Guidelines for psychologists working in Early Intervention Services in Brothers of Charity (Southern Services)

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1. INTRODUCTION

This report outlines the broad context of family centred early intervention in which psychologists function, drawing on key literature that has been reviewed. Pertinent definitions are reported and a brief history of the changing role of early interventionists is outlined. Empirically validated components of effective family centred intervention are presented and key concepts are briefly described, including: enabling and empowering experiences; interdisciplinary teams; parent/professional partnerships, and individual and family service plans.

Having set the foundation from which psychologists function, this report then provides specific examples of services that psychologists may provide, according to the psychologist’s own speciality of training and competencies. The functions outlined are in accordance with the four domains of psychological practice, i.e.: a) client-centred work within team context; b) organisational support and training; c) psychological research and evaluation, and d) professional affiliation and development.

2. DEFINITIONS

**Early intervention** for children who have developmental problems is the “systematic and planned effort to promote development through a series of manipulations of environmental or experiential factors initiated during the first five years of life” (Guralnick and Bennet, 1987, p. 19). It is also commonly reported as being the provision of support (and resources) to families of infants and young children from members of informal and formal social support networks that impact both directly and indirectly on parent, family and child functioning (Dunst, Trivette and Jodry, 1997). It can be conceptualised as the aggregation of the many different types of aides, assistance and resources including: information; professional advise; parent groups and workshops; home visiting services; playgroups;
preschool education; domiciliary help; respite, and; sibling support and education groups.

The term **intellectual disability** refers to a heterogeneous group of conditions characterised by low levels of intelligence and deficits in adaptive behaviour that are manifested during the developmental period. Such a diagnosis is determined on the basis of reliable and valid assessment findings. When an intellectual disability is suspected but diagnosis is not confirmed by thorough assessment, the term **developmental delay** is used.

The term **developmental delay** is used for infants or preschool children, under the age of six years, who do not appear to be reaching developmental milestones at expected ages. It is recognised that a) any deficiency may be transitory; b) the reduced functioning in adaptive behaviour may not be sufficient to warrant a diagnosis of intellectual disability; and c) the problems in adaptive behaviour may be temporary.

### 3. HISTORICAL CONTEXT OF EARLY INTERVENTION SERVICES

Early intervention for children and families has changed significantly over the past two decades. Programs traditionally focused on the development of skills for the child in isolation. The emphasis was on assessing and responding to individual characteristics and learning styles of each child. The current trend, however, has been to focus increasingly on a child’s family context as the basis of their learning.

Models of early intervention for children with disabilities have been strongly influenced by the work of Bronfenbrenner (1979) who postulated that children develop as part of different ecological settings and are therefore influenced, not only by direct teaching, but parent-child interactions, family systems, social networks, community settings and cultural constraints. The implication is that in order to change an individual, it is often necessary to make changes in the individual’s environment. The ecological approach
to early intervention acknowledges the multiple contexts and interrelationships of childhood and family life. The effects of early intervention are both direct and indirect in terms of how it produces systemic change in families and cultures (Sandall, 1993).

The ecological view of early intervention is widely accepted and has prompted changes from child-focused models (where the child’s development is the sole focus of intervention and professionals work directly with the child only) to parent and family-focused models (where intervention targets family needs that enable families to provide enriching experiences for children).

4. FAMILY CENTRED EARLY INTERVENTION

4.1. Introduction, Definition and Description

The Irish State Law identifies the family as the primary and natural educator of the child and it guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children (Article 42.1 of the Constitution of Ireland).

Parents have the right to decide on their own level of involvement with the team and on service coordination. A collaborative relationship between service coordinators and parents is an essential element for effective early intervention. Over the last two decades the trend from child-directed to family-centred services has prompted an increase in the extent of parental decision-making in their child’s program. The concept of parent-professional partnerships is currently widespread throughout the literature (Rosin, 1996).

The shift from child-focused early intervention programmes to those that incorporate family characteristics and patterns and the need for empowerment and support for families has culminated in what is widely know and practised as the Family-Centred Model of Early Intervention. This model is philosophically built on the premise of family systems theory which recognises the family as a system where actions affecting one member have effects on all other members and every member plays a part
in the working whole. Viewing families as systemic in nature involves understanding that a family is constantly changing and members regulate their behaviour to maintain constant daily functions and consistent responses to social/emotional issues (Pearl, 1993).

Family-centred practice recognises the family, not only the child, as the target of intervention. Strengthening and supporting the family unit is understood to enhance the chances of making a significant positive impact upon all family members including the child who has a disability. Such a focus promotes the acquisition of competencies that in turn make parents better able to have the time, energy, and resources necessary to enhance the development of other family members.

