

Primary Service Provider (PSP) Model of Service Delivery in Early Intervention



AN INTRODUCTION PART 2

FROM THE
THE 2010 SC DEPARTMENT OF EDUCATION'S RESEARCH TO
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Objectives



- Describe a traditional model of service delivery
- Identify guiding principles or recommended practices for early intervention services
- Explain characteristics of a PSP model of service delivery
- Discuss examples: strategies and roles that are recommended and have been adopted in other states

Role of providers: individualize services that support goals to improve child's skills in assessment deficit areas



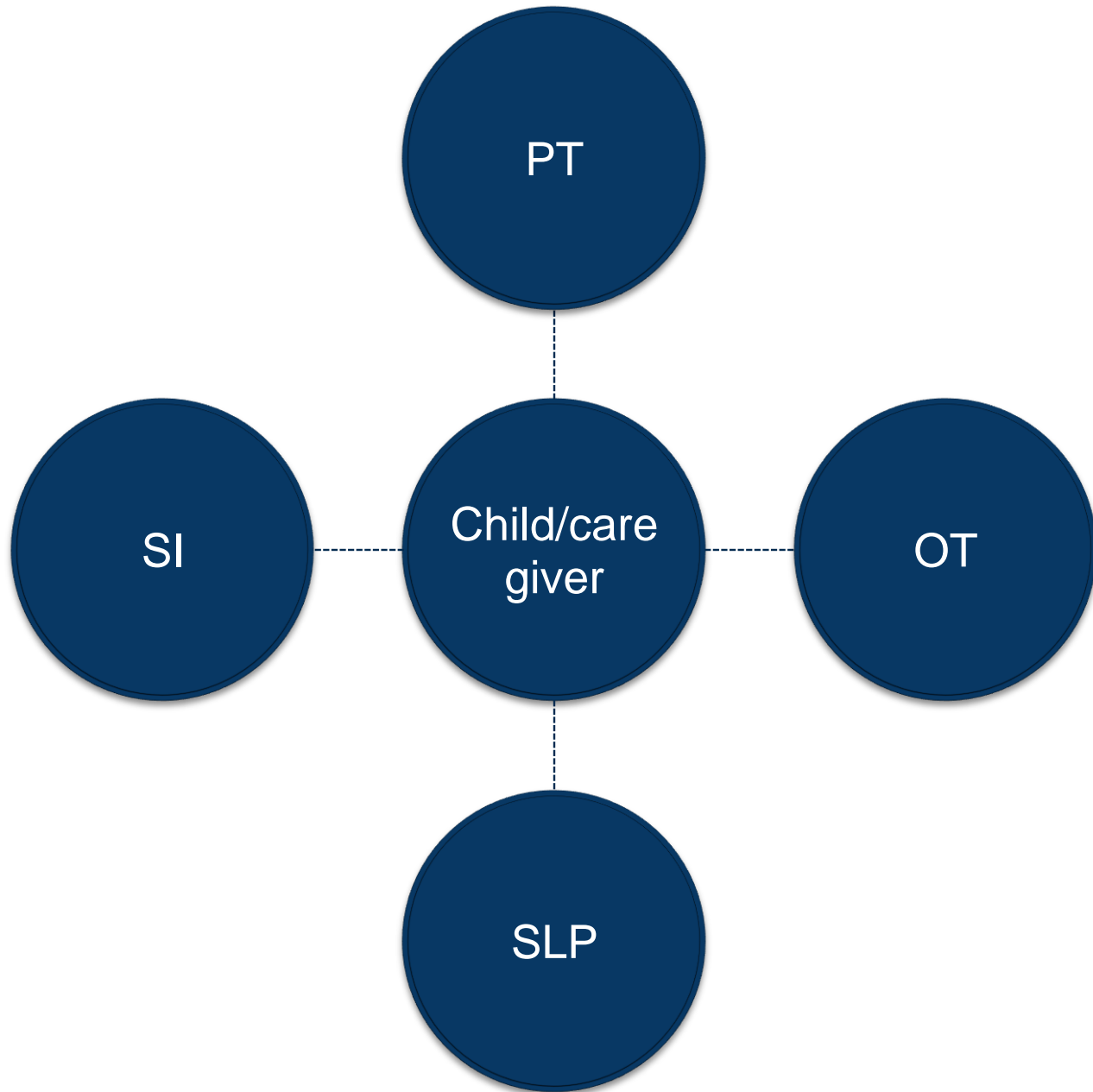
Discipline specific model
(Dunst, 2000; Eigsiti & Rapport,
2008)

- **TRADITIONAL:**
- Primarily child-centered, direct services
- Expertise model
- Deficit-based model
- Service-based model
- Single practitioner
- Single agency
- Therapeutic goals for child

How are services provided now?



