FPG Snapshot
#26 November 2005

Essential Skills for OT Practitioners During Intervention

CHANGES IN POLICIES AND legislation in the past 15 years have created a fundamental shift in the roles of early childhood interventionists. Family-centered approaches to the provision of services to children with disabilities have heightened the importance of family-practitioner partnerships. The occupational therapy (OT) practitioner must be able to:

- assess family interests, priorities, and concerns.
- gather information about the daily routines of children and families.
- share information with families about development. and intervention strategies
- carry out therapy in concert with parents, caregivers, and educators.

Dr. Pam Winton, a senior scientist at FPG, and Dr. Robert E. Winton, a private practice psychiatrist specializing in family therapy, co-wrote Chapter 2 of *Pediatric Skills for Occupational Assistants*, Second Edition (Elsevier, 2005), which explores ways that the OT practitioner can achieve these goals. In particular, solid communication skills lie at the heart of developing mutually respectful, supporting, trusting, and collaborative relationships with families of young children with disabilities—which lead to intervention success.

Issues Affecting OT Practice

In addition to changes in laws, policies, and recommended practices, other issues impact OT practitioners.

- The demographic makeup of children (by 2080 the majority of Americans will be persons of color) will affect service delivery and implementation. OT practitioners are more likely than ever to be working with children and families whose cultural background and home language differ from their own. They may need translators or interpreters. They must develop the ability to appreciate and respect cultural differences, which may mean developing an awareness of their own cultural identity, inherent biases, and values as well as knowledge of other cultures.
- Young children who have disabilities are more likely than ever before to be in regular early childhood and educational programs. OT practitioners must be able to embed therapy into the daily routines of the home, child care setting, and regular education setting, and they must develop expertise in consulting with early childhood teachers, families, and other specialists.
- OT practitioners need the knowledge and skill to work as members of interdisciplinary teams, which require interpersonal, communication, and collaboration skills.
- OT practitioners must obtain information on a wide range of community-based programs and services, both specialized and generic, to meet the individualized needs of the various families and children with whom they work.

FPG Child Development Insitute at The University of North Carolina at Chapel Hill is one of the nation's oldest multidisciplinary centers deveoted to the study of children and families. Our mission is to cultivate and share knowledge that enhances child development and family well being.

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Good Communication, Better Partnership

Families and the practitioner contribute equally to the partnership. The OT practitioner is an agent for bringing new information based on professional experiences and research. The family contributes wisdom accumulated from parenting experiences as well as strongly held values and beliefs.

To create a trusting relationship, the practitioner must learn about and acknowledge family wisdom and values, and share new ideas and information within that context. When meeting the family for the first time, it is important for the practitioner to show interest in and warmth for children. It's also key to be inquisitive—without judging and evaluating—about the unique ways that parents have adapted to their child's disability.

Zeroing in on strengths, achievements, and desires rather than problems and deficits is imperative. Solution-focused questions allow the practitioner to support the adaptive potential of the family rather than challenging or criticizing status. For example, the question "What have you found to be the best way to feed Eric?" sounds more affirming than "What problems do you have feeding Eric?" The second question assumes that the parents have problems, though they may not.

Strategies Suited to Family Routines and Values

The practitioner has a responsibility to help the family identify what they hope to accomplish by getting involved in intervention services. Once goals have been established, the next step involves identifying strategies for accomplishing those goals. The likelihood that the family will participate in intervention depends on the extent to which intervention strategies are constructed to fit within the family's existing routines, cultural values and beliefs, and patterns of family life. When parents indicate that there are problems in a routine such as feeding, it is helpful for the practitioner to explore times when feeding was successful by posing a question such as "Can you think about a time when feeding Susan went well?" The practitioner can probe further about specifics that contributed to feeding. This information helps identify strategies that parents have found useful, and it can function as a springboard for brainstorming about additional strategies.

In addition, it is vital to learn about support and the existing structures (for example, extended family, neighbors, and community agencies in the family's life). Asking such questions as "Who helps out when there is a crisis?" offers information about those that the family views as their allies and support. The practitioner needs to include these individuals and groups in intervention plans so that efforts to support the family are fully integrated.

Building on family strengths, dreams, and hopes is important in helping establish long-term goals.■

Pediatric Skills for Occupational Assistants is a clinical reference and comprehensive classroom text. It incorporates a family-centered perspective that focuses on tailoring the OT approach to meets the needs of children within the context of their own environments. Chapters cover topics such as development, disabilities and disorders, therapies, assistive technology, orthotics, and prosthetics. The text prompts readers to think critically about applying principles to a clinical setting. Almost 130 case stories illustrate application of concepts to practice. For more information or to order a copy, go to www.elsevier.com.

This *Snapshot* is based on the following chapter: Winton, P. & Winton, R. (2005). Family System. In J. O'Brien & J. Solomon (Eds.), *Pediatric Skills for Occupational Assistants*. Philadelphia: Mosby.

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