



## Joint Visit Planning Tool When Using a Primary Service Provider Approach to Teaming

*Dathan D. Rush, Ed.D.*  
*M'Lisa L. Shelden, Ph.D.*

This *CASEtool* includes a description of how to use the *Joint Visit Planning Tool* when implementing a primary service provider (PSP) approach to teaming. The planning tool is based on an approach to teaming using a multidisciplinary, geographically-based team, in which one member is selected as the PSP, receives role assistance from other team members, and provides support to the parents and other care providers using coaching and natural learning environment practices to strengthen parenting competence and confidence in promoting child learning and development. A joint visit is defined as a type of role assistance in which another team member (a.k.a., secondary service provider or SSP) accompanies the PSP for the purpose of supporting the PSP, the child's care providers, and the child in a timely and effective manner. The role of the SSP is to give role assistance

through: (1) coaching the PSP and the child's parents and other caregivers as a means for sharing additional expertise and knowledge; (2) conducting further functional assessment; and (3) providing technical support when the PSP or SSP feels he or she needs additional ideas, resources, or direct assistance in these areas.

### INTRODUCTION

The purpose of this *CASEtool* is to describe how to use the *Joint Visit Planning Tool*. The planning tool is completed by members of a geographically-based team using a primary service provider (PSP) approach to teaming. A geographically-based team is a group of early intervention practitioners consisting of minimally an early childhood or special educator, occupational therapist, physical therapist, speech-language pathologist, and service coordinator(s) responsible for all referrals to an early intervention program within a predetermined area defined by a specific geographical boundary. A joint visit is defined as a type of role assistance in which another team member (a.k.a., secondary service provider or SSP) accompanies the PSP for the purpose of supporting the PSP, the child's care providers, and the child in a timely and effective manner. The role of the SSP is to give role assistance through: (1) coaching the PSP and the child's parents and other caregivers as a means for sharing additional expertise and knowledge; (2) conducting further functional assessment; and (3) providing technical sup-

**CASEtools** is an electronic publication of the Center for the Advanced Study of Excellence in Early Childhood and Family Support Practices, Family, Infant and Preschool Program, J. Iverson Riddle Developmental Center, Morganton, NC. CASE is an applied research center focusing on the characteristics of evidence-based practices and methods for promoting utilization of practices informed by research.

Copyright © 2012  
Center for the Advanced Study of Excellence  
in Early Childhood and Family Support Practices

port when the primary or secondary service provider feels he or she needs additional ideas, resources, or direct assistance in these areas. The *Joint Visit Planning Tool* supports team members to be thoughtful about the need for and content of joint visits. The tool assists the PSP in (a) identifying the specific question or issue to be addressed; (b) reflecting upon the relevant background information necessary for the SSP; and (c) developing the plan for the visit. The reader is referred to Shelden and Rush (2007; 2010) for additional information about a PSP approach to teaming.

This paper includes a brief overview of a PSP approach to teaming practices, a description of the *Joint Visit Planning Tool*, and guidelines for using the tool. The tool and instructions are included in the appendix.

### **A PRIMARY SERVICE PROVIDER APPROACH TO TEAMING IN EARLY INTERVENTION**

Prior to 2008, the National Early Childhood Technical Assistance Center (NECTAC) formed the *Workgroup on Principles and Practices in Natural Environments* to develop an agreed upon mission, key principles and practices for supporting infants and toddlers with disabilities and their families. Key principle 6 states, “the family’s 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, 2008, p. 7). Principle 6 also delineates concepts that support the use of a primary provider such as formalized communication mechanisms, opportunities for joint visits, and shared responsibility for achievement of Individualized Family Service Plan (IFSP) outcomes.

