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# BEST PRACTICE PHILOSOPHY FOR COMMUNITY SERVICES FOR CHILDREN AND FAMILIES

Providing services in community-based settings is vital to the best application of occupational therapy principles and beliefs because occupational therapy professionals are concerned with individuals' daily lives. Community settings present life as it is, suggesting both a simplicity and a complexity that creates a practice with potency that is unattainable elsewhere.

Best practices in early intervention, school-based, and transitional services demand that occupational therapy professionals not only act in accordance with the knowledge, principles, and philosophies of their own profession, but also with a larger set of beliefs in mind. These beliefs and philosophies have grown out of collective experiences across disciplines and among families, as everyone finds the best way to support children's growth when they have various challenges to their development and learning. Figure 1-1 outlines the principles and philosophy of best practice with an image to remind you about each principle as you study.

We will discuss these statements in the subsequent sections of this chapter and offer examples of how occupational therapists construct and implement services while using these principles to guide their practice.

## DEFINING BEST PRACTICE

Throughout this book, we use the term *best practice* when referring to various actions of the occupational therapist. We use this term to invite therapists to conduct their professional business in a particular way. *Best practices are a professional's decisions and actions based on knowledge and evidence that reflect the most current and innovative ideas available.*

Many therapists, teams, and agencies engage in "standard practice," which is employing more traditional, routine, and established ways of providing services. In a traditional approach, professionals are more likely to take a deficit approach, emphasizing expert interventions to fix a problem. Therapists are more likely to select direct interventions, in which the person and therapist work individually in a place separate from the daily routines. This is a common paradigm for conducting professional business (i.e., the routines or protocols are known and good enough); it is simply not the paradigm we are reflecting in this book.

It is not the location of practice that determines whether one engages in best practice; therapists can work in traditional or nontraditional settings and