

## **Interprofessional Core Competencies to Enhance Occupational Therapy Services in Early Childhood Settings**

Mary Muhlenhaupt, Stephanie L. de Sam Lazaro, Sarah Fabrizi, Sandra Schefkind, and Amy Owens

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The Early Childhood Personnel Center (ECPC; UConn Health, 2017) was established by the U.S. Office of Special Education Programs in 2013 to provide knowledge generation, technical assistance, and dissemination that addresses challenges faced in the early childhood workforce. In one area of their work scope, ECPC staff studied discipline-specific personnel standards and competency areas, along with each state's early childhood personnel standards and developed a crosswalk of early childhood literature from the various professional associations.

An ECPC work group representing project staff, national association personnel, and leaders from early childhood therapy and education disciplines used this data to identify four unified early childhood personnel competencies shared by all providers working with young children, their families, and caregivers:

- Coordination and collaboration
- Family-centered practice
- Instruction and intervention as informed by evidence
- Professionalism and ethics

Last year, the American Occupational Therapy Association (AOTA), American Physical Therapy Association, and American Speech-Language-Hearing Association, along with four national early childhood education and special education associations (Council for Exceptional

Children, Division for Early Childhood, National Association for the Education of Young Children, and Zero to Three) formally endorsed these four areas. (ECPC, 2017).

Occupational therapy practitioners in early childhood settings work with parents, caregivers, and other team members representing education and therapy disciplines. Practitioners and educators deliver services from a strengths-based, family-centered, and inclusive paradigm. Aligned with the Individuals With Disabilities Education Act (IDEA) Parts B and C tenets and requirements (IDEA, 2004), they enable parents and caregivers to learn how to promote their child's participation in the multiple learning opportunities available in their typical everyday activities and routines. Occupational therapy has defined its distinct contribution to early intervention according to the *Occupational Therapy Practice Framework: Domain and Process, 3<sup>rd</sup> Edition* (Framework; AOTA, 2014), with expertise in occupation as a means and an end to intervention. This article highlights how to incorporate the four competency areas identified by ECPC and endorsed by AOTA into practice through examples of practices and roles occupational therapy practitioners take to provide high-quality services for families with infants, toddlers, and young children.

### **Competency: Coordination and Collaboration**

This competency highlights the need for early intervention personnel to coordinate services for families and their children across disciplines and agencies and to engage in quality relationships with other team members. Interprofessional partnerships, clear and timely communication, active listening, and shared decision making are key elements that promote successful teaming (Leinwand et al., 2018). Occupational therapy practitioners identify collaboration as one of the greatest challenges in early intervention practice (Bowyer et al., 2017). They report a lack of time or opportunity to collaborate with other members of the team and suggest improved

communication as a possible solution to this challenge. Effective communication includes face-to-face meetings and engagement by thoughtful contributors (Leinwand et al., 2018). Group facilitation and active listening strategies support respect for each team member's input and help clarify misunderstandings.

Occupational therapy practitioners serve in various capacities on the early childhood team.

Although no one teaming model has been identified as most effective (Kingsley & Mailloux, 2013), one approach that requires strong interprofessional coordination and collaboration is the primary service provider (PSP) model (Shelden & Rush, 2013).

For example, an occupational therapist (OT) may serve as the sole interventionist who implements weekly services with a family and their young infant but knows the support of other disciplines is available to join in-home visits when needed for assessment, parent education, or other expertise. In these cases the OT would consult with the other practitioners to ensure continuity of care.

In another situation, an OT might provide consultation to a speech therapist who serves as the primary provider (often described as PSP with coaching) to build the speech therapist's capacity to meet the family's goals. In this case the OT joins the speech therapist and family during their regular visit. The OT may gather information about the family's typical routines as well as learn about what they want to accomplish and what the speech therapist has already implemented.

Among other things, the OT can provide activity tips to help the speech therapist support the family to establish a morning routine, including a consistent wake-up time, greetings or affection, visual schedules, or fun routines.

