

**If You Build It...  
They Will  
Outcome:**  
*Optimizing  
Early Intervention  
Outcomes Through  
Interdisciplinary Collaboration*

ALOTA 2017 Fall Conference

Presented by: Brandon Seigel  
Co-Written by:  
Fredlyn Berger, OTR/L & Brandon Seigel

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**Introduction:**

- o **About Me:** Brandon Seigel, CRP
  - o Hybrid Generation X / Millennial (Gen Y).
  - o At age 25, I became the Vice President of Operations for a "start-up" that employed over 250 employees in the finance/tech industry. My speciality is "workforce management" inclusive of team empowerment and instilling ethics, values and goals throughout an organization.
  - o My passion is building a business around people and creating a work culture that is employee focused, team focused, and generated through empowerment.
  - o Joined Every Child Achieves in 2008 to have a higher purpose and make a difference in a family owned service-based organization. I currently manage a multidisciplinary team of approximately 100 clinicians (OT, PT, SLP, CDS)
  - o Current Position:
    - o **Executive Director** with Every Child Achieves & Wellness Works, Inc.
    - o **Strategic Consultant** with Blue Jay Mobile Health, Inc.



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**Eat, Sleep, & Breathe  
Healthcare/Therapy Industry:**

- o Wife is an Occupational Therapist.
- o Mother-in-law is an Occupational Therapist.
- o Brother-in-law is an Occupational Therapist.
- o The Dog is a licensed service dog.



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**Brandon's Inspiration:**



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**Freddie's Clinical Background:**

- 45 years as an Occupational Therapist (All Settings)
- Occupational Therapist, specialist in dysphagia and feeding, sensory integration, development, hand therapy, and NDT
- Founder, CEO, and Program Director for Every Child Achieves, Inc., an in-home Early Intervention program, team approach, based in Southern California, est. 2003
- Employ a multidisciplinary team of over 100 specialists including Occupational, Physical and Speech Therapists, Child Development Specialists and Registered Dietitians



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**Learning Objectives:**

- Identify barriers and strategies on how a team can collaborate to achieve global goals.
- Understand several components of communication that are required to have successful interdisciplinary collaboration.
- Identify communication barriers inclusive of the generation gap and challenges that an interdisciplinary team faces in the 21<sup>st</sup> century.
- Explore the different clinical roles within an "Early Intervention" team (as an example) and the role collaboration plays within an "EI program".
- Explore the evolution of early intervention and the trends that are impacting the patient care inclusive of natural environment requirement, parent involvement, clinical coaching model and the importance of the "social-emotional" areas of working with the global view of a family.



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## Our 2016 Early Intervention Functional Outcome Study:

- Our Assessment Included:
  - Review of the initial evaluation for the child's developmental status and IFSP, interdisciplinary daily notes, biannual progress reports, and discharge summaries from the members of our ECA clinical team.
  - Each child's profile used in this study included this data:
    - Start of care date
    - Discharge date
    - Diagnosis
    - Service received
    - Frequency of services
    - IFSP goal achievement
    - Developmental milestone progress from start to termination of services
    - Basis of discharge



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## Our 2016 Early Intervention Functional Outcome Study:

- Results:
  - The study entailed a statistical analysis of total early discharges prior to their 3<sup>rd</sup> birthday within an 8 month period of time in 2016.
  - Out of 360 discharges in this period of time, we found that 21% were discharged early based on exceeding developmental milestone goals, etc.
  - We wanted to analyze the contributing factors to these consumers being discharged early and this is what we found:
    - 80% of population that were discharged early had an initial diagnosis of prematurity and required NICU level care for a minimum of 1 month.
    - 95% of the consumers began receiving services prior to the age of 12 months old.



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## Our 2016 Early Intervention Functional Outcome Study:

- Results Continued:
  - 95% of parent/caregivers were actively involved and engaged in the ongoing treatment sessions.
  - 80% received 2 service types or more from our program
  - 56% received Developmental Intervention Services
  - 20% received 1 service type from our program.



