



July 2021

## Bringing the Family to the Center of Early Intervention Practice in Occupational Therapy

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### Recommended Citation

Elenko, B. K. (2021). Bringing the Family to the Center of Early Intervention Practice in Occupational Therapy. *The Open Journal of Occupational Therapy*, 9(3), 1-3. <https://doi.org/10.15453/2168-6408.1919>

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### Keywords

principles of early intervention, coordination and collaboration, family-centered practice, evidence based, professionalism and ethics

### Credentials Display

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DOI: 10.15453/2168-6408.1919

Early intervention (EI) consists of services for children under 3 years of age who have a confirmed disability or established developmental delays and their families. Under Part C of the Individuals with Disabilities Education Act (IDEA), EI services are offered to this population to provide them with learning opportunities in their natural environments (Early Childhood Technical Assistance Center [ECTA], 2021). EI services include occupational therapy (OT), physical therapy, special education services, and speech therapy. These services use collaboration and coaching with families to build up their individual capacities to promote their infants and toddlers' development. We each have a role to play in EI, but we bring our distinct skills and experiences to the family.

The American Occupational Therapy Association (AOTA) recommends that occupational therapists implement four core principles for EI practice developed collaboratively by the Division of Early Childhood of the Council for Exceptional Children (DEC) and the Early Childhood Personnel Center (ECPC) (AOTA, 2014; DEC, 2014; Bruder et al., 2019), which include the following:

1. **Coordination and collaboration:** The collaboration on the interdisciplinary team in EI is critical. This interrelationship and cooperation between providers assists all involved in understanding and promoting the best and most effective interventions to implement. It is up to the providers to make this effort to communicate with one another and with families so they form positive connections that build the families' capacities together.
2. **Family-centered practice:** At the center of the EI team is the family, and intervention revolves around them and the child in the context of that family. Providers need to use family practices, such as family capacity-building, family-centered practices, and family-to-professional collaboration (DEC, 2014; Frolek Clark & Parks, 2021). These strategies provide effective coaching, which is explored later in this issue in an "They Said" (Rush and Sheldon, 2021) article. Family-guided routines-based intervention is another coaching philosophy. The SS-OO-PP-RR framework includes four components: setting the stage, observation and opportunities to embed, problem solving and planning, and reflection and review (Family Guided Routines Based Intervention [FGRBI], 2020). These principles build the family's capacity to be a family, so that families are achieving goals that are meaningful to them and not working on the skills we, as therapists, think they should pursue. The principles include being culturally responsive to families, enabling them to incorporate the most meaningful strategies into their daily lives.
3. **Instruction and intervention as informed by evidence:** The OT profession is part of an evidence-based society that strives to use interventions that are consistently evidence-based. These include the importance of the child's engagement with their environment and practices for instruction, including identifying the child's values and skills and integrating these skills across different environments and activities to enhance relevant learning. The DEC/ECPC describe infants and toddlers as learning best through the promotion of functional social-emotional development in their familiar context or natural environments (i.e., their home or child care setting). Coaching familiar people to respond intentionally to the child's play also expands the child's activity. Using an evidence-based approach, occupational therapists address the child and family's participation in meaningful activities, such as eating, dressing, sleeping, playing, and learning, in their natural environment (Case-Smith et al., 2013; Frolek Clark & Parks, 2021; Kingsley & Frolek Clark, 2020). Routine-based intervention strategies are used based on a child's routine to effectively deliver EI services (Jennings et al., 2012).

4. **Professionalism and ethics:** Professionalism reflects the values, beliefs, attitudes, knowledge, and behavior expected of one in a profession (Deluiliis, 2017). OT follows state licensure and practice guidelines, the *Occupational Therapy Code of Ethics* (AOTA, 2020a), the *Occupational Therapy Practice Framework* (AOTA, 2020b), and *Guidelines for Occupational Therapy Services in Early Intervention and Schools* (AOTA, 2017). OT’s distinct value is in assessing and addressing environmental and contextual factors that support or limit the child’s participation in their daily routines to provide fair and just services to all children and their families (AOTA, 2014). I hope this inspires occupational therapists to use these evidence-based interventions in their future practice.

There are two “They Said” features in this special issue. In the first, Drs. Rush and Sheldon, pioneers in promoting effective coaching strategies, share their experiences in the evolution of coaching. Not only were they insightful, but they also brought the discussion back to the practicalities and foundational concepts of what working with families should be. In the second “They Said,” a panel of interprofessional educators in an academic partnership with the New York City Department of Health and Mental Hygiene’s Bureau of Early Intervention in the Division of Family and Child Health had the opportunity to share their collaborative experiences discussing the impact of interprofessional education in EI. I have been fortunate to work with these individuals in this academic partnership, and we hope that we inspire other educators to see the critical importance to incorporate education in EI practice for future providers.

This special issue includes many submissions dedicated to the importance of EI and the key role that OT contributes. Many of the studies demonstrate that we need to explore ourselves as occupational therapists. Pereira and Seruya (2021), in their study “Occupational Therapists’ Perspectives on Family-Centered Practices in Early Intervention,” begin this conversation by discussing the perceptions of occupational therapists in implementing these family-centered practices. With these implementations, we can build family’s capacities through our understanding of both our role and the role of families while eliminating some of the uncertainty. Mueller and Garfinkel (2021), also in this special issue, propose that in our coordination of care we work more effectively as teams with families, others, and ourselves when we collaborate on cases and substantiate the importance of intra-professional collaboration in EI. Zylstra and Sidhu (2021), in their article entitled “Use of a Caregiver Coaching Model for Implementation of Intensive Motor Training for Hemiplegic Cerebral Palsy: A Case Study,” present an effective coaching model, the Family Activity Adaptation Model (FAAM), to facilitate bimanual hand use to train caregivers to implement an intense treatment protocol in daily life routines.

Other applied studies in this issue examine critical areas in EI from the parent-child dyad to occupation-based assessments. Aubuchon-Endley et al. (2021), in their article entitled “Observing and Promoting Normative Developmental Outcomes: Reciprocity is Key,” present a preliminary exploration across disciplines and developmental domains (language, motor, and affective) showing a positive effect on caregiver-infant reciprocity. This supports OT’s engagement in the importance of parent-infant attachments in the facilitation of developmental skill acquisition. Preliminary results of a new measurement are presented in Moore’s (2021) “Preliminary Measurement Properties of the Early Childhood Occupational Performance Evaluation (ECOPE),” which looks at the reliability and validity of an occupation-based tool through a unique mixed methods approach to capture more than just statistical data, but also usage by occupational therapists.

As we are in the midst of the COVID-19 pandemic, Little and Stoffel's (2021) contribution discusses current trends as we suddenly shifted to telehealth. They highlight the conversations of family-centered best practices, including coaching, as we transitioned to apply them to a new model of teletherapy.

This is a long overdue special issue on EI, a practice area that has been dear to my heart as a clinician and educator. I was so excited to contribute to this coming to fruition. There are many passionate EI providers in OT that I hope will find guidance for their future practice, and many of whom are interested in transitioning to EI from other practice areas. It is my desire that this issue starts you on a journey to incorporate family's needs into meaningful interventions and build family's capacities in their daily routines. By doing this, we will promote best practices in EI, celebrate the uniqueness of the families with which we work, and strengthen the resilience families may need as they navigate the world into which they embark.

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