The need for a teaming approach using a PSP is based on the fact that focusing on services and multiple disciplines implementing decontextualized, child-focused, and deficit-based interventions has not proven optimally effective (Campbell & Halbert, 2002; Dunst, Bruder, Trivette, Raab, & McLean, 2001; Dunst, Trivette, Humphries, Raab, & Roper, 2001; McWilliam, 2000). The use of a PSP has been identified as a teaming approach for working with young children and their families (American Occupational Therapy Association, 2009; American Physical Therapy Association, 2010; American Speech-Language-Hearing Association, 2008; Pilkington, 2006; Sandall, Hemmeter, Smith, & McLean, 2005; Vanderhoff, 2004; Workgroup on Principles and Practices in Natural Environments, November, 2007).

In a PSP approach to teaming in early intervention, the PSP acts as the principle program resource and point of contact between other program staff, the family, and other care providers (i.e., the team). The PSP mediates

the family’s and other care providers’ skills and knowledge in relation to a range of needed or desired resources (i.e., child learning, child development, parenting supports). A PSP approach to teaming is characterized by the team members’ use of coaching practices to build the capacity of parents, other primary care providers, and professional colleagues 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 (Dunst, Bruder, Trivette, Raab et al., 2001; Rush & Shelden, 2005; Shelden & Rush, 2007; 2010).

When using a PSP approach to teaming, systematic mechanisms for supporting other team members are required. Role assistance is a term used to describe (a) the ongoing direct support provided by the team or a specific team member to the PSP; and (b) focused learning opportunities for the team at-large and individual team members to fill an identified role gap. Role assistance is provided through regular team meetings, joint visits between the PSP and another team member, colleague-to-colleague coaching conversations, as well as coursework, training, and other professional development activities. When any team member identifies that additional support is needed (i.e., role gap), role assistance should be provided. If an evidence-based intervention is perceived to be too complicated, new, or beyond the scope of practice of the PSP, then role assistance is required. This is not to say that any time a PSP feels uncomfortable or challenged that a joint visit is required, however, role assistance must be prompt and could be in the form of a one-on-one or small group conversation, joint visit, coaching during a team meeting, or additional in-depth training for an identified role gap situation.

Role gap is the term used to describe the circumstance in which the PSP or another team member realizes that the primary provider does not have all of the needed knowledge and skills to adequately support a child’s learning or implement necessary parent/parenting supports. When role gap occurs while a practitioner is serving as the primary provider, then role assistance in the form of a joint visit may be necessary. This situation may arise when a child makes substantial progress in a particular developmental area, or when a parent encounters a new or unexpected situation requiring knowledge and expertise beyond the primary provider’s training and experience.

### **COORDINATING JOINT VISITS**

Three situations exist to indicate that a joint visit may be necessary. First, a PSP may have questions or identify an issue that cannot be addressed within the team

meeting, but rather requires that another team member accompany him or her on a visit to observe the situation and/or provide direct assistance. Second, another team member may have questions for the PSP during the team meeting that cannot be answered without direct observation of the child within the context of his or her everyday activities. Third, the request for a joint visit may come directly from a parent who wants access to a team member other than the designated PSP.

Joint visits by other team members occur with the PSP at the same place and time whenever possible so that the support needed from the secondary provider is helpful to both the family and the PSP. When a joint visit occurs and the other team member is supporting the PSP, the relationship between the PSP and family is not disrupted. Additionally, the opportunity for sharing of information between the PSP and the other team member promotes learning opportunities for the PSP, builds trust and respect between team members, and affords the caregivers prioritized and focused opportunities to interact with other team members. Through the role assistance of the accompanying team member, the PSP can assist the family in application of the information in an ongoing and contextualized manner.

The frequency and intensity of joint visits is based upon the needs of the PSP in light of the child and family outcomes. The SSP should not be needed at every visit, but may joint visit with the primary provider for several consecutive visits or periodically over the course of a child's enrollment in a program. The intensity of visits is determined by the primary provider's need for support at a given time to address specific needs of the child, family, or other caregivers.

Conducting a joint visit involves more than just the actual visit including the primary and secondary service providers and the parent. In order to implement the most effective and efficient joint visit possible, team members participate in a 3-step process: (1) planning; (2) implementing; and (3) debriefing the visit. The *Joint Visit Planning Tool* is designed to support team members in planning the joint visit.