If the need arises for specialized expertise/services or techniques that are outside the primary provider's scope of practice, the team can update the plan to include the additional discipline (Shelden & Rush, 2013; Stoffel et al., 2016).

### **Competency: Family-Centered Practice**

Family-centered care (FCC) requires early childhood personnel to develop collaborative relationships and work together with families (Early Childhood Technical Assistance Center, 2018). FCC builds on a family's strengths and skills, aligning with IDEA's Part C purpose to build the family's capacity to care for their child and promote learning and development.

Moeller and colleagues (2013) described four key elements of this approach:

- (a) joyful, playful communicative interactions and overall enjoyment of parenting roles,
- (b) family well-being (e.g., enjoyment of the child, stable family relations, emotional availability, optimism about the child's future),
- (c) engagement (e.g., active participation in program, informed choice, decision making, advocacy for child), and
- (d) self-efficacy (competent and confident in parenting and promoting the child's development. (p. 430)

Parents are their children's first teachers, helping them learn about themselves and the world around them. Bronfenbrenner and Morris (2006) identified the child's enduring relationships with their parents or important caregivers and their ongoing interactions within their routine environments as proximal processes that are "the primary engines of development" (p. 797).

Occupational therapy practitioners develop the occupational profile to learn about the family's history, daily activities and experiences, interests, and needs. They honor the family's culture and values, and they recognize that each family has unique goals, strengths, stressors, and circles of support. They work in partnership with the family, building the family's capacity to nurture and support their child. For example, an OT working with a family currently dealing with job

loss can advocate for the team to help the family identify community resources they can pursue for temporary financial support.

Occupational therapy practitioners recognize that young children learn best during their typical home, school, and community routines and activities. The occupational therapy assistant (OTA) who is helping a parent establish a morning bathing routine, for instance, might schedule a home visit at 11 a.m. for a family with a late morning wake-up time. Or an OT could meet a father at the grocery store to help problem solve the best way to position his child with significant motor involvement in the grocery cart and make the shopping experience efficient and successful.

Through the occupational therapy process of activity and environment analysis and modification, the OT works in partnership with the family to reflect, coach, and build the family's competence and confidence.

### **Competency: Instruction and Intervention as Informed by Evidence**

Early intervention personnel must provide high-quality, evidence-based services to improve outcomes for families and their young children (Paynter et al., 2017). Occupational therapy practitioners rely on information and research available in the published literature, along with the profession's standards and practice guidelines, and national and state early intervention laws and policies to guide their practice. Evidence-informed interventions include family interviews and observation to learn about a family's current priorities, typical activities, and routines. The OT uses holistic assessment methods designed to measure the young child's behavior and performance in typical activities, rather than solely using impairment- or skill-focused tools, and ensures that families and caregivers understand assessment results. The family is included as an active participant in assessment, development of outcomes for individualized family service plans (IFSPs) and interprofessional education programs, and service decisions.

When providing interventions informed by evidence, practitioners focus on identifying learning opportunities within the family's or caregiver's everyday activities and routines, then discussing, demonstrating, and reinforcing how and what the child learns from these experiences.

Interventions are functional and individualized and develop family and caregiver capacity, so children can continually learn within the context of their everyday activities.

Adaptations, accommodations, and assistive technology are used to increase a child's participation while skills are developing or when performance is difficult or not possible without them. The parent or caregiver is given ample opportunity to practice strategies that help their child participate in daily activity while the OT provides feedback that builds confidence and competence.

For example, in a home visit scheduled during a child's regular lunchtime, an OT can validate how the parent positions the child, utensils, and food items to promote developing self-feeding skills. They can reflect and problem-solve together about strategies to embed early literacy activities within mealtimes and within other activities during the child's day. A check-in with the parent or caregiver to learn about the child's activities, and any concerns since the last visit, can provide additional information that reflects the family's continuing priorities. This feedback contributes data needed to monitor progress toward goals.

An OT's knowledge of typical and atypical development provides additional evidence that informs practice, enabling routine surveillance for the risks and issues of health and safety that are associated with many developmental conditions and concerns. Informed by data and evidence, the OT may revise the intervention plan as warranted, in collaboration with parents and other team members.

## **Competency: Professionalism and Ethics**

Professionalism reflects the values, beliefs, attitudes, knowledge, and behavior expected of one in a profession (DeJuliis, 2017). Occupational therapy practitioners working with children, their families, and caregivers demonstrate this competency as they implement practices that apply the profession's knowledge base in accordance with key laws, policies, and practice standards.

These include the IDEA; their own state's laws and regulations governing public education; the Family Educational Rights and Privacy Act of 1974; and definitions and laws related to sensitive locations, "sanctuaries," and "safe zones" (Jones, 2017). Important occupational therapy codes, standards, and practice guidelines include state licensure rules and regulations, the *Occupational Therapy Code of Ethics and Ethics Standards* (AOTA, 2015), the *Framework, and Guidelines for Occupational Therapy Services in Early Intervention and Schools* (AOTA, 2017).

The profession's ethical principles (AOTA, 2015) guide practitioners to direct utmost care to their clients' well-being and ensure that no harm is done. During an IFSP development meeting, for example, an OT could request further discussion of the discipline identified as the PSP to ensure their licensed scope of practice most directly aligns with the family's needs. Occupational therapy practitioners working in early childhood settings ensure parents and caregivers are active participants in intervention planning, decisions about service delivery approaches, and service delivery locations (Council for Learning Disabilities, 2003; National Association of State Directors of Special Education, 2017; Saleh, 2012).

Occupational therapy practitioners can also facilitate clients' full participation when personal, cultural, language, social, physical, or socio-economic barriers are present. For example, a non-Spanish speaking OTA can ensure that a language interpreter is present during home visits with a parent who is fluent only in Spanish, or an OT may advocate for transportation resources so the

family can access needed community-based services. The distinct value of occupational therapy in assessing and addressing environmental and contextual factors that support or limit the child's participation in their home, school, and community activities and routines enables occupational therapy practitioners to adhere to their obligation to provide fair and just services to all children and families (AOTA, 2014).

## **Conclusion**

These four core early childhood competencies are not developed or practiced in isolation. Quality occupational therapy services for young children require practitioners to be family centered; collaborate with families, caregivers, and other team members; stay informed about regulations and standards that guide practice; implement evidence-based interventions and measure outcomes; ensure their own continued competence; and always demonstrate professional and ethical behavior.

AOTA provides numerous products, resources, and professional development programs to promote occupational therapy practitioners' competence to work with families, caregivers, or teachers and their infants, toddlers, and young children, beyond those highlighted in this article ([www.aota.org/practice/children-youth](http://www.aota.org/practice/children-youth)). AOTA continues as a collaborator with ECPC. Work related to these cross-disciplinary competency areas focuses on preparing and promoting highly qualified personnel in early childhood therapy and education settings. Plans include identifying and sharing existing, easily accessed, quality products, guides, and resources for use in pre-service education as well as in continuing professional development activities and programs. ECPC will develop materials for use when gaps or additional areas of need are determined.

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**Mary Muhlenhaupt**, OTD, OTR/L, FAOTA, is an Associate Professor at Thomas Jefferson University, in Philadelphia. She has worked in school-aged, preschool, and infant/toddler settings for more than 40 years. Her interests are in promoting best practice interventions that are sustainable and make a difference for families and caregivers and their children.

**Stephanie L. de Sam Lazaro**, OTD, OTR/L, is Assistant Professor and Director of the Doctor of Occupational Therapy Programs at St. Catherine University, in St. Paul, Minnesota. The majority of her clinical experience has been in Part C early intervention services. Her interests are focused on equitable access and delivery of services for all children and families.

**Sarah Fabrizi**, PhD, OTR/L, is an Assistant Professor at Florida Gulf Coast University, in Fort Myers. Her practice and research experience include early childhood settings, with particular interest in play and playfulness, parent-child interaction, and family and community engagement.

