RRCP
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KEY PRINCIPLES OF EARLY INTERVENTION AND EFFECTIVE PRACTICES: A CROSSWALK WITH STATEMENTS FROM DISCIPLINE SPECIFIC 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 position statements, resources and literature of various professions working in early intervention supports the early intervention key principles and reflects how these professions' 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.

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  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 the literature, position statements, and/or resources of the professional organizations that provide support to early intervention services including:
- **American Association on Intellectual and Developmental Disabilities (AAIDD)**
- **American Academy of Pediatrics (AAP)**
- **Division of Early Childhood of the Council for Exceptional Children (DEC)**
- **National Association for the Education of Young Children (NAEYC)**
- **National Association of School Psychologists (NASP)**
- **American Speech-Language-Hearing Association (ASHA)**
- **American Occupational Therapy Association (AOTA)**
- **American Physical Therapy Association (APTA)**

States may find this document useful for reviewing the agreed upon practices across all disciplines. In some instances the literature may use different terms to refer to practices. This document reflects statements from the literature, resources, and/or position statements of the various professional organizations, but is not attributing meaning to those statements. References used in developing this publication are included at the end of this document.

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts

Early Intervention Key Principles	Supporting Statements from Discipline Specific Literature
• 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	**AAIDD** • All young children who are at-risk for or who have been identified with intellectual and/or developmental disabilities should have access to high-quality, affordable developmental services in natural environments. • When early childhood services are provided in natural environments, both children and families will experience increased community inclusion during early childhood and across the life span. **AAP** • Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care. **AOTA** • Occupational therapy works with children, families, and others to achieve health, well-being, participation in life through active engagement in occupations—activities of daily living (ADLs) and instrumental activities of daily living (IADLs)—such as education, work, play, leisure, sleep, and social participation. It facilitates the child and family's participation in meaningful occupations that are desired and important in the school, family, and community contexts. • Understanding the environments and contexts in which occupations can and do occur provides practitioners with insights into their overarching, underlying, and embedded influences on engagement. • ADLs, sensory-based play, and social participation are the foundations for learning, which takes place in the context of relationships. • Occupational therapists have expertise to address both mental and physical health in a variety of early childhood settings. In the neonatal intensive care unit (NICU), intervention is provided to enhance growth and development for premature or medically fragile infants and build family capacity to care for their child. Occupational therapists who work in early intervention programs in clinics, homes, or community settings provide interventions that incorporate individual learning opportunities for children within their natural routine and activities. In all of these environments, occupational therapists collaborate with others to support participation. • Occupational therapy practitioners partner with family members and caregivers to promote the child's development by recommending learning opportunities within the family's daily routines. Conversations with the family help occupational therapy practitioners gain a perspective of how the child spends his or her time; what activities the child wants or needs to do; and how the environment in which the child lives, plays, and attends school supports or hinders occupational engagement. • Services in the home allow the practitioner to gain a perspective on the family's values, routine, and relationships; consequently, he or she can suggest therapeutic activities that easily fit into the family's daily routine. In home-based services, occupational therapists provide the culturally relevant strategies that match the child's environment and the family's resources. They focus on the child's participation in play and everyday activities, recognizing that children can easily generalize skills when learned and practiced in their natural environment. **APTA** • 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. **ASHA** • Services are developmentally supportive and promote children's participation in their natural environments. • Early speech and language skills are acquired and used primarily for communicating during social interactions.

	- o … intervention occurring within the child's and family's functional and meaningful routines. - o … services and supports—including speech-language and audiology treatment—are provided in the locations where the families typically spend their time. - Children learn through participating in their everyday activities and meaningful experiences with their family and caregivers. **DEC / NAEYC** - Providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high quality early childhood inclusion. - Opportunities for learning in the child's natural settings must be identified including the learning opportunities that occur in those settings. - More active involvement of parents in their child's program appears to be related to greater developmental progress. - Regular caregivers and regular routines provide the most appropriate opportunities for children's learning and receiving most other interventions. - Young children learn through ongoing interactions with their natural environment rather than in isolated lessons or sessions. **NASP** - Early environments matter and nurturing relationships are essential.

