



Characteristics and Consequences of a Primary Service Provider Approach to Teaming in Early Intervention

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Abstract

Though the transdisciplinary teaming model is widely accepted in early childhood special education, how teaming practices are operationalized varies greatly in early intervention. The Mission and Key Principles for Providing Early Intervention indicates that families are to be supported by a primary provider who receives team and community support to address family priorities (Workgroup on Principles and Practices in Natural Environments, 2008). The primary service provider (PSP) approach to teaming is one way the transdisciplinary teaming model is operationalized in the context of early intervention in accordance with the mission and key principles. This *CASEmaker* bibliography includes selected references that conceptualize and operationalize the characteristics and implementation conditions to PSP teaming outlined by Shelden and Rush (Shelden & Rush, 2022).

Introduction

The Individuals with Disabilities Education Act (IDEA) requires that children enrolled in early intervention have access to a team of qualified providers (IDEA, 2004). The transdisciplinary teaming model has been emphasized in early intervention for many years (Workgroup on Principles and Practices in Natural Environments, 2008). One way a transdisciplinary model has been operationalized in early intervention is through the use of a primary service provider approach to teaming. This type of teaming practice in which one provider serves as the primary contact between the family served and other team members is recommended in early intervention (Rapport et al., 2004; Workgroup on Principles and Practices in Natural Environments, 2008). This approach is defined as a process for supporting families of young children with disabilities in which a single primary service provider (PSP) is identified for each family and receives support from other team members in the form of coaching to promote practitioner capacity to address a range of child and family priorities (Shelden & Rush, 2022). This *CASEmaker* bibliography presents sources of information about the characteristics and consequences of using this approach in EI.

Characteristics of the Primary Service Provider Approach to Teaming

A primary service provider (PSP) is a member of a larger team and is identified by the team to be a fam-

ily's main source of support and interaction on behalf of the team. In some cases, this person may need minimal consultative support of the team. In other circumstances, the PSP may collaborate more directly with other team members. A PSP approach to teaming is characterized by the team members' use of coaching practices to build the capacity of parents, family, friends, or anyone that would be a part of the child's support network to promote child learning. This approach also includes building the capacity of other members of the PSP team using a coaching interaction style. The purpose of the teaming interactions is to improve existing abilities, develop new skills, and gain a deeper understanding of how to promote child learning and development within the context of interest-based, everyday learning opportunities (Shelden & Rush, 2022). This approach utilizes collaborative teamwork for successful implementation. The characteristics of and sources of information for PSP teaming are described below.

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Team Composition

Primary service provider teams are composed of a variety of different disciplines each with their own expertise (Boyer & Thompson, 2014). The team, at a minimum, should consist of an early childhood special educator, occupational therapist, physical therapist, speech-language pathologist, and someone serving in the role of service coordinator (Shelden & Rush, 2022). Caregivers are essential members of the early intervention team (Boyer & Thompson, 2014). As a team member, families have access to the expertise of the whole team. Since families are uniquely positioned to support the child's learning and development between EI sessions, families and other team members should work together to use family strengths to achieve the family-identified priorities for child learning and family support outcomes (Yang et al., 2013). Useful sources of information regarding team composition can be found below:

- Boyer, V. E., & Thompson, S. D. (2014). Transdisciplinary model and early intervention: Building collaborative relationships. *Young Exceptional Children*, 17(3), 19–32. <https://doi.org/10.1177%2F1096250613493446>
- Rausch, A., Bold, E., & Strain, P. (2021). The more the merrier: Using collaborative transdisciplinary services to maximize inclusion and child outcomes. *Young Exceptional Children*, 24(2), 59–69. <https://doi.org/10.1177%2F1096250620922206>

Families work with a Primary Service Provider

When a team is using a primary service provider approach, each family is a member of the team and has access to other team members' expertise through the PSP.

Rx Prescription for Practice Rx

The prescription for practice lists references especially important in the use of a Primary Service Provider Approach to teaming in Early Intervention:

- King, G., Strachan, D., Tucker, M., Duwyn, B., Desserud, S., & Shillington, M. (2009). The application of a transdisciplinary model for early intervention services. *Infants & Young Children*, 22(3), 211–223. <https://doi.org/10.1097/IYC.0b013e3181abe1c3>
- Shelden, M. L., & Rush, D. D. (2022). *The early intervention teaming handbook: The primary service provider approach* (2nd ed.). Paul H. Brookes.

