



**ALL CHILDREN SHOULD RECEIVE EARLY
AND CONTINUOUS ASSESSMENT OF
DEVELOPMENTAL PROGRESS AND EARLY
INTERVENTION**

Community partners can assist with a developmental approach to well child care

Child and family development research provides a rich understanding of the key transition points in the development and adaptation of children and their parents. Early identification of a missed or delayed developmental stage can be a strong indicator of the need for treatment of, or intervention for, a disability or delay.¹ Early intervention can lessen the impact of the delay or disability on the child and the family. It is estimated that 12% to 16% of American children have developmental or behavioral disorders.²

Typically, parents rely upon their pediatrician to identify developmental or behavioral problems. Yet few pediatricians always use a high quality developmental screening tool or have an early childhood developmental specialist on staff to assist children and their families. They tend to depend on their own clinical judgment and identify less than 30% of children with mental retardation, learning disabilities, language impairments, and developmental delays and less than 50% of children with severe emotional and behavioral disturbances.³ Developmental screening indicates the need for more intensive evaluation or treatment; therefore, all infants and children should be screened early and continuously throughout early childhood.⁴

Research clearly demonstrates that children benefit from:

- ***Rethinking how developmental services are delivered.*** A pediatrician can add an early childhood developmental specialist to the practice specifically to provide expertise in development assessments and parent guidance.⁵ Likewise, child care programs can embrace early interventionists who link home, preschool and child to the family health provider. These are just a few examples; there are many other community-based, family-friendly ways to ensure that all children receive early and continuous developmental screening.
- ***Basing the periodicity schedule on child development***⁶. Less commonly known as Recommendations for Preventive Pediatric Health Care, the periodicity schedule is used by the American Academy of Pediatrics (AAP) as the foundation of well-child pediatric care, which comprises 22% of an average pediatrician's patient contacts. For children under 1 year of age, well-child care comprises 57% of all ambulatory visits.⁷ Children and families will vary in the number of visits needed, depending upon their developmental progress. Some services can be provided in community-based settings, while others could be handled effectively in pediatric setting by non-medical professionals such as infant-toddler developmental specialists.
- ***Using developmental screening instruments that are adequately sensitive and specific to detect delays, are valid and reliable, and that are standardized on diverse populations.*** Developmental screenings should be administered by those skilled in the administration and interpretation of reliable and valid developmental screening techniques appropriate for the population. Screenings must involve the family, and results must be given to the family in culturally sensitive, family-centered ways⁸.
- ***Reasserting partnering in well-child care.*** Pediatricians should embrace natural partnerships with early care and education, special education, welfare and foster care to promote a system of care with a developmental perspective⁹.

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- ¹ Committee on Children with Disabilities, American Academy of Pediatrics, 2001
 - ² Boyle, Decoufle, Yeargin-Alsoop, 1994
 - ³ Dunkle, 2005
 - ⁴ Committee on Children with Disabilities, American Academy of Pediatrics, 2001
 - ⁵ Eggbeer, Littman, & Jones, 1997
 - ⁶ Schor, 2004
 - ⁷ Schor, 2004; Medical Expenditure Panel, 2000
 - ⁸ Committee on Children with Disabilities, American Academy of Pediatrics, 2001
 - ⁹ Schor, 2004