



An integrated transdisciplinary approach to early intervention www.eismart.co.uk

Dr Anna Basu (Paed Neurologist) Dr Neela Basu (Psychotherapist) Siew-Lian Crossley (SLT) Janet Cooper (SLT) Sibylle Erdmann (parent) Dr Laura Ferguson (Paediatrician) Lindsay Hardy (OT) Phil Harniess (PT) Emily Hills (OT) Dr Angela Huertas- Ceballos Dr Betty Hutchon (OT) Dr Sally Jary (PT) Sarah Jepson (parent) Jane Moffat (parent) Anna McLaughlin (parent) Anita Panchmatia (parent) Francesca Pignataