Philadelphia Infant Toddler Early Intervention

The Transdisciplinary Team Approach

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Our Plan and Purpose

• Support for transdisciplinary team approach in legislation, research and recommended practice
• Describe the prevalence of the transdisciplinary team approach
• Define the transdisciplinary team approach in Philadelphia
Support for the Transdisciplinary Team Approach
IDEA 2004

Congress finds that there is an urgent and substantial need—

• to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life

• to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities
Supporting Research

• “The delivery of [decontextualized skill-based therapy and educational services] in a child’s home increased reports of negative well-being.”

• “The more [decontextualized, skill-based] services the child and family received, the less satisfied the respondents were with early intervention.”

(Dunst, Brookfield & Epstein, 1998)
Supporting Research

Preliminary survey data of a parent report of the helpfulness of early intervention providers indicate that 96% of the parents having one provider rated him/her as helpful, 77% of the parents having two providers rated them as helpful, and 69% of parents having three or more providers rated them as helpful (p<.001).

(Dunst & Bruder, 2004)
Therapy Associations:


APTA: [http://www.apta.org/AM/Template.cfm?Section=search&template=CM/HTMLDisplay.cfm&ContentID=8534](http://www.apta.org/AM/Template.cfm?Section=search&template=CM/HTMLDisplay.cfm&ContentID=8534)

A Recommended Practice


• Key Principle: “The families priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.” (Workgroup on Principles and Practices in Natural Environments, November 2007). OSEP TA Community of Practice-Part C Settings.
Interrelated Principles of Early Intervention

Transdisciplinary Team

Participation Based

Family Centered

Natural Environments
How prevalent is this approach?
States Identified as Endorsing or Using a State Approach to Early Intervention Service Delivery

22 Primary Provider Approach
3 Transdisciplinary Team
3 Consultative Model
5 Developing a Primary Service Provider Model
19 No named model

(Pletcher, 2009)
Why the Transdisciplinary Team Approach?

• We need a method that emphasizes how children really learn
• We need a plan that’s unified around the family’s functional needs
• We need to capitalize on families’ forming close relationships with a primary service provider
• We need to use our limited resources most effectively

(McWilliams, 2004)
Early Intervention Team Models

**Multidisciplinary**
- separate assessment
- integration of findings and recommendations typically is left to the family
- plan is carried out by professionals independently

**Interdisciplinary**
- separate assessment or may use arena assessment
- formal channels of communication to share findings and discuss individual results
- plan is carried out by professionals independently with collaboration of family

**Transdisciplinary**
- may include arena assessment
- professionals teach others activities or intervention strategies that do not require the expertise of the therapist
- plan is carried out by family and one team member designated as primary service provider
The Transdisciplinary Team Approach in Philadelphia
Key Elements of Philadelphia’s Transdisciplinary Team Approach

• The family is central to the Early Intervention team.
• A primary service provider (PSP) will be identified for each child with an IFSP by determining what type of professional can best help the child and family/caregivers achieve the IFSP outcomes.
• The PSP will support and coach the family to learn strategies and use adaptations and resources that will promote their child’s learning and development.
• The other professional service providers on the transdiciplinary team function as consultants to the family and PSP, and may suggest additional strategies, intervention, adaptations and resources to address the IFSP outcomes.
• Role release, exchange and expansion occur when team members assume responsibility for implementing interventions and strategies suggested by consultants.
Key Elements of Philadelphia’s Transdisciplinary Team Approach

• The child will be assigned a team of service providers from the agency that picks up the PSP.
• The team will represent all of the primary EI disciplines than will be available to serve as a resource to the family and primary service provider.
• When the active service delivery team (SC, parent, PSP) determines that there is a need for consultation, the consultant will be drawn from the agency team.
• When an agency picks up a child for PSP, they are agreeing to also provide the accompanying consultation if it is requested at a later point in the delivery of IFSP services.
• Every effort will be made at the first quarterly review meeting to have all members of the child's team (active and inactive) available to conduct an arena assessment of the child and the progress that has been made thus far.
Choosing the Primary Service Provider

• During the IFSP meeting, and whenever new outcomes are being formed (e.g., quarterly review), the team discusses priority needs of the family and desired outcomes for the child.

• As a team, the family and the professionals choose an Early Interventionist who will be the primary service provider (PSP).
Choosing the Primary Service Provider

To select the PSP, the team asks:

Who is the best person to help the child and family achieve this outcome based on these priority needs?
Choosing the Primary Service Provider

• Although nearly 75% of children in Philadelphia Infant/Toddler Early Intervention receive a Special Instructor on their service delivery team, the team may determine that another service profession (e.g., Occupational Therapy) should be the child’s PSP.

• The team will use the guidelines developed for speech, physical therapy and occupational therapy to help them determine the PSP and any needed consultation.
Team Member Roles

Role of the Family/Caregiver

• Work directly with the child as PSP observes and coaches parent/caregiver to use strategies and adaptations to address the IFSP outcomes.
• Work with the PSP to help the child learn and participate in the family’s activities.
• After each visit by the PSP, try the suggestions written in the Contact Note.
• Update the PSP on successes and challenges with suggested strategies, adaptations and resources.
• Be present with the PSP and the consultant when consultation is given and actively participate in the consultation.
• Use the suggested strategies, adaptations and resources from the consults to promote the child’s participation in the family’s typical activities and routines.
Team Member Roles

Role of the Primary Service Provider (PSP)

• Start services and visit the family with the greatest frequency.
• Help the family to use strategies, adaptations and resources to achieve the child’s IFSP outcomes.
• Review interventions and progress data with their supervisor when:
  - a child is not making progress
  - PSP needs guidance about the use of additional strategies, adaptations and resources.
Team Member Roles

Role of the Primary Service Provider (PSP)

• Coordinate with the parent and other team members to assess the need and scheduling of consultations.

• Be present and participate along with the family at the consult.

• Be coached and trained by the consultant.

• Prepare the service support plan to reflect the strategies and adaptations recommended by the consultant.

• Collect and share the visual representation of progress at the quarterly review meeting and at consultations.
Team Member Roles

Role of the Consultant
Assess and Document:

• Assess child’s progress, skills or behavior changes, and give PSP and parent information and guidance as to how to address the outcomes

• Consider changes in the family’s situation (i.e., environment, routines, activities) and give guidance to PSP and parent as to how to address outcomes within the context of these changes.

• Document the findings from the assessment on the contact note.
Team Member Roles

Role of the Consultant

- Teach and Document: Suggest strategies and adaptations to address the IFSP outcomes(s).
- Teach and coach the family/caregiver and PSP to use recommended strategies, interventions and adaptations.
- Give input into the development of the services and supports plan.
- Document the training of the family/caregiver and PSP on the recommended strategies and adaptations.
Role of the Consultant

Verify and Document:

• Determine whether the family/caregiver and the PSP are implementing the strategies and adaptations as recommended. Re-teach as needed.

• Review and assess unsuccessful strategies and redirect the interventions using new strategies.

• Document that the strategies and adaptations are used as instructed, re-teaching that is required and changes to interventions.
References


References


