

# THE ROLE OF A PSYCHOLOGIST IN THE EARLY INTERVENTION OF CHILDREN WITH MULTIPLE AND SEVERE DISORDERS

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## **Abstract**

The article illustrates the role of a psychologist in the process of provision services of early intervention to children with multiple and severe disorders. It explains the importance of psychological support not only to the child with multiple and severe disorders but to the whole family as parents and other family members may suffer from emotional disorders as a result to the diagnosis a further complications regarding the child care and his/her future. It also describes the types of the support of early intervention starting from the early support at home till transition to preschool or other support center.

**Key words:** early intervention, children with multiple and severe disorders, habilitation, psychological support to families, stages of coping the stress, social deprivation, early home intervention, family-centered intervention, complex support, transition.

As is known, an early intervention plays a great role in the development of abilities of children with developmental disorders; the importance of early intervention is specifically of a big essence for children who have multiple and severe disorders and some authors, such as Garwood (1988) proved it still thirty years ago and many others consider it as significant in the early childhood (Dinnebell, 2011; Rector, 2007). These authors also mention about the studies conducted with these children that confirm that the habilitation in the critical period from 0-3 greatly influence on the language abilities and total intellectual development. Nowadays, the fact that the brain plasticity is the greatest is at this age period is considered proven. According to their data, children achieve better results when they are involved intervention before age 3, than those this intervention process has started with after the

mentioned age. Many other researchers state these results, either (Greensteinner, MacConwel, Steliny, Clark, et al, 1976).

Some other studies prove that infants with multiple disorders who are provided early intervention in home settings achieve better results than those ones who receive this intervention at special institutions, organizations or hospitals (Karvinski, 1986). Undoubtedly, parents are the key figures of this early intervention process.

On the other hand, the early intervention has a great importance for parents, siblings and even extended family members of children with developmental disorders to emotionally support in the newly occurred and puzzling situation. According to Leigh (1987), the specialist who provides early intervention sometimes becomes the only person who also provides support, understands, assists and encourages the family emotionally.

The above mentioned authors pay importance to and consider as a key component of the early intervention the psychological support provided to the families who have a child with special needs, to enable them to cope the stress when informed about the child's diagnosis, suspense hopelessness and desperation. During the process of coping with stress parents pass through all stages a person has when have a lost:

- Denial: the first reaction to the information by the doctor about the developmental /intellectual and physical/, sensory and medical diagnosis and prognosis on future expectations is the denial, parents just don't believe. As a result, the parents may begin doubting about the competences of the specialist, take the child to other specialists. Sometimes it is explained that the child may overgrow the disorder or a relative of them has had a similar condition in childhood. As a consequence of this behavior, the early intervention can be delayed which is the first and key pledges to guarantee a more effective development of a child with cognitive, sensory and physical disorders. Denial is a natural reaction to a situation that a person is unable to overcome and this defense mechanism helps her/him to keep the mind away from unexpected harming reality.
- Anger: it appears from hopelessness, helplessness, frustration and feeling of disappointment. This feeling can be directed to the specialist who has diagnosed. But

sometimes it is also directed to the child, spouse and turns into a cause of interfamily conflicts.

- Guilty conscience: parents begin analyzing their own behaviors, action, where they have made mistakes, been guilty or committed a sin and now they are paying for the mistakes by the child's disorders.
- Depression and feeling of despair: in this stage the initial picture about the child, his/her future and family is ruined. This stage may a period of an extremal emptiness and helplessness. In this stage parents may not notice the child's needs. Despite the severity of the stage it is an important part of the whole process of reconstruction of the initial picture.
- Acceptance and emotional adaptation; this stage also can involve crises and desperation moments, but the parents already know their child and the necessary resources to help the family. The parents' emotional condition can determine the emotional relationships with the child which has a core significance for the child's development (Watkins, 1989, Мастюкова, 2003).

The pace the parents go with through these stages can differ, so the mother can be in one stage, the father in the other, and this also may cause interfamily conflicts and even separation.

So, psychological support to parents passing through all these stages has a significant importance.

As Vadasy (1986) mentions, when early interventions and home visits are provided, the state of stress of the family can be milder and the adaptation is faster and better.

Indubitably, the mentioned difficulties increase when the child has multiple disorders: physical, cognitive or even two sensory disorders. Whatever being taught the child by hearing, visual and tactile senses, it turns to be very complicated for these children, even sometimes impossible, plus if it is considered for the same period as other children learn. Usually, for these children, communication and mobility problems are as obvious consequences of multisensory or plus cognitive disorders, as difficulties with fine motor skills, speech, social-emotional development.

The child with multiple disorders influences on the whole family greatly as often he/she needs intensive medical intervention, the child doesn't respond to the parents, specialists can stay very emotionally unresponsive to the parents' emotional state. Sometimes the parents need enormous time for adaptation and newly organize their life when a child with multiple disorders is born. So, they need psychological support which becomes one of the purposes of the early intervention. Usually the whole care about the child is only on mother. The mother also falls into social deprivation. When the child doesn't hear and doesn't see, cannot engage him/herself in an activity, all the time he/she should be in a tactile contact with someone. As a result, the child learns to manipulate the family, especially the mother. One of the goals of the early intervention becomes to "detach" the child from the mother developing an activity for him/her.

