

ANNOTATED BIBLIOGRAPHY

EARLIER IS BETTER! PREDICTORS OF EARLY DELAYS

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Byrd, R. & Weitzman, M. (1994). Predictors of early grade retention among children in the United States. *Pediatrics*, *93*(3), 481-487.

- A study to investigate health and social factors associated with early grade retention (N=9996). Factors found to be independently associated with increased risk of grade retention were: poverty, male gender, low maternal education, speech deficits, low birthweight, enuresis, and exposure to household smoking.

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.

Drotar, D. (2002). Behavioral and emotional problems in infants and young children: Challenges of clinical assessment and intervention. *Infants and Young Children*, *14*(4), 1-5.

- Large numbers of infants and young children are affected by behavioral and emotional problems that pose salient challenges for clinical assessment and management. In meeting such challenges, one of the most important needs for the field is to develop empirical data that support the efficacy and effectiveness of methods of assessment and intervention that are tailored to those behavioral and emotional problems experienced by infants and young children.

Guralnick, M.J. (1997). *The effectiveness of early intervention*. Baltimore, MD: Paul H. Brookes Publishing Co.

- Numerous noted health and allied professionals contributed to this book, which examines every aspect of early intervention from children at risk to children with disabilities and outcomes of early intervention. Many studies demonstrating the effectiveness of early intervention and the importance of early detection and referral are highlighted.

La Paro, K.M., Olsen, K, & Pianta, R.C. (2002). Special education eligibility: Developmental precursors over the first three years of life. *Exceptional Children*, *69*(1), 55-66.

- From the NICHD Study of Early Child Care sample, two groups of children at age 36 months were examined—children identified by medical professionals as needing special services and children eligible for special services based on developmental assessments. Demographic information, children’s behavioral functioning, mothers’ psychological functioning, mother-child interactions, and quality of the home environment were examined. Results have implications for efforts to screen and detect young children likely to benefit from special education services.

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.

Locke, J.L. (1992). Thirty years of research on developmental neurolinguistics. *Pediatric Neurology*, *8*(4), 245-250.

- The study of neurolinguistics in the last 30 years has established a genetic, neuroanatomic, and functional basis for a variety of disorders, such as dyslexia, autism, and delayed language. Research in several areas indicates that it is possible to detect early signs of developmental language delay during the first year of life, as the ability to take turns, to gesture, and to babble with complexity are important precursors to language ability and may reflect a state of neural maturation necessary for spoken language.

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.

Newacheck, P., Strickland, B., Shonkoff, J., Perrin, J., McPherson, M., McManus, M., et al. (1998). An epidemiologic profile of children with special health care needs. *Pediatrics*, *102*(1),117-123.

- An epidemiologic profile of children with special health care needs based on the federal Maternal and Child Health Bureau’s definition. Children with special health

care needs in this country are disproportionately poor and socially disadvantaged. Many face significant barriers to health care.

Nord, C., Zill, N., Prince, C., Clarke, S. & Ventura, S. (1994). Developing an index of educational risk from health and social characteristics known at birth. *Bulletin of the New York Academy of Medicine*, Winter.

- Discusses the development of an educational risk index for the National Education Goals Panel to monitor progress towards the National Education Goals for 2000. Social, maternal, and infant risks are identified that hamper cognitive development and reduce the chance of success in school.

Paul, R. (1996). Clinical implications of the natural history of slow expressive language development. *American Journal of Speech-Language Pathology*, 5(2), 5-21.

- Presents data on progress of children with slow language development between 24-30 months old. Twenty-six percent of children with scores in the low end of normal range for language development at 24-30 months were identified as delayed during early school years.

Pederson, D.R., Evans, B., Chance, G., Bento, S. & Fox, A. (1988). Predictors of one-year developmental status in low birth weight infants. *Developmental and Behavioral Pediatrics* 9(5), 287-292.

- This study describes the relations among various environmental, perinatal, and demographic measures in a sample of low birthweight infants (N=160), and relates these measures to developmental status at 1-year old. It was found that 1-year developmental status is a reflection of the quality of his/her home environment, the infant's immaturity and neonatal morbidity, and freedom from sensorimotor delays.

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.

Saylor, C.F, Boyce, G.C., & Price, C. (2003) Early predictors of school-age behavior problems and social skills in children with intraventricular hemorrhage (IVH) and/or extremely low birth weight (ELBW). *Child Psychiatry and Human Development*, 33(3), 175-191.

- Family variables in the first months of the child's life including low income, single parent household, and high parenting stress were significantly correlated with behavior problems at 7.5 years of age. Difficult temperament and elevated parenting stress in the toddler period were strongly associated with later

behavior problems. These data highlight the importance of early intervention that targets child behavior and emotional adjustment along with cognitive development, especially in low income and single parent households. Interventions that target parent-child interaction and parent stress are also crucial in these populations, even beyond the birth-three period.

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.

Shonkoff, J.P. (2003). From neurons to neighborhoods: Old and new challenges for developmental and behavioral pediatrics. *Developmental and Behavioral Pediatrics, 24*(1), 70-76.

- Rapidly advancing research in neurobiology and the behavioral and social sciences, coupled with dramatic changes in the social and economic circumstances under which families are raising young children, has created a highly dynamic context for early childhood policy, service delivery, and child rearing in the United States. This article examines the report from the National Research Council and the Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, through the lens of developmental and behavioral pediatrics.

Siegel, D.J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York, NY: The Guilford Press.

- An in-depth look at the neurodevelopmental process of the brain, including the biology of memory, attachment, emotion, modes of processing, states of mind, self-regulation, interpersonal connections, and integration. Since the brain is undergoing rapid, experience-dependent development for the first several years of life, this suggests that intervention will be most influential on the neuroanatomy of the brain if provided early.

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.

Yim, G. (1999, November). *Brain development: The Mozart effect*. Presentation at the Hawai'i Association for the Education of Young Children Conference. Honolulu, HI.

- The latest information on the development of the structures in the brain, which mediate motor, language, cognition, and emotion was presented. Dr. Yim discussed windows of opportunity where development is especially rapid in each domain and how one can take advantage of these windows to enhance a child's development.