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International Perspectives on Early Intervention

A Search for Common Ground

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In this article, the author presents a framework for establishing an agenda to design or strengthen early intervention systems from an international perspective. Given the extraordinary diversity of potential factors that can influence early intervention around the world, a set of early intervention principles is put forward that appears to have achieved international consensus. The framework utilizes these generally accepted principles to derive agenda items and therefore forms the basis for establishing common ground across international communities. Examples of specific agenda items and possible barriers are discussed for each of the principles.

Keywords: international perspectives; principles of early intervention; systems approaches

The provision of early intervention services and supports for vulnerable children and their families has become more and more evident in countries throughout the world. Although there is clearly reason to celebrate this important achievement, it is also apparent that these early intervention programs take many different forms, frequently with different priorities and goals. Moreover, many countries are at varying stages of developing early intervention programs and will be making important decisions regarding the design and strengthening of their early intervention systems. To be sure, these differences are to be expected and, in many ways, encouraged. After all, uniformity in conceptual or practice domains for early intervention worldwide is neither reasonable nor appropriate. From another perspective, however, vulnerable children and their families, irrespective of where they live, have many, perhaps universal, needs and goals. Leaders in countries, too, may well share many views with respect to the core components constituting early intervention systems but have not yet reached the stage of design and development in which those views have been fully articulated. Accordingly, finding common ground to promote state-of-theart practices from an international perspective can be of considerable value and is the focus of my comments today. To accomplish this admittedly ambitious task, I will present a process that can be useful in designing or strengthening early intervention systems at many levels (i.e., a community, a region, a country).

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Challenges to Finding Common Ground

What challenges exist to achieving this common ground from an international perspective? Clearly, the extraordinary diversity found in the international community constitutes perhaps the most critical barrier and takes many forms. First, differences in *culture* are apparent, as culture provides a framework for understanding the transmission of values and expectations in the context of early intervention (e.g., the importance attached to academic or social goals, resolving the often-conflicting values of fostering independence or interdependence through relationships). The family nexus further magnifies these culturally based issues, as increasingly diverse values and expectations within the "family culture" become expressed in family routines and rituals.

Second, considerable diversity exists with respect to the *political system*. Countries differ dramatically in the role governments play or choose to play in children's health and development as well as the ability of advocates to influence government policies. This, of course, can have a powerful effect on the nature of early intervention services and supports and the way they are organized and delivered. Relatedly, and the third issue reflecting diversity as a potential barrier to common ground, is the extraordinary range of *resources* available to support early intervention in different countries or even across communities. Without doubt, any system of early intervention must tailor its activities to current realities, and nowhere is this more evident than when considering a community's resources.

Fourth, international perspective with respect to *societal commitment* to young children, however it may be measured, yields a wide range of values. Consequently, there is considerable diversity with respect to how a particular society views the importance of early childhood in relation to the future development of that country. The corollary here is societal commitment to vulnerable young children and their families. Measures evaluating how societies value people with disabilities in community life also reflect extraordinary diversity.

Finally, it should be noted as well that in addition to these types of diversity as barriers to finding common ground for early intervention systems are the challenges that are created by the sheer magnitude and scope of the problems exhibited by vulnerable children and their families. The combination of biological and environmental—psychosocial conditions that are associated with children's developmental problems, even at the earliest ages, generate not only extraordinary numbers of those affected but an equally extraordinary range of developmental and behavioral patterns that must be addressed within the framework of early intervention systems.

Given these many and complex challenges, it is reasonable to wonder if there is a way to find sufficient common ground to allow an agenda to be developed that will, over time, bring the international community more into alignment with respect to systems of early intervention. I believe the answer is yes and suggest that the reason for my optimism is that we have achieved international consensus with respect to a set of early intervention principles. Given this consensus, it is then possible to derive an agenda for early intervention systems development consistent with those principles, followed by corresponding implementation strategies. Of importance, this process can occur within a framework that considers the diversity of children and families as well as the diversity in the international community with respect to culture, politics, resources, and commitment discussed above.