**Sandra Schefkind**, OTD, OTR/L, FAOTA, is the Pediatric Practice Manager at AOTA. Her interest is building communities of practice as a leadership strategy for knowledge sharing, capacity building, and networking.

**Amy Owens**, OTR/L, is an Occupational Therapist and Adjunct Instructor at Cleveland University in Kansas City, Kansas. The majority of her professional experience is with early intervention. Her interest is ensuring that students and future occupational therapy practitioners implement evidence-based practices.

This table will be electronically linked to the article and not included in the issue itself

Early childhood cross disciplinary competency area	AOTA resource	Interprofessional resource
Coordination and Collaboration	<p>Kingsley, K., &amp; Mailloux, Z. (2013). Evidence for the effectiveness of different service delivery models in early intervention services. <i>American Journal of Occupational Therapy</i>, 67, 431–436.  <a href="http://dx.doi.org/10.5014/ajot.2013.006171">http://dx.doi.org/10.5014/ajot.2013.006171</a></p>	<p><b>Communication for Teaming and Collaboration Checklist</b>  <a href="http://ectacenter.org/~pdfs/decrp/TC-2_Communication_Teaming_Collaboration_2018.pdf">http://ectacenter.org/~pdfs/decrp/TC-2_Communication_Teaming_Collaboration_2018.pdf</a></p>
Family Centered Practice	<p>Stoffel, A., Rhein, J., Khetani, M. A., Pizur-Barnekow, K., James, L. W., &amp; Scheffkind, S. (2017). Family centered: Occupational therapy’s role in promoting meaningful family engagement in early intervention. <i>OT Practice</i>, 22(18), 8–13</p>	<p><b>DEC Recommended Practices (2014)</b>  <a href="https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo">https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo</a></p> <p><b>Early Childhood Recommended Practices Modules</b> <a href="https://rpm.fpg.unc.edu/welcome">https://rpm.fpg.unc.edu/welcome</a></p>
Instruction and Intervention as Informed by Evidence	<p>Case-Smith, J. (2013). From the Desk of the Guest Editor—Systematic reviews of the effectiveness of interventions used in occupational therapy early childhood services. <i>American Journal of Occupational Therapy</i>, 67, 379–382. <a href="http://dx.doi.org/10.5014/ajot.2013.007872">http://dx.doi.org/10.5014/ajot.2013.007872</a></p>	<p><b>Early Childhood Technical Assistance Center - Improving Systems, Practices and Outcomes</b>  <a href="http://ectacenter.org/topics/evbased/evbased.asp">http://ectacenter.org/topics/evbased/evbased.asp</a></p>

<p>Professionalism and Ethics</p>	<p>American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). <i>American Journal of Occupational Therapy</i>, 69(Suppl. 3), 6913410030.  <a href="http://dx.doi.org/10.5014/ajot.2015.696S03">http://dx.doi.org/10.5014/ajot.2015.696S03</a></p>	<p><b>Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like/doesn't look like.</b>  Retrieved from <a href="http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLook-Like3_11_08.pdf">http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLook-Like3_11_08.pdf</a>  <b>National Association for the Education of Young Children (NAEYC). (2011, May). Code of ethical conduct and statement of commitment.</b>  Retrieved from <a href="https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/Ethics%20Position%20Statement2011_09202013update.pdf">https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/Ethics%20Position%20Statement2011_09202013update.pdf</a></p>
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**Other resources**

AOTA webpages: Children and Youth - <https://www.aota.org/Practice/Children-Youth.aspx>

American Occupational Therapy Association. (2010). *AOTA practice advisory on occupational therapy in early intervention*. Retrieved from [http://www.aota.org/~media/Corporate/Files/Advocacy/State/Resources/State-Fact-Sheets/AOTA%20Practice%20Advisory%20on%20OT%20in%20EI%20%20Final%20Draft%20cw%20\\_3\\_.ashx](http://www.aota.org/~media/Corporate/Files/Advocacy/State/Resources/State-Fact-Sheets/AOTA%20Practice%20Advisory%20on%20OT%20in%20EI%20%20Final%20Draft%20cw%20_3_.ashx)

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