Using Cross Disciplinary Competencies and Standards: The Physical Therapy Perspective

AUCD Pre-Conference Summit
Early Childhood
The Role of UCEDDs and LENDS in Workforce Development
November 4, 2017

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GUCEDD
Collaborators
Using Cross Disciplinary Personnel Standards in:

Physical Therapy
Entry-level PT Education: DPT

**Purpose**
- General PTs
- Competent to provide services across the lifespan BUT---

**Content**
- Foundational, behavioral, clinical, & movement science across the lifespan
- Professionalism/Ethics
- Practice management
  - Intervention strategies
    - Exercise, modalities, orthotics, prosthetics, AT, etc.
- Communication
- Special Topics
  - Pharmacology
  - Imaging
Entry-level Pediatric PT Content

*Recommended but not Mandated*

- Typical development
- Pediatric onset of conditions that affect development across the lifespan
- Pediatric tests & measures
- Pediatric procedural interventions
- Prenatal development
- Parts B & C of IDEA
EI/ECSE
Personnel preparation challenges

PT education programs prepare graduates to be competent generalists

~ 8% of PTs serve children

~ 3% of PT’s work in the school setting (APTA, 2013)
Post-graduate professional development

- **CEU**: To maintain license
- **APTA Specialty Areas**: Section on Pediatrics (SOP)
- **Clinical residency** programs advance expertise in a specialty area such as pediatrics.
- **Fellowships** provide greater depth of knowledge & skills within a subspecialty – ex.: neonatal.
- **Specialty Certification** requires minimum 2,000 hrs. of practice or completion of residency AND pass a national exam. Includes full spectrum of pediatric practice including IDEA.
Core Competencies across Disciplines

- Family Centered Care
- Coordination & Collaboration
- Intervention Instruction as Informed by Evidence
- Professionalism
PT Competencies

5 Essential Core Competencies

• Human Development
• Age-Appropriate Client Management
• Family Centered Care
• Health Promotion and Safety
• Legislation, Policy, Systems

EI Content Areas

• Context of therapy
• Wellness & Prevention
• Coordinated Care
• Evaluation & Assessment
• Planning
• Intervention
• Documentation
• Administration
• Research
Major publications


EI SIG: Products

http://www.PediatricAPTA.org/special-interest-groups/early-intervention/index.cfm

• Power Points
  • The role of PT with infants, toddlers, and their families in EI
  • EI: Promoting Best Practice

• Newsletter: Practice tips, journal article discussion, legislation, examples of service delivery, team collaboration

• Facebook page: Monthly posting of resources
  • https://www.facebook.com/APTAEISIG

• Annual EI continuing education at national conferences

• Google-hangouts

• Resource sheets
  • Early Intervention Physical Therapy: IDEA Part C
  • Natural Environments in Early Intervention Services
  • Team-based Service Delivery Approaches in Pediatric Practice
  • Using a Primary Service Provider Approach to Teaming
Brand New

Recommendations for translating competencies into practice

Professional Development Plan

Work Sheet

Update to PT EI Competencies
## Align Interdisciplinary Program with Cross Disciplinary Competencies and PT

### Competencies Mapped to External Sources

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>ECPC Interdisciplinary Competencies</th>
<th>Disciplinary Competencies</th>
<th>DEC Recommended Practices</th>
<th>Key principles: EI in the NE</th>
<th>Focused Instruction Individualized Intervention</th>
<th>Result in Improved Outcomes</th>
<th>Support Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholar Competencies</td>
<td></td>
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<tr>
<td>Evaluation &amp; Assessment in EI</td>
<td></td>
<td>OT</td>
<td>PT</td>
<td>SLP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Scholars will:</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>A1, A2, A5, A6, A7, A10</td>
<td>2. All families, with the necessary supports and resources, can enhance their children’s learning and development</td>
<td>X</td>
</tr>
<tr>
<td>Family Centered Practice</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Data-based Intervention</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>a) Gather developmental, family, and other information from various sources to identify strengths and needs of children and families</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>b) Demonstrate knowledge of basic test psychometric properties</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>c) Administer and interpret standardized and non-standardized tests and measures used in ECI</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>d) Interpret and synthesize all evaluation and assessment findings identifying strengths and needs</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>e) Gather information to monitor and determine change over time</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

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**ECPC Early Childhood Personnel Center**
<table>
<thead>
<tr>
<th>Family</th>
<th>Family Centered Practice</th>
<th>Professionalism</th>
<th>Context and Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholars will:</td>
<td>a) Demonstrate knowledge of family centered care and its value</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>b) Demonstrate knowledge of cultural and linguistic competence and its application to early childhood intervention</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>c) Conduct and interpret a routines based interview and Eco map to gather family concerns, resources and priorities</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>d) Communicate effectively with families for planning and intervention</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>e) Actively support families to participate in the IFSP/IEP process by sharing information</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Scholars will:</td>
<td>a) Demonstrate knowledge of disability frameworks, characteristics and trajectory of disability</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b) Demonstrate knowledge of local, state and federal applications and function of IDEA Part C and Part B</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>c) Demonstrate knowledge of and identify the benefits of providing services in the natural environment within naturally occurring learning opportunities</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>d) Demonstrate knowledge about how young children learn</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

- 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.
Occupational Therapy

**Occupational therapy** is defined as “...the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community and other settings” (Occupational Therapy Practice Framework: Domain & Process, 3rd Ed.).
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.

**Occupational therapy distinctly focuses on participation by:**
- Using a **holistic** approach to consider all components of the individual and his or her goals
- Focusing on **inclusion** by supporting engagement in activities in their natural contexts
- Increasing an individual’s capacity and/or modifying environments and activities for greater participation (*Person-Environment-Occupation* fit)
- Providing expertise in both **mental and physical health**
- Offering a **lifespan approach**
- Providing evidence-based and cost-effective services

**Research Supports the Importance of Active Engagement**
- Life skills development has been found to be a good prognostic indicator for future employment of individuals with autism (Klinger, Klinger, Mussey, Thomas, & Powell, 2015).
- Student engagement in school activities such as recess has been correlated to positive behavior and greater attention (Barros, Silver, & Stein, 2009; Holmes, Pellegrini, & Schmidt, 2006).
- Some research indicates that individuals with disabilities and young children with autism can benefit from activity-modifying strategies that improve engagement.
Occupational Therapy

- Activity expertise
- Environmental modification
- Adaptive equipment
- Intersection of mental and physical health
- Play

- Activities of Daily Living (feeding, toileting, dressing, grooming, mobility)
- Rest and Sleep
- Learning and School Performance
- Social Participation
Speech and Language Pathology

Involved in assessment and intervention for young children in multiple settings using a variety of service delivery approaches

Nearly 100,000 members report working with EI populations
ASHA Guiding Principles for . . .

- Developmentally supportive & in the natural environment
- Comprehensive, team-based & coordinated
- Family centered & culturally responsive
- High quality & best evidence

Early Intervention
Knowledge and Skills of SLPs in EI

- Identify typical development across domains
- Describe developmental delays/disorders
- Explain impact of communication delays and disorders in speech, language, hearing, emergent literacy, and swallowing/feeding, on development
- Identify genetic, biological and environmental risk factors associated with communication disorders
- Use EBP to elicit communication
- Use FCC practices
- Know federal and state laws and policies pertaining to EI
# The BIG 9

<table>
<thead>
<tr>
<th>Area</th>
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</thead>
<tbody>
<tr>
<td>Articulation/Phonology</td>
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<tr>
<td>Voice and resonance</td>
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<tr>
<td>Fluency</td>
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<tr>
<td>Receptive and expressive language</td>
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<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Swallowing</td>
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<tr>
<td>Cognitive aspects of language</td>
</tr>
<tr>
<td>Social aspects of language</td>
</tr>
<tr>
<td>Augmentative and alternative communication modalities</td>
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</tbody>
</table>
Qualified Providers in Early Intervention

• Frequently Asked Questions: Qualified Providers in Early Intervention: http://www.asha.org/slp/faqsqualproviderei

• Links to licensure boards, state associations, and state teacher requirements: http://www.asha.org/advocacy/state/

• ASHA documents related to Early Intervention: http://www.asha.org/slp/clinical/EarlyIntervention/
How does Interprofessional Education (IPE) fit with our Guiding Principles for El

- Value & Ethics for IPP
- Teamwork & Team-Based Care
- Interprofessional Communication
- Roles & Responsibilities for Collaborative Practice
Values and Ethics

- Develop family centered services and supports that are culturally and linguistically responsive
- Integrate expertise of team members across developmental areas to ensure comprehensive assessment and intervention
- Imbed EI services in everyday routines in natural environments
Roles and Responsibilities for Collaborative Practice

• Use knowledge of one’s own role and those of other professionals to address the needs of population served

• SLP roles include:
  • Prevention
  • Screening evaluation and assessment
  • Planning and implementing intervention
  • Consultation with and education of team and families
  • Service coordination
  • Transition
  • Advocacy
  • Advancement of knowledge base
Interprofessional Communication

• Use evidence based family focused discussions
• Work to effectively coordinate services with other team members
• Develop mutually defined goals and engage in high quality communication based on mutual regard and trust
• Utilize open dynamic communication with team members
Team work and team based care

• Apply relationship building values and principles of team dynamics to perform different team roles

• Engage all team members in collaborative planning and problem solving

• Use team process to derive mutual goals and interventions with shared accountability

• Promote team development collaborative planning and problem solving
So, what’s next?

ASHA is committed to ensuring qualified EI providers in collaboration with our academic partners.

ASHA is committed to the ongoing enhancement and development of resources to support EI.

ASHA is committed to the principles of IPE.

ASHA recognizes the value of services provided across disciplines & the impact of creating value in what SLPs do that support the work of other disciplines to improve outcomes for young children.
Resources

- **American Speech-Language-Hearing Association.** (2004). *Preferred Practice Patterns for the Profession of Speech-Language Pathology* [Preferred Practice Patterns]. [www.asha.org/policy](http://www.asha.org/policy)

