

Using a Primary Service Provider  
Approach to Teaming  
in Early Childhood  
for Administrators

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## **Using a Primary Service Provider Approach in Early Childhood for Administrators**

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## **NECTAC Mission for Providing Early Intervention Services in Natural Environments**

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.

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

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## **NECTAC Key Principles for Providing Early Intervention Services in Natural Environments**

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.

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

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**NECTAC Key Principles  
for Providing Early Intervention  
Services in Natural Environments**

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect family members' learning styles and cultural beliefs and practices.
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.

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

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**NECTAC Key Principles  
for Providing Early Intervention  
Services in Natural Environments**

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

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

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### **Operational Definition of Coaching**

Coaching is an adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

(Rush & Sheldon, 2004)

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### **Characteristics of Coaching**

- ❖ Joint Planning
- ❖ Observation
- ❖ Action/Practice
- ❖ Reflection
- ❖ Feedback

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### **Common Team Models**

- Multidisciplinary
- Interdisciplinary
- Transdisciplinary

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### Research Foundations

- Use of a defined team
- Use of a primary service provider as team liaison to the family
- Team support for the primary service provider

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### Multiple Providers

“The total amount of child and family services received was negatively related to both personal and family well-being; the more services received, the poorer parent and family functioning.”

(Dunst, Brookfield, & Epstein, 1998)

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### Multiple Providers

Preliminary survey data of a parent report of the helpfulness of early intervention providers indicate that 96% of the parents having one provider rated him/her as helpful, 77% of the parents having two providers rated them as helpful, and 69% of parents having three or more providers rated them as helpful ( $p < .001$ ).

Dunst & Bruder, 2004 Findings from National Survey of Service Coordination in Early Intervention (Research and Training Center on Service Coordination)

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**Multiple Providers**

Families with multiple providers experienced:

- Increased parental stress
- Unmet needs
- Confusion
- General lack of coordination of services

(Sloper & Turner, 1992)

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**Primary Service Provider**

- Longitudinal Study (190 infants & their families)
- Services from a single provider resulted in less parenting stress
- Child developmental outcomes were better when services provided by a single provider

(Shonkoff, Hauser-Cram, Krauss, & Upshur, 1992)

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**Primary Service Provider Approach to Teaming**

Shelden, M. L. & Rush, D. D. (2007). Characteristics of a primary coach approach to teaming in early childhood programs. *CASEinPoint*, 3(1), 1-8.

[http://www.fippcase.org/caseinpoint/caseinpoint\\_vol3\\_no1.pdf](http://www.fippcase.org/caseinpoint/caseinpoint_vol3_no1.pdf)

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**Checklists for Implementing a Primary Coach Approach to Teaming**

Shelden, M. L. & Rush, D. D. (2009). Checklists for implementing a primary coach approach to teaming. *CASEtools*, 5(1), 1-8.

[http://www.fippcase.org/casetools/casetool\\_vol5\\_no1.pdf](http://www.fippcase.org/casetools/casetool_vol5_no1.pdf)

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**Operational Definition of a Primary Service Provider Approach to Teaming**

The primary service provider approach to teaming is a family-centered process for supporting families of young children with disabilities in which one member of an identified multidisciplinary team is selected as the primary service provider, receives ongoing coaching from other team members, and uses coaching as an interaction style to build the capacity of parents and other care providers to use everyday learning opportunities to promote child development.

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**Characteristics of the Primary Service Provider Approach to Teaming**

- An identified team of individuals from multiple disciplines having expertise in child development, family support, and coaching is assigned to each family in the program.
- One team member serves as primary provider to the care provider(s).
- The primary provider receives coaching from other team members through ongoing planned and spontaneous interactions.

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**Primary Service Provider – Implementation Conditions**

- All team members attend regular team meetings for the purpose of colleague-to-colleague support. Topics at team meetings are varied and include specific information for supporting team members in their role as a primary provider to the families in the program.

