

First Steps

Module 6: Early Intervention Teams

Module 6 Tab 1: Introduction

Module 6: Early Intervention Teams introduces the teaming model that is being implemented in the First Steps program. This module contains information about the Early Intervention Team (EIT) approach, including Missouri's rationale for teaming, the implementation plan, roles and responsibilities, and tips on how to work together as team members. The final section of this module, as in previous modules, includes a "Resources" section as well as a comprehensive listing of additional information and key articles about early intervention.

These topics are addressed in this module: models of team interaction, rationale for Missouri's model, early intervention team (EIT) composition, and characteristics of effective teams.

OBJECTIVES FOR MODULE 6

1. Participants will define the following terms and describe how they relate to teaming in the First Steps program:
 - Ancillary Provider
 - Belief Statements
 - Early Intervention Team
 - Individualized Family Service Plan (IFSP) Team
 - Interdisciplinary
 - Joint Home Visits
 - Occupational Therapist
 - Physical Therapist
 - Primary Provider
 - Role release
 - Role support
 - Special Instructor
 - Speech-Language Pathologist
 - Supporting Provider
 - Transdisciplinary
2. Participants will learn about the philosophy of early intervention teaming that is central to the mission and goals of First Steps.
3. Participants will learn about the characteristics of a team and gain an understanding of the integral parts of successful teaming.

4. Participants will learn how the Missouri model of teaming functions, including the roles of a Primary and Supporting Provider.
5. Participants will learn the attributes of a team and how to work together to build relationships as team members.

INTRODUCTION

The mission of First Steps is to improve each participating family's capacity to enhance their child's development and learning, and to increase the child's participation in family and community life. This mission should be meaningful and important to each professional who works with First Steps families. The First Steps mission provides the purpose and point of reference for working together to help families. It is with this understanding that providers support the families and children enrolled in First Steps.

As professionals come together to form a team, each member needs to understand the team's purpose and goals. This knowledge assists the members in successfully working together as they clarify their roles and responsibilities with each other.

Quote

The purpose [mission statement] not only provides a sense of direction...it also justifies that extra level of effort each [member] must make to achieve real team levels of performance.

Source: Katzenbach, 1998, p. 45

Provider early intervention teams may choose to develop goals for their internal processes for working together. Katzenbach and Smith (2003) provide some helpful guidelines for teams as they create specific team goals. They suggest that goals should be collaboratively developed and agreed upon by the team members. They should describe how team members will contribute. Goals need to be clearly worded, specific, achievable and measurable—including indicators for success. Even tracking small accomplishments helps the team feel successful in its efforts and strengthens the team's focus and commitment.

Quote

Effective teams have a clear, shared mission and well-defined goals ... [serving] as the group's compass, helping them stay focused on what they want to accomplish.

Source: Brekken, Ducey, & Knapp-Philo, 2007, Session 5: Elements of Team Functioning, Handout #2, p. 1

It is important for professionals to routinely revisit the First Steps mission statement, IFSP goals and their own goals to ensure that the team's focus and effectiveness is maintained. This review affirms that all team members are "on the same page" in their understanding, agreement and commitment to the overall mission and goals.

Teaming Models

There are various types of teams and teaming models for providing services. In selecting a service-delivery model, the following considerations are made:

- Who will decide what services the family needs?
- What is the goal of the model?
- Where does the intervention take place?
- When do services occur?
- How will communication with families happen?

In the traditional medical model of teaming, team members from varied disciplines conduct independent assessments and focus on the treatments specific to their individual disciplines. Treatment approaches are not integrated between disciplines.

Part C of the Individuals with Disabilities Education Act (IDEA) requires the integration and coordination of early intervention services, which is not characteristic of the traditional medical model. Thus, states have considered other teaming models to address the multiple service needs of children and their families. After studying different models, each state has selected the one which best accommodates the state's philosophical approach to early intervention.

Three Models of Team Interaction

The most commonly used teaming models are (a) multidisciplinary, (b) interdisciplinary and (c) transdisciplinary. These models have similar characteristics, such as the inclusion of professionals from different disciplines and the development of service delivery plans. Some of the disciplines represented include occupational therapy, physical therapy, speech/language pathology and special education. The major differences in these teaming models include the way the teams are structured and how the team members interact.

In the **multidisciplinary team model**, the team members include professionals from various disciplines who work and function independently of each other. The team members respect each other and the contributions each makes for the child and family. In this model, team members conduct their work (assessments, service plans and service delivery) separately from the other team members. This model relies upon the family to coordinate the activities between the team members. When the team members feel it is necessary, they may communicate informally with each other but they do not tend to interact routinely. The team members may not even feel as though they are part of a team. This model does not present the child as an integrated whole because team members work and plan separately from each other.

In the **interdisciplinary team model**, there is more interaction between team members than in the multidisciplinary model. Like the multidisciplinary model, the team members each perform assessments, meet with families and deliver services independently of one another. In the

interdisciplinary model, however, teamwork and communication are more formalized (McGonigel, Woodruff, & Roszmann-Millican, 1994, p. 102).

Team members communicate regularly to share information about the services each has delivered to the family and the progress made. Although team members share and integrate their disciplinary goals, intervention plans and the results of interventions, they stay within the framework of their own discipline as they deliver or implement services. Members also refrain from making suggestions or recommendations that overlap into other disciplines. This model does not encourage team members to share their professional expertise or become more knowledgeable about the disciplinary techniques of other team members. Although the interdisciplinary team develops goals for families, each of the team members meets with the family separately.

In the **transdisciplinary team model**, the team members represent a variety of disciplines, which is similar to the previous models. This model differs from the others, however, in the way that team members combine and integrate their collective expertise to provide more efficient and comprehensive assessments, intervention strategies and services to families (Bruder & Bologna, 1993).

In this model, the main services and supports to the family are delivered through one of the team members who is referred to as the Primary Provider. A term commonly used when discussing the transdisciplinary model is "role release." This occurs when team members "release" some of the functions related to their respective disciplines. In role release "one discipline implements intervention services traditionally associated with another discipline. However, team members continue to be recognized as the authority on techniques on their own primary discipline; role release is not role swapping" (Bruder & Bologna, 1993, p. 118).

A Missouri Provider's Perspective
By Karen, Special Instructor

"I have found the move to a team approach with providers and families has provided a much more organized, family-friendly style of working with the children and families we are serving. Personally, I have learned tremendously by meeting with and working with other therapists. Although there have been some scheduling difficulties, I feel it [the team approach] serves the family well as they see me working with other therapists to assist in meeting the family and child's goals. This approach also prevents overlap in services as we communicate often on what is working for the families. Relationships with my families have been very positive and I feel they are empowered by knowing we are all on the same team."

Transdisciplinary team members draw upon each other's disciplinary strengths without overstepping their disciplinary boundaries. They become the "eyes and ears" for each other's disciplines as they learn each other's terminology, seek advice to use in the field and determine together whether joint visits are needed. This model also stresses the important role of families and the integral part they play in the life of their child and the service-delivery process.

The Adventures of George

In this video, George's mother describes his medical issues and the family's involvement in First Steps.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in this section of the course:

1. How does the mission of First Steps guide your work with families?
2. Why is it important for the Early Intervention Team to establish its own goals and procedures?
3. What are some key distinctions between medical, multidisciplinary, interdisciplinary and transdisciplinary teaming models?

Module 6 Tab 2: Rationale for Teaming

Missouri examined several team models that support best practices for children and families. The process included considering the recommendations of numerous experts, providers and families. State leaders recognized that early intervention providers and limited state resources could be utilized more efficiently and effectively to ensure access for all First Steps children and families throughout Missouri.

In addition, leaders wanted a model that emphasized how children really learn and focused on a meaningful planning process that supported the child's and the family's functional needs. Leaders also recognized that families can be more successful when they are able to form a close relationship with a single professional and reduce the number of times they must tell their "story." The transdisciplinary team model addressed these needs and, as a result, Missouri has chosen to use this approach.

What Does the IDEA Say?

Federal regulations recognize the importance of collaboration and teamwork to respond to the needs and priorities of infants and toddlers with disabilities and their families. IDEA Part C (34 CFR 303.24) defines multidisciplinary as “the involvement of two or more separate disciplines or professions and with respect to evaluation of the child and assessments of the child and family and the IFSP team.....”

However, the law is intentionally broad on the issue of the provision of services, allowing states the flexibility to select the service delivery approach that best meets the needs of children and families within their state.

The teaming approach in early intervention reflects what is known about child development and early intervention research. Professionals recognize that real intervention for young children with developmental disabilities occurs within and through the framework of the family.

Early intervention specialists agree that there are important aspects to consider when working with infants and toddlers in their natural environment. A workgroup, sponsored by the U.S. Department of Education's Office of Special Education Programs, identified several key principles for early intervention specialists, including the following:

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- All families, with the necessary supports and resources, can enhance their children's learning and development.
- 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.

The ongoing communication and coordinated efforts and expertise of the Early Intervention Team (EIT), coupled with informed decision-making by the Individualized Family Service Plan (IFSP) team, offer numerous benefits to families. In the EIT model, the family receives:

- Respect because families are the primary source of care for the child. Based on the family's priorities, team members will provide information and intervention to the child and family.
- Evidence-based information because team members base their team conversations on the assessments and observations of the child and family when they meet.
- Consistent information because team members review the child's and family's progress frequently and reach consensus about their guidance.
- Unduplicated information because the Primary Provider communicates the team's guidance to the family.
- Individualized support because the Primary Provider and EIT consider the family's and child's unique situation and circumstances.
- Comprehensive support because the EIT members collectively design early intervention strategies that are grounded in the wealth of knowledge from their respective disciplines.

A Missouri Provider's Perspective **By Angie, Occupational Therapist**

"In New Mexico and Texas I had the pleasure of being part of the transition from a multidisciplinary approach to the transdisciplinary approach of service delivery. At first it was difficult to adjust, mostly because some providers felt like their work would be usurped by another service provider. I admit that was my first reaction, that others could not provide the same kind of service. After practicing the model, I found that one provider (including the special instructor) often had more rapport with a child or family. They often were the greatest influence as well. It made sense to go with more of a consult model to assist the Primary Provider with more detailed assessment and treatment strategies. The transdisciplinary model is all about giving the family the best service available, giving a more coordinated and communicated plan between all of the providers."

Support for EITs by Professional Organizations

Key professional associations have also recognized the benefits of the team approach for families and their children. Following are excerpts of viewpoints expressed by leaders in the professional associations of several early intervention disciplines, as well as professionals practicing in Missouri.

