



Using Primary Service Providers & Coaching in Early Intervention Programs

Definition and Characteristics of Primary Coach Approach to Teaming: Moving Beyond Multidisciplinary Practices

The designation of a primary service provider maintains the integrity of the team interaction while minimizing the number of professionals that families, child care providers, and Head Start programs are required to interact with on a regular basis. While our field is required by the Individuals with Disabilities Education Act (IDEA) to use a multidisciplinary team when interacting with families, evidence based practices has promoted a transdisciplinary process for team interaction. A primary service provider model uses a transdisciplinary process but details the role of this primary service provider team member. This section details models of team interaction and demonstrates how these same models progress from minimal amounts of team interaction to optimal levels of team interaction. Service decisions and differences between a transdisciplinary and a multidisciplinary approach are also illustrated. After reviewing this section, you should have a better understanding of how a team interacts when using a primary service provider approach and how to make sound service decisions when using a more transdisciplinary model of service delivery.

Included in the CD and hard copy version of this packet is the article, Can We All Fit? Squeezing in Better Support with Fewer People by Lee Ann Jung from Young Exception Children, Volume 8 Issue 4, pages 19-29.

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Teaming & The Primary Service Provider as Coach Model

Pre-Quiz

Use this pre-quiz to test your current knowledge. Then check your answers at the end of this section.

1. The transdisciplinary model of team interaction and the primary service providers as coach model are the same.
 - A. True
 - B. False
2. In a primary service provider (PSP) as coach model, the IFSP/IEP outcomes must be:
 - A. Discipline-free
 - B. Functional (not impairment oriented)
 - C. Based on care providers' and child's interests
 - D. All of the above
3. For most children and families, in a primary service provider as coach model, the PSP should not change.
 - A. True
 - B. False
4. Which of the following is indicative of parent participation in a primary service provider as coach model of team interaction for delivery of services?
 - A. Parents meet with team members individually
 - B. Parents meet with entire team or a representative of the team
 - C. Parents are full, interactive members of the team
 - D. Parents and other care providers are equal team members
5. The primary service provider is identified based on the relationship with the careprovider and the best match between IFSP outcomes and PSP expertise.
 - A. True
 - B. False

Definitions

Primary Service Provider:

Transdisciplinary home-based service delivery by one person, with supporting services provided through joint home visits as needed by other professionals. All services should be listed on the IFSP when using this model.

McWilliam, R. (2004). *Enhancing service in natural environments*. Retrieved March 5, 2007, from <http://www.nectac.org/~calls/2004/partcsettings/partcsettings.asp>

Coaching:

"...an interactive process of observation and reflection in which the coach promotes a parent's or other care provider's ability to support a child's participation in everyday experiences and interactions with family members and peers across settings."

Rush, D. D., Shelden, M. L., & Hanft, B. E. (2003). Coaching families and colleagues: A process for collaboration in natural settings. *Infants and Young Children*, 16(1), p. 33.

Multidisciplinary:

"A team of two or more professionals from different disciplines who draw upon their areas of expertise to provide assessment and treatment to children with developmental disabilities" (p. 236).

Interdisciplinary:

"A group of professionals who each represent areas of expertise useful in planning and implementing the educational, therapeutic, and/or medical treatment programs of children with special needs. The team periodically evaluates the child, and, with the child's parents, determines the child's areas of strength and deficit. Based on the evaluation, a plan for addressing the child's needs is developed, as well as a determination of the professionals who will implement the plan. Members of the inter-disciplinary team may include a service coordinator, infant educator, physical therapist or occupational therapist, speech pathologist, social worker, physician, psychologist, and the parents" (p. 189).

Transdisciplinary:

"A group of professionals who each represent areas of expertise useful in planning and implementing the educational, therapeutic, and/or medical treatment program of children with special needs. The team gathers periodically to evaluate the child, share their expertise, and, with the child's parents, determines the child's areas of strength and deficit. Based on the evaluation, a plan for addressing the child's needs is developed, and the professionals who will implement the plan are designated. Members of the inter-disciplinary team may include a service coordinator, infant educator, physician, psychologist, physical or occupational therapist, speech pathologist, and social worker, in addition to the child's parents. Professionals on the transdisciplinary team may provide assessments, recommendations, and treatments that overlap other team members' activities. For example, both the speech-language pathologist and the occupational therapists may address a young child's oral tactile defensiveness, and then share their activities with the child's parents, infant educator, and child care provider. Transdisciplinary team members also provide training to other team members and jointly share the responsibility of implementing the child's plan" (p. 369).

Coleman, J. G. (1999). *The early intervention dictionary: A multidisciplinary guide to terminology* (2nd ed.). Bethesda, MD: Woodbine House.

Models of Team Interaction

	Multi-disciplinary	Inter-disciplinary	Trans-disciplinary	Primary Service Provider
Assessment	Team members conduct separate assessments.	Team members conduct separate assessments.	Team members and family conduct joint assessment.	Fewest number of service providers needed participate in the assessment based upon improving the child's participation across activity settings and learning opportunities.
Parent Participation for Planning	Parents meet with team members individually.	Parents meet with entire team or a representative of the team.	Parents are full active members of the team.	Parents and other care providers are equal team members.
Service Plan Development	Team members develop separate, discipline-specific plans.	Team members develop separate, discipline-specific plans but share them with each other.	Team members and family develop joint plan based on family priorities, needs, and resources.	Outcomes/goals are developed based upon improving the child's participation across activity settings and learning opportunities.
Service Plan Responsibility	Team members are responsible for their discipline-specific plan.	Team members share information with each other about their part of the plan.	Team members are jointly responsible and accountable for how the primary service provider implements the plan.	Team members are jointly responsible and accountable for how the primary service provider implements the plan.
Service Plan Implementation	Team members implement their discipline-specific plans.	Team members implement their portion of the plan and incorporate other sections where possible.	A single service provider implements the plan with the family.	Team members provide coaching to the PSP to effectively implement the plan across activity settings and care providers.
Lines of Communication	Informal	Occasional case-specific staffing.	Regular team meetings to exchange information, knowledge, and skills among team members.	Ongoing interaction among team members for reflection and sharing information occurs beyond scheduled meetings.

Guiding Philosophy	Team members recognize importance of information from other disciplines.	Team members are willing to share and be responsible for providing services as part of the comprehensive service plan.	Team members commit to teach, learn, and work across traditional discipline lines to implement a joint service plan.	Service providers and care providers engage in learning and coaching to develop the necessary expertise to improve the child's participation across activity settings and learning opportunities.
Staff Development	Independent and discipline-specific.	Independent within and outside of own discipline.	A critical component of team meetings for learning across discipline boundaries and for team building.	Team members implement an annual team development plan to identify any gaps in skills and knowledge and improve expertise across disciplines.

Adapted from:

Coaching in Early Childhood. (n.d.). Retrieved March 5, 2007, from <http://coachinginearlychildhood.org>

Woodruff, G., & Hanson, C. (1987). Unpublished manuscript, Project KAI, Handicapped Children's Early Education Program, Brighton, MA.

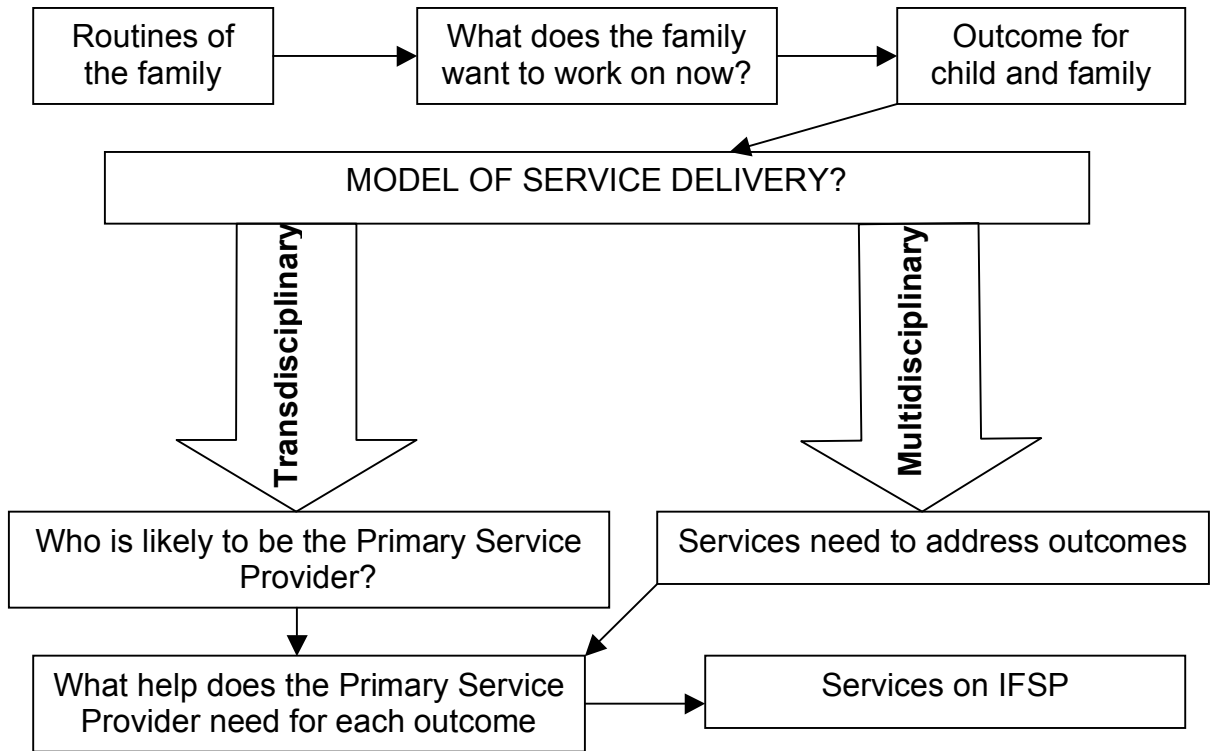
Woodruff, G., & McGonigel, M. J. (1988). Early intervention team approaches: The transdisciplinary model. In J. B. Jordon, J. J. Gallagher, P. L. Huntinger, & M. B. Karnes (Eds.), *Early childhood special education: Birth to three* (pp.163-182). Reston, VA: Council for Exceptional Children and the Division for Early Childhood.