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**Primary Service Provider – Implementation Conditions**

- The primary service provider is selected based upon desired outcomes of the family, rapport/relationship between coach and learner, and knowledge and availability of the primary provider and family.

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**Primary Service Provider – Implementation Conditions**

- Joint visits should occur at the same place and time whenever possible with/by other team members to support the primary service provider.

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**Primary Service Provider – Implementation Conditions**

- The primary provider for a family should change as infrequently as possible. Justifiable reasons for changing the primary provider include a request by a family member or other care provider due to a personality conflict; or when a primary provider believes that even with ongoing support from other team members he or she is ineffective in supporting the care providers.

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**Components of a Primary Service Provider Approach to Teaming**

- Role Expectation
- Role Overlap
- Role Gap
- Role Assistance

(Parker, 1998, 2017)

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**Primary Service Provider Approach to Teaming**

Role Expectation Checklists &  
Role Expectation Checklist – Administrators Guide

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**Service Delivery Statements**

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**Team Meetings**

- Guidelines for Effective Team Meetings (CASEtool)
- Individual Family Staffing Report (revised)
- Coaching during team meetings

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**Guidelines for Team Meetings**

Rush, D. D. & Shelden, M. L. (2008). Guidelines for team meetings when using a primary-coach approach to teaming practices. *CASEtools*, 4(2), 1-9.

[http://www.fippcase.org/casetools/casetools\\_vol4\\_no2.pdf](http://www.fippcase.org/casetools/casetools_vol4_no2.pdf)

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**Questions**

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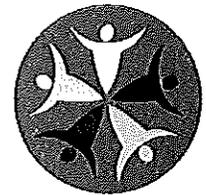
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## Role Expectation Checklists



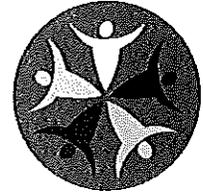
Practitioner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence-based practices	Knowledge and skills are characterized by the following:	Yes	No	Examples/notes/plan
	Practitioner can ensure that the practices he or she uses from his or her own discipline are evidence based.	Y	N	
	Practitioner has an understanding of Part C of the Individuals with Disabilities Education Act Amendments (IDEA) of 1997 (PL 105-17).	Y	N	
	Practitioner has reviewed the mission and key principles for providing early intervention services in natural environments.	Y	N	
	Practitioner implements practices in accordance with the mission and key principles.	Y	N	
	Practitioner demonstrates knowledge of typical child development across the five domains (adaptive, cognitive, communication, physical, and social-emotional).	Y	N	
	Practitioner demonstrates the ability to assess child functioning across the three global child outcomes (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet his or her needs).	Y	N	

Parent support	Knowledge and skills are characterized by the following:	Yes	No	Examples/notes/plan
	Practitioner supports family members in identifying, gaining access to, and evaluating informal and formal resources needed to assist them in meeting their desired outcomes (e.g., employment, housing, medical/dental care, transportation).	Y	N	
	Practitioner implements evidence-based parenting support practices to assist family members and other care providers to achieve their desired outcomes (e.g., toileting, helping the child sleep through the night in his or her own bed, providing positive behavior support, eliminating the use of a pacifier, teaching basic nutrition).	Y	N	

Adult interaction/ adult learning	Knowledge and skills are characterized by the following:	Yes	No	Examples/notes/plan
	Practitioner uses methods and strategies when working with the adults in young children's lives that are likely to strengthen individual or family capacity to accomplish the family's desired outcomes.	Y	N	
	Practitioner recognizes and builds on what the family and other care providers already know and are doing related to child learning and parent support.	Y	N	
Practitioners demonstrate respect for individual adult learning styles, preferred interaction methods, and cultural influences.	Y	N		

