Using a Primary Service Provider Approach to Teaming

Questions and Answers

What is the primary service provider approach to teaming?

The primary service provider approach to teaming is used in early intervention to support families of infants and toddlers in achieving the outcomes established in the Individualized Family Service Plan (IFSP). Using this approach, a team of professionals work together to provide assessment, intervention, consultation, and education in order to support children, families, and caregivers.

One member of the team, serving as the primary service provider (PSP), functions as the primary liaison between the family and other team members. The PSP receives consultation from the other team members and may use adult learning strategies, eg, coaching, as a way to interact with and teach other team members, including the family and caregivers.[1-3] The goal of the PSP approach is to build the capacity of parents and care providers to support their child through increased confidence and competence, and to promote the child's growth and development through natural learning opportunities.[4] This goal is consistent with the Individuals with Disabilities Education Act (IDEA) Part C5 and supported by the Mission and Key Principles for Providing Early Intervention Services in Natural Environments.[6]

Who can be a primary service provider?

The primary service provider (PSP) can be anyone who is part of the early intervention team. When the referral is first made to the early intervention program, the team decides which team member is the best match for the child and family. As the IFSP process continues through evaluation, assessment, and multiple conversations with the family, the team learns more about the needs and priorities of the family, the child, and the team members (which also includes the family). They share ideas and suggestions, and discuss who will be the most likely PSP.

The most likely PSP is identified based upon 4 factors: (1) parent/family, (2) child, (3) environmental (eg, natural environments and safety considerations), and (4) practitioner.[3] These factors may be considered in a specific sequence and have multiple levels of complexity. The selection of the PSP occurs at the IFSP meeting after reviewing the outcome statements.[7]

What is the role of the primary service provider? Can the primary service provider change?

The role of the PSP is to provide early intervention services for the child and family, with consultation, support, and/or coaching from other team members.[1-3,5,8] The PSP should change as infrequently as possible. The PSP may change in situations where the family or PSP feels that—even with support and coaching from other team members—the PSP will be ineffective in supporting the child, family, and/or caregivers. This could be due to changing needs of the child or family, or personality conflicts between the PSP and family/caregivers.[2,3]

What is the role of the other team members, including parents and caregivers, when using the primary service provider approach to teaming?

All team members attend regular meetings in order to provide and receive colleague-to-colleague consultation, and to ensure that the child and family are making progress toward all IFSP outcomes. In addition to discussion, many teams use technology, such as video recordings and video conferencing, to allow for observation of individual child and family situations at these meetings.

The child and family should have access to all team members as needed via team meetings and joint visits. Joint visits should be conducted if the family requests direct access to another team member, or when the PSP or another team member has questions that can only be answered with direct observation from a non-PSP team member. During a joint visit, a team member may work directly with the child and provide consultation to the child's parents, caregivers, and PSP. After the joint visit(s), the child's parents and caregivers will receive ongoing support and guidance from the PSP so that they can implement meaningful strategies during their child's naturally occurring daily routines and activities.[1-3]

How is frequency of services determined when using the primary service provider approach to teaming?

Frequency and intensity of services are a team decision, and may change as the child develops and parents/caregivers become more confident and competent. For example, when a child first begins early intervention, the family may need a lot of support. In this case, the team may decide to provide an initial "burst" of more frequent, intensive, direct services. The team may then reduce the frequency and intensity of services as the family gains competence in supporting their child's development.

Determination of frequency and intensity of services are based upon many factors, including the needs of the child, the individual circumstances of the family, and the competencies of the PSP and team members. When determining the frequency and intensity of services, the team should consider opportunities for the family/caregivers to implement strategies in daily routines, rather than increasing the amount of direct services delivered by the team or PSP.[3]

Do children who receive early intervention services using a primary service provider approach to teaming receive less therapy?

With the PSP approach to teaming, early intervention services provide the child with multiple opportunities to practice activities throughout the day, promoting a sense of mastery for the child.[9] Using this approach, some team members may provide fewer direct visits, but the families are implementing the provided strategies multiple times a day and across a variety of settings and situations. This approach may result in increased participation in everyday life, leading to more learning opportunities for infants and toddlers.[10]

How should services be implemented using a primary service provider approach to teaming?

