

Early Identification and Intervention for Developmental Disabilities through Transdisciplinary Approach

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Introduction

- Developmental Disabilities : complex neurodevelopmental disorders
- Requires knowledge and expertise of different professionals
- Often receives fragmented services
- Does not always benefit the child and the family

- increasing importance on identifying interventions and practices that improve quality of life for individuals diagnosed with developmental disabilities.

Developmental Disability

- the term developmental disability means a severe, chronic disability that occurs before an individual is 22, that is likely to continue indefinitely, and results in substantial functional limitations in areas of major life activities.
- These impairments require the individual to sustain lifelong or extended supports or assistance.

Developmental Disabilities Assistance and Bill of Rights Act of 2000

- The term "developmental disabilities" is a broader category of often lifelong disability that can be intellectual, physical, or both.
- "IDD" is the term often used to describe situations in which intellectual disability and other disabilities are present.
- Examples of developmental disabilities include autism, behavior disorders, brain injury, cerebral palsy, Down syndrome, fetal alcohol syndrome, intellectual disability, and spina bifida.

Impact

- DD impose enormous personal, social, and economic costs because of their early onset and the lifetime of dependence that often ensues.
- Limited educational opportunities
- Limited employment options
- Limited productivity
- Limited quality of life

Early Identification

- Critical

to ensure timely interventions

to improve outcomes

The American Academy of Pediatrics

- recommends developmental **surveillance** and **screening** to identify children with developmental delays or disabilities early.

- **Developmental surveillance** is a longitudinal process that involves eliciting concerns, taking a developmental history based on milestone attainment, observing milestones and other behaviors, examining the child, and applying clinical judgment during health supervision visits (HSVs).
- **Developmental screening** involves the use of validated screening tools at specific ages or when surveillance reveals a concern.
- Diagnostic evaluations are conducted, typically by developmental specialists, to further evaluate and diagnose DDs in children deemed at risk through surveillance and screening processes.

- Surveillance involves clinical judgment about when a child may be at risk for delays and when additional developmental screening might be warranted.
- Basic knowledge about the stages of child neurodevelopment is essential for everyone who is dedicated to working with children.
- It allows us to be attentive to each stage, especially up to 3 years of age.

- Lists that cite average ages at which children achieve milestones provide insight into typical development but do not provide clarity for parents, pediatricians, and other early childhood professionals (ECPs) about when to be concerned or when additional screening might be helpful.
- For example, lists based on median (50th percentile) age milestones might encourage a wait-and-see approach because half of children are not expected to achieve the milestone by that age.
- Results in parents of children with disabilities experiencing delays in identification because they were told to wait, that children develop differently, and that some take longer than others.
- Milestone lists need to support developmental surveillance and clinical judgment on when additional developmental screening could better assess risk for developmental delays.

- Early identification and intervention for children with DDs have been shown to improve outcomes.
- However, less than a quarter of children with DDs receive early intervention services before age 3 years and most children with emotional, behavioral, and developmental conditions, other than autism spectrum disorder, do not receive services before age 5 years.
- Developmental surveillance is an important part of early identification and facilitates education, communication, and relationship building among parents, pediatricians, and ECPs.

Early Intervention

- Early intervention is a broad term that describes a wide range of services that are offered to children who are at risk for developmental delays or who have a developmental disability, and for their families.

- Goals of EI include:

help infants and young children reach their full potential

minimize the effects of a disability or condition on the infant and young child

- EI has educational, therapeutic, and preventive components.

Needs of families of Children with DDs

- **Why are families important?**
- Family is our first group.
- It is in, and through this group, we define ourselves.
- Families shape our developmental progress, developmental integration, and most importantly, our sense of self.

- The family has increasingly become a focus of attention for we practitioners.
- A paradigm shift is underway, as we move from working with a child to working with a family (the child, parents, siblings, and extended relationships).
- More so, in the present circumstances of Covid-19 pandemic.

- For young children, parents are the “central organizers” for their child's development by way of their relationships.
- The practice of keeping the parents away from services violates one of the most cardinal and accepted principles of rehabilitation and early intervention.

- Overwhelming evidence that DDs can significantly affect family functioning and quality of life
- Wide range of challenges including:
 - self-care
 - receptive and expressive language
 - learning
 - mobility
 - self-direction
 - capacity for independent living
 - economic self-sufficiency
- Families may experience anxiety, stress, isolation and stigma

- Vulnerable parents
- Helpful information on internet – but lots of unreliable, unproven and sometimes dangerous approaches and ‘cures’.

- **What impacts upon family stress?**

Housing

Family finances

Employment

Informal support from family and friends

Support from service providers

Education

Health/Medical

Social care

- **What do families need to know?**
- The same as professionals:
 - accurate information about DDs
 - current evidence-based practices
 - positive strategies to work effectively with their children
- Range of appropriate supports:
 - Group support
 - Individual support

Emergence of Family-Centered Practice

- Since the recent past
- Covid-19 pandemic situation
- Always tended to be “therapist-driven”

Roles and Responsibilities

- Important
- But need all of them to work together

Types of Disciplinary Approaches

- there is a need for a means of coordinating care that transcends the disciplinary distinctions of relevant therapy / service providers.
- as our services become more specialized, there is a growing need for effective care coordination with providers across the systems of care.
- that transcends the disciplinary distinctions of relevant therapy providers.

- Categories of team interaction include:

Unidisciplinary

Multidisciplinary

Interdisciplinary

Transdisciplinary

- **Unidisciplinary:**

professionals from the same discipline
may work independently or together

- **Multidisciplinary:**

professionals work independently

but recognize and value contributions of other team members

role of each team member is strictly defined

professionals provide separate evaluations, set goals for the child that are specific to their discipline, and implement individual intervention plans.

the team members may communicate with each other on a less frequent and less formal basis than with other approaches.

- **Interdisciplinary:**

- requires interaction among the team members

- role definitions are relaxed

- an emphasis on communication among team members

- goals can be developed by the team

- intervention services are typically provided during individual sessions with the provider

- providers sometimes perform co-visits or group interventions to facilitate coordination and communication among team members

- **Transdisciplinary:**

team members provide joint evaluations and work together to develop goals and carry out interventions

calls for one team member, often referred to as the primary provider, to be the individual that the family interacts with on a regular basis

this provider implements the intervention plan and receives consultation from other providers

in some cases, the other providers will co-visit with the primary provider for a defined length of time to refine the intervention plan.

in most transdisciplinary approaches, the primary provider is based on the child's and family's current needs and concerns and the amount of consultation is based on the child's and family's need and the primary provider's knowledge base.

the primary provider can change as the child's and family's needs change.

Trans-Disciplinary Approaches

- recognized as a best practice for early intervention
- many early intervention programs adopt some form of T-DA
- considered to reduce fragmentation in services, reduce the likelihood of conflicting and confusing reports and communications with families, and enhance service coordination

- Transdisciplinary service is defined as the sharing of roles across disciplinary boundaries so that communication, interaction, and cooperation are maximized among team members.
- The transdisciplinary team is characterized by the commitment of its members to teach, learn, and work together to implement coordinated services.

- First developed in the mid-1970s by the United Cerebral Palsy (UCP) National Collaborative Infant Project.
- Like many innovations in early education and special education, it was developed in response to budget constraints as a way for understaffed and underfunded infant teams to pool their knowledge and skills to provide better, more cost-effective services to infants and families.

- **Essential and Unique Operational Features**

Arena Assessment

- **Essential and Unique Operational Features**

Role Expansion

- **Essential and Unique Operational Features**

Role Release

role extension (Professionals engage in self-directed study and other staff development efforts)

role enrichment (learning more about other disciplines)

role expansion (pooling ideas and exchanging information)

role exchange (expanding intervention skills; not role replacement)

role release (team members begin to "release" intervention strategies from their disciplines to one another)

role support (Role support provides backup to role exchange and role release)

- The presumed benefits of T-DA include:

service efficiency,

cost-effectiveness of services,

less intrusion on the family,

less confusion to parents,

more coherent intervention plans and holistic service delivery,

the facilitation of professional development that enhances therapists' knowledge and skills.

- Challenges:

loss of professional identity

liability implications

(including fear that negligent behavior may occur through lack of sufficient supervision)

inadequate sharing of knowledge and roles due to the experience of threat

Inter-Personal Skills and Collaborative Practices

- Collaboration with caregivers and between disciplines and agencies is a recommended practice in the field of early intervention.
- Adequately prepared personnel are central to the successful implementation of this.

- traditional unidisciplinary instructional approaches must be replaced with innovative interdisciplinary models to meet the demand for adequately prepared personnel across disciplines.
- Need for transdisciplinary training courses.

Take Home Point

- Effective cross-disciplinary work is vital
- But too often it is not happening
- Important that current and future professionals work together positively, imaginatively, and in innovative ways to support people with DDs and their families

- Thank you for your time

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