

## **AOTA Practice Advisory on the Primary Provider Approach in Early Intervention**

In July 2010, the American Occupational Therapy Association (AOTA) developed a *Practice Advisory on Occupational Therapy in Early Intervention* to support the role of occupational therapy practitioners in this area and present AOTA's perspective on early intervention practices. A summary of the Practice Advisory is listed as follows:

- OT services support child development as well as build family capacity; both are important. Occupational therapy offers a distinct contribution to promoting function and engagement of infants and toddlers and their families in everyday routines by addressing activities of daily living, rest and sleep, play, education, and social development.
- OT is a primary service of Part C under the Individuals with Disabilities Education Act (IDEA).  
Based on their education and training, entry-level Occupational therapy (OT) practitioners are prepared to provide services and supports in early intervention.
- Occupational therapists are ideally suited to function as primary service providers, as determined by an individualized family service program (IFSP) team. They are also well qualified to function as service coordinators.
- To reflect their unique certification, educational background, and practice framework, practitioners should be referred to as occupational therapists or occupational therapy assistants when providing early intervention services to infants, toddlers, and their families.

AOTA supports interprofessional education, collaboration and practices. However, as States implement a variety of service delivery approaches within early intervention, AOTA offers the following comments to support and guide practice:

- **A collaborative early intervention team offers the expertise and perspectives of all its members to achieve family centered outcomes.** AOTA's 2010 Practice Advisory on Occupational Therapy in Early Intervention states "the IFSP team is most knowledgeable of the strengths 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" (p. 2).

- **Occupational therapists should receive team consultation and support in order to provide service using a primary provider approach.** AOTA does not endorse a transdisciplinary approach when service providers are used interchangeably beyond their scope of practice. State licensure laws articulate the scope of practice for occupational therapists and other health professionals. Early intervention systems must provide necessary therapy services in compliance with state licensure laws and in compliance with federal regulations that ensure that clients that need OT services must receive them from an occupational therapy practitioner. AOTA agrees with Principle 6 in *Seven Key Principles: Looks Like/Doesn't Look Like* (WPPNE, 2008), “*The family’s priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support*” (p. 7) and that best practice includes “*bring[ing] in other services and supports as needed*” (p. 7). Further, practice should not result in “*limiting the services and supports that a child and family receive*” (p. 7), that the intent is not to “*provide all the services and supports through only one provider who operates in isolation from other team members*” (p. 7), and that no one should be “*providing services outside one’s scope of expertise or beyond one’s license or certification*” (p. 8).
- **Implementation of a primary provider approach needs careful monitoring and better accountability to insure that it adheres to best practices.** Decisions about the primary provider should be based on the needs of individual families rather than being driven by administrative concerns such as workforce shortages and cost reduction. In some States, the implementation of a primary provider approach results in delays in occupational therapy services. In other instances, the choice of the primary provider is dictated unilaterally by the service coordinator rather than the team. Additional research is needed to examine outcome measures associated with state-wide implementation of a primary provider approach. There needs to be uniformity among all professionals in their understanding and use of terminology related to team approaches such as primary provider, primary coach, transdisciplinary and more.

AOTA recently published several resources regarding evidence-based occupational therapy practice in early intervention. This includes systematic reviews published in the July/August 2013 special issue of the *American Journal of Occupational Therapy: Special Issue on Occupational Therapy and Early Intervention/Early Childhood* (AOTA, 2013); Case-Smith, Clark & Schlabach, 2013; Howe & Wang, 2013; Kingsley & Mailloux, 2013; and the Occupational Therapy Practice Guidelines for Early Childhood: Birth through 5 Years (Clark & Kingsley, 2013). ). These resources help articulate how evidence-based interventions within the scope of occupational therapy practice support the development of the child and help to build

family capacity. Although more research is needed regarding specific service approaches, findings to date indicate that children and families benefit from the expertise of a full complement of qualified professionals for service delivery, including occupational therapy practitioners. Occupational therapy offers a distinct set of contributions to the team based services that children and their families deserve; barriers that limit access to the occupational therapy services should be removed.

## Resources

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)

American Occupational Therapy Association. (2013) Occupational therapy and early intervention/early childhood [Special issue]. *American Journal of Occupational Therapy*, 67. Retrieved from <http://ajot.aotapress.net/content/67/4.toc>

Case-Smith, J. (2013). Systematic review of interventions to promote social–emotional development in young children with or at risk for disability. *American Journal of Occupational Therapy*, 67, 395–404. Retrieved from <http://dx.doi.org/10.5014/ajot.2013.004713>

Case-Smith, J., Clark, G. F., & Schlabach, T. L. (2013). Systematic review of interventions used in occupational therapy to promote motor performance for children ages birth–5 years. *American Journal of Occupational Therapy*, 67, 413–424. Retrieved from <http://dx.doi.org/10.5014/ajot.2013.005959>

Clark, G. F., & Kingsley, K. (2013). *Occupational therapy practice guidelines for early childhood: Birth through 5 years*. Bethesda, MD: AOTA Press.

Clark, G. F., & Schlabach, T. L. (2013). Systematic review of occupational therapy interventions to improve cognitive development in children ages birth–5 years. *American Journal of Occupational Therapy*, 67, 425–430. Retrieved from <http://dx.doi.org/10.5014/ajot.2013.006163>

Howe, T-H., & Wang, T-N. (2013). Systematic review of interventions used in or relevant to occupational therapy for children with feeding difficulties ages birth–5 years. *American Journal of Occupational Therapy*, 67, 405–412. Retrieved from <http://dx.doi.org/10.5014/ajot.2013.004564>

Kingsley, K., & Mailloux, Z. (2013). Evidence for the effectiveness of different service delivery models in early intervention services. *American Journal of Occupational Therapy*, 67, 431–436. Retrieved from <http://dx.doi.org/10.5014/ajot.2013.006171>

Regional Resource Center Program. (2012). *Key principles of early intervention and effective Practices: A crosswalk with statements from discipline-specific literature*. Retrieved from [http://www.rrcprogram.org/cms2/images/\\_rrcpdata/documents/KeyPrinciplesEI\\_effectivepractices.pdf](http://www.rrcprogram.org/cms2/images/_rrcpdata/documents/KeyPrinciplesEI_effectivepractices.pdf)

Workgroup on Principles and Practices in Natural Environments, OSEPTA Community of Practice: Part C Settings. (2008, March). *Seven key principles: Looks like/doesn't look like*. Retrieved from [http://ectacenter.org/~pdfs/topics/families/Principles\\_LooksLike\\_DoesntLookLike3\\_11\\_08.pdf](http://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf)