



AOTA Practice Advisory: Occupational Therapy Practitioners in Early Intervention

Occupational therapy practitioners (OTPs; 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 occupations such as activities of daily living, rest and sleep, play, education, and social participation. The foundational background of OTPs is rooted in concepts promoting participation, optimum development, and family engagement within natural environments, which are also core principles of occupational therapy's role in early intervention. The domain and process of occupational therapy is "...achieving health, well-being, and participation in life through engagement in occupation (or everyday life activities)" (American Occupational Therapy Association [AOTA], 2014a, p. S4). As a primary service of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), OTPs 1) promote a young child's development, 2) partner with the family to advocate for their child, and 3) enhance the family's caregiving capacity, by contributing to a team-based service plan to reach family and child outcomes.

Professional Preparation and Qualifications

The entry level qualifications of OTPs prepare them for early intervention practice (AOTA, n.d.). They plan and apply evidence-based occupational therapy interventions to address various aspects of performance (i.e., physical, cognitive, psychosocial, emotional, sensory, adaptive) in a variety of contexts and environments to support participation in everyday life activities. OTPs' education includes a rich background in child development, psychology, neurology, and human anatomy; infant mental health; sensory integration; and activity, behavioral, and environmental analysis and occupational performance. OTPs complete an accredited educational program curriculum and supervised fieldwork, and they must pass a national certification examination. These processes form the basis for state licensure of practitioners. OTPs are able to demonstrate a therapeutic use of self; and clinical reasoning to evaluate, analyze, diagnose, and provide

occupation-based interventions to address client factors, performance patterns, and performance skills (Accreditation Council for Occupational Therapy Education [ACOTE], 2013).

OTPs are lifelong learners and continuously update their learning through professional development required to maintain their state license. Therefore additional state credentialing or training required for initiating early childhood services needs to be evaluated in the context of the OTPs' existing training and skills. For example, a state may require an OTP to receive additional training to administer a Routines Based Inventory; however, the OTP already has expertise in administering an occupational profile, which identifies the family's daily activities and preferences. A training process that duplicates existing skills may serve as a barrier for both an OTP to provide services, and/or for a family to access and receive these services.

Distinct Contributions

“Occupational therapy’s distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective” (AOTA, 2016). OTPs’ holistic knowledge and skills *in both health and education* positions them to address the complexities inherent in participation challenges and to support families exhibiting a broad range of physical and mental needs. In addition, OTPs have the expertise to provide early intervention services for children and families with high-intensity needs, such as childhood trauma exposure, prematurity, or acute flaccid myelitis. OTPs have expertise and training in providing early intervention services for medically fragile children and families in hospitals and clinics, and to support their transitions to home and community. Therefore, irrespective of health status, OTPs have the knowledge and skills to facilitate family participation by matching the level of activity to the level of function. For example, OTPs help reduce further delay and promote development and participation in daily life through effective

positioning for feeding and sleeping. They have expertise in assessing performance in daily participation and “...providing adaptations and modifications to the environment or objects within the environment when needed” (AOTA, 2014b, p. S1). Because their expertise is in improving participation in context, OTPs offer *practical solutions for everyday life routines* in naturalistic environments including homes, schools, and community settings. Examples of occupational therapy services include promoting family mealtime routines, supporting daycare and preschool inclusion, modifying seating for safe and effective positioning, increasing peer interactions during play, conducting surveillance and screenings for early signs of delay, and preparing a family for caregiving routines as they transition from hospital to home. Because of their expertise in activity and environmental analysis and modification, OTPs possess a distinct skill set to support the transition of young children and their families from early intervention to the receiving environment, including special education settings.

Roles and Responsibilities

OTPs offer a holistic, science-driven, evidence-based approach throughout program development and service implementation. Occupational therapists are ideally suited to function as primary service providers, as determined by an individualized family service plan (IFSP) team, and they are also well qualified to function as evaluators, service coordinators, professional development educators or trainers, consultants, researchers, advocates, and leaders (AOTA, 2017). OTPs are skilled in serving individuals, groups, and populations. At the population level, OTPs have expertise in designing environments such as museums (Leichtman et al., 2014) and playgrounds (Wagenfeld et al., 2014) for inclusion, participation, and accessibility.

Key Partner in the Early Childhood Team

A collaborative early intervention team offers the expertise and perspectives of all its members to achieve family-centered outcomes. The IFSP team, including the family, is most knowledgeable of the strengths, priorities, 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.

As key contributors, OTPs collaborate regularly within interprofessional early childhood teams. Specifically, they partner with other early intervention services providers to promote a child's development in physical, communication, cognitive, adaptive, and social or emotional domains as well as support family members and caregivers in ensuring a child's participation in home and community life.

OTPs present at and actively participate in interdisciplinary coalitions and conferences and access interprofessional resources such as the Division of Early Childhood (DEC) Recommended Practices (2014) and those offered through the Early Childhood Technical Assistance Center (ECTA; n.d.). Because of their broad and functional perspective, OTPs are a critical partner to regularly include in interprofessional trainings and professional development. They should assume a lead role in state and local trainings.

Best practices through early childhood teaming require a clear understanding of both core values and shared competencies, in addition to a solid foundation of discipline-specific knowledge and skills (Muhlenhaupt et al., 2015). Several professional organizations in early childhood, including AOTA, agree on four areas of competency alignment within early childhood interprofessional teaming practices: (1) collaboration and coordination, (2) family centered practice, (3) interventions as informed by evidence, and (4) professionalism and ethics (Early Childhood Personnel Center, n.d.). AOTA works closely with its partner organizations within the Early Childhood Personnel Center (ECPC) such as the American Speech-Language-Hearing Association (ASHA), American Physical Therapy Association (APTA), DEC, National Association for the Education of Young Children (NAEYC), and Zero to Three in pursuit of interprofessional collaborations within early childhood teaming practices.

Service Delivery

Several service delivery approaches (e.g., Primary Coach Approach to Teaming or Primary Service Provider with Coaching; Routines-Based Early Intervention) and team models (e.g. interdisciplinary, transdisciplinary) are used in EI practice. OTPs must be aware of the service delivery approach and team model that is used in their state EI system. OTPs are adept in teaming and offer key contributions within a range of approaches and models (AOTA, 2014a). They must identify the differences among service delivery approaches and team models and advocate for their role (AOTA, 2014).

AOTA endorses the concepts of teamwork, collaboration, and family-centered practice. AOTA recognizes that more research is needed to determine which team model/approaches (or combination of) leads to desired child/family outcomes. Currently, evidence does not support any specific model of teaming or service delivery approach producing the best outcomes for children and families in EI (AOTA, 2014a).

AOTA does not endorse any service delivery approach or team model when service providers are used interchangeably beyond their scope of practice. For example, highly specialized or newly learned techniques should not be transferred to other professionals. OTPs need to be aware of their state's licensure laws, which dictate their scope of practice. In EI, as well as all occupational therapy practice settings, it is important that a client who needs occupational therapy services can receive them from an OTP.

Evidence suggests that an interprofessional team of providers (i.e., OT, PT, SLP, special educator) is effective. For example, one study indicated that teaming resulted in reducing developmental delays (Blanche et al., 2016); other literature outside of the profession specifies that occupational therapy is “indispensable” during interprofessional early intervention collaboration for enabling communication for children and families with autism spectrum disorder (ASD) (Hebert et al., 2014).

Data Driven and Evidence Informed

Occupational therapy contributions align with the Triple Aim of Health Care: improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care (Institute for Healthcare Improvement, 2019).

Occupational therapy is a science-driven profession that applies the most up-to-date research to service delivery. Interventions are directed at the outcomes developed collaboratively with families and IFSP team members. Effective interventions are used to promote health, well-being, and participation. Intervention approaches may be focused on the environment, an activity, or the child or family or both. OTPs use data-driven decision making throughout the evaluation and intervention processes, thereby contributing to reaching both individual and state performance measures.

Achieving Positive Outcomes

OTPs offer distinct contributions within the team and provide effective interventions to improve child and family outcomes in meaningful occupations (everyday activities; Frolek Clark et al., 2019a, 2019b; Gronski & Doherty, 2019a, 2019b; Kingsley et al., 2019; Park et al., 2014; Tanner et al., 2019). For example, OTPs have a key role in addressing the childhood occupation of play (Bundy et al., 2017; Fabrizi et al., 2016; Román-Oyola et al., 2018). OT services involving family engagement and coaching promote positive outcomes, such as enhanced parental knowledge of their child, parenting skills, and skill development in children (King et al., 2017; Stoffel et al., 2017). Occupational therapy involving coaching improves parent self-competence and improves a child's performance on identified goals (Graham et al., 2016)

Client and Partner Satisfaction

Occupational therapy practitioners use systematic processes to deeply understand family routines (i.e., meaningful occupations and co-occupations) and family priorities. Occupational therapy that addresses the family's routines and environments results in improved parent satisfaction (Kingsley & Mailloux, 2013). Because family involvement is key in their child's learning and development (U.S. Departments of Health and Human Services and Education, 2016), it is meaningful that families indicate high levels of satisfaction when receiving occupational therapy services (Peacock, 2012).

Cost-Effectiveness

Some research suggests that occupational therapy services help decrease health care costs due to the profession's focus on offering "unique and immediate focus on patients' functional and social needs" (Rogers et al., 2017, p. 668). Further studies are needed to replicate such findings in the early childhood sector.

AOTA Resources and Activities

AOTA offers numerous resources regarding occupational therapy practice in early intervention. These resources help articulate how evidence-based interventions within the scope of occupational therapy practice support the growth and development of the child and help to build family capacity to care for their child during every day routines. The AOTA resources include a systematic review of literature relevant to occupational therapy and the official document, *Guidelines for Occupational Therapy Services in Early Intervention and Schools* (AOTA, 2017). Additional practice and learning resources include early childhood books, webinars, and other continuing education resources. Learning and networking opportunities are provided through the AOTA Annual Conference & Expo, Specialty Conferences, and the Communities of Practice, and Special Interest Sections.

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Resources

Board Certification in Pediatrics

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<http://www.aota.org/Education-Careers/Advance-Career/Board-Specialty-Certifications/Pediatrics.aspx>

Childhood Occupations Toolkit

<https://www.aota.org/About-Occupational-Therapy/Patients-Clients/ChildrenAndYouth/Childhood-Occupations-Tip-Sheets.aspx>

Children & Youth Special Interest Section

<http://www.aota.org/Practice/Manage/SIS/Children-Youth.aspx>

Children & Youth Discussion Community

<https://communit.aota.org/communities/communityhome?CommunityKey=4d1e6648-1b76-4daa-a07c-434a90cc4925>

Courses and Other Resources on Early Intervention

https://myaota.aota.org/shop_aota/search.aspx?q=early&sort=relevancy

[Children & Youth AOTA Member Resources](#)

<http://www.aota.org/Practice/Children-Youth.aspx>

Early Childhood EBP Systematic Reviews and Research

<https://www.aota.org/Practice/Children-Youth/Evidence-based/EBP-EI.aspx>

Early Childhood: Occupational Therapy Services for Children Birth to Five (Self-Paced Clinical Course)

https://myaota.aota.org/shop_aota/prodview.aspx?PID=988&SKU=3026&TYPE=D

Early Childhood Inclusion and Occupational Therapy (Brochure, pdf)

<https://www.aota.org/~//media/Corporate/Files/AboutOT/consumers/Youth/EC-Inclusion-and-OT-brochure-20171108.pdf>

The Role of Occupational Therapy with Children and Youth ([Fact Sheet, pdf](#))

<http://www.aota.org/~//media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/Fact-Sheets/Children%20and%20Youth%20fact%20sheet.pdf>

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Role of Occupational Therapy With Infants, Toddlers, and Families in Early Intervention
(PowerPoint Presentation for Consumers)

<https://www.aota.org/~media/Corporate/Files/Secure/Practice/Children/EI.pdf>

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