2. All families, with the necessary supports and resources, can enhance their children's learning and development

Early Intervention Key Principles	Supporting Statements from Discipline Specific Literature
• 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	**AAIDD** • Parental involvement in any program is crucial for success, and early intervention is most effective when the families of children are fully involved. **AAP** • Strong connections within a loving, supportive family, along with opportunities to interact with other children and grow in independence in an environment with appropriate structure, are important assets in a child's life. **AOTA** • The family is assumed to be the constant in the child's life and have the inherent strengths that serve as a foundation for the child's growth and development. Family support strengthens a caregiver or parent's capacity to "captain their own ship" and not become dependent on professionals for all decision making. • Client-centered occupational therapy practice supports the perspective that families know their children best, that optimal developmental outcomes occur within a supportive family and community environment, and that each family is unique. • Occupational therapy practitioners use family-centered help-giving practices that strengthen the family and improve satisfaction, parenting behavior, personal and family well-being, social support, and child behavior. • Studies cited in the *AOTA Practice Advisory on Occupational Therapy in Early Intervention* (AOTA, 2010a) indicate that parenting programs can have a positive impact on a variety of outcomes for the family, the child, and familial relationships, such as reducing parental stress, anxiety, and depression. **APTA** • Support families in promoting their children's development, learning, and participation in family and community life. **ASHA** • Children learn through participating in their everyday activities and meaningful experiences with their family and caregivers. When caregivers maximize learning opportunities in the child's daily routines and activities, the child has many opportunities for intervention every day, throughout the day, and in a meaningful and responsive manner. • Anchors for learning are plentiful when the family or caregiver participates in identifying opportunities to embed different intervention strategies or outcomes. • Help parents and caregivers to build competence by using instructional techniques that build their confidence. • Confidence and motivation will grow from success in embedding intervention, improvement in the child's skills, and positive experiences with the consulting process. **DEC / NAEYC** • Family-based practices provide or mediate the provision of resources and supports necessary for families to have the time, energy, knowledge and skills to provide their children learning opportunities and experiences that promote child competence and development. • Professionals must strengthen families' abilities to support the development of their children in a manner that is likely to increase families' sense of parenting competence, not families' sense of dependency on professionals or professional systems. • Interventions must be based on the strengths and assets of children, parents and the family in order to have optimal benefits and outcomes. **NASP** • Parental involvement in any program is crucial for success, and early intervention is most effective when the families of children are fully involved.

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**

Early Intervention Key Principles	Supporting Statements from Discipline Specific Literature
• 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	**AAIDD** • Families are the constant in children's lives, and the primary source of lifelong support and early learning. • Families should be supported in making informed decisions and in partnering effectively with professionals to achieve positive outcomes. **AAP** • Families and providers work together as partners at all levels of decision making. • The concerns of both parents and child health professionals should be included in determining whether surveillance suggests that the child may be at risk of developmental problems. • A medical home provides patient- and family-centered care through a trusting, collaborative, working partnership with families, respecting their diversity, and recognizing that they are the constant in a child's life. • Providing sufficient information, encouraging partnership, being sensitive to values and customs, spending enough time, and listening to the family's concerns are core elements of a medical home. **AOTA** • Only children and families can identify the occupations that give meaning to their lives and select the goals and priorities that are important to them. By valuing and respecting children and families' input, practitioners help foster their involvement and can more efficiently guide interventions. • The expertise of the occupational therapy practitioner—and, more importantly, the parent—emerge through the family–professional relationship. • Developing positive partnerships with the family and others is essential, facilitating the sharing of family and professional expertise and wisdom to problem-solve solutions and strategies together. • Regardless of the setting, collaborating with the family is essential for understanding and building trust for an ongoing partnership. • Occupational therapy practitioners can bring their "therapeutic use of self" to all team and family interactions, coaching and guiding rather than directing and doing. • Parents highly value training that facilitates their skills for improving their child's communication, play, and behavior. • Effective interventions for infants and toddlers served by early intervention programs incorporate parent education (e.g., child development, ways to enhance parents' sensitivity to their children's needs, and the encouragement of responsive interactions). • Studies reviewed in *Systematic Review of Occupational Therapy Interventions to Improve Cognitive Development in Children Ages Birth–5 Years* (Clark & Schlabach, 2013), demonstrated that providing parents with information about their preterm infant and activities to stimulate development or recognize their child's cues enhanced cognitive outcomes. • Studies reviewed in *Systematic Review of Interventions to Promote Social-Emotional Development in Young Children With or At Risk for Disability* (Case-Smith, 2013) revealed that interventions in which parents (most often

mothers) are coached on strategies to increase their social-emotional support, responsiveness, sensitivity, and positive effect with their infant or toddler were found to have moderate positive effect.
- Using modeling, coaching, and feedback, relationship-focused interventions can enhance parents' responsiveness, sensitivity, and flexibility. These characteristics, in turn, can have a positive influence on a young child's development, including social-emotional function. Parents' full engagement seems important to the success of these interventions.
- Parent-mediated interventions can have a high impact, given the constancy and importance of the parent–child relationships when they focus on the interaction between parent and child, while also considering parent variables (e.g., skills, style, and personality) and child variables (e.g., developmental level, sensory responsiveness, perception, and behaviors).

