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A comparative examination of the family-based early intervention programs developed in Turkey and in the USA in the last decade

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Abstract

Starting to be implemented as of the 1960s, early intervention programs are frequently employed at the present time. Researchers develop and implement early intervention programs in various subjects and areas. These programs may be family-based, school-based, community-based, or a combination of them. This study aimed at comparing the early intervention programs developed in the USA and in Turkey in the last decade in terms of duration, implementers, participants, implementation process, assessment tools, and effects.

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Keywords: Early intervention, family-based, USA, Turkey

1. Introduction

Early childhood education has gained more and more importance in recent years. The recent research shows that the experiences introduced to a child in the early childhood period determine his/her welfare level in the future life, and offer an opportunity for improving his/her skills, abilities, and creativity (Keating and Hertzman, 2000).

The concept of early intervention has been defined in various ways in accordance with different needs. “Early intervention” refers to activities or works aimed at determining the children in the school period or in smaller age groups that have a risk to have, adopt, and develop an inappropriate behavior or situation and have a special need that hinders normal development process, and preventing such problems or risks (Karoly, Kilburn and Cannon,

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2005). Similarly, Gargiulo (1995) and Gargiulo and Kilgo (1999) define early intervention as practices, arrangements or programs developed in order to meet the needs of infants and children concerning their disadvantages resulting from being in a developmental risk group or having one or more than one disability (Cited by Şahin, 2012). Bekman and Koçak (2011) describe early intervention as programs aimed to support those children who are likely to experience troubles in development due to negative environmental conditions. If necessary interventions are not provided timely for children whose development is under risk, cognitive, motor, social-emotional, and language development-related retardation may be experienced by these children in the future (Şahin, 2012).

The main purpose of early intervention programs is to decrease and eliminate (if possible) the factors hindering the development of children, and to increase the inputs that support their development. Another purpose of early intervention programs is to provide parents with necessary knowledge and skills in order to strengthen their self-confidence and enable them to support the language development, cognitive development, social development, emotional development, and motor development of their children (Shonkoff, 2000; Werner and Johnson, 1999; Cited by: Bekman and Koçak, 2011; Atay et al., 2005; Cited by: Şahin, 2012).

In essence, the primary goal of early intervention and prevention programs is to offer, before analyzing the existing problem, practices aimed at providing long-term social and economic benefits for children, parents, and the society they live in. Another main purpose of early intervention and prevention programs is to change the balance between risk factors and protective factors (Karoly, Kilburn and Cannon, 2005).

Apart from the foregoing, the long-term results of early intervention programs are bringing about a rise in general educational level of the society, increasing employment rates for individuals to begin their professional lives more easily, and thus enhancing social productivity (Keating and Hertzman, 2000).

Basically, education begins in family. Children go to educational institutions as individuals bearing the traces of their parents. Thus, it is wrong to consider children independently of their parents. In this sense, another ultimate target audience of early intervention programs is people/parents who take care of children. Informing parents, making explanations about the developmental periods of children, cooperating with families, and helping them determine the needs of their children constitute an important part of early intervention programs.

There are three types of early intervention programs. The first one covers family education and other family supports (home visits, services, etc.). The second one focuses on and gives weight on early childhood education. The third one is a combination of these two approaches (RAND, 2005).

Family-based early intervention programs attribute a central and active role to family in terms of child development and care, and foreground family-child interaction.

Among the benefits of the early intervention programs taking family as a basis are increasing the interaction between children and parents/people taking care of the children, enhancing parenting skills, providing information about child development areas, supporting the social skills and other development areas of children, etc.

The current study dealt with the family-centered early intervention programs developed in Turkey and in the USA in the last decade. In this context, domestic and international studies published between 2004 and 2013 were addressed. Of the 14 studies included in the study, 11 were conducted in the USA, and 3 were conducted in Turkey.

1.1. Early İntervention Programs Developed in USA

Florida School for the Deaf and the Blind—Parent Infant Program

The goal of this program, which was developed between 2007 and 2008, was to offer family support and trainings via a family-based intervention model, and to provide children with the best possible environment in early childhood period that was the basis of future learning and the most critical period of brain development. The target audience of this program was young mothers and children in the 0-6 age group who were in at least one of the following categories: cerebral palsy, metabolic disturbances, developmental retardation, physical disability, dual sensory impairment (deafness-blindness), complete mental disability, trainable mental disability, speech/language handicap, adoption, genetic disorders, educable mentally retarded, hearing-impaired, visually impaired, and mentally challenged. Domain experts and family counselors were the implementers of this program. During the

program, regular home visits were paid to families with children in the 0 to 3 age group who had vision and/or hearing loss. Home visits provided information, support, and service coordination through family counselors. These experts used nationally known models as a source (SKI*HI – hearing loss, INSITE – loss of sense and other challenges, VIISA – visual loss). The responsibilities of family counselors in this process were as follows:

- Leading the agencies, doctors, and parents participating in the process,
- Watching the developmental levels of children, and following and evaluating the continuous visual and auditory functions of children,
- Helping families determine priorities, concerns, and goals, and documenting them in the Individual Family Support Plan,
- Cooperating with families to determine the strategies to be implemented in intervention programs through considering the special needs of children,
- Joining medical appointments, physical and professional therapy sessions, and other necessary evaluation processes in order to provide families with meaningful information,
- Providing technical support for local early steps efforts, and helping understand the impacts of loss of sense and the effectiveness of appropriate early intervention programs, and
- Contributing to the process of transition from family-based intervention to institution-based intervention, and planning this process.

Satisfying the social, emotional, and educational needs of children and families was one of the main benefits of the program.

Parent Advocacy Support Education

Developed between 2007 and 2008, this program aimed at strengthening parenting skills and enhancing their parenting competences. The program intended to teach the following to mothers and people taking care of children by helping mothers:

1. Their strengths to solve the problems they encountered or were exposed to as well as the sources they could employ,
2. The way of accessing external sources like friends and neighbors besides service establishments.

The target audience of this program included children under risk, pregnancy complications, infants/children exposed to medication, parents exposed to medication, young mothers, and people going through maternal depression. The program started in the prenatal period, and continued until the infant was almost 1 year old. In this program, 10 collaborators with whom families could establish a communication were appointed to every family. These collaborators were home visitors and parenting education specialists. Children and their parents participated in the program where the process started in the prenatal period, and continued until the infant was almost 1 year old. The process involved home visits and parenting lessons. Home visitors/parenting education specialists helped parents or people taking care of children when they encountered new difficulties or different situations about the children. The PIPE (Partners in Parenting Education) program was implemented in home visits. It provided parents with an opportunity to listen to their infants, share their love with them, and play with them. In this way, parents dealt with their children individually. During home visits, it was aimed to create an infant book to emphasize how parents started to know and enjoy their infants. Thus, home visitors worked with parents. Another purpose was to prepare a photo documentary on infant's first year, and to document the interaction of family in the process. The goals of the project were evaluated by the project staff for continuous quality development through monthly examinations including participation journals, participant progress notes, and session journals. Home visitors/parental education experts examined the progresses and problems experienced by the children and adults. Socially and emotionally supporting children and families was one of the main benefits of the program.

Childnet – Pinellas

The primary objective of the program developed between 2007 and 2008 was to prevent the care of

children by people other than their parents. The program was designed to protect and maintain family integrity/unit when parents or people taking care of children had physical or emotional deficiencies, parents needed help to care for their children with a high risk or a chronic disease, or family went through a crisis. The target audience of the program involved abused/ignored children, children with a low birth weight, infants/children with a chronic illness, adults with pregnancy complications, and children and adults experiencing crisis situations. The program covered the period from the prenatal period until the age of 18. The program was implemented by 1 family supporter. During the program, the family supporter helped parents create a family environment full of love, protective, and stimulating/inspiring. The family supporter taught many skills to parents. These skills were not limited to only budgeting, discipline, growth and development of children, cleaning, organization, nutrition, cooking, and parental skills. Meeting the social, emotional, educational, and economic needs of families was one of the main benefits of the program.

Achieve Tampa Bay

It was an early childhood program developed between 2007 and 2008 for children with a typical development and for children with any disability or a retarded development. The target audience of the program was young mothers, children with attention deficit/hyperactivity, children with neurological diseases, children with autism, children with pervasive developmental disorders, children with cerebral palsy, children with phonologic problems, children with physical disabilities, infants/children with retarded development, infants/children exposed to medication, totally mentally retarded children, trainable mentally retarded children, children with speech/language disabilities, children with genetic disorders, children with spina bifida, and children with learning disabilities. The program covered the period from prenatal period to adolescence period. During the program, a therapy program was implemented. It offered a professional, physical, and speech therapy to children from birth to adolescence period. In addition, families received support from family groups and brother support groups. The program met the medical, social, emotional, physical, financial, and educational needs of families.

The Little Snowflakes

The purpose of the program was to provide parents with parental opportunities to support the development of their children. The program was implemented in the upper mid-western communities of the USA. Its target audience was parents. The program may take 4 months to 16 years. In the accessed implementation of the program, a training lasting 7 weeks was given to each family. The program was implemented by 7 experts providing individual services: 1 program coordinator, 2 full-time members, and 4 part-time members (20 to 30 hours a week). 2 were occupational therapists, 2 were speech-language pathologists, 2 were early childhood special education experts, and 1 was social service expert. 4 families participated in the accessed program. Each family had 1 child with a special need who was 10 to 30 months old. The special needs of the children were cerebral palsy, Down syndrome, severe hydrocephalus, and spina bifida. In the implementation process of the program, home visits taking 60 to 90 minutes were paid once a week or month. A typical home visit consisted of planning, welcoming, activities, observation, presentation, information sharing, follow-up, and programming. The assessment stage of the program consisted of the steps of observation (through video-recording in each home visit), interview (Spradley's 12-step ethnographic interview), interview when the family was ready (through tape recording), and reviewing the documents. The program supported children and families socially, emotionally, and educationally.

Intervention With African American Premature Infants

The target audience of the program was African American premature infants (3 to 4 months) and their mothers. Implemented between February 2002 and December 2004, the program reached 173 families, 84 of which made up the intervention group, and 89 of which constituted the control group. The program comprised of 8 sessions, and lasted 20 weeks. The program was implemented in two parts. The first part was infant massage designed for supporting the development of infants and performed by parents. In this way, an attempt was made for parents to notice the clues hard to perceive provided by their children, and to develop a bigger sense of intimacy

with their children. The second part was a parents-focused psychoeducational intervention aimed at informing parents about what to do with their premature infants as well as the needs of these infants, and helping them understand the infants in the best way, give proper reactions to them, and support their social behaviors. Three data collection methods (unstructured ethnographic interviews, participant observation, and the review of program documents) and two types of triangulation (methodological triangulation and data triangulation) were employed.

The intervention section of the program consisted of psychoeducational video, Brazelton Neonatal Behavioral Assessment Scale, and the infant message performed by mother. It was determined that at the end of the intervention, mothers in the experimental group turned out to be more self-sufficient in comparison to those in the control group.

