

# BUILDING COMMON GROUND: AN INTERDISCIPLINARY WEBINAR

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Mary Beth Bruder, ECPC  
Toby Long, APTA  
Stephanie Park, AOTA  
Vicki Stayton, DEC  
Juliann Woods, ASHA

November 19, 2015

# Agenda

## Proposed.....

- Introductions and Purpose of the Webinar
- Background- Mary Beth Bruder – 5 minutes
- EI/ECSE DEC – Vicki Stayton 5 minutes
- SLP ASHA- Juliann Woods 5
- PT APTA – Toby Long 5
- OT AOTA- Stephanie Parks 5
- Commonalities- Vicki 2
- Challenges 1<sup>st</sup> slide- Toby 2
- Challenges 2<sup>nd</sup> slide- Stephanie 2
- Conclusions- Juliann 2
- Conversations – MB- The rest



**Early Childhood Personnel Center**

**[www.ecpcta.org](http://www.ecpcta.org)**

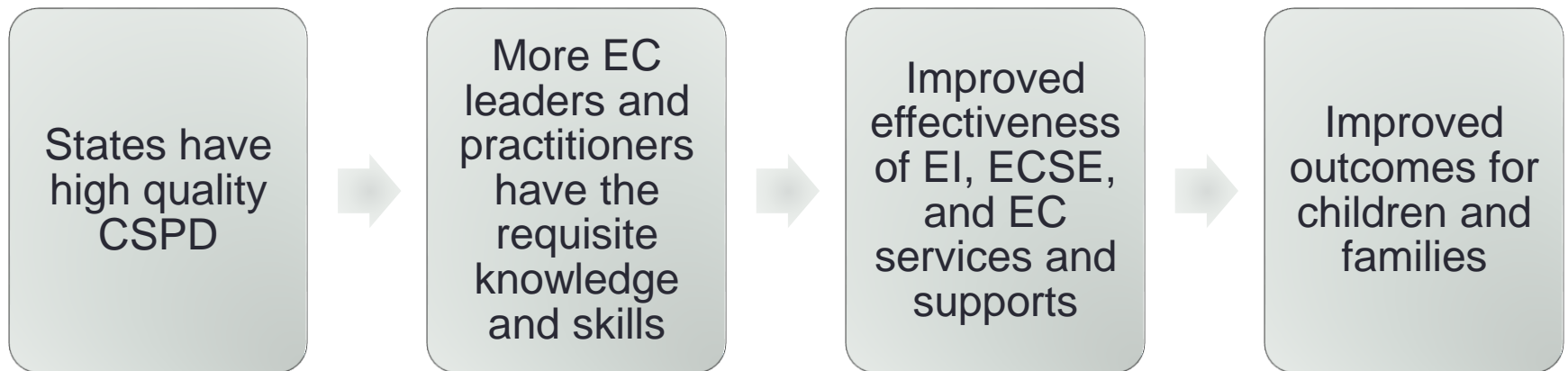
**UConn**  
UNIVERSITY OF CONNECTICUT

**Mary Beth Bruder, Ph.D.**  
**University of CT Center of Excellence on Disabilities**  
**Education, Research and Service**

DECIDE

November 18, 2015

# How Improved CSPD Leads to Improved Outcomes



# The Purpose of the Early Childhood Personnel Center

To **facilitate** the development and implementation of

**integrated and comprehensive**

**systems of personnel development (CSPD)**

for **all** disciplines

serving **infants and young children** with disabilities



# CSPD

**A comprehensive system of personal development for the early childhood workforce who serve infants, toddlers and preschool children with disabilities and their families is a necessary and integral quality indicator of an early childhood service system**

# Comprehensive System of Personnel Development



# Outputs of the Center

- Knowledge Development
- Technical Assistance
- Leadership and Coordination



# 1) Knowledge Development

- National Data Base of State Personnel Standards
- National Data Base of CSPD Components as Reported by all State Part C and 619 Coordinators
- Research Syntheses on Personnel Issues
- National Initiative on Cross Disciplinary Personnel Standards

## 2) Technical Assistance

- **General:** Across audiences, regions, and states: **To provide information and resources on personnel development**
- **Targeted:** State specific CSPD components: **To align national personnel standards and state personnel standards and/or to align preservice preparation with inservice preparation:**

**MA, RI, UT, HI**

- **Intensive:** State specific: **To develop CSPD framework within 8 states:**

**Cohort 1: DE, IA, KS, OR**  
**Cohort 2: AZ, NV, MA, PA, UT, VT**

# Strategic Planning

- Vision
- Mission
- Goals/Objectives
- Self Assessment
- Action/Implementation Plan
- Implement
- Evaluate

### 3) Leadership and Coordination

- Leadership Institute with Part C and 619 Coordinators (**18 states in cohorts 1, 2 and 3**)
- Working Collaboratively with other OSEP Early Childhood TA Centers: **DaSy; ECTA; IRIS; IDC**
- Working Collaboratively with Other Education and HHS TA Centers: **RRCs; Workforce Development**
- Working Collaboratively with **DEC; NAEYC; AOTA; APTA; ASHA; Zero to Three**

# Knowledge Development Cross-Disciplinary Activities

National Meetings of Organizations to Share Information and Priorities

**APTA,AOTA,ASHA,AUCD,CEC,DEC,NAEYC, Zero to Three**

Joint Presentations at all conferences

Completed Crosswalks of Personnel Standards Across:

**DEC; NAEYC; AOTA; APTA: ASHA**

DEC Workgroup Validated a Refined Item by Item Analysis of  
DEC/NAEYC Personnel Standards

Manuscripts Completed by Disciplines Organizations(IYC)

# Areas of Interdisciplinary Personnel Competencies

- Family Centered Practice
- Data-based Intervention/Instruction
- Coordination & Collaboration
- Professionalism

**Unified Personnel Standards Across  
Professional Disciplines in Early Childhood  
Intervention:  
The Early Childhood Special Educator**