Family-centred early intervention for children with disabilities rests on the premise of providing empowering experiences. Strengths and needs of the entire family are identified and opportunities for families to acquire knowledge and skills are created. A family’s ability to manage and negotiate the many demands and forces that impinge upon the family unit increases in a way that promotes individual and family well-being. Enabling experiences, those opportunities created by interventionists, assist families to maintain or acquire a sense of control over their family life and attribute positive changes that result from early intervention to their own strengths, abilities and actions (Dunst, Trivette and Deal, 1988).

4.2 Focus on Accessing Resources and Social Supports and Providing Information

Figure 1 demonstrates a need for early intervention programs to provide a focus on accessing resources and social supports and providing information. As a child becomes older, the focus usually shifts to include therapeutic activities that contribute to the occurrence of family-orchestrated experiences for the child. In this way, the child’s development is enhanced through the quantity and frequency of experiences with different adults, the variety of toys and materials available and the general level of stimulation in their environment.
4.3 Interdisciplinary Team-Based Service

The inter-disciplinary team is one where specialists work more closely together sharing knowledge and information to develop a shared perspective of a child and their family. Each member of the interdisciplinary team takes responsibility for coordinating their information and intervention with that of other members of the team and all specialists are considered to have equally valued status. Families usually meet with the whole team or sub-groups of it or a team representative. Family assessments are planned on an individual basis and information is shared. This model requires that all team members share core skills in such areas as: counselling, family support work, communication and developing partnerships with parents (Dale, 1996; Widerstrom, et. al., 1991).

4.4 Parent-Professional Partnerships

Parent-professional partnerships refer to interpersonal activities and transactions between a designated team member and a family that
constitute an ongoing process of problem solving. The operation of such partnerships depend on 1) partners learning to communicate and relate effectively, and 2) the structure and procedures of an program promoting partnerships overtly by, for example, offering options to parents about their levels of involvement, asking about parents’ preferences, scheduling and locations for intervention (Rosin, 1996).

4.5 Individual and Family Service Plans

Dunst, et. al., (1988) claim that if agreement on an Individual and Family Service Plan (IFSP) is reached after a partnership is established, then there is a better chance that desired outcomes will be achieved. Three assumptions about the development of an IFSP can be made when partnerships are functional. They are:

1. families are equal partners;
2. families choose their levels of involvement in decision making and implementation, and;
3. families are supported in ways that they consider useful.

An Individual and Family Service Plan is a planning process that culminates in a document that specifies a family’s desired outcomes for their child, resources, priorities and a plan of services to build on family strengths. Specifications of such a document are outlined in Roisin (1996). The development of a relevant and meaningful family centred service plan begins with information sharing and thorough assessment of child variables and family strengths, resources, supports and needs. The recommended time from which a family is referred to a programme to when a service plan is completed is 45 days (Roisin, 1996). In the U.S the extent of this time frame is mandatory.

It is the task of professionals in family centred early intervention to facilitate the development of partnerships and to support families in identifying and addressing their own concerns. The extent of assistance that families may require will vary between families so an individualised approach in needed. For example, a well-functioning and well-resource family may be able to identify their own strengths, resources and needs and require little assistance in planning for their child and family. The level of input in
planning and intervening from a professional would be minimal. On the other hand, a family that has fewer resources and higher levels of stress and disorganisation may require lots of assistance to identify their strengths, resources and needs. Assistance or support may range from positive reframing of negative statements about themselves and their family to direct parent training in how to orchestrate child-learning experiences for their child.

The family centred model of early intervention and the functioning of an interdisciplinary team are the basis from which the psychological services within the Brothers of Charity are provided. The following sections of this document refer more specifically to the role of the psychologist within this framework.

5. THE PSYCHOLOGY SERVICE WITHIN THE EARLY INTERVENTION TEAM

Referrals to the service may come from a wide variety of professionals. Referrals for individual casework may come from family members, teachers, care staff, or other members of the interdisciplinary team. A clinical decision by the psychologist is required on the priority status of each individual referral. The psychologist has responsibility to decide the most effective use of psychology resources and time. Prioritisation criteria usually include issues relating to the complexity of presenting referral and family coping.

The role of the psychologist is best understood by examining the various phases of service provision: assessment; intervention, and transition into school-aged services.

5.1 Psychological Assessment
Family centred assessment is: 1) the specification of family needs, aspirations and projects using a needs-based assessment procedure and strategies to determine the things the family considers important enough to devote time and energy to; 2) the identification of intra-family strengths and
capabilities to emphasise the things the family already does well and determine the particular strengths that increase the likelihood of a family mobilising resources to meet needs, and; 3) identification of sources of support and resources and untapped but potential sources of aid and assistance (Dunst, Trivette and Deal, 1988). From such as assessment information is adequately shared for an Individual and Family Service Plan (IFSP) to be developed.

