

ANNOTATED BIBLIOGRAPHY

IDENTIFICATION OF YOUNG CHILDREN WITH DEVELOPMENT OF DELAYS

Taletha Derrington, M.A., Beppie Shapiro, Ph.D., and Gretchen Kelly, M.A.
University of Hawai`i Center on Disability Studies,
A University Center for Excellence in Developmental Disabilities
Prepared December 1999, updated December 2003

Crnic, K.A., Greenberg, M.T., Ragozin, A.S., Robinson, N.M., & Bashman, R.B. (1983). Effects of stress and social support on mothers and premature and full-term infants. *Child Development, 54*, 209-217.

- A study interviewed at one month, and observed at four months, mothers and premature infants (n=52 pairs) and mothers and full-term infants (n=53 pairs) for behavioral interactions. Both stress and support significantly predicted mothers' attitudes at one month and interactive behavior at four months.

Crnic, K.A., Greenberg, M.T., & Slough, N.M. (1986). Early stress and social support influences on mothers' and high-risk infants' functioning in late infancy. *Infant Mental Health Journal, 7(1)*, 19-33.

- The interactions of stress and social support on mother-infant interactions and infant behavior for pre-term, very low birth-weight infants were examined when the infants were 8 and 12 months old. Higher stress reduced positive maternal affect and dyadic synchrony and was also related negatively to child socio-emotional behavior. Professional, intimate, and community support were positively related to maternal affect; intimate and community support improved mother-infant interactions; and community support was related to better infant behavior and language use.

Diamond, K. (1987). Predicting school problems from preschool developmental screening. *Journal of the Division for Early Childhood 11*, 247-253.

- A review of literature on identification of children with developmental delays which demonstrates that parents' current concerns about their child's development are as effective as formal standardized screening measures in identifying young children with delays.

Diamond, K. (1993). The role of parents' observations and concerns in screening for developmental delays in young children. *Topics in Early Childhood Special Education, 13(1)*, 68-81.

- Children with diagnosed delays were significantly more likely to have parents who had expressed concerns compared to those without delays. Parents' concerns about their young child's development were therefore useful in identifying developmental delays.

Diamond, K. & Squires, J. (1993). The role of parental report in the screening and assessment of young children. *Journal of Early Intervention, 17(2)*, 107-115.

- The authors support the claim that if information elicited from parents were systematically included in the identification of children at developmental risk, it would improve the reliability and validity of developmental screening, as well as reduce costs.

Glascoe, F.P. (1998). *Collaborating with parents*; Ellsworth & Vandermeer, Nashville, TN.

- A discussion of the importance of parental involvement in their child's development and the importance of collaboration between parents and health care providers, demonstrating that both can minimize developmental delays.

Glascoe, F.P. (1999). Using parents' concerns to detect and address developmental and behavioral problems. *Journal of Social Pediatric Nursing*, 4(1), 24-35.

- Screening tests that can greatly improve detection rates of developmental delays have not been popular in primary care due to time constraints of pediatric practices. An alternative approach, relying on professional elicitation and interpretation of parents' concerns was examined and found to be effective in both identification of delays and saving office visit time.

Glascoe, F.P., & Dworkin, P.H. (1995). The role of parents in the detection of developmental and behavioral problems. *Pediatrics*, 95(6), 829-36.

- In this study of parents' role in identifying delays in their children, it was found that 70% of children with developmental delays had parents who expressed concerns about their child's development. The implication for the child's physician is that parents are ready sources of clinical information, and they can be asked to provide information about their child's skills and abilities that the physician may not be able to elicit in a single office visit.

Lavigne, J.V., Binns, J.H., & Christoffel, K.K. (1993). Behavioral and emotional problems among preschool children in pediatric primary care: Prevalence and pediatricians' recognition. *Pediatrics*, 91, 649-55.