American Speech-Language-Hearing Association

In a March 25, 2008, edition of the American Speech-Language-Hearing Association's ASHA Leader, Juliann J. Woods discussed team-based services in her article "Providing Early Intervention Services in Natural Environments." She indicated that a teaming model of multiple professionals with a designated primary service provider "helps avoid fragmentation of services and frequent home visits from multiple professionals (e.g., audiologists, educators, occupational and physical therapists)" (Woods, 2008, para. 12).

A Missouri Provider's Perspective
By Nancy, Speech-Language Pathologist

"I've been very excited to be a part of the early intervention teams through First Steps. Families really appreciate knowing that all team members are communicating and that they and their child are receiving the best services possible. As a member of the team, I like being able to talk with other providers on a regular basis and sharing ideas."

American Physical Therapy Association

In the December 2004 edition of PT Magazine, published by the American Physical Therapy Association, an article titled "Maximizing Your Role in Early Intervention" by Michelle Vanderhoff included a discussion of the role of professionals in the transdisciplinary teaming/primary provider model. The article addresses the concerns of some professionals regarding the release of their roles to professionals of other disciplines. In the article, Vanderhoff notes, "therapists may teach others activities or intervention strategies that do not require the expertise of the therapist. The Guide to Physical Therapist Practice provides for this practice in coordination, communication and documentation, and patient-client-related instruction. It is important that ... other team members understand that when performing the activities the therapist taught them, they are only doing activities, not providing physical therapy" (Vanderhoff, 2004, para. 29).

A Missouri Provider's Perspective
By Deb, Physical Therapist

"The teaming approach has been very helpful for the children who are more involved and need more care. It has been very valuable to make teaming visits with children that need more support and to have that direct collaborative teaming visit together with the family and the support provider. As a physical therapist it has been very helpful and valuable to see some direct feeding and speech techniques. I am then able to follow through with the family the following week and see if they are having any difficulties with the activities given by the OT or SLP. These follow-up sessions have gone well and if more help is needed I am simply able to go back to the Supporting Provider for more guidance.

As therapists we have always worked at providing a comprehensive and collaborative approach to all children in First Steps. The Early Intervention Team model simplifies this effort. Previously we had to find time to make phone calls or e-mail other providers on the team to discuss their approaches and how things were going with their therapy. Now we are able to meet together with the family and make it a first-hand team approach."

American Occupational Therapy Association

The American Occupational Therapy Association website includes an article by K. O. Pilkington titled "Side by Side: Transdisciplinary Early Intervention in Natural Environments." Pilkington suggests that "to be an effective early intervention team member, occupational therapists may

look beyond their own discipline for insights and strategies that support a new 'way of being' " (Pilkington, 2006, para. 6).

A Missouri Provider's Perspective
By Anne, Occupational Therapist

"In this model, families take a more active role. The Primary Provider can really assess the child's and family's strengths, abilities and special needs in the context of the family and support the family in whatever ways are needed. The model gives families more time to actually incorporate suggestions, ideas and strategies into their routines and lifestyles. The support structure is fluid – which is nice and realistic. It does take teamwork, communication, role release and skill in working with all families, without judgments, to make this model successful."

Perspectives on EIT

In this video, First Steps providers, Service Coordinators and SPOE Directors from the St. Louis, Missouri area share their experiences with teaming.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in this section of the course:

1. How is the Primary Provider approach beneficial for families?
2. What are the advantages of working with children and families in their homes, rather than a clinical setting?
3. Why is service delivery through the Primary Provider system helpful to families?
4. Why is the delivery of services through the teaming approach more effective?

Module 6 Tab 3: EIT Model

In Missouri's transdisciplinary Early Intervention Team (EIT) model, a group of professionals works together to provide family-centered services, support and resources for young children with developmental disabilities and their families in the First Steps program. The EIT members draw upon their expertise in a collaborative manner that builds on the strengths of the team members, the family and the community. The team members exchange general early intervention strategies with each other and with the family.

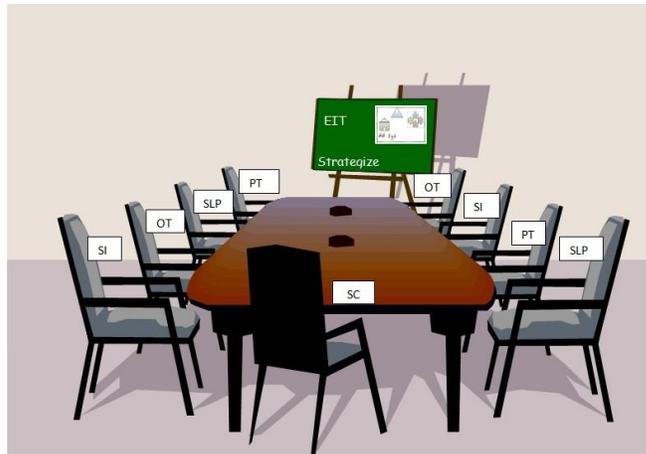
In Missouri's transdisciplinary early intervention teaming approach, each family is assigned to an EIT. One member of this team is identified as the Primary Provider, with other team members guiding and supporting the Primary Provider. The Primary Provider is responsible for delivering support and services to the family.

The EIT model includes the following components:

1. Provider teams (to conduct both evaluations and ongoing services)
2. Primary Provider approach
3. Shared service coordination
4. Other service providers (ancillary providers)

EIT Development

The System Point of Entry (SPOE) selects the members of the EIT, oversees their training and assesses their ongoing performance. Each EIT includes representation from the following disciplines: a Service Coordinator, a Physical Therapist (PT), an Occupational Therapist (OT), a Speech/Language Pathologist (SLP) and a Special Instructor (SI).



