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TRIMS • THERAPY • NOTES

Society's concern for young children at risk of developmental disorders has increased over the past several decades. Reflecting that concern, early detection and treatment of developmental problems is one of the major goals of the Texas Department of Mental Health and Mental Retardation. Currently more than 60 early childhood treatment programs are funded and monitored by the Early Childhood Intervention Council (ECI), a cooperative effort of the TDMHMR, the Texas Education Agency, Department of Health, and Department of Human Resources. TDMHMR commits resources to the development and success of the ECI programs, which serve more than 6,400 infants and children between birth and six years of age.

The infants and young children being served by ECI programs have a wide range of developmental impairments. In some cases these problems are the direct outcome of specific birth disorders, including genetically linked syndromes, metabolic disorders, sensory losses, and congenital brain injuries. For many of the children, however, the etiology of the problems is unclear. Longitudinal research projects that investigate the developmental outcome for different groups of these infants have begun to provide important information regarding the types of early birth conditions associated most frequently with later problems and ways to facilitate early intervention.

At TRIMS, longitudinal follow-up studies of premature, very low birth-weight infants done for the past four years show that certain medical complications that accompany premature births are associated with poorer developmental outcome. Premature infants who had either severe intraventricular hemorrhage (IVH) with subsequent hydrocephalus, or bronchial pulmonary dysplasia with chronic anoxic episodes, were more likely to continue to show significant cognitive, language, and fine and gross motor delays as late as three years of age than were the premature infants who had either milder grades of IVH or respiratory distress syndrome.

Other variables are important determinants of these children's development. The dynamics of the behavioral

A study of early developmental disorders

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organization of infants with specific birth disorders (i.e., Down's syndrome, congenital blindness, spina bifida), as well as of infants who had medical problems at birth or in the early postnatal period, are very different from that of full-term healthy infants.

We have shown that these high-risk infants have poorer selective attentional skills. They often have difficulty alerting and focusing on people or other aspects of their environment. In addition, infants with birth defects and/or substantial early medical problems are "at risk" of having temperamental problems. They are often noted

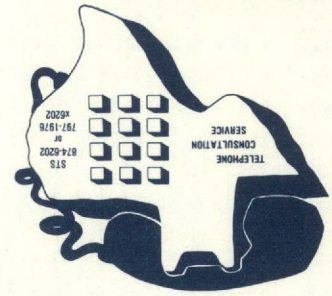
to be very irritable, difficult to soothe, and erratic in their response to social stimulation. Their cries, facial expressions, and early vocalizations are often difficult for parents to interpret. These early problem behaviors suggest that to be able to learn, these infants will need more specialized assistance from their caretakers. The caretakers will have to carry what has been described as the "interactive burden" with their infants because of the infants' high degree of unresponsiveness and lack of clear behavioral signals.

It is not unreasonable to hypothesize that the stress created by an "at risk" infant causes anxiety for the caretakers and in time threatens their sense of competence as parents. Consequently, information regarding the family's impact on the infant's later development is important, particularly for intervention. It has been suggested that a poor caretaking environment increases a young child's risk for later developmental problems, while a supportive and sensitive caretaking environment significantly diminishes the degree of later delays. An interactional model of development must consider the specific behavioral characteristics of the handicapped or "at risk" infant and how these factors interact differentially with the characteristics of the infant's caretaking environment.

All of us have observed or worked with parents who are sensitive and effective with their children. Although we are certain that sensitive parenting is related to better outcomes for normal, healthy children, little is known about the factors that facilitate good

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parenting. Even less is known about the factors that enable caretakers to develop effective parenting skills with their developmentally delayed children. Our research suggests that differences in the developmental outcome of high-risk children may be explained in part by the family's ability to mediate interactions between the child and the environment. In addition, appropriate parenting attitudes and higher levels of understanding regarding the impact of the family on the child's development have been found to be significant factors in reducing negative outcome for children. This relationship was found significant only, however, for families with handicapped children. Parents who understand the impact they can have on their child's development may be more likely to understand the potential positive effects of such other environmental influences as remedial programs.

Our research findings are consistent with the needs identified in a recent ECI survey in which ECI program personnel and outside experts were asked to rank 27 topic areas relevant to planning programs for handicapped children. Both groups gave understanding the effects of the family on the child a high priority. In addition, dealing with both the problems of involving family members in the treatment process and the relationship of parental attitude to stress and coping mechanisms were considered important topics by both groups. As the ECI survey indicates, those who conduct or plan parent-infant training programs are becoming increasingly aware of the importance of attending to the dynamics of the caretaker-child relationship.

Program staff members, however, need sensitive family assessment tools and effective intervention techniques to help caretakers to accept their delayed or handicapped children and to develop more confidence in their ability to be effective parents.

The traditional curriculum-based parent-infant training program that models behaviors for the caretaker to

use with the child may be undermining the parent's level of confidence and result in transitory effects on development. A greater emphasis on developing a trusting, supportive relationship with the caretaker is more likely to lead to a change in inappropriate parental attitudes, enhance perceptions of positive support by the family, and lead to higher levels of parental self-esteem. Programs that pay attention to the dynamics of the caretaker-child relationship frequently report positive and lasting outcome effects.

As part of our longitudinal follow-up project with handicapped and "at risk" infants carried out in the TRIMS Neuropsychology Research Section, we are studying the effect of the parent's attitude and understanding of the child's developmental needs, as well as the influence of positive social supports on the caretaker's ability to facilitate the child's learning. Information from these studies is beginning to provide us with better insight into the types of family and environmental variables that are related to positive parenting skills. An important part of the work has been the development of measurement techniques that can be used to assess family and infant factors essential for early identification of infants who are most "at risk" for later developmental disorders. As our next step, we would like to develop caretaker-oriented intervention techniques that place treatment programs into the interactional context that our research shows is most effective for reducing the sequelae of early birth problems.

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