**Vicki D. Stayton, Ph.D.  
Professor, Interdisciplinary Early Childhood  
Education**

**Western Kentucky University  
November 19, 2015**

# **Preservice and Advanced Preparation of Early Interventionists (EI) and Early Childhood Special Educators (ECSE)**

- **Preservice Preparation – Occurs at baccalaureate or graduate level**
- **Advanced Preparation – Occurs at master’s level or higher; required for direct service provision in some states, not all**
- **Continuing Education – All states require, amount varies**
- **For Council for Accreditation of Educator Professionals (CAEP) – IHEs must include both CEC standards and DEC specialty sets, and for blended Early Childhood (EC) and ECSE programs, NAEYC standards**
- **Age ranges of degree programs vary across the U.S. (e.g., B-5, B-8, 3-8, K-12)**



## **EI/ECSE State Certification Data Report 1, n=51, 50 States & D.C. (<http://ECPCTA.org> , 2014)**

- **Age ranges for state certification vary across the U.S. (e.g., B-5, B-8, 3-8, K-12), most common B-5 years**
- **Type of certification: (1) Stand-alone 55%, (2) Endorsement 9%, (3) Certification + endorsement 17%, (4) Unified 11%, (5) Dual 5%, (6) Other 3%**
- **Some states have multiple certification routes**
- **Minimum degree requirement – 92% BS, 5% MS, 3% not specified**
- **Some states, not all, require the state ECSE certification for EI**

# **CEC *Initial* Preparation Standards**

**1. Learner Development & Individual Learning Differences**

**2. Learning Environments**

**3. Curricular Content Knowledge**

**4. Assessment**

**5. Instructional Planning & Strategies**

**6. Professional Learning & Ethical Practice**

**7. Collaboration**

# DEC Initial Special Education Early Childhood Specialty Set

- **Aligned with the 7 Initial CEC Preparation Standards**
- **23 Knowledge Statements**
- **57 Skill Statements**



# **CEC Advanced Preparation Standards**

**1. Assessment**

**2. Curricular Content Knowledge**

**3. Programs, Services, and Outcomes**

**4. Research and Inquiry**

**5. Leadership and Policy**

**6. Professional and Ethical Practice**

**7. Collaboration**

# DEC Advanced Special Education Early Childhood Specialty Set

- **Aligned with the 7 Advanced CEC Preparation Standards**
- **9 Knowledge Statements**
- **21 Skill Statements**



# **NAEYC Standards for EC Professional Preparation**

- 1. Promoting Child Development & Learning**
- 2. Building Family & Community Relationships**
- 3. Observing, Documenting, & Assessing to Support Young Children & Families**
- 4. Using Developmentally Effective Approaches to Connect with Children & Families**
- 5. Using Content Knowledge to Build Meaningful Curriculum**
- 6. Becoming a Professional**

# NAEYC Standards for EC Professional Preparation

## **1. Initial Professional Preparation Standards**

- Six Standards
- Twenty-two Elements

## **2. Advanced Professional Preparation Standards**

- Six Standards
- Twenty-three Elements

# DEC's Policies: How Is Inter-Professional Collaboration and Education Emphasized

## DEC Ends Policies – 3 of 4 Priorities Address Preparation and Practices

- 1.1 Competent professionals & families
- 1.2 Informed professionals & families
- 1.3 Connections among professionals and families





## **DEC's Policies: How Is Inter-Professional Collaboration and Education Emphasized**

**Member Code of Ethics - 2 of 4 organizing principles and guidelines address preparation and practice**

- 1. Professional practice includes collaboration**
- 2. Professional development and preparation also includes collaboration**

# DEC's Policies: How Is Inter-Professional Collaboration and Education Emphasized

## Position Statements:

- 1. Personnel Standards for Early Intervention**
- 2. Family Culture, Values, and Language**
- 3. Role of Special Instruction in Early Intervention**
- 4. Leadership in Early Intervention and Early Childhood Special Education**

# DEC's Policies: How Is Inter-Professional Collaboration and Education Emphasized

**DEC Recommended Practices in Early Intervention/Early Childhood Special Education 2014 which specifically address professional collaboration:**

- 1. Leadership**
- 2. Assessment**
- 3. Environment**
- 4. Family**
- 5. Assessment**
- 6. Assessment**
- 7. Teaming & collaboration**

# **Unified Personnel Standards: DEC Initiatives**

- **Joint CAEP review of blended IHE programs with CEC and NAEYC**
- **Alignment of CEC and NAEYC standards with DEC specialty sets**
- **Collaboration with ECPC on inter-professional competencies and high leverage content areas**

# Important Websites

- <https://www.cec.sped.org>  
(Standards, EI/ECSE Specialty Sets)
- <http://www.dec-sped.org>  
(EI/ECSE Specialty Sets, Position Statements, Recommended Practices)
- <http://www.naeyc.org>  
(Standards)
- <http://caepnet.org>  
(Accreditation Information)

# PERSONNEL STANDARDS AND INTER- PROFESSIONAL EDUCATION IN EARLY CHILDHOOD INTERVENTION: THE SPEECH-LANGUAGE PATHOLOGIST

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Juliann Woods, PhD, CCC-SLP  
ASHA Fellow  
Florida State University

“I have no financial or nonfinancial relationships relevant to the content of this presentation.”