At the assessment stage of the program, the Bayley Mental Development Index scores of the infants were compared, and the experimental group infants were found to have higher scores (Beharie, Kalogerogiannis, McKay, Paulino, Miranda et al., 2011)

Medical Foster Care Program

The program aimed to support stepchildren medically, socially, psychologically, emotionally, and economically, to help medically complex children, and to support families socially, psychologically, emotionally, and educationally. The target audience of the program was medically complex children and stepchildren/adopted children in the 0 to 21 age group. The program was implemented in 2009. In the implementation process of the program, licensed stepparents/foster-parents were selected and trained to provide medically-supported personal care services for children with special needs and medically complex children. The program offered a family-based care for those children who were medically complex and did not receive any sound care service at their homes. One-to-one training and support provided for parents were quite effective in the progress of children. The program contributed to social, emotional, and psychological development of parents and children. It also satisfied the medical needs of children. The training support provided for parents separately from children was beneficial for parents. Since it provided home care, the program was cheaper than staying in hospital and hospital services. Thanks to the feeling of trust created by family and home environment, the program was emotionally efficient, and enabled children to feel themselves much better.

Responsive Teaching

Implemented by Mahoney et al. in 2005, this program aimed at supporting and enhancing the well-being of children by taking maximum advantage of the interactions of adults with their children in daily routines. The target audience of the program was children with special needs and their mothers. A total of 50 mother-child pairs participated in the program. Of the participating children, 20 had autism, and 30 had developmental retardation. The study consisted of 33 sessions taking more than 1 year. The tools used for assessing children were The Transdisciplinary Play Based Assessment (TPBA), The Temperament and Atypical Behavior Scale (TABS), Infant Toddler Social Emotional Assessment, video recording, Maternal Behavior Rating Scale, and Child Behavior Rating Scale. The program created a progress of 64% in the cognitive development of children, a progress of 167% in their expressive development, a progress of 138% in their receptive language development, a progress of 36% in the social-emotional development of autistic children, an improvement of 21% in the self-regulation skills of children, and an increase of 28% in their social participation (Mahoney, Perales, Wiggers, Herman, 2006, http://www.responsiveteaching.org/).

Family Based Weight Management with Latino Mothers And Children (FOTM)

This program aimed to provide high-risk Latino families living in the USA with a weight management suitable for their culture. The target audience of the intervention program was Latino families with overweight children and their children. It was implemented for 8 weeks in 2007. Families on the Move (FOTM) was adapted from SHAPEDOWN developed by Slinkard and Irwin in 1987. A pedometer was given to each family that was asked to take ten thousand steps a day. Since SHAPEDOWN did not have any Spanish version, it was translated by

two bilingual Mexican Americans. Taking 8 weeks, the study included the distribution of workbooks, the distribution and presentation of pedometers to mothers and children, weekly reading assessments, goal settings, and assessments. In the first meeting, workbooks were distributed according to the ages and development features of children (1st Level, 6 to 8 years old; 2nd Level, 8 to 10 years old; 3rd Level, 10 to 13 years old). Pedometers and Spanish family guides were given to mothers. In the 2nd meeting, mothers set their personal behavior goals (nutritiom, physical activity, family support). For 8 weeks, mothers and children read about the importance of nutrition and physical activities. Foods were given to families in a list of calorie-free, light, heavy, and unnecessary, and they were recommended to eat light food and have smaller portions and do exercise for 60 minutes daily. FOTM was implemented by 1 Latino intern pediatric nurse, 1 doctorate nursing student, and 2 social service experts. 14 mothers and 18 children in the 6 to 14 age group participated in the program. A digital weighing scale, a wall-mounted stadiometer, and The Parent Perceptions of Child Appearance and Health Scale were used for assessment. At the beginning of the program, 73.3% of children were obese, and 26.7% were overweight. At the end of the program, 84.6% of the mothers stated that they managed to affect the eating habits of their children, and 92.3% of the mothers told that they enabled their children to be engaged in physical activity more. In addition, a great majority of the mothers said that their own eating and exercise habits affected their children. 78% of the mothers participating in the study started to be engaged in physical activity for minimum 30 minutes five days a week (James, Connelly, Rutkowski, McPherson, Gracia et al., 2008; AlMarzooqi, Nagy, 2011, http://www.ncbi.nlm.nih.gov/pubmed/19238713)