The early intervention implies the following:

1. Early home intervention; as is already mentioned, the earlier the intervention is started the higher the effectiveness is; usually it is recommended to start the intervention with the child from 6 months from birth. The house should be reconstructed into a stimulating, interactive environment to enable the child to achieve his/her potentials. The best moments to provide the child with stimulation are everyday activities` eating, clothes changing, taking to bed which are done at home. Provision of the intervention in home settings has other positive aspects in regard with involvement other family members into this process, either. The home visits are less frightening for them. Due to home visits, a clearer picture on the problems and emotional state of the family members is drawn. Home visits allow and enable the parents to have a bigger participation in this process.
2. Family-centered intervention; when drawing intervention plans, they should be composed not only for the child but for the family on the whole. In this case, the intervention plan becomes more effective. The strong sides of the family are considered which are going to help the child's development. The family-centered intervention considers:
  - Acceptance of the child as a family member,

- The problems of the family are discovered which can be discussed during the intervention and possible solutions proposed.
  - The strong sides of the family are disclosed that can help in the family adaptation
  - Psychoeducation is provided; parents in nowadays conditions of wide range of possibilities to get information on the specifications of development of their child can be confused and it becomes important that the specialist stays next to them and direct in the process of finding appropriate and right information.
3. Complex support aimed at the child's development; all aspects of the child's development should be assessed: language, socialization, adaptation, motor skills, cognitive processes and abilities which becomes the basis for writing the habilitation and stimulation plans. The assessment of cognitive abilities and emotional-behavioral features of a child who has multiple disorders is hard to conduct with the same instruments that are applied with their peers with typical development. In this case the psychologist should possess special methods.
  4. Transition of the child from home to pre-school or other organizations that provide interventions. To organize this transition smoothly, parents, the specialist who provides intervention are involved and specialists who work at these organizations are involved. At these stage, the psychologist assesses the child's abilities, and makes predictions of these abilities in the condition of the new institution (Watkins, 1989).

One of the main and compound components of services provided to children with special needs, especially with multiple and severe disorders, is the one for parents which includes:

- Psychological counseling or psychotherapy,
- Psychoeducation regarding both the child's and parent's conditions.
- Involvement in family groups, where a parent meets another parent who has passed through a similar condition or sees that she/he is not alone in the world (Miles, Riggio, 1999).

Thus, the early intervention has a great importance for the development of children with multiple disabilities and a significant part of this intervention is psychological work with the family. This requires special preparation.

## REFERENCES

1. A model of home intervention for infant, toddler, and preschool aged multihandicaped sensory impaired children. The Insite Model, Ed.: S.Watkins, SKI\*HI Institute, USU, Logan, Utah (1989, V.1)
2. Broonfenbrenner, U. (1974), Is early intervention effective? A report on longitudinal evaluation of preschool programs (Vol. II), DHEW Publication, Washington DC, US, Government Printing Office
3. Clark, T.C. (1984) Recertification program statement submitted to Office of Education Dissemination Review Panel, Logan, UT: SKI\*HI Institute
4. Dinnebell, L.A., McInerney, N.F. (2011) A Guide to Itinerant Early Childhood Special Education Services, Paul. H. Brooks Publishing Co, Ohio Dep. Of Education
5. Garwood, S.G. (1988) Public Law 94-142: You can get there from here. Topics in early childhood special education, Pro-Ed Publication, Austin, Texas, Spring
6. Greenstein, J.J., Greenstein, B.B., McConville, K. and Stellini, L. (1976). Mother-infant communication and language acquisition in deaf infants. #4, Lexington School for the Deaf
7. Karvinski, W.I. (1986) A treatment program for failures to thrive: A cost-effective analyst, Child Abuse and Neglect: The International Journal, 10, 471-478
8. Leigh, I.W. (1987) Parenting and teaching impaired: attachment and coping. In DV. Atkins (Ed.) Families and their hearing impaired children, Special Issues Volta, Review, 8915
9. Thomson, M.D. (1986) Rural home instruction program for young hearing impaired children and their families, Rural Special Education, Quarterly, 7, 1-2
10. Rector, L. (2007) Supporting siblings and their families during intensive baby care, Paul H.Brookes Publishing Co., Baltimore, MD
11. Remarkable Conversations. A guide to developing meaningful conversations with children and young adult who are deafblind. (1999) Ed.-s: Miles B., Riggio M., PSB, MS.:
12. Vadasy, D.F. (1986) Follow-up evaluation of the effects of involvement in the father's program. Topics in Early Childhood Special Education, 6, 16-31
13. Левченко И.Ю., Ткачева В.В. Психологическая помощь семье, воспитывающая ребенка с отклонениями в развитии: Методическое пособие- М.: Просвещение, 2008.
14. Мастюкова Е.М., Московкина А.Г. Семейное воспитание детей с отклонениями в развитии. Учебное пособие/ под. ред. Селиверстова В.И.-, М.-Владос, 2003,
15. Федосеева О. А. Проблемы родителей, имеющих ребенка с ограниченными возможностями // Молодой ученый.-2013.- №9.- С. 344-346.- <https://moluch.ru/archive/56/7710/> (дата обр: 24.12.2017).