# Role Expectation Checklists—Administrator’s Guide



Practitioner’s name: \_\_\_\_\_ Date: \_\_\_\_\_

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Evidence-based practices	<p><i>Indicator</i> Practitioner can ensure that the practices he or she uses from his or her own discipline are evidence based.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>▪ What research does the practitioner have to support the practices that he or she uses?</li> <li>▪ How is the research relevant to children from birth to 3 years of age?</li> <li>▪ How does the research consider the importance of parents/caregivers and everyday contexts?</li> <li>▪ How does the practitioner vary his or her treatment methods or strategies with children/families based on current research and the child/family needs, activity settings, and so forth?</li> </ul>	
	<p><i>Indicator</i> Practitioner has an understanding of Part C of the Individuals with Disabilities Education Act Amendments (IDEA) of 1997 (PL 105-17).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>▪ How recently has the practitioner reviewed IDEA Part C regulations and/or state policies and procedures for early intervention?</li> <li>▪ What were the topics discussed when the administrator, team leader, or supervisor had a conversation with the practitioner about how IDEA Part C regulations and state policies and procedures for early intervention are implemented in the program?</li> <li>▪ How does the practitioner demonstrate understanding of IDEA Part C?</li> <li>▪ How does this compare with the practitioner’s prior work experiences?</li> </ul>	
	<p><i>Indicator</i> Practitioner has reviewed the mission and key principles for providing early intervention services in natural environments.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>▪ How recently has the practitioner reviewed the mission and key principles?</li> <li>▪ What were the topics discussed when the administrator, team leader, or supervisor had a conversation with the practitioner about how the mission and key principles are applied in the program?</li> <li>▪ What is the practitioner’s current level of understanding and agreement with the mission and key principles?</li> <li>▪ How does this compare with the practitioner’s prior work experiences?</li> </ul>	(continued)

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Evidence-based practices	<p><i>Indicator</i> Practitioner implements practices in accordance with the mission and key principles.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>• How does the practitioner demonstrate practices in accordance with the mission and key principles?</li> <li>• What does the practitioner do when conflicted about implementing practices in accordance with the mission and key principles?</li> </ul>	
	<p><i>Indicator</i> Practitioner demonstrates knowledge of typical child development across the five domains (adaptive, cognitive, communication, physical, and social-emotional).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>• How does the practitioner demonstrate knowledge of typical child development across the five domains?</li> <li>• Does the practitioner competently and confidently provide supports to families within the context of everyday activities regarding topics outside of their own area of expertise?</li> </ul>	
	<p><i>Indicator</i> Practitioner demonstrates the ability to assess child functioning across the three global child outcomes (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet his or her needs).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>• What is the practitioner's knowledge of the three global outcome areas and how the global outcomes are used?</li> <li>• How does the practitioner collect and share information related to the three global outcome areas?</li> </ul>	

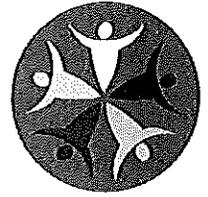
	Knowledge and skills are characterized by the following:	Examples/notes/plan
Parent support	<p><i>Indicator</i> Practitioner supports family members in identifying, gaining access to, and evaluating informal and formal resources needed to assist them in meeting their desired outcomes (e.g., employment, housing, medical/dental care, transportation).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>• What is the practitioner's knowledge about resource-based practices?</li> <li>• What is the practitioner's knowledge of formal and informal community resources?</li> <li>• How does the practitioner build the family's capacity to identify, gain access to, and evaluate resources rather than giving or procuring needed resources for family?</li> </ul>	

(continued)

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Parent support	<p><i>Indicator</i> Practitioner implements evidence-based parenting support practices to assist family members and other care providers to achieve their desired outcomes (e.g., toileting, helping the child sleep through the night in his or her own bed, providing positive behavior supports, eliminating the use of a pacifier, teaching basic nutrition).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>▪ What basic evidence-based knowledge does the practitioner have regarding typical parenting needs for support?</li> <li>▪ What evidence does the practitioner use for parenting supports?</li> <li>▪ How does the practitioner implement evidence-based parenting support practices?</li> </ul>	