Using Transdisciplinary Service Delivery and a Primary Service Provider

- Method that emphasizes how children really learn
- Plan that is unified around the family's functional needs
- Capitalizes on families' forming close relationships with a primary service provider
- Uses specialists as efficiently as possible
- Uses our limited resources most effectively

Adapted from McWilliam, R. (2004). *Enhancing service in natural environments*. Retrieved March 5, 2007, from <http://www.nectac.org/~calls/2004/partcsettings/partcsettings.asp>

Service Decisions: Transdisciplinary vs. Multidisciplinary



Based upon the reauthorization of the Individual with Disabilities Education Act of 2004, early intervention programs must engage a multidisciplinary team in its assessment and evaluation activities. As defined earlier, a multidisciplinary team is two or more professionals from different disciplines who draw upon their areas of expertise to assess and, in most cases, “treat” the child with developmental disabilities (Coleman, 1999). When using a multidisciplinary team approach after the assessment and evaluation, early intervention programs tend to utilize a direct, traditional, service delivery approach where on Monday the child sees the physical therapist, on Tuesday the child sees the speech therapist and so on. In complete contrast to this approach, a transdisciplinary approach, which aligns itself with using a primary service provider as a coach, is defined as a group of professionals who represent different disciplines and who use their expertise to jointly evaluate, assess and plan to best meet the needs of the child and the family in a cohesive way and use strategies such as role release (letting another discipline use intervention strategies commonly used by your discipline) and role exchange (videotaping yourself and then sharing with other team members your rationale for using a particular strategy (ies)) to insure a more comprehensive picture of the child, family and the supports they need. The diagram above depicts how you would make service decisions with the family and child based upon which of these models your team would use. Shifting the focus of the team model dictates both how the IFSP outcomes will look and how they will be addressed during service delivery.

Adapted from McWilliam, R. (2004). *Enhancing service in natural environments*. Retrieved March 5, 2007, from <http://www.nectac.org/~calls/2004/partcsettings/partcsettings.asp>

The Primary Service Provider May Be Determined By...

- IFSP outcomes
- Relationship(s) with careprovider/early interventionist(s)
- Knowledge of the primary service provider
- Availability of the coach

Characteristics of the Primary Coach Approach to Teaming

- One staff member or contractor of the program acts as the primary service provider to the care providers and is selected based on expertise in child development, family support, and coaching.
- The primary service provider has awareness of and access to program staff or contractors with a variety of knowledge, skills and experiences.
- Reciprocal coaching and learning occur between the primary service provider and care providers and between the primary service provider and other program staff or contractors.
- The primary service provider receives coaching from other program staff and contractors through ongoing interactions.
 - Joint visits should occur at the same place and time whenever possible with/by other program staff to support the primary service provider as often as deemed appropriate by the PSP or as state licensing requires.
 - When visits occur at separate times, the primary service provider and other program staff must inform the care providers that the purpose of the visit is to gain information that will be shared with the primary service provider for her continued work with the family.
 - Ongoing interaction provides opportunities for reflection and information sharing.
 - Program staff members providing coaching to the primary service provider may vary depending on the need or desire for timely ideas and feedback.
- The primary service provider approach is not...
 - A “watered-down” approach.
 - Teaching the care provider to do therapy.
 - A speech-language pathologist providing physical therapy.
 - Used because you don’t have a particular discipline available.