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## Our 2016 Early Intervention Functional Outcome Study:

- Our Take Away From This Study:
  - The team approach is essential for each child to reach optimum outcomes
  - Developmental services (i.e. infant stim/child development services) are paramount to engaging the family and connecting the team with improved parental education and follow-through of home programs.
  - The ECA Early Intervention program was initiated as early as possible, before the age of 1 year old to provide the best outcomes developmentally in the child.
  - The team that communicates well together also seems to help engage the family better and improved outcomes are generated overall.
  - The Infant Stim/Child Development Specialists engage in co-treatments intermittently with the therapists contributed to families more engaged with overall treatment plan.
  - Parents, caregivers, and foster parents are truly engaged in their child's ECA program. The engagement happens because they are treated as part of the treatment team and part of the solution.

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## How Do We Create A Collaborative Interdisciplinary Team Environment?



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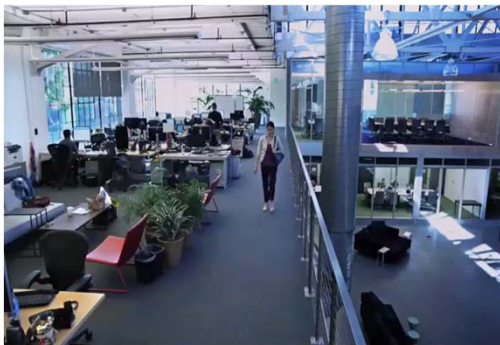
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## Why Do We Collaborate?

“The goal is to build effective collaborative relationships across different groups to define and resolve problems.”

*John Hopkins Medicine*



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## Keys To Collaboration And Working As A Team:



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- **Identify Who Is On Your Team:**
  - Patient Care Team (OT, PT, Other SLPs, Doctors, Psychologists, Social Workers, etc.)
  - Patient Caregiver Team (parents, grandparents, siblings, children, outside caregiver, teacher, etc.)
- **Identify Your Team’s Reality and Viewpoint:**
  - Patient Care Team ( What is each member’s clinical experience, clinical strengths and weakness, any stuck viewpoints, etc.)
  - Patient Caregiver Team (Identify their current stressors, emotional situation, background, stuck viewpoints, etc. – What if family member is a clinician)
- **Identify The “Alpha” And Potential Challenges!**

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### Who Should Be Part Of The Collaboration Process?

- Everyone who has something valuable to contribute to the problem solving:
  - The Patient
  - The Family (Spouse/Parent/Child/Grandparents, etc.)
  - Physicians on clinical team
  - Nurses
  - Social Workers
  - Clinicians (OT, PT, SLP, RD)
  - Any other participants in patient's goals (teacher, caregiver, etc.)

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### Secrets To Successful Collaboration:

- Invest In Your Relationships (*create a mutual respect for each role and respect overlapping clinical scope*)
- Communication, Communication, Communication!
- A Global Plan That Incorporates Every Team Member's Goals (Org Board Example)
- Ability To Create Effective Priorities As A Team
- Bury Your Ego And Never Isolate A Team Member
- Empower! Don't Invalidate

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### Potential Barriers To Successful Collaboration:

- Stuck Viewpoints
- Communication
- *Technology*
- Clinical Scope Overlap
- Ego
- Lack of Ethics
- No Clear Collaboration System / No Global Plan



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### Benefits Of Collaboration:

- Caregiver/family support
- Caregiver/family participation
- Optimum clinical outcomes with goals
- Job satisfaction as team members
  - Continuity of care
  - Learning opportunities



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### Types Of Service Delivery Teams:

- Transdisciplinary:
  - Evaluation and planning are shared across disciplines and team members
  - Some role release is expected
  - Team building, ongoing communication, and collaboration are required for this model to be successful
- Multidisciplinary
  - Traditional model with well-defined roles
  - Members provide distinct services
  - Separate evaluation with discipline-specific goals and interventions
- Interdisciplinary
  - Discipline specific roles are emphasized and well defined
  - Joint decision making is used
  - Collaborate on evaluation, planning and implementation of a plan
  - Ongoing communication among team members is central

Pilkington, K., Side by side transdisciplinary early intervention in natural environments, *OT Practice*, ADTA, V. 11 April 3, 2006, 12-17

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### Our Real Life Experiences:

- Let's share a real life story when collaboration has been **successful**.
  - What were the key ingredients that made it successful?
  - How do you approach collaboration with a clinical team member versus a member of the patient's family?
- Let's share a real life story when collaboration has gone all **wrong**.
  - What were the challenges/barriers?
  - How can we overcome those challenges/barriers?



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## Communication Has Become More Challenging Over The Years Because...

- The number of ways we communicate and get information including:
  - Telephone communication
  - In-Person communication
  - Text message communication
  - Email communication
  - Media communication (video, social media, newspaper, online news outlets)
  - Non-verbal communication (body language etc.)



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## Miscommunication Is A Common Occurrence:

- Here are some common examples of how miscommunication can go awry:
  - I walk into a meeting, and I have a frown on my face. (Am I upset or am I in deep thought about what I am making for dinner?)
  - I show up for my patient's treatment session and am talking on my cell phone. (Did I show up "not ready" for treatment today or am I handling an emergency situation?)
  - I send an email/text that is in all caps: "PLEASE CALL ME TO SCHEDULE" (Am I angry or did I just forget to tap the caps key on my keyboard?)

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## The Key To Effective Communication:

- Listen
- Duplication (Comprehension)
  - Acknowledgement
- Relate (Shared Reality)
- Patience



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**Communication For Successful Collaboration:**

Hanft, Rush and Shelden describe 5 ways of communication as *Coaching* in their book *Coaching Families and Colleagues in Early Childhood*:

Hanft, B. Rush, D. and Shelden, M. (2004). *Coaching families and colleagues in early childhood*. Baltimore: Brookes.



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**Coaching Style 1:**

**Collaborative:**  
Voluntary, mutually trusting participation between learner and coach



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**Coaching Style 2:**

**Reflective:**  
Actively engaging in discussion and analysis with non-directive feedback



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### Coaching Style 3:

#### Reciprocal:

Shared observation resulting in two way learning



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### Coaching Style 4:

#### Performance Based:

Assisting individual learners (a family member, caregiver or colleague) to acquire and refine desired skills and knowledge (often this includes demonstration)



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### Coaching Style 5:

#### Context Driven:

*Within the array of family-centered settings and situations in natural environments.*



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## Let's See Which Generations We Have In The Workshop Today:

- o Raise Your Hand If You Fall Under The:
  - o Veteran Generation (Born 1922-1945)
  - o Baby Boomer Generation (Born 1946-1964)
  - o Generation X (1965-1980)
  - o Generation Y - Millennials (1981-2000)
- o Now Raise Your Hand If You Have Experienced Collaborating With All Of These Different Generations. (colleagues, patients, professors, clinical mentors.)




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## ALL GENERATION IN A NUTSHELL

	Veterans (1922-1945)	Baby Boomers (1946-1964)	Generation X (1965-1980)	Generation Y (1981-2000)
<b>Work Ethic / Values:</b>	Hard work Respect authority Sacrifice Duty before fun Adhere to rules	Work efficiently Crossing oceans Personal fulfillment Desire quality Question authority	Eliminate the task Self-reliance Want structure and direction Skeptical	What's next Multitasking Tenacity Entrepreneurial Tolerant Goal oriented
<b>Work It...:</b>	An obligation	An exciting adventure	A difficult challenge A contract	A means to an end Fulfillment
<b>Leadership Style:</b>	Directive Command-and-control	Consensus Collegial	Everyone is the same Challenge others Ask why	The young leaders Century
<b>Interactive Style:</b>	Individual	Team player Loves meetings	Entrepreneur	Participative
<b>Communications:</b>	Formal Written	In person	Direct Immediate	Email Voice mail
<b>Feedback &amp; Rewards:</b>	No news is good news Satisfaction in a job well done	Don't appreciate it Money Title recognition	Sorry to interrupt, but how am I doing? Freedom = best reward	Whenever I want it, at the path of a bullet Meaningful work
<b>Messages that motivate:</b>	Your experience is respected	You are valued You are needed	Do it your way Forget the rules	Working with other bright, creative people
<b>Work &amp; Family Life:</b>	Work	No balance Work to live	Balance	Balance

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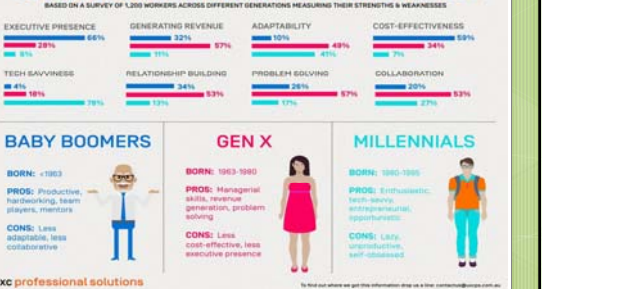
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## THE GENERATIONS IN THE WORKPLACE




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## Generation Characteristics:

- Obviously, the characteristics that we discussed are broad generalities however many of them do have truth.
- Raise your hand if you have found some truth in the generalities that I just shared based on your interactions or encounters with these generations.
- It is essential that we take the "generation gap" into consideration. If I am speaking with a mom who is a millennial, my approach with collaboration may be different than someone who falls into the "baby boomer" generation such as myself.



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## Putting Teamwork Into Action:

- Discuss with your fellow team members
- Decide who will be working to address which areas of need
- Encourage help seeking behavior
  - Social connections
- Work with families on their past experiences
- Help families navigate complex systems
- Providing concrete support—resource and referral!
  - Referral back to service coordinators, community resources, etc.
- Help parents understand their role as child's advocate
- Encourage reciprocity



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## Empowerment:

How do we strengthen and support each other?

**We Must Empower Not Invalidate**



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## Strong Relationships Are Key:

"...learning takes place in the context of relationships, assumes that infants and toddlers with disabilities need services that enhance rather than disrupt the typical activities unique to each family. Recognizing this principle siblings, extended family, neighbors, familiar service people, and even pets become potential agents of developmental change."

Hanft, B. & Pilkington, K. (2000). Therapy in natural environments: The means or end goal for early intervention? *Infants and Young Children*, 12 (4), 1-13.



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## Early Intervention

Let's Take A Look  
Into Early  
Intervention And The  
Trends That Are  
Impacting Change  
Through Effective  
Collaboration &  
Optimum Outcomes



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## Early Intervention Team:

- Child Development Specialist
- Occupational Therapist
- Physical Therapist
- Speech Language Pathologist
- Behavior Interventionist
- Social Worker
- Marriage and Family Counselor
- Special Educator
- Psychologist
- Vision/Orientation/Mobility Specialist



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### Early Intervention Team Continued:

- Audiologist/Hearing specialist
- Parent
- Caregiver
- Service Coordinator
- Medical Doctor/Pediatrician
- Nutritionist
- Community Org partner CCS, FRC, RC, pub health
- Nurse
- Special Ed
- MH professionals



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### Potential EI Team Member Settings:

- Home Setting
- Center-Based Setting
- Outpatient Clinic
- CCS
- School District
- Hospital
- Family Resource Center
- Other Settings...



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Early Intervention Video: Part 1




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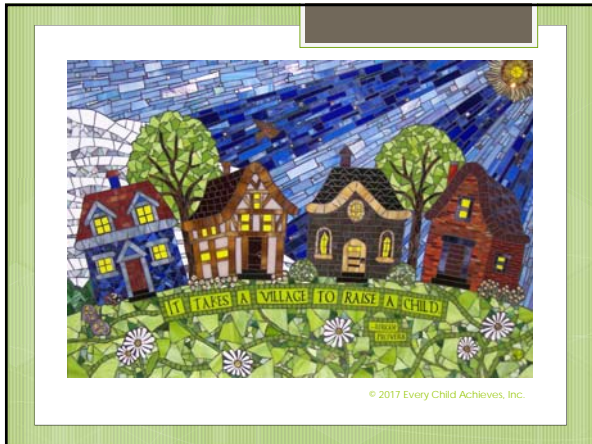
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### The Current State Of Early Intervention Regarding Social/Emotional Competence Of Children:

- National parent surveys show a 70% rate of success in relationship to social/emotional competence of children
- California parent surveys show a 30% rate of success in relationship to social/emotional competence of children
- As a result, California is under the microscope to improve their standing and funding is often related to outcomes.

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### What Is Social-Emotional Development? Why Is This Important? Why Are We Talking About This?

"Social-emotional development/wellness is often known as infant mental health by early childhood professionals. In a nutshell, it is the developing capacity to experience and regulate emotions, form secure relationships, and explore and learn – all in the context of the child's family, community, and cultural background."

\*2014 ZERO TO THREE: National Center for Infants, Toddlers and Families

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## The Solution: Parent Education, Collaboration And Empowerment



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## Research Has Shown That Supporting Parents First And Foremost Leads To The Best Outcomes:

*" The goal... is to support parents' capacity to 'captain their own ship' and not become dependent on professionals for all decision making. Making this shift takes time, organizational support, creativity, passion and openness to role release with other team members."*

Hanft, B., Rush, D. & Shelton, M. (2004). Coaching Families and Colleagues in Early Childhood. Baltimore: Brookes.



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## The Team's Central Goal For The Family:

Optimize all the therapy goals with continuous progress, family involved and fully engaged throughout the program!

In order to do this we need to develop strong, resilient families!!

**RESILIENCE...** managing stress and functioning well when faced with challenges, adversity, and trauma



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Early Intervention Video: Part 2



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## The Parent As The Center Of The Team:

### PARENT MUST BE RESILIENT, STRONG:

- Need parent understanding and engagement to help meet their child's developmental goals in the EI program
- Maintain a regular schedule for the child and team
- Follow through with home program recommendations
- Be hopeful, self-confident, use problem-solving skills, willing to ask for help, able to manage negative emotions
- Provide a sane, loving, healthy and emotionally stable household environment



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## Challenges To A Parent And The Effect On The Family:

- **Positive Stress:** stress as a part of daily life
  - Develop a healthy stress response
  - Develop resources to overcome obstacles
- **Tolerable Stress:**
  - Develop supportive relationships and environments
  - Develop skills that facilitate coping and a sense of control
- **Toxic Stress:** prolonged adversity without nurturing support
  - Ability to manage stress is severely compromised
  - The child of a depressed parent is "AT RISK"



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### Barriers To A Strong Family: Toxic stressors affecting the mental health of our families

- Denial
- Caregiver burnout
- Caregiver inadequacies
- Caregiver's mental health issues
- Violence/ sexual abuse
- Drug and alcohol abuse
- Neglect: physical or emotional
- Poverty/ hunger
- Foster care (attachment issues)
- Transportation issues
- Language barriers
- Isolation and "self" isolation
- Managing the invasion of technology in the home
- Demands of busy lives with limitations of time and patience
- Change of family constellation/unique family constellations

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### Parental Resilience Grows With Positive Strengths And Attitudes:

- Demonstrate:
  - Use of a positive support network
  - Develop resources to overcome obstacles
  - Provide recommendations and the parent is willing to implement them
  - Educate parent to be an advocate for their child
  - Motivate parent involvement and dedication to the therapy program
  - Support the family to provide a safe and nurturing living environment
  - Don't give up!!!



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Early Intervention Video: Part 3

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## Guiding Principles:

- All families have strengths
- All families need support
- Partnering with families is key to delivering effective services



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## Four Big Ideas Behind Strengthening Families:

- A strength based approach
- An approach not a model
- A changed relationship with parents
- Alignment with developmental science



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## Five Protective Factors We Need To Support For Our Families To Succeed:

- **Parental Resilience:** managing stress and functioning well when faced with challenges, adversity, and trauma
- **Concrete Support:** access to concrete support and services that address and family's needs and help minimize stress caused by challenges
- **Social Connections:** positive social relationships that provide emotional, informational, instrumental and spiritual support
- **Knowledge of Parenting and Child Development:** understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
- **Social and Emotional Competence of Children:** family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, establish and maintain relationships

© 2017 Every Child Achieves, Inc.  
Reference: Center for the Study of Social Policy. Strengthening Families, A Protective Factors Framework, 2015

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**Research Says:**

“When services incorporate practices that promote partnerships with families, outcomes for families, and children are improved including parenting capabilities and positive child behavior and functioning.”



Dempsey & Keen, 2008, Dunst, Trivette & Hamby, 2008

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**You Are As Important As What You Do:**

“ To be an effective early intervention team member...look beyond your own discipline for insights and strategies that support a new ‘way of being’ ...helps us to understand that it is not so much what *we do* but *how we are* that may have the greatest impact on the baby in the context of his or her own family. To become comfortable moving beyond traditional practice skills we realize that our interactions with teammates and families must play a central role to our early intervention. As we interact with our teammates so they interact with each other and the families they support.”

Pawl, J. and St. John, M. (1998) How you are is as important as what you do. Washington, DC: Zero to Three: national Center for Infants, Toddlers and Their Families. © 2017 Every Child Achieves, Inc.

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## We Are All In It For The Sake Of Love:

" the family is the natural habitat of the child- any child, whether or not they're developmentally disabled...Let's not underestimate the therapeutic value of the home and organic, learning and teaching environment created by amateurs- people who are in it naturally, for the love."



Roes, H. (2005). We're in it for the sake of love. Part II. American Association of Home Based Early Interventionists Newsletter.

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## Recap Of Our Learning Objectives:

- Identify barriers and strategies on how a team can collaborate to achieve global goals
- Understand several components of communication that are required to have successful interdisciplinary collaboration
- Identify communication barriers inclusive of the generation gap and challenges that an interdisciplinary team faces in the 21<sup>st</sup> century
- Explore the different clinical roles within an "Early Intervention" team (as example)and the role collaboration plays within an "EI program"
- Explore the evolution of early intervention and the trends that are impacting the patient care inclusive of natural environment requirement, parent involvement, clinical coaching model and the importance of the "social-emotional" areas of working with the global view of a family



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## IT'S THAT TIME: QUESTIONS & ANSWERS



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**References:**

Hanft, B. Rush, D. and Sheldon, M. (2004). Coaching families and colleagues in early childhood. Baltimore: Brookes.

Lannon, J. (n.d.). Clinical Collaboration and Teamwork. Retrieved January 16, 2017, from <http://www.hopkinsmedicine.org/clinical-awards/clinical-collaboration-and-teamwork.html>

Pawl, J. and St. John, M. (1998) How you are is as important as what you do. Washington, DC: Zero to Three: national Center for Infants, Toddlers and Their Families.

Pilkington, K., Side by side transdisciplinary early intervention in natural environments, OT Practice, AOTA, V. 11 April 3, 2006, 12-17

Center for the Study of Social Policy. *Strengthening Families, A Protective Factors Framework, 2015*

Rees, H. (2005). We're in it for the sake of love, Part II, *American Association of Home Based Early Interventionists Newsletter*.

**Generational Identity and Statistics:**  
(Survey study completed and compiled by The Center for Generational Kinetics, LLC and Ultimate Software 2015)

UXC Professional Solutions, 2015: [www.uxcps.com.au](http://www.uxcps.com.au)  
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