

2014



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

**KEY PRINCIPLES OF EARLY
INTERVENTION AND EFFECTIVE
PRACTICES: A CROSSWALK WITH
PHYSICAL THERAPY LITERATURE**



Many states have been evaluating their early intervention practices and undergoing system change to incorporate effective practices related to providing services within the natural environment, as well as implementing a primary service provider approach based on the family and child's needs. This document provides a crosswalk that illustrates effective early intervention practices and relevant statements from disciplines providing early intervention services.

This document highlights how physical therapy literature supports the early intervention key principles and reflects how physical therapy services align with high quality early intervention practices. It is intended to promote dialogue within the early childhood community about the key principles and provision of high quality early intervention services, which each profession provides within their profession's scope of practice.

The starting point for this document was the “*AGREED UPON PRACTICES FOR PROVIDING EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS*” document, which includes practices that support the key principles of providing early intervention services in natural environments. The document, developed by the Workgroup on Principles and Practices in Natural Environments, reflects practices validated through research, model demonstration, and outreach projects implemented by workgroup members. The document includes the consensus opinions of the workgroup members, who avoided endorsing any specific model or approach.

The national workgroup included Susan Addision, Betsy Ayankoya, Mary Beth Bruder, Carl Dunst, Larry Edelman, Andy Gomm, Barbara Hanft, Cori Hill, Joicey Hurth, Grace Kelley, Anne Lucas, Robin McWilliam, Stephanie Moss, Lynda Pletcher, Dathan Rush, M'Lisa Shelden, Mary Steenberg, Judy Swett, Nora Thompson, Julianne Woods, and Naomi Younggren.

Citations:

- Workgroup on Principles and Practices in Natural Environments (2007). *Agreed upon practices for providing early intervention services in natural environments*. OSEP TA Community of Practice—Part C Settings.
 [Agreed upon Practices for Providing Early Intervention Services in Natural Environments](#)
- Workgroup on Principles and Practices in Natural Environments (February 2008). *Seven key principles: Looks like/doesn't look like*. OSEP TA Community of Practice—Part C Settings.
 [Seven Key Principles: Looks Like/Doesn't Look like](#)

The principles identified in this document were cross-walked with statements from physical therapy literature that supports the early intervention key principles. In some instances, the literature may use different terms to refer to the principles and practices. This document reflects statements found in physical therapy literature, but it does not attribute meaning to those statements. References used in developing this publication are included at the end of this document.

Early Intervention Key Principles	Supporting Statements from Physical Therapy Resources
<p>1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts</p> <ul style="list-style-type: none"> • Learning activities and opportunities must be functional, based on child and family interest and enjoyment • Learning is relationship-based • Learning should provide opportunities to practice and build upon previously mastered skills • Learning occurs through participation in a variety of enjoyable activities 	<ul style="list-style-type: none"> • Natural environments are home (family life) and community-life settings that are natural and typical for children without a disability and their families. • Settings where the child, family, and care providers participate in everyday routines and activities that are important to them and serve as important learning opportunities.
<p>2. All families, with the necessary supports and resources, can enhance their children’s learning and development</p> <ul style="list-style-type: none"> • All means ALL (income levels, racial and cultural backgrounds, educational levels, skill levels, living with varied levels of stress and resources) • The consistent adults in a child’s life have the greatest influence on learning and development-not EI providers • All families have strengths and capabilities that can be used to help their child • All families are resourceful, but all families do not have equal access to resources • Supports (informal and formal) need to build on strengths and reduce stressors so families are able to engage with their children in mutually enjoyable interactions and activities 	<ul style="list-style-type: none"> • Support families in promoting their children’s development, learning, and participation in family and community life.
<p>3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life</p> <ul style="list-style-type: none"> • EI providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child’s development • Families are equal partners in the relationship with service providers • Mutual trust, respect, honesty and open communication characterize the family-provider relationship 	<ul style="list-style-type: none"> • The choice of team approach should be based on the needs of the child and family: <ul style="list-style-type: none"> ○ A shared framework of trust. ○ Clearly defined roles and responsibilities. ○ Respectful and empathetic open communication. • Provide families with emotional, informational, and material resources to support the achievement of Individualized Family Service Plan (IFSP) outcomes. • According to Chiarello and Kolobe, “team collaboration is the process of forming partnerships among family members, service providers, and the community with the common goal of enhancing the child’s development and supporting the family.”
<p>4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and</p>	<ul style="list-style-type: none"> • Invite and encourage families and care providers to identify their priorities and outcomes as an initial step in the planning process.