# SLPs in Early Intervention

- 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
- Rapidly growing specialty area



# Roles and Responsibilities for Collaborative Practice

- Use knowledge of one's own role and those of other professionals to address the needs of population serve
- SLP roles include:
  - Prevention
  - Screening evaluation and assessment
  - Planning and implementation intervention
  - Consultation with and of team and families
  - Service coordination
  - Transition
  - Advocacy
  - Advancement of knowledge base



# SLPs

- Entry level professional degree (MA, MS, MEd)
- Accreditation from ASHA
- To earn Certificate of Clinical Competence
  - Completion of specified coursework from accredited program (minimum of 36 hours)
  - Accumulation of 400 clinical hours (including pediatric experience)
  - Pass comprehensive program examination
  - Passing score on national examination (Praxis)
  - Completion of CF (no less than 36 week experience)



# The BIG

9

- Articulation/Phonology
- Voice and resonance
- Fluency
- Receptive and expressive language
- Hearing
- Swallowing
- Cognitive aspects
- Social aspects
- AAC

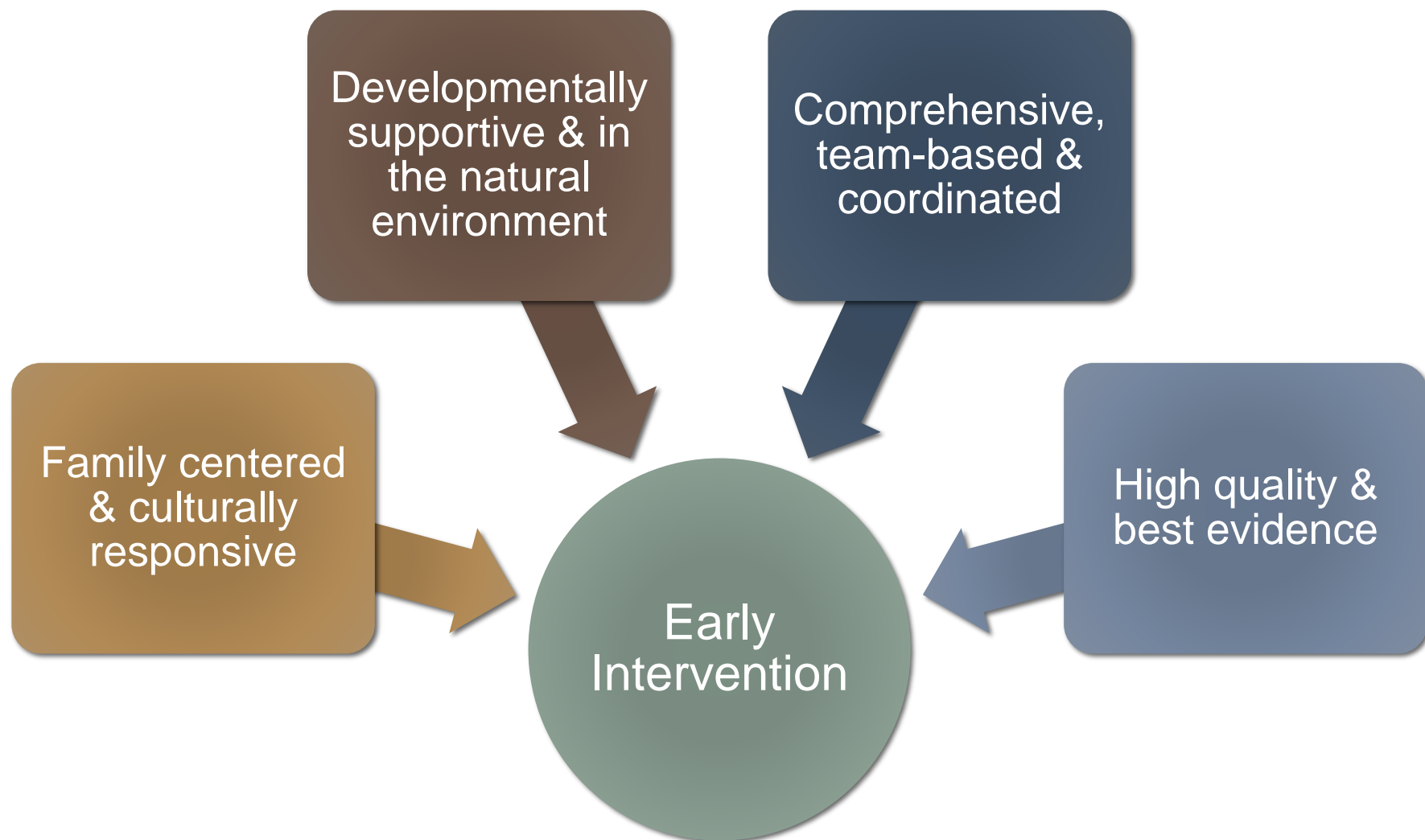
Like other professional disciplines, ASHA has developed:

Guiding principles

General and specific competencies

Practices

# ASHA Guiding Principles for...



# Knowledge and Skill Competencies

- SLPs are expected to:
  - Understand typical development across domains from birth - preschool
  - 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



# Knowledge and Skills of SLP in EI

- The SLP is expected to:
  - Have 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



skills

# Inter-Professional Education 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



# Values/Ethics for Interprofessional Practice

***General Competency Statement-VE. Work with individuals of other professions to maintain a climate of mutual respect and shared values.***





# Values/Ethics for Interprofessional Practice

*General Competency Statement-VE. Work with individuals of other professions to maintain a climate of mutual respect and shared values.*

- Family-centered: services and supports target families as well as children; interdependence of family and child in all aspects of services; culturally and linguistically responsive
- Integration of the expertise of all team members across developmental areas for efficient and comprehensive assessment and intervention
- Early intervention occurs in natural environments; integrated into everyday routines and activities

# Resources

- Family 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

# 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 (2008a). *Core knowledge and skills in early intervention speech-language pathology practice*. [www.asha.org/policy](http://www.asha.org/policy)
- 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*. [www.asha.org/research/WorkforceReports/](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.

# Resources

- Analysis of IDEA Part C Final Regulations

<http://www.asha.org/uploadedFiles/Analysis-2011-IDEA-Part-C-Final-Regulations.pdf#search=%22part%22>

- IDEA Part C Issue Brief: Service Coordination

<http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Issue-Brief-Service-Coordination/>

- IDEA Part C Issue Brief: Personnel Qualifications

<http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Issue-Brief-Personnel-Qualifications/>

- IDEA Part C Issue Brief: Evaluation and Assessment Definitions

<http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Evaluation-and-Assessment-Definitions/>

- IDEA Part C Issue Brief Cultural and Linguistic Diversity

<http://www.asha.org/Advocacy/federal/idea/IDEA-Part-C-Issue-Brief-Cultural-and-Linguistic-Diversity/>

## #13. Preschool Speech-Language and Communication Assessment

Preschool speech-language-communication assessment is provided to evaluate strengths and weaknesses of speech, language, communication, social interaction, and emergent literacy functioning in preschool-age children including identification of impairments, associated activity and participation limitations, and context barriers and facilitators.