Adapted from McWilliam, R. (2004). *Enhancing service in natural environments*. Retrieved March 5, 2007, from <http://www.nectac.org/~calls/2004/partcsettings/partcsettings.asp>

Teaming & The Primary Service Provider as Coach Model Pre-Quiz Answers

1. The transdisciplinary model of team interaction and the primary service providers as coach models are the same.

A. False. Both models are similar in that they are based upon learner-focused intervention which is a concept that shifts the focus of the intervention off the child with the disability and emphasizes supporting those people involved with the child across a variety of environments. The primary service provider as coach model has unique characteristics that separate it from the traditional definition of transdisciplinary model of team interaction. The primary coach approach focuses on promoting the child's and family's assets and interests within the context of natural learning opportunities using coaching conversations.

2. In a primary service provider (PSP) as coach model, the IFSP / IEP outcomes must be:

D. All of the above. In an effort to create IFSPs and IEPs which are considered to be more "user-friendly," Hull, Capone, Giangreco and Ross-Allen (1996) envisioned the concept of writing a "discipline free" IFSP/IEP. The intent was to develop an IFSP/IEP document in which any teacher, paraprofessional, therapist, or family member could read, understand, and effectively implement. Goals are not "assigned" to one particular service provider. Addressing the child's skills and strengths rather than weaknesses develops discipline free IFSPs and IEPs. In order to be meaningful to children and families outcomes/goals must also be functional. That is, they should identify the development of skills that support the child in being successful in the environments, routines and activities in which they participate. And finally, outcomes/goals should be based on the interests of the child and family. If they are not based on their interests, they are less likely to be functional or be worked on in the absence of the early intervention staff. Also it is much easier to engage a child and their family in preferred activities.

3. For most children and families, in a primary service provider as coach model, the PSP should not change

A. True. The primary goals of the coaching process involve positive changes in care provider(s) and children, achievement of child/family/care provider outcome(s), self-correction by the coaching partner and on ongoing competent performance by the coaching partner. In implementing these goals, the relationship between the child/family care providers is critical, therefore, it is important to try to keep the integrity of the relationship if at all possible.

4. Which of the following is indicative of parent participation in a primary service provider as coach model of team interaction for delivery of services?

A. True. Parents meet with team members individually. Using the evidence-based approach for documenting characteristics of specific practices described by Dunst, Trivette, and Cutspec (2002), they have clearly defined the characteristics of a primary service provider as coach approach.

- **An identified team of individuals from multiple disciplines having expertise in child development, family support, and coaching is assigned to each family in the program.**
- **One team member serves as primary coach to the parent/care provider(s).**
- **The primary coach receives coaching from other team members through ongoing planned and spontaneous interactions.**

5. The primary service provider is identified based on the relationship with the learners and the best match between IFSP outcomes and PSP expertise.

A. True. The rationale for this includes: 1) recognizing coaching as a reciprocal process; 2) the coach supporting the careproviders to help the child to learn and in turn using the skills, knowledge, experiences and interests of the careprovider; 3) supports for the child and family are designed to achieve outcomes that make a meaningful difference in the life of a child; 4) the knowledge of evidence-based practice used by team.

Coaching in Early Childhood. (n.d.). Retrieved March 5, 2007, from <http://coachinginearlychildhood.org>

Dunst, C. J., Trivette, C. M., & Cutspec, P. A. (2002, September). Toward an operational definition of evidence-based practices. *Centerscope* 1(1), 1-10. Retrieved March 5, 2007, from <http://www.researchtopractice.info/productCenterscope.php>

Hull, K., Capone, A., Giangreco, M. F., & Ross-Allen, J. (1996). Through their eyes: Creating functional, child-sensitive individualized education programs. In R. A. McWilliam (Ed.), *Rethinking pull-out services in early intervention: A professional resource*. Baltimore: Paul H. Brookes.

