

The National Landscape of Team Practice for Infants and Young Children with Disabilities under IDEA



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Statement of the Problem



- Background
- Early childhood special education
 - Early intervention
 - Preschool special education
 - Early primary grade special education

Children are diverse in – ages (0-8), as well as socioeconomic, cultural, linguistic, ethnic, and religious background and disabilities

Statement of the Problem



- Recommended practices
 - ✦ DEC (2005) – A Comprehensive Guide for Practical Application in Early Intervention and Early Childhood Special Education.
 - ✦ 5 Practice recommendations for direct service provision:
 - Assessment
 - Child focused
 - Family based
 - **Interdisciplinary models**
 - Technology applications
 - ✦ 2 Practice recommendations for indirect services
 - Policies, procedures, and systems change
 - Personnel preparation

Statement of the Problem



- Implementing interdisciplinary teaming practices has proved difficult
- Frequently cited impediment:
 - lack of interdisciplinary pre-service training and the impact of pre-service faculty attitude and practices
 - ✦ Bruder, Mogro-Wilson, Stayton, & Deitrich, 2009
 - ✦ Mellin & Winton, 2003, Kilgo & Bruder, 1997

Interdisciplinary model – professionals from multiple disciplines conducting discipline specific assessments, recommending discipline specific goals, with some team discussion

Multidisciplinary model – two or more professionals from different disciplines, conducting discipline specific assessments, recommending discipline specific goals, and minimal team interaction

Transdisciplinary model – professionals from multiple disciplines conducting cross-discipline assessments, recommending cross discipline goals, collaborating and interacting, and transferring skills between disciplines

Research Question:



- What is the national status of team practices in programs under IDEA that serve infants and young children with disabilities?
 - ✦ More fully examine the status of interdisciplinary team practices in all early intervention (Part C) and preschool (3 -5 year olds) special education (Part B, Section 619) programs under the Individuals with Disabilities Education Act (IDEA)

Hypothesis:

The majority of early intervention and preschool special education programs under IDEA **do not** contain certain selected recommended components associated with interdisciplinary team practices.

Methodology



- Electronically mailed information about the survey and request for participation along with a link to the survey
- Survey response was anonymous and results were aggregated
- Target population
 - Part C and Part B, Section 619 Program Coordinators (all 50 states, territories, the District of Columbia, Bureau of Indian Education, and the Department of Defense)
- Survey Structure:
 - 19 items: 11 fixed response and 8 open-ended questions
- Survey Questions:
 - Approach to teaming
 - Written policies and procedures regarding teaming and policies defining team membership
 - Development of and requirements for training in making decisions as teams and/or team functioning
 - Monitoring of team practices

Methodology



- DEC recommended practices were used for guidance in developing survey
- Key DEC practice ideas:
 - Theoretical principles – teamwork, transdisciplinary, functionality, practicality of services for caregivers
 - DEC Practice recommendations:
 - ✦ team/family work together to make decisions
 - ✦ Professionals cross disciplinary boundaries
 - ✦ Intervention focused on functional needs, not services
 - ✦ Natural learning environments - regular caregivers/routines

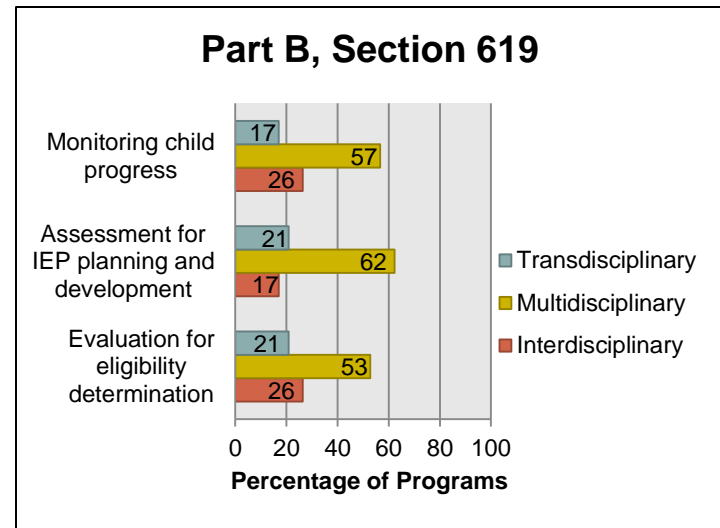
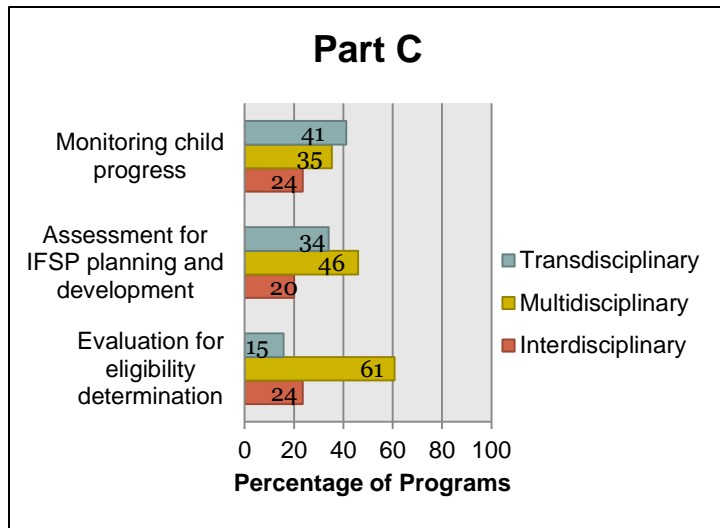
Results:



- 88% response rate achieved
- One hundred and five (105) coordinators responded to the survey.

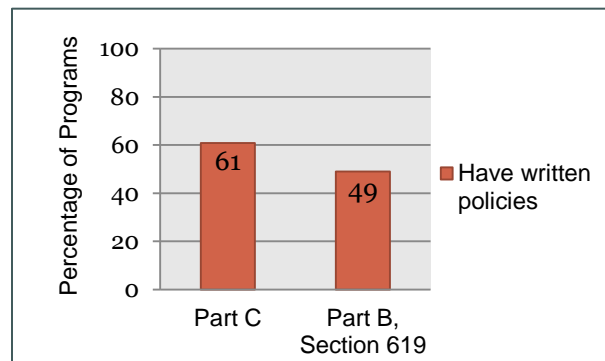
Team Models

- The majority of both Part C and Part B, Section 619 coordinators reported that a **multidisciplinary model** best described their approach to teaming when conducting evaluations (57%) and assessment for IFSP/IEP planning and development (54%).
- However, 41% of Part C coordinators reported that a **transdisciplinary model** best described their approach to monitoring child progress.



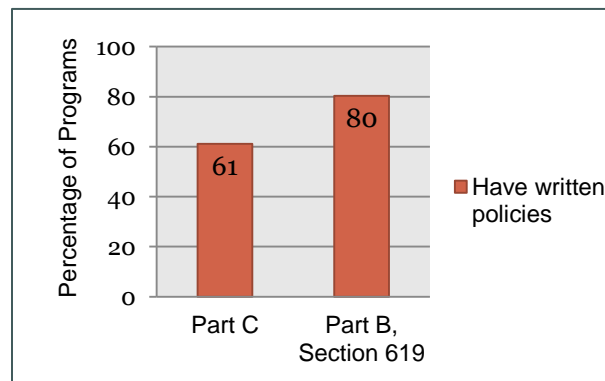
Protocols for Teaming

•61% of Part C and 49% of Part B, Section 619 coordinators reported their state **has written policies**, procedures, training, or monitoring to support teaming.



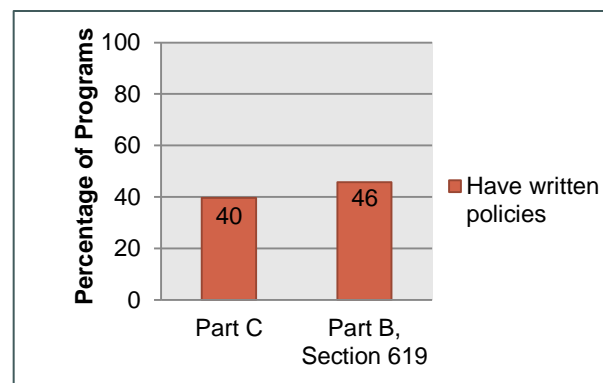
Team Membership

•61% of Part C and 80% of Part B, Section 619 coordinators reported **having written policies** defining membership for teams for evaluation of eligibility determination, assessment for IFSP/IEP planning and development, or progress monitoring.



Team Decision Making/Team Functioning

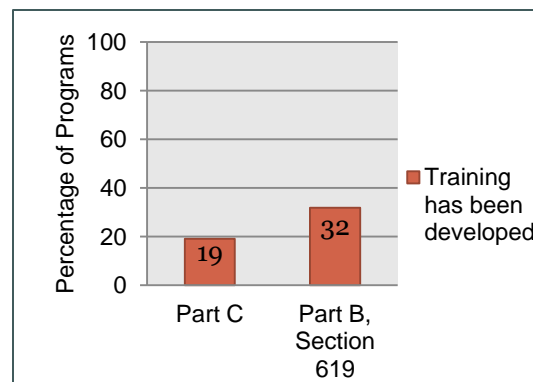
•40% of Part C and 46% of Part B, Section 619 coordinators reported their states **have written policies** which define how teams make decisions or how teams function when performing teaming tasks.



Training

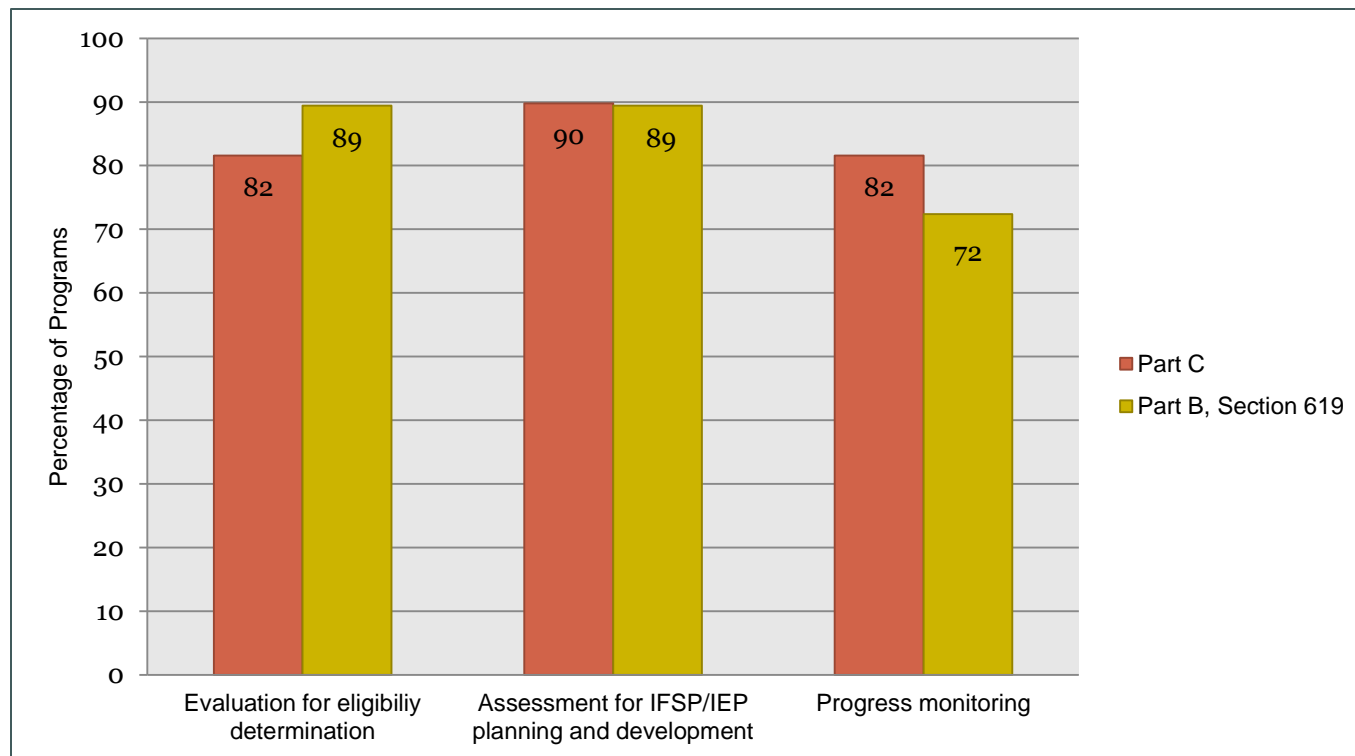
•19% of Part C and 32% of Part B, Section 619 coordinators reported training in making decisions as a team or team functioning **has been developed** within the last year.

•The majority of states **did not report** that training was mandatory for service providers and/or service coordinators.



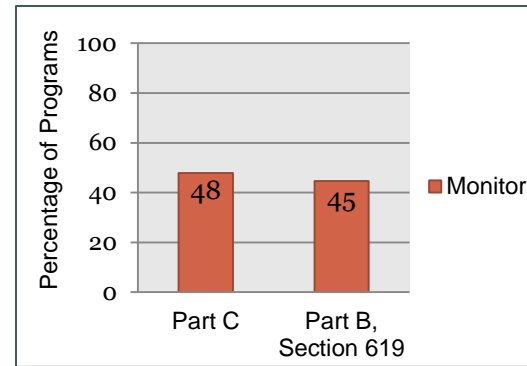
Importance of Teaming

•The majority of Part C and Part B, Section 619 coordinators rated the **importance of teaming** a “4” or “5” on a scale of 1 to 5 for each assessment function: evaluation of eligibility determination, IFSP/IEP planning and development, and progress monitoring.



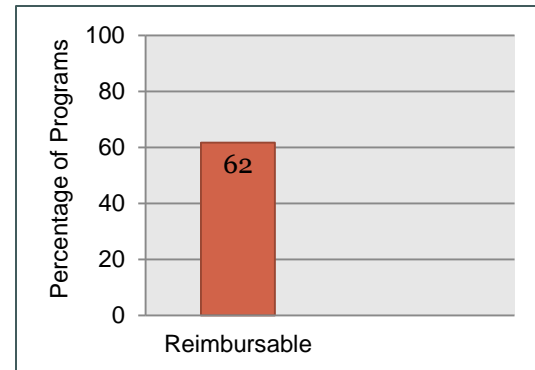
Monitoring Teaming

•48% of Part C and 45% of Part B, Section 619 coordinators indicated their states **monitor teaming practices.**



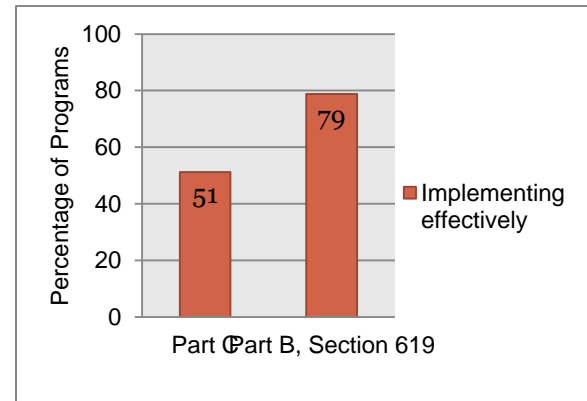
Reimbursement for Teaming Activities

•62% of **Part C** coordinators reported teaming activities **are reimbursable** in their state.



Effective Implementation

•51% of Part C and 79% of Part B, Section 619 coordinators reported service providers **were effectively implementing** their state's teaming policies.



Open-Ended Questions



- Descriptions of written policies concerning:
 - Training in teaming
 - Definition of team membership
 - How teams make decisions and/or how teams function
 - How teaming is monitored
 - Sources of funding for Part C reimbursement of teaming activities
 - Specific supports that have been developed to support teaming
 - Barriers to effective implementation of teaming policies

Summary of Responses to Open-Ended Questions



- **Written policies, procedures, training and monitoring:**
 - **Part C**
 - ✦ 26 responses:
 - Procedures and payment to support team meeting for children with complex needs
 - State statutes, regulations, and rules
 - Practice manuals and guidance documents
 - Primary service provider approach to service delivery
 - Toolkits developed for primary provider approach and teaming
 - Training – some statewide , some multiple day course, online, Institutes on teaming, coaching, and mentoring
 - Moving towards a transdisciplinary model
 - Early Intervention Specialist training concentrates on teaming in core curriculum
 - Some training in team facilitation
 - Teaming required in contracts
 - Multidisciplinary teams
 - Assure communication between family and other members of team

Written policies, procedures, training and monitoring:



○ Part B, Section 619

✦ 15 responses:

- Most stated they follow federal statutes, state statutes and administrative rules and federal and state regulations and announcements
- Guidance documents – OSEP, state and local
- Policy manuals, toolkits,
- Specific policies addressing assessment and completing Child Outcomes Summary Form
- Transdisciplinary Play-Based Assessment Centers -training and monitoring provided

Team Membership



- Part C
 - 25 responses:
 - ✦ Federal requirements
 - ✦ State operational standards specify team requirements
 - ✦ Must include developmental specialist, occupational therapist, physical therapist, speech and language therapist, and service coordinator – must have weekly meetings
 - ✦ Transdisciplinary approach
 - ✦ Multidisciplinary approach
 - ✦ State announcements
 - ✦ Primary early intervention professional must be at meetings to change IFSP
 - ✦ At least one team member must be a licensed Practitioner of the Healing Arts
 - ✦ Contractually based on family-child needs
 - ✦ Multidisciplinary evaluation team with interdisciplinary collaboration for informed clinical opinion and billing procedures to support transdisciplinary model

Team Membership



- Part B, Section 619
 - 31 responses:
 - ✦ A state special education guideline or manual which indicates the specific professionals to be included based on eligibility category
 - ✦ Federal (IDEA) and State administrative rules and regulations, policies, and guiding practice and implementation documents
 - ✦ Multidisciplinary team
 - ✦ State board policy and district policy and procedure
 - ✦ Membership requirements are interdisciplinary

Team Decision Making and Functioning



- Part C
 - 13 responses:
 - ✦ Handbooks, training and practice materials
 - ✦ State announcements
 - ✦ Transdisciplinary model
 - ✦ Federal (IDEA) regulations
 - ✦ Informed clinical opinion rules and procedures
 - ✦ Multidisciplinary model
- Part B, Section 619
 - 15 responses:
 - ✦ Federal regulation (IDEA), state rules, plan, procedure manual, process guide, and announcements
 - ✦ Multidisciplinary team approach

How Teaming is Monitored



- Part C

- 18 responses:

- ✦ Focused monitoring process includes interviews with staff and supervisors regarding program policies and practice
- ✦ Record review protocol- documentation of team discussion, team signatures required for intensive level evaluations and service exceptions
- ✦ Contracts require a percent of new families assigned to teams and observation of team meetings, and teaming questions will be including in family surveys
- ✦ Peer review
- ✦ Record review and provision of technical assistance, training, and onsite visits
- ✦ Programs monitored every other year with consistent verification tool
- ✦ Child record audits
- ✦ IFSP meetings, reviews and transition conferences are recorded on a “teaming activity” note which is reviewed during onsite reviews to determine if team members participated
- ✦ Team leads call regional programs to report status, barriers to team function and to share successful strategies
- ✦ Only monitor to see if teaming occurred not actual practices
- ✦ Provider Appraisal Review process

How Teaming is Monitored



- Part B, Section 619
 - 16 responses:
 - ✦ Yearly samplings of IEP's from districts
 - ✦ Transdisciplinary Play-Based Assessment Centers of Excellence
 - ✦ Memorandum of Agreements
 - ✦ Record review and data verification
 - ✦ Child record audit forms
 - ✦ State monitors all preschool special education programs and uses a verification tool
 - ✦ On-site focus monitoring
 - ✦ Federal program monitoring process
 - ✦ Federal (IDEA) requirements
 - ✦ State department of education conducts yearly on-site monitoring/verification visits to each local education agency
 - ✦ Complaint investigation
 - ✦ Random review of local educational agency records

Source of Funding for Teaming Activities



- Part C
 - 27 responses:
 - ✦ State and federal funds
 - ✦ Private funds
 - ✦ Part C and state funding will pay for consultation of team member with primary service provider
 - ✦ Medicaid and private insurance
 - ✦ Combination of funding
 - ✦ Targeted case management under specific circumstances
 - ✦ Case rate for all Children's Integrated Services service providers and rate is intended to cover direct services and meeting time
 - ✦ Teaming activities that include the parent are billable
 - ✦ Contracts provide for hourly rate for meeting with service providers

Specific Supports for Teaming



- Part C

- 28 responses:

- ✦ Provide institutes on primary service provider model and coaching as an interaction style
- ✦ In context of providing services to children with ASD
- ✦ Orientation training for new staff
- ✦ Package of evidence based practices on consultation
- ✦ Focus on reflective supervision
- ✦ infrastructure to support system change – provide support from regional state level to regional programs to providers
- ✦ Joint training for providers and staff statewide
- ✦ Annual Statewide training using parents as presenters
- ✦ Mentorship opportunities
- ✦ Practice manual and technical assistance
- ✦ Required yearly contact hours for direct service providers
- ✦ Data system requires entry of teaming notes prior to reimbursement
- ✦ In progress, fidelity checklist and reflective practice tools
- ✦ Nothing – having a difficult time with supervision and leadership
- ✦ None at this time, we do not plan on making this a priority this year and next
- ✦ annual training events and requirements through personnel standards

Specific Supports for Teaming



- Part B, Section 619
 - 27 responses:
 - ✦ None at this time
 - ✦ Topic specific training – differs yearly
 - ✦ Have been developing a team building curricula with our Center of Excellence and a university consultant – not taken to local education agencies yet
 - ✦ Memorandum of understandings
 - ✦ Video trainings
 - ✦ None that I am aware of
 - ✦ Nothing specifically about teaming
 - ✦ Team members have access to procedures to make data-based decisions and progress monitoring charts
 - ✦ Information on our state website
 - ✦ Biannual meeting with Part C
 - ✦ Working on fully implementing DEC recommended practices
 - ✦ Teaming is stressed in RTI and interventions before and after eligibility for special education
 - ✦ Training staff on Evidence Based Coaching Approach to Teaming
 - ✦ Transition documents and resources are designed for teaming, collaboration, and process
 - ✦ Professional development opportunities
 - ✦ Training on facilitated IEP meetings
 - ✦ Training in authentic assessment covers use of team to make decisions

Barriers to Implementation



- Part C

- 22 responses:

- ✦ Funding, Cost to providers
- ✦ Resistance to change, not grasping the concept of less is more, teaming, falling back into old habits, time constraints, money constraints, lack of support from medical community and other community programs (Head Start, Parents as Teachers, and Part B)
- ✦ Hours have been cut so there is no time to learn
- ✦ Lack of providers, disinterest of providers in teaming
- ✦ Contractors who don't value time spent within team functions
- ✦ Misunderstanding of service delivery model, discomfort with changing roles, pressure of billing, time lines and productivity
- ✦ Sometimes services are fragmented
- ✦ Practice
- ✦ Lack of pre-service training in teaming
- ✦ Inconsistent training opportunities and state team capacity
- ✦ Difficult in predominantly rural state
- ✦ Control issues with acting coordinators
- ✦ There are no written teaming policies at this time
- ✦ Lack of buy-in by therapists, low reimbursement rates
- ✦ Competing initiatives outside of Part C to create singular approaches and practice guidelines, fidelity