Although the EIT requires representation from an OT, PT, SLP, SI and a Service Coordinator, there may be more than one representative from a discipline on a team, depending on the use of full-time and/or part-time positions and the caseload of children for the area served.

The **Primary Provider** for each family is chosen from this team of providers by the Individualized Family Service Plan (IFSP) team. The decision regarding which EIT member serves as the Primary Provider is generally based on the skills and abilities needed by the child and family. The Primary Provider becomes a member of both the EIT and the IFSP team for that family, which provides continuity in the implementation of the IFSP.

As children are referred to the First Steps program, the Service Coordinator working with the EIT facilitates the First Steps eligibility determination for the child. If the child is eligible for First Steps, the Service Coordinator completes the required procedure leading to the initial IFSP meeting with the family. The family is informed about the EIT, how it functions, its make-up and how the EIT will support them.

The **Service Coordinator** may or may not conduct all service coordination activities. The Service Coordinator has the primary responsibility for coordinating evaluations and assessments and facilitating and participating in the development, review and evaluation of the IFSP, as well as identifying providers to implement the IFSP services, informing the family of their rights and procedural safeguards and facilitating the development of a transition plan prior to the child's third birthday. The Primary Provider may conduct those activities associated with coordinating and monitoring the delivery of services required by the Individualized Family Service Plan (IFSP) and assisting the family in identifying and gaining access to other community resources that are needed to support the family and child.

EIT Professional Roles

The EIT members view themselves as early interventionists first, with a specialty in PT, OT, Speech, or Special Instruction. Each team member brings general early intervention knowledge and skills to this work, in addition to the expertise in their specific disciplines.

Each EIT member may serve as a Primary Provider for a number of families. Each may also serve as a Supporting Provider, if required, in a given family's IFSP. Regardless of which provider is chosen, the early intervention will focus on supporting the family and child through their routines, activities and interactions. This support may include:

- Emotional support (positive regard, responsiveness, orientation to the whole family, friendliness and sensitivity);
- Material support (materials, equipment, financial resources); and
- Informational support (information about the child's disability, resources, child development, what to do with the child).

The Home Visit

This video provides an example of home visit activities and discussions with the parent of a toddler in the First Steps program.

The **Primary Provider** is the EIT representative who works directly with the family providing support and services. In the Primary Provider approach, "which involves 'role release' and 'role extension,' one professional is designated to provide services across disciplines, and the other professionals provide consultation to this designated Primary Provider" (Woods, 2008, para. 12). The Primary Provider regularly visits the family in the home or other community location. This person speaks to the family discussing their concerns and questions regarding the child's

development. The Primary Provider communicates the EIT's suggestions and involves the family members in implementing strategies to help the child using materials available in the family's home. The Primary Provider also discusses general activities suggested by EIT members from other disciplines.

All evaluations and assessments are completed by the members of the EIT unless the needed evaluation or assessment requires a specialty not represented on the team.

Based on professional assessments and recommendations, the IFSP team determines if a family needs a **Supporting Provider** to offer further support to the family and the Primary Provider through education of techniques, strategies or activities and role modeling. The IFSP team determines the extent and frequency of visits by Supporting Providers. Supporting Providers accompany the Primary Provider to the family's home. These visits are referred to as **joint visits**.

Reflections During the Final Home Visit

In this video, a mother shares her feelings about what early intervention has accomplished for her and her children.

Ancillary Providers from disciplines other than those represented on the EIT also may provide services to families. These providers are enrolled as service providers and selected from the service matrix through the Central Finance Office (CFO). Some examples of an Ancillary Provider might include an audiologist, a dietician or a nurse. The decision to add an Ancillary Provider is made by the IFSP team. For example, the IFSP team could decide to add a nutritionist to the EIT if a family needed support and services related to their child's nutritional needs.

The Service Coordinator and Primary Provider work with the family in selecting an Ancillary Provider. Ideally, the Ancillary Provider will accompany the Primary Provider to the family's home to allow for the same opportunities of education and support as seen with Supporting Providers. When appropriate, Ancillary Providers also may be invited to participate in the EIT to brainstorm and strategize with the EIT regarding the specific needs of a given child and family.

Joint Visits

During joint visits, the Primary Provider maintains the lead role with the family. The Supporting Provider may conduct assessments through a variety of means, make intervention suggestions based upon disciplinary expertise, model behaviors and provide appropriate feedback. The focus at joint visits is to provide consultation to the family and the Primary Provider from the Supporting Provider. The consultation should include information about the family's needs related to their daily routines, which includes events that occur at different times of the day (e.g., mealtime, playtime) or how the child functions within the activity.

Quote

The role of the Primary Provider "is to ask questions, both for his or her benefit and for the benefit of the family; to ensure the family understands the information the other team member is providing; to ensure the other team member understands what the family wants and is saying; to take notes and to handle interruptions"

Source: McWilliam, 2010, p. 127

The goal of a joint visit is to:

- Determine the problem contributing to the routines-based need
- Provide information that will enhance intervention between home visits
- Provide intervention suggestions
- Enhance the competence and confidence of the family and the Primary Provider

Due to the unique regional characteristics of areas throughout the state, many features about EITs vary from System Point of Entry (SPOE) region to SPOE region in order to meet the needs of eligible families in the service-delivery area (e.g., number of team members, number of EITs in the area, number of families served, geographic area and frequency and duration of meetings).

Joint Visits

These videos provide examples of joint home visit activities and discussions with parents of an infant and a toddler in the First Steps program.

Coaching

Rush and Sheldon (2008) define coaching as an evidence-based adult learning strategy used with parents and caregivers in order to help build on existing or new ideas. Coaching involves asking questions, thinking about what works and what doesn't work and trying new ideas. When using this method of intervention for young children and their families, there are common misperceptions.

EIT Meetings

EIT meetings provide an opportunity for providers to exchange professional opinions, strategies and information about children assigned to the EIT. While some of the members of the EIT may also serve on a child's IFSP team and implement IFSP services, meetings held by the EIT are not considered IFSP meetings and are not intended to make service decisions regarding individual children.

A Missouri Provider's Perspective

By Anne, Occupational Therapist

"I have found that when providers make it a priority to attend monthly meetings, each provider has an opportunity to inform other members of specific strategies, brainstorm new ideas and solve more complex problems. Often I have questions to what another provider may see during their treatment sessions that may assist me in developing a better approach with the child and family. This is essential also to discuss how the child and family are progressing with their goals and what changes need to be made to achieve their goals."

"I've been involved using this [team] model for the last eight years and have found that more effective communication takes place between the Service Coordinator and other providers when a planned meeting takes place at regular intervals."

All EIT members are early interventionists and equal partners in serving the families assigned to the team, although roles may shift to address a given family's concerns. During EIT meetings, the Primary Provider for each family speaks on the family's behalf and informs other team members about the family's areas of need for strategies and support. EIT members develop rapport and trust in one another as they share their expertise to create strategies and recommendations to help families reach their IFSP goals and outcomes.

Because of the diversity in their knowledge and experiences, the individual EIT members and families benefit as the team exchanges professional ideas, perspectives and community resource information. Occupational therapist Kristine Ovland Pilkington noted that the transdisciplinary model "assumes that any given team member can incorporate basic things into his or her interventions that other members may have expertise about. For example, if the educator is working on play, and the occupational therapist has concerns about the child using two hands, basic activities from the occupational therapist can be incorporated ... " (Pilkington, 2006, para. 31).

When the EIT considers strategies for a given child and family, the team may ask for additional assessments. EIT proposals for changes in services are presented to the IFSP team and the family, with the Primary Provider representing the team. The IFSP team decides what services to authorize and amends the IFSP. Next, the EIT proceeds to implement the plan with the family. The EIT will conduct the majority of its work during the team's routine meetings. These should be scheduled so ideally all members can be present. Meetings should be planned with a focused agenda, expected outcomes and appropriate time frames to make the best use of each member's time and energy. The team should also discuss and agree upon how their meetings will be structured and should establish ground rules to ensure everyone's participation and needs are met.

Effective meetings also include each member having a clear understanding of the role he or she will play in the team meetings. Because the EIT works with a number of assigned families, each member has the possibility of serving in a variety of roles during a single meeting. These include the role of Primary Provider, Supporting Provider, or a team member providing support and

consultation to the EIT members directly involved with a specific family. During a meeting, the responsibilities and expectations of team members will shift depending upon their role at any given time.

Effective Teaming

Teaming is effective when members (a) demonstrate commitment to collaboration and (b) fulfill specific teaming responsibilities in their engagement with each other and with families and children. McGonigel, Woodruff and Roszmann-Millican (1994) explain that EIT members show their commitment toward the EIT through the following behaviors:

- Giving the time and energy necessary to teach, learn and work across traditional disciplinary boundaries;
- Relinquishing professional and disciplinary control by working toward making all decisions by consensus;
- Supporting the family and one other team member as the primary service provider; and
- Recognizing the family as the most important influence in the child's life and supporting family members as equal team members and final decision-makers.

McGonigel, Woodruff and Roszmann-Millican further clarify the characteristics of different roles as such:

- **Role Extension** – EIT members remain current in their knowledge about research and trends in their discipline.
- **Role Enrichment** – EIT members are open to gaining a "general awareness and understanding of other disciplines through a process of defining terminology and sharing information about basic practices."
- **Role Expansion** – EIT members bring together their "ideas and exchange information on how to make judgments outside their own disciplines."
- **Role Exchange** – EIT members understand general intervention techniques from other disciplines.
- **Role Release** – All EIT members contribute general early intervention strategies from their own disciplines and trust the Primary Provider to use them in working with families.
- **Role Support** – When outlined in the IFSP, EIT members accompany the Primary Provider to support the family and the Primary Provider through education of techniques, strategies, or activities and role modeling.

Role release by the EIT members is a primary goal in the transdisciplinary EIT model. Although role release can be challenging, it is a necessary step for successful teaming. McGonigel, Woodruff and Roszmann-Millican suggest some of the following activities to assist EIT professionals in achieving role release:

- Read new articles and books within your discipline ... [and] attend conferences, seminars and lectures.
- Ask for explanations of unfamiliar technical language or jargon.
- Do an appraisal of what you wish you knew more about and what you could teach others.
- Attend a workshop in another field.

- Suggest strategies for achieving an IFSP outcome outside your own discipline; check your accuracy with other team members.
- Do a self-appraisal—list new skills within your intervention repertoire that other team members have taught you.