The PSP is selected by the team based on the match between their expertise, availability, and the family's needs, preferences, and priorities. The PSP serves as the family's main contact, which allows families to establish a strong working relationship with one person, thereby minimizing confusion (Boyer & Thompson, 2014). The primary service provider works alongside and collaborates with caregivers to implement the plan developed by the team and uses strategies and information that other providers on the team have shared through collaboration during team meetings or while on joint visits to supplement the PSP's expertise, if needed (Workgroup on Principles and Practices in Natural Environments, 2008). This does not mean that families do not interact with more than one team member, but rather all interactions include the PSP and are based on supporting the working relationship between the PSP and the caregivers (Shelden & Rush, 2022). For useful sources of information about the role of a primary service provider, see selected references:

- Boyer, V. E., & Thompson, S. D. (2014). Transdisciplinary model and early intervention: Building collaborative relationships. *Young Exceptional Children*, 17(3), 19–32. <https://doi.org/10.1177%2F1096250613493446>
- Rausch, A., Bold, E., & Strain, P. (2021). The more the merrier: Using collaborative transdisciplinary services to maximize inclusion and child outcomes. *Young Exceptional Children*, 24(2), 59–69. <https://doi.org/10.1177%2F1096250620922206>
- Sloper, P., Greco, V., Beecham, J., & Webb, R. (2006). Key worker services for disabled children: What characteristics of services lead to better outcomes for children and families? *Child: Care, Health & Development*, 32(2), 147–157. <https://doi.org/10.1111/j.1365-2214.2006.00592.x>

Team Members Collaborate

In a PSP approach to teaming, ongoing collaboration is used to best support families, even in instances where team members do not need secondary support. Collaboration occurs during team meetings and in the form of joint visits. Joint visits are EI sessions where one or more team members join the PSP for the purpose of providing needed expertise that may be outside the current knowledge and skills of the PSP. All team members attend regular scheduled team meeting for the purpose of considering options for the most appropriate PSP for new referrals (Bell et al., 2010) coordinating services, and colleague-to-colleague coaching (Shelden & Rush, 2022). Team meetings provide facilitated time for ongo-

ing interactions among team members, enabling them to pool and exchange information, build their knowledge and skills, and work together cooperatively (King et al., 2009). This means that consultation is ongoing, and team members take professional responsibility for all children supported by the program. Joint visits may occur when primary service providers need support beyond what is gained in team meeting through information sharing and peer coaching. When joint visits happen, they are planned in advance of the session and debriefed by both providers after the session (Hong & Reynolds-Keefer, 2013; Shelden & Rush, 2008). Selected references for teaming collaboration include:

- Boyer, V. E., & Thompson, S. D. (2014). Transdisciplinary model and early intervention: Building collaborative relationships. *Young Exceptional Children, 17*(3), 19–32. <https://doi.org/10.1177%2F1096250613493446>
- Hong, B. S., & Reynolds-Keefer, L. (2013). Transdisciplinary team building: Strategies in creating early childhood educator and health care teams. *International Journal of Early Childhood Special Education, 5*(1), 30–44.
- Moore, L., Koger, D., Blomberg, S., Legg, L., McCohnahy, R., Wit, S., & Gatmaitan, M. (2012). Making best practice our practice: Reflections on our journey into natural environments. *Infants & Young Children, 25*(1), 95–105. <https://doi.org/10.1097/IYC.0b013e31823d0592>

Consequences

When a PSP approach is implemented with these evidence-based guidelines, the impacts will increase the capacity of caregivers and providers alike. Notably, use of PSP teaming in keeping with best practices should promote increased caregiver participation and control of the EI process. PSP teaming should also result in each member of the team, including caregivers, primary service providers, and supporting team members, seeing increases in both their competence and confidence to support caregivers and children during daily routines and activities. The research on the impact for families is more established, indicating a need for further research on how the approach affects teams and EI systems.

Consequences for Families

The purpose of early intervention is to support the development of young children and minimizing developmental delays through building the capacity of families

and other caregivers to meet children's needs (IDEA, 2004). Caregivers are uniquely positioned to promote child learning and development between sessions when EI interactions focus on building the caregiver's capacity to interact with the child in development-enhancing ways. With fewer team members than other teaming models meeting with the family and providing separate and compartmentalized information and advice, caregivers have more opportunity to learn and practice strategies for supporting child learning. Fewer providers on a regular and ongoing basis increases caregiver participation and representation, caregiver capacity, and self-efficacy beliefs (Shelden & Rush, 2022). When caregivers are involved in service planning, they may feel more invested in their child's care from the start of services and contribute to their sense of control regarding the supports their child receives, thus leading to overall increased satisfaction (Popp & You, 2016). Research suggests that families who are more satisfied with EI services have more positive outcomes such as decreased parental stress and positive child outcomes (Rosenbaum et al., 1998). In addition, caregivers who engage in every step of the EI process gain valuable experience in navigating strategies and systems that prepare them for the lifelong need to advocate for their child and family. This interaction with a consistent provider who promotes the caregiver taking the lead in interventions prepares families for the transition out of EI services. Caregiver self-efficacy beliefs and capacity are strong indicators for positive child and family outcomes even after exiting early intervention services, indicating a lasting impact on children and families from this approach (Popp & You, 2016).