Within family centred services, psychologists are involved in the following aspects of child assessment:

- Diagnosis
- Screening for developmental disorders and delay, e.g.: autism, speech and language disorders, behavioural disorders (oppositional disorder, attention deficit / hyperactivity disorder, attachment disorders)
- Formulating statements of needs and disseminating this information to relevant people (interagency, trans-agency, and interdisciplinary)
- Making recommendations to families regarding appropriate educational preschool placements
- Ongoing assessment and evaluation of progress

In addition to this, family assessment procedures involve the identification of:

- Levels of family adjustment, coping and stress
- Parental communication styles and relationship quality
- Individual parent coping styles
- Sibling adjustment, emotion responses and coping
- Level of parental support

5.2 Psychological Interventions within Family Centred Services

Following assessment, ongoing intervention is offered to children and families. This can be of a therapeutic or educational nature and encompasses the following aspects, depending on the individual psychologist’s training and skills:

- Collaborating on recommendations for family support
- Providing information on conditions/disorders and how this applies to individual children
- What are the implications of this for individual family members and wider social systems
- Working with parents to modify expectations of child development and behaviour
- Facilitating development of positive relationships, grief and adjustment
- Parent training (to work with their child; to encourage positive behaviour; to manage misbehaviour positively, and; to proactively prevent secondary difficulties such as Challenging Behaviour).
- Promoting the management of stress and building family resilience
- Providing support where appropriate to the child, parents, or sibling.
- Providing a psychological perspective of the individual child and their family needs within the context of the interdisciplinary team, teachers and other carers

5.3 Psychological Support Throughout the Transition into School-aged Services

The final component of early intervention occurs during the last year of a family’s participation in the service. How the transition phase is executed plays an important role in promoting successful integration into educational school-aged service. Psychologists working in Early Intervention Services currently follow informal procedures in managing child and family transitions. The following encompasses much of the work carried out by the psychologist during this phase:

- Formal assessment of the child's educational needs including family preferences and learning goals
- Providing information to parents in relation to the child’s educational needs and facilitating their decision making regarding placement
- Determining and making application for required supports
- Visiting schools to inform and prepare teachers and staff
- Coordinating ‘information evenings’ for parents
- Educating parents regarding rights and resources
• Visiting schools to facilitate initial adjustment
• Counselling parents regarding grief reactions related to transition

6. ORGANISATIONAL SUPPORT AND TRAINING

Within the interdisciplinary model, psychologists are skilled in training others how to work therapeutically with parents. This includes training in areas such as: active listening; positive communication; reflective listening; brief solution focused therapy; motivational interviewing, etc.

Also workshops can be facilitated to promote healthy team relationships and professional morale to prevent burnout. As part of the team, psychologists share skills and train others in working with children and families.

On a departmental level, psychologists report professionally to the Head of the Psychology Department. They may be directed by the Head of Department to collaborate in various organisational working parties to provide a psychological perspective of policies and procedures.

7. PSYCHOLOGICAL RESEARCH AND EVALUATION

Psychologists have expertise in the area of evaluation and are involved in identifying the needs of children and their families. This means that they can play a unique and pivotal role in the development of new and innovative services and in the evaluation of practice and existing services. Research may be undertaken by an individual psychologist, jointly or as part of a team. Publication of research is supported to allow for dissemination of information and good practice.
8. PROFESSIONAL AFFILIATION AND DEVELOPMENT

Professional affiliation and development is mandated for all psychologists through the Psychological Society of Ireland Code of Professional Ethics. This mandate applies to all psychologists in the Brothers of Charity and duties herein outlined have been sourced from related documents. It is essential for psychologists to keep themselves informed of current knowledge, expertise, research methods and techniques to equip themselves to provide best practice standards of psychological service. This is also recognised in broader documents relating to the role of psychologists (Psychology Dept, Brothers of Charity). Protected time is allocated to such duties as reading, literature searching, peer supervision and consultation, conference attendance, in-service training, networking and continued postgraduate education. Psychologists decide in conjunction with the Head of Department on specific training priorities and requirements.

Appropriate professional supervision is required for psychologists in accordance with the responsibilities of their post. Senior psychologists are required to provide sufficient supervision for recently appointed basis grade psychologists and for trainees.

Members of PSI have an obligation to share the responsibility for maintaining and developing the profession of psychology in Ireland. This involves networking with others regarding issues such as policy development.

Psychologists also have a continued responsibility to inform the general public about issues relating to learning disability and the needs of people and families concerned. This assists with overcoming social barriers to inclusion and reducing social discrimination. Duties relating to this end may include challenging negative attitudes, confronting fear, educating people about rights and responsibilities and by promoting social and community integration.
9. REFERENCES


Constitution of Ireland. Article 42.1


Psychological Society of Ireland (PSI). Code of Professional Ethics.


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For further information, please go to:

- The Role of the Psychologist working with School Age Children with an intellectual disability
- The Role of the Psychologist working with Adults with an intellectual Disability
- Psychologists in the Brothers of Charity (Southern Services) Intellectual Disabilities Services