

From OT Rules	ECI Policy (current and proposed revisions)	Practices in ECI
<p>Only an OT or OTR may initiate, develop, modify or complete an occupational therapy plan of care. This includes determining when occupational therapy services should or should not be provided, and the nature and frequency of services that are provided.</p>	<p>The interdisciplinary IFSP team, which includes the parent, determines the type, frequency, and intensity of services for a child. The team bases decisions on assessment data about the child's current ability to function in developmentally appropriate settings and activities, on health status, and on information about family priorities, needs, and concerns.</p>	<p>ECI programs should make every effort to determine the need for an OT to serve on the interdisciplinary team at the initial IFSP. Services should not be delayed due to scheduling of necessary team members.</p>
<p>An occupational therapy plan of care may be integrated into an interdisciplinary plan of care, known as the Individualized Family Service Plan (IFSP), but the occupational therapy goals or objectives must be easily identifiable in the plan of care.</p>	<p>IFSP outcomes should not be discipline specific. They must focus on the child's participation in family and community activities; address family routines and interests and enhance natural learning opportunities to support the child's engagement, independence and social relationships</p>	<p>When functional, global outcomes are established in an IFSP, the occupational therapist may utilize progress notes to identify and further expand on the occupational therapy goals and objectives in the IFSP in order to meet the requirements.</p>

The development of an infant or toddler unfolds across domains, and every developmental area is related to and dependent upon every other area. Additionally, infants and toddlers learn best through everyday experiences and interactions with the important, familiar adults in their lives. For these reasons, working as part of a transdisciplinary early intervention team in natural environments requires that all team members' skills merge in a unified approach to the overall, integrated development of the child while addressing the priorities of the family.

Service delivery in ECI can take several forms, including:

- traditional, direct one-to-one instruction with a parent and child
- collaboration to provide supports to the family, team members, or other caregivers; or
- consultation to educate family members, teachers, caregivers, or peers

Traditional one-to-one service to a parent and child

Infants and toddlers learn through the typical activities that occur in their daily life and through their interactions with familiar people including parents, siblings, extended family and other important care-givers. For this reason, parents (and important care-givers) are the persons best able to help their infants and toddlers grow and develop, and should be the target of any instruction in ECI. It follows then, that every service delivery session will:

- be family guided,
- address the family's typical routines and activities,

- ensure that all interactions are with the parent and child as a dyad.

Collaboration

Collaboration is a key component to the delivery of services in ECI. Collaboration from an occupational therapist is reflected on the IFSP as OT Services. Families are best served by one consistent person, a primary provider, from the professional team who can understand and stay informed about the changing circumstances, needs, interests, strengths and demands of the family's life. The primary provider may be the occupational therapist. When the primary provider is another professional from the team, the main role of the occupational therapist will be collaboration. This includes assisting and supporting the primary provider:

1. to facilitate a family's ability to enhance their child's development across developmental domains;
2. to educate family members about the importance and value of their role in their child's development;
3. to enhance the family's abilities in planning for and making decisions about their child's development;
4. to evaluate the effect of any aspect of development on other areas of development;

Consultation

Consultation is a less formal form of collaboration, in that it does not appear on the IFSP. Consultation includes:

1. A phone conversation with a primary provider regarding the child and concerns that the team may have about the child's present functioning, outcomes and /or strategies. The results of the phone conversation are shared with the parent and documented in progress notes. A new outcome may result from this conversation.
2. A face-to face meeting between the primary provider and consultant to review the current IFSP, outcomes, strategies. The consultant may share handouts, resources and additional strategies. The results of the meeting are shared with the parent and documented in progress notes. A new outcome may result from this conversation.
3. A phone conversation between the parent and consultant to review with the parent information discussed in the above examples. The consultant will complete a progress note regarding the discussion/recommendation with the parent and share with the primary provider.
4. A scheduled meeting at the home/childcare with the primary provider and parent. This meeting would be for the consultant to review the current IFSP plan including outcomes and strategies; observe the child's current developmental level; and the child's interactions with parent and home environment. A progress note would document this visit along with any recommendations. No formal evaluation is completed, but an IFSP revision may be a result.