

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



In early intervention, occupational therapy practitioners promote the function and engagement of infants and toddlers and their families in everyday routines by addressing areas of occupation, including activities of daily living, rest and sleep, play, education, and social participation. Practitioners enhance a family's capacity to care for their child and promote his or her development and participation in natural environments where the child and family live, work, and play.

Early intervention services and supports are typically provided to children under the age of 3 years and their families. In some states, these services may extend to children through 5 years of age. Occupational therapy services are most often provided through provisions of the federal Individuals with Disabilities Education Improvement Act of 2004 (IDEA) or in hospitals and outpatient clinics. Although each state can develop their early intervention program based on state needs and resources, there are minimum components (see 20 U.S.C., § 1435a) that each state must include in their program.

In 2008, a cross-disciplinary workgroup of the OSEP TA Community of Practice-Part C Settings developed a mission and a statement, *Key Principles for Providing Early Intervention Services in Natural Environments*. These key principles (EI principles) are reflected in this document and the practice of occupational therapy in early intervention (Workgroup on Principles and Practices in Natural Environments, 2008).

1. What are the core principles of occupational therapy service provided within early intervention and how do they link to the EI principles?

While the purposes and outcomes of early intervention occupational therapy may vary based on the settings and funding source, there are core principles that guide all services and supports (*Occupational Therapy Practice Framework: Domain and process, 3rd Edition* (American Occupational Therapy Association [AOTA], 2014b). These include:

- **Participation:** Occupational therapy services support a child and family's meaningful participation in occupations such as activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, leisure, rest and sleep, and social participation. This relates to the following *Key Principles of Early Intervention*:
 - "Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts." (EI principle 1)
- **Occupation:** Occupations are the "daily life activities in which people engage" (AOTA, 2014b, p. S6). Occupations are meaningful and purposeful. Infants and toddlers engage in occupations including self-care (e.g., eating, dressing), rest and sleep, play, social participation, and education (e.g., pre-literacy, adaptive, cognitive, communication, physical, social and emotional development) (Frolek Clark & Kingsley, 2013).

Co-occupations are especially important for infants and toddlers and their families. Co-occupations are occupations or activities that are shared between children, family members, peers and other adults, and implicitly involve two or more individuals. Examples of co-occupations include feeding and eating, caregiver-child play, dressing, bathing, and hygiene. This relates to the following Key Principles of Early Intervention:

- Learning opportunities must be functional, based on child and family interest and enjoyment. (Based on EI principle 1)
- **Family-Centered:** The family-centered philosophy is a model whereby the family defines the priorities of the intervention. It is based on the premises that families know their children best, that optimal developmental outcomes occur within a supportive family and community environment and that each family is unique. This model aligns with the occupational therapy client-centered approach and the value that occupational therapy practitioners place on collaborating with families throughout the service delivery process (e.g., evaluation, intervention, outcomes) (AOTA, 2014b). Occupational therapy practitioners collaborate with the family and other individuals who have knowledge of a child in order to identify a child's strengths and challenges. This relates to the following *Key Principles of Early Intervention*:
 - The consistent adults in a child's life have the greatest influence on their learning and development—not EI providers. (Based on EI principle 2)
- **Family Capacity and Resources:** Occupational therapy practitioners support and respect each family's capacity and resources. Family capacity includes the knowledge and skills the family has to support their child's development and meet their child's needs. Capacity is the amount of physical, emotional and spiritual energy necessary to support the development of a child, and it directly influences the sense of competency a family member experiences when caring for a young child. Resources include various supports that the family has developed and can use to meet their family and child's needs (e.g., medical, home, financial). This relates to the following *Key Principles of Early Intervention*:
 - All families are resourceful, but all families do not have equal access to the resources. Supports need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities. (Based on EI principle 2)
 - “The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.” (EI principle 3)
- **Natural Environment:** Services under IDEA Part C must be provided in settings that are typical for the child's peers of comparable age, to the extent practicable. Whenever possible for the child and family, services should be provided in a family and/or community setting. Occupational therapy practitioners understand and analyze the interrelated conditions of context and environment and the influence on participation and performance. This relates to the following *Key Principles of Early Intervention*:
 - “Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts” (EI principle 1).
- **Family Routines and Rituals:** The Occupational Therapy Practice Framework: Domain and Process, 3rd Edition (AOTA, 2014b) defines routines as “patterns of behavior that are observable, regular and repetitive, and that provide structure for daily life” (p. S27). Occupational therapy practitioners promote the participation of children and their families in everyday activities or occupations, such as morning, bedtime, bath time, and playtime routines. When there is a particular area of concern, the occupational therapy practitioner can create an individualized strategy based on the specific needs and priorities of the child and family in order to promote successful participation in daily routines (AOTA, 2013a). Rituals add meaning and purpose and help families build strong relationships. This relates to the following *Key Principles of Early Intervention*:
 - “The early intervention process, from initial contact through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.” (EI principle 4)
- **Culturally Sensitive:** Occupational therapy practitioners recognize and support the value and importance of culturally sensitive practice. Occupational therapy practitioners support a child and family's engagement in culturally meaningful occupations and recognize that culture influences the choice of activities in which an individual engages (AOTA, 2013b). This relates to the following *Key Principles of Early Intervention*:
 - Each family's culture, spiritual beliefs and activities, values and traditions may be different from those of the service provider. Service providers should seek to understand, not judge. (Based on EI principle 4)
- **Evidence-Based:** Occupational therapy is a science-driven profession that applies the most up-to-date research to service delivery. Evidence supports the effectiveness of adding an occupational therapy practitioner to a treatment plan and the Individualized Family Service Plan (IFSP) team (Case-Smith, 2013a; Case-Smith, 2013b; Case-Smith, Frolek Clark, & Schlabach,

2013; Frolek Clark & Schlabach, 2013; Howe & Wang, 2013; Kingsley & Mailloux, 2013). Interventions are directed at the outcomes developed collaboratively with the families and IFSP team members. Effective interventions are used to promote health, well-being, and participation. Intervention approaches may be focused on the environment, an activity, or the child or family or both. (See examples of these approaches on the Evidence-Based Practice page of our website.) This relates to the following *Key Principles of Early Intervention*:

- “IFSP outcomes must be functional and based on children’s and families’ needs and priorities.” (EI principle 5). Each family understands that strategies are worth working on because they lead to practical improvements in the child’s and family’s lives.
- “Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations” (EI principle 7).

2. What types of services do occupational therapy practitioners provide in early intervention?

Under IDEA Part C, occupational therapy is a primary service. An occupational therapy practitioner may be the sole service provider and can also work as part of a collaborative team that enhances a family’s capacity to care for the child’s health and development within daily routines and natural environments. Occupational therapists can provide services as a primary service provider, service coordinator, and/or as a member of an evaluation team.

Service Provider

Occupational therapy practitioners provide client-centered, occupation-based services and supports to children and their families in early intervention in the following ways:

- *Fostering the bond between an infant or toddler and his or her primary caregiver(s).* Occupational therapy practitioners use daily childhood activities such as play, meal and sleep times to promote a secure attachment and enhance a healthy bond that forms between the infant and caregivers (Bowlby, 1988). The quality of the bond has been found to influence developmental outcomes in infants and children (Cassidy, 1999). Occupational therapy practitioners support caregivers to recognize and respond to a child’s cues to foster appropriate engagements and interactions. Being able to identify engagement and disengagement cues allows caregivers to respond to their infant or child appropriately to promote healthy bonding and attachment (Leerkes, Weaver, & O’Brien, 2012). Appropriate responses to the child’s emotional needs promote healthy co-occupations. Emo-

tional regulation is an important aspect of the infant’s mental health and develops within the context of the primary caregiver relationship (Koomar, 2009). Emotional regulation occurs when the caregiver is responsive to the needs of an infant or child and responds to his or her emotional states appropriately during both stressful and non-stressful events.

Occupational therapy practitioners support caregivers by emphasizing the strengths of the family and by identifying strategies to build their capacity for resiliency, which can influence mental health outcomes for both a child and caregiver and change the trajectory of the child and his or her family. For example, an occupational therapy practitioner can recommend play strategies to promote successful interactions between a toddler and his older siblings or may assess how an infant’s (or caregiver’s) sensory processing affects the parent–infant relationship during daily routines (Dunn, 2004).

- *Addressing a family’s capacity through education and training.* An occupational therapy practitioner can address a family’s capacity by understanding the family’s energy level for accomplishing everyday tasks and then supporting all caregivers to help a child adapt and cope with everyday life. For example, a practitioner can help a caregiver clarify feelings and reactions and identify which strategies have helped to ease these feelings in the past. Occupational therapy practitioners also help build a family’s capacity to care for and enjoy their child during everyday activities by engaging the parents or other caregivers in a process of mutual reflection. They recognize the power and potential of activity and daily routines to enhance a partner’s knowledge and skill development.
- *Promoting a child’s growth and development and participation in family and community life through the use of occupation and adapting tasks and the environment.* An occupational therapy practitioner can help a caregiver identify learning opportunities for a child throughout the day that fit with daily routines by addressing ADLs, rest and sleep, play, education, and social development. An occupational therapy practitioner may recommend environmental or activity modifications to enhance a child’s ability to participate fully in daily routines. For example, an occupational therapy practitioner may suggest modifications to a high chair for proper positioning in order to maximize a child’s ability to self-feed or engage in play. An occupational therapy practitioner could also assist in developing a bedtime routine for a child with poor sensory processing to ensure sound sleep for the entire family, or to enhance a child’s functioning to play successfully with friends at a birthday party.
- *Empowering families to be advocates.* Occupational therapy practitioners support caregivers in being advocates for their child by helping caregivers feel confident and comfortable in understanding and enjoying their

child as well as planning for their child and family's future. In most states, when children turn 3 years of age, they transition out of Part C early intervention services. Practitioners can assist with this transition and assist families in identifying the appropriate program and services, if needed. Occupational therapy practitioners can enhance smooth transitions for a family and child by collaborating with service providers, promoting intra-agency coordination, and communicating across settings and systems. As service coordinators, occupational therapists are responsible for meeting federal and state mandates including holding a transition meeting with a family and local school personnel to discuss options.

Service Coordinator

Under the IDEA, service coordinators guide families through the Part C early intervention assessment, intervention, and transition process. They work for the coordination and provision of early intervention services and supports documented on the IFSP. Service coordinators support the goal of the child and family making adequate progress toward achieving family-directed outcomes. Some local jurisdictions have dedicated service coordinators who only provide service coordination services. In many areas, however, a service provider may also assume the responsibilities of a service coordinator. An occupational therapist may be selected by the IFSP team to serve as a family's service coordinator and then would facilitate the team process for developing an IFSP for each eligible child.

Multidisciplinary Evaluator

Under IDEA, a multidisciplinary team (defined by IDEA as two or more professionals) uses diagnostic instruments and procedures to determine a child's eligibility for early intervention services and supports. The role of this team, on which an occupational therapist may be a qualified evaluator, is to assess the developmental skills of a child with suspected delays and to conduct "a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs" of their child [(20 U.S.C. § 1436(a)(2))]. The occupational therapist will use assessment results along with family and other team member input to recommend services as needed during the IFSP process.

3. What are the legislative mandates and payment sources that impact occupational therapy in early intervention?

Services under the Individuals with Disabilities Education Improvement Act (2004)-Part C

Early intervention occupational therapy services and supports are typically provided to young children, their families

and other key caregivers in homes, childcare programs, Early Head Start programs and other community settings. Children are eligible for a Part C program based on their state's criteria or definition of child with a disability. Eligibility is typically determined by an infant or toddler demonstrating a significant delay in one or more of five developmental areas (cognitive, physical, communication, social or emotional, and adaptive) or having a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. States may also choose to provide early intervention services and supports to children who are at risk.

The IDEA Part C statute is optional and grants funds to states if they meet the minimum requirements "to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families" (§ 1431(b)(1)). These 16 minimum requirements include services in natural environments, a state interagency coordinating council and a public awareness program. A lead agency, determined by each state, is responsible for overseeing this program, including the funding. Often, the lead agency is the Department of Health or Department of Education, but this varies by jurisdiction. Some states provide services at no cost. Fees, if any, are determined by the state's lead agency, but a child cannot be denied services because of his or her family's ability to pay. Additionally certain services such as evaluation and assessments, development of the IFSP, and service coordination must be provided at no cost to families.

Services under the Medical Model

Occupational therapy services are offered in medical settings such as Neonatal Intensive Care Units (NICUs), pediatric outpatient centers, hospitals, clinics or in a child's home. Typically the child must have a medical diagnosis in order to bill for occupational therapy services under a medical model. These services to young children and families are supported through private insurance, HMOs, PPOs and other funding sources such as Medicaid.

4. How can occupational therapy services be delivered and how are occupational therapy practitioners qualified to offer service in EI?

Occupational therapists and occupational therapy assistants have completed an accredited educational program curriculum, supervised fieldwork, and passed a national certification examination. Occupational therapists are considered health, education, and human services professionals and must meet any state licensure or credentialing requirements. Some states require additional training or credentialing to become service coordinators, providers, and evaluators in early intervention. However, it is AOTA's position that all



occupational therapists are appropriately trained and qualified to practice in the early intervention setting (AOTA, 2010). With appropriate supervision by an occupational therapist, occupational therapy assistants are considered qualified to administer early intervention practices in compliance with their state licensure and practice acts.

Occupational therapists and occupational therapy assistants may work directly with a child and should always support and educate key caregivers in incorporating therapeutic activities within a child's daily life. This includes ongoing monitoring of a child's progress and collaboration with caregivers (i.e., families, child care providers) and educators who implement a child's IFSP or intervention plan.

AOTA endorses the concepts of collaboration, teamwork, and family-centered care. In early intervention, a variety of team models may be utilized. The very nature of that which occupational therapy addresses, engagement in daily occupations, can be fostered in a number of ways that can be identified by the occupational therapy practitioner and implemented on a daily basis by the family or others (AOTA, 2010). As practitioners of a primary developmental service in early intervention, occupational therapy practitioners are ideally suited for a variety of roles within the IFSP team. A child must always be evaluated by an occupational therapist prior to the initiation of occupational therapy services.

In a *multidisciplinary team*, each professional evaluates a child from his/her disciplinary expertise and develops and implements an intervention program for a child separate from other services. This model of team functioning is no longer considered best practice in early intervention. (Note: The IDEA's mandate for a multidisciplinary assessment refers only to how many professionals participate in

a child's eligibility assessment.) This definition used to be used for the practices that are now described as interdisciplinary and may be found used in that way in older literature.

In an *interdisciplinary team*, each professional collaborates with other disciplines during the evaluation and throughout the intervention processes, including co-treating or working with the family. Family approval of the intervention plan is solicited and each professional is responsible for the part of the plan related to his or her discipline. There may be areas of overlap which often serve to support and increase intervention effectiveness. For interdisciplinary teams to be successful, there must be clearly defined roles and responsibilities, ongoing communication among team members (including the family) and a sense of value and acceptance of each discipline's expertise (Utley & Rapport, 2002).

In a *transdisciplinary team*, team members jointly assess a child and form a coordinated intervention plan with family members (King et al., 2009). A transdisciplinary team needs to be highly collaborative with ongoing interaction of team members and includes sharing expertise, knowledge and skills (King et al., 2009). The joint intervention plan might be implemented by a primary provider with the family. Any member of the team may serve as the primary service provider, and is typically chosen based on the needs of the child and family.

The *AOTA Practice Advisory on the Primary Provider Approach in Early Intervention* (2014a) states, "AOTA does not endorse a transdisciplinary approach when service providers are used interchangeably beyond their scope of practice." AOTA agrees that the IFSP team, including the family, 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. More research is needed to determine which (or which combination of) team model or approaches leads to achieving desired child and family outcomes (AOTA, 2010).

5. What are some action steps and available resources to help me advocate for my profession and role as an occupational therapy practitioner in EI?

Occupational therapy practitioners can promote the profession and their role in Early Intervention through a variety of activities such as:

- Conducting an in-service to advocate for and disseminate information about occupational therapy's role in early intervention
- Consider joining the AOTA EI workgroup (visit www.aota.org) or the Cradle to College and Career practice

group of the IDEA Partnership (visit www.sharedwork.org)

- Reviewing and sharing AOTA documents and resources which guide EI practice. Numerous AOTA resources and opportunities are available to advance the knowledge and skills of practitioners who practice in early intervention. These include:
 - Pediatric Board Certification
 - Special Interest Sections such as Early Intervention and School SIS (EISSIS) and Developmental Disabilities (DD SIS)
 - OT Connection forums
 - Professional newsletters and journals
 - Specialized Knowledge and Skills Papers within the Reference Manual of the Official Documents of AOTA, 13th edition
 - Fact Sheets and Tip Sheets
 - Continuing education products including one on Early Childhood

AOTA Resources

Electronic versions of some documents and resources can be found at the following websites:

American Occupational Therapy Association. (2014). *Role of occupational therapy with infants, toddlers, and families in early intervention* [PowerPoint slides]. Retrieved from <http://www.aota.org/-/media/Corporate/Files/Secure/Practice/Children/EI.pdf>

American Occupational Therapy Association. (2013). *Childhood occupations toolkit*. Retrieved from <http://www.aota.org/About-Occupational-Therapy/Patients-Clients/ChildrenAndYouth.aspx>

American Occupational Therapy Association. (2013). *Letter of response*. Retrieved from <http://www.aota.org/-/media/Corporate/Files/Practice/Children/Letter-to-Carol-Massanari-RRCP-Dec-24-2013.PDF>

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>

American Occupational Therapy Association. (2011). *Occupational therapy services in early childhood and school-based settings*. Retrieved from <http://www.aota.org/-/media/Corporate/Files/Secure/Practice/OfficialDocs/Statements/OT-Services-Early-Childhood-and-Schools.pdf>

American Occupational Therapy Association. (2010). *Occupational therapy for young children: Birth through 5 years of age*. Retrieved from <http://www.aota.org/-/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/Fact-Sheets/FactSheetOTforYoungChildren.pdf>

American Occupational Therapy Association. (2010). *Specialized knowledge and skills for occupational therapy practice in neonatal intensive care units*. Retrieved from <http://www.aota.org/-/media/corporate/files/secure/practice/officialdocs/skills/specialized%20ks%20nicu.pdf>

Chandler, B. (Ed.) (2010). *Early childhood: Occupational therapy services for children birth to five*. Bethesda, MD: AOTA Press. Available from http://myaota.aota.org/shop_aota/product-view.aspx?TYPE=D&PID=984&SKU=1256

Resources From Other National Organizations

Occupational therapy practitioners may also find Internet resources from other professional organizations to be helpful in providing information and evidence-based practices related to early intervention.

Center for Parent Information and Resources

<http://www.parentcenterhub.org/>

Center on the Social and Emotional Foundations for Early Learning

<http://www.vanderbilt.edu/csefel/>

Early Head Start National Resource Center

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc>

IDEA Data Center

www.ideadata.org

IDEA Infant and Toddler Coordinators Association

<http://www.ideainfanttoddler.org/>

The Early Childhood Technical Assistance Center

<http://ectacenter.org/>

Orelena Hawks Puckett Institute and evidence-based practices

<http://www.puckett.org/>

Technical Assistance Center on Social Emotional Intervention for Young Children

<http://www.challengingbehavior.org/>

The Division for Early Childhood

<http://www.dec-sped.org/>

Tots n' Tech Research Institute

<http://tnt.asu.edu/>

Zero To Three

<http://www.zerotothree.org/>

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

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