



# Tool Kit for the Transdisciplinary Team Approach

*An Introduction to the Transdisciplinary Team Approach for Early Intervention Programs in New Mexico*





## How to Use This Tool Kit

The Transdisciplinary Team Approach (TTA) Tool Kit is a brief introduction to the Transdisciplinary Team Approach for Early Intervention (EI) agencies, and their partners, in New Mexico. It includes an overview of the process and key concepts, as well as helpful information and resources to support and guide new early intervention staff and their partners in their understanding of the Transdisciplinary Team Approach. It is intended to be used as an orientation for new staff and not as a substitute for specific training. It is recommended that each individual agency provide ongoing training and support to all new staff regarding practices, systems, and processes as they relate to the Transdisciplinary Team Approach that are agency-specific.

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## Introduction to the Transdisciplinary Team Approach

IDEA Part C Regulations §303.112 require that:

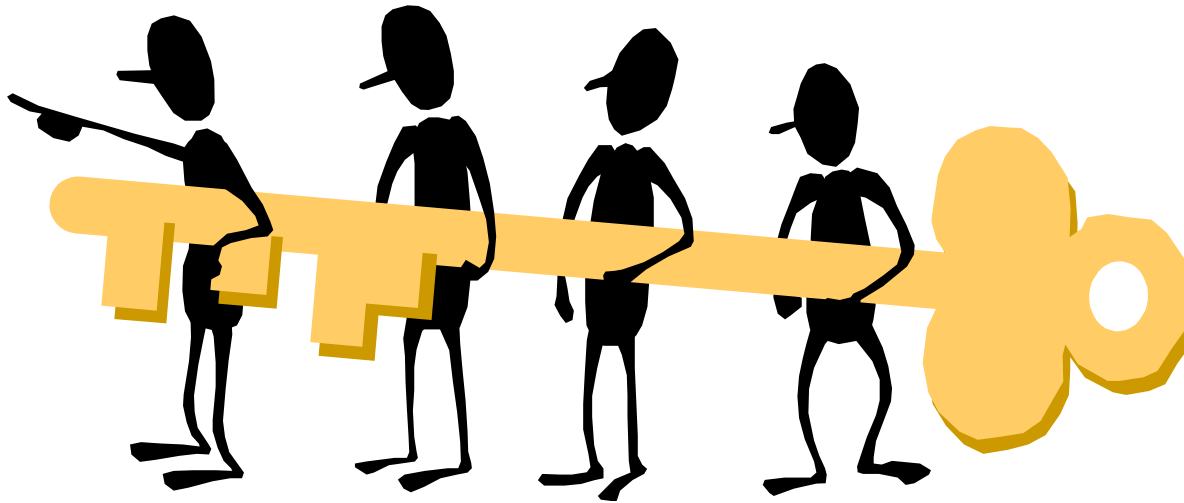
*“Each system must include a State policy that is in effect and that ensures that appropriate early intervention services are based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families.”*

The Transdisciplinary Team Approach (TTA) is founded on the New Mexico Family Infant Toddler (FIT) Program Key Principles for Providing Early Intervention Services in Natural Environments. These principles, developed by the Early Childhood Technical Assistance Center (ECTA, formerly NECTAC) reflect evidence-based practices in early intervention. The principles incorporate the core values of FIT and have been adopted by the FIT System (see Appendix A). They can be applied to meet the unique needs of families and children served in New Mexico.

### Background:

- In 2011, the FIT Program conducted a pilot with 4 EI agencies to begin work toward implementing the Transdisciplinary Team Approach and to provide feedback on the planning and implementation processes
- In 2012 the FIT Program and the UNM Center for Development & Disability’s Early Childhood Learning Network (ECLN) partnered to roll out the Transdisciplinary Team Approach in two phases which included on site trainings at every EI agency statewide:
  - Each agency identified a core team of staff who were trained to be the “in house experts” on the TTA.
  - Phase I of the TTA Approach (October, 2012 - March, 2013) included a self -assessment process to identify strengths and challenges in implementing the TTA.
  - Phase II (April, 2013 - October, 2013) focused on reviewing the self-assessment results and developing an implementation plan.
- All agencies are expected to have the Transdisciplinary Team Approach fully implemented within one year of the completion of the Phase II visit.

**Definition:** The Transdisciplinary Team Approach is a family-centered process for supporting families of young children with disabilities or delays. In this approach, one member of an identified multidisciplinary team is selected as the lead interventionist and receives coaching from other team members as needed. The lead, in turn, uses coaching as the key intervention strategy to build the capacity of parents and other care providers in using everyday learning opportunities to encourage the development of their children’s skills .



Rush & Shelden: Planning to Implement an Evidence- Based Practice Model in Early Childhood Intervention

### **Key Elements of the Transdisciplinary Team Approach**

- The team includes individuals from multiple disciplines
- Teams meet on a regular basis
- The team has a clear and common purpose
- Team members cross discipline boundaries
- One team member serves as the Lead for the family
- Parents are an integral part of the team
- The team works together by pooling knowledge, skills and resources
- Co-visits are encouraged
- Services are individualized for families
- All members share responsibility for implementation of the IFSP

## Why Use the Transdisciplinary Team Approach to Early Intervention?

Current IDEA language encourages state Part C (EI) programs to examine not only where services are provided but how to serve families utilizing evidence-based practices in order to “enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities” (*IDEA 631(a)(4)*). Research shows that most families prefer to have one consistent person working with them over time. Services are provided in the least intrusive manner, which includes being cognizant of the number of professionals providing services to a family at one time. The use of a Transdisciplinary Team Approach is not intended to limit a family’s access to supports and services, but, instead, to expand support for families by using teams of individuals representing multiple disciplines who are involved with and accountable to the family and to one another.

In addition the Transdisciplinary Team Approach:

- Points intervention toward functional, integrated supports and services
- Helps avoid duplication and fragmentation
- Blends multiple perspectives and expertise
- Reduces the likelihood of conflicting and confusing reports and communications with families
- Enhances coordination of services
- Is less intrusive for families
- Is less confusing to parents
- Enhances skills of the practitioners on the team

(Carpenter, 2005; Davies, 2007) and (Eigsiti & Rapport, 2008)

### Evidence Based Practices

ZERO TO THREE Journal (March 2011)  
article - “*Current and emerging evidence based practices - including routines-based transdisciplinary models... are being integrated into early intervention programs throughout the country*”.

(Cole, Oser & Walsh)

## How is the Transdisciplinary Team Approach Different from Other models?

**Multidisciplinary**-In the multidisciplinary approach, professionals provide separate evaluations and assessments, set their own discipline-specific goals for the child, and implement individual intervention plans. The team members may communicate with each other on a less frequent and less formal basis than with other models.

**Interdisciplinary**-An interdisciplinary team requires interaction among the team members for the assessment and development of the intervention plan (IFSP- Individualized Family Service Plan). The team determines the best method for service delivery that may include one or more providers.

**Transdisciplinary**-Today, the most prevalent model is the transdisciplinary one. This model calls for one team member to provide the interventions; to accomplish this other members must teach the service provider *aspects* of their discipline. In other words, therapists and other service providers may teach others activities or intervention strategies that do not require the expertise of the therapist. It is important that the family and other team members understand that when performing the activities that a therapist has taught them, they are only doing activities, not providing therapy.

## Transdisciplinary Approach vs. Traditional Approach

Transdisciplinary Approach	Versus	Traditional Approach
Family-Centered	Versus	Professionally Centered
Strength-based	Versus	Deficit-based models
Empowerment	Versus	Expertise models
Resource based	Versus	Service based models
Enhancement and optimization of competence and positive functioning	Versus	Remediation of a disorder, problem, disease or its consequence
Professionals as agents of families and responsive to their desires and concerns	Versus	Professionals as experts who determine the needs of clients from their own perspectives.

Carl Dunst (2000) in “Rethinking Early Intervention” outlined the differences in implementing the transdisciplinary model.



## What Do Transdisciplinary Teams Look Like?

Parents and Family Service Coordinators are always an integral part of the team. Other team members represent professionals from various educational backgrounds including: special education/child development (Developmental Specialists -DS), social work, psychology, medical, and physical, occupational and speech/language therapy as well as professionals from other disciplines, state-supported schools (NMSBVI- New Mexico School for the Blind & Visually Impaired/NMSD - New Mexico School for the Deaf) and other agencies. The individual that is designated as the Lead interventionist is selected based upon outcomes desired by the family, rapport/relationship between the Lead (coach) and the family (learner), knowledge of the Lead interventionist, and the schedule/availability of the Lead interventionist and family. This approach requires team members showing respect for each and a willingness to share professional expertise, in order to promote:

- Alignment of strategies
- Coordinated approach to service delivery
- Collaboration between team members

### Defining Transdisciplinary

Members of a transdisciplinary team cross professional discipline boundaries to achieve service integration by consulting... with one another. They do not abandon their discipline, but blend specific skills with other team members to focus on and achieve integrated outcomes (Pletcher & Younggren-in press)

## What Do Transdisciplinary Teams Look Like?

### Philosophy of Team Interaction

- Team Members commit to teach, learn, and work across disciplinary boundaries to plan and provide integrated services

### Lines of Communication

- Meets regularly to share information and to teach and learn across disciplines; consultation and teaming are fundamental

### IFSP Development

- Staff and family develop plan together based on functional assessments. The family is valued as an active member with a decision making role.

