

# **Service Delivery in Early Intervention**

Alternate Models of Service Delivery

COACHING/PSP MODEL

CO-TREATMENT

# Characteristics of Current Service Delivery



Discipline specific  
model

- Treatment model
- Expertise model
- Deficit-based model
- Service-based model
- Professionally-centered model

# Sample Case

## 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 jargoning and a few common words
- ✓ Crawling; not walking

# Sample Case

## 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.)

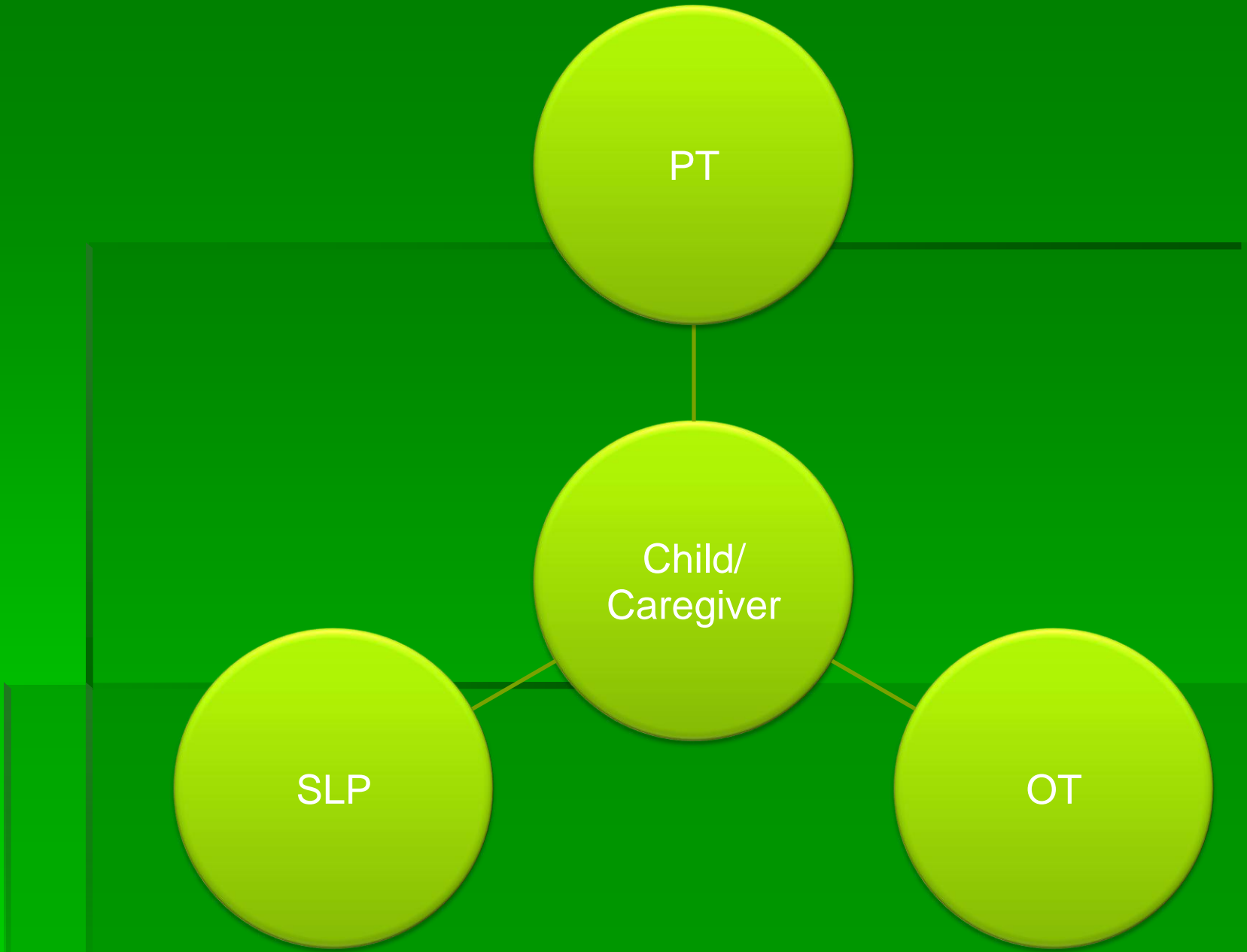
✓ Family wants Suzy to learn to 1) eat more variety of foods; 2) walk 3) talk.