Figure 1
A Framework for Fostering Common Ground in the
Development or Strengthening of Early Intervention Systems
in the International Community

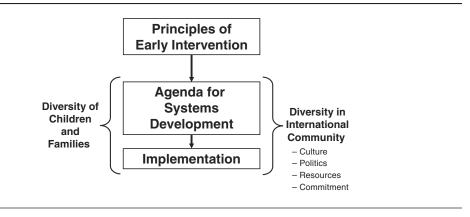


Figure 1 illustrates this approach. To provide a sense for how this process might be put into action, in the remainder of my comments I will identify 10 principles that I believe have achieved consensus in the international community that can serve as the framework for early intervention systems design. For each principle, I will provide examples of possible agenda items as well as examples of any barriers that may exist with respect to carrying out those agenda items.

Common Ground Principles

Principle 1: A Developmental Framework Informs all Components of the Early Intervention System and Centers on Families

A number of different perspectives have converged to indicate that a developmental framework must be an essential part of the design of any early intervention system. It is now evident from the extensive findings from the developmental science of normative development that a series of family patterns of interaction can have a major impact on child development. Although the details may vary, it is clear that (a) the quality of parent—child transactions, particularly the parent dimension of sensitive responsiveness; (b) children's experiences that are orchestrated by the family, such as the choice of child care; and (c) how families provide for the health and safety of their child are powerful factors influencing development. Considerable information is available with respect to all of the constructs that constitute these three family patterns of interaction, including how they can be assessed, the mechanisms through which they operate to produce their effects, and an understanding of the complex interactions that exist among the relevant factors, particularly broader

ecological influences. This rich developmental framework is of inestimable value to our understanding of the design or strengthening of early intervention systems.

Relatedly, we have an equally sophisticated understanding of development based on evidence obtained in the context of the developmental science of risk and disability. A rather thorough understanding has emerged of the processes through which children who are at biological risk or with an established disability can perturb one or more of the three family patterns of interaction noted above. In a real sense, these three family patterns of interaction are susceptible to being stressed by a series of information needs, interpersonal and family distress, resource needs, and even confidence threats with respect to the parents' ability to carry out their parenting role. We know the details here as well in relation to the mechanisms of influence of these potential stressors to optimal child development. An important point is that threats posed by these stressors can easily be seen as belonging to this larger developmental framework.

Similarly, the developmental science of environmental risk indicates that stressors such as the personal characteristics of the parents (e.g., mental health problems or intellectual disability), financial resources (particularly chronic poverty), or the availability of social supports are among the factors that can affect the same three family patterns of interaction, all with the potential of compromising child development. An important feature of this developmental framework principle for children at risk or those with an established disability is that it can serve as a useful guide both for assessment and the provision of all forms of early intervention services and supports that center on families.

What then might be an agenda for this principle of developmental framework? First, it is essential that the generality of the developmental model be recognized, particularly its value in understanding the development of *all* children. A related agenda item is the importance of developing strategies and methods to appropriately assess those stressors that can perturb optimal patterns of family interaction. Again, the value here is the ability of this principle to help organize our thinking for an assessment that is firmly anchored within a broad developmental conceptual framework. Moreover, and a third possible agenda item that can be derived from this first principle, is to consider the implications of the idea that the central goal of early intervention is to strengthen families in a manner that optimizes family patterns of interaction. Serious consideration of this principle alone can have a powerful influence in bringing the international community toward a common understanding.

There are, of course, numerous barriers that are associated with this principle. Among them is the professional orientation toward children rather than families. The tendency to want to achieve a "quick fix" is also of concern. The quick-fix mentality (often meaning seeking immediate and rapid progress) is in some ways understandable, as professionals and parents all hope that much can be accomplished quickly through early intervention. Yet the reality is that in most instances, many potential stressors exist and any developmental advances are most likely to result from the cumulative impact involving a longer-term process.

