PACE Coaching: Training Community Providers to Support Parents of Toddlers at Risk for Autism

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Project Background
The Parent and Child Early (PACE) Coaching Project was conducted in collaboration with Child Development Centres (CDCs) and Aboriginal service agencies across British Columbia, Canada from 2017-2020. The project was aimed at parents of toddlers (age 15-36 months) who were at risk for autism spectrum disorder (ASD). One of the objectives was to train community service providers to deliver a parent coaching intervention to parents of toddlers at risk for autism.

Partner Agencies
Twenty-one CDCs and Aboriginal Friendship Centres from 15 small, medium, and large population centres in BC were involved with the project as partners agencies. Figure 1 displays the partner agency locations at project outset.

Figure 1. Partner Agency Locations

Participants
Executive Directors nominated 39 early intervention service providers to be trained as parent coaches. Trainees were all women (M age = 44 years); 66.7% completed college or University undergraduate programs and 33.3% had graduate degrees.

Parent Coach Training
Training was delivered by three graduate-level clinicians who lived in BC and were certified as Early Start Denver Model (ESDM) therapists and parent coaches. In consultation with ESDM developers Sally Rogers and Laurie Vismara, ESDM coaching strategies were modified for community delivery and consisted of two phases.

Phase 1. In the first phase (PACE1), trainees first attended an intensive, 3-day workshop that consisted of both didactic instruction and hands-on practice with a toddler who was diagnosed with autism. Following this, trainees practiced the social-communication intervention strategies they learned with a toddler in their agency for 12-13 weeks. During this time, mentored practice was delivered remotely by the trainer via a secure portal that enabled video recording and small group face-to-face conferencing.

Phase 2. In the second phase (PACE2), trainees attended a second 3-day workshop and practiced coaching the parent of a toddler with autism to use the strategies they learned in PACE1. They then practiced parent coaching strategies with a parent and child in their agency for 16-20 weeks. Again, mentored practice by the trainer was delivered remotely during the practice period.

Measures
During PACE1 and PACE2 practice periods, trainees tracked the hours they devoted to all training activities (e.g., direct practice, online mentoring with the trainer). Activity Logs were used both as data and to reimburse agencies for all training time. Trainees completed evaluation forms following both workshops. Trainers assessed trainee skills using a Caregiver Fidelity Skills Checklist (Rogers, Vismara, & Dawson, 2021) before and after PACE1 and a Coaching Fidelity of Implementation Brief Checklist (Rogers et al., 2021) following PACE2. Trainees also participated in online interviews with a member of the research team at training completion.

Results
Thirty-one trainees completed PACE1 and PACE2 training over a 10-month period; half of withdrawals occurred because of caseload demands that interfered with participation. Post-workshop practice required a mean of 29.5 hours following each workshop, with undergraduate coaches requiring more time than graduate coaches. Post-PACE1, trainee skills for working with a young child improved from a baseline mean of 73.1% (SD = 19.3) to a mean of 87% (SD = 13.8), with no significant difference between undergraduate and graduate coaches. Post-PACE2, inter-observer agreement for coach fidelity scores was 90.8% and the mean score across all coaches was 80.1% (SD = 17.8).

Conclusion
Key training components included didactic instruction combined with initial hands-on practice, followed by an extended practice period and ongoing mentoring by training facilitators. Results support the feasibility of community-based training, which is important in order for naturalistic developmental behavioural interventions to become commonplace in community settings.