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Article Overview:

- This publication is a practice guideline synthesising systematic reviews on cognitive, motor, socio-emotional development and self-care skills interventions for early childhood (birth to 5 years)
- 196 articles were included in the review
- 4 identified groups of interventions emerged: (1) interventions enhancing cognitive development; (2) interventions supporting mental health; (3) interventions supporting motor development; (4) interventions supporting activities of daily living and sleep.

Key take home messages:

1. *Interventions enhancing cognitive development:* There is an overall importance of caregiver involvement. There is also:
 - **Strong evidence** for
 - home-based early intervention programs
 - cognitive training programs for pre-schoolers
 - parent-implemented interventions (for example including reading aloud to the child)
 - parent education (e.g., interaction strategies)
 - interventions delivered in preschools (e.g., focusing on literacy and working memory).
 - **Moderate-strength evidence** for touch interventions
 - **Low strength evidence** for use of technology.
2. *Interventions supporting mental health and positive behaviour.*
 - Outcomes in maternal-infant attachment:
 - **Strong evidence** for touch-based interventions (Skin to skin, Kangaroo Care) and parent training programs.
 - Improving child behaviours:
 - **Strong evidence** for manualised massages improving infant self-regulation
 - **Moderate-strength evidence** for parent-child interaction therapy for child behaviours (e.g., decrease of challenging behaviours); parent training on child behavioural outcomes and preschool teacher training.
 - Improving parenting behaviours/mental health (stress, anxiety):
 - **Strong evidence of parent training and parent child interaction therapy (PCIT)** → occupational therapists to address children's needs but also adopting interventions improving caregivers' mental health.
3. *Interventions supporting motor development and skills:*
 - **Strong evidence** for EI for premature infants
 - **Moderate-strength evidence** for parental training to implement home-based programmes; combined clinic and home programmes → **importance of home programmes and coaching parents.**

Interventions for pre-schoolers aged 3-5:

 - **Strong evidence** for video games for large motor skills
 - **Moderate strength** evidence for preschool programs.

Interventions for children with CP aged 0-5:

- **Strong evidence** for constrain-induced movement therapy and bimanual intensive therapy; child and context-focused interventions.
- **Moderate strength:** interventions used by occupational therapists such as massage, EI, training parents, using handwriting programs, videogames
- **Low strength evidence** for sensory-based interventions.

4. *Interventions supporting activities of daily living, rest and sleep.*

Feeding and eating:

- **Strong evidence** for repeated-exposure interventions
- **Moderate strength evidence** for non-nutritive suck and parent training.

Toilet training:

- **Moderate strength evidence** for wetting alarms for toilet trainings 18/30 months old
- **Low evidence** for caregiver education.

Sleep outcomes:

- **Moderate strength** evidence for parent training, touch-based interventions and positioning devices.

5. It is important for practitioners to select the appropriate intervention to maximise the number of outcomes targeted in a specific case.