Reflections of Early Intervention Certificate Program (EICP)

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Abstract: This paper shows the development of an Early Intervention Certificate Program (EICP) for licensed occupational therapists (OTs). This is a reflection on my transition from practicing OT to doctoral student to academic professor providing continuing education to other providers about early intervention (EI) services for infants and young children under the age of three and their families. This specialized area of practice uses family-centered best practice strategies, which many providers are not prepared for, while simultaneously, there is a shortage of providers to work in this area, especially in New York. EI in the state and program overviews, including strengths and successes as well as challenges of the continuing education program, are discussed.

***Keywords*:** early intervention, occupational therapists, continuing education, family-centered best practices

After practicing as an occupational therapist (OT) for over thirty years and completing my doctoral studies, I found myself looking to connect these roles, including what to build on from my dissertation (Elenko, 2000). My research concentrated incorporating family-centered best practice strategies for infants and young children (under the age of three) and their families in early intervention (EI). I wanted to know how EI providers worked with families.

Providers, I knew, were taught to focus on the child, not the child within the context of the family. The Division of Early Childhood and Early Childhood Technical Assistance Center (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008) developed the following key EI principles and practices:

- First, infants and toddlers learn best through everyday functional and enjoyable activities and interactions with familiar people in familiar contexts.
- The second and third key principles spell out that all families are able to enhance their children's learning and development with the proper support from EI providers who work with the family members.
- The fourth principle describes the process of EI as a dynamic, individualized process that should depict the child and family member's interests.
- The fifth and sixth principles describe that the Individualized Family Service Plan should contain goals that are functional and based on the children's and family's priorities.
- The seventh and final key principle is that interventions must be based on principles, practices and best research, and relevant laws and regulations.

I knew from my observations and interviews of families and OTs (Elenko, 2000) and my own provider education that these principles were not taught in entry-level education. They needed to be integrated into practice and taught to providers so that they understand how to work with the child within the context of their family and focus more on the family as a unit. EI providers lack the knowledge of these competencies to relate these principles to their EI practice with infants and young children and their families (Bruder et al., 2019; Bruder & Dunst, 2005).

Flash forward to an alumni luncheon after I completed my doctoral work: I'm sitting next to the chair of an occupational therapy program at State University of New York (SUNY) Downstate Health Sciences University. The conversation is about what I am doing with my career and how I am incorporating my doctoral dissertation research professionally. We talk about how I work in EI and about my qualitative research.

I share stories of the families I work with and my frustrations regarding the lack of preparedness of providers in our profession to work with infants and young children and their families, such as the "Lopezes" and "Wus." The Lopez family lived in a relatively large apartment building in the city. Both parents worked, but alternated shifts to care for their two children, ages six months and six years. "Juan," the six-month-old, was born with Down Syndrome and had many medical complications. Juan received EI services from various professionals (including myself), and Juan's mom was the primary caregiver we met with. It was a struggle to communicate with her: Juan's parents spoke English better than they understood it, but their speech was still broken, and much of the time she did not understand what the therapists were telling her to do. During the sessions, she was often cooking and cleaning her home or resting since this was her only break. She often did not engage in the sessions provided. I, along with the other EI providers, felt unprepared and encountered resistance when trying to collaborate with the mom or the non-EI team members. The others just came into the home and worked with Juan since that was their expertise. I knew this was wrong and struggled with how to best engage Juan's mom.

The Wu family lived in a multifamily household with both the parents and grandparents present. Both parents were full-time professionals; the grandparents, who only spoke Chinese, cared for the premature 10-month-old quadruplets. Two of them were healthy and developing well, the third had medical issues, and the fourth was developmentally delayed and received EI services. The grandparents focused on feeding and carrying them. All the EI providers struggled with working with this family and felt ill-prepared; there were cultural barriers we did not know how to overcome. The child was easy, but the adults were a different story.

In that luncheon, the discussion at first was two colleagues chatting and networking, sharing with one another what we had been doing over the years. Honestly, I never thought it would lead me to where I am today. I was just sharing my frustrations with practice, with transitioning my career at the point when I have this advanced degree and then moving forward to what that next step might be. I took my passion and frustration and let it shine about the potential of the topic and lack of education for providers. I saw myself as a potential person to do something innovative and bring this to fruition. I was able to do this without knowing it and spark a lightbulb which would lead to a collaboration to educate providers to work more effectively with families. I cannot tell you how excited I was to have someone value me and have the vision for

this education to better the future of our profession. She hired me to write a grant to do just that and allowed me to create my dream job from scratch. The rest, as they say, is history, and is provided for you in this reflection.

EI in New York

EI has grown over the years to the point where there is a shortage of qualified EI OTs to meet the demands of families in need—in my years as one, I felt like I was entering unchartered territory. There was not only a shortage of providers in the state, but little continuing education for them to grow in this specialized area of practice. This was scary for me, as it must have been for the providers going into homes not feeling prepared. I pushed myself to do a lot of research and my work began. In my gut, I knew I had found my place where I could express what I knew deep down was right. I spent long hours trying to formulate the right words to express what I was so passionate about. I wondered a lot whether others shared my passion or if it was just me. I was fortunate to attend the alumni luncheon so that I could be hired to write a grant. I wrote and obtained a U.S. Department of Education, Office of Special Education Programs (OSEP) grant to provide a comprehensive continuing education curriculum to OTs with the goal to increase the numbers of qualified OTs in the New York EI workforce.

Let me share some background on New York. There is no specialty certification in EI in New York. Providers need to become approved providers in the state, but they can only be approved if they have two-plus years' experience in EI. The only way to obtain this type of experience is to work in a preschool setting with an EI classroom under an approved EI agency—but most providers in New York work as independent providers in the home, the natural environment for families receiving EI.

New York's provider approval process includes a notarized application verifying the applicant's number of hours worked with infants and young children for a minimum of two years, and hours attending continuing education regarding working with infants and young children under the age of three. These continuing education courses are few and far between. The state provides courses on policies and guidelines, and many provide intervention strategies for young children, but there is no specific continuing education for how to provide effective family-centered best practice strategies. The state provides information to therapists interested in becoming approved New York EI Service Providers through the state's department of health website (New York State Department of Health, 2016). Again, for an EI provider to become approved, they must work with infants and young children for two years but are limited in achieving these hours. Hence the dilemma in EI practice: How are OTs in New York who are interested in working with infants, young children, and their families in the state supposed to meet requirements? This was beyond incomprehensible.

EICP Program Overview

This continuing education program was an answer: Start focusing on educating a select group of OTs to work with this population and address the needs of this specialty area. Once OTs completed our program, we worked to get each one a contingency-approved provider status with

the state so they could begin to work with infants and toddlers and their families in their natural environments as independent providers. The key principles and competencies were incorporated into the coursework as fundamental to OTs' understanding of EI at its core philosophy.

My passion to educate OTs on EI and family-centered best practices was ignited. I knew there were more Lopez and Wu families—we could support them through better education to providers on the forefront. We were funded by an OSEP personnel preparation grant (U.S. Department of Education, Office of Special Education Programs [OSEP] [2003-2009] grant #H325A030062, for the program: Early Intervention Certificate Program [EICP]). EICP was designed for working OTs in a continuing education hybrid/live weekend format so that they could get the additional training in EI while they continued to work as providers in whatever area of practice they were currently in.

The program was created as a hybrid program consisting of online background courses followed by on-site courses on the topics *assessment*, *intervention*, *feeding*, and *motor and sensory processing*. The students also participated in a family partnership experience and clinical mentoring. An overview of each course and experience is provided in Table 1.

The OTs who applied to the program worked in a variety of practice areas. The goal of my program was to prepare these providers to work in the specialty area of EI and receive their approved provider status in New York so they could be independent providers in the home and natural environments. They were given a certificate at the end to send to the state to fast-track their approved provider status. Over the five years of the grant, 48 licensed, registered OTs were trained as EI providers—many of whom are continuing to provide EI and supervising future EI therapists. Students often stated before training that they did not think they would be working with adults when they went into EI. They only thought it would be working with the babies. They felt that their entry-level education had taught them how to work with the child as their client, but not the family as a whole. Following the program, they expressed their understanding of the family as a unit with the child within the context of that family. They felt more confident and had more strategies to understand the relationship between the parent and child so they could engage this relationship to improve outcomes for the family rather than just focusing on the child's deficits. Hearing these comments was so gratifying. I understood that I was "getting to them," molding and changing their perspectives so that they could provide family-centered best practice and be more prepared for the unknown challenges ahead of them.

Successes and Strengths of EICP

The EICP program had many successes and strengths. I think the key was establishing funding. Funding not only gave me a part-time job in the academic arena, but was able to be distributed to the student, families, clinical mentoring supervisors, and guest lecturers as part of the EICP program. The working OTs received a stipend that offset personal or work time missed, transportation to school, and costs to purchase assessment tools or resources necessary for EI practice. This is a major advantage for working professionals to lessen the burden of receiving continuing education. Funds were given to each family who had participated in the family partnership experience to thank them for their time and willingness to open their lives to our

students. Clinical mentoring supervisors who typically supervise providers as part of their professional responsibility and to obtain professional development units were given a small stipend for their extra time and expertise. This made the process doable and successful for everyone for five years.

Throughout the EICP, we built a collaboration with the state for approved provider status. Typically, EI providers would apply with the necessary hours and continuing education and hope it was enough to become a state-approved provider. Students who graduated from the EICP were given a fast-track to approved provider status by completing our certificate program, which was contingent on them working in EI and reapplying after two years to demonstrate their commitment.

Through many of the courses, we collaborated with families who were receiving EI, and with the city EI technology department, to enhance our students' learning experiences. Representatives came to class to teach or interact live with the students. This was a very exciting collaboration and personalized each aspect for the OTs, the city representatives, and me, as it contributed to building future relationships for said therapists once they were in practice.

We had one mother come to class to tell her story of life with her young, severely developmentally disabled child. It was remarkable to hear her express herself and the pain she went through accepting her child's disability. She wanted to do everything in her power to help her child, but the EI providers who came took him from her and worked with him separately. Hearing this made me so angry and frustrated. How could the providers not see that she needed to learn to function in her daily life with her child? They did not. They came and they went. This was her life 24-7. She was crying out for their help and they were not meeting her needs, which is worse than them not knowing how to engage a parent. She was begging for this engagement. I knew that her story resonated with me and the students. I hoped it empowered them to think about families more in their practice. Hopefully, stories like this made them better able to see the critical impact of involving families and building their capacity to function as a group through family-centered best practices.

Not only did they have in-class experiences with real families, but they were also sent to spend time in placements with young families receiving EI services in the community for practical experiences. They participated in a family partnership experience (Elenko, 2019) and a clinical mentorship with a supervisor providing EI services. I was very proud of these aspects, although they were a lot of work to coordinate. I knew that I needed to open students' eyes to the importance of working with families. I had that "aha" moment during my doctoral work when I realized that to learn about families, students needed to spend time with families in their natural environments doing their daily routines. The richness of these experiences was by far the best part of the program for many of them. Spending time with a family helped them understand the experience from the family's perspective, and it improved their interactions and empathy for what these families were going through. The mentoring concept was also a unique and enriching experience for both the mentor and the mentee. The time for supervision in daily work is lacking and this gave an experienced provider the opportunity to gain new experiences with an EI expert. It really worked well for all involved.

Students were evaluated on self-assessed pre- and post-competencies for each course and clinical experience based on early Division of Early Childhood (DEC) practices. I may be biased, but they always improved on their self-ratings. Students were able to practice what I was preaching and were educating other colleagues. It was gratifying to hear when the student would have an epiphany with their "wow" moment. They realized that they should have always been practicing this way and were surprised they had not already known what they learned. This realization was very powerful for me and for them. Even though it was obvious to me, I also realized that my progression and experiences were not theirs, and this was part of the issue. The more providers gained experience with infants, young children, and their families, the more they understood the importance of building the capacity of the family unit in a basic component of EI.

The program was a hybrid, partially online and partially live in continuing education format on weekends. For the working OTs, the weekend courses were ideal. This allowed them to work during the week and come on campus when travel and parking were lighter during the daytime. They could continue their weekday job responsibilities without disruption. The online component was an innovative phenomenon at that time. This was a challenging experiment for me, but a fun one. There were no standards and, for the students, it enabled flexibility in completing the educational components on their own time.