- A study of 3,876 children aged 2 through 5 received an initial opinion by a pediatrician based on clinical judgement on the presence (n=495) or absence (n=3,381) of emotional or behavioral problems. For children in the latter group who were later diagnosed with a disability based on results of a screening tool, over half had not been diagnosed earlier by their pediatrician and therefore had not been referred for mental health services or medication.

Meisels, S.J. (1991). Dimensions of Early Identification. *Journal of Early Intervention*, 15(1), 26-35.

- Several dimensions of early identification are discussed, including the fact that risk and disability are multiply determined. Early identification must be founded on a model of multiple risks, which implicates the need for multiple data sources, including the child's family, periodically during children's first years of life.

Meisels, S.J. (1992). Early Intervention : A Matter of Context. *Zero to Three, 12*(3), 1-6.

- Single-source or single-factor approaches to assessment and intervention do not take into account the fact that risk factors are not unitary constructs, and that risk and preventative factors interact to produce children's developmental outcomes that neither factor alone can predict. In a study of the Early Screening Inventory, combining it with information from a brief parent questionnaire produced a two- to three-fold increase in accuracy of predictions regarding development.

Meisels, S., & Atkins-Burnett, S. (2000). The elements of early childhood assessment. In Shonkoff & Meisels eds., *The Handbook of Early Intervention, Second Edition*. New York, NY: Cambridge University Press.

- Evidence does not support the accuracy of pediatricians' informal observations of children's development. Such informal developmental surveillance or monitoring has a high rate of underidentification. P. 248.

Meisels, S.J. & Provence, S. (1989). *Guidelines for identifying young disabled and developmentally vulnerable children and their families*. Washington DC: Zero to Three/National Center for Clinical Infant Programs.

- Guidelines as set by the National Center for Clinical Infant Programs and Zero to Three on identification of developmentally delayed children and their families. Emphasis was placed on the importance of context for children's development, and the consequent need for multiple sources of data, notably the family members, in the screening process.

Nelson, K. (1996). *Ross Roundtable on critical approaches to common pediatric problems*. Well-Child Care Columbus, Ohio: Ross Laboratories, 55-7.

- This study shows that 29% of pediatricians and 39% of family practitioners are performing screenings on children known to be at high risk for developmental delays. If a referral was made, it was often after the child's second birthday, leaving the child and family less than a year of early intervention services. Children identified with delays at younger ages are able to take advantage of free early intervention services longer.

Schafer, D.S., Spalding, J.B., & Bell, A.P. (1987). Potential predictors of child progress as measured by the early intervention developmental profile. *Journal of the Division for Early Childhood, 11*(2), 106-117.

- Each developmental domain possesses its own set of demographic and intervention variables which predict development. Mother's age was positively correlated with increases in cognition, language, and gross motor domains. Child's age was negatively correlated with cognition, language, and social domains (meaning that younger infants progress faster in these 3 areas than older infants). There was a positive correlation between number of intervention

assessments and perceptual/fine motor, cognition, feeding, and gross motor domains. And, more intervention home visits by a professional were positively correlated with progress in perceptual/fine motor and gross motor domains.

Squires, J. (1996). Parent-completed developmental questionnaires: A low-cost strategy for Child-Find and screening. *Infants and Young Children, 9(1)*, 16-28.

- Strategies for using the Ages and Stages Questionnaires, a parent-completed screening tool, and the advantages and disadvantages associated with each strategy are reviewed. The use of parent-completed questionnaires is currently gaining wider acceptance in the medical community due to the economic advantages, as well as a growing body of literature which demonstrates the validity of parental report for child-find and screening activities.

Sturner, R. & Heller, J. (1993). Simultaneous screening for hearing, speech, and language. *Research Roundtable Summary, Fourth in a Series of Seminars on MCHB-funded Research Projects*.

- A discussion of a project funded by the Maternal and Child Health Bureau to develop a time-efficient and cost-effective test for simultaneously screening speech, language, and hearing in young children.