Making a Distinction between IFSP Teams and EI Teams

This video discusses the differences between the roles and responsibilities for members of an Early Intervention team (EIT) and an Individualized Family Service Plan (IFSP) team.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in this section of the course:

1. What is the role of the Primary Provider on the IFSP team and how is this beneficial to both the EIT and the family?
2. What are the roles of supporting and ancillary providers and the situations in which they are used?
3. How do the roles of a Primary Provider and a Supporting Provider differ during a joint visit?
4. How does the term "role release" and "role extension" apply to the EIT members?
5. What are the benefits for families and EIT members from routinely-scheduled EIT meetings?

Module 6 Tab 4: Working as a Team

Throughout our lifespan, most of us become involved in some type of team through settings such as school, leisure activities or the workplace. In each of these venues, groups of individuals come together for a common purpose (to win a game, develop a plan or solve a problem) and work together to achieve that end.

Successful teaming requires an understanding of team components and the roles and responsibilities of team members. The following provides an overview of team development and functioning to assist Early Intervention Team (EIT) members in understanding their roles and responsibilities to the team and to the families assigned to them.

Team Member Characteristics

After surveying individuals who had served on teams, Fran Rees, author of *25 Activities for Developing Team Leaders* (1993), identified a number of desirable qualities for successful team members. Following is an abbreviated list of those qualities. To be an effective member of an EIT, members should strive to:

- **Provide open, honest and accurate information.** This includes expressing opinions, both for and against the options at hand, ensuring all viewpoints are explored, sharing ideas freely and enthusiastically, asking for and listening to others' opinions and encouraging others to express their ideas fully.
- **Act in a positive and constructive manner.** This includes maintaining confidentiality, critiquing ideas—not people—avoiding defensiveness when fellow team members disagree with your ideas and identifying problems, along with alternative solutions/options.
- **Understand both individual and team roles.** This includes bringing problems to the team and balancing appropriate levels of participation.

Quote

“Teaming, and the skills for working together with others, are particularly critical for all ... who are working to provide effective, coordinated services to infants and toddlers with disabilities and their families.”

Source: Brekken, Ducey, & Knapp-Philo, 2007, Session 5: Elements of Team Functioning, Handout #2, p. 1.

Tips For Effective Communication Among Team Members

Team dynamics is a term used to describe the relationships among team members. Each EIT member's individual personality, personal and professional experiences, perspectives and values will impact the functioning of the team. Regardless of an EIT member's specific role on the team at a particular time, the team members work to develop rapport. Through their interactions and continual support of each other, the team will be better able to achieve its goals and objectives.

To develop rapport, members should share information regarding their strengths and the contributions they bring to the team. This information may include personal and professional characteristics (e.g., organized, punctual), expertise (e.g., relevant training or coursework), experience (e.g., work with children and families) and perspectives (e.g., provider, educator). In addition, members inform other team members about what they need from the team in order to be an excellent participant. Examples of needs could include meetings that begin on time or flexibility in meeting locations. With this information, the team can discuss and implement approaches that utilize each member's expertise, perspective and skills, as well as meet each member's individual needs. This process assists the team in developing appreciation and respect for the attributes each member brings to the team.

A Missouri EI Team's Perspective
By a Southeastern Missouri EIT

“We make sure that our EIT meetings are held on a regular basis and we always try to attend. We work hard to communicate well with one another, not only around the meeting table, but in our home visiting as well. We respect everyone's input when we brainstorm and we make a point to celebrate our successes along the way. As a team we celebrate the progress children make. We support one another by speaking positively about our team and the teaming process to families and others in our community. We also ensure our continued success by acknowledging that every family and child is different; and as a team, we do what we need to accommodate that.”

Good communication assists team members in implementing IFSP goals, meeting child and family outcomes and responding to change. Effective communication helps team members successfully plan, collaborate, strategize, make decisions and solve problems. It helps EIT professionals to understand the perspectives of each team member and provide support to the overall team. Developing positive partnerships with other team members helps to build mutual respect and relationships. Some ways to strengthen relationships with other team members include the following:

- Be positive and clear about yourself and your values.
- Reach out to other team members, recognizing their strengths and potential for constructive action.
- Realize how much more effective you and other team members can be by developing positive relationships, understanding each other's interests, working together to find options and basing supports for families on objective criteria.
- Avoid power struggles that waste time and energy.
- Work as a team, recognizing you need each other to act effectively. Be supportive of relationships with other team members.
- Listen with an open mind to options offered by other team members. Ask for their opinions first and be willing to learn from them. Think about a variety of options that meet the shared needs of the EIT. Consider these options as starting points rather than final goals. Together, brainstorm new possibilities. Listen actively and acknowledge what other team members say.

A Missouri Provider's Perspective
By Maria, Physical Therapist

“As a newer provider on a team, I can share a few important thoughts about joining a team. When you first join a team it is important to take time to introduce yourself and try to get to know the other team members. It is important to be open and share your experiences to allow your team members to learn about you. It is also important for experienced team members to remember it may be intimidating or difficult for someone new to feel comfortable joining a group of providers who have already built rapport with one another. Take the time to ask questions and learn about the new provider on your team. Ask for their input when strategizing to gain insight to their knowledge and perspective. It is vital to respect the expertise and fresh perspective the new team member has to offer and build upon it.”