Preschool communication assessment is conducted according to the *Fundamental Components and Guiding Principles*.

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### Individuals Who Provide the Service(s)

Speech, language, communication, social interaction, and emergent literacy assessments are conducted by appropriately credentialed and trained speech-language pathologists.

Speech-language pathologists may perform these assessments as members of collaborative teams that may include family/caregivers, day care providers, preschool teachers, and other relevant persons.

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### Expected Outcome(s)

Consistent with the World Health Organization (WHO) framework, assessment is conducted to identify and describe—

- underlying strengths and deficits related to factors that affect communication performance, such as communicative intent, social interaction skills, play, speech, language, and emergent literacy behaviors;
- effects of preschool communication impairments on the individual's activities (capacity and performance in everyday communication contexts) and participation, such as day care, preschool, and caregiver interaction;
- contextual factors that serve as barriers to or facilitators of successful communication and participation for individuals with speech-language impairment.

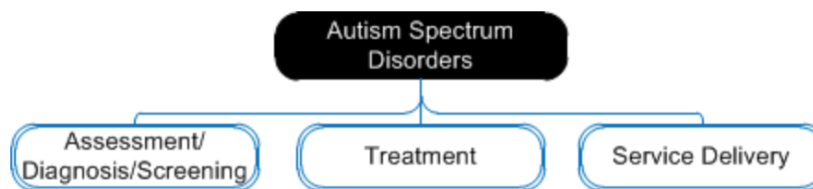


[Home](#) > [Autism](#)

## EVIDENCE MAPS

- [Adult Dysphagia](#)
- [Amyotrophic Lateral Sclerosis](#)
- [Aphasia](#)
- [Autism Spectrum Disorders](#)
- [Cerebral Palsy](#)
- [Cleft Lip and Palate](#)
- [Dementia](#)
- [Head and Neck Cancer](#)
- [Hearing Loss: Adults](#)
- [Hearing Loss: School-Age](#)
- [Parkinson's Disease](#)
- [Pediatric Dysphagia](#)
- [Permanent Childhood Hearing Loss](#)
- [Social Communication Disorders](#)
- [Speech Sound Disorders](#)
- [Spoken Language Disorders](#)
- [Traumatic Brain Injury \(Adults\)](#)
- [Traumatic Brain Injury \(Children\)](#)
- [Voice Disorders](#)

## Autism Spectrum Disorders Evidence Map



This evidence map pertains to a specific clinical population and contains information on assessment, treatment, and service delivery. Within each category, additional levels of detail are broken down to provide the user with the most specific evidence possible. Click the white boxes to get started.

# 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 & 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

Wonder WHAT'S NEXT



# References

- American Speech-Language-Hearing Association. (2008). *Roles and responsibilities of speech language pathologists in early intervention: Guidelines*. Retrieved from <http://www.asha.org/Policy>
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- Woods, J.J., Wilcox, J., Friedman, M., & Murch, M. (2011). Collaborative Consultation in Natural Environments: Strategies to Enhance Family-Centered Supports and Services. *LANGUAGE, SPEECH, AND HEARING SERVICES IN SCHOOLS* Vol. 42 379–39.



# Physical Therapy

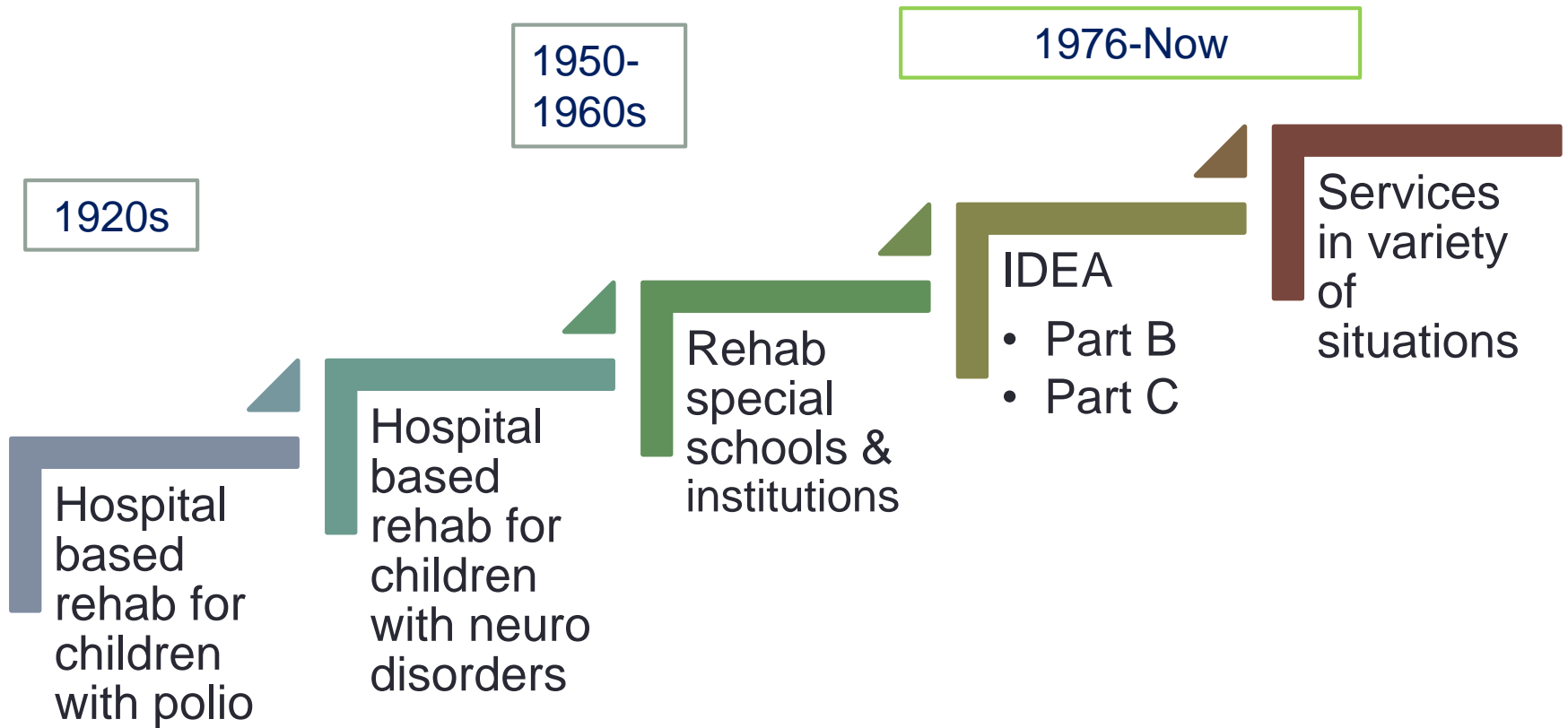
THE ROLE OF INTER-PROFESSIONAL EDUCATION & UNIFIED PERSONNEL  
STANDARDS ACROSS PROFESSIONAL DISCIPLINES IN EARLY CHILDHOOD  
INTERVENTION

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Toby Long, PhD, PT, FAPTA  
Georgetown University



# Progressive history of PT for young children:



# Status of PT Entry-level Education

## 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

# 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.

# Entry-level pediatric PT content

*Recommended but not Mandated*

Typical development

Pediatric onset of conditions that affect lifespan development

Pediatric tests & measures

Pediatric procedural interventions

Prenatal development

Parts B & C of IDEA

# 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.

# 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.



Activities	Publications	Products
<ul style="list-style-type: none"> <li>• Special Interest Groups:               <ul style="list-style-type: none"> <li>• EI</li> <li>• School-based</li> </ul> </li> <li>• <i>Pediatric Physical Therapy</i></li> <li>• Conferences, webinars, fact sheets, mentorship, social media               <ul style="list-style-type: none"> <li>• Facebook</li> <li>• Twitter</li> <li>• Pinterest</li> </ul> </li> <li>• Mentoring program</li> <li>• Legislative advocacy related to IDEA</li> <li>• Payment policy and advocacy</li> <li>• State representatives and regional directors</li> </ul>	<p><b>Chiarello L, Effgen SK. (2006). Updated competencies for physical therapists working in early intervention. <i>Pediatric Physical Therapy</i>, 18(2), 148-167.</b></p> <p><b>Effgen S, Chiarello L, Milbourne S. (2007). Update of competencies for physical therapists working in schools. <i>Pediatric Physical Therapy</i>, 19(4), 266-274.</b></p> <p><b>McEwen, I (Ed.). (2009). <i>Proving Physical Therapy Services Under Parts B &amp; C of the Individuals with Disabilities Education Act (IDEA), Section on Pediatrics, APTA.</i></b></p>	<ul style="list-style-type: none"> <li>• Power Points               <ul style="list-style-type: none"> <li>• The role of PT with infants, toddlers, and their families</li> <li>• EI: Promoting Best Practice</li> </ul> </li> <li>• Annual newsletter</li> <li>• Facebook page: Monthly posting of resources               <ul style="list-style-type: none"> <li>• <a href="https://www.facebook.com/APTA EISIG">https://www.facebook.com/APTA EISIG</a></li> </ul> </li> <li>• Annual EI continuing education</li> <li>• Google-hangouts</li> <li>• Resource sheets               <ul style="list-style-type: none"> <li>• Early Intervention Physical Therapy: IDEA Part C</li> <li>• Natural Environments in Early Intervention Services</li> <li>• Promoting Your Child's Development: Information Resources for Families of Children with Disabilities</li> <li>• Team-based Service Delivery Approaches in Pediatric Practice</li> <li>• Using a Primary Service Provider Approach to Teaming</li> </ul> </li> <li>• Many under development</li> </ul>

## Section on Pediatrics, APTA Resources

# 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

# CHALLENGES

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Still to come....

# Summary

- PT unique contribution to the EI/ECSE team
- Influences
  - 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

# References

1. The American Physical Therapy Association Vision Statement for Physical Therapy. American Physical Therapy Association. <http://www.apta.org/Vision/>.
2. The American Physical Therapy Association Code of Ethics for the Physical Therapist. American Physical Therapy Association. [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 of ethics%22).
3. The American Physical Therapy Association Professionalism in Physical Therapy: Core Values. [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 values%22).
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Occupational therapy promotes function  
and engagement in  
daily habits and routines.

...the “occupation” of life skills...