Principle 2: Integration and Coordination at all Levels of the Early Intervention System are Essential

Principle 2 is also critical because in the absence of integration and coordination, one really does not have an early intervention system. It is certainly the case that the complexities that

exist with respect to integration and coordination are apparent at many levels. This includes the level of interdisciplinary assessments, where diagnosis and eligibility issues are considered; the level of conducting assessments designed for program planning; and the level of the design of comprehensive interventions themselves. Integration and coordination at the systems level must also be considered. Difficulties in integration and coordination are to be expected, given the number of diverse disciplines and agencies involved and the correspondingly diverse perspectives in almost all matters that are likely to exist. The impact of a lack of integration and coordination on the efficiency and effectiveness of early intervention programs is considerable.

What might agenda items be to address this integration and coordination principle? One item that will support this principle is intensive training on team process so that all of us involved in the field of early intervention are able to communicate effectively with and have the knowledge of the contributions of numerous disciplines. There are a number of very interesting curricula available on this topic, many produced by European countries. Another agenda item related to this principle is the development of new models of collaboration, such as collaborative consultation. Here, we have the potential to reduce redundancy, improve the efficiency of our services, and make those services more functional for the child and family. Relatedly, it will be extraordinarily useful as an agenda item to establish leadership groups for every one of the levels noted above in order to promote coordination and integration.

The barriers with regard to this principle are considerable and include the tendency to hold a strong professional identification as a result of having received training within that profession primarily or totally. Administrative challenges exist as well, especially when attempting to involve new agencies and professions in the early intervention system. The ongoing difficulties of integrating mental health agencies within early intervention systems in many countries constitute a primary example of this barrier.

Principle 3: The Inclusion and Participation of Children and Families in Typical Community Programs and Activities are Maximized

This principle rests on philosophical, legal, and developmental grounds, a circumstance that generates substantial variability from country to country. Nevertheless, increasing evidence suggests that early childhood inclusion sets the course for future expectations. In essence, inclusion is critical to enabling a child to experience a sense of belonging in his or her natural network of relationships and all that implies. In addition, by maximizing inclusive opportunities, advantage is taken of typical learning activities and environments, and it sets the occasion for the formation of peer relationships and friendships with a broader community of possibilities. Finally, this principle is intended to encourage those involved to do all that is possible to maintain family involvement in community life.

Agenda items for this important principle can be quite comprehensive and demanding. Certain to be included is an effort to ensure access to typical child development programs in every community. In addition, it is vital to ensure the existence of feasible early intervention programs in that context. Attention must be given to maintaining the integrity of each and every community program model, even when children with special needs are included, and to being so organized that the individual needs of all children can be met.

Care, of course, must be taken to minimize stigma for children with special needs that might inadvertently result from program practices. There is always a danger of this occurring even with the best of intentions. Another agenda item will be one that is directed toward promoting social integration with other children in the program.

Given the complex and uneven history of efforts associated with this principle world-wide, there are obviously a number of barriers. Broad attitudinal issues toward people with disabilities constitute a potential overarching and insidious barrier. Another barrier is the pervasive peer social competence difficulties exhibited by a substantial proportion of children with developmental problems, often compounded by significant behavioral difficulties. The general absence of quality assessments for inclusion also presents a major challenge.

Principle 4: Early Detection and Identification Procedures are in Place

It seems axiomatic in our field that the earlier we can identify children with developmental problems, the better. Introducing intervention at the earliest point possible may well achieve maximum developmental benefits. Although the evidence for this is perhaps strongest for certain types of disabilities, such as hearing impairment or autism, it is nevertheless a sound principle to follow and is generally well accepted. Of course, families need to understand the meaning and implications of any of their child's developmental concerns as soon as possible to enable them to adapt appropriately and to ensure optimal family patterns of interaction. The reliability and validity of screening instruments has vastly improved in recent years and, as such, implementation of this principle is clearly feasible. We have also dramatically expanded our knowledge about and ability to recognize most risk factors, including how they cumulate and interact with one another. As such, the level of predictability with respect to developmental outcomes has improved considerably.