There is no single way to implement services using a PSP approach. The use of a PSP approach to teaming does not equate to only 1 practitioner supporting a child and family nor does it imply any standard prescription for frequency and intensity of services. Services provided depend on the unique needs of the child and family, and may include ongoing assessment, procedural interventions, education, collaboration, and communication.

Using the PSP approach to teaming, in conjunction with natural learning environment practices, the PSP may use his or her time with the family to maximize a child's participation in prioritized routines and activity settings through demonstration, modeling, and observation. In addition, the PSP may instruct families/caregivers in ways to provide numerous learning opportunities throughout each day. When using this approach, the PSP may be more or less hands-on depending on the child's ability to successfully participate in daily routines and achieve prioritized outcomes.[3,11]

What states are using a primary service provider approach to teaming?

According to the National Early Childhood Technical Assistance Center (NECTAC), over 30 states self-report the use of a trans-disciplinary or PSP approach to teaming. The version of transdisciplinary and/or PSP approach implemented within each state is highly variable and contingent upon the consultant(s) and or trainer(s) used to support state and/or program implementation.[12]

Is the primary service provider approach to teaming an accepted practice technique?

The PSP approach is an accepted teaming approach for delivery of early intervention services. Competencies for physical therapists working in early intervention include providing family- centered services within an interdisciplinary or transdisciplinary model of team interaction.[13] State practice acts may delineate procedures or treatments that may or may not be used by physical therapists, but they do not address teaming approaches for service delivery or methods of team collaboration.[14] The PSP approach, when implemented properly, should not violate any state physical therapy practice act.[14] Physical therapists should refer to their state practice act and contact their state board for clarification.

Is the primary service provider approach to teaming evidence-based?

The PSP approach to teaming can include a variety of intervention strategies. It is the responsibility of the IFSP team to ensure that interventions and strategies planned for a child and family are consistent with an evidence-based model of physical therapy practice. Evidence for the PSP in achievement of child and family outcomes is not yet available in the literature, but there is evidence to support the PSP approach as part of a philosophy of family-centered care.[15] The Division for Early Childhood (DEC) of the Council for Exceptional Children recommended practices document16 puts forth a transdisciplinary service delivery model in which a PSP approach is the preferred teaming strategy in early childhood intervention. Use of a PSP approach may minimize any negative consequences of having multiple providers rotating in and out of a family's life.[2,3,17-22]

Recommended Resources and Reading

Rush DR, Shelden ML. Guidelines for team meetings when using a primary-coach approach to teaming practices. CASEtools. 2008;4(2):1-5. http://fipp.org/Collateral/casetools/casetool_vol4_ no2.pdf.

Rush DR, Shelden ML. Individual family staffing report for sharing information and planning during team meeting. CASEtools. 2012;6(1):1-8. http://fipp.org/Collateral/casetools/casetool_vol6_ no1.pdf.

Rush DR, Shelden ML. Joint visit planning tool when using

a primary service provider approach to teaming. CASEtools. 2012;6(2):1-4. http://fipp.org/Collateral/casetools/casetool_vol6_ no2.pdf.

Workgroup on Principles and Practices in Natural Environments. Agreed upon practices for providing early intervention services in natural environments. http://www.nectac.org/~pdfs/topics/families/AgreedUponPractices/FinalDraft2_01_08.pdf.

Workgroup on Principles and Practices in Natural Environments. Seven key principles: looks like/doesn't look like. http://www. nectac.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf.

