

## **EARLY INTERVENTION FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES: PARTICIPANTS, SERVICES, AND OUTCOMES**

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**Final Report of the National Early Intervention Longitudinal  
Study (NEILS)**

### **Social and Emotional Problems: Present yet Invisible**

When EI providers were asked to indicate the reason why a child was eligible for EI, a social or behavioral problem was indicated for only 4% of the children. When parents were asked about their child's behavior at this same time point, we learned that:

- 25% of the children were jumpy or easily startled.
- 14% were quiet and passive.
- 19% were not easily involved in everyday things.
- 22% were easily distracted by sights and sounds.
- 18% did not show interest in nearby adults.
- 25% had trouble playing with other children.
- 11% were often aggressive with other children.

These responses do not necessarily indicate that the children had problems of sufficient scope to warrant a clinical diagnosis, but they do suggest that some of the children had behavioral or social interaction difficulties that merited attention. Furthermore, 32% of the families reported they often had a difficult time in figuring out what to do about their child's behavior.

As discussed in more detail in a later section, NEILS found that EI is made up primarily of some combination of service coordination, general intervention, speech, occupational, or physical therapy. The study also found that EI services (excluding service coordination) are provided by some combination of a special educator or a child development specialist or the professional corresponding to the three primary therapies. Given EI's current providers, it is reasonable to speculate that EI as a field lacks personnel with the necessary training or background to identify or address issues related to socioemotional behavior. Infant mental health is a relatively new field, with a limited number of well-trained practitioners. The NEILS findings suggest that children and families would benefit from having EI programs acquire the expertise to take a broader look at children's functioning. All EI personnel working directly with children and families would benefit from at least introductory training in identifying and addressing socioemotional difficulties in infants and toddlers.

The Part C legislation acknowledges the importance of social and emotional development by, for example, requiring that the Individualized Family Service Plan (IFSP) include the child's present levels of development in five areas, including social or emotional development. That legal requirement, however, may not suffice to alert providers to needs in this area if they do not bring the specific clinical expertise required to identify social or emotional problems or if they are not using assessment tools reflecting the latest developments in infant mental health, or both.

NEILS outcome data at 36 months and at kindergarten converge to paint a picture of a minority of children who participated in EI who continue to have a variety of different socioemotional or behavior-related challenges. At 36 months, 32% of parents reported that their child was highly distractible, 13% indicated the child did not persist at tasks, 10% reported the child's behavior was very challenging, and 5% described their child as very withdrawn. A consistent predictor related to being in one of these groups at 36 months was having additional problems besides a communication delay and also having trouble communicating, reinforcing the link between communication difficulties and social interaction problems. Substantial research supports this link.

At kindergarten, teachers reported that 60% of EI graduates were normal for their age with regard to behavior and that 54% were normal with regard to social skills. The corresponding figures for children with IEPs in kindergarten were 46% and 36%. Children's social skills are reflected in their friendships. Parents reported that 51% of the former EI graduates with IEPs had been invited to another child's house to play in the past week compared with 76% of those without IEPs.

NEILS findings present a strong message about the importance of identifying and addressing socioemotional issues early to assist parents in caring for their children and to provide children with the best chance of achieving success in preschool, kindergarten, and later in school. Even at these young ages, behavioral differences are emerging. Some of these differences may result in challenges for the family and have the potential to negatively affect the parent-child relationship both immediately and in the future. These same behaviors present difficulties for young children in child care and other group settings. Challenging behaviors or other possibly problematic behaviors such as being overly distractible may be early indicators of emerging problems. Families need support in meeting the specific needs of their child and in preventing the development of undesirable and avoidable secondary negative outcomes. Professionals working with families of 5-9 young children with disabilities and developmental delays need to be aware of the different kinds of behavioral challenges young children may present. They also need to have the knowledge and skills to identify behaviors that are outside the boundaries of typical development and to help families effectively address a range of behavioral challenges.