

**ANNOTATED BIBLIOGRAPHY**  
**PRIMARY CARE PHYSICIANS HAVE PRIMARY ROLE IN**  
**IDENTIFICATION AND REFERRAL**

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

Blackman, J.A., Healy, A. & Ruppert, E.S. (1992). Participation by pediatricians in early intervention: Impetus from Law 99-457. *Pediatrics*, 89(1), 98-102.

- National and state surveys of pediatricians suggest a limited but growing knowledge of early intervention services and eligibility. Pediatricians can enhance the quality of their practice by participating in planning efforts and by coordinating health care with other aspects of early intervention.

Committee on Children with Disabilities (2001). Developmental surveillance and screening of infants and young children. *Pediatrics*, 108(1), 192-196.

- Provides recommendations for screening infants and young children and intervening with families to identify developmental delays and disabilities. Screening procedures should be incorporated into the ongoing health care of the child as part of the provision of a medical home, as defined by the American Academy of Pediatrics.

Committee on Children with Disabilities Policy Statement (1994). Screening infants and young children for developmental disabilities. *Pediatrics*, 93(5), 863-65.

- Skills, procedures, the screening process, and the importance of screening young children for developmental delays are discussed. Early identification of children with disabilities through screening leads to effective therapies that can reverse or ameliorate condition and improve family functioning as well.

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.

Epps, S. & Kroeker, R. (1995). Effects of child age and level of developmental delay on family practice physicians' diagnostic impressions. *Mental Retardation*, 33(1), 35-41.

- The effects of child age and level of developmental delay on identification of developmental disorders by 155 family practitioners were examined. Child age was not associated with identification, but level was, with a mild Garland, C.

Kniest, B. & Quigley, A. (1998). *Caring for infants and toddlers with disabilities: new roles for physicians* (ERIC Document Reproduction Service No. ED 306 272)

- Discussion of Part C of the Individuals with Disabilities Act (IDEA) and the physician's unique role in the early intervention system. Congress has called for physicians to be an integral part of a collaborative effort of an interagency, community-based, coordinated, family-centered system of care.

Glascoc, F.P. (1991). Developmental screening: Rationale, methods, and application. *Infants and Young Children, 4(1)*, 1-10.

- Current concepts and issues in developmental screening were examined. Eight of the more promising screening tools are discussed together with directions for instrument development and further research. The author felt that almost every measure needed improvement; however, all of the tests reviewed show that development can be measured with reasonable accuracy.

Haber, J. (1991). Early diagnosis and referral of children with developmental disabilities. *American Family Physician 43(1)*, 132-140.

- Assignment of risk for developmental delay, rapid office screening, referral, and medical responsibility, is a practical, four-stage approach for identifying developmental delays for primary care physicians who serve children. Because family physicians frequently provide well-baby care, they are an important link between the family and early childhood intervention specialists.

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 whose pediatricians gave an initial impression based on clinical judgement on the presence (n=495) or absence (n=3,381) of emotional or behavioral problems. For children in the former group whose diagnosis was later confirmed based on results of a screening tool in conjunction with the opinion of a clinical child psychologist (n=116), over half had not been referred for mental health services or medication. A significant number of children in need of early intervention services are not being referred as early as possible by their physicians, and these children miss the chance to receive therapy when its impact on their development could be the greatest.

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 fact that screening is not meant to measure a child's intelligence, but simply to determine if a child needs more comprehensive evaluations.

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 which improves developmental outcome.

Reynolds, A.J. (1994). Effects of a preschool plus follow-up intervention for children at risk. *Developmental Psychology* 30(6), 787-804.

- This study found that the number of years of intervention is directly and significantly related to later achievement in school at grades 3 through 5. Children who received early intervention services the longest were held back in school significantly fewer times than other children.

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.

Shapiro, B. & Derrington, T. (1999). An Evaluation of Part C Child Find in Hawai'i. Unpublished raw data.

- In Hawai'i, this Child Find Evaluation found that 87% of surveyed pediatricians were unaware that early intervention services are provided at no cost to families. Only 40% were aware that a mild delay in a single domain makes a child eligible for services and only 30% knew that eligibility also included children with problems with disruptive or difficult behavior.

Solomon, R. (1995). Pediatricians and Early Intervention: Everything you need to know but are too busy to ask. *Infants and Young Children, 7(3)*, 38-51.

- Easy to read information on Individuals with Disabilities Education Act, screening, and referrals for pediatricians. Includes step-by-step process of identification, referral, and medical responsibilities for follow-up.

Van Kleeck, A., Gillam, R.B., & Davis, B. (1997). When is "Watch and See" warranted? A response to Paul's 1996 article, "Clinical implications of the natural history of slow expressive language development". *American Journal of Speech-Language Pathology, 6(2)*, 34-39.

- The authors disagree with Rhea Paul's suggestion to withhold services to young children who present with language delays in order to "watch and see". They argue that extremely valuable language learning time would be lost if providers followed Paul's advice.

Wenger, M., McLauren, J., Guild, P., Loda, F., Gallagher, M., DeFries, G., Rich, L., & Bergsten, C. (1989). *Physicians Involvement in Planning for PL 99-457 Part H: Interagency Coordinating Council Roles and Systems Planning Issues*. Chapel Hill, N.C.: Carolina Institute for Child and Family Policy.

- The authors discuss the history of Public Law 99-457 with regard to physicians' potentially strong role in the interdisciplinary system and their responsibility to understand the nature and importance of early intervention services. Physicians are urged to become very familiar with their role and responsibilities with respect to Part C legislature.