



Early Intervention: What's Next?

Following are excerpts from "Early Intervention as We Know It" by Donald B. Bailey Jr., Lynette S. Aytch, Samuel L. Odom, Frank Symons, and Mark Wolery, all of UNC-Chapel Hill, and published in *Mental Retardation and Developmental Disabilities Research Reviews*, 5:11-20 (1999).

Critical early intervention issues in next decade outlined

Since 1986 when major federal legislation backed up a national commitment to early intervention for infants and toddlers with disabilities, there has been steady growth in the number of children and families served. However, only about 1.7% of the population of infants and toddlers is served in early intervention programs.

Federal regulators give states much flexibility in implementing such systems, resulting in considerable variability in who is served and the types of services received.

This article examines the current status of early intervention

and discusses 5 issues believed to be critical in the coming decade:

1. determining outcomes expected of early intervention;
2. determining appropriate models and intensity of treatments;
3. factoring quality in the equation;
4. accounting for child, family, and community variability in determining efficacy; and
5. integrating emerging perspectives and knowledge from neuroscience and genetics

1 Determining outcomes

Child-related outcomes

Reviews of research and broader literature suggest that early intervention can significantly alter developmental trajectories for young children with disabilities. However, most of this research has addressed cognitive outcomes.

Studies are needed in which key outcomes for children are documented across a variety of disabilities and linked to specific early intervention efforts.

Family outcomes

These questions provide a guide for determining the potential effects of early intervention on families:

- Does the family see early intervention as appropriate in making a difference in the child's life? In the family's life?
- Does the family have a positive view of professionals and the special service system?
- Did early intervention enable the family to help their child grow, learn, and develop?
- Did early intervention enhance the family's perceived ability to work with professionals and advocate for services?
- Did early intervention help the family build a strong support system?
- Enhance an optimistic view of the future? Enhance the family's perceived quality of life?

2 Determining appropriate models and intensity of treatments

- Structuring interventions to impact children's usual and day-long interactions will require interventionists to know the contexts in which children spend time, the usual activities, and events in those context; the behaviors of adults in those contexts; and the children's interest and reaction to those events, routines, and activities.
- A second major issue is the goals and a focus on supporting families and attending to their concerns and priorities. Data suggest that despite awareness of the importance of a family-centered approach, professionals feel they do not have the training, time, or resources to work effectively with families, and thus practices with families are often inconsistent with the literature on best practices.
- Third, to what extent should early intervention seek to reduce or eliminate environmental risk and promote community resources and opportunity factors? Future activity should be devoted to how early intervention programs, in combination with other groups and agencies, can reduce or eliminate detrimental conditions of their communities while building opportunities and promoting access to resources by families of young children with and without disabilities.

3 Factoring quality into the efficacy equation

Characteristics of early intervention programs that present challenges to defining and evaluating quality include:

- the broad range of services;
- highly individualized needs and concerns of children and families;
- multiple child and family goals; and
- the highly subjective nature of many desired features of quality.

Early intervention encompasses a wide range of therapy, education, prevention, and support. Indicators of quality may include the extent to which services are coordinated across providers and agencies, the appropriateness of the services based on the specific needs of the child and family, and the extent to which a partnership is established between parents and professionals.

A task for the coming decade is to identify critical practices that constitute high quality early intervention and to develop procedures to evaluate these practices.

5 Accounting for child and family variables in determining efficacy

Child characteristics

Child characteristics, such as severity of disability, etiology, and/or risk factors, may influence outcome, even when treatment models are effectively implemented.

Family characteristics

Family accommodations may be viewed as both an outcome of early intervention (i.e. early intervention has helped the family to make needed adjustments) and as a confound in evaluating early intervention (i.e. was the outcome due to early intervention or to the accommodations the family made?).

Community characteristics

Resources in a community may dictate the degree to which early intervention programs may be implemented and, as a result, the nature of the outcomes. Finding and building community resources for families is a critical element for early intervention

Integrating findings from neuroscience and human genetics

Cause of disability

Professionals in early intervention will need to be aware of the expanding range of causes and will need access to information about associated medical and behavioral conditions. They will need to understand basic concepts of genetics and neuroscience including mechanisms of inheritance and basic brain structure and function. And they will need to be able to talk to medical specialists concerning infants and toddlers with different disabling conditions.

Earlier identification

Health care and early education professionals need to keep abreast of new developments in genetic testing and in technical advances in neuroimaging. Such knowledge will translate into practices for effective and supportive environments. Earlier identification of disorders means more infants could be eligible for early intervention at earlier ages, and may indicate the need for referral and more specific tests. Professionals will need to be aware of such discoveries.

Intervention implications

New knowledge about the basic neurobiology and cellular processes of learning will help understand the mechanisms and conditions responsible for normal development processes. The continued identification of different genetic conditions and syndromes may lead to etiology-specific interventions.

If you want to know more

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