Service Delivery of PTs and OTs in Early Intervention: How are We Doing?

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Purpose
• To explore whether early intervention (EI) services provided by therapists meet the 5 requirements of federal laws (IDEA, part C), apply the 3 recommendations during intervention from the Academy of Pediatric Physical Therapy (APPT), and incorporate physical, cognitive, and self-care activities.

Methods

Participants
• 8 PTs and 5 OTs, all female, average aged 42 years.
• 13 infants with neuromotor delays (mean age 11.2 ± 2.9 months) and their families.
• This study is a part of a multi-site randomized controlled trial (START-Play, Dept. of Education). Families came from WA and PA states in the US.

Procedures
• Videotaped the EI sessions provided by PTs and OTs at home.
• Used a self-developed checklist to count intervention activities during PT and OT sessions.
• Coded the video minute by minute for cognitive and motor opportunities (yes or no).
• Used a therapist questionnaire filled out by the PT/OT detailing their perception of the intervention sessions for the past three months.

Results

Cognitive Opportunity and Motor Skills
• The therapist’s perception and the coder-counted percentage of providing cognitive opportunities & working on motor skills during the session.

Requirements of the IDEA, Part C
• All therapists met three requirements of the federal law:
  - Provide intervention in a natural environment
  - Address team collaboration
  - Perform evaluation and assessments
• Coordination with family members related to the IFSP and any transition plan: These meetings were not observed.

Recommendations from APPT
• Most of the therapists applied “developing and implementing appropriate intervention programs” and “strategies that address self-care, mobility, learning and play”.
• Most of the therapists applied “assisting families in accessing services that promote full inclusion of child and family into the community”.
• “Activities related to promoting parent-child interaction” were rarely observed.

Interventional Activities Observed

Conclusions
• The results suggest that all therapists followed the law, applied several recommendations from APPT, and incorporated various activities.
• However, all therapists utilized toys, but limited the time that the infants interacted with the toys, and did not use the toy to focus on cognitive tasks.
• The toys tended to serve as a means to motivate the infants to move or reach, rather than play and interact.

Clinical Relevance
• This information contributes to our understanding of therapist’s strategies with infants and their families in EI programs.
• Therapists should consider expanding their intervention strategies to include cognitive skills and parent-child interaction.

References

Acknowledgement
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