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Adult interaction/adult learning	<p><i>Indicator</i> Practitioner uses methods and strategies when working with the adults in young children's lives that are likely to strengthen individual or family capacity to accomplish the family's desired outcomes.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>▪ What experience does the practitioner have using adult learning methods to support the adults in the child's life rather than only focusing on working directly with the child?</li> <li>▪ What methods and strategies does the practitioner use to build parent capacity to achieve his or her desired outcomes?</li> <li>▪ What is the evidence to support the methods and strategies the practitioner uses?</li> </ul>	
	<p><i>Indicator</i> Practitioner recognizes and builds on what the family and other care providers already know and are doing related to child learning and parent support.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>▪ How does the practitioner obtain information about what family and care providers already know?</li> <li>▪ How does the practitioner use this information to guide the supports he or she provides?</li> </ul>	
	<p><i>Indicator</i> Practitioners demonstrate respect for individual adult learning styles, preferred interaction methods, and cultural influences.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> <li>▪ How does the practitioner gather information about the adult's learning style, preferred interaction methods, and cultural influences?</li> <li>▪ How does the practitioner use information about adult preferences within the context of interactions?</li> </ul>	

## Checklists for Implementing a Primary Service Provider Approach to Teaming



Team or practitioner's name: \_\_\_\_\_ Date: \_\_\_\_\_

### Checklist Descriptions

These checklists include practice indicators of the key characteristics of a primary service provider approach to teaming in early childhood intervention. A **primary service provider** approach to teaming is using a multidisciplinary team in which one member is selected as the primary service provider, receives coaching from other team members, and uses coaching with parents and other primary care providers to support and strengthen parenting competence and confidence in promoting child learning and development and obtaining desired supports and resources.

The four checklists describe different areas of primary service provider teaming practices: 1) preparing for a team-based approach, 2) using a primary service provider, 3) coordinating joint visits, and 4) conducting team meetings. Each section contains indicators of a specific area of a primary service provider approach to teaming practices. For each indicator, determine whether the program is adhering to the aspect of the practice described. Space is also available for notes or examples of adherence.

### Use of the Checklists

The four checklists include 30 indicators that are the foundation for implementing a primary service provider approach to teaming. The checklists can be used for a number of different purposes.

- They can be used to help a program learn and master the key characteristics of evidence-based teaming practices in early childhood intervention.
- Team leadership and supervisors can use the checklists as observational tools for determining the extent to which the program implements a primary service provider approach to teaming. They can be used to provide feedback and guidance about which practices are consistent or inconsistent with the practice indicators and what the team members can do to improve their practices. The team leadership and/or supervisor can use the Program Planning section with the team to develop plans for changing practices to better mirror the practice indicators.
- A practitioner can use the checklists to conduct a self-assessment to examine his or her use of a primary service provider approach to teaming practices. A self-assessment could be accomplished by the practitioner reflecting on his or her practices as a team member and determining whether the practices are consistent or inconsistent with each practice indicator.
- The Program Planning section can be used to develop plans for changing practices and identifying the supports needed to make practices consistent with the practice indicators. They can be used for program evaluation purposes by monitoring consistency in the use of the practices and improvements over time.

(continued)

Team or practitioner's name: \_\_\_\_\_ Date: \_\_\_\_\_

	Are practices characterized by the following?	Yes	No	Examples/notes
Preparing for a team-based approach	Program leadership determines the number and specific location of families served by the local program.	Y	N	
	Program leadership determines the fewest number of teams necessary to cover the program area based on the premise that a team of four full-time practitioners can serve approximately 100-125 families when drive time does not exceed 30-45 minutes for a one-way trip.	Y	N	
	Program leadership identifies the geographic area that each team will cover based on family distribution within a given catchment area, geographic region (e.g., county), zip code, portion of a school district, and so forth.	Y	N	
	Program leadership ensures that each team minimally consists of an early childhood educator and/or early childhood special educator, occupational therapist, physical therapist, and speech-language pathologist.	Y	N	
	Program leadership ensures that the role of service coordination is fulfilled either by one of the disciplines previously listed (i.e., blended model) or by an individual solely responsible for service coordination (i.e., dedicated model).	Y	N	
	Custodial family members are always members of their child's team.	Y	N	
	Program leadership assigns available practitioners to teams beginning with those who are employed or contracted with the program for the greatest amount of time.	Y	N	
	Teams have an identified team leader.	Y	N	
	Program leadership assigns each new referral to the team responsible for the geographic area in which the child resides.	Y	N	



