

A photograph of a person's legs and feet on a blue track with white lane markings. The person is wearing a red top and black leggings. The text is overlaid on the image.

Early Intervention

Transdisciplinary Model
for
Evaluation, Assessment and
Intervention

Hair pulling, hair raising or just plain funny!



Team Approach Why?

- Children with disabilities often present complex medical and developmental problems that transcend all developmental areas.
- Environmental and family variables play a significant role in a child's development,.
- One discipline can not effectively evaluate/assess/ and intervene with young children with disabilities, or even those at high risk for developmental delay.
- A team of professionals is needed to address complex developmental needs.



Team Approach

Why?

- The process of development is transactional and ever changing over time.
- Each developmental area contributes to and impacts other developmental areas.
- Sharing of information across disciplines and with the family promotes a holistic developmental approach to assessment, IFSP development and intervention



Historical Evolvment of Team Approaches

- The literature describes three basic team models and these teams have evolved over time.
- All models include team members trained in a variety of disciplines.
- All team models stress a team approach to evaluation, assessment and intervention. Models, however, differ greatly in structure and in the ways that team members interact with each other and the family.



Major Characteristics

Multidisciplinary and Interdisciplinary

- Direct
- Isolated with little to no interaction among team members
- Centralized

Transdisciplinary

- Indirect
- Integrated with interactive team consultation
- Decentralized



Historical Evolution of Models

- Multidisciplinary Model
 - The earliest model of team functioning
 - Began in medical centers -“the medical model”
 - Functional model for its intent within medical field (ex: surgical team).



What is A “Medical Model”

- Treatment orientation to skill deficits
- Focus on remediating skill areas considered weak through repeated drills and therapy management
- Isolated skills – fragmented programming
- Specialists address isolated skills in order to “fix” them.
- Has nothing to do with who is on a team



Multidisciplinary

Characteristics of this model include:

- Separate team members that function only within their own discipline
- Isolated one to one therapy provided by separate disciplines
- Little to no communication among team members
- No staffing of children
- Family role is passive - receiver of information

Need for New Model



- Needed a team approach that would meet the complex needs of children with disabilities,
- Medical model was replicated in developmental evaluation centers.
- What worked for a primary medical evaluation did not work for more developmental oriented evaluations. Why?

Because

- Little understanding of the importance of environmental and family factors on early development;
- Parents had to provide repeated developmental history information and children had to repeat test items with each different professional;
- Parents were provided little assistance in “sorting out or interpreting” differing professional evaluation results;
- Developmental problems/concerns were provided more attention than developmental strengths;
- Professionals and families viewed isolated “therapy” the only hope for a “cure”



Interdisciplinary

- The interdisciplinary model responded to inability of multidisciplinary model to meet needs and to parent complaints of lack of communication between team members



Characteristics

- Team members come together in a clinical setting
- Each team member works independently with the child
- Communication among team members is facilitated with staffing
- Role of parent is that of information provider and receiver;
- Parents are not considered true team members;
- Redundancy in testing is minimized;
- Team members provide separate findings and recommendations;
- Focus is on isolated therapy across disciplines.

Problems

- Areas of development were isolated and little attention was given to the transactions among developmental areas;
- Isolated model of evaluation translated to isolation of developmental areas in IEP/IFSP s;
- The emphasis on “therapy” and isolated skills did not change;
- The importance of functionality was ignored;
- Emphasis on isolated clinical or pull out services intensified;
- Communication among team members improved and evaluation findings were consolidated;



Changes? Outcomes?

- Communication gained during evaluation was lost during the intervention phase;
- The interdisciplinary model was expensive and time consuming.
- Multiple disciplines from multiple agencies seemed to invade homes often adding stress to the family unit;
- Teams, were “quasi” and team members were not consistent;
- Result? The interdisciplinary team seemed to disintegrate and regress to a more multidisciplinary model during the intervention phase.

Transdisciplinary

- Based on Current Knowledge of Child Development
 - Interrelatedness of developmental areas
 - Impact of environmental factors on a child's development.
 - Importance of natural vs isolated/contrived environment
 - Importance of family as “team” member



Characteristics

- Members jointly conduct team evaluations;
- Indirect model with consultation (defined as sharing of information across discipline lines);
- Parent is interactive member of the team;
- Holistic approach to assessment and intervention -
- Communication is cornerstone to effectiveness of model;
- Integrated model within natural environments and daily routines;
- Significant increase in numbers of team meetings and staffings;
- Need consistent team with little turn over in members

Still Problems?

- Trying to apply old knowledge and practices to new model – continuing to ignore importance of holistic issues.
- Trying to reduce cost and time by reducing personnel without understanding risks;
- Not understanding when and when not to use consultative role;



Still Problems?

- Misunderstanding of how to infuse new knowledge into “models” such as arena evaluation play-based evaluation and intervention; relationship-based intervention; routine-based assessment and intervention;
- Understanding the role of families in the process
- Inability to design a truly operational team and to function as a “team”



How do we improve?

- Ensure that all disciplines have a sound background in early development and intervention
- Ensure that all teams move toward an integrated philosophy
- Maintain team consistency and work as a team
- Move beyond evaluation to assessment
- Improve communication skills and team process for resolving conflict
- Focus on interests and needs of child and family and not personality conflicts among team members
- Never stop learning – keep up with current best practices
- Evaluate outcomes focusing on improved quality of life and enhanced interactions with caregivers and peers



What is the role of parents?

- The role of the parent is to be a warm, responsive, and available parent
- The role of the parent is to facilitate their child's development through effective parenting



What is the team's role in promoting effective parenting?

- Understand that parents are parents not therapists
- Assist by decreasing stress and increasing effective coping strategies
- Promote a feeling of parenting competence



What is the team's role in promoting effective parenting?

- Assist parents by increasing their ability to
 - communicate with their child
 - enjoy their child and engage in play and playful routines, recognizing and taking advantage of natural learning opportunities
 - create an environment that fosters exploration, problem-solving, and engagement
 - nurture their child
 - foster their child's growing sense of independence and autonomy
 - effectively manage their child's behavior
 - MOST OF ALL "FALL IN LOVE WITH THEIR CHILD"

TEAM MEMBERS SHOULD ALWAYS
ADHERE TO PROFESSIONAL
BOUNDARIES



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