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# Evidence for the Effectiveness of Different Service Delivery Models in Early Intervention Services

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## MeSH TERMS

- child health services
- early intervention (education)
- delivery of health care
- health services research

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Trends in health care, and in occupational therapy specifically, include the need to examine all aspects of evidence-based practice (Arbesman & Lieberman, 2011). Efforts to establish pathways or guidelines for clinical practice include examining not only intervention effectiveness but also factors such as safety, feasibility, cost-effectiveness, and patient satisfaction. One of the components of the provision of intervention that can be considered in reviewing the evidence is the way in which services are offered. Examination and comparison of service delivery can consider elements such as setting, provider, format, dosage, and so forth. In early intervention, as in all aspects of practice, these types of service delivery methods and options are an important concern in evaluating the available evidence to guide practice.

## Background

In 1986, the Education for All Handicapped Children Amendments (Pub. L. 99–457) expanded programs for children from birth to age 5 who needed

IDEA regulations and became more commonly used with the Part C amendments in 1991 (Individuals With Disabilities Education Act Amendments of 1991; Pub. L. 102-119). Many authors have further examined the key ingredients and intent of the term and have identified lack of clarity and uniformity in the application of this concept. Dunst, Trivette, Humphries, Raab, and Roper (2001) emphasized the importance of “natural learning opportunities” and proposed that the setting, type of activity, and practitioners involved all contribute to the spirit of the natural environment intentions. They stated that “learning opportunities provided in everyday settings are natural learning environments when the learning itself is contextualized, functional and socially adaptive” (p. 52). They further stated that defining a natural environment by a setting or provider alone is limiting. Jung (2003) further warned of the limitations of defining a natural environment by setting alone and stated that “services that are provided

### *Family-Centered and Routine-Based Interventions*

Given the emphasis on family-centered care in early intervention in the practice literature (Shelton, Jepson, & Johnson, 1987), relatively few studies were found for this theme. Five articles relating to family-centered or routine-based intervention were identified (1 Level I, 1 Level II, and 3 Level III). Types of studies reviewed included meta-analysis, nonrandomized controlled trial, and multiple-baseline design.

These studies found that parents' perceptions of efficacy and satisfaction increased when interventions are embedded



- Because no clear results demonstrated better outcomes in specific settings (e.g., home vs. clinic vs. commu-

*Journal of Family Psychology*, 21, 3, 3-10.  
<http://dx.doi.org/10.1111/j.1741-1130.2006.00047.x>

\*Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007).  
Meta-analysis of family-centered helpgiving practices re-  
search.