1. *Is this a new approach in Philadelphia County?*
This is not a new service delivery approach. The transdisciplinary approach was developed in the mid 1970’s as the preferred and recommended service approach (by the Division of Early Childhood) for Infant/Toddler Early Intervention. Additionally, the County has been implementing this approach in the use of teachers with additional communication training (T/ACTs). The T/ACT model has been in use since 2002 and is an example of transdisciplinary consultation with the Speech Language Pathologist (SLP) serving as the consultant and the special instructor (T/ACT) serving as the primary service provider.

We have been purposefully moving towards the full implementation of this approach across all disciplines. We started with an emphasis on the family centered approach of teaching the parent the intervention and the implementation of the short-term consultation policy that was distributed in the summer of 2007. The transdisciplinary team policy will effectively subsume the short-term consultation policy.

2. *Will the primary service provider be doing intervention outside of their scope of practice?*
No, the Primary Service Provider (PSP) will be reviewing strategies that are discussed with the consultant (e.g., special instructor or therapist) and integrating them into the strategies they share with parents and caregivers to use within their everyday activities and routines. Therapists may teach others interventions and strategies that do not require the expertise of their professional license.

> In a family centered service delivery model, it is not the therapist’s hands that make the difference: it is their knowledge and perspective that make the difference. The expertise of the consultant is needed to develop strategies for the parent/caregiver, child and Primary Service Provider (PSP) to implement.

3. *Are there ethical or legal concerns regarding therapists ‘releasing’ aspects of our jobs to other disciplines?*
All of the therapists’ professional organizations support the therapists teaching others interventions and strategies that do not require the expertise of a professional who is trained or licensed in their profession to implement. The family and PSPs use the *interventions and strategies* the therapist shows them, they are not *doing therapy*.

The therapist’s professional organizations have placed position statements and related articles on their websites that give guidance to therapists about their participation and role in the transdisciplinary model. These websites are listed below.
4. **Why are parents/families so important to this approach?**

We already know that the most important people to help a child reach their Individual Family Service Plan (IFSP) outcomes are the child’s family. In using the transdisciplinary approach the Early Intervention PSP coaches the family to implement the strategies and interventions that will encourage the child’s progress. The family will learn strategies that they can use as part of their everyday activities with the child. Because multiple Early Intervention service provider(s) are not there with great frequency and duration, the family and PSP rely on the activities they have learned from the consultant rather than relying on another service provider to implement the strategies with the child.

5. **How can the team ensure that the child is getting what they need?**

   | Ongoing assessment, progress monitoring, quarterly, six month, and annual reviews are built into our system of service delivery in Early Intervention. All of this monitoring and review provides opportunities for the team to monitor a child’s progress and make changes to the plan as needed. The ability to call in a consultant on a short term basis to assess a child and may be able to suggest other strategies and interventions means that a child and family and PSP always have ready access to the full range of expertise and skills that are present in the Early Intervention system. |

6. **How will the caseloads of the special instructors and therapists change?**

   The professional who serves as a consultant will probably, over a period of time, carry more cases but will see the children on their caseloads with less frequency and for a shorter period of time.

7. **How will this impact on the development of the Services and Supports Plan?**

   There will only need to be one Service and Supports Plan (SSP). The primary service provider will take primary responsibility for making sure that the SSP is written and updated however the entire team will contribute to its development.

8. **What will a child’s initial IFSP look like?**

   Each IFSP will be individualized to the child and family and their needs. Using the transdisciplinary team model will most often mean that there will be one service provider
beginning the service with other service types (consultants) being added after the first quarter of services.

9. Will there be enough business (referrals) for every teacher and therapist currently working in early intervention in Philadelphia?
Yes, there are plenty of children in Philadelphia County (and their teams—including parents) who will benefit from consultation by the many teachers and therapists in Philadelphia County. There is plenty of business for all.

10. How is this service approach different from others?
Carl Dunst (2000) in “Rethinking Early Intervention” outlined the differences in implementing the transdisciplinary model. They are:

- 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 family desires and concerns versus Professionals as experts who determine the needs of people from their own perspectives.

11. Where can I get more information about the transdisciplinary model?
The sources that were used for the development of this policy statement are:


