



A GUIDE FOR FAMILIES

Your First 90 Days of Parent Coaching

What the first three months of parent-led behavior coaching actually look like — and what you will be able to do by the end of them.

This is coaching, not therapy. I do not work directly with your child. I teach you the strategies, you use them in your own home, and the skills stay with your family after the coaching ends. This guide walks through how that unfolds over the first 90 days.

Steady Roots Behavioral Services

Behavior coaching for families.

Weeks 1–2: Getting oriented

The first phase is about understanding your family — not changing anything yet. We talk at length about your child, your routines, and what you have already tried.

What happens

- **A long conversation.** Your child's strengths, your daily routines, and the moments that are hardest right now.
- **Watching a routine.** If you are comfortable, you show me one routine over video, or record it on your phone and send it. We start from what is real rather than what is described.
- **Finding what already works.** Before anything changes, we identify what you are doing that is working. There is always something.
- **Choosing a starting point.** One or two routines. Not ten.

What helps most from you

- Be candid about what is hard. Sanitized answers produce a plan that does not fit your life.
- Name your own priorities. "I want to be able to take him to the store" is a legitimate goal.
- Tell me honestly how much time you actually have in a week.

Worth knowing: behavior almost always serves a purpose — to get attention, to escape something, to get access to something, or because it feels good. Which one it is changes what you should do. Two children doing the same thing for different reasons need different responses. A lot of coaching is learning to read that.

Weeks 2–4: Your plan

We write a plan together. You help write it, and you can push back on any part of it. It is written in plain language because you are the one who has to use it.

A good plan includes

- **Specific goals** — not "improve communication" but "asks for a break using a word or a sign, with two different adults."
- **What you will do** — the actual strategy, in steps you can follow when you are tired.
- **Proactive strategies** — how to set the routine up so the hard moment is less likely in the first place.
- **What to do when it happens anyway** — because it will.
- **Something simple to track** — tracking you can keep up with beats tracking you abandon.
- **How it carries over** — to other people, other places, other times of day.

Weeks 4–12: Coaching sessions

Sessions run over secure video. Most of the time we look at a real routine instead of talking in the abstract. You show me, you try it, and I give feedback while it is happening.

Phase	What it looks like
Watch	You run the routine the way you normally would. I watch and name what is already working before anything else.
Change one thing	We change one thing, not five. You practice it while I am there, so the first attempt is not alone.
Run it yourself	You use it during the week. I am reachable between sessions when something comes up mid-week.
Review and widen	We look at how it went, adjust what did not work, and start carrying the skill into other routines and other people.

Questions worth asking any provider

Including me. If you are also considering a therapy program, these are fair questions to put to anyone.

What exactly am I paying for?

Coaching, direct therapy, and caregiver training are different services. Ask which one is being offered and what it does not include.

How will I know it is working?

You should be able to see progress in something simpler than a clinical report — and explain the current goal in your own words.

What happens if it is not working?

A good answer describes how decisions get changed, not a promise that everything works.

How do you handle my child saying no?

Listen for language about assent, breaks, and choice — not just compliance.

What is expected of me each week?

In parent coaching this matters more than anywhere else. Know the time commitment up front.

What progress actually looks like

Progress is rarely a straight line. Expect uneven weeks, and expect the first visible changes to be small.

- **Early wins are often subtle.** Tolerating a transition a few seconds longer. Looking toward you before reaching. These count.
- **Behavior can briefly get louder before it improves.** When an old strategy stops working, children often try harder before trying something new. You should be warned about this in advance and have a plan for it.
- **Skills appear in one place first.** Carrying them into other routines is a separate step, not an accident.
- **Plateaus are normal.** What matters is whether anyone notices and responds.

A flag worth raising: if you cannot explain the current goal in your own words, or you have not actually practiced anything yet, say so. Asking to back up and re-teach something is a reasonable request, not a difficult one.

Your role — and why it is the whole point

A child in ten hours a week of therapy spends the other hundred-plus waking hours with you. That is the entire reason this model exists. You are not assisting someone else's treatment; you are the one delivering the strategy, every day, in the place where it has to work.

Three things that make the most difference

- **Honor the communication.** When your child uses a new way to ask — a word, a sign, a device — respond quickly. That is what keeps it worth using.
- **Stay consistent across people.** Loop in partners, grandparents, and sitters so the approach does not reset depending on who is home.
- **Protect your own capacity.** A plan you cannot sustain is not a good plan. Say when something is too much — that is useful information, not a failure.

A note on choosing goals

Ask of any goal: does this expand my child's world, or does it mainly make my child easier to manage? Good targets — communication, independence, safety, connection, participation — tend to pass that test. Goals aimed only at making a child quieter or more still usually do not. You are allowed to ask this question out loud, of anyone.

Questions about any of this?

I am happy to talk through your situation, whether or not you end up working with me.

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This guide is general educational information about parent-led behavior coaching. It is not medical advice, a diagnosis, or individualized clinical recommendation, and reading it does not create a client relationship. Steady Roots provides caregiver coaching and training; it does not provide direct one-to-one therapy for children and does not replace your child's existing treatment team. Every child and every family is different.