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Introduction

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Increasing numbers of young children are presenting with non-progressive developmental disorders involving compromises in the capacities of relating, communicating, and thinking. These developmental disorders include autistic spectrum disorders, multisystem developmental disorders, cognitive deficits, severe language problems, types of cerebral palsy, and others. They involve many different areas of developmental functioning, ranging from planning motor actions and comprehending sounds to generating ideas and reflecting on feelings. New research and clinical observations are making it possible to more fully identify these different capacities and, thereby, characterize each child and family according to their unique profile of functional developmental capacities. These new observations also make it possible to subdivide complex developmental disorders, such as autism, based on different configurations of functional or dimensional processes (e.g., auditory processing, motor planning, and reciprocal, affective interactions). Most important, they enable clinicians to individualize assessment and intervention approaches in response to the child-and-family-specific question: “What is the best approach for a given child and family?” Answering the child-and-family-specific question makes it possible for clinicians to tailor the approach

to the child, rather than fit the child to the program.

Too often, however, the clinical practice is to fit the child to a standard program. The rationale for fitting the child to the program is, in part, driven by theory and belief (e.g., all children with autism should receive a specific approach, regardless of their individual developmental profiles). It is also driven by the mistaken assumption that children who share a diagnosis because they display some similar symptoms also have a similar central nervous system processing profile and underlying neurobiology.

There are, however, different neurobiological patterns, in addition to different functional developmental or dimensional processes, within each broad diagnostic group, such as autism. These findings make it timely and imperative to formulate clinical practice guidelines that go beyond traditional diagnostic categories and are based on functional developmental or dimensional differences.

Over the years, the disciplines that work with developmental disorders have constructed a large body of research and clinical experience based on these functional developmental or dimensional processes. This knowledge, however, needed to be brought together and organized. In response to this need, the Interdisciplinary Council on Developmental and Learning

Disorders (ICDL) launched an initiative to systematize the current clinical knowledge, including both research and clinical experience, of disciplines such as speech pathology, developmental and behavioral pediatrics, pediatric neurology, occupational and physical therapy, psychology, social work, special education, early childhood education, early intervention, and child psychiatry. The result of this effort is *The ICDL Clinical Practice Guidelines*.

The ICDL Clinical Practice Guidelines is unique in three ways. First, the guidelines go beyond syndrome-based approaches and build on emerging knowledge of different functional developmental patterns within broad syndromes, such as autism. This specificity enables the identification of each child and family's unique developmental profile, including strengths and vulnerabilities, and the development of an individualized intervention plan that works with all the relevant functional developmental and processing capacities.

Second, *The ICDL Clinical Practice Guidelines* addresses a level of clinical complexity, detail, and depth not often attempted with such efforts. The guidelines recognize the need to go further than simply documenting, in broad strokes, the value of interventions such as special education, social skills training, and/or communication and speech and language therapy. The guidelines recognize that there is enormous variation in clinical goals, techniques, and therapist/child interactions within similarly named interventions (e.g., speech and language therapy), based on the individual challenges of a particular child and family and on the practitioner's personality, training, skill level, and interactive patterns with a particular child and family. The guidelines, therefore, attempt to describe specific strategies and interaction patterns for the different functional areas: For

example, how to work with a child who is very overreactive to touch, underreactive to sound, has poor motor-planning skills, is very avoidant, and moves away from adults and other children to help him learn to enjoy caregiver and peer relationships, interact, communicate, and problem solve. This type of child-specific clinical work requires enormous clinical skills. These skills, which will often determine the success of the overall intervention program, can only be captured by in-depth clinical descriptions that go significantly beyond the identification of a generic intervention category.

Elaborating upon and systematizing in-depth clinical strategies to guide intervention efforts require a broad knowledge base supported by both research and clinical experience. The third unique feature of *The ICDL Clinical Practice Guidelines* is that the guidelines are based on both current research and clinical experience (i.e., expert opinion) from all the disciplines that work with developmental problems. A number of organizations have issued, or are issuing, guidelines based predominantly on reviews of current research (or evidence). Although increasing research is an important long-term goal, the current research base is too incomplete to fully guide clinical decisions. It lacks the scope and specificity necessary to guide interventions tailored to the individual child and family's unique developmental profile. (See Tsakiris, Chapter 31, this volume, for a review of current intervention research.) Current research is only able to ascertain, in broad terms, that (1) intervention programs tend to be helpful, (2) intensive and comprehensive programs tend to produce better results, and (3) a few of the related areas of functioning (e.g., language and social skills) have been studied to some degree. There are no comparative clinical trial intervention studies of major intervention models and no

definitive clinical trial intervention studies of comprehensive interventions for representative populations of individuals with autistic spectrum disorders or other disorders of relating and communicating that demonstrate clinically meaningful outcomes. Only selected assessment and intervention procedures have been researched, and many important areas of functioning and related interventions that belong in a comprehensive assessment and treatment program have not been sufficiently studied.

At present and for the foreseeable future, clinical experience together with research is necessary to provide the clinical knowledge needed to individualize approaches to the child and family's functional or dimensional profile. Both are also necessary to work with all the areas of developmental functioning that form the critical foundations for intellectual and emotional growth.

The ICDL Clinical Practice Guidelines addresses the identification, assessment, and treatment of all relevant areas of developmental functioning, including child-caregiver relationships and developmentally appropri-

ate interaction patterns; speech and language, including auditory processing; motor functioning, including planning and sequencing; visual-spatial processing and thinking; other types of sensory processing; and sensory modulation, including patterns of hypo- and hypersensitivity; the functional-emotional developmental capacities of attention and regulation, engagement, purposeful, two-way communication, complex problem solving, the creative use of ideas, and abstract, logical thinking; areas of cognitive functioning; social skills; family patterns; and peer relationships.

The ICDL Clinical Practice Guidelines further addresses how these functional developmental capacities become incorporated into the process of a comprehensive evaluation, the construction of the developmental profile, and the formulation of a child-and-family-specific comprehensive intervention program. The functional developmental approach serves as the basis for recommendations for changes in screening, assessment, and intervention services and local, state, and federal policies. ■