### PLANNING THE JOINT VISIT

Prior to the joint visit, the PSP is responsible for facilitating 2 required conversations. The first conversation takes place between the PSP and the parent or other care provider. The second conversation occurs between the primary and secondary service providers. The *Joint Visit Planning Tool* (See Appendix) is completed by the PSP prior to and as a part of this conversation. The tool assists the PSP in (a) identifying the specific question or issue to be addressed; (b) reflecting upon the relevant

background information necessary for the SSP; and (c) developing the plan for the visit.

During the conversation between the PSP and the parent, they predetermine any questions to be asked of the SSP, expected outcomes to be achieved, and specific actions to be taken such as observations of the child's participation in a specific activity setting (e.g., mealtime, bath time). This planning conversation is important in order to maximize the efficiency of the time involved of all parties and to assist the secondary provider in preparing for the joint visit. For example, the PSP and parent may have specific questions that relate to use of a particular type of assistive technology. This conversation with the parent demonstrates the equal partnership among team members which in this case is the parent and PSP. This planning discussion is designed as an opportunity to build the parent's capacity to be able to participate in the upcoming conversation with the SSP as well as engage in future conversations with other professionals related to planning, problem solving, and decision-making for his or her child.

The second planning conversation follows the PSP's discussion with the parent or other care providers and involves preparing the SSP for the joint visit. First, the PSP should share relevant background information related to both his/her and the parent's current knowledge and actions taken regarding the specific question or issue. Critical to the SSP's preparation is the knowledge and understanding of the child's interests, in addition to the child and family activity settings, and family priorities serving as the focus of the PSP's interactions with the family. More specifically, the PSP is responsible for planning with the secondary provider about when the visit should occur, what the context will be, and how the SSP can be helpful. This may include sharing specific information so the secondary provider can be prepared to bring possible assistive technology to try with the child and family to support the child's successful participation in a particular activity setting. Without the information about child interests and activity settings shared by the PSP, the secondary provider is at an extreme disadvantage and only has information related to strategies, techniques, and recommendations to address identified deficits. During this planning conversation the primary and secondary service providers define their roles for the upcoming visit. This may include determining who will take the lead in the conversation, model for the parent if necessary, facilitate the parent practicing or applying new information, and take responsibility for developing the joint plan. If the PSP is in the lead, the secondary provider is there to serve as a resource by observing, supporting, and sharing information with the PSP and parent. If the SSP is in the lead, then the primary provid-

er will function more as a learner alongside the parent. This does not necessarily mean that the PSP is learning from the secondary provider so she or he can implement a specific technique or strategy, but rather to assist the parent in applying the information over time and within the family's contexts or specific situations.

### CONCLUSION

Joint visits are a safety net used by programs implementing a PSP approach to teaming to ensure that the child, care providers, and primary provider have timely access to the knowledge and expertise of needed team members to support the achievement of IFSP outcomes. Joint visits require deliberate planning with both the SSP and the parent or care provider. The *Joint Visit Planning Tool* facilitates a systematic process during which team members identify the need for and content of joint visits. The planning tool also guides team members in being mindful of the purpose of the joint visit as well as considering information needed to ensure that the joint visit is an efficient use of time for all involved.