Given these circumstances, what might a set of agenda items look like to improve early detection and identification? Perhaps most valuable is to disseminate those models that are, in fact, working. Registries and protocols of every type are now available that can be adapted effectively in diverse communities around the world. Of course, expanding programs with respect to public awareness for warning signs of developmental problems for child care personnel, parents, and others should be an ongoing effort. Important professional training agenda items can also be identified.

Agenda items for early detection and identification cut across so many agencies that, as a consequence, there are potential barriers at a systems level. In many ways, these barriers overlap with issues related to the principle of integration and coordination. For example, given the various agencies involved in this process, different eligibility criteria can serve as a barrier to achieving an effective early identification system. Moreover, there exist many skeptics with regard to the evidence of the effectiveness of the early intervention programs that follow from early detection and identification. This reduces the enthusiasm for this effort. Accordingly, it is critical that we continue to design and conduct studies that are relevant to evidence-based practices. Pressures to demonstrate effectiveness become even greater when early intervention becomes unusually expensive, such as the case for children with autism.

Principle 5: Surveillance and Monitoring are an Integral Part of the System

This is an easily overlooked but important principle. It is designed for those children who have not met eligibility requirements even though they have been brought to the attention of professionals. Many children may just fail to meet criteria for standard diagnostic categories or to exhibit a large enough cluster of risk factors to warrant intensive action yet should still receive some level of monitoring. This principle understands the power of concern, especially when the source of that concern is parents. It also respects the reality that developmental patterns can change quite substantially over time, such as when relatively minor concerns about motor development at one point in time can be the harbinger of more significant cognitive delays emerging at a later point.

An essential agenda item for this principle is to have preventive intervention programs in place. For some families, we need somewhere to go in order to ensure our ability to monitor these children closely or to even initiate certain preventive strategies at varying levels of intensity. For other families, less intense but no less systematic surveillance or monitoring must be established. Consequently, it also will be important as an agenda item to make sure that families are connected with a knowledgeable health professional, establishing such connections either through a formal medical home or through a home visiting program that can carry out developmental surveillance.

One reason this principle is so easily overlooked is that there does not appear to be any sense of urgency. It is difficult to get the attention of policy makers for surveillance and monitoring programs, as they are used to dealing with many more acute and obvious problems. An additional concern is that an insufficient number of health professionals are available who can address the complex sets of issues often exhibited by these vulnerable children and their families. Long-term investments will be required to surmount these barriers.

Principle 6: All Parts of the System are Individualized

This, of course, is a central principle in the field of early intervention and represents the uniqueness of children and families. In order to realize the principle meaningfully, we must be able to appropriately assess the variety of stressors that can adversely affect family patterns of interaction and utilize that information to strengthen families. It also requires a thoughtful selection and implementation of social supports, resource supports, and information and services. The latter includes, of course, the sometimes technical and highly sophisticated strategies that have been developed and tested by early intervention professionals from numerous disciplines over the years.

In one sense, agenda items for this individualizing principle are quite obvious. A workable process must be developed and put in place involving individualized plans sensitive to family and child issues. For this process to work successfully, it must ensure the full participation of families and thereby constitutes an additional agenda item.

Despite the important and central nature of this principle, there are nevertheless key barriers. There is clearly a discomfort with family assessments and interventions involving

families in the early childhood community. Concerns are apparent with respect to the level of knowledge with regard to family dynamics in particular, and there exist reasonable fears of entering into areas in which one has not received adequate training. Another barrier to individualization is the need for extensive availability of services and supports. It is not uncommon to identify numerous stressors affecting a child and family members, which then raises a resource issue. Even when sufficient resources are available, however, it is easy to become overwhelmed when individualizing. The need to prioritize within a framework or structure is critical.

