children are knowledgeable, confident and successful, the children will in turn have a greater chance at success.

## **Coaching**

Adult learning lays the foundation for effective coaching of parents and professionals who are closely working with children who are D/HH. But what does coaching look like? "Coaching is defined as an adult learning strategy in which the coach promotes the learner'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, pg 8, as cited in Raver & Childress, 2015). These methods may be practiced by a teacher of the deaf, a therapist or an audiologist when supporting parents

of children who are D/HH as well as professionals working with children who are D/HH.

Though there are many definitions of coaching, for the purpose of this literature review, the general goal of coaching will be discussed as well as what coaching means in the world of deaf education.

The use of coaching first emerged from the area of sports in the 1960s and quickly transferred its main efforts to the business world throughout the 1970s and 1980s (Passmore, 2010). Today, coaching is accepted as a respected and widely used resource for personal development in several different domains. A general definition of coaching is “unlocking a person’s potential to maximize their own performance. It is helping them to learn rather than teaching them” (Whitmore, 2009, as cited in Passmore, 2010). This supports the idea that a supportive coach must recognize the principles of adult learning to help adults meet their goals and succeed. Another general definition of coaching states that coaching is “a collaborative, solution-focused, results-orientated and systematic process in which the coach facilitates the enhancement of work performance, life experience, self-directed learning and personal growth of the coachee” (Grant, 1999; basic definition also referred to by the Association for Coaching, 2006, as cited by Passmore, 2010). This definition supports many of the principles of general adult learning that Knowles founded in 1984. It is clear to see the importance of having a coach, who also recognizes the importance of adult learning, in an individual’s life because that coach may build empowerment, independence and confidence for that adult. So, what does this look like when using a coach in the field of deaf education?

When utilizing a coach in deaf education, the positive outcomes for parents or professionals supporting children who are D/HH are abundant. The coach in a deaf education

setting could be a teacher of the deaf, an audiologist, a speech-language pathologist, or other professionals with knowledge of the field. When all of these professionals come together for a family, these individuals become a part of a family-centered team. Family-centered means that the families' choices and goals are the main focus for deciding the areas of the child's development to be addressed by the team. The family-centered approach is commonly used in early intervention. Early intervention is a service provided to families of children from birth to three-years-old who have special needs. In the article, *Best Practices in Family-Centered Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement*, researchers Mary Pat Moeller, Gwen Carr, LeeAnne Seaver, Arlene Stredler-Brown and Daniel Holzinger, present information from a consensus panel that included parents, deaf professionals, early intervention program leaders, early intervention specialists, and researchers from 10 nations. "All participants had expertise in working with families of children who are D/HH, and focus was placed on identifying family-centered practice principles that are specific to partnering with these families" (Moeller et al., 2013). The main objective of this consensus panel was to encourage widespread practice of validated, evidence-based principles for family-centered early intervention with children who are D/HH and their families. This article is highly significant when considering how to implement the most effective coaching strategies for parents and professionals who support children who are D/HH. Many of the principles of family-centered early intervention are also primary objectives for a teacher of the deaf coaching parents and other professionals.

"Family-centered early intervention is viewed as a flexible, holistic process that recognizes families' strengths and natural skills and supports development while

promoting the following: (a) joyful, playful communicative interactions and overall enjoyment of parenting roles, (b) family well-being (e.g., enjoyment of the child, stable family relations, emotional availability, optimism about the child's future), (c) engagement (e.g., active participation in program, informed choice, decision making, advocacy for child), (d) self-efficacy (competent and confident in parenting and promoting the child's development)" (Moeller et al., 2013).

The consensus panel agreed on 10 principles that would guide family-centered early intervention to be successful. These principles are designed to support the families' learning about the new diagnosis as well as ensure the family and family-centered early intervention team about the necessary steps that need to be followed in order to make the process as successful and positive as possible. All of these principles are significant to deaf education and correspond well with what should be expected from a coach in the deaf education field.

The 10 best practice principles identified by the panel are: (1) Early, Timely, & Equitable Access to Services, (2) Family & Provider Partnerships, (3) Informed Choice and Decision Making, (4) Family Social & Emotional Support, (5) Family Infant Interaction, (6) Use of Assistive Technologies and Supporting Means of Communication, (7) Qualified Providers, (8) Collaborative Teamwork, (9) Progress Monitoring, and (10) Program Monitoring (Moeller et al., 2013).

When pairing those family-centered principles with the support provided by a coach, the objectives appear to be seamless. Every principle that is promoted by the panel comes from the need to create a secure and positive environment for the individual being coached in order to

have a positive effect on the individual seeking growth or guidance. When a teacher of the deaf is coaching parents or professionals working with a child who is D/HH, he or she needs to be flexible with those individuals while maintaining a trusted, positive and encouraging environment. If parents and professionals are being coached in a positive way to improve their natural strengths as well as develop necessary skills to help the child who is D/HH, then that child is more likely to succeed because of the effective support provided by those professionals and his or her parents.

Though every principle is important to both the family's and child's success, a deeper exploration of principles two through four and eight will further demonstrate the importance of coaching in these areas of deaf education.

To be able to have an effective coaching experience, both the coach and the person being coached need to have a solid foundation of trust. Principle two summarizes the need for building rapport as well as the importance of developing a balance between the families and the professionals working with them. One way to support a balanced relationship is to look at the family-provider partnerships and make sure they reflect the following characteristics: reciprocity, mutual trust, respect, honesty, shared tasks, and open communication. This represents a significant shift from the traditional model of the teacher as the deliverer of knowledge and expertise. When these characteristics are practiced and honored at the beginning and throughout the family-provider relationship, successful gains are more likely to occur.