APTA
- The choice of team approach should be based on the needs of the child and family:
  - o A shared framework of trust.
  - o Clearly defined roles and responsibilities.
  - o 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."

ASHA
- Families provide a lifelong context for a child's development and growth.
- The family, rather than the individual child, is the primary recipient of services to the extent desired by the family.
- Young children learn through familiar, natural activities, it is important for the SLP to provide information that promotes the parents' and/or other caregivers' abilities to implement communication- enhancing strategies during those everyday routines, creating increased learning opportunities and participation for the child.
- The SLP shares information and resources, and coaches the parents about including communication activities throughout the child's day, with content individualized to meet the specific needs of the child.
- SLPs should look for ways to join in the caregiver-child interactions, rather than expecting the caregiver to observe or join the SLP-child activities.

DEC / NAEYC
- Families are the constant in a child's life, thus practices should honor and facilitate the family's caregiving and decision-making roles.
- Families or parents are considered central and the most important decision maker in a child's life.
- Family members, practitioners, specialists, and administrators should have access to ongoing professional development and support to acquire the knowledge, skills, and dispositions required to implement effective inclusive practices.
- Recognizing the central role of the family, providers, agencies and family members must work together as a team, rather than as individuals.

NASP
- We must work with school administrators, teachers, and families to develop comprehensive intervention programs that are developmentally appropriate, family centered, and sensitive to cultural and linguistic differences.

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 cultural beliefs

Early Intervention Key Principles	Supporting Statements from Discipline Specific Literature
• 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)	**AAIDD** • Children and families must have access to a system of evidence-based services which is community-based and coordinated and responsive to individual and cultural differences. • Services should build on the strengths of the child and family, address their needs, and be responsive to their culture and personal priorities. **AAP** • Patients and families participate in quality improvement activities at the practice level. • Families are respected and listened to and receive appropriate information necessary to share in decision making on behalf of their child. **AOTA** • Occupational therapy intervention is individually designed and aims to improve the family and child's desired and expected occupational engagement and participation through the implementation of strategies and procedures directed at the child and/or family, the activity, and the environment. • Occupational therapy practitioners working in early intervention use a family-centered model, in which the family members are active participants and ultimate decision makers for supports and services. Parents have reported that they learn intervention strategies best when they are actively involved and have opportunities to attempt strategies in the presence of a therapist. • The needs of the child may be the initial impetus for intervention, but the concerns and priorities of the parents, extended families, and funding agencies are also considered. Occupational therapy practitioners understand and focus intervention to include the issues and concerns surrounding the complex dynamics among the child, caregiver, and family. Overall, services should be flexible, focus on relationships, consider all of the child's developmental strengths and limitations, and emphasize family priorities. • Occupational therapy practitioners, with their holistic approach to clients, consider the influence of the family's culture, values, beliefs, and spirituality. They recognize and support the value and importance of culturally sensitive practice. Occupational therapy practitioners support a family's engagement in culturally meaningful occupations and recognize that culture influences the choice of activities. • Occupational therapy practitioners gain an understanding of the relationships between aspects of the domain (e.g. occupations, child and family factors, performance skills, performance patterns, and the context/environment) that affect performance and support client-centered interventions and outcomes. • Pediatric occupational therapy practitioners promote the participation of all children and their families in everyday activities or occupations, including morning routines. When there is a particular area of concern, the occupational therapist can create an individualized strategy based on the specific needs of the child and family. **APTA** • Invite and encourage families and care providers to identify their priorities and outcomes as an initial step in the planning process. • 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. **ASHA** • Services are family-centered and culturally responsive: An aim of all early intervention services and supports is responsiveness to family concerns for each child's strengths, needs, and learning styles. • An important component of individualizing services includes the ability to align services with each family's culture

	and unique situation, preferences, resources, and priorities. **DEC / NAEYC** • Respect for all children and families is a fundamental value supported by DEC. • Teachers and others who work with and on behalf of children and families must respect, value, and support the culture, values, and languages of each home and promote the active participation of all families. • Practitioners' use ongoing data to individualize and adapt practices to meet each child's changing needs. **NASP** • Cultural differences between service providers and families must be recognized. • Practitioners must be aware that families' communication styles, belief systems, and perceptions of disability, may vary greatly from their own. • Provide advocacy and leadership in building comprehensive, collaborative systems of care that value parents as equal. partners, respect individual differences and incorporate multicultural perspectives while insuring access to high-quality early educational environments for all young children.

