FAQ:
What Is the Role of Occupational Therapy in Early Intervention?

In early intervention, occupational therapy practitioners promote the function and engagement of infants and toddlers, and their families, in everyday routines by addressing areas of occupation including activities of daily living, rest and sleep, play, education, and social participation. Practitioners enhance a family's capacity to care for their child and promote his or her development and participation in natural environments where the child and family live, work, and play.

Early intervention services and supports are typically provided to children under the age of 3 years, and their families, and may extend to children through 5 years of age. Occupational therapy services are most often provided through a federally funded state-wide program (under the Individuals with Disabilities Education Act [IDEA]) and may also be provided as medically-based services in hospitals and clinics. Federal and state laws, and third party payers may require occupational therapy practitioners to address different outcomes in early intervention programs.

1. What are the different settings, legislative mandates, and payment sources that affect occupational therapy in early intervention?

Services under IDEA Part C

Early intervention occupational therapy services and supports are typically provided to young children, their families, and other key caregivers in homes, childcare programs, Early Head Start programs, and other community settings. Children are eligible for Part C based on their state's criteria for disability, which is usually a delay in one or more of five developmental areas (cognitive, physical, communication, social or emotional, and adaptive) or by having a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. States may also choose to provide early intervention services and supports to children who are at-risk and to children who have disabilities but are not yet in kindergarten.

The IDEA Part C statute grants funds to states if they meet the requirements "to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families" (1431(b)(1). Fees, if any, are determined by the state's lead agency. Some states provide services at no cost; others have a sliding scale. Each state's lead agency is responsible for overseeing this program and the funds. Often, the lead agency is the state Department of Health or Department of Education, but this varies by jurisdiction.

Medically-Based Services

Occupational therapy services can also be offered in medical settings such as neonatal intensive care units, pediatric outpatient centers, hospitals, clinics, or home health agency. These services are supported through public and private health insurance, including Medicaid. Typically the child must have a medical condition or diagnosis that indicate medical necessity and result in the need for occupational therapy services.

2. What are the core principles of occupational therapy services provided within early intervention?

Regardless of the purposes and outcomes of the early intervention occupational therapy, there are core principles that guide all services and supports.

Occupation: A broad term signifying everyday life activity that is meaningful and purposeful. Practitioners must communicate with the family and other individuals who have knowledge of the child in order to identify that child's strengths and challenges. While practitioners and families focus on enhancing a child's occupational performance, *co-occupations* are also critical. Co-occupations are occupations or activities such as feeding and eating, caregiver–child play, dressing, bathing, and hygiene that are shared among children, family members, and peers and implicitly involve two or more individuals.

Family-Centered: A philosophical model whereby the family defines the priorities of the intervention. It is based on the premise that families know their children best, that optimal developmental outcomes occur within a supportive family and community environment, and that each family is unique. This model aligns well with the occupational therapy client-centered approach and the value that occupational therapy practitioners place on collaboration with families throughout the service delivery process (e.g., evaluation, intervention, progress monitoring).

Occupational therapy practitioners use strategies to enhance the *attachments* or the bonds that form between the infant and his or her caregivers (Bowlby, 1988). The quality of this bond has been found to influence developmental outcomes in infants and children (Cassidy, 1999). It is also important to assess and address aspects of the *infant's mental health* within the context of the primary caregiver relationship. Risk factors such as poverty and capacity for resiliency can influence mental health outcomes for both child and caregiver.

Family Capacity: The knowledge and skill the family has to meet their child's special needs. Capacity is the amount of physical, emotional, and spiritual energy necessary to support the development of a child, and it directly influences the sense of competency a family member experiences when caring for a young child with special needs.

Natural Environment: Services under IDEA Part C must be provided in settings that are typical for the child's nondisabled peers of comparable age, to the extent practicable. Whenever possible for the child and family, services should be provided in a family and/or community setting. This requirement is comparable to occupational therapy's focus on context. Occupational therapists understand and analyze the interrelated conditions of the context and its influence on performance.

Family Routines and Rituals: The Occupational Therapy Practice Framework (AOTA 2008a) defines routines as "patterns of behavior that are observable, regular, repetitive, and that provide structure for daily life." A family's identity forms through negotiating and engaging in daily living experiences (Boyce, Jensen, James, & Peacock, 1983). Thus, how a family participates in daily routines defines who that family is and plays a key role in determining its health. Rituals preserve a sense of family meaningfulness (Schvaneveldt & Lee, 1983), create and maintain family cohesion (Wolin & Bennet, 1984), and provide a means for maintaining family contact (Meredith, 1985). Rituals add meaning and purpose and help families build strong relationships.

3. What types of services do occupational therapy practitioners provide in early intervention?

Occupational therapy practitioners can provide services as primary service providers, service coordinators, and multidisciplinary team evaluators.

Service Provider

Occupational therapy practitioners can provide services and supports to children and their families under a medically-based model or through an IDEA-funded early intervention program by:

- **Fostering the bond between an infant and his or her primary caregiver(s).** For example, an occupational therapy practitioner can recommend play strategies to promote successful interactions between a toddler and his older siblings or may assess how an infant's (or

parent's) sensory processing affects parent-infant relationship during daily routines (Dunn, 2004).

- **Addressing families' capacity for parenting** by understanding the family's energy level for accomplishing everyday tasks and supporting all caregivers to help a child adapt and cope with everyday life. For example, a practitioner can help a caregiver clarify feelings and reactions, and identify which strategies have helped to ease these feelings in the past. Practitioners also help build a family's capacity to care for their child during everyday activities such as dressing, bathing, and feeding and eating. To enhance a child's ability to participate fully in daily routines, practitioners may suggest modifications to a car seat or high chair for proper positioning to maximize a child's ability to self-feed or engage in play.
- **Promoting children's growth and development, and participation in family and community life.** For example, an occupational therapy practitioner can help a parent identify learning opportunities for a child throughout the day that fit with daily routines, such as developing a bedtime routine for a child with poor sensory processing to ensure sound sleep for the entire family. A practitioner may also fabricate or issue a splint to prevent further disability or enhance a child's functioning to play successfully with friends at a birthday party.

Service Coordinator

Under IDEA, service coordinators guide families through the assessment and intervention process. They also assure that early intervention services and supports documented in the child and family's individualized family services plan (IFSP) result in adequate progress toward achieving the desired outcomes. Some states have professionals who provide only service coordination services. In other states, other providers may also serve as service coordinator, including the occupational therapist. In this role, the therapist would facilitate the team process for developing an IFSP for each eligible child.

Multidisciplinary Evaluator

Under IDEA, each child is entitled to receive a timely, multidisciplinary assessment, which determines a child and family's eligibility for early intervention services and supports. The role of the occupational therapist in this process is to assess the developmental skills of a child with suspected delays and/or to participate in the "family directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs" of their child [(1436(a)(2)].

4. How can occupational therapy services be delivered and how are practitioners qualified to offer services in early intervention?

Personnel

Occupational therapists and occupational therapy assistants have completed an accredited educational program curriculum, supervised fieldwork, and a national certification examination. Occupational therapists must meet state licensure or credentialing requirements. A few states require additional training to become service coordinators. Occupational therapy assistants are usually considered qualified if they are adequately supervised by occupational therapists.

Occupational therapists and occupational therapy assistants' work with children should always include support for and education of key caregivers on incorporating therapeutic activities within a child's daily routines. This includes ongoing monitoring of a child's progress, and collaboration with caregivers (i.e., families, child care providers, early childhood educators) who implement a child's IFSP or intervention plan.

Team models will influence service delivery, and vice versa. Both are typically determined by an agency, payment source, or legal requirements such as IDEA or Medicaid regulations. The team models are: multidisciplinary, interdisciplinary, and transdisciplinary.

- **Multidisciplinary model:** Each professional evaluates a child from his or her disciplinary expertise, and develops and implements an individual intervention program for a child separate from other services. This model of team functioning is no longer considered best practice. (Note: The IDEA's mandate for a multidisciplinary assessment refers only to how many professionals participate in a child's eligibility assessment.)
- **Interdisciplinary model:** Each professional collaborates with other disciplines during the evaluation and intervention processes. Family approval of the intervention plan is solicited, but each professional is responsible for the part of the plan related to his or her discipline. Interdisciplinary teams value communication and acceptance of each discipline's expertise.

- **Transdisciplinary model:** Team members jointly assess a child and plan intervention with family members who determine how they would like to participate on the team. The joint intervention plan is implemented by a primary provider, or coach, with the family. The transdisciplinary model may also be called Primary Provider or Coaching.

  During assessment and intervention, coaching may be used by teams operating in any of the three models. This coaching approach focuses on building a partner's knowledge and skills to achieve family selected goals to ensure that young children participate in meaningful routines and settings (Hanft, Rush, & Shelden, 2004). Coaching supports each partner in a process of reflection that enhances their role performance in parenting or educating very young children.

  Occupational therapy practitioners who engage in coaching use their professional expertise in activity analysis, client-centered care, environmental modifications, and occupational performance. They recognize the power and potential of activity and daily routines to enhance a partner's knowledge and skill development.

Transitions under IDEA

In most states, children transition out of Part C services when they turn 3 years of age. As service coordinators and providers, occupational therapists assist the Team to identify the appropriate programs and services, if needed. As service coordinators, occupational therapists are responsible for meeting federal and state mandates, including holding a transition meeting with the family and local school personnel to discuss options. Occupational therapy practitioners can enhance smooth transitions for children and their families by collaborating with other providers, promoting inter- and intra-agency coordination, and communicating across settings and systems.

5. What are some available related resources and Web sites?

Resources from AOTA

Numerous AOTA resources and opportunities are available to advance the knowledge and skills of practitioners who practice in early intervention. These include Pediatric Board Certification; Special Interest Sections such as Early Intervention & School (EISSIS) and Developmental Disabilities (DDSIS); OT Connections forums; professional newsletters and journals; the *Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc.* (13th ed.; AOTA, 2008b); Fact Sheets and a variety of continuing education products, including the following:

- **Occupational Therapy Services in Early Intervention and School-Based Programs**
  American Occupational Therapy Association. (2004). *American Journal of Occupational Therapy, 58*, 681–685. Available at http://www1.aota.org/ajot/abstract.asp?IVol=58&INum=6&ArtID=17&Date=November/December%202004
- **PowerPoint: Role of Occupational Therapy With Infants, Toddlers, and Families in Early Intervention**
  American Occupational Therapy Association
  http://www.aota.org/practitioners/practiceareas/pediatrics/browse/EI/Role-of-OT.aspx
- **Fact Sheet: Occupational Therapy: A Vital Role in Dysphagia Care**
  American Occupational Therapy Association. (2006).
  http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/38514.aspx
- **Fact Sheet: Occupational Therapy for Children: Birth to 3 Years of Age**
  American Occupational Therapy Association. (2004).
  http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/38516.aspx
- **Fact Sheet: Occupational Therapy in Preschool Settings**
  American Occupational Therapy Association. (2006).
  http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/38510.aspx
- **Specialized Knowledge and Skills in Feeding, Eating, and Swallowing for Occupational Therapy Practice**
  American Occupational Therapy Association. (2007).
  http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/41258.aspx
- **Specialized Knowledge and Skills for Occupational Therapy Practice in the Neonatal Intensive Care Unit**
  American Occupational Therapy Association. (2006).
  http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/39462.aspx
- ***Early Childhood Occupational Therapy: Services for Children Birth to Five***
  Chandler, B. E. (in press). Bethesda, MD: American Occupational Therapy Association
- **Occupational Therapy Services for Children and Youth Under IDEA (3rd ed).**
  Jackson, L. (Ed.). (2007). Bethesda, MD: AOTA Press.
  http://www1.aota.org/shop_aota/prodview.aspx?TYPE=D&PID=618&SKU=1177A
- **Practice Tips: Transforming Caseload to Workload in School-Based and Early Intervention Occupational Therapy Services**
  American Occupational Therapy Association. (2006).
  http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/School/38519.aspx
- **AOTA's Societal Statement on Family Caregivers**
  American Occupational Therapy Association. (2007).
  http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/40153.aspx
- **Occupational Therapy Services in Early Intervention and School-Based Programs**
  American Occupational Therapy Association. (2004).
  http://www.aota.org/Practitioners/Official/Statements/40881.aspx
- **Online Course: Elective Session 2: Occupational Therapy for Infants and Toddlers With Disabilities Under IDEA 2004, Part C (rev.)**
  Muhlenhaupt, M. (2009). In Y. Swinth, Occupational Therapy in School-Based Practice: Contemporary Issues and Trends. Bethesda, MD: American Occupational Therapy Association
  http://www1.aota.org/shop_aota/prodview.aspx?TYPE=D&PID=885&SKU=OLSB2A

- **The New IDEA: An Occupational Therapy Toolkit 2008 Edition (CD-ROM)**
  Jackson, L. (2006). Bethesda, MD: AOTA Press
  http://www1.aota.org/shop_aota/prodview.aspx?TYPE=D&PID=323&SKU=4810
- **Center on the Social and Emotional Foundations for Early Learning**
  http://www.vanderbilt.edu/csefel/
- **Early Head Start**
  www.ehsnrc.org/
- **IDEA Data**
  www.ideadata.org
- **Infant and Toddlers Coordinators Association**
  www.ideainfanttoddler.org/partners.htm
  www.ideainfanttoddler.org
- **Maryland State Department of Education: Early Childhood Tutorial**
  www.mdecgateway.org/olms/output/page.php?id=8482
- **National Dissemination Center for Children with Disabilities**
  www.nichcy.org/
- **National Early Childhood Technical Assistance Center**
  www.nectac.org
- **Natural Resources Archives**
  www.fpg.unc.edu/~scpp/nat_allies/na_archive.cfm
- **Puckett Institute and evidence based practices**
  www.puckett.org/
- **Research and Training Center on Early Childhood Development**
  www.researchtopractice.info/
- **Technical Assistance Center on Social-Emotional Intervention for Young Children**
  www.challengingbehavior.org/
- **The Division of Early Childhood, part of the Council of Exceptional Children**
  www.dec-sped.org/usefullinks.html
- **Tots N Tech Research Institute**
  www.asu.edu/clas/tnt/
- **Zero to Three**
  www.zerotothree.org/site/pageserver

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