	Are practices characterized by the following?	Yes	No	Examples/notes
Using a primary service provider	All therapists and educators on the team are available to serve as a primary service provider.	Y	N	
	One team member is selected to serve as the primary service provider to the family and other care providers.	Y	N	
	The primary service provider is selected based on four factors: 1) parent/family, 2) child, 3) environmental, 4) practitioner.	Y	N	
	The primary service provider assigned to a family uses a coaching interaction style to build the capacity of the parents and other care providers to support child learning as well as to identify and obtain needed resources and supports.	Y	N	
	The primary service provider receives coaching support from other team members through ongoing formal (planned) and informal interactions.	Y	N	
	The primary service provider for a family changes as infrequently as possible (i.e., rarely changes).	Y	N	

(continued)

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Team or practitioner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinating joint visits	Are practices characterized by the following?	Yes	No	Examples/notes
	Team members support the primary service provider through joint visits.	Y	N	
	The primary service provider and other team members conduct joint visits at the same place and time.	Y	N	
	The primary service provider along with the parents and/or other care providers predetermine questions, expected outcomes, and specific actions to be taken during the joint visit.	Y	N	
	The primary service provider and other team members define their roles for the joint visit based on questions, expected outcomes, and specific actions to be taken as related to the priorities of the primary service provider and parent.	Y	N	
	The primary service provider debriefs the joint visit with the parents and/or other care providers to evaluate the usefulness of the joint visit and determine next steps.	Y	N	
	The primary service provider and other team members debrief the joint visit to evaluate the usefulness of the joint visit and determine next steps.	Y	N	



Conducting team meetings	Are practices characterized by the following?	Yes	No	Examples/notes
	The team leader ensures that the purpose of the team meeting is to share information among team members as families move through the early intervention process and for primary service providers to receive coaching from their team members.	Y	N	
	All team members attend the weekly team meeting.	Y	N	
	All team members are present for the entire team meeting.	Y	N	
	The primary service provider informs the parents of the dates and times of team meetings when their name is on the agenda and invites them to attend if they desire.	Y	N	
	The primary service provider invites the parents to send questions or updates to the team meetings via the primary service provider and ensures timely feedback.	Y	N	
	The team leader ensures that the team meeting is led by a competent and consistent facilitator. The team meeting facilitator may or may not be someone other than the formal team leader.	Y	N	
	The team meeting facilitator develops a meeting agenda with time limits that have been pre-published.	Y	N	
	The team has clearly defined roles of the facilitator and other meeting participants.	Y	N	
Program leadership compensates team members for team meeting time.	Y	N		

(continued)

Team or practitioner's name: \_\_\_\_\_ Date: \_\_\_\_\_

### Program Planning

Prepare a plan for making changes and/or ensuring sustainability based on analysis of the primary service provider approach to teaming practice indicators. Describe the specific action steps that will be taken and identify the particular experiences and opportunities that will be used to make the needed programmatic changes.

Preparing for a team-based approach	<p><b>Needed change</b></p> <p><i>Action steps (i.e., what will be done; by when):</i></p>
Using a primary service provider	<p><b>Needed change</b></p> <p><i>Action steps (i.e., what will be done; by when):</i></p>
Coordinating joint visits	<p><b>Needed change</b></p> <p><i>Action steps (i.e., what will be done; by when):</i></p>
Conducting team meetings	<p><b>Needed change</b></p> <p><i>Action steps (i.e., what will be done; by when):</i></p>