### REFERENCES

- American Occupational Therapy Association. (2009). AOTA practice advisory on occupation therapy in early intervention. Available at <http://www.aota.org/Consumers/professionals/WhatisOT/CY/Practice-Advisory-OT-EI.aspx>.
- American Speech-Language-Hearing Association. (2008a). *Roles and responsibilities of speech-language pathologists in early intervention: Guidelines* [Technical Report]. Rockville, MD: Author. Available from [www.asha.org/policy](http://www.asha.org/policy).
- American Speech-Language-Hearing Association. (2008b). *Roles and responsibilities of speech-language pathologists in early intervention: Technical Report* [Technical Report]. Rockville, MD: Author. Available from [www.asha.org/policy](http://www.asha.org/policy).
- Campbell, P. H., & Halbert, J. (2002). Between research and practice: Provider perspectives on early intervention. *Topics in Early Childhood Special Education, 22*, 213-226.
- Dunst, C. J., Bruder, M. B., Trivette, C. M., Raab, M., & McLean, M. (2001). Natural learning opportunities for infants, toddlers, and preschoolers. *Young Exceptional Children, 4*(3), 18-25 (Erratum in Vol. 4(4), 25).
- Dunst, C. J., Trivette, C. M., Humphries, T., Raab, M., & Roper, N. (2001). Contrasting approaches to natural learning environment interventions. *Infants & Young Children, 14*(2), 48-63.
- McWilliam, R. A. (2000). It's only natural...to have early intervention in the environments where it's needed. *Young Exceptional Children Monograph Series No. 2: Natural Environments and Inclusion*, 17-26.
- Pilkington, K. O. (2006). Side by side: Transdisciplinary early intervention in natural environments (Electronic Version). *OT Practice, 11*(6), 12-17. Available at <http://www.aota.org/Pubs/OTP/1997-2007/Features/2006/f-040306.aspx?css=print>.
- Rush, D. D., & Shelden, M. L. (2005). Evidence-based definition of coaching practices. *CASEinPoint, 1*(6), 1-6.
- Sandall, S., Hemmeter, M. L., Smith, B. J., & McLean, M. E. (2005). *DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education*. Longmont, CA: Sopris West.
- Shelden, M. L., & Rush, D. D., (2007). Characteristics of a primary coach approach to teaming. *CASEinPoint, 3*(1), 1-8. Available at [http://www.fippcase.org/caseinpoint/caseinpoint\\_vol3\\_no1.pdf](http://www.fippcase.org/caseinpoint/caseinpoint_vol3_no1.pdf).
- Shelden, M. L., & Rush, D. D. (2010). A primary coach approach to teaming and supporting families in early childhood intervention. In R. A. McWilliam (Ed.), *Working with families of young children with special needs*, (pp. 175-202). New York: Guilford Publications.
- Vanderhoff, M. (2004). Maximizing your role in early intervention. *PT: Magazine of Physical Therapy, 12*(12), 48-54.
- Workgroup on Principles and Practices in Natural Environments. (November, 2007). *Agreed upon practices for providing early intervention services in natural environments*. Available at [http://www.nectac.org/~pdfs/topics/families/AgreedUponPractices/FinalDraft2\\_01\\_08.pdf](http://www.nectac.org/~pdfs/topics/families/AgreedUponPractices/FinalDraft2_01_08.pdf).

### AUTHORS

Dathan D. Rush, Ed.D. is Associate Director, Family, Infant and Preschool Program, J. Iverson Riddle Developmental Center, Morganton, North Carolina. M'Lisa L. Shelden, Ph.D. is Director, Family, Infant and Preschool Program, J. Iverson Riddle Developmental Center, Morganton, North Carolina.

## APPENDIX

JOINT VISIT PLANNING TOOL  
INSTRUCTIONS FOR USE

The *Joint Visit Planning Tool* is used by a primary service provider (PSP) and another team member who will be serving as a secondary service provider (SSP) to prepare for a joint visit with the PSP and family or other care provider(s). The tool is intended to help guide the conversation between the PSP and SSP to ensure that the SSP has the necessary background information to be prepared for the visit, reduce potential duplication of questions asked of and shared with the care providers, and ensure the interaction is focused on supporting the child/family within the context of everyday life rather than a targeted skill or deficit. The tool also serves as a memory system to remind the PSP what minimal amount of information to share with the SSP and a document to capture this information and the specific plan for the visit.

The *Joint Visit Planning Tool* is completed by the PSP following a conversation with the family or care provider during which a need for role assistance is identified. The request for role assistance is made by the PSP during the next regularly scheduled team meeting. Prior to the team meeting, the PSP should complete the first 2 parts of the tool and be prepared to share the information during the *Primary Coaching Opportunity* agenda item during the next team meeting. Once the team agrees that a joint visit for purposes of role assistance is necessary and who is the best team member to fill the role of the SSP, then the PSP and SSP engage in the planning conversation. This may or may not occur as part of the regularly scheduled team meeting.

The *Joint Visit Planning Tool* has 3 parts: (1) the request for role assistance, (2) background information, and (3) the plan. The request for role assistance includes the question or issue substantiating the need for support from another team member. The question may have been generated by the PSP, parent/other care provider, or both due to a perceived lack of information or skill needed to appropriately support the child and family within the context of their everyday life routine in ways that will promote child learning and development or some other type of parent or parenting support. The request also includes a specific description of what the PSP and/or parent need from the joint visitor. For example, do they need the SSP to share information, observe the child's participation or the parent's responsiveness within an activity setting, assist in generating new ideas to support child participation, assess the need for some type of assistive technology, etc.

The background section of the tool is intended to provide the SSP with information about what the PSP and parent already know and have tried in relation to the question or issue, child interests, and activity settings

that serve as the context for intervention and current parent priorities. Access to this information by the SSP reduces the likelihood of asking the parent questions or sharing information with the parent that has previously been asked or shared by the PSP. Providing this information to the SSP prior to the joint visit demonstrates to the parent that communication has occurred between the PSP and SSP, therefore, time during the joint visit can be used to address the issue or question rather than replicate previous conversations. This background information also makes the SSP aware of and keeps him/her focused on the contexts in which the child, parent, and PSP need support. Otherwise, the SSP only has enough information to provide recommendations that are skill and strategy-focused.

The plan section of the *Joint Visit Planning Tool* is used to capture the conversation between the PSP and SSP related to the joint visit. This discussion starts with when and how the SSP will have the conversation with the parent or care provider to plan the joint visit. Prompt questions are provided on the tool to help facilitate this interaction between the PSP and parent, which is then shared with the SSP.

The planning conversation between the PSP and SSP continues with a determination of the context for the visit. For example, will the visit occur during mealtime, bathtime, playtime in the backyard, book reading between the parent and child, etc., as related to the question or issue raised by the PSP and/or parent that determined a need for the joint visit. The plan further includes determination of who (PSP or SSP) will actually take the lead in the visit as well as what is intended to happen during the visit. With some families, the PSP may need to take the lead because of the rapport that has already been established or so the SSP can observe how the PSP addresses a particular situation. In other circumstances, the SSP will take the lead in order to model a particular strategy within the context of an activity for the parent and PSP. In most joint visits, the lead for particular parts of the visit flows between the PSP and SSP depending upon the situation, however, this should be discussed prior to the visit so everyone knows what to expect.

Finally, the plan should include setting a date and time for the PSP, SSP, and family to debrief the visit. This may occur at the conclusion of the joint visit or the PSP and SSP may debrief following the visit, and then the PSP debriefs with the family. The content of the debriefing conversation includes how the visit matched the plan, how the PSP and parent's question/issue was resolved or not, what the PSP gained professionally from the visit, and a joint plan for next steps.

## JOINT VISIT PLANNING TOOL

PSP: \_\_\_\_\_ Family: \_\_\_\_\_ Child: \_\_\_\_\_  
 SSP: \_\_\_\_\_ Date of Joint Visit: \_\_\_\_\_ Time: \_\_\_\_\_

### **Request for Role Assistance**

Question or issue requiring support of another team member (joint visitor)

What you (Primary Service Provider - PSP) and/or the parent need from the joint visitor (Secondary Service Provider - SSP)

### **Background Information**

Your (PSP) and/or the parent's current knowledge and actions taken regarding the question/issue

Current child interests and activity settings that serve as the context for intervention

Current parent priorities

### **Plan**

a. Conversation that will take place with the family about the joint visit  
 (Questions to consider: When will you have the conversation? What questions need to be answered by the SSP? What does the SSP need to observe? What will be the context for the visit? What does the SSP need to know? Who should take the lead – PSP or SSP?)

b. Context for the visit and rationale

c. Person taking the lead in the visit (SSP or PSP) and rationale

d. Role of the person not taking the lead and the family during the visit

e. What is going to happen during the visit

f. Date/time for debrief of the joint visit with the SSP and family