	OR	
<input type="checkbox"/> Do goals & services mostly target deficits from assessment?		<input type="checkbox"/> Do goals & services mostly target everyday activities?
<input type="checkbox"/> Are goals/treatment plans for providers to carry out?		<input type="checkbox"/> Are goals/treatment plans for families/caregivers to carry out?
<input type="checkbox"/> Does each team member tend to work alone to increase a child's development in only a particular domain(s)?		<input type="checkbox"/> Does each team member tend to reinforce skills across domains?
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What Caregivers Say About the Traditional Model (Woods, 2004)



Caregiver Comments

Each professional repeats many of the same questions during their initial meeting and subsequent visits

Information requested (multiple times) does not seem to be used

Professionals play with toys with the child and do not clearly explain options for 'REAL' participation by caregiver

What Caregivers Say...



Caregiver Comments

Interventions are not connected to each other or to priorities of the family and the family's routines

Expressed concern about being judged or saying the wrong thing during their interactions with the professionals

What are current recommended practices for early intervention?



Guiding Principles for Early Intervention, on next slide

From the Workgroup on Principles and Practices in Natural Environments (3/11/2008) *Mission and principles for providing services in natural environments.*

OSEP TA Community of Practice-Part C Settings. <http://www.nectac.org/topics/families/families.asp>

Workgroup Members are from early childhood special education, occupational therapy, speech-language therapy, physical therapy, and other early intervention disciplines:

Mission:

- **Part C early intervention builds upon and provides supports and resources to assist family members and caregivers** to enhance children's learning and development through everyday learning opportunities.

Intent:

- The "mission statement" reflects the broad over-arching purpose of family-centered early intervention services provided under Part C of IDEA. **These principles are the foundations necessary to support the system of family-centered services and supports.** Both the mission and principles were developed by the workgroup and reflect consensus opinion.

Guiding Principles for Early Intervention

Workgroup on Principles and Practices in Natural Environments (November, 2007) *Mission and principles for providing services in natural environments.*

OSEP TA Community of Practice-Part C Settings. <http://www.nectac.org/topics/families/families.asp>



MISSION: Part C early intervention builds on and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

Shift from traditional, primarily direct services to more collaborative and consultative models (similar to LRE and RTI)

Guiding Principles for Early Intervention

adapted, Workgroup on Principles and Practices in Natural Environments (2007) <http://www.nectac.org>



Continued

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Shift from traditional, primarily direct services to more collaborative and consultative models (similar to LRE and RTI)

Focus on the family: services are family-centered, family/caregivers are primary recipient of services



Mission:

Part C early intervention builds upon and **provides supports and resources to assist family members and caregivers** to enhance children's learning and development through everyday learning opportunities.

- From the beginning, early intervention has been interested in helping families.
 - Started with **parent training and involvement** in a traditional model (e.g., Forgatch, Toobert, Tudor)
- Current evidence focuses on **supporting and strengthening the family's capacity** to enhance the child's development and learning throughout the day (e.g., McWilliam; all early intervention disciplines)
 - Families provide a lifelong context for their child's development
 - Family focused practices:
 - are encouraged and explained by all personnel
 - facilitate learning for caregivers
 - involve knowing how to teach adults, consult with or coach caregivers
 - are provided based on each state's service delivery model

Bottom Line: Support Families

Families and caregivers have many **more opportunities** to influence their child's development than even intense visits from an early interventionist.

(Jung, 2003; Resources and Connections, 2003)

From Bush et al

The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.



From the **Workgroup on Principles and Practices in Natural Environments**, NECTAC

<http://www.nectac.org/topics/families/families.asp>

This principle DOES look like this	This principle DOES NOT look like this
Using professional behaviors that build trust and rapport and establish a working "partnership" with families	Being "nice" to families and becoming their friends
Valuing and understanding the provider's role as a collaborative coach working to support family members as they help their child; incorporating principles of adult learning styles	Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing "to" the child
Providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development	Training families to be "mini" therapists or interventionists
Pointing out children's natural learning activities and discovering together the "incidental teaching" opportunities that families do naturally between the providers visits	Giving families activity sheets or curriculum work pages to do between visits and checking to see these were done
Involving families in discussions about what they want to do and enjoy doing; identifying the family routines and activities that will support the desired outcomes; continually acknowledging the many things the family is doing to support their child	Showing strategies or activities to families that the provider has planned and then asking families to fit these into their routines
Allowing the family to determine success based on how they feel about the learning opportunities and activities the child/family has chosen	Basing success on the child's ability to perform the professionally determined activities and parent's compliance with prescribed services and activities
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing "expert" services