- Bell, A., Corfield, M., Davies, J., & Richardson, N. (2010). Collaborative transdisciplinary intervention in early years - putting theory into practice. *Child: Care, Health and Development, 36*(1), 142–148. <https://doi.org/10.1111/j.1365-2214.2009.01027.x>
- Moore, L., Koger, D., Blomberg, S., Legg, L., McCohnahy, R., Wit, S., & Gatmaitan, M. (2012). Making best practice our practice: Reflections on our journey into natural environments. *Infants & Young Children, 25*(1), 95–105. <https://doi.org/10.1097/IYC.0b013e31823d0592>
- Rausch, A., Bold, E., & Strain, P. (2021). The more the merrier: Using collaborative transdisciplinary services to maximize inclusion and child outcomes. *Young Exceptional Children, 24*(2), 59–69. <https://doi.org/10.1177%2F1096250620922206>
- Sloper, P., Greco, V., Beecham, J., & Webb, R. (2006). Key worker services for disabled children: What

characteristics of services lead to better outcomes for children and families? *Child: Care, Health & Development*, 32(2), 147–157. <https://doi.org/10.1111/j.1365-2214.2006.00592.x>

Yang, C. H., Hossain, S. Z., & Sithartham, G. (2013). Collaborative practice in early childhood intervention from the perspectives of service providers. *Infants & Young Children*, 26(1), 57–73. <https://doi.org/10.1097/IYC.0b013e3182736cbf>

Consequences for Team Members

A hallmark of PSP teaming is how team members consistently collaborate with each other using a coaching interaction style. When team members are assisted in reflection and relationship building over time, they may transform their professional roles within the team structure (Hong & Reynolds-Keefer, 2013). The characteristic of PSP teaming that team members coach one another promotes increased responsibility of the team to hold one another accountable. Practitioners actively engage in areas of learning and growth through coaching one another, thus affording team members opportunities to learn together. This learning that occurs in context is more likely to be generalized and used in a variety of situations. A PSP teaming approach provides practitioners with informal opportunities to learn how to use evidence-based practices with fidelity while getting hands-on experience supporting children and families, which is an effective format for “learning in work.” (Sexton, 2021). The intensive, ongoing collaboration among team members using a coaching interaction style provides the opportunity for practitioners of all experience levels to engage in ongoing learning with the support of fellow team members.

Hong, B. S., & Reynolds-Keefer, L. (2013). Transdisciplinary team building: Strategies in creating early childhood educator and health care teams. *International Journal of Early Childhood Special Education*, 5(1), 30–44.

Yang, C. H., Hossain, S. Z., & Sithartham, G. (2013). Collaborative practice in early childhood intervention from the perspectives of service providers. *Infants & Young Children*, 26(1), 57–73. <https://doi.org/10.1097/IYC.0b013e3182736cbf>

Consequences for EI Systems

Provider availability is one of the limiting factors in EI programs. While this is not a sole reason to transition to a PSP teaming model, the PSP approach does provide

an efficient model of maximizing staff time and resources (Shelden & Rush, 2022). Instead of each child receiving direct assessment and intervention services from each team member, services are funneled through one primary provider, freeing other team members to see other children (King et al., 2009). This allows a greater dosage of early intervention than other methods of service delivery, due to consultation and collaboration practices, which ensures that all child and family goals are being addressed within context of daily routines (Rausch et al., 2021). A primary service provider approach to teaming gives families better coordinated access to supports and streamlines communication and information-sharing.

Bell, A., Corfield, M., Davies, J., & Richardson, N. (2010). Collaborative transdisciplinary intervention in early years - putting theory into practice. *Child: Care, Health and Development*, 36(1), 142–148. <https://doi.org/10.1111/j.1365-2214.2009.01027.x>

Moore, L., Koger, D., Blomberg, S., Legg, L., McCohnahy, R., Wit, S., & Gatmaitan, M. (2012). Making best practice our practice: Reflections on our journey into natural environments. *Infants & Young Children*, 25(1), 95–105. <https://doi.org/10.1097/IYC.0b013e31823d0592>

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Conclusion

Within the last decade, the primary service provider approach to teaming has become widely used in early intervention. This approach has been described as an advancement of the transdisciplinary teaming model. This CASEmaker bibliography includes sources of information about the lines of research that have contributed to the evolution of this teaming model in early intervention. The research presented further builds the foundation and rationale for PSP teaming practices and helps providers operationalize the key characteristics of the practices.

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