### IFSP Implementation

- One person works most often with the family and other members provide support through consultation and co-visits.

## What Does the Transdisciplinary Team Approach Look Like for Families?

Services in a Transdisciplinary Team approach are individualized to meet the needs of each child and family. This is not a “one size fits all” approach. The team determines how to best meet the outcomes on the IFSP. This will include a mix of direct services, co-visits and/or consultation as appropriate. Frequency and intensity of services and supports are decided collaboratively based on the unique needs of the child and family.

### Emilio & His Family

- 1x/wk visits with DS (lead)
- 1x/mo co-visit DS & SLP
- 1x/qtr visit with nurse
- *Team* meets once a month for 1 hour

### Brianna & Her Family

- 1x/wk visit with OT (lead)
- 2x/mo visit with DS (NMSD)
- 1x/qtr co-visit with OT & PT
- *Team* meets twice a month for 1/2 hour

### Monica & Her Family

- 2x/mo visit with Family Therapist (lead)
- 1x/mo visit with DS
- *Team* meets every other month for 1 hour

### Arthur & His Family

- 1x/wk visit with PT (lead)
- 1x/day Early Head Start (EHS) classroom teacher
- 1x/mo visit with DS
- 2x/DS & PT co-visit at the EHS center
- *Team* meets once a month for 1 hour

## What is the Role of the Lead?

The Lead, *who is a direct service provider/interventionist*, serves as the point-of-contact between the family and other team members. The Lead is designated on the IFSP and typically works most frequently with the family. He/She establishes a strong relationship with the family. This relationship allows the family to develop a significant relationship with one provider who has the most knowledge and understanding of the family and who can share this information when collaborating with other team members.

### Effectiveness of Lead Role

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



## How is the Lead Selected?

The Lead interventionist is the member of the team who is determined the best possible match for a child and family. There are many possible ways to select a lead and an agency often has its own process for selecting the lead. The following chart includes some valuable considerations for selecting a “Lead”:

Family Factors	Child Factors	Environmental Factors	Provider Factors
<ul style="list-style-type: none"> <li>• Family priorities</li> <li>• Family dynamics</li> <li>• Schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis/Needs</li> <li>• Primary location</li> <li>• Motivators</li> </ul>	<ul style="list-style-type: none"> <li>• Nature of daily settings</li> <li>• Safety</li> <li>• Distance</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship with family</li> <li>• Expertise</li> <li>• Availability</li> </ul>