Challenges of EICP

There were also many challenges to the EICP. The program, as discussed, was a hybrid. The online component, although innovative and fun for me, did not have the support systems that we have today for online technology. This made it challenging. There were no guidelines or rules to follow. I was new to creating this, while the OTs were new to participating in it. These were challenges, but I have to say that I learned many lessons that now are commonplace to online learning. These providers were working and returning to receive education. I needed to incorporate adult learning models, and this was a new way for students to learn and for me to teach. This was an opportunity to engage them with the principles of adult learning (Collins, 2004). The on-site classes were on weekends in a continuing education model. This meant long days for faculty and students. We managed to bring in outside faculty and resources. It was exhausting for me to organize and juggle to balance out the days. There were so many ups-and-downs trying to get it right, whatever that was. Realizing that there was no perfect or right way also was important for me. I had to let go of that and know I was doing the best I could as I charted these new waters. It was also crucial to get feedback from the students to improve the continuing education model. The students knew best what worked and what did not for their learning needs. Although this was a challenge, it has proven to be a strength of the foundation for subsequent programs.

The family practicum experiences were hard for me to coordinate between students' difficulties in scheduling or things like families' transitions to preschool in the middle of the program, causing their EI services to end. Some families told me that they were overwhelmed and wanted to quit in the middle of the program (Elenko, 2019). Talk about pulling your hair out. I was dealing with both ends—my administrative side and my family-centered side. I knew it was critical for the students to engage in this experience. I was trying to help the students with

logistics while being empathetic to the families' needs. It was and still is a struggle. I found that framing "coordinating the family practicum experience" as a teachable moment worked. We discussed as a group what the issues were with the individual family so that we as a group could help one another problem-solve scheduling. Sometimes it was the student's own schedule that was the issue, while other times the student was not hearing what the family was saying about their daily routines. Through these discussions, students could incorporate family-centered best practice strategies. This gave me some relief in organizing and in my approach with not only the families, but the students as well.

It became increasingly difficult to find clinical mentors who did home-based EI and were experienced themselves in providing EI under the DEC principles. This made me think that further continuing education would be beneficial for the mentors as well, since there seemed to be this disconnect between providers and supervisors. There was a need for EI supervisors in all disciplines to feel and be confident. These supervisors needed to work on their own reflective practice as well as being engaged in working with families. It is a frustrating cycle that continues now in our professional program.

Many of the graduates of the EICP became EI supervisors and continue even now in advanced programs, but many were hard to track after. They moved, changed practice areas, and lost touch with us—therefore making it difficult to gauge if this was an effective program or not in the long run. The subsequent EI preservice education programs have learned from the EICP, and many things were built on this foundation, but the need for continuing education courses continues for those who are practicing or want to practice in EI settings.

Conclusions

Overall, this experience was beneficial for not only the continued education of OTs in EI, but for me as a novice educator. There were times when it was easy, and I felt that I was making a positive contribution to my field; there were other frustrating times when I felt I was getting nowhere. I would be happy one day and disappointed the next as I navigated this new terrain, but most importantly I kept an open mind and tried to incorporate any possibility. The worst response we had was to try something else if our current approach was not working. I don't think there is one model of continuing education that works for everything—we have to think outside the box to enhance how we provide continuing education, especially in this case where practice philosophy, skill, and knowledge are being interwoven into a new area of practice for the person learning. For me personally, doors opened for continued work in academia so that I could further train future providers on this unique practice area. The EICP far surpassed the goals of increasing quality OTs in EI in New York. It encompassed the DEC principles, which have been expanded on over the years since and collaborated on by multiple professionals in early childhood to further develop competencies for all early interventionists (Bruder et al., 2019; Bruder & Dunst, 2005). I feel that there is still more in this area to be learned at all levels from continuing education of the practicing EI providers to preservice education of the entry-level provider. From this program, more programs have been developed and many professions are working on expanding the knowledge of this specialty area of practice whether preservice or as continuing education for providers in early childhood. Most importantly, as we provide ongoing

education at all levels, we are contributing to improving the quality of family-centered best practice for families like the Lopezes and Wus. Building families' capacities through our understanding of their daily routines, multi-cultural, bilingual, and overall family needs is the key to EI, and our intervention needs to be with them, not for them.

Table 1: Overview of Course Experiences

Course Name	**Format**
Introduction to Early Intervention	Online
Assessment	Onsite on weekends (2 days)
Intervention: Neuromuscular	Onsite on weekends (2 days)
Intervention: Sensory Processing	Onsite on weekends (2 days)
Intervention: Feeding	Onsite on weekends (2 days)
Family Partnership Experience	Mutually exclusive times with families (over 50 hours)
Fieldwork	Mutually exclusive times with supervising provider in EI (over 2 months)

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