# Current 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

Total hours over a 24 week period = 96 hours



# What Caregivers Say About The Current Model (Woods, J., 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



# Evidence-based Practice

(Dunst, Hamby, Trivette, Raab, Bruder, 2000;  
Dunst, Herter, & Shields, 2000)

Children learn in natural environments and in activities that are either planned or spontaneous and are of interest to the child and the family/caregiver(s).



# Current Model

**Campbell, P.H. & Brook, S. (2007);  
McWilliams, (2000)**

## Concern

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

# Option: The COACHING Model



Coaching model

- Coaching focuses on supporting the family and others in refining their knowledge and skills to help their child participate in meaningful situations.

# The COACHING Model



## Coaching model

- Supports the caregiver(s) in building
  - competence and
  - confidence to
- Help the child learn
  
- When using collaborative consultation (a.k.a. COACHING) effectively, the care provider is the true facilitator of change or improvement in the child's skills and development

# Essentials of Coaching

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- Collaborative/participatory
- Performance-based (not necessarily the child)
- Context driven
- Reflective
- Reciprocal
- Transdisciplinary

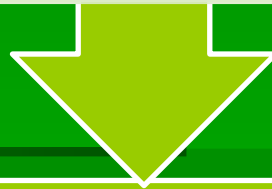
# Types of Coaching

Different types of coaching –  
all center around ADULT learning and collaborations  
between:

Professional and  
parent

Professional and  
professional

Parent to parent



STRENGTHEN THE FAMILY

# When Do You Coach?

- Scheduled visits with parents (parent coaching) either individually or during co-treatment session with colleague
- OR**
- Scheduled meetings with team member/colleagues (peer coaching)
  - Spontaneous coaching – colleague experiences a challenge during their visit and contacts you for discussion

Planned or  
Spontaneous



# Revisit Our Family

## 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 food textures
- ✓ Emerging jargonizing and a few common words
- ✓ Crawling; not walking



# Revisit Family

## 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) eat more variety of foods; 2) **walk** 3) talk.

# BabyNet Takes Its First Steps



## Primary Service Provider(PSP)/Coaching #1

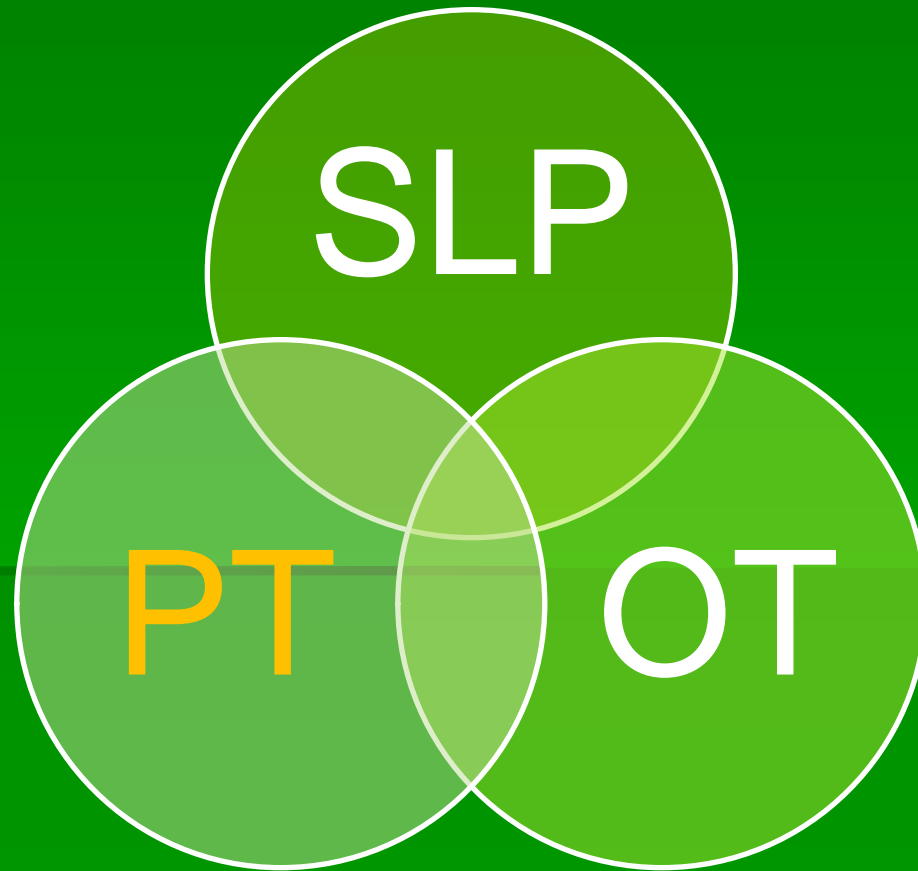
- PT is determined by the IFSP team to be the PSP- **PT twice weekly for one hour** sessions in the home
- SLP meets with family **once for two hours** to discuss how to arrange natural environments to best facilitate language; coaches PT on what to look for as Suzy's language begins to change.

# BabyNet Takes Its First Steps



- OT meets with the family **once a month** to coach family on how to desensitize to textures unless PT indicates a problem that requires more frequent visits. Keeps in touch with PT and SLP on progress and any changes noted.
- Total hours over a 24 week period = 56 hours

# The Part C Way



# BabyNet Takes Its First Steps



## PSP/Coaching #2

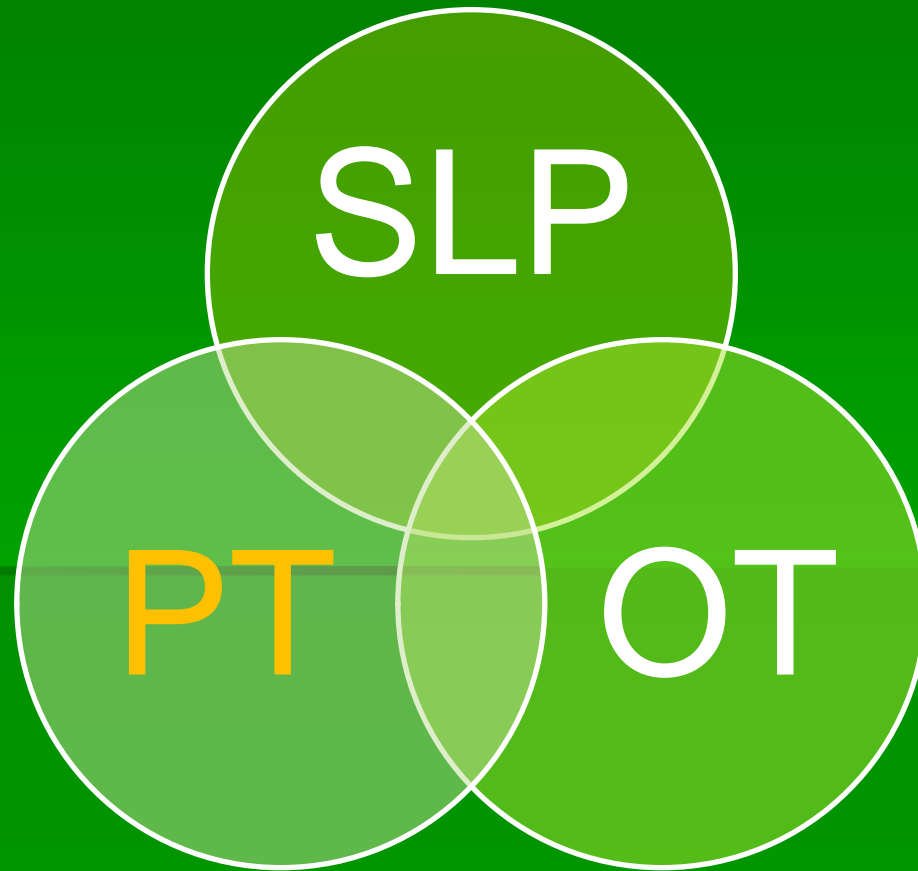
- PT is determined by the IFSP team to be the PSP- **PT twice weekly for one hour** sessions in the home
- SLP meets with family twice a month – language training program (i.e. Hanen); coaches PT after that on what to look for as Suzy's language begins to change.

# BabyNet Takes Its First Steps



- OT meets with the family **once a month** to coach family on how to desensitize to textures. Keeps in touch with PT and SLP on progress and any changes noted.
- Total hours over a 24 week period = 66 hours

# The Part C Way



# The COACHING Model Is Not...



Coaching model

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



# Co-treatment Option



## Co-Treatment Model

- Considered more interdisciplinary
- Typically implemented with individuals who have chronic or complex conditions and require multiple treatment sessions.
- Working with other professionals while maintaining your focus

# What's Next?



ASHA

- “Services are based on the Highest Quality Internal and External Evidence That Is Available” (ASHA, 2008)

# What's Next? Use the Research Evidence

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- Suzy -16 months – Again re-visited
  - SLP evaluation: concern regarding the quality of Suzy's current word productions re: syllable shape and emerging phoneme classes - research on toddlers this age is limited. However, see article by Carson, et.al., 2003.
  - Additional question to ask parent regarding canonical babbling (see Oller, et.al, 1999 )

# What's Next: Use the Research Evidence

- At the initial ISFP meeting discuss your concerns regarding the quality of Suzy's language re: syllable shape, phoneme classes present/absent and compare it to normative data available for infants/toddlers during this stage of development. Cite research previously mentioned.
- PT and SLP – option to co-treat for a period of time  
OR
- SLP – involved on a more routine basis following parent training discussed under PSP/Coaching -  
Option #2

# What's Next?



## Early Intervention

- Educate ourselves
  - Federal regulations on Part C
  - SC Part C Policies & Procedures
  - Evidence-based practice in speech-language pathology, specifically children diagnosed with slow expressive language development (SELD)

# What Can I Do?



Early Intervention

- VOLUNTEER YOUR TIME!
- SCSHA Task Force on Early Intervention – members needed!

# References

- Campbell, P.H. & Brook, S. (2007). Supporting learning opportunities in natural settings through participation-based services. *Journal of Early Intervention*. 29, 4, 287-305.
- Carson, C.P., Klee, T., Carson, .D.K., & Hime, L.K.. (2003). Phonologic profiles of 2-year-olds with delayed language development: predicting clinical outcomes at age 3. *American .Journal of Speech-Language Pathology*, 12, 28-39

# References

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- Dunst, C.J. ,Herter, S. & Shields, H. (2000). Interest-based natural learning. *Young Exceptional Children Monograph Series*, 2, 37-48.



# References

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- McWilliams, R.A. (2000). It's only natural to have early intervention in the environments where it is needed. *Young Exceptional Children Monograph Series*, 2, 17-26.
- Oller, D.K., Eilers, R.E., Neal, A.R., & Schwartz, A.K. (1999). Precursors to speech in infancy: the prediction of speech-language disorders. *Journal of Communication Disorders*, 32, 223-245.