Focus on consultation with families/caregivers: caregivers are supported to maximize learning opportunities in everyday opportunities (NE)



Mission:

Part C early intervention builds upon and **provides supports and resources to assist family members and caregivers** to enhance children's learning and development through everyday learning opportunities.

- Typically a partnership is developed

- Parents/other caregivers maximize learning opportunities:

- give information about their typical day, child's participation, opportunities and expectations, child's and family's preferred activities, and challenges
 - reinforce areas of concern, such as talking or playing, in preferred daily routines



- Providers support child & family in everyday activities:

- share information and resources
 - “coach” parents/others on how to include strategies to encourage their child's participation in typical routines like
 - getting dressed, walking the dog, picking up toys, eating a snack, helping to get the mail, going to the store, etc. (Woods)



Focus on consultation with families/caregivers: to provide routines-based supports and services so that children learn in everyday opportunities (NE)



Mission:

Part C early intervention builds upon and **provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.**

- Natural environments refers to the “context” for intervention; process is more important than location.
 - Usual routines become opportunities for learning developmental skills
 - Families/caregivers become primary facilitators
 - Intervention is integrated throughout the day (e.g., McWilliam, Woods)



Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts



This principle DOES look like this	This principle DOES NOT look like this
Using toys and materials found in the home or community setting	Using toys, materials and other equipment the professional brings to the visit
Helping the family understand how their toys and materials can be used or adapted	Implying that the professional's toys, materials or equipment are the "magic" necessary for child progress
Identifying activities the child and family like to do which build on their strengths and interests	Designing activities for a child that focus on skill deficits or are not functional or enjoyable
Observing the child in multiple natural settings, using family input on child's behavior in various routines, using formal and informal developmental measures to understand the child's strengths and developmental functioning	Using only standardized measurements to understand the child's strengths, needs and developmental levels
Helping caregivers engage the child in enjoyable learning opportunities that allow for frequent practice and mastery of emerging skills in natural settings	Teaching specific skills in a specific order in a specific way through "massed trials and repetition" in a contrived setting
Focusing intervention on caregivers' ability to promote the child's participation in naturally occurring, developmentally appropriate activities with peers and family members	Conducting sessions or activities that isolate the child from his/her peers, family members or naturally occurring activities
Assuming principles of child learning, development, and family functioning apply to all children regardless of disability label	Assuming that certain children, such as those with autism, cannot learn from their families through naturally occurring learning opportunities

Services: should be **team-based**, individualizing roles to the needs of the child and family (e.g., McWilliam, McCormick)



Mission:

Part C early intervention builds upon and **provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.**

- Multiple team members including the family develop & support goals/objectives, for learning in everyday routines & places
- Communication and collaboration are key to effective & efficient services; transdisciplinary team model involves members working closely together to plan, implement, and evaluate intervention (e.g., McCormick, Lyon)
 - Teams interact on a regular and frequent basis and are committed to helping one another learn new skills (e.g., McCormick, Villa, Thousand)
 - Team members focus on interactions between caregiver and child (triadic framework, <http://tactics.fsu.edu/>)
 - There must be a “positive, trusting, and respectful relationship with the family and child” and among team members (McCormick)

Services: should be **team-based**, individualizing roles to the needs of the child and family (e.g., McWilliam, McCormick)



Mission:

Part C early intervention builds upon and **provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.**

Continued

- Designation of roles on the team are a team decision and individualized for each child and family within states' service delivery frameworks
- Outcomes are the measure of success

Role of Service Providers: individualize services to support goals family chooses and promote caregiver competence and confidence to help their child learn in everyday situations



Adapted from Dunst (2000), Eigsiti & Rapport (2008), ASHA (2008), & Moving Towards an Evidenced-Based Model for Early Intervention in Ohio (Bush et al., 2009), & others