Principle 7: A Strong Evaluation and Feedback Process is Evident

Study after study has revealed that the effectiveness of early interventions depends on explicit goals and objectives, as it is so easy to drift in their absence. Irrespective of the specific goal or objective, regular evaluations and feedback are essential—and this is true for every component of the early intervention system.

Agenda items for this process of evaluation and feedback can be quite complex. It might include a multitiered evaluation system that encompasses needs assessments, monitoring and accountability of services and supports, quality reviews and program clarifications, and evaluations developed to focus on questions of special interest, such as assessments of parent satisfaction.

Barriers to the evaluation and feedback principle are considerable as well. First, hardly anyone likes to do this. Many consider time for evaluation as time lost for intervention. Moreover, the availability of resources dedicated to evaluation is often in short supply. In the context of the larger task of providing comprehensive early intervention services and supports, it is often difficult to identify the strong leadership and expertise required to effectively address this principle.

Principle 8: True Partnerships With Families Cannot Occur Without Sensitivity to Cultural Differences and an Understanding of Their Developmental Implications

This principle requires a thorough understanding of a family's goals and values and an awareness of how those goals and values are realized in everyday family routines and relationships. We need to build early intervention programs that are compatible with these family goals and values in order to achieve meaningful and sustained benefits for children and families.

To realize this principle of cultural competence, it is clear that we must ensure that a family systems knowledge base, including knowledge of cultural influences, is part of all early intervention professional training programs. A corresponding agenda item will be to ensure that professional training programs consider immigrant populations, as early intervention professionals encounter so many diverse groups of families in virtually every country in contemporary society.

The major barrier is straightforward. The complexity and diversity of populations in most countries is extraordinary. It is not just the potential communication difficulties that

professionals face as a result of the many languages that are spoken, even in relatively small regions, but it is the wide cultural differences that this implies. This is a principle for which unusually creative solutions will be needed and can perhaps best be achieved in the context of an international effort.

Principle 9: Recommendations to Families and Practices Must be Evidence Based

It is in some ways frightening that our field has a history of so many false claims of dramatic success in improving the well-being of children. For many reasons, we attract more than our fair share of charlatans with extraordinarily charismatic personalities who prey on vulnerable families and take advantage of naïve administrators and professionals as well. Clearly, best practices grounded in research must constitute the backbone of our efforts to support children and families. This knowledge, of course, must be joined by clinical intuition, a combination that is most likely to yield the best and most realistic outcomes.

Agenda items, particularly considered from an international perspective, will certainly include the dissemination of current knowledge and new findings utilizing the World Wide Web. By making information universally available (generally agreed-upon clinical guidelines and best-practice manuals, for example), families, professionals, and all others involved in early intervention can become aware of the evidence and what others around the world are doing to enhance their early intervention practices. As a result, this also puts us in a better position to raise concerns about questionable practices.

Major barriers are the enormous size of the research-to-practice gap and the extent to which different countries or communities are able to adapt new findings to local circumstances. The International Society on Early Intervention (ISEI) (www.isei.washington.edu) has been created in many respects to precisely address these critical issues. Using Internet technology, major functions of ISEI are to provide information about current, well-accepted practices to the international community; to maximize opportunities for professionals to communicate with one another around the world; and to disseminate recent articles that address cutting-edge practice issues. The ISEI also organizes conferences to enable face-to-face meetings to occur for those able to attend. By having this communications network available, the potential for reducing the research-to-practice gap, in particular, clearly exists.

