

The CT. Birth to Three system values a Primary Service Provider (PSP) approach to teaming in order to best support our families. This means that every child and every family has a full team supporting and available to them, but one person functions as the primary support for the family. This document clarifies what PSP should be vs. what it should not look like:

<b>Primary Service Provider is NOT:</b>	<b>Primary Service Provider Teaming IS:</b>
Another fad....	Recommended best practice in the field of Early Intervention. Supported by <a href="#">research</a> showing greater parental satisfaction and child outcomes with one main providers vs. many.
A family having only one provider	Every child and every family has a full team that is geographically based and represents all disciplines. The full team gives support to the PSP and family through regular team meetings and, as necessary, through joint visits.
Picking a PSP by matching an interventionist's discipline to the child's primary need	Selection of PSP is based on their match with the family and child/family needs, their expertise in child development, family support, and coaching. Long range view is considered. Final decision is made at the IFSP with family input.
The PSP working with the family in a "vacuum"	The primary coach has awareness of and access to program staff with a variety of knowledge, skills, and experiences.
Working out of scope of practice	All team members have basic knowledge of child development across all domains, how to promote learning and participation in everyday activities across domains, general parenting (sleep, toileting...), and parent supports (basic needs, health care...). When specialized expertise is needed, joint visits are scheduled to meet the PSP and caregiver's needs.
One person acting "in name" as the PSP with other team members doing visits independently with the family	The PSP and family are supported by other team members when additional input or expertise is necessary during everyday activities in order to enhance a child's participation and learning. It is rare that a secondary provider would need to make a visit independently from the PSP.
Teaching the caregivers to do therapy	Developing and using strategies during everyday activities that are typical for the child and family. Reciprocal coaching and learning occur between the primary coach and caregivers and between the primary coach and other program staff.
Used because the team doesn't have a particular discipline available	The EI program should have multiple staff with diverse knowledge and experiences from which to choose to support the family. All members of an experienced team should be able to function as PSP.
Random review of child/family	Review of every child/family at least quarterly with the full team and more frequently if there is a coaching need for the PSP. Family can be present for the team meeting if they desire. The full multidisciplinary team meets regularly (preferably weekly).

Some information adapted from: Shelden, M. L., Rush D. D. (2013) *The Early Intervention Teaming Handbook: The Primary Service Provider Approach*. Baltimore, MD: Paul H. Brookes Co.