

## **Inter-professional Education: Developing Unified Personnel Standards for Early Childhood Intervention across Professional Disciplines**

The Early Childhood Personnel Center (ECPC) is funded by the US Department of Education, Office of Special Education to facilitate the adoption of a common set of early childhood personnel standards for professional disciplines providing early childhood intervention. The session will summarize the national activities conducted by the ECPC and the discipline specific professional organizations. A panel from four professional organizations (ASHA, AOTA, APTA, DEC) will discuss interdisciplinary standards of practice, competencies, and principles that guide service for young children with disabilities and their families. Team members will apply the standards to a child and family to illustrate the benefits of inter-professional education. Resources from each organization will be shared. Participants are encouraged to complete a professional development identifying opportunities for inter-professional education.

**Objectives:** At the end of this session:

1. Identify the activities of the Early Childhood Personnel Center to promote inter-professional personnel standards for early childhood intervention providers.
2. Identify the common and discipline specific early childhood intervention competencies for providers who serve young children with disabilities and their families.
3. Discuss opportunities for inter-professional education to enhance child and family outcomes.
4. Participants will create a professional development plan to include opportunities for inter-professional education.

### **Agenda**

Introduction Toby Long, PhD, PT, FAPTA

The Early Childhood Personnel Center Mary Beth Bruder, PhD

Panel Presentation: Competencies & Standards from Professional Organizations

- Physical Therapy (APTA): Toby Long, PhD, PT, FAPTA
- Occupational Therapy (AOTA): Gloria Froleck Clark, PhD, OTR/L
- Speech-Language Pathology (ASHA): Patty Prelock, PhD, SLP
- Early Childhood Education (DEC): Mary Beth Bruder, PhD

Case Discussion and Questions and Answers

### **Resources**

**The following articles were part of a special issue of *Infants and Young Children*, v.28, 2015.**

- Stayton, V.D.: Preparation of Early Childhood Special Educators for Inclusive and Interdisciplinary Settings.
- Muhlenhaupt, M., Pizur-Barnekow, K., Schefkind, S., Chandler, B., Harvison, N.: Occupational Therapy Contributions in Early Intervention: Implications for Personnel Preparation and Interprofessional Practice.
- Catalino, T., Chiarello, L., Long, T., Weaver, P.: Promoting Professional Development for Physical Therapists in Early Intervention.
- Prelock, P., Deppe, J.: Speech-Language Pathology: Preparing Early Interventionists.



The Early Childhood Personnel Center (ECPC) is funded to facilitate, on a national basis, the implementation of integrated and comprehensive systems of personnel development (CSPD) in early childhood, for all personnel serving infants and young children with disabilities. Activities of the Center are grouped in three major areas.

### **Knowledge Generation**

ECPC generates new knowledge about integrated state-level CSPD for personnel serving infants, toddlers, and preschoolers with disabilities, including literature syntheses, relevant and needed studies, and analyses of existing data.

### **Technical Assistance**

ECPC is designing and implementing a continuum of technical assistance (TA) strategies that are evidence based, relevant, useful and cost-effective to support states in developing and implementing early childhood CSPD.

### **Leadership and Coordination**

ECPC provides national leadership and coordination relative to early childhood CSPD through extensive participation and collaboration with relevant national membership organizations, technical assistance and information dissemination programs, and administrative entities.



**Mary Beth Bruder, Ph.D.**, is the director of the ECPC, the director of the [University of Connecticut A.J. Pappanikou Center for Excellence in Developmental Disabilities Education, Research, and Service](#), and Professor of Pediatrics and Educational Psychology, at the University of Connecticut School of Medicine. For the past 39 years, Mary Beth has been involved in the design, provision and evaluation of early intervention services within local, state, national and international Early Intervention Special Education, Child Care and Head Start agencies. She has directed a number of federal and state funded preservice, inservice, demonstration, and research projects. She currently directs a leadership doctoral program in early childhood intervention and she is the Editor of [Infants and Young Children](#). She was the Co-Principal Investigator on the Center to Inform Early Childhood Personnel Preparation Policy and Practice, as well as other research institutes on inclusive practices and collaborative early childhood programs.

**For more information: <http://ecpcta.org>**

## Physical Therapy

The Early Childhood Personnel Center-ECPC  
 The Role of Inter-professional Education & Unified Personnel  
 Standards Across Professional Disciplines in Early Childhood  
 Intervention.

Toby Long, PhD, PT, FAPTA  
Georgetown University

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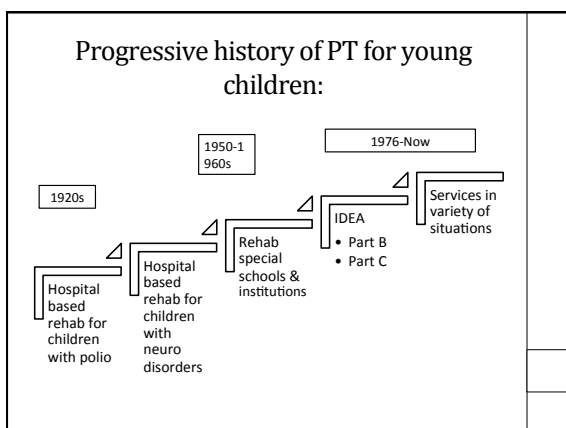
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## Entry-level PT education content

### Doctor of Physical Therapy

- Content:
  - Foundational, behavioral, clinical, & movement science across the lifespan
- Professionalism/Ethics
- Practice management
  - Intervention strategies
    - Exercise, modalities, orthotics, prosthetics, AT, etc.
  - Communication
  - Pharmacology
  - Imaging

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### Entry-level Pediatric PT Education

- PT programs report variability in delivery of pediatric content
- Schreiber et al, (2011)
  - Range of content hours from 35 to 210
  - 7% of programs surveyed required a pediatric clinical rotation
  - Some programs deliver pediatric content as stand-alone course & others integrate throughout the curriculum.

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### 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

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### Unique contribution of PT to EI

- Recognized as movement specialists
- **Knowledge of multiple body systems: cardio-pulmonary, neuro, musculoskeletal, integumentary**
- Prevention & promotion of health, wellness, fitness
- Identification of “red flag” signs & symptoms
- Evaluate movement to consider how the child interacts with people, objects, and the environment
- Examine posture, sensory processing, mobility, balance, coordination, muscle performance, endurance, joint integrity, integumentary integrity.

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### 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)

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### 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.

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### Section on Pediatrics (SOP)

- Special Interest Groups:
  - EI
  - School-based
- *Pediatric Physical Therapy*
- Conferences, webinars, fact sheets, mentorship, social media
  - Facebook
  - Twitter
  - Pinterest
- Mentoring program
- Legislative advocacy related to IDEA
- Payment policy and advocacy
- State representatives and regional directors

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## Major publications

Chiarello L, Effgen SK. (2006). Updated competencies for physical therapists working in early intervention. *Physical Therapy*, 18(2), 148-167.

Effgen S, Chiarello L, Milbourne S. (2007). Update of competencies for physical therapists working in schools. *Pediatric Physical Therapy*, 19(4), 266-274.

McEwen, I (Ed.). (2009). *Proving Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Education Act (IDEA), Section on Pediatrics, APTA.*

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## PT EI Competencies

- Represent knowledge and skills for PT practice in EI
- Guide to PT programs and professional development towards advanced-level practice

9 EI Content Areas
Context of therapy in EI settings
Wellness and prevention in EI settings
Coordinated care in EI settings
Evaluation and assessment in EI settings
Planning
Intervention
Documentation issues in EI settings
Administration issues in EI settings
Research in EI settings

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## 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
- Annual newsletter: Practice tips, journal article discussion, legislation, examples of state approaches to service delivery and 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
  - Promoting Your Child's Development: Information Resources for Families of Children with Disabilities
  - Team-based Service Delivery Approaches in Pediatric Practice
  - Using a Primary Service Provider Approach to Teaming

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### EI SIG: Products under development

- Collaboration worksheet for transition from EI Part C to preschool services
- State practice acts and service delivery under EI
- Relationship-based approach to service delivery
- Fun with movement
- Recommendations for translating competencies into practice*

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### School-based PT Special Interest Group

<http://www.pediatricapta.org/special-interest-groups/school-based-therapy/index.cfm>

Professional Support Programs	Practice Resources
<ul style="list-style-type: none"> <li>• Task force: creating performance appraisal recommendations</li> <li>• Task force: state practice act and school-based PT</li> <li>• Learning Plan Subcommittee: translating competencies to practice</li> <li>• Additional subcommittees:                             <ul style="list-style-type: none"> <li>• inclusion</li> <li>• intensity of service delivery interventions for students w/ ASD</li> <li>• interventions for students with progressive neuromuscular disorders</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Annual newsletter</li> <li>• Annual continuing education                             <ul style="list-style-type: none"> <li>• national conferences</li> <li>• specific school-based course</li> </ul> </li> <li>• Resources                             <ul style="list-style-type: none"> <li>• providing PT in school systems under IDEA</li> <li>• examples of team-based goals</li> <li>• FAQs on Response to Intervention</li> <li>• role of school-based PT</li> <li>• assistive technology and the IEP</li> </ul> </li> </ul>

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### APTA Resources

- PT Now
- Learning Center
- Legislative Advocacy
- Payment and Medicaid resources
- Defensible Documentation: EI

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### Challenges to practice in EI

- Inability to provide quality services for children and families secondary to funding issues and implementation policies
- Lack of team collaboration
- Limited mentorship, support for professional development
- Balancing both IDEA and State Practice Act regulations
- Excessive paperwork and documentation requirements
- State specific credentialing

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### Challenges to professional development

- Commitment to engage in professional development.
- Challenging to find & maintain mentors
- Payment for CEUs often responsibility of therapists
- Lack of accountability for knowledge translation
- Active learning rarely part of CEU & participants prefer passive approach.

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### Summary

- PT unique contribution to the EI/ECSE team
- Challenges
  - Limited number of pediatric PTs available
    - Fewer in EI/EC
  - Trained as generalists
  - Appropriate, meaningful post-professional training difficult to access
  - Practice settings are isolating
  - Paperwork demands are great
  - Misunderstanding between practice act responsibilities and contemporary EI practice
    - Therapists
    - APTA

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## References

1. The American Physical Therapy Association Vision Statement for Physical Therapy. American Physical Therapy Association Web site. <http://www.apta.org/Vision/>. Accessed October 2, 2014.
2. The American Physical Therapy Association Code of Ethics for the Physical Therapist. American Physical Therapy Association Web site. [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Ethics/CodeofEthics.pdf#search=%22code of ethics%22](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf#search=%22code%20of%20ethics%22). Accessed October 2, 2014.
3. The American Physical Therapy Association Professionalism in Physical Therapy: Core Values. APTA website. [http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Judicial\\_Legal/ProfessionalismCoreValues.pdf#search=%22core values%22](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf#search=%22core%20values%22). Accessed October 2, 2014.
4. World Health Organization. International Classification of Functioning, Disability, and Health Child-Youth Adaptation. Geneva, Switzerland: WHO; 2004.
5. APTA. Normative Model of Professional Physical Therapist Education. 2004.
6. Cherry, D. & Knutson, L. (1993). Curriculum structure and content in pediatric physical therapy: results of a survey of entry-level physical therapy programs. *Pediatric Physical Therapy*, 5, 109-116.
7. Schreiber J, Goodgold S, Moerchen V, Remeck N, Aaron C, Kreger A. A description of professional pediatric physical therapy education. *Pediatr Phys Ther*. 2011;23:201-204.
8. APTA. Section on Pediatrics. Pediatric Curriculum Content in Professional Physical Therapist Education: A Cross-Reference for Content, Behavioral Objectives, and Professional Sources .2009
9. Rapport MJ, Furze J, Martin K, et al. Essential competencies in entry-level pediatric physical therapy education. *Pediatr Phys Ther*. 2014;26(1):7-18.
10. Effgen SK, Bjornson K, Chiarello L, et al. Competencies for physical therapy in early intervention. *Pediatr Phys Ther*. 1991;3:77-80.
11. Chiarello L, Effgen SK. Updated competencies for physical therapists working in early intervention. *Pediatr Phys Ther*. 2006;18:148-158
12. Weaver, P. A. (2013). *Investigation of physical therapy practice in early intervention*. (Order No. 3587500, Indiana University ProQuest Dissertations and Theses, 169. Retrieved from <http://ezproxy.lib.indiana.edu/login?url=http://search.proquest.com/docview/1418818006?accountid=11620> (1418818006).

## American Occupational Therapy Association & Early Intervention

Gloria Frolek Clark, PhD, OTR/L BCP SCS FAOTA  
Private Practice in Iowa  
Representing AOTA

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## AOTA

- AOTA has a long history of supporting services in early intervention/early childhood, including advocating for the passage of PL 99-457.
- Approximately 9,664 OTs completed AOTA 2015 workforce survey: almost 25% work in early intervention/school settings.

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## AOTA & Early Intervention

- Role of OT in EI (AOTA, 1986)
- Guidelines for OT services in EI and PS (Dunn, Campbell, Oetter, Hall & Berger, 1989)
- Training OT in EI (Hanft & Humphrey, 1989)
- EI and influence of OT on parent-child relationships (Humphrey, 1989)
- Official Document on Role of OT in EI and Schools (Clark, Polichino, & Jackson, 2004) Current-2011.
- EI & Schools Special Interest Section (Formed in 1993)

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### AOTA & Early Intervention

- Early Intervention Task Force 2010-present
- Early Childhood Self-Study Guides (CE)
- Book: Evaluation, Assessment and Outcomes in Early Childhood (Chandler, 2010).
- Book: AOTA Practice Guidelines for Early Childhood: Birth to 5 years (2013)
- Systematic Review of literature for EI (AJOT, 2013)
- Book: Best Practices for OT in schools (Clark & Chandler, 2013)

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### AOTA Practice Advisory

- 2010 developed a *Practice Advisory on OT in EI*:
- 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.

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### Pre-Service Training

- ACOTE Standards: "...must prepare students to work with a variety of populations...in areas of physical and mental health".
- 2007 survey of Academic Program Directors indicated over 90% of programs included coursework in IDEA and family-centered care. Between 87-92% of programs offered Level I or Level II fieldwork opportunities in early intervention

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**Occupational Therapy**

- Focused on engagement in occupations (daily life skills) that lead to participation in desired life situations (AOTA, 2008)
- Outcomes: Individuals engaged in activities in context within naturally occurring environment
- Supports collaboration with clients during entire service delivery process
- Supports client-centered (family-centered)

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**Baum & Law, 1997**

The unique contribution of occupational therapy is to maximize the fit between the individual (person) what they want to or are expected to achieve (occupation) within the natural environment.

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**AOTA**

- Committed to collaboration with other disciplines (SLP, PT, EC, etc.) to improve services and outcomes for children & youth as well as their families
- Committed to supporting early intervention services through various activities:

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## Updated Resource

The American Occupational Therapy Association  
 Frequently Asked Questions (FAQ)  
 What is the Role of Occupational Therapy in Early Intervention?



Such services are designed to promote positive outcomes for children with developmental disabilities and their families. Occupational therapists (OTs) play a key role in early intervention, working with children and their families to develop the skills they need to succeed in school, work, and daily life. OTs also help children and their families understand and manage the child's behavior and emotions, and provide support and resources to help them meet their needs.

OTs work with children and adults on a variety of tasks, including:

- Fine motor skills (writing, drawing, cutting, etc.)
- Gross motor skills (running, jumping, etc.)
- Sensory processing (touch, sight, sound, etc.)
- Social skills (communication, problem-solving, etc.)
- Self-care skills (dressing, grooming, etc.)
- Academic skills (reading, math, etc.)
- Work skills (organization, time management, etc.)
- Life skills (budgeting, cooking, etc.)

OTs also work with children and adults on a variety of other tasks, including:

- Assessment and evaluation
- Intervention planning and implementation
- Collaboration with other professionals
- Advocacy and policy development
- Research and practice
- Professional development
- Public awareness and education
- Leadership and management

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## Updated Resource

2014



Wendy Whipple, Program Specialist  
 With support from the RRCP, Early Childhood Service Delivery Priority Team

**KEY PRINCIPLES OF EARLY INTERVENTION AND EFFECTIVE PRACTICES IN NATURAL ENVIRONMENTS: A CROSSWALK WITH OCCUPATIONAL THERAPY LITERATURE**

13 pp | December 2014

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## Professional Development



Topic 6:  
 Nurturing and Communicating With Children With Disabilities

Special Interest Topic SERIES | AOTA



ONLINE COURSE | AOTA

Occupational Therapy's Contribution to Early Identification  
 Research on the Role of Occupational Therapy in Early Identification  
 Presenters: J. Anne Hill, PhD, OTR/L; David Zuber, PhD, OTR/L  
 Date: 10/13/14 | Length: 1 hour | 1 credit

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## Professional Development

### Pediatric Virtual Chat on Childhood Outcome Measures

[http://otconnections.aota.org/galleries/aota\\_podcasts/m/pediatric\\_virtual\\_chats/121002.aspx](http://otconnections.aota.org/galleries/aota_podcasts/m/pediatric_virtual_chats/121002.aspx)

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## Resources and Activities

### Occupational Therapy's Role in Mental Health Promotion, Prevention, & Intervention With Children & Youth Inclusion of Children With Disabilities

**For more information contact the American Occupational Therapy Association (OTA), 4700 North Lincoln Avenue, Suite 100, Alexandria, VA 22304, (703) 683-8000, [www.aota.org](http://www.aota.org).**

**OCCUPATIONAL PERFORMANCE**  
Occupational performance is the ability to execute and participate in the activities of daily living that are necessary for the individual to live independently in the community. Occupational performance is the ability to execute and participate in the activities of daily living that are necessary for the individual to live independently in the community. Occupational performance is the ability to execute and participate in the activities of daily living that are necessary for the individual to live independently in the community.

**ABOUT INCLUSION**  
Inclusion refers to integrating students with disabilities with their peers in a variety of general education and community settings. Inclusion is a social organization of children and youth with disabilities that is based on the idea that all children and youth with disabilities have the right to learn, play, and work with their typical peers. Inclusion is a social organization of children and youth with disabilities that is based on the idea that all children and youth with disabilities have the right to learn, play, and work with their typical peers. Inclusion is a social organization of children and youth with disabilities that is based on the idea that all children and youth with disabilities have the right to learn, play, and work with their typical peers.

**ABOUT INTEGRATED SERVICES**  
Integrated services are services that are designed to meet the needs of children and youth with disabilities in general education and community settings. Integrated services are designed to meet the needs of children and youth with disabilities in general education and community settings. Integrated services are designed to meet the needs of children and youth with disabilities in general education and community settings. Integrated services are designed to meet the needs of children and youth with disabilities in general education and community settings.

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**AOTA looks forward to continued collaboration.**

**AOTA Annual Conference  
April 7-10, 2016 in Chicago, Illinois**

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**Role of the Speech-Language Pathologist in Early Intervention**

Patty Prelock, PhD, CCC-SLP, BCS-CL  
 Past President of ASHA (2013)  
 Dean, College of Nursing & Health Sciences  
 University of Vermont  
 SoPAC Conference  
 November, 2015

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**Disclosure**

**Patricia A. Prelock, Dean, College of Nursing & Health Sciences; Past President, ASHA (2013)**

- \* **Financial:** I receive honorariums for speaking and royalties from books that I have written in the areas of ASD, neurodevelopmental disabilities, early intervention & assessment; I am receiving a small honorarium for this presentation.
- \* **Non-Financial:** I am an ASHA member and IPE/IPP is a strategic initiative for the association. IPE/IPP is also a college-wide initiative at my university. My research in autism focuses on early intervention.

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**History of SLPs in Early Intervention**

- \* Involved in assessment and intervention for young children since 1986 & the passage of PL 99-457
- \* Nearly 100,000 members report working with EI populations
- \* Series of ASHA documents on EI published in 2008
  - \* Position statement
  - \* Knowledge and skills
  - \* Guidelines to explain the roles and responsibilities of SLPs as well as principles for service delivery

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### Specific Training for SLPs in EI

- \* Of the 257 graduate training programs only 6 have specialty tracks in EI
- \* More work needs to be done at the pre-service level to ensure SLPs understand:
  - \* Principles for service delivery in EI
  - \* Role of the SLP in EI
  - \* How to collaborate with other professions to ensure quality services are delivered to young children and their families=>critical connection to interprofessional education (IPE) and interprofessional practice (IPP)

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### Knowledge and Skills of SLPs in EI

- \* SLPs are expected to:
  - \* Understand typical development across domains from birth to three
  - \* Describe developmental delays/disorders in young children
  - \* Explain the impact of communication delays and disorders in speech, language, hearing, emergent literacy, and swallowing /feeding, on development
  - \* Identify the genetic, biological and environmental risk factors associated with communication disorders

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### Knowledge and Skills of SLPs in EI

- \* The SLP is expected to:
  - \* Have a theoretical and evidence based background for eliciting communication
  - \* Have the skills that support family interactions that consider cultural beliefs, values and priorities for their child
  - \* Have knowledge of federal and state laws and policies that pertain to EI

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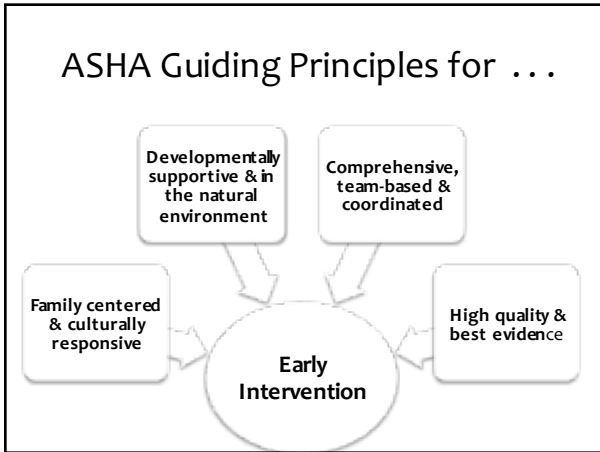
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## IPE and Practice

- \* **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




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## IPE and Practice

### \* 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




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## IPE and Practice

### \* 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




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## IPE and Practice



### \* Team work and team based care

- \* Apply relationship building values and principles of team dynamics to perform different team roles that deliver patient-centered care
- \* 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, share knowledge and teach others the skills of collaborative planning and problem solving

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### 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 & IPP
- \* 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 (e.g., PT, OT, EC, SPED) to improve outcomes for young children




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### 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)
- \* American Speech-Language-Hearing Association. (2008). *Roles and responsibilities of speech-language pathologists in early intervention: guidelines* [Guidelines]. [www.asha.org/policy](http://www.asha.org/policy).
- \* American Speech-Language-Hearing Association. (2008a). *Core knowledge and skills in early intervention speech-language pathology practice*. [www.asha.org/policy](http://www.asha.org/policy).

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### Resources



- \* American Speech-Language-Hearing Association. (2007). *Scope of practice in speech-language pathology*. [www.asha.org/policy](http://www.asha.org/policy).
- \* American Speech-Language-Hearing Association (2013). *Workforce reports*. <http://www.asha.org/research/WorkforceReports/>.
- \* Interprofessional Education Collaborative. Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

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## **Isaac Wills**

Isaac is a three-year old preschooler who likes to look at books or play by himself. Stacking blocks and putting puzzles together are his favorite activities. He received early intervention until he was three when he transitioned to an integrated preschool program that is part of a small rural elementary school. His parents are divorced but both are engaged in his care. At the age of 30 months, he was diagnosed with autism. His mother believes that activities like horseback riding and music will capitalize on his strengths and interest in the outdoors and making rhythmic sounds. His father wants a traditional approach to therapy and has behaviorists coming to the home to work on pre-academic and self help skills.

During early intervention, the in-home teacher worked weekly with Isaac's parents using a coaching model. The speech-language pathologist and occupational therapist provided team support to the teacher as well as monthly consultation to the family in the home.

The transition to preschool has been difficult for Isaac, his parents, and the new team to address his needs. The preschool teacher is an early childhood special educator. She is uncomfortable having Isaac in the classroom because of his recent diagnosis of Type 1 diabetes and current difficulties controlling his insulin levels. Isaac is nonverbal although he uses some rudimentary pointing and imitates his favorite sounds. Joint attention has not been established. Isaac is a picky eater with a limited range of foods (e.g., crunchy foods or foods that are specific colors). He has difficulty with self-care activities (e.g., removing clothing or putting on socks, coat, shirt) due to poor attention and fine motor dexterity. He appears to enjoy jumping and moving quickly through the day. He has a tendency to bump into things, including other children. Some children are bothered by Isaac's need to stand or sit close to them.

The speech-language pathologist serving the preschool was just hired but she has experience with children with autism and was trained in relationship-based therapies. She initiated a meeting with the early intervention team and the family to learn about what they see as success for Isaac and ways to capitalize on his strengths to facilitate communication. The parents raised their concerns not only with Isaac's lack of communication, but with his disinterest in peers, solitary play, poor eating habits, lack of fine motor skills, inability to dress himself, "clumsiness", and "melt downs" when being checked for his insulin levels. The early childhood special educator was unable to attend this meeting. There is a school nurse who has not typically been a part of the preschool team. A nutritionist consults to the program on a monthly basis. Isaac's pediatrician is concerned about his diet and the control of his diabetes as well as ways to communicate with Isaac. It is unclear who is taking the lead for managing Isaac's educational, social, and health needs.

**Discussion.** The transition from early intervention to preschool is not going well and it is clear that communication has broken down. Discuss factors that you think are contributing to the difficulties the team is experiencing. Based on your concerns what are some suggestions that may have prevented these concerns or how to rectify them now that they are present?