Stephanie Parks PhD OT  
University of Kansas

**AOTA**® The American Occupational  
Therapy Association, Inc.



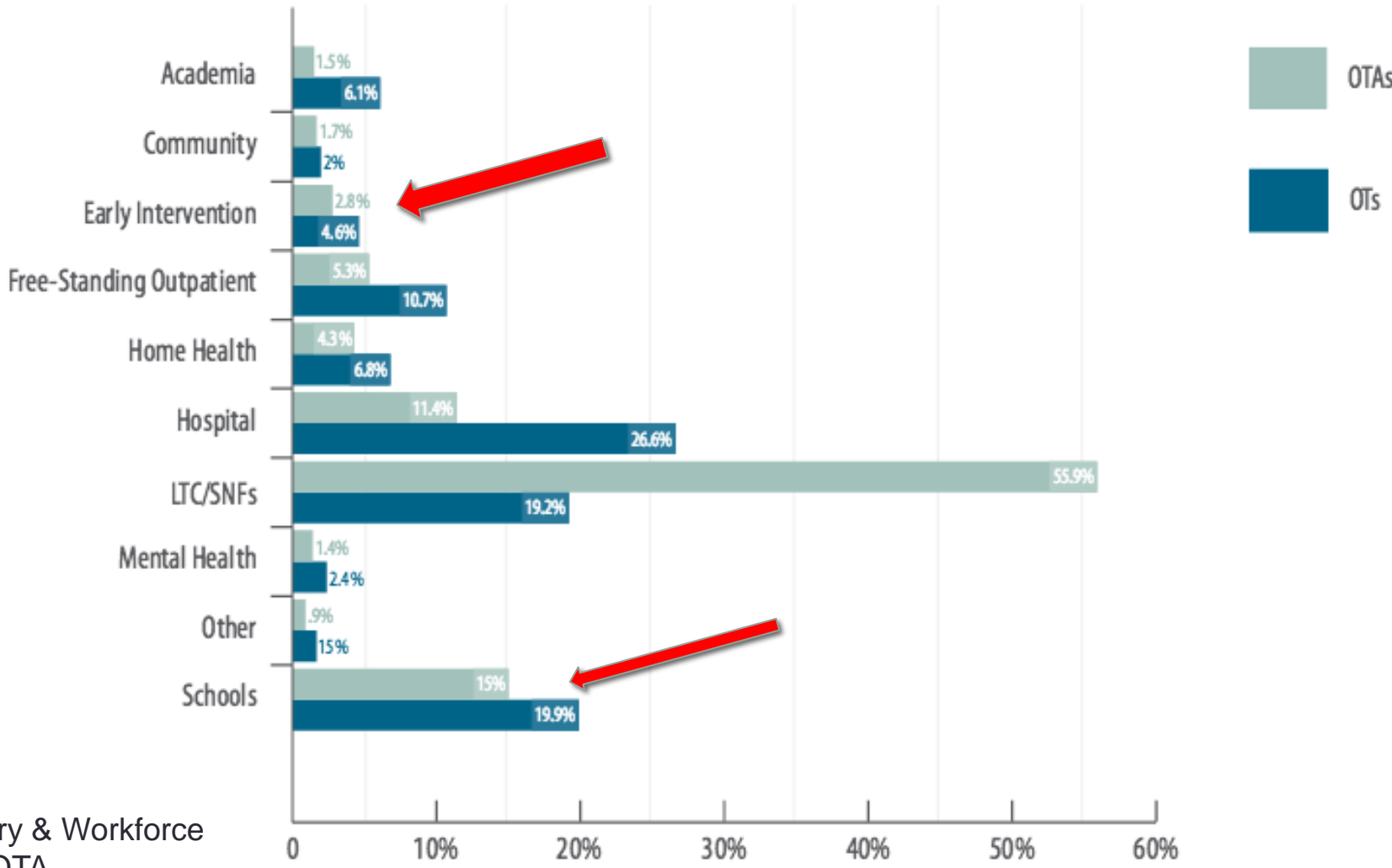
## Occupational Therapy

### Areas of Practice:

- Children & Youth
- Health & Wellness
- Mental Health
- Productive Aging
- Rehab & Disability
- Work & Industry

# PRACTICE SETTINGS

For OTs, a slow, modest trend toward employment in hospitals and long-term care (LTC)/skilled nursing facilities (SNFs) has occurred. Today, 46% of the OT workforce is in one of these two settings, up from 37.5% in 2010. For OTAs the shift is even more pronounced, with 67% now in these two settings.





# Standards of Practice for Occupational Therapy

## **Education, Examination, and Licensure Requirements**

- Graduate from accredited program
- Complete supervised fieldwork
- Passed entry-level exam (NBCOT) – Registration (OTR)
- State licensure

## **Standard I. Professional Standing & Responsibility**

(knowledgeable, philosophy, current licensure . . .)

## **Standard II. Screening, Evaluation, and Re-evaluation**

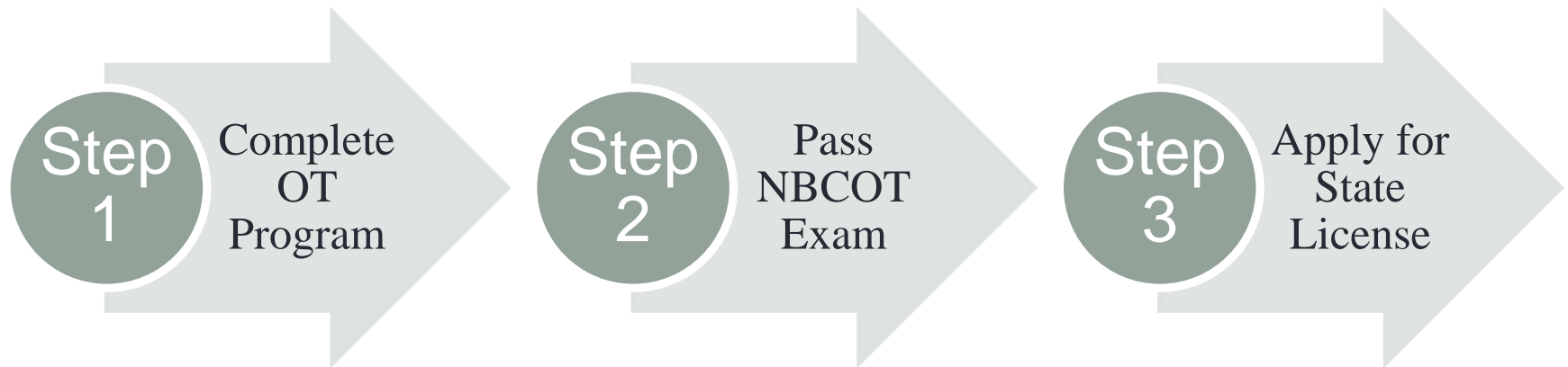
## **Standard III. Intervention**

## **Standard IV. Outcomes (documentation)**

# OT Education

- Currently 7 Accredited OT Entry-Level Doctoral Programs
- Approximately 150 Accredited OT Entry-Level Master's Programs
- Many Post-Professional OTD Programs
- Course of study includes **human growth and development** with a specific emphasis on the **social, emotional, and physiological** effects of illness/disability.
- Supervised clinical internships in a variety of health care and/or community settings. This includes the completion of at **least two extensive fieldwork internships (Level II)** , each is 12 weeks of 40-hour/week supervised clinical work.

# Steps to Licensure for Occupational Therapists



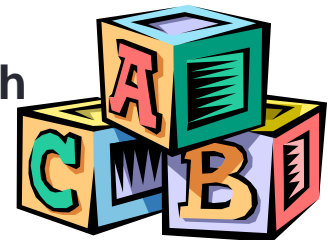
# Selected Practice Competencies

- **Evaluate client(s)' occupational performance**
- **Develop occupation-based intervention plans and strategies**
- **Select and provide direct occupational therapy intervention**
- **Provide development**, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).
- **Evaluate and adapt processes or environments**
- **Design, fabricate, apply, fit, and train in assistive technologies and devices**
- **Appropriate home and community programming**
- **Effectively interact through written, oral, and nonverbal communication**  
**Effectively communicate and work interprofessionally with those who provide services**
- **Refer to specialists**

# Why Occupational Therapy?

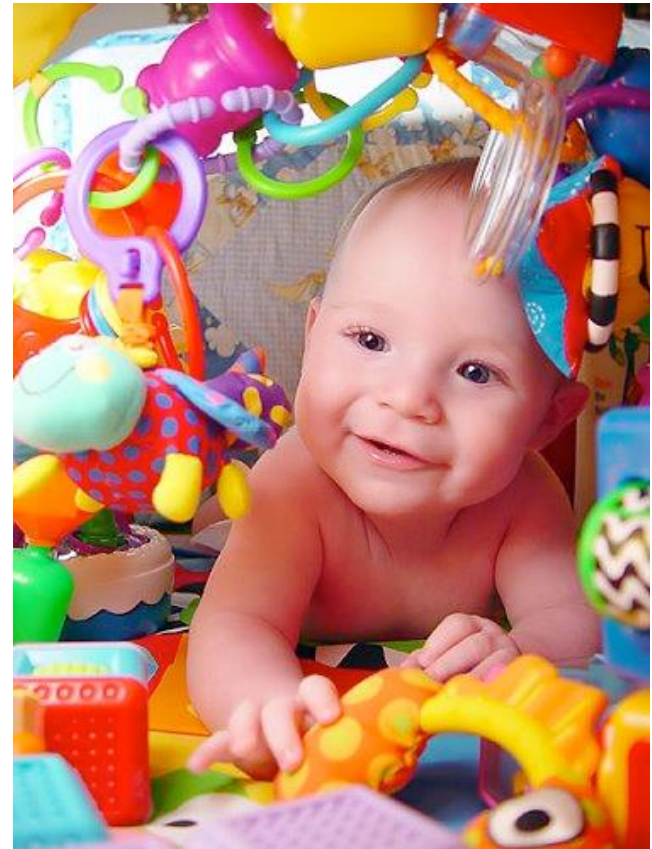
Occupational therapy practitioners bring distinct contributions to the team including:

- Activity expertise
- Advanced skills in modifying the environment and recommending adaptive equipment to improve participation.
- Holistic approach
- Advanced knowledge in Childhood Development
- Advanced knowledge in Education
- Knowledge and skills in both Mental and Physical Health



# Occupations for children . . .

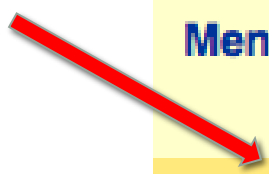
- Play
- Activities of Daily Living (feeding, toileting, dressing, grooming, mobility)
- Rest and Sleep
- Learning and school performance
- Social Participation



# Board and Specialty Certifications

The 9 certification areas are as follows:

<b>Board Certification (OT)</b>	<b>Specialty Certification (OT and OTA)</b>
<b>Gerontology (BCG)</b>	<b>Driving and Community Mobility (SCDCM or SCDCM-A)</b>
<b>Mental Health (BCMh)</b>	<b>Environmental Modification (SCEM or SCEM-A)</b>
<b>Pediatrics (BCP)</b>	<b>Feeding, Eating, and Swallowing (SCFES or SCFES-A)</b>
<b>Physical Rehabilitation (BCPR)</b>	<b>Low Vision (SCLV or SCLV-A)</b>
	<b>School Systems (SCSS or SCSS-A)</b>



# AOTA Standards for Continuing Competence

Standard 1. Knowledge

Standard 2. Critical Reasoning

Standard 3. Interpersonal Abilities

Standard 4. Performance Skills

Standard 5. Ethical Reasoning

Adopted by the Representative Assembly 2005C243

To be published and copyrighted in 2005 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 59 (November/December).



# Core Principles of OT (EI/EC)

1. Occupation (and Co-Occupation)
2. Family Centered
3. Promoting Family Capacity (strength-based)
4. Natural Environments
5. Family Routines and Rituals
6. Encourage Participation and Engagement

Jackson,L. (2009) Inclusive Early Care & Education, OT Practice, AOTA

FAQ: Role of OT in EI Fact Sheet, AOTA

American Occupational Therapy Association. (2011). Occupational therapy services in early childhood and school-based settings. American Journal of Occupational Therapy, 65(Suppl.), S46-S54.



## **AOTA Practice Advisory on Occupational Therapy in Early Intervention**

### ***Scope of Practice***

Occupational therapy practitioners (occupational therapists and occupational therapy assistants) are highly qualified, licensed professionals who have expertise in 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.

The foundational background of occupational therapy practitioners is rooted in concepts promoting participation, optimum development, and family engagement within natural environments that are core principles of both the profession of occupational therapy and early intervention. As a primary service of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), occupational therapy practitioners help promote a young child's development and foster the capacity of the family to advocate for their child while enhancing the family's caregiving capacity.