5. IFSP outcomes must be functional and based on children's and families' needs and priorities

Early Intervention Key Principles	Supporting Statements from Discipline Specific Literature
• 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	**AAIDD** • Early childhood services should also provide family support that responds to families' strengths and needs and improves family quality of life. **AAP** • Parents and child health professionals have valuable observation skills, and they share the goal of ensuring optimal health and developmental outcomes for the child. In the optimal situation, the child health professional elicits parental observations, experiences, and concerns and recognizes that parental concerns mandate serious attention. • Emphasize care that puts the patient first, emphasizes open communication, and supports the patient and his or her caregivers. • Patients actively participate in decision-making and feedback is sought to ensure patients' expectations are being met • Management plans should be based on a comprehensive need assessment conducted with the family. • A medical home means that your pediatric primary care provider knows your child's health history, listens to your concerns and needs (as well as your child's), treats your child with compassion, has an understanding of his/her strengths, develops a care plan with you and your child when needed, and respects and honors your culture and traditions. **AOTA** • When developing an IFSP with a family, outcomes reflect the family's hopes for the child's participation in home and community life. • IFSP methods should describe coaching the parent within regular family activities, rather than exclusively outlining therapist–child interactions. • Listening to and learning from what the family has to say goes a long way toward designing effective early intervention for a child with a disability. • Implicit are clients' belief systems and underlying assumptions regarding their desired occupational performance. Clients' perception of success when engaging in desired occupations is vital to any outcomes assessment. • At various points in the provision of occupational therapy services, the occupational therapy practitioner and the family will discuss and prioritize outcomes so that the therapist's evaluation and intervention will match the child's and the family's desired outcomes. **APTA** • 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. **ASHA** • Consultative and collaborative models are closely aligned with inclusive practices; involve services delivered in natural environments, and focus on functional communication during the child and family's natural daily activities and routines. • Functional and meaningful child communication goals reflecting the family's priorities are critical. • A thorough exploration of the caregiver's objectives for the child will enhance the development of goals for

	consultation and lead to clear, relevant, and jointly established expectations. • Agreeing upon the learning priorities promotes collaboration. **DEC / NAEYC** • Team members focus on the individual child's functioning (e.g. engagement, independence, social relationships) in the contexts in which he or she lives, not the service. • Functionality is stressed to ensure that children receive intervention aimed at valued outcomes or outcomes that matter in their daily lives. **NASP** • Developmentally appropriate practices take into account what is known about child development and learning, what is known about the unique needs, strengths and interests of each child, and what is known about the cultural and social environments in which each child lives. • Parents should be encouraged to target goals for their child, learn about their legal rights and responsibilities and exchange information with providers.

6. The family's priorities needs and interests are addressed most appropriately by a primary provider* who represents and receives team and community support

Early Intervention Key Principles	Supporting Statements from Discipline Specific Literature
• The team can include friends, relatives, and community support people, as well as specialized service providers • Uses good teaming practices • 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 (*Primary provider and transdisciplinary method may be used interchangeably in some instances and in others have different meanings.)	**AAP** • The medical home works with a coordinated team, provides ongoing primary care, and facilitates access to and coordinates with, a broad range of specialty, ancillary and related community services. • Establishing an effective and efficient partnership with early childhood professionals is an important ingredient of successful care coordination for children within the medical home. **AOTA** • AOTA agrees with principle six in *Seven Key Principles: Looks Like/Doesn't Look Like* (Workgroup on Principles and Practices in Natural Environments, 2008), "The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support" and that best practice includes "bring[ing] in other services and supports as needed." Further, practice should not result in "limiting the services and supports that a child and family receive," that the intent is not to "provide all the services and supports through only one provider who operates in isolation from other team members," and that no one should be "providing services outside one's scope of expertise or beyond one's license or certification." • Under IDEA Part C, occupational therapy is a primary service. An occupational therapist may be the sole service provider and can also work as part of a collaborative team that enhances the 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 multidisciplinary team evaluator. • Occupational therapists should receive team consultation and support in order to provide services using a primary provider approach. **APTA** • 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. • 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. **ASHA** • A transdisciplinary model typically includes some type of "role release" of one professional to another and is sometimes implemented as a primary provider model. • The use of transdisciplinary models with a primary service provider may be appropriate for SLPs. • Teams benefit from joint professional development and also can enhance each other's knowledge and skills through role extension and role release for specific children and families. • SLPs may serve as either primary providers or consultants in transdisciplinary models, and should be