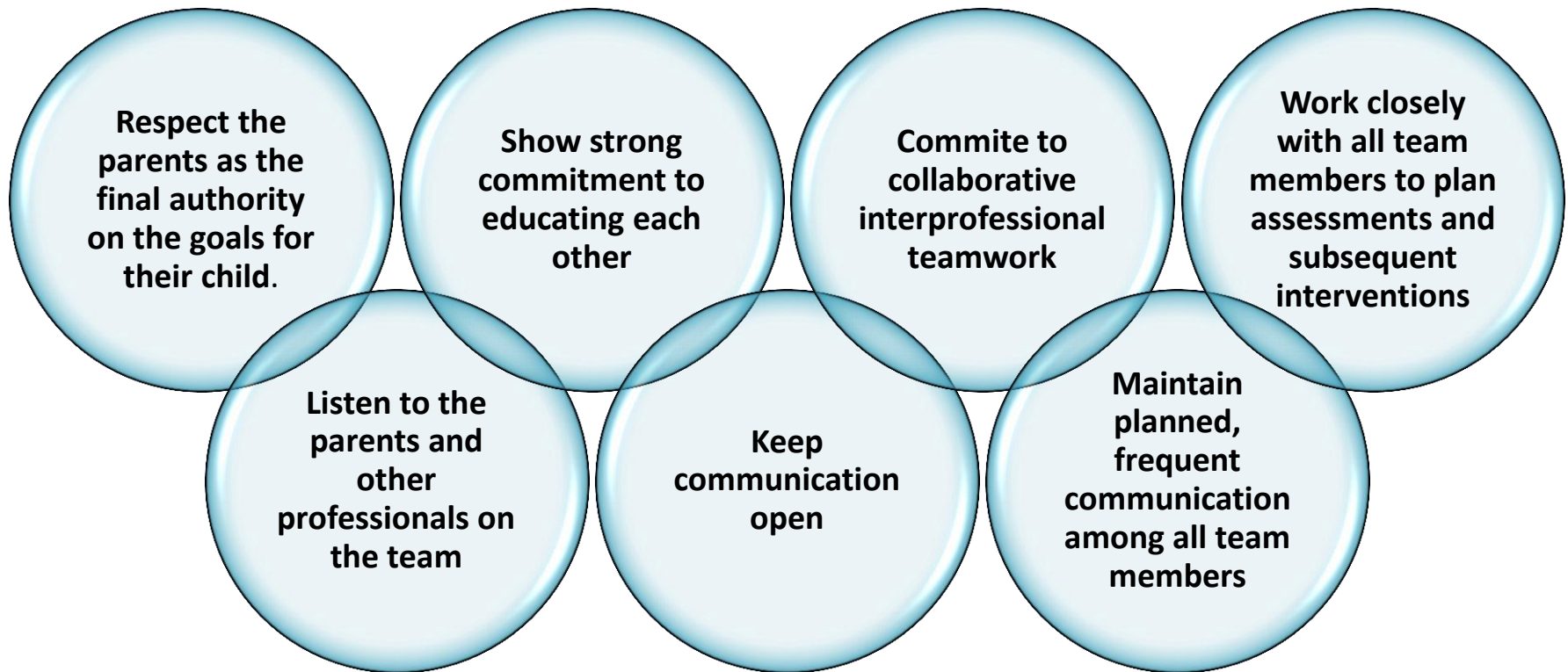
Adapted from Rush & Shelden, Worksheet for Selecting the Most Likely Primary Service Provider. CASEtools, Vol. 6 (3), 2012.

Note that any team member may be the “Lead” person, with the exception of the service coordinator in programs that use a dedicated service coordinator model.

**New Mexico – Family Infant Toddler (FIT) Program Transdisciplinary Team Approach – Role Clarification**

Lead (Direct Service Provider)	Family Service Coordinator (FSC)	Dual Role (FSC/DS)
<ul style="list-style-type: none"> <li>• Each family has a Lead identified by the IFSP team.</li> <li>• The Lead is designated on the IFSP.</li> <li>• The Lead typically is the direct service provider working most frequently with the family.</li> <li>• The IFSP team (including the family) may change the designated Lead as needed.</li> </ul> <p><b><u>Ongoing Responsibilities:</u></b></p> <ul style="list-style-type: none"> <li>• Keeps abreast of the changing circumstances, needs, interests, strengths and demands in the family’s life which affect the ability to achieve the outcomes on the IFSP.</li> <li>• Ensures coordination of intervention efforts across disciplines and collaboration among team members.</li> <li>• Is the liaison between the family and the team regarding interventions</li> <li>• Promotes co-visits.</li> <li>• Works closely with FSC.</li> <li>• Requests that FSC convene a full IFSP team meeting (with parents) if the team identifies a need for a change in services or frequency / intensity.</li> <li>• Orients new team members regarding the effective implementation of IFSP strategies and approaches with the child and family.</li> </ul> <p><b><u>At consultation meetings:</u></b></p> <ul style="list-style-type: none"> <li>• Facilitates and promotes discussion among team members to ensure alignment of strategies.</li> <li>• Encourages discussion to identify recommendations that promote the integration of services.</li> <li>• Fosters sharing and learning across disciplines.</li> </ul>	<ul style="list-style-type: none"> <li>• All families will continue to have a designated FSC under the Transdisciplinary Team Approach,</li> <li>• FSC is identified on the IFSP.</li> </ul> <p><b><u>Ongoing Responsibilities:</u></b></p> <ul style="list-style-type: none"> <li>• Responsible for providing all Family Service Coordination activities as per FIT regulations and service standards, regarding coordination of: intake; evaluation and eligibility determination; rights and procedural safeguards; the IFSP; coordination of services and transition, etc.</li> <li>• At the request of the Lead, the FSC arranges meetings with team members to ensure opportunities for consultation.</li> </ul> <p><b><u>At consultation meetings:</u></b></p> <ul style="list-style-type: none"> <li>• Participates in planned consultation meetings with team members, as often as possible, to support planning efforts of the team.</li> <li>• At the request of the Lead, facilitates the consultation meeting.</li> <li>• Identifies items that need to be addressed (e.g. referrals to other resources, convening an IFSP team meeting, communication with community partners, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Personnel in a dual role (i.e. Family Service Coordinator AND Developmental Specialist) can serve as the Lead</li> </ul> <p><b><u>Ongoing Responsibilities:</u></b></p> <ul style="list-style-type: none"> <li>• The person in a dual role who is also designated as the Lead should declare when he/she is functioning in each role (e.g. “As the team Lead, I will talk to the other team members and see if they have any thoughts regarding how to encourage Ricky to begin trying solid foods...”).</li> </ul> <p><b><u>At consultation meetings:</u></b></p> <ul style="list-style-type: none"> <li>• See corresponding responsibilities under Lead and FSC.</li> <li>• Documentation for billing purposes will correspond to the role that is assumed during the meeting.</li> </ul>