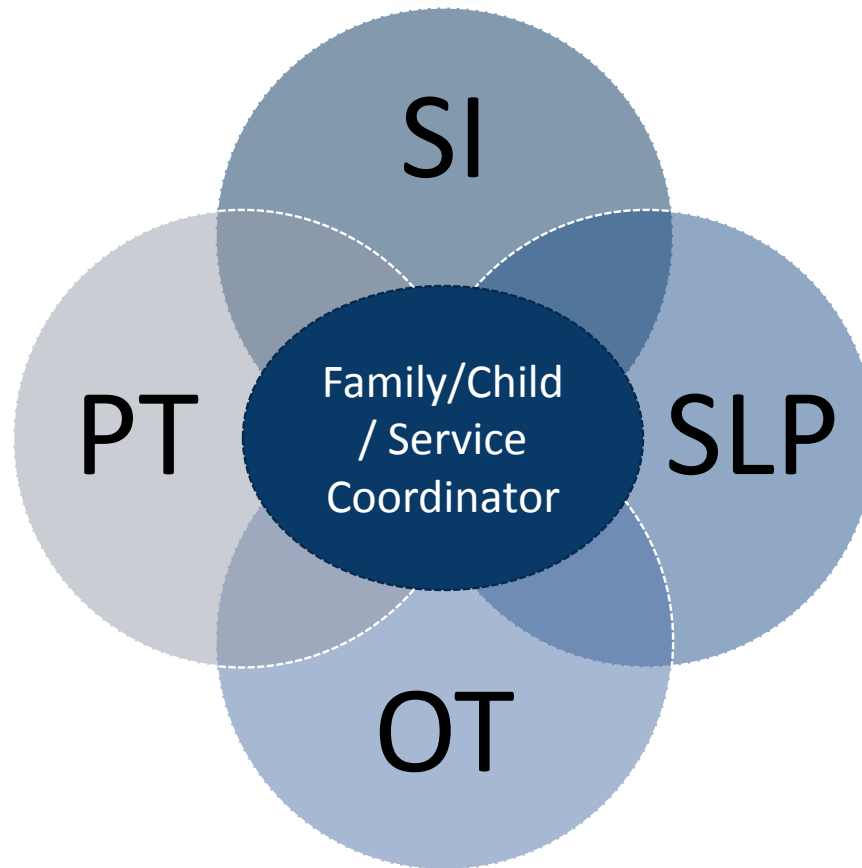
- **EVIDENCE-BASED**
- Family-centered, family supported
- Consultative model – families and caregivers are supported to help their child learn and grow in everyday opportunities
- Strength-based
- Team based
- Interagency collaboration
- Functional goals and outcomes for family and child, with specific opportunities and strategies for adults to use

- **TRADITIONAL**
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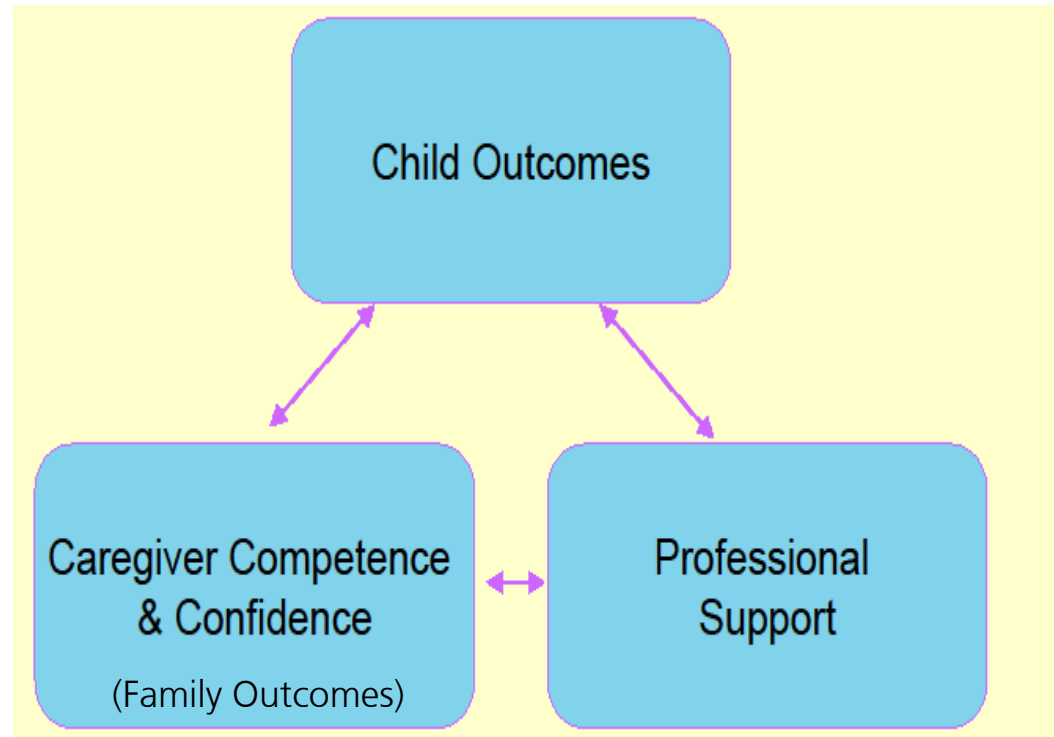
How should early intervention services be provided?