Barriers to Implementation



- Part B, Section 619
 - 13 responses:
 - ✦ Team turnover , continual training and team building
 - ✦ Time, effective use of time, scheduling
 - ✦ Increased caseloads, decrease in funding, attrition
 - ✦ Reluctance to change, embedded outdated practices
 - ✦ Lack of trust in new service delivery model
 - ✦ Reimbursement, do not understand medical versus educational model approach under IDEA, refusal to embrace change, potential loss of referrals and revenue, disbelief in effectiveness of service delivery model, not wanting to acknowledge the natural environment component, cannot understand “helping families enhance the development of their child” piece of the model
 - ✦ Insufficient staffing, trained teachers
 - ✦ Lack of understanding of team members
 - ✦ Training that is developed is discretionary so it may not be even across state
 - ✦ Need time to provide technical assistance statewide, cross agency training

Additional Feedback about Teaming



- Part C

- 17 responses:

- ✦ Practice is inconsistent across programs
- ✦ The guidelines that the state provides are broad enough that few programs are determined to not following them
- ✦ We could use TA on this - We would like to also learn how to collect good, time and cost effective data on teaming from which to make decisions
- ✦ Team collaboration is a competency area in our state
- ✦ Supporting teams requires ongoing feeding and nurturing. Initial training and consulting are just the beginning and it is critical to set expectations for sustaining team membership and commitment by all providers to attend meetings and share case information
- ✦ This state is beginning a slow process of implementation of Primary Coach Approach to Teaming
- ✦ It has been difficult to work in special instruction in our state and a blended service coordination model, although we continue to move forward - It seems that related service providers (PT, OT, SLP) have difficulty in respecting the role of the special educator in early intervention
- ✦ We are trying very hard and some areas of the state are doing excellent where others are barely off the ground
- ✦ Programs are different in their work culture and many of their practices. As a state, we are committed to teaming and want very much to move to a primary provider/transdisciplinary model- but practice is inconsistent across programs

Additional Feedback about Teaming



- Part B, Section 619
 - 13 responses:
 - ✦ The Transdisciplinary Play-Based Assessment model is beginning to see widespread acceptance – we are currently conducting an impact study of all LEA teams that have taken our training to measure the degree to which the TPBA model has been implemented and changing practice
 - ✦ I am really not quite sure how effectively they are teaming across the state as we do not monitor for this and we only know informally
 - ✦ Practices vary widely across the state
 - ✦ Given a large system, there are variances at the local level
 - ✦ I don't think it is an explicit focus at this time and beyond federal law we don't exert monitoring control over how local districts have their special education teams functioning (ie. multi, inter, or trans)
 - ✦ Most programs try to the best of their abilities – providing services in so many different day cares and EC programs makes it difficult at times

Discussion



- Part C and Part B, Section 619 program coordinators espoused the importance of team practices
- Despite belief in team practices, programs overwhelmingly do not have written policies, training or monitoring of team practices in their state/territory
- Compliance with IDEA regulations only
- Transdisciplinary approach to service delivery identified by only a few programs as their current practice model
- In response to open ended questions, Part B coordinators indicated policies for team practices were being implemented effectively in their state/territory yet, then made negative comments when asked about supports that had been developed to support team practices
- Both Part C and B coordinators identified similar barriers to effective implementation of team policies: funding issues, time constraints, lack of service providers, and an insufficient understanding of team practices/service delivery model.

Implications



- Responses provide more questions to examine
- States/territories are not in compliance with DEC recommended practices pertaining to teaming
- Implementation affected by funding, time management, and personnel shortage issues
- Provides further information on the research to practice gap in this area
- Provides opportunity to examine the preparation of direct service providers in team practices



QUESTIONS AND COMMENTS