The third principle of the consensus panel concerns how to inform parents of options and how to guide them in making a decision for their child who is D/HH. The main objective of this

principle is to “promote the process wherein families gain the necessary knowledge, information, and experiences to make fully informed decisions” (Moeller et al., 2013). Because there is so much new information to be shared, families and professionals may feel hopeless, overwhelmed, or confused about their options. This is where knowledge of adult learning comes in as an important guide to being an effective coach. Before delivering all of the information that comes with a hearing loss diagnosis, a coach needs to recognize the emotional state of the family members. Discovering any kind of diagnosis brings on its own challenges and it is the coach’s responsibility to recognize how families are coping and respond accordingly. Families can only take in information when they are emotionally able to hear it. When a coach is able to effectively guide parents who are learning about their child’s new diagnosis from the beginning, that child may in turn have a better chance at achieving success.

Principle four relates to the connections that families have in regards to their social and emotional support. Along with finding support systems, families need to feel connected with somebody in order to gain the necessary knowledge and experiences that can help them be effective when supporting their child who is D/HH. From the very beginning, a coach needs to establish rapport with parents and other professionals to create a safe and secure environment for learning. They need to feel trust and respect from the one who is guiding them to be more successful. This principle goes hand in hand with principle three because in order to build an emotional connection with a family, a coach needs to build rapport with them. Once rapport has been built, a coach can be more aware of a family’s emotions through the coaching process.

The last of the principles from the consensus panel that will be discussed is principle eight. This principle addresses collaborative teamwork and how to build a strong network of

professionals with each family. Collaboration is something that should be highly encouraged for every family who has a child with special needs. When every professional who interacts with a child who is D/HH communicates effectively with each other, works diligently to meet the families' needs and help the child achieve his or her goals, collaboration is at work.

Collaborative teamwork is an effective tool to support the family and their child with special needs. "Collaboration is people working together as partners, reflecting and co-creating together" (Knight, 2007). With collaboration, families may feel more supported, more secure and will have the means to achieve their personal objectives as well. The four highlighted principles are significant to making the learning process a little smoother for families and are ultimately reliable tools for successful coaching.

Instructional coaching encompasses many of the same ideas identified in Moeller, Carr, Seaver, Stredler-Brown and Holzinger's article on best practice principles in family-centered early intervention. In Jim Knight's book, *Instructional Coaching: A Partnership Approach to Improving Instruction*, Knight elaborates on the practice of instructional coaching. What is instructional coaching and how is it different from other styles of coaching? How can instructional coaching be directly applied to coaching in deaf education? Instructional coaching is a style of coaching that embraces the partnership philosophy along with "The Big Four" concepts. The partnership philosophy provides the principles behind instructional coaching. These principles include recognizing equality, respecting choice, encouraging voice, engaging in dialogue, encouraging reflection, enacting praxis and experiencing reciprocity (Knight, 2007). Many of these partnership philosophy principles are similar to the characteristics identified in principle two from the article by Moeller, et al. Principle two from Moeller and colleagues'

article emphasizes the importance of having reciprocity, mutual trust, respect, honesty, shared tasks, and open communication in a family-provider partnership (Moeller et al., 2013). When comparing the characteristics of a family-provider partnership, both research findings support a relationship of equality, trust and open communication. Behavior, content knowledge, direct instruction, and formative assessment are all a part of “The Big Four” or the essential components of instructional coaching, according to Knight. The main goal of behavior is for the coach to establish a safe, productive learning community for those he is coaching. Building rapport, through respect and sharing ideas and concerns, can help create this safe and productive environment. As stated earlier Knowles supports the idea that adults learn best when learning is problem-centered, rather than content-centered. After having that knowledge, a positive strategy a coach could exhibit would be to focus on the content knowledge that is most relevant to parents or professionals based on the problems they are encountering. Recognizing parents and professionals’ background knowledge is also important to consider when delving into content knowledge; gaining this information is possible when rapport has been successfully established by the coach. When coaching parents or professionals, it is significant to have directive instruction. Knight states that his “research suggests that instruction is improved when teachers (a) provide an advance organizer; (b) model the thinking involved in whatever processes are being learned; (c) ask a variety of high-level questions; and (d) ensure that students are experiencing engaging, meaningful activities” (Knight, 2007). When observing direct instruction, many of these suggestions would offer parents and professionals the same kind of positive outcome. The last section of “The Big Four” is formative assessment. This idea focuses on how an individual is learning the content and how his or her skills or disposition might be



affected based on the coaching or teaching strategies. In deaf education this would relate to the use of reciprocity, constructive feedback and reflection. When coaching parents and professionals it is highly effective to have a give and take conversation about what appears to be understood and what needs to be improved. Between Moeller et al. and Knight's suggestions, a family-provider partnership can be established more easily if a coach establishes rapport, gives respect and earns trust, shares ideas or suggestions and encourages reflection. All of these characteristics contribute to making a family-provider relationship a positive and successful collaborative team.

## **Conclusion**

Changes in the field of deaf education have increased the need for collaboration, both between professionals and families, and among different professions. Due to education reform, advances in technology and the changes in legislative mandates children who are D/HH are being identified earlier, intervention is being provided earlier, and more children are being served in the general education setting. Families are faced with immediate decisions and the learning process that prepares them for making those decisions must be accelerated. In addition, more professionals outside of the field of deaf education are supporting these students, and they also need to acquire the knowledge base to do so. These consequences can be successfully addressed through the use of coaching strategies in a collaborative setting. Using coaching strategies effectively requires a departure from the traditional teaching model, and a commitment to the principles of adult learning. Developing a partnership relationship sets the stage for facilitating learning through the implementation of best practices in coaching. And the more successful the coach is, the greater the impact will be on the students' success. The role of the

coach is significant in the ultimate goal of helping children who are deaf or hard of hearing succeed in the classroom and in natural settings.

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