	OR	
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It's all interrelated (from Dunst)



For example, professional support and caregiver competence/confidence affect child outcomes



A primary aim of all early intervention - to “work with the parent [and other caregivers] on how to support their child’s development



S.C. primarily provided EI services with the child throughout the child’s/family’s stay in BabyNet vs other states who moved from a focus on the child to focus on families (NEILS, 2007, funded by the U.S. Department of Education Office of Special Education Programs)



EI should be

- individualized for each child and family’s situation, priorities, and interests
- designed to “...support and strengthen the family’s capacity to enhance the child’s development and learning”
- provided in everyday social interactions (e.g., Dunst, Trivette, Bruder)

Providing Services Differently

Current Model (Campbell & Brook, 2007; McWilliam, 2000)



Concern

Little difference seen between services provided in the home than what was provided in a clinical setting.

Option: The PSP Model



Primary Service Provider Model (McWilliam)

- supports family/caregivers and other team members, in refining their knowledge, skills, and confidence, to help their child participate in everyday situations
 - by helping to adapt everyday occurrences, find opportunities to refine child's participation
 - e.g., at snack time, encourage choice making/expressive language, reaching/grasping, restructure by placing on visual contrast...



- emphasizes child learning across domains, by one person, in everyday activities
 - as measured by improved child outcomes, such as with increased participation in everyday activities
 - focuses on learning across domains in routines. Instead of a program for fine motor, sensory, feeding, cognition, or social skills, learning in these areas is integrated within routines

Option: The PSP Model



Primary Service Provider Model (McWilliam)

- goals /interventions are decided upon collaboratively; families/caregivers “own” the goals (backbone of the IFSP)
- families are the focus of intervention
- instead of being the property of professionals, goals are the property of caregivers who decide on them
- other team members are involved consultatively, for team members, professionals, families, and children, when that is needed

Models of Team Interaction (handout)



- Multidisciplinary
- Interdisciplinary
- Transdisciplinary

Common Definitions in PSP Service Delivery



- **Transdisciplinary “home-based” service delivery by one person:** services are provided primarily by one provider who provides regular support to families/caregivers, backed up by a team of other professionals, who provide supporting services through joint home visits as needed. All services are listed on the IFSP when using this model. McWilliam (2004, 2010)
<http://www.nectac.org/~calls/2004/partcsettings/partcsettings.asp>
- **Consultation:** A widely used, evidence-based method for consulting with families/caregivers is “Coaching,” which proves a structure for developing and encouraging partnerships with families and colleagues and refocuses the role of early childhood practitioners as a collaborative partner (Hanft, Shelden, Rush, 2004)
 - ✦ Coach and learner: “...two partners who participate in coaching relationship, each learning from the other”
 - ✦ Intent: Instead of focusing on which services a child needs, the focus is on identifying how to promote a child’s participation in everyday situations and who has the skill and experience to support families and other caregivers to ensure participation happens.
- What might this look like?

Sample Case, Traditional Model

Suzy, 16 months old

- ✓ Lives with her mom and dad in an apartment in an urban area
- ✓ Does not attend a day care program
- ✓ Likes to watch TV
- ✓ Weighs 18 lbs; some aversion to foods
- ✓ Emerging jargonizing and a few common words
- ✓ Crawling; not walking

Continued

Suzy, 16 months old

✓ Dad works and uses the only family car; mom does not work outside the home; she depends on public transportation

✓ Family likes outdoor activities (walks, time at a nearby neighborhood park, etc.)

✓ Family wants Suzy to learn to 1) walk, 2) eat more variety of foods, 3) interact more with others, 4) talk

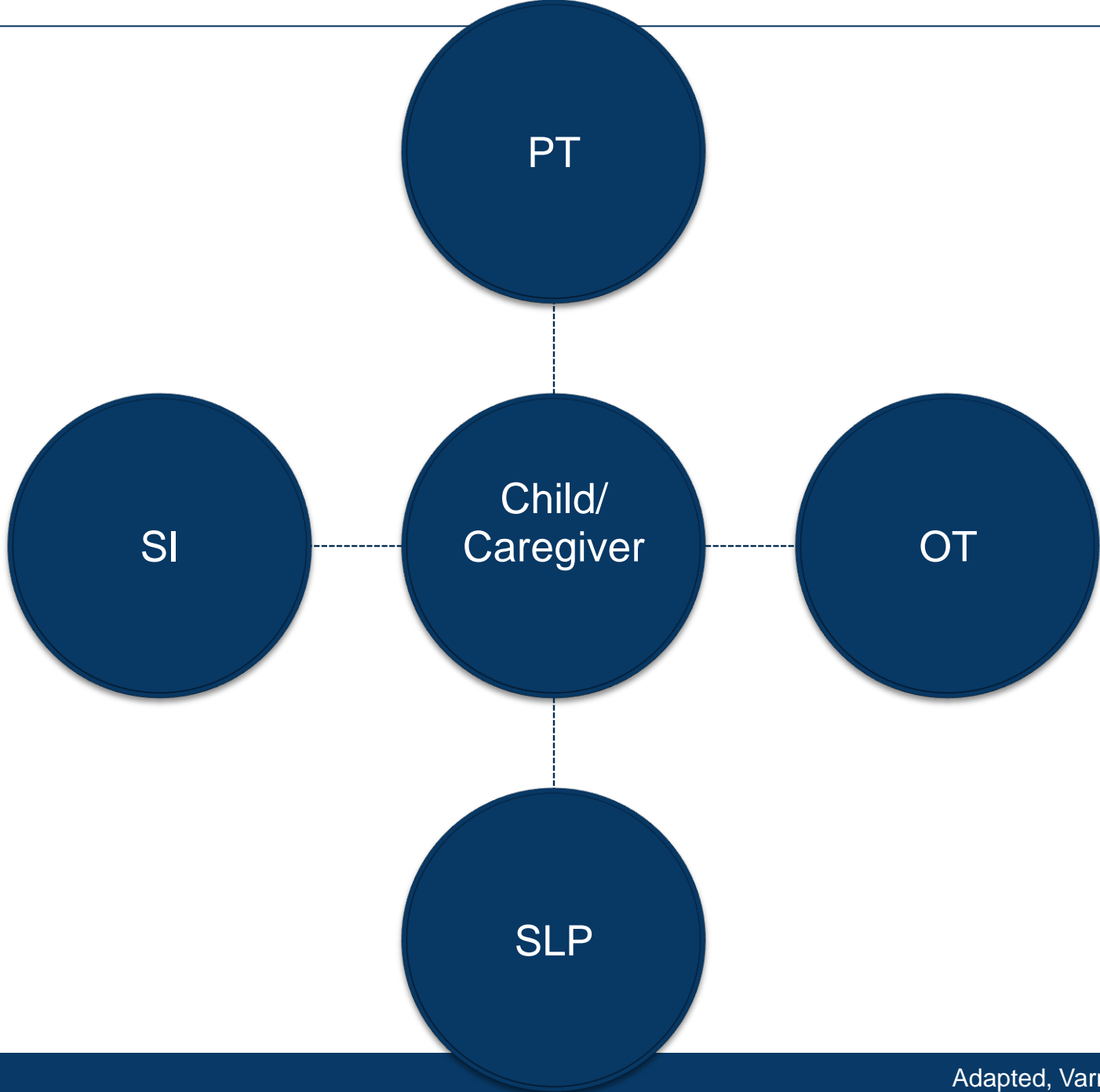
Traditional Model



- Receives **PT twice weekly for one hour** sessions in the home
- Receives **language therapy once weekly for a one hour** session in the home
- Receives **OT once weekly for a one hour** session in the home
- Receives **SI one hour per week** in the home.

