

PSP IN SITES

This guidance addresses the following:

1. A reminder of what it really means to be a primary service provider;
2. The necessity of the *ground-rules conversation* with sites;
3. How to work with multiple classrooms in one site;
4. How to work with multiple children in one classroom; and
5. When and how to use consults

The most important principle behind the primary-service-provider (PSP) concept is that **one provider has a singular, ongoing relationship with the caregiver**. But this professional is not alone, other team members help as needed. This help can be through communication, electronic or face to face, or through a joint visit (see the Joint Visit Checklist). The PSP is not practicing therapy without a license; the PSP is supporting the caregiver to foster the child's engagement, independence, social relationships, which are the foundations of learning, according to the Routines-Based Model. They are also supporting the caregiver in carrying out interventions other team members, who could be therapists, might have recommended. Likewise, when therapists are PSPs, just because they help caregivers teach the child, they are not teaching without a certificate, although this concern is rarely voiced.

Ground Rules Conversation

Effective collaborative consultation to children's classrooms (CC2CC) begins with the ground rules conversation, even if you've been working with the teacher already. Often, expectations are unvoiced: The ground rules conversation brings expectations and desires into the open.

See the handout "Establishing Ground Rules for CC2CC (Site Visits)". It describes CC2CC, addresses the teacher's and the MECP provider's expectations, lists the MECP nonnegotiables, and mentions the written understanding. The purpose of the ground rules conversation is to get the teacher and the provider on the same page for site visits.

Multiple Classrooms in One Site

When possible, one PSP will be provided to a site. When the service levels are too high for one person, one or more providers will be assigned, but each classroom will have only one PSP. For efficiency, the PSP should make all visits to that site together. Theoretically, the amount of time in any one room is determined by adding the intensity of service provision on all the IFSPs in the room. If only one child has an IFSP in a given classroom, obviously the length of time in the classroom should be whatever that child's IFSP says.

Multiple Children in One Classroom

Block scheduling is the preferred, most efficient way of serving multiple children in one classroom. If you have four children in one classroom, and each child had site visits of 60 minutes per visit on the IFSP, you would spend four hours in the room. Doing what?

You have three main roles, in order of importance:

1. Collaborative consultant to the teachers.

- a. Talking
 - i. Reviewing progress
 - ii. Asking about teacher's agenda
 - iii. Finding a solution (i.e., developing a strategy)
 - b. Any of 3 **actions**
 - i. Teachers show you what child does (demonstration by the child)
 - ii. Teachers show you what they do (demonstration by the teacher)
 - iii. You show teachers (demonstration by the PSP)
2. Integrated therapist using individualized within routines (McWilliam, 1996)
 - a. Observing child while playing with children (be careful not to isolate your child from the others)
 - b. Trying things out with child
 - c. Showing teachers
 - d. Watching teachers and children
 - e. Talking to teachers
 3. Extra pair of hands
 - a. Help out as needed

One role you shouldn't have is co-teacher, which is a systematic service delivery model that MECP is not subscribing to and which is not addressed in the Routines-Based Model. Many of the *principles* of co-teaching can still be followed, but the *practice* is CC2CC (Scruggs & Mastropieri, 2017).

Relationship Building

An important responsibility is to build a good relationship with the teacher, because teachers with good relationships with their classroom visitors tend to implement strategies more than those with not as good relationships and, the better the relationship, the easier it is to talk to the teacher about classroom management, the physical environment, engaging all children in activities, and other subjects not directly related to the MECP children.

When and How to Use Consults

"Consults" is MECP-speak for joint visits. First, we acknowledge that much consultation can occur, informally, in the office and via electronic communication. If, however, face-to-face consults are called for, we need to consider whether they are planned on the IFSP, are unplanned for, if they are overused or underused, how we determine when they are necessary, and how the consult should go.

Planned Consults

At the time of IFSP development, after the family has decided on the functional goals, we determine what services might be needed. In using the PSP approach, one person, necessarily from one discipline, will on the team. To the extent that that person needs help addressing goals, other team members might be added. The key question is, "Can you support the family with this goal or do you need help?" For example, let's imagine the following informal goals have been chosen:

1. Use 2-word phrases (dressing, car, going out, dinner)
2. H's participating with family (cooking, playing, eating)
3. Choices (dressing, meals)

4. Henry keep hands and feet under control (breakfast, dinner)
5. Family conversation at dinner
6. H sit down at dinner
7. Asking questions—car ride
8. Fam play time together (free time—all 5 or 6 of you)
9. No freak out with poop smell and water running
10. Brush teeth
11. Go to potty by himself
12. Find out what's going on with H?

Emily is the most likely PSP (MLPSP). She asks herself, “Can I support the family with Goal 1?”

“Yes.”

“Do I need help?”

“No.” No services added.

“Can I support the family with Goal 2? Do I need help?”

“Yes and no.”

Emily asks herself these questions through each goal. She reaches Goal 6. The RBI had revealed that H was very resistant to sitting down at dinner, and Emily thought she would need help with this. Her answer was, “I might not be able to support the family with this. I might need help?”

“Who from?” The discipline of the person is not the issue, it's who is competent at what. Emily decided that Andrea, who happened to be trained in early childhood special education, would be a good resource, so Andrea is added to the plan, for either a one-time consult or perhaps every 2 months. (Some places require a set frequency and intensity for each service; others allow “as needed.”)

Importantly, the question now changes from “Can I support the family with Goal 7, the next goal?” to “Can Andrea and I support the family with Goal 7?” We now have Andrea on the IFSP, so, if, between the two of them, they can address the remaining goals, nobody needs to be added. If they reach a goal they need help with, they consider adding a third person. This is known as *incremental service decision making*.

Unplanned Consults

When a need for help was unanticipated, the PSP might call for a consult. As in all consultative interactions, this would begin with a conversation, which could result in the secondary service provider (the person providing the consult) giving the PSP the help he or she needs. If the secondary needs to see the child or talk to the caregivers, a joint visit to the site is arranged. In the true PSP approach, secondaries do not make separate visits to the classroom or child.

Overuse of Consults

A challenge in the PSP approach can be PSPs who think they need help all the time. This can happen because (a) they simply have little confidence; (b) they are highly constrained by their belief they can

support classroom teachers only in the area in which they are licensed, certified, or registered (i.e., the role acceptance problem); or (c) they have been brow-beaten by colleagues into thinking they are not competent to help teachers in areas outside the PSP's training (i.e., the role release problem). PSPs' confidence grows as they gain experience. Supervisors might need to help PSPs understand their role is to help with the whole child (i.e., across developmental and functional areas) and family, regardless of their discipline. IFSP teams might also need to be vigilant role release problems.

Underuse of Consults

Also problematic can be the situation of a PSP not asking for help when help is warranted. The biggest problem is that this reluctance to ask for a consult can go undetected. If a child is making little progress on a given goal or the teachers say they don't know what to do might be indications the PSP is not seeking a consult when needed.

Decision-Making Flow Chart

How the Consult (Joint Visit) Should Go

The Joint Visit Checklist describes how the visits should go. In general, a joint visit is a special visit, unlike regular site visits, which follow Collaborative Consultation to Children's Classrooms (CC2CC) guidelines. The focus of the joint visit (i.e., consult) is to get the most information from the secondary. The PSP's roles include

- (a) ensuring the questions get to the secondary,
- (b) ensuring the secondary has enough context to make salient recommendations, and
- (c) to ensure he or she can support the teachers in carrying out strategies.

The secondary's roles include

- (a) Understanding the functional need and the context,
- (b) Making suggestions, and
- (c) Getting action as appropriate: demonstration of what the child does, demonstration of what the teacher does, and demonstration to the teachers.

Consults are a key component of the PSP approach to sites. They should neither be overused nor underused. They should be done with the principles that

- The visit is designed to supplement the expertise of the PSP;
- The visit should build the capacity of the teacher and the PSP; and
- The intervention suggestion should be one that directly targets the functional need of the child.

3/2/20

References

- McWilliam, R. A. (Ed.) (1996). *Rethinking pull-out services in early intervention: A professional resource*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Scruggs, T. E., & Mastropieri, M. A. (2017). Making inclusion work with co-teaching. *Teaching Exceptional Children, 49*, 284-293.



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