## Critical Components for the Success of the Transdisciplinary Team Approach

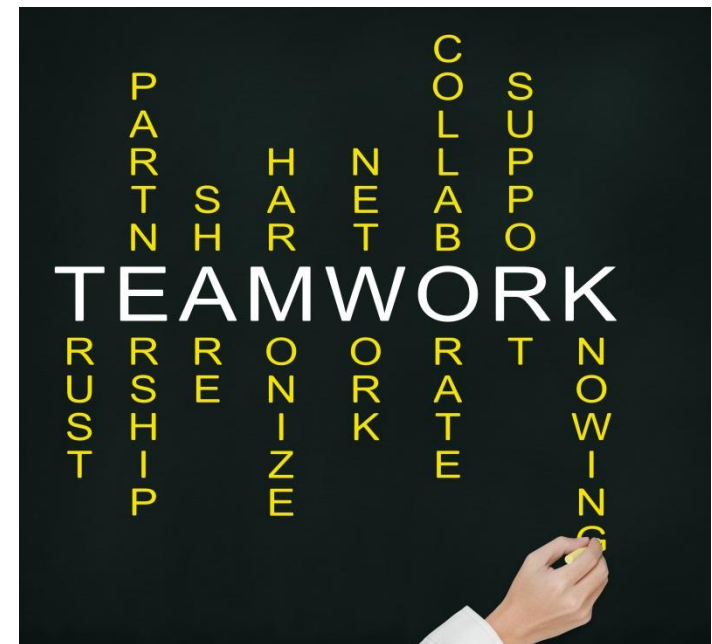


## Summary

As research data on effective practices in early intervention indicates that families benefit most from a primary provider working with the family while receiving team support, the NM FIT Program has chosen to adopt a Transdisciplinary Team Approach. This approach guides every interaction with every family and child involved with early intervention including:

- The family's introduction to early intervention- during which the role of the family as team member and that of the service providers is explained;
- The manner in which the initial evaluation and IFSP (Individualized Family Service Plan) meetings are conducted by a team;
- How services are provided by a team, with a designated person taking the "lead" in interactions with the family and child

With a cohesive team providing consistent communication and support to a family, parents' dreams truly can be realized!





## References

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APTA: Maximizing Your Role in Early Intervention; PT Magazine, 2004; Vanderhoff, Michelle.

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Building on the Foundations of Part C Legislation: Beginning the Conversation for Reauthorization; Zero to Three, Vol. 31 (4), 2011; Cole, Patricia; Oser, Cindy; Walsh, Sharon.

Early Intervention - IDEA Part C: Service Delivery Approaches & Practices by Lynda Cook Pletcher & Naomi Youngren in *Early Childhood Intervention : Shaping the Future for Children with Special Needs and Their Families Vol. 2* / Christina Groark, set editor; Santa Barbara, Calif. : Praeger, 2011

## **Web-based Resources to Support TTA Implementation**

Individual Family Staffing Report for Sharing Information and Planning During Team Meeting

[https://fipp.ncdhhs.gov/wp-content/uploads/casetools\\_vol6\\_no1.pdf](https://fipp.ncdhhs.gov/wp-content/uploads/casetools_vol6_no1.pdf)

Joint Visit Planning Tool When Using a Primary Service Provider Approach to Teaming

[https://fipp.ncdhhs.gov/wp-content/uploads/casetools\\_vol6\\_no2.pdf](https://fipp.ncdhhs.gov/wp-content/uploads/casetools_vol6_no2.pdf)

Worksheet for Selecting the Most Likely Primary Service Provider

[https://fipp.ncdhhs.gov/wp-content/uploads/casetools\\_vol6\\_no3.pdf](https://fipp.ncdhhs.gov/wp-content/uploads/casetools_vol6_no3.pdf)