Total hours over a 6 months (24 weeks) period =

120 hours, focusing primarily on child's skills in deficit areas



PSP Model, Example #1, adapted Varndoe, 2010



- PT is determined by the IFSP team to be the PSP; parent's greatest concern is walking - **PT twice weekly for one hour** sessions in the home; integrates information from SLP, OT, SI; PT may note need for joint visits; keeps Service Coordinator (team leader) informed
- SLP meets with family **once for two hours** to discuss how to arrange natural environments to best facilitate language; coaches PT on what to look for as Suzy's language begins to change

Continued



- OT meets with the family and PT **once a month** to coach family on how to desensitize to food textures unless PT indicates a problem that requires more frequent visits
- SI meets with family and PT **once a month** to coach family on how to encourage interactions with children at the park

Total hours over a 6 months (24 week) period =

62 hours, focusing on child's skills reinforced by caregivers throughout the day

PSP Model, example #2, adapted Varnedoe, 2010



- PT is determined by the IFSP team to be the PSP - **PT twice weekly for one hour** sessions in the home integrates information from SLP, OT, SI; PT may note need for joint visits; keeps Service Coordinator (team leader) informed
- SLP meets with family and PT **twice a month** – language and language-based interaction training (e.g., Hanen); coaches PT on what to look for as Suzy’s language and social interaction begin to change

Continued



- OT meets with the family **once per month** – to coach family on how to desensitize to textures. Coaches PT on other possible adaptations and indicators of when to contact OT for further consultation.
- SI meets with family **twice** – coaches family and PT on ways to encourage interactions with other children at the park and walking in the neighborhood, involving modeling and imitating, and what to look for as she begins to interact more

Total hours over a 6 months (24 weeks) period =

68 hours, focusing on child's skills reinforced by caregivers throughout the day

As needs change, team members consider the research evidence to make informed decisions



- Suzy -16 months – Again re-visited
 - SLP assessment: concern regarding the **quality** of Suzy’s current word productions, mostly emerging as vowels, not imitating, grimacing, using occasional gestures, behavior problems emerging
 - SLP is questioning possibility of other issues which may indicate slowed progression of expressive language and other skills, potential increased behavioral concerns, and need for other interventions
 - SLP discusses with family and other team members indicators for trying other interventions; options family could consider include:
 - PT and SLP co-treat for a period of time OR
 - SLP involved on a more routine basis working with the family for a period of time OR
 - SLP could be co-PSP OR...

PSP Model is NOT.....

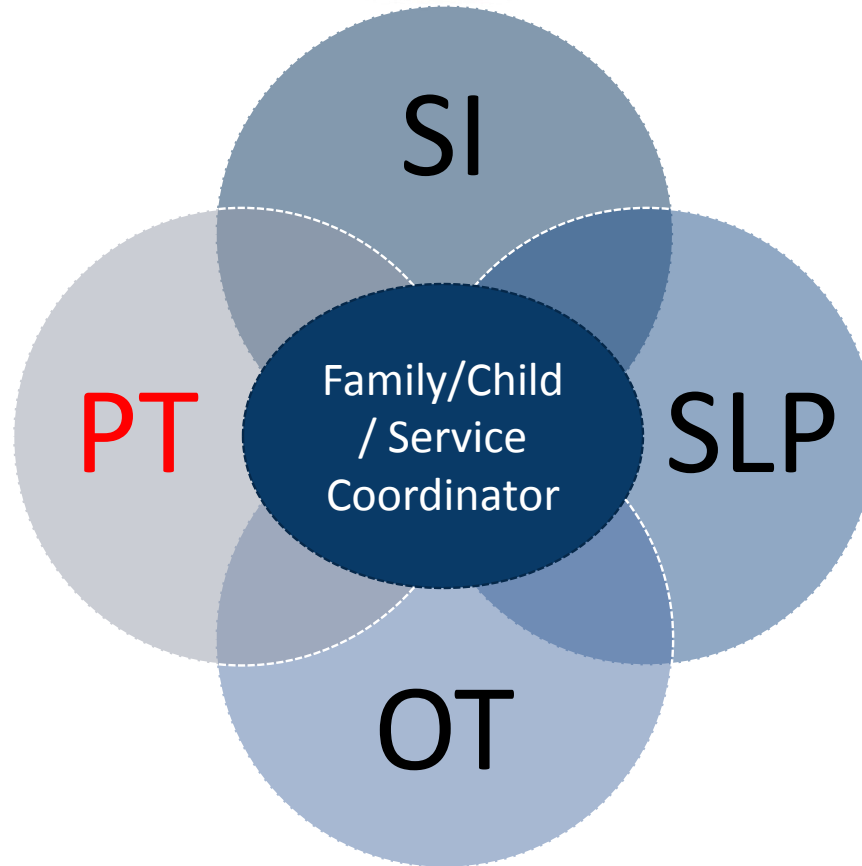
Adapted from McWilliam



PSP Model is NOT...