References

1. Shelden ML, Rush DR. Characteristics of a primary coach approach to teaming in early childhood programs. CASEinPoint. 2007;3(1):1-8. http://fipp.org/Collateral/caseinpoint/caseinpoint_vol3_no1.pdf. Accessed March 11, 2013.
2. Shelden ML, Rush DR. A primary coach approach to teaming and supporting families in early childhood intervention. In: McWilliam RA, ed. *Working With Families of Young Children With Special Needs*. New York, NY: Guilford Publications; 2010:175-202.
3. Shelden ML, Rush DR. *The Early Intervention Teaming Handbook: A Primary Service Provider Approach*. Baltimore, MD: Paul H. Brookes Publishing Co; 2012.
4. Dunst, CJ. Parent-mediated everyday child learning opportunities: I. foundations and operationalization. CASEinPoint. 2006;2(2):1-10. http://fipp.org/Collateral/caseinpoint/caseinpoint_vol2_no2.pdf. Accessed March 11, 2013.
5. Individuals with Disabilities Education Act Amendments, 20 USC §1400 (2004).
6. Workgroup on Principles and Practices in Natural Environments. Mission and key principles for providing services in natural environments. http://www.del.wa.gov/publications/esit/docs/MissionEnvironments.pdf. Accessed March 11, 2013.
7. Shelden ML, Rush DR. Worksheet for selecting the most likely primary service provider. CASEtools. 2012;6(3). http://www.fipp.org/case/casetools/CASEtool_vol6_no3.pdf. Accessed March 11, 2013.
8. Chiarello L. Serving infants, toddlers, and their families: early intervention services under IDEA. In: Campbell S, Palisano R, Orlin M, eds. Physical Therapy for Children. 4th ed. St. Louis, MO: Elsevier; 2012:944-967.
9. Raab M. Interest-based child participation in everyday learning activities. CASEinPoint. 2005;1(2):1-5. http://www.fippcase.org/caseinpoint/casein-point_vol1_no2.pdf. Accessed March 11, 2013.
10. Dunst CJ, Bruder MB, Trivette CM, Hamby DW. Young children's natural learning environments: contrasting approaches to early childhood intervention indicate differential learning opportunities. Psychol Reports. 2005;96(1):231-234.
11. Rush DR, Shelden ML. The Early Childhood Coaching Handbook. Baltimore, MD: Paul H. Brookes Publishing Co; 2011.
12. Pletcher LC. Models or approaches to early intervention service delivery endorsed or used as reported by states. http://ectacenter.org/topics/na-tenv/updatemodels.asp. Accessed March 11, 2013.

13. Chiarello L, Effgen SK. Updated competencies for physical therapists working in early intervention. Pediatr Phys Ther. 2006;18(2):148-67.
14. Rainforth B. Analysis of physical therapy practice acts: implications for role release in educational environments. Pediatr Phys Ther. 1997;9(2):54-61.
15. King G, Strachan D, Tucker M, Duwyn B, Desserud S, Shillington M. The application of a transdisciplinary model for early intervention services. Infants & Young Children. 2009;22(3):211-223.
16. Sandall S, Hemmeter ML, Smith BJ, McLean, ME. DEC Recommended Practices: A Comprehensive Guide for Practical Application in Early Intervention/Early Childhood Special Education. Longmont, CA: Sopris West; 2005
17. Dunst CJ, Brookfield J, Epstein J. Family-Centered Early Intervention and Child, Parent and Family Benefits: Final Report. Asheville, NC: Orelena Hawks Puckett Institute; 1998.
18. Greco V, Sloper P. Care coordination and key worker schemes for disabled children: results of a UK-wide survey. Child: Care, Health and Development. 2004;30:13-20.
19. Law M, Darrah J, Pollack N, et al. Family-centered functional therapy for children with cerebral palsy. Phys Occup Ther Pediatr. 1998;18(1):83-102.
20. Sloper P. Facilitators and barriers for coordinated multi-agency services. Child: Care, Health and Development. 2004;30(6):571-580.
21. Bell A, Corfield M, Davies J, Richardson N. Collaborative transdisciplinary intervention in early years: putting theory into practice. Child: Care, Health and Development. 2009;36:142-148.
22. Shonkoff JP, Hauser-Cram P, Krauss MW, Upshur CC. Development of infants with disabilities and their families: implications for theory and service delivery. Monogr Soc Res Dev. 1992;57(6):1-153

There are numerous Web sites and publications available on this subject; this list is not meant to be all inclusive. Many of the listed sites have links to additional resources.

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