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# EARLY INTERVENTION

## Answering the what, why, and how?

Although the term 'Early Intervention' seems self explanatory, the scientific community found it difficult to grapple with this concept.

The reason is that, it is not easy to prove its efficacy through bona fide research. Truthfully, the concept is pretty straight forward. You have a problem brewing?

Nip it in bud.

But it is easier

said that

done!

Problem is that, early identification is not so easy at present. Here, we are talking about problems of child development. Standardized screening tools are being developed to identify childhood problems at their earliest.

There are a multitude of diseases which are identifiable in a number of affected new born at birth, who look perfectly normal (asymptomatic new born). Their problems will start at a predictable period later in their life. By that time the consequent hidden damages will make



treatment either very difficult or completely impossible. Tests designed to detect these problems at or soon after birth are known as Newborn screening.

Newborn screening tools are constantly refined. In developed countries, there are Newborn screening programmes which run continuously to pick up children early to prevent or reduce the burden from their diseases. It is heartening to see that in India few select centres of excellence have started implementing this programme as a routine practice.

Once Early Identification is done, preventive measures or Early Intervention can save this child's future sufferings from the Consequences of delayed pickup. Unfortunately, it is not possible to identify all conditions before they start showing their symptoms.

Researchers are continuously trying to develop early identification tools for conditions like cerebral palsy. It is one of the major causes of visible childhood disability. A child with Cerebral palsy develops physical deformities known as spasticity. When spasticity involves all four limbs of the body, it is known as quadriplegia. Although the world is yet to develop a screening tool for otherwise normal looking infants who will develop Cerebral palsy later, but some scientific predictions are possible. Children who are "at risk", a screening brain scan may show some change in the brain called periventricular leucomalacia (PVL). Babies with PVL on both sides of their brain will inevitably develop spasticity of their limbs. Once bilateral (both sided) PVL is identified there is no point in delaying the intervention. There are well established methods to prevent spasticity developing. If these methods are implemented early enough in their lives, these children may not have to become physically so disabled ever.

Similarly, some less than ideal screening tools have been laboriously designed for childhood autism. Modified Checklist for childhood Autism in Toddlers (M-CHAT) is an example where autism may be rationally suspected in a baby as early as eighteen months of age. Screening early identification tools and suspicion by an expert paediatrician or another experienced health care professional are all avenues for early intervention. The idea is to spot a possible preventable burden early and to intervene quickly, while experts are scratching their heads to establish a diagnosis.

During my long experience abroad, in one of the more progressive child development centers in London, UK, I learnt how early intervention changed the course of a child's life-chance for the better.

[Why' early intervention'?](#)

I guess, no one needed to worry, if believability could be high in our society. Even a child could understand the importance of intervening early, if we could all believe what the doctors and the health professionals say. I will discuss this issue in the "how" section later. But for the time being, let us consider that all doctors have gone saint and that they are all highly competent in what they are doing. Even in that scenario you may feel defensive if



some one suggested that your child might have a problem .In situations where a professional is genuinely worried and presents find it impossible to accept, mechanism of "denial" is in place.

Denial is a strong psychological reaction to cope with your inner fears. You do not want your child to have anything wrong. So you feel protective. This feeling somehow misdirects. You to act out the ostrich phenomenon where the bird dips its head in the sand during sand storm assuming that there is no sand storm as it cannot see the storm anymore!

In our society, the awareness label is rather poor even amongst the professionals who have the awareness to be concerned in face of a 'red flag 'signor symptom. He may be unaware of the availability of early Intervention and the requisite resources nearby. For the sake of awareness, it must be emphasized that there are high quality early intervention enters for excellence on our country now. The numbers are very small at present but success stories of a handful of high quality early intervention need to be percolated, if we want to spread this good work around as for the benefit of our suffering children in our nation.

Thus, going back to our question of "why", I think, we can emphatically say, because Early Intervention pays to do so. If I am child with cerebral palsy, I would rather have people helping me never to become a cripple rather than wait until I go cripple rather than try to turn the Titanic!

If I am autistic, I would rather want expert to show me what the world around me expects me to do from they very outset, rather than-tell me off later when I have developed my own methods of communication which no one else understands but me and where have learnt how to cope with various sensory stimuli by flapping my hands, putting hands again my ears and shirking in joy or fear, of which others have no understanding and others start calling me "odd".

If I am a child with specific reading difficulties, I would rather have my remedial manoeuvres as soon as I can start, rather than being put in "special" class after being stigmatized as a "problem child" who is "mentally slow". The cost saved in terms of financial resources, emotional burden and disability limitation incalculable. The concept of "Social Capital" is only gaining grounds. Once a frame work of calculating the cost effectiveness of early intervention is formulated, there will be no dearth of takers, I am sure. But as a country we should emphasize on the needs of improving awareness, training, service development and implementation .We should intervene early.

**How to do Early "Intervention"?**

In the field of child development the best is the minimum! Unless the full expertise of the high quality training and experience in this discipline is brought forward one cannot expect to produce result and improvement of a magnitude which are visible or appreciable by the



parent and carers. Once high quality intervention became the norm, appreciable result will be produced from all corners of our country.

The finest bits of our humanity are being challenged when you are faced with a family where you find a child with disability is suffering. Parents are usually highly anxious. They want improvements in the minimum cost; way below what is required as a minimum. They often expect miracles. They shop around for that promise of miracle cure. They speedily start losing hope and a helpless child is left to suffer where a lot of meaningful help could have been brought forward. Parents want their child to get better and not suffer. That is why they take the child to the doctor. They do not like what is being said or how the doctor spoke to them about their child's diagnosis or prognosis. They find it almost objectionable that instead of giving the child injection, medicines and putting the child in to "most modern equipment" which should bring out a "fully cured" child from the other end, doctors are referring that child to a number of professionals. They are disgruntled by the fact that no "hi – if" stuff is brought about in their child's 'such a big' problem.

Instead, the health professionals start playing with the child with toys and start stretching the child's limbs and fingers. They get angry, feel frustrated and lose hope further. Unfortunately non – experts and sometimes con men (people who take advantage of some one else's grief and misfortune) compound the hurt.

Therefore the word that is out there is in the line of "Oh! Well we have tried everything. None of these came to anything if you ask me."

**Expert step wise approach of counselling, making every thing crystal clear at every step of the way helps them to accept your treatment. If you can bring forth high level of quality in your interventions you can deliver palpable results in short time too.**

At our Child Development Centre, Apollo Gleneagles Hospital, Kolkata, a typical parental comment is "after two or three meetings the child is showing improvements that we can feel and see." Without quality in every member in our team this would have been the mirage that so many colleagues in Developmental Paediatrics had lost their way in. I know of 3 or 4 such good centres in India where you can expect such good results. Our mantra being Early Intervention, we leave no stones unturned keeping the "child first and always" to ensure that the child will enjoy the benefit of its interventions.

It has been an uphill task to ensure that not only we have well qualified high ability professionals, they also had to learn how to be a good human being and a caring individual in the first place (professional of a "Good Standing" template).

Meeting all the minimum conditions for enabling "Early Intervention" is a challenge and it is going to remain challenging at least for another half a decade. But, if even a handful of good centres like ours can keep producing the good result, I expect mushrooming of Child Development Centres (simple supply demand economics) minimum acceptable standards of



which will be at a level where these make some difference. Our job is therefore; to keep raising the bar at the centres of excellence. Watered down emulated versions of which must not go below an acceptable standard, in that case.

All professionals should know that there are experts who can help. The sooner you pick up a problem, the better it is, only if you did something about it. "Early Intervention" will reduce a lot of suffering. Experts deliver better standard of care. From our CDC, AGH, Kolkata, we make it a point to refer back the child to the original referrer. A disability may be inevitable, but there is no place for losing hope. Every child can be helped. In our current state of affairs, we can bring big improvements in a very short period of time. It is extremely gratifying to see the smiles of real success in those tiny individual's divine faces. That is what keeps us charged up to continuously champion the cause of "Early Intervention"



"For booking call Srabanti (91-9874797726) or Bipasha (91-9830987419)"