	considered for the primary provider role when the child's main needs are communication or feeding and swallowing. • In some instances, one professional on the team is designated as the primary service provider (PSP); this model helps avoid fragmentation of services and frequent home visits from multiple professionals. • When using the PSP model, the team must communicate regularly to support one another—as well as the child and family—to ensure maximum progress. • The designation of the PSP should be a team decision and individualized for each child and family. **DEC / NAEYC** • Transdisciplinary model of service delivery is recommended to avoid fracturing (or segregating) services along disciplinary lines. • A critical value embedded in transdisciplinary practices is the exchange of competencies between team members.

7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations

Early Intervention Key Principles	Supporting Statements from Discipline Specific Literature
• 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	**AAIDD** • Services should be delivered through research-based practices. **AAP** • Decisions regarding appropriate therapies and their scope and intensity should be determined in consultation with the child's family, therapists, and educators (including early intervention or school-based programs) and should be based on knowledge of the scientific evidence for their use. • Evidence-based medicine and clinical decision-support tools guide decision making. **AOTA** • AOTA believes that occupational therapy practitioners working in early childhood and school settings should have a working knowledge of the federal and state requirements in order to ensure that their program policies are in compliance. Occupational therapy practitioners also should be familiar with their state's occupational therapy practice act and related rules and regulations in order to ensure that occupational therapy services are provided accordingly. Essentially, all occupational therapists and occupational therapy assistants must practice under federal and state law, including laws regulating the practice of occupational therapy. • Occupational therapy practitioners apply evidence-based research ethically and appropriately to the evaluation and intervention process in accordance with *Standards of Practice* (AOTA, 2010c) and the *Occupational Therapy Code of Ethics and Ethics Standards 2010* (AOTA, 2010b). Throughout the intervention process, information from the evaluation is integrated with evidence from literature, professional judgment, client values, theory, frame of reference, and practice. • 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 therapist to a treatment plan and IFSP team. Interventions are used as part of a broad approach that considers performance skills (motor, process, social interaction); activity demands; performance patterns (habits, routines, rituals, roles); and contexts/environments. **APTA** • 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. **ASHA** • The ASHA Position Paper document includes conclusions and recommendations derived from available empirical evidence that were formed by consensus of the ASHA Ad Hoc Committee on the Role of the Speech-Language Pathologist in Early Intervention through five face-to-face meetings and nine phone conferences between November 2004 and December 2007. • SLPs recognize that in areas for which empirical evidence is lacking, extrapolations from evidence with other populations and applications of principles stemming from theoretical models, societal norms, and government mandates and regulations also are relevant for decision making. • Services are based on the highest quality internal and external evidence that is available: Early intervention practices are based on an integration of the highest quality and most recent research, informed professional judgment and expertise, and family preferences and values.

	• Research about service delivery models in early intervention is in an emerging phase, and as a result, some practices may be based more on policy and professional and family preferences than on theories or research.
	DEC / NAEYC
	• DEC Recommended Practices have two primary goals:
	  1. To produce an empirically supported set of recommendations for practice with young children with disabilities birth though age 5, their families, and those who work with them.
	  2. To increase the likelihood of the use and adoption of the Recommended Practices by identifying "indirect supports" necessary for improving direct service practice.
	• Practices are supported by research evidence, experience and values of stakeholders, and field validation.
	• The field now has a good deal of research for guiding practitioners' decisions related to organizing and influencing children's experiences.
	
	NASP
	• NASP encourages the use of empirically based, culturally sensitive, developmentally appropriate practices that are implemented in the child's natural environment whenever possible.
	• Ideally, the school psychologist must work in unison with other early childhood intervention professionals to ensure that programs are based on methods with solid empirical support.
	• Utilize research from areas of child development, developmental psychopathology, risk and resilience, and disability prevention to promote adoption of empirically demonstrated instructional practices in areas such as emergent literacy, socialization and problem-solving skills and self-management.

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