In many ways, ISEI is a reflection of the enormous power of a worldwide communications network and the enormous desire of professionals to communicate with their colleagues. It is this combination that can serve to improve the dissemination and use of evidence based practices. Utilizing state-of-the-art information in professional training programs around the world, in particular, is a key to building a cadre of well-informed professionals. In support of this effort, ISEI recently established a Professional Training Resource Library, which will make professional training manuals, Web-based modules, clinically oriented videos, case studies, specific curricula, course syllabuses, and assessment tools available through a searchable database to the international community of early intervention professionals. Similarly, through ISEI, efforts are under way to establish a professional training and consultation network that can effectively utilize increasingly sophisticated virtual conferencing software to

bring professionals, parents, and others together—again with the goal of ensuring that information is widely disseminated and connections widely established.

Principle 10: A Systems Perspective is Maintained, Recognizing Interrelationships Among all Components

Even when early intervention systems are established initially or strengthened in a manner reflecting each of the previous principles, there is nevertheless a need for a vision that considers all components of the system and the larger context. There are always "big questions" to be addressed, such as whether to focus on a disability or risk-specific system, such as found in the United States, or a more generic system, such as found in Sweden. Whatever the case, systems must be dynamic, capable of being responsive to changing values, priorities, resources, and possibilities.

Implementing such a systems perspective principle is certainly difficult. One important agenda item will be for each country or region to identify a leadership group charged with maintaining a systems perspective. Such a group should be composed of an interagency or interprofessional panel including parents. One of its roles, and another agenda item, will be to seek out and effectively utilize evaluation information addressing specifically generated systems-level questions.

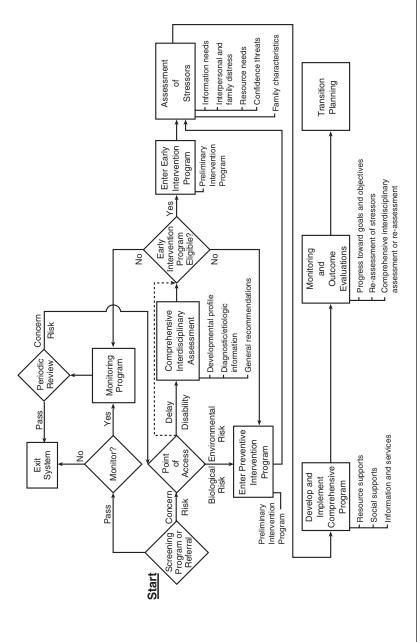
There are many barriers, of course, to this systems perspective, as systems themselves tend to be resistant to change. It is also the case that early intervention systems frameworks are not always available to guide intervention design and practices, especially those that contain a sufficiently broad perspective capable of incorporating the 10 principles that have been discussed and addressing the extraordinary diversity that exists.

Over the past decade, I have been developing such a framework, referred to as the Developmental Systems Approach, which specifically attempts to consider these 10 principles and to do so utilizing a structure that can be adapted to the diverse circumstances that exist in the international community. Figure 2 presents this approach, illustrating both its components and the flow of activities. Here, we can see the structure for surveillance and monitoring; attention to the various levels of integration and coordination; the key role of assessing stressors; a focus on intervention that considers the provision of resource supports, social supports, and information and services; the place of preventive intervention programs; and the many other components clearly compatible with the principles that have been discussed. This Developmental Systems Approach has been adopted in one form or another in many countries, but clearly we are only at the early phases of an ongoing process of refinement and development at the systems level.

Conclusion

Despite the extraordinary diversity that is apparent in the international community, my hope is that by taking these principles seriously, we will indeed be able to move toward more common ground. Given the international consensus that appears to exist with regard

The Developmental Systems Approach as a Framework for Early Intervention Systems Figure 2



Source: From "A Developmental Systems Model for Early Intervention," by M. J. Guralnick, 2001, Infants and Young Children, 14(2), p. 4. Copyright 2001 by Lippincott, Williams, and Wilkins. Reprinted with permission.

to the 10 principles discussed, putting in place a process to establish agenda items consistent with these principles will increasingly move the international community in closer and closer alignment with one another. The result, I believe, will be to create conditions in which vulnerable children and their families in every community can thrive.

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