

OT in Public Health: Educating Head Start on Early Identification of Delays

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BACKGROUND: Head Start serves low-income families with the primary goal of helping children achieve an adequate level of school readiness. Children growing up in poverty demonstrate poorer developmental outcomes (Shah et al., 2015), therefore, the implementation of developmental monitoring within these programs would be an opportune point of intervention. Developmental monitoring is the process of observing a child's developmental progress to see if various milestones are reached at the expected time. The combination of developmental monitoring and developmental screening together has been shown to be more effective for the identification of delays than screening alone (Barger et al., 2018). Unlike developmental screening, developmental monitoring does not require specialized training or licensure. Developmental monitoring can be completed by parents, early care and education providers and clinicians. Previous findings indicate that early care and education providers can play a key role in early identification through developmental monitoring if provided the training to do so (Chödrön et al., 2019).

PURPOSE: The aim of this current study was to examine the impact of online training for implementation of developmental monitoring within the Head Start setting. Head Start employees participated in a 5-hour webinar series focused on the implementation of the CDC's 'Learn the Signs. Act Early' (LTSAE) developmental monitoring program.

DESIGN: Pre-and post-test surveys were administered for each webinar. Using a Likert scale, participants were asked to rate their knowledge and experience of childhood development and LTSAE. Quantitative data was analyzed using SPSS- 25. At the conclusion of the webinar series, a one-hour focus group (N = 6) was conducted with Head Start employees to learn about participants' perceptions of the online training and their confidence in implementing the program. A phenomenological approach and NVivo software were chosen for qualitative analysis. Member checking and coding reliability were completed for trustworthiness.

RESULTS: A total of 194 Head Start employees participated in the webinar series. Pre and Post survey data revealed significant changes ($p < 0.05$) in knowledge following the webinars in childhood development ($p = 0.001$), attachment ($p = 0.001$), childhood trauma ($p = 0.001$), developmental monitoring ($p = 0.0001$) and referral to early intervention ($p = 0.002$). Additionally, out of the 12 survey questions, 6 questions were concluded to have a large effect size (ability to support LTSAE, experience using LTSAE, knowledge of state agencies, referral, attachment patterns and effects of early childhood trauma) and 4 were found to have a medium effect size (knowledge of motor, cognitive, social and speech milestones). Qualitative themes identified from the focus group were (1) a desire for more training, (2) barriers for LTSAE implementation, (3) suggestions for expanding LTSAE, and (4) consensus that the webinars were well received.

CONCLUSION: The webinar series proved to be an effective means of education to promote LTSAE within Head Start. Impact: Occupational therapists working in early care settings are ideally positioned to educate employees on developmental monitoring to improve identification of developmental delays. Knowing that low-income children receive significantly less screening in the pediatricians' offices (Hirai, et al, 2018), implementing LTSAE within Head Start should increase developmental screening and in turn, identification of delays. In conclusion, Head Start is an ideal setting for increased implementation of developmental monitoring because they serve a population of children who are at an increased risk of being adversely affected by developmental delays and disabilities.

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