Listening habits. In real-life conversations, it is easy to get caught up in our own thoughts and not really listen to information that others are trying to tell us. One way to improve listening is to identify one's own poor listening habits and make an effort to change them. In their book on human-relations training, authors J. William Pfeiffer and John E. Jones provide the following list of poor listening habits to avoid:

- **Not paying attention** – Listeners may allow themselves to be distracted or to think of something else as the other person speaks. Also, not wanting to listen often contributes to lack of attention.
- **Pseudo-listening** – Often people who are thinking about something else deliberately try to look as though they are listening. Such pretense may leave the speaker with the impression that the listener has heard some important information or instructions offered by the speaker when this is not really true.
- **Listening but not hearing** – Sometimes a person listens to only facts or details or the way in which they are presented and misses the real meaning of the communication.
- **Rehearsing** – Some people listen until they want to say something. Then they stop listening, start rehearsing what they will say and wait for an opportunity to respond.
- **Interrupting** – The listener does not wait until the complete meaning can be determined, but interrupts so forcefully that the speaker stops in mid-sentence.
- **Hearing what is expected** – People frequently think that they have heard speakers say what they expected them to say. Alternatively, they refuse to hear what they do not want to hear.
- **Feeling defensive** – The listeners assume that they know the speaker's intention or why something was said, or for various other reasons, they expect to be attacked.
- **Listening for a point of disagreement** – Some listeners seem to wait for the chance to attack the speaker. They listen intently for points on which they can disagree.

A Missouri EI Team's Perspective
By a Southeastern Missouri EIT

“When you listen to others, you learn new things – new strategies that you are able to take back to the child and family. It also fills your tool box and helps you to work with other families in the future. Listening to others is important because other team members bring questions that you may not have thought to ask. Good listening also boosts your self-confidence as a provider. You feel like others care and want to have you there when they take the time to listen to your perspective and suggestions.”

Effective listening helps the listener to fully engage in the facts and feelings shared by other team members. It also assists team members in gaining a clearer understanding of team objectives, taking responsibility and cooperating with each other. Effective listening brings about changes in the listener, building positive relationships and constructively altering attitudes.

Communication improvement strategies. If listeners pay special attention to the circumstances that seem to invite such behavior, they can consciously attempt to change their habits. For example, if a team member realizes that he is pseudo-listening to another team member, he can ask the team member to repeat the last idea, saying, "I'm sorry; my mind was wandering." As individuals become more aware of their poor listening habits, they are more likely to make an effort to improve their listening behaviors. Listed below are suggestions from Pfeiffer and Jones (1981) that can lead to effective listening:

- **Pay attention** – If people really want to be good listeners, they must, on occasion, force themselves to pay attention to the speaker. When a speaker is a dull conversationalist, a listener must sometimes use effort to keep from being distracted by other things. It is not only important to focus on the speaker, but to also use nonverbal cues (such as eye contact, head nods and smiles) to let the speaker know that they are being heard. Other strategies may include taking notes, underlining key concepts on a handout, or jotting down examples.
- **Listen for the whole message** – This includes looking for meaning and consistency or congruence in both the verbal and non-verbal messages. The focus involves listening for ideas, feelings and intentions, as well as the facts. It also includes hearing things that are unpleasant or unwelcome.
- **Hear before evaluating** – Listening to what someone says without drawing premature conclusions is a valuable aid to listening. By questioning the speaker in a non-accusing manner, rather than giving advice or judging, a listener can often discover exactly what the speaker has in mind, which may be different from what the listener assumed.
- **Paraphrase what was heard** – If the listener non-judgmentally paraphrases the words of the speaker and asks if that is what was meant, many misunderstandings and misinterpretations can be avoided.

Conflict resolution. Conflicts and disagreements are natural occurrences that reflect the differences among people. For EIT members, conflict may occur when the team disagrees on how team decisions will affect families.

Quote

"Resolving these conflicts can make the difference between positive teaming and ongoing struggles."

Source: Brekken, Ducey, & Knapp-Philo, 2007, Session 5: Elements of Team Functioning, Handout #2, p. 2.

The conflict-resolution process begins by establishing an atmosphere that promotes partnership and problem-solving.

As you work together to resolve a conflict, each team member needs to be very clear about the real concerns that have resulted in the conflict. Remember to separate the team member from the problem. Acknowledge each person's feelings as legitimate and together address the problem. The following are suggestions to help clarify perceptions regarding the conflict:

- Be clear about how you perceive the problem. Use "I Statements" to tell the other person your feelings rather than "You Statements" that can sound accusatory and indicate blame.
- Ask questions to clarify your understanding of the other team member's perceptions. Actively listen and acknowledge what the other person is saying.
- Clear up any misperceptions and stereotypes.
- Identify and acknowledge the needs that are essential to you, the other team member and the relationship of the team as a whole.
- Recognize that maintaining your relationship requires balancing everyone's needs.
- Develop small steps that lead you and other team members closer to mutually agreed upon decisions on larger issues.
- View this as a cooperative process in which the best outcome cannot be predicted at the beginning of the discussion.
- Understand that others also have interests and needs. Find solutions that are mutually acceptable and beneficial to other team members.

A Missouri EI Team's Perspective By a Southeastern Missouri EIT

"Thankfully, our team has not come across internal conflict between one another. We feel this is because we work hard to communicate well with one another and respect one another's perspective and expertise. If an issue presents itself with one of our families we brainstorm together and listen to all of the suggestions from the differing areas or disciplines on the team."

Problem-solving. Undoubtedly, EIT members will encounter a variety of unique challenges and situations in their interactions as a team, as well as during their interactions with children and families. Such encounters will provide the team members with the opportunity to build on their problem-solving skills both as individuals and as a team.

In the article "Seven Steps for Effective Problem Solving in the Workplace," mediator Tim Hicks outlined suggestions that may be helpful to the EIT in finding solutions and resolving problems.

The following suggestions, adapted from Hicks, can be used by the EIT to help with problem-solving:

- **Identify the issues** – Each team member shares his/her understanding of the problem. EIT members recognize that other team members may have differing perspectives and opinions. Together the team works to clarify and examine the issues and then define the problem.
- **Understand the interests of others** – The team's interests are the concerns and needs of the members and/or families they serve. The best solutions in addressing and meeting these interests consider each person. Team members put aside their individual differences and actively listen to each other with the intent to understand the perspectives of others.
- **List possible solutions (options)** – The team brainstorms and does creative thinking to generate all possible options.
- **Evaluate options** – The team discusses the pluses and minuses of the various options and how these will affect the needs and concerns expressed by the team and/or a family.
- **Select an option or options** – The team agrees upon the best option to resolve the problem and how the option will be implemented.
- **Document the agreement(s)** – The team records the solution it has agreed upon and the plan for implementation. When the team records this information, the team members have the opportunity to consider additional details and implications.
- **Evaluate** – The team selects the method to decide whether its selected option has resolved the issue or problem. In this process, the team also considers other contingencies, should the circumstances change.

**A Missouri EI Team's Perspective
By a Southeastern Missouri EIT**

“Coming together at EIT meetings is helpful when we communicate about the children and families assigned to the team. We are able to see one another’s body language and reactions. This helps us to know whether or not others understand what we are sharing and also better understand others as they provide suggestions. It helps us to see the suggestion rather than only hear a description of it. Open communication within our team and sharing our philosophies, experiences, and suggestions with one another helps us to find solutions to problems or concerns and further help the families.”

Team Reflection

Team self-reflection and evaluation on a regular basis ensure that the team is functioning optimally and working effectively. No team operates smoothly and efficiently all of the time; challenges can be reduced when the team routinely reflects on its functioning. Periodic evaluation helps both the team and its individual members improve.

The effectiveness of the team is based on the team's level of success regarding its outcomes, outputs and processes. Through comprehensive self-evaluation, the EIT can assess its level of success. As the EIT assesses its level of functioning and success, the following questions may be helpful:

- Do team members trust each other and are they able to openly and effectively work through conflicts?

- Do team members fully participate in the work of the EIT and are leadership roles appropriately shared?
- Are there effective procedures to guide team functioning? Do team members support these procedures and regulate themselves?
- Are communications between members open and participative?
- Does the team have well-established and agreed-on approaches to problem-solving and decision-making?
- Do team members consider various and creative approaches in working together as a team and for their assigned families?
- Does the team routinely discuss and evaluate how it is functioning? (Goodstein & Pfeiffer, 1985)

These and other questions developed by the EIT can be answered through the use of individual surveys, focused discussion during a team meeting and observation of team meetings. Evaluations are more useful when team members are able to select their own method to reflect and assess their team's effectiveness.

A Missouri Provider's Perspective **By Carisa, Occupational Therapist**

“I currently serve on both an experienced team and a newly founded team and I have noticed that there are distinct differences in the characteristics of each. The relationship with and trust in the team leader greatly affects the level of comfort of discussion amongst team members. It takes time to learn about and get to know one another. In the beginning, team members seem nervous to approach new team members. As they continue to meet together they become more relaxed, focused, and know what to expect. As time passes and the team members build rapport, I have also noticed that their trust and confidence in one another grows, the depth of the questions becomes deeper, and the providers begin to find their voices.”

An EIT Meeting

This video depicts an EI team discussion about progress and concerns. Note the interaction between team members and how next steps are determined.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in this section of the course:

1. What are some factors that contribute to the way an Early Intervention Team functions?
2. What are some ways that EIT members can achieve role release? Why is role release important, but challenging?
3. What are important components of effective communication?

4. When there is disagreement among the team members, what are some ways that you can assist in bringing the team toward positive resolution?
5. Why is it important for the team to periodically make time to reflect on the teams functioning?
6. What areas do the team members need to consider when evaluating their effectiveness as a team and their effectiveness with the families they serve?

Module 6 Tab 5: Resources

All documents, videos and supplemental materials that are linked in the module can be accessed under the Resources tab. The links to these resources were not included in this transcript.

Module 6 Documents.

1. Common Misperceptions about Coaching in Early Intervention
2. EIT for Families
3. EIT Meeting Agenda template
4. First Steps Belief Statements
5. Role of the Facilitator
6. Seven Key Principles Looks Like/Doesn't Look Like
7. Three Models for Team Interaction

Module 6 Videos.

1. An EIT Meeting
2. Joint Visit – Infant
3. Joint Visit - Toddler
4. Making a Distinction between IFSP Teams and EI Teams
5. Perspectives on EIT
6. Reflections During the Final Home Visit
7. The Adventures of George
8. The Home Visit

Module 6 Supplemental Resources.

1. ASHA Providing Early Intervention Services in Natural Environments
2. DESE First Steps Path to Early Intervention 2nd Edition
3. Engaging Culturally Diverse Families
4. Special Quest - What is a Team?
5. Special Quest - Why is Teaming Important?