Early intervention for children with cerebral palsy: parental priorities

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Background
The current research is devoted to the determination of the core needs of families taking care of 0-3 year old children with cerebral palsy (CP). Despite a number of research provided in this area, there is a lack of research using Canadian occupational performance measure (COPM) for determination and prioritization of goals for intervention in families of young children with motor delay. The most widespread format of parent-specialist interaction in Moscow is consultation in special centers, which rarely allows systematic observation and detailed discussion of daily routines and difficulties arising in the child-parent dyads. On the other hand, an indepth interview lead by an early intervention specialist at home allows to get a deeper understanding of the problem and provides more custom developed intervention program, which corresponds to the format of the biopsychosocial-ICF model.

Objectives
1. Definition of the most frequent problem areas in everyday routines named by parents during COPM interviews.
2. Comparison of pre- and post-intervention of skills performance of children.
3. Elucidation the relevance of different problems depending on level of a child by Gross Motor Function Classification System (GMFCS).

Participants
Studies were provided with involvement of 36 child-parent dyads, participating in early intervention routine-based program, “Confident start,” in Moscow for at least 3 months. The mean age of the children were 18 months, all children were diagnosed with CP. The diagram depicts main metrics of children participating in research.

Methods
During the initial interview, parents defined and prioritized 2 to 5 queries for early intervention with respect to the routines which cause problems for their children. Each query was defined with a set of small SMART-goals. The intervention itself consisted of 2 home visits a week with an early intervention specialist, who was providing a set of activities including playful activities with a parent-child dyad, assistance in routines, conversation with a parent, making simple adapted tools together, etc. Every 3 months of intervention, the children's performance on the target area and parental satisfactions with it were evaluated in order to redefine the queries and goals. All named problematic areas were later categorized using ICF browser by 2 distinct experts.

Results
Identified problems (total 311) related mostly to the domains of mobility (D4, ICF), play and communication (D3, ICF), self-care (D5, ICF), learning and applying knowledge (D1, ICF).

The difference between the pre- and post-intervention performance was an average of 2 points with the most growth on, “interaction and learning.” These results could be explained by particular sample properties (see above) and/or by professional team working on this project (all program specialists are psychologists with additional training in physical therapy and occupational therapy).

Conclusion
In this research the COPM was used for evaluation of an important pair of parameters, consisting not only of child's performance but also of parent's satisfaction with it. This measurement allowed to smoothly control the intervention process with respect to individual needs of the concrete child-parent dyad, re-defining the goals every 3 months. The presented result shows the consistency between the aims defined in parent-professional setting and biopsychosocial-ICF model, and allows to estimate the importance and demand of further research of early intervention goals and the factors of successfullness.