Occupational therapy practitioners collaborate with other early intervention service providers to promote a child's development in physical, communication, cognitive, adaptive, and social-emotional domains as well as support family members and caregivers in ensuring a child's participation in home and community life.

### ***Professional Preparation and Qualifications***

Occupational therapy practitioners are prepared as entry-level therapists to provide services and supports in early intervention because of their rich background in human development, neurology, and anatomy; infant mental health; activity, behavioral, and environmental analysis; and occupational performance. They complete an accredited educational program curriculum, supervised fieldwork, and a national certification examination. These processes form the basis for state credentialing (usually licensure) of practitioners.

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- Kingsley K, Mailloux, Z. (2013) Evidence for the Effectiveness of Different Service Delivery Models in Early Intervention Services, *AJOT*, Vol. 67, 431-436. doi:10.5014/ajot.2013.006171
- Pechak, Celia, PT, PhD., M.P.H., Gonzalez, Eugenia, O.T.R., PhD., Summers, Connie, PhD., C.C.C.-S.L.P., & Capshaw, Stephanie, O.T.R., O.T.D. (2013). Interprofessional education: A pilot study of rehabilitation sciences students participating in interdisciplinary international service-learning. *Journal of Allied Health*, 42(3), e61-6. Retrieved from <http://search.proquest.com/docview/1461394736?accountid=14556>
- World Health Organization. *International Classification of Functioning, Disability, and Health Child-Youth Adaptation*. Geneva, Switzerland: WHO; 2004.

# Commonalities Across the Disciplines-

## Vicki

- National or State Licensure/Certification
  - BUT wide variations
  - MB ADD A COUPLE OF BULLET POINTS
- Specific coursework
  - BUT heavy reliance on infusion
  - Disparity in amount of required content or practicum
- Key themes or content areas
  - MB ADD THE LEVERAGE POINTS
  - And more details if you are ready to share

# Challenges to practice in EI



Funding issues, implementation policies impact service delivery

Lack of team collaboration

Limited mentorship, support for professional development

Balancing IDEA and State Practice Act regulations

Excessive paperwork and documentation requirements

State specific credentialing

# 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.

# Please add more challenges- STEPH

- Gap remains between personnel preparation and workforce expectations in EI
- Faculty who lack expertise in B-3
- IHE culture and climate that does not support inter-professional preparation
- Barriers to the inclusion of EI content and clinical practice:
  - Funding,
  - Access to faculty and staff,
  - Limited practice settings.



# Conclusions- Juliann

- Interdisciplinary EI knowledge and skills are not sufficiently emphasized in coursework
  - Few pediatric courses- mostly infused
  - Knowledge and skill specific to speech and language
  - Limited content on service delivery e.g. teaming, coaching
- Experience required in practica-predominantly unidisciplinary
- Without a knowledge base to guide interdisciplinary processes and collaborative teaming, students are not sufficiently prepared to engage



# Next Steps: ECPC

- **CEC/DEC/NAEYC Alignments Reviewed by Professional Associations**
- **CEC/DEC/NAEYC Alignment Translated into Guidance for IHEs**
- **CEC/DEC Knowledge and Skills Aligned with RPs**
- **Alignments across Professional Disciplines: AOTA, APTA, ASHA, NAEYC and CEC**
- **Professional Association Consensus of Competencies that Cross Disciplines, Summer 2015**
- **Guidance for States on a Continuum of Competence for use in State Preservice and Inservice Alignments**

# Family Centered Practice

## Examples of knowledge and skill statements

### Listening to families

APTA	Conduct a family interview using active listening skills to gather information on: family's knowledge, strengths, concerns, and priorities regarding their child, family lifestyle and beliefs, services and outcomes desired. <i>Context of Therapy A. 2. b.</i>
APTA	Discuss and integrate examination findings from family and other team members. <i>Planning (IFSP) E. 1. b.</i>
ASHA	Skills in identifying evidence-based interventions that are matched to the child's, family's, and caregiver's priorities. <i>Plan/Implement/Monitor Intervention. S9</i>
ASHA	Skills in gathering information about the family system, daily routines, and activities. <i>Service Coordination &amp; Transition Planning. S3</i>
ASHA	Skills in documenting and integrating concerns, priorities, and observations from families, caregivers, and other professionals in the evaluation and assessment process. <i>Screen, Eval, Assess. S7</i>
CEC	Assist families in identifying their concerns, resources, and priorities. <i>Initial- S4.1</i>

# Family Centered Practice

## Examples of knowledge and skill statements

### Respecting family background/structure/culture and choices

AOTA	An occupational therapy practitioner respects the client's sociocultural background and provides client-centered and family-centered occupational therapy services. <i>Prof Standing &amp; Responsibility I. 10.</i>
APTA	Respect parents' choices and goals for their children. <i>Context of Therapy A. 4. d.</i>
APTA	Skills in selecting and systematically implementing intervention strategies that meet the individual family's priorities, concerns, and needs and are responsive to cultural and linguistic characteristics. <i>Intervention. S11</i>
ASHA	Knowledge of the role of cultural beliefs, values, and priorities for the child, family, and service providers, including cultural influences on communication and social interactions. <i>Definitions &amp; Constructs for Practice. K10</i>
ASHA	Knowledge in methods for identifying learning environments that demonstrate an appreciation for cultural and individual characteristics. <i>Plan/Implement/Monitor Intervention. K11</i>
CEC	Beginning special education professionals understand how language, culture, and family background influence the learning of individuals with exceptionalities. <i>Initial- 1.1</i>
CEC	Respect family choices and goals. <i>Initial- S6.3</i>
NAEYC	Knowing about and understanding diverse family and community characteristics. <i>I. Family &amp; Community Relationships. 2a.</i>
NAEYC	Supporting and engaging families and communities through respectful, reciprocal relationships. <i>I. Family &amp; Community Relationships. 2b.</i>

# What are some solutions?

- Engage folks in new ideas?

# So what should Doctoral Students and Faculty do?

- We can pose this as a question

# Closing thoughts