Early Intervention Key Principles	Supporting Statements from Physical Therapy Resources
<p>cultural beliefs</p> <ul style="list-style-type: none"> Families are active participants in all aspects of services Families are the ultimate decision makers in the amount, type of assistance and the support they receive Child and family needs, interests, and skills change; the IFSP must be fluid, and revised accordingly The adults in a child's life each have their own preferred learning styles; interactions must be sensitive and responsive to individuals Each family's culture, spiritual beliefs and activities, values and traditions will be different from the service provider's (even if from a seemingly similar culture); service providers should seek to understand, not judge Family "ways" are more important than provider comfort and beliefs (short of abuse/neglect) 	<ul style="list-style-type: none"> Strengthen and develop lifelong natural supports for children and families. Recognize family members and care providers as the primary influence for nurturing growth, development, and learning.
<p>5. IFSP outcomes must be functional and based on children's and families' needs and priorities</p> <ul style="list-style-type: none"> Functional outcomes improve participation in meaningful activities Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities The family understands that strategies are worth working on because they lead to practical improvements in child & family life Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities 	<ul style="list-style-type: none"> Emphasize children's, families', and care providers' abilities during everyday activities, rather than teaching a new skill out of context. Provide physical therapy within the context of family and child routines and activities.
<p>6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support</p> <ul style="list-style-type: none"> The team can include friends, relatives, and community support people, as well as specialized service providers Good teaming practices are used One consistent person needs to understand and keep abreast of the changing circumstances, needs, interests, strengths, and demands in a family's life The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members 	<ul style="list-style-type: none"> The choice of team approach should be based on the needs of the child and family. There has been a recent shift toward the recommendation and use of transdisciplinary teaming, particularly in early intervention settings. When a team functions in a transdisciplinary fashion, the primary provider can change as the child's and family's needs change. In this team approach, physical therapists share aspects of their discipline and learn aspects of other team members' disciplines. Role release was described by Lyon and Lyon as the deliberate process of sharing information and skills and was conceptualized as occurring across multiple levels. It is important that the family and other team members understand that when performing the activities that the physical therapist taught them, they are implementing specific activities to support their child's development, not providing physical therapy.

Early Intervention Key Principles	Supporting Statements from Physical Therapy Resources
	<ul style="list-style-type: none"> • Within the transdisciplinary approach, Rush, Shelden, and Hanft describe a primary coach approach to teaming where a single, long-term service provider is assigned as the primary coach to the family or caregivers.
<p>7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations</p> <ul style="list-style-type: none"> • Practices must be based on and consistent with explicit principles • Providers should be able to provide a rationale for practice decisions • Research is on-going and informs evolving practices • Practice decisions must be data-based and ongoing evaluation is essential • Practices must fit with relevant laws and regulations • As research and practice evolve, laws and regulations must be amended accordingly 	<ul style="list-style-type: none"> • Physical therapists apply the latest research related to restoring function, reducing pain, and preventing injury. • Hooked on Evidence is APTA's "grassroots" effort to develop a database containing current research evidence and clinical scenarios on the effectiveness of physical therapy interventions.

SOURCES

American Physical Therapy Association. (2008). *Natural environments in early intervention services*. Retrieved from <http://www.pediatricapta.org/consumer-patient-information/pdfs/Natural%20Env%20Fact%20Sheet.pdf>

McWilliam, R. A., & Scott, S. (2003, August). *Integrating therapy into the classroom*. Retrieved from <http://www.nectac.org/~pdfs/Meetings/InclusionMtg2005/IntegratedServices-Ap2005.pdf>

RRCP Early Childhood Service Delivery Priority Team provided review and technical assistance to this document. Members of the team included: Betsy Ayankoya, Sharon Ringwalt, Ann Bailey, Sharon Walsh, Sue Goode, Joicey Hurth, Anne Lucas, Karen Mikkelson, and Lynda Pletcher