The Hope Family Project

It was a HIV and alcohol use intervention program aimed at training families living in homeless shelter and their children. It was implemented in 14 months. Implemented between March 2007 and May 2008, the program included children in the 11 to 14 age group and their families (102 parents and 122 children). The implementers of the program were 2 social service experts, 7 peer-community educators, 2 educators, and 2 coordinators from Bronx Community.
3 evidence-based programs were used as a guide during the creation of this program: CHAMP-NY: 4-7th Grade, The Strengthening Families Program (SFP), and Sista Project. Sessions and topics were as follows:

1st Session: Introduction and family communication
2nd Session: Tracking and control
3rd Session: Self-respect and peer pressure
4th Session: Adolescence
5th Session: HIV/ AIDS/ STI
6th Session: Substance use
7th Session: Domestic violence
8th Session: HOPE family game.

Demographic information of children and families (developed by the authors), questions concerning shelters, The Within Family Support Subscale, Family Assessment Measure, Parenting Skills Questionnaire, Family Stress Scale, Monitoring the Future Survey, and Brief Symptom Inventory were used as measurement tools.

In the end, the program led to an improvement in the communication skills of the families participating in the program in special topics, helped them learn new things about one another, and raised an awareness regarding HIV and AIDS (Beharie, Kalogerogiannis, McKay, Paulino, Miranda et al., 2010).

Fit Kids/Fit Families (FKFF)

The goal of the program was to decrease and prevent overweight and obesity in childhood, increase physical activity, improve family health, and reduce body mass index. It lasted 12 weeks in 2005. 68 children in the 5 to 16 age group and their families participated in the program. Changes for healthy life were introduced, and weekly nutrition and activity lists were given to the participants. In addition, two-hour meetings were conducted with the

participants every week. The assessment tools used in the program were Rosenberg Self-Esteem Scale, journals, a weighing scale, and a meter. The program was implemented by a dietitian, a behavioral scientist, and an exercise specialist. Fit Kids/Fit Families had the following effects:

- Knowledge and behaviors about healthy life decreased [P2]among the children and families.
- An increase occurred in physical activity among 59% of the children, and a decrease of 32% occurred in sedentary activities.
- A decrease of 81% occurred in body mass indices, and thinning was observed in the waist circumferences of 74% of the children.

An improvement occurred in the self-respect of 66% of the children participating in the study (AlMarzooqi, Nagy, 2011, http://www.ncbi.nlm.nih.gov/pubmed/18777991, http://www.med.wisc.edu/files/smph/docs/community_public_health/partnership/outcome_reports/oac/38-fit-kids-fit-families-outcome-report.pdf)

1.2. Family-Based Early Intervention Programs Developed in Turkey

Behavioral Education Program for Children with Autism (BEPCA)

This program aimed at teaching basic imitation and basic matching skills to children with autism. The target audience of the program was children with autism. It was implemented for 26 weeks in the 2006-2007 academic year. BEPCA implementation team consisted of two educators and one expert specialized in autism, applied behavior analysis, and intensive behavioral education. The program included 1 family and 1 child. Prior to the implementation, Behavioral Education Program for Children with Autism Follow-Up Tool (BEPCA-FUT) was administered. The tool was re-administered 6 months later. In this way, the progress of the child was followed. The Leiter International Performance Scale was employed for determining the intelligence level of the child. The program was implemented five days a week, and 6 hours a day. The program was evaluated via observations, follow-up meetings, interviews, process products, and performance evaluation reports. A continuous improvement occurred in the imitation and matching skills of the child in the implementation process lasting 6 months. Apart from that, some non-target effects such as increase in communication starting attempts, beginning to fulfill some instructions, starting to play with some toys appropriately, and beginning to direct one's attention to people and objects around were observed (Güleç- Aslan, Kırcaali-İftar, Uzuner, 2009).

Interaction-Based Early Childhood Intervention Program (IBECIP)

It was the Turkish adaptation of Responsive Teaching. It lasted 6 months. The implementer conducted activities with mothers and their children for 1 to 2 hours a week.

