



# EITI Newsletter

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## EVALUATION AS INTERVENTION FOR YOUNG CHILDREN

When early childhood professionals think about early intervention, they tend to focus on providing services for a child and family. Evaluation is conceptualized as a means of identifying service needs. Yet the evaluation process itself can become an intervention to enhance parent-child interaction by educating the parent about the child's development, confirming the parent's suspicions of developmental problems, providing diagnostic clarification, and helping the parent to interpret the child's behavior and to interact with the child in new ways. In the following discussion, the term "evaluation" refers to comprehensive, multidisciplinary, clinically oriented evaluation. The term "parent" refers to the primary caregiver (biological parent, foster parent, or relative).

Consider these situations:

A foster mother brought a young child for screening to determine possible need for evaluation. She disagreed with the screener's impressions, but surprised the screener by readily agreeing to have the child evaluated. She said that a previous foster child had been evaluated, noting that she had "learned a lot" during the evaluation process. This suggests the educational function of evaluation.

During one of the early sessions of a multidisciplinary evaluation, a mother said, "I think my son is retarded." The evaluator asked why. The parent replied, "Because his older brother has that diagnosis and this child is showing similar features." This mother was seeking confirmation of what she already suspected.

Another child was brought for a screening appointment. The child had been previously evaluated, placed in an appropriate preschool program, and was receiving good services. When the screener asked the parents why they had come, they said that they wanted to know what was wrong with the child. This family was seeking diagnostic clarification. They wanted a name for the child's problem, and sought information about the cause of the problem and about what to expect in the future.

At the beginning of a feedback session during which results of a multidisciplinary evaluation were to be shared, the clinician asked family members how the child was doing. They replied, "She's doing much better. She has improved a lot." The clinician wondered how this could be. No intervention services had yet been provided or even suggested to the family. For this family, the evaluation process had shown the family some new ways of observing and interacting

with the child.

### **Characteristics of Evaluation as Intervention**

The purposes of multidisciplinary, clinically oriented evaluation are:

- To assess level of function compared to norms.
- To diagnose/identify functional deficits.
- To identify causes (biological, environmental).
- To recommend appropriate intervention and education.
- To show how the child's identified problems play out in everyday life.
- To show what adjustment the child's problems may require in parenting.
- To help parents understand the child's differences and how best to interact with a child who shows those differences.

### **Reasons Why Evaluation is Intervention**

Evaluation requires the family to focus on the child's functioning, behavior, and needs. Parents become more observant, recognize areas of difficulty, and on their own begin to develop new ways of dealing with these areas. Clinicians accompany and support parents on their initial journey through the difficult territory of their child's delays, disabilities, and differences. They help the family get to a place where the journey can be continued without a guide.

### **Evaluation is Educational for the Parent**

By its nature, evaluation is an educational endeavor for the parent. The parent gradually acquires readiness to hear a developmental diagnosis. The evaluation process helps to create this readiness when clinicians representing different disciplines routinely question the parent about a child's development and behavior. Over time, the questions themselves may sensitize the parent to the clinicians' areas of concern. These areas of concern may or may not initially be the same as the parent's. For example, the clinician and parent may both be concerned about a child's language delay. On the other hand, the parent may initially complain of a child's temper tantrums and may not realize that the child's language or other skills are not appropriate for age. By being questioned about these other areas, the parent begins to understand that the child's problems are more extensive than temper tantrums. This in turn creates a readiness to understand a more comprehensive diagnosis.

### **Evaluation as a Context for Observation**

Evaluation sessions can provide a useful context for observation. In assessment of young children, the parent is usually present for all or part of each session. The clinician and parent view, observe, and think about the child together. For example, during an

evaluation session a 4-year-old child looks at colored cubes with interest, but does not label the colors as requested. The clinician comments to the parent that the child is interested in the cubes, but does not yet seem developmentally ready to do the labeling. The comment validates the child's interest and conveys positive regard for the child while identifying an area of delay and creating readiness to hear a developmental diagnosis. During another session, a 16-month old who was born prematurely drops toys and looks at the parent. The parent says that "He did earlier and then stopped". The clinician can explain that the behavior may now have a different quality. The child previously dropped toys to practice grasp and release movements. Now the behavior has a more social, gamelike quality. When he looks at the parent, the child is inviting the parent to join in a simple game of dropping and recovering objects. The behavior is thus interpreted as a developmental stage rather than willful misbehavior.

Clinicians model methods of observing a child's behavior during evaluation sessions. They model the act of observing, rather than intruding on the child. Clinicians ask routine questions about the child's behavior at home ("Does she like to watch television?" "Can she sit through a whole program?" "When are his tantrums most apt to occur?" "What does he do during a tantrum?"). The questions address positive as well as negative aspects of behavior ("What activities does he seem to enjoy most?"). Clinicians' neutral wording of questions, emphasizing descriptions of behavior, rather than negative judgments about the child, can help the parent acquire an observational perspective. The focus is on understanding, rather than disciplining, the child.

### ***Evaluation Confirms Suspicion of Developmental Problems***

Some parents have accurately identified a child's developmental problems even before seeking evaluation. Sometimes friends, relatives, teachers, pediatricians, or others try to reassure them or minimize their concerns by saying that they are unduly worried or that the child "will outgrow" the problems they identify. When evaluation confirms parents' suspicions and validates their concerns, the result can be a sense of relief and a desire to take the next step to help the child.

### ***Evaluation Provides Diagnostic Clarification***

Parents' readiness to seek diagnostic clarification is variable. Some families seek diagnostic labels immediately. Other families prefer to obtain services, see if the services are helpful, and seek clarification at a later time. They are satisfied with the general labels ("developmental delay" "special needs") used in establishing eligibility for services. They may later seek greater diagnostic precision. For both kinds of

families, accurate diagnosis, including use of labels which have predictive power, can be an important component of intervention. Diagnostic labels have implications for a child's progress and behavior, and can link families to advocacy and support groups, and to relevant literature about specific disabilities. Precise identification of a developmental disability may help to explain why a child is not making desired progress despite services. Diagnosis of genetic causes may be most useful to the family when the child is young, so that the information will be available for subsequent pregnancies.

### ***Evaluation Helps Parents Develop New Ways of Interacting with the Child***

As they gain greater understanding of a child's functioning, parents may begin to interact with the child in new ways. During evaluation sessions, clinicians model ways of interacting with a child:

- Praising appropriate behavior.
- Ignoring inappropriate behavior.
- Setting consistent limits.
- Simplifying language so that the child can understand.
- Providing choices to give the child some degree of control.
- Changing toys as the child becomes bored.
- Giving warnings before transitions to new activities.

When a parent says a child is "doing much better", the child and parent may be doing better with each other.

### ***How to Maximize the Usefulness of Evaluation as Intervention***

To maximize the usefulness of evaluation as intervention, try to find out what the parent knows and thinks about the child's problem. Understanding the parent's question enables the clinician to answer it more usefully. Listen carefully. Spend time exploring and understanding the question. What are the important issues for the parent? These issues may or may not be represented in the chief complaint. What has the parent been told by others? What does the parent agree or disagree with?

### ***Evaluation is Not a One Time Event***

Parents and clinicians both become wiser and more knowledgeable about a child's problems over time. Evaluation should be an ongoing process with periodic developmental follow-up and re-evaluation to determine changes in developmental status and service needs.

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