

AOTA Practice Advisory on Occupational Therapy in Early Intervention

Scope of Practice

Occupational therapy practitioners (occupational therapists and occupational therapy assistants) are highly qualified, licensed professionals who have expertise in promoting function and engagement of infants and toddlers and their families in everyday routines by addressing activities of daily living, rest and sleep, play, education, and social development.

The foundational background of occupational therapy practitioners is rooted in concepts promoting participation, optimum development, and family engagement within natural environments that are core principles of both the profession of occupational therapy and early intervention. As a primary service of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), occupational therapy practitioners help promote a young child's development and foster the capacity of the family to advocate for their child while enhancing the family's caregiving capacity.

Occupational therapy practitioners collaborate with other early intervention service providers to promote a child's development in physical, communication, cognitive, adaptive, and social-emotional domains as well as support family members and caregivers in ensuring a child's participation in home and community life.

Professional Preparation and Qualifications

Occupational therapy practitioners are prepared as entry-level therapists to provide services and supports in early intervention because of their rich background in human development, neurology, and anatomy; infant mental health; activity, behavioral, and environmental analysis; and occupational performance. They complete an accredited educational program curriculum, supervised fieldwork, and a national certification examination. These processes form the basis for state credentialing (usually licensure) of practitioners.

Further support of the preparedness of occupational therapy practitioners to work in early intervention settings is evidenced by the findings of a survey of academic program directors for occupational therapists and occupational therapy assistants (Clark et al., 2008). The results of the survey found that more than 90% of programs included coursework in IDEA and family centered care. In addition, the survey indicated that 87% to 92% of programs offered Level I (part-time) or Level II (full-time) fieldwork opportunities in early intervention.

Occupational therapists are also well qualified to function as service coordinators to coordinate, develop, and oversee the implementation of the individualized family service plan (IFSP) to meet the needs of the young child and family. Occupational therapy practitioners take a holistic, science-driven, evidence-based approach that can be recognized and utilized in the position and function of service coordinator.

Service Delineation and Team Approaches

AOTA endorses the concepts of collaboration, teamwork, and family-centered care. In early intervention, a variety of team models may be utilized, including a multidisciplinary, interdisciplinary, or transdisciplinary (including primary provider) approach. Federal regulations, such as under the Medicare and Medicaid programs, and state licensure laws require that occupational therapy is provided only by a qualified occupational therapist or occupational therapy assistant. However, the very nature of that which occupational therapy addresses, engagement in daily occupations, can be fostered in a number of ways that can be identified by the occupational therapy practitioner and implemented on a daily basis by the family or others. As practitioners of a primary developmental service in early intervention, occupational therapists are ideally suited to function as a primary service provider, as decided by an IFSP team.

AOTA endorses the following principles from the National Early Childhood Technical Assistance Center (2007) to guide the collaboration of occupational therapy practitioners on early intervention teams:

Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.

All families, with the necessary supports and resources, can enhance their children's learning and development.

The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.

IFSP outcomes must be functional and based on children's and families' needs and priorities.

Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

AOTA would like to clarify the following regarding teamwork and models:

The IFSP team is most knowledgeable of the strengths and needs of each child/family and determines the supports and services they should receive, as well as the appropriate qualified professionals who can implement the intervention plan.

More research is needed to determine which (or combination of) team model/approaches leads to achieving desired child/family outcomes.

To reflect their unique certification, educational background, and practice framework, practitioners should be referred to as occupational therapists or occupational therapy assistants when providing early intervention services to infants, toddlers, and their families.

Resources

Membership in a national professional organization, such as AOTA, provides access to quality resources and constituent support specific to working with infants and toddlers and their families, including:

- Fact Sheet: Young Children
(<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EL.aspx>)
- *Early Childhood: Occupational Therapy Services for Children Birth to Five* Self-Paced Clinical Course
- *Occupational Therapy Services in Early Intervention and School-Based Programs* (AOTA, 2004)
- Role of Occupational Therapy With Infants, Toddlers, and Families in Early Intervention (downloadable PowerPoint at <http://www.aota.org/practitioners/practiceareas/pediatrics/browse/ei/role-of-ot.aspx>)

In addition, AOTA is currently sponsoring an evidence-based literature review on occupational therapy and early intervention. Other resources for professional development include the Early Intervention & School System Special Interest Section, Pediatric Board Certification, professional newsletters and journals, and OT Connections forums. For more information, visit <http://www.aota.org/practitioners/practiceareas/pediatrics.aspx>.

References

American Occupational Therapy Association. (2004). Statement: Occupational therapy services in early intervention and school-based programs. *American Journal of Occupational Therapy*, 58, 681–685.

Clark, G. F., Anzalone, M., Coyne, J., Francis, B., Hermes, S. S., & Schefkind, S. (2008, January). *Report of the Early Intervention Education Content Ad Hoc Committee (Task Group 5 Charge 106)*. Report presented to the Representative Assembly of the American Occupational Therapy Association, Bethesda, MD.

Individuals with Disabilities Education Improvement Act of 2004. Pub. L. 108-446.

National Early Childhood Technical Assistance Center. (2007, February). *Mission and principles for providing services in natural environments*. Workgroup on Principles and Practices in Natural Environments. Retrieved July 14, 2010, from <http://www.nectac.org/topics/families/families.asp>