The goal of the program was to enhance the quality of interactions between primary caregiver and children, and support children. The target audience of the program was children in the 0 to 6 age group with Down syndrome, autism, cerebral palsy, mental deficiency, retarded language and speech, developmental retardation with an unknown cause, and premature birth, and their mothers. 19 mother-child pairs participated in the program implemented by a special education specialist between 2009 and 2010. The assessment tools used in the study were the Turkish version of The Maternal Behavior Rating Scale, The Child Behavior Rating Scale, Denver-II, Ankara Developmental Screening Inventory, and semi-structured mother interviews. The specialist prepared daily plans to be applied to mothers and children. The guide contained 66 strategies that could be used by mothers during their interactions with their children and 132 discussion points supporting such strategies. Each plan included 1 to 2 strategies and discussion points belonging to them. In each session, the plan was explained to the related mother. During the implementation of the plan, the researcher demonstrated activities that could set an example for the related mother. It was observed that an increased occurred in mother-child interactions; the mothers were informed of the development of their children; and an increase took place in the self-care and game skills of the children (Karaaslan, 2010; http://www.etecom.org/aboutus.asp).

The Parent-Child Interaction Intervention for Children with Visual Impairments

The target audience of The Parent-Child Interaction Intervention for Children with Visual Impairments was children with visual disability and their mothers. The program aimed at increasing the quality and quantity of the interaction between children with a visual disability and their mothers. It was implemented by a special education specialist between 2009 and 2011, and lasted 34 months. The program included two visually challenged children and their mothers. When the intervention began, one of these children was 16 months old and blind, and the other was 29 months old and had a low vision. A total of 27 intervention program sessions were conducted with the mothers (20 with the first mother, and 7 with the second mother). Observation, interview, journal, interaction check list, document, video recording, and tape recording were used as assessment instruments. The program was observed to have the following effects on mother-child pairs:

- An increase occurred in the parenting skills of the mothers.
- The mother started to watch the reactions of their children closely, guide their children, provided more stimuli and language inputs for their children, and increased physical contact.
- The mothers started to enjoy communicating with their children.
- An increase occurred in the interaction of the children with their mothers.
- The children started to establish communication with other individuals (Kesiktaş, 2012).

2. Discussion

It was determined that most of the early intervention programs developed between 2004 and 2013 were implemented in 2007. 6 of the programs were implemented in 2007; 3 programs were implemented in 2005; 3 programs were implemented in 2009; 1 program was implemented in 2004; and 1 program was implemented in 2006. The present study did not detect any early intervention program developed in 2008, 2010, 2011, 2012, and 2013.

7 (50%) of the early intervention programs developed in the last decade were for children with special needs and their families.

4 of the programs (29%) were aimed at improving parenting skills.

2 of the programs (14%) were family-based and about obesity, which is a problem frequently encountered in developed and developing world countries (%14).

1 of the programs (%7) was about alcohol use and HIV, which are two big problems of developed countries.

Generally speaking, the family-based early intervention programs provided families and children with social, emotional, economic, educational, and physical benefits. Through the programs implemented, family-child interactions increased; the children became more self-sufficient; the children had higher self-respect levels; the parents became more self-confident; the parents started to enjoy interacting with their children; economic benefits were gained; an improvement occurred in the cognitive and receptive/expressive language skills of the children; an increase occurred in their self-regulation skills; radical changes were observed in eating and physical activity habits of the families and children; an awareness was raised regarding alcohol use and diseases such as HIV and AIDS; and the children's skills of communicating with people outside the family improved.

Finally, the comparison between Turkey and the USA demonstrated that the family-based early intervention programs implemented in Turkey were inadequate in terms of quantity and scope. It was concluded that the programs implemented in Turkey were mostly aimed at children needing special education and their families; and that programs should be developed in regard to alcohol use, parenting skills, premature infants, and the homeless.

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