- A watered-down approach
- A PT doing speech-language therapy
- Teaching the others to do “therapy”
- Omitting a service because you don’t have a particular service provider

PSP Model



Recommendations for successful PSP implementation (from McWilliam, King, and others)



- The early intervention system is explained consistently as focusing on the family and child, by providing support to the family to help their child
- From the beginning, interactions are recommended to be family-centered-- explaining, giving, and exchanging information
- It is critical to articulate everyone's roles, from administrator to service coordinator, other providers, and families

Recommendations for successful PSP implementation (from McWilliam, King, Edelman, and others)



- Training and communication at all levels of personnel is important, including training and communication at team, county, and or regional levels
- Team collaboration and decision-making are essential
- Progress monitoring, including outcomes measures, are necessary to ensure effective planning
- Numerous guides, tools, and consultants are available and can be used and adapted, based on state policy, family preference, child needs

What happens: Initial Referral Call



- Sample Script (from McWilliam 2010)

Intake



- Sample scripts for beginning intake (from McWilliam 2010)

Assessment



- Sample script for determining the types of supports and activities families have (from McWilliam 2010)

There are various ways of consulting or coaching based on adult learning strategies. Below are sample strategies for caregiver learning (Woods):



Agree on learning priorities and everyone's roles– functional meaningful goals should reflect family priorities

Join in everyday routines rather than take over-- to help families embed strategies in everyday activities. Observing and joining in family interactions (of parent and child in their routines) is critical to identifying with the family what is already happening that can help their child's learning

Build on families/caregivers strengths– modify or add opportunities to existing routines

The relationship matters– confidence, motivation, success will evolve

Provide specific and meaningful feedback– to enhance competence and confidence. Jointly plan and problem solve together with families about what is working for them, what could happen next

Are your services focused on caregivers, integrated into routines, and team-based? See video clip.

Key features and examples:	yes	no
<p>Did you and caregivers together agree on learning priorities & roles? Are you encouraging caregivers to identify their priorities and goals & to participate in intervention planning?</p>		
<p>Did you observe routines & set up active learning opportunities with caregivers? Do you plan for collaborative & integrated v. only one-one services to the child? Are you asking caregivers what activities/routines are part of their daily life ? Are you observing children/caregivers engaging in real-life activities? Are you helping families identify important people in their life, and activities and people to target?</p>		
<p>Does your intervention plan focus on strategies for caregiver learning? Are you sharing information more than once, in a variety of formats? Are you individualizing information to meet specific needs – no “one-size-fits-all” approaches or materials? Are you using real-life situations to “coach” caregivers, “join in,” model, jointly problem solve, or provide emotional, informational, or material support? Are you building on caregivers’ strengths?</p>		
<p>Do you continuously communicate & develop a relationship with families/others? Are you jointly planning? Are you inviting feedback and incorporating it?</p>		

Exercise



	Benefits	Challenges
Traditional		
PSP		

PSP Implementation



- Variations across states (some examples)

Adapted from J. Woods, 2008



Early intervention will look different:

- ❑ Role of providers – primarily consultant or primary service provider
- ❑ Contexts of intervention - routines or natural learning opportunities
- ❑ Strategies for child intervention - responsive, directive/behavioral, or blended
- ❑ Strategies to facilitate caregiver participation – based on adult learning strategies, such as on modeling with feedback or conversations
- ❖ Strategies vary, for children and families, based on child/family needs & priorities, and available evidence



“The shift to providing services in everyday routines, activities, and places does not mean giving up our knowledge and expertise, but offers rich opportunities to use them creatively, in new ways and settings.”

J. Edelman, JFK Partners and Early Childhood Connections, and Colorado Department of Education, (2001)



Principal Investigator

Juliann Woods

Project Staff

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(You will need Adobe Acrobat Reader which is available from [Adobe](#))



Welcome to TaCTICS

TaCTICS (Therapists as Collaborative Team members for Infant/Toddler Community Services) was an outreach training project funded by a U.S. Department of Education Grant. This web site is being maintained to share tools useful in skillfully navigating the path toward provision of Part C Services using the child/family's daily routines, activities, and events as a context for assessment and intervention.


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- Allied eHealth Resource Network
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 - Conference Handouts
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Online modules supporting BabyNet System Personnel in meeting federal and state requirements for the Comprehensive System of Personnel Development under Part C of the Individuals with Disabilities Education Act.

TECSBOOK

CLICK HERE to complete the [Family Satisfaction Survey](#)