

EI Service Delivery: Does Your Team “Team”?

In a nutshell...

“Teaming” with your colleagues is generally recognized as a good thing. The word “team” appears throughout state and federal requirements, (e.g. IFSP team, MDT, etc.). So, we know we must have teams, but how should they be organized and operate? How should teams “team”?

Four types of “service delivery team models” have dominated our efforts over the years. In multi- and interdisciplinary models, *professionals* generally carry out their activities independent of one another; each completing their assessment and intervention for a particular area of expertise or “domain” (e.g. PT focuses on gross motor). In these models, individual professionals talk with each other infrequently or at regular IFSP or IEP meetings, when individual discipline specific reports are shared.

By contrast, in a trans-disciplinary or primary service provider (PSP) model, assessment and intervention plans are developed by the family and professionals *together*, based on the family’s priorities for their child within everyday activities. This requires an integrated look at development across domains. A PSP selected from the team, who has the most interaction with the child’s family or caregivers, is jointly accountable for the desired IFSP outcomes with active support and input from the rest of the team members. Communication and collaboration occurs via weekly/monthly team discussions, informal contacts, and joint visits to the family, teacher, or caregiver, and the child.

Key principles to consider...

1. **Development is an integrated process across domains.** Individual developmental domains are easy to study in isolation but seldom operate independent of one another. The team’s assessment and intervention plans must view the whole child, making it vital that team members work together to complement each other’s observations and expertise.
2. **Multiple professionals can negatively affect family satisfaction.** Families who receive services from multiple independent providers report a lack of coordination, increased stress, and less family centered intervention. A single primary provider is more likely to establish a working relationship with familiar adults in children’s lives. A single philosophy and message emerges that is easier for families to understand and embrace, permitting them to more comfortably contribute to the EI efforts.
3. **Teams who have a common planning and teaming time are more effective.** If teams choose to provide EI services via a PSP model, there must be opportunities for team conversations to support the PSP. Weekly/monthly team meetings (discussions) provide a structure for relationship building, coaching, idea generation, and reflection amongst the team members that maximizes the expertise available to children and their parents, caregivers and teachers.

Why is teaming so important?

If the EI program is to use practices which effectively accomplish child assessment and intervention across domains and in natural learning environments, the providers on the team need to reframe their identities from independent child-focused professionals, to engaged members of family-centered teams.

Team Assessment Home-Based Item #15

Reference Materials

- *DEC Rec Practices 2014*
- *Chpt 2 EI Teaming*, Shelden and Rush

Regulations

- [Rule 52](#)
- [IFSP web](#)

Tools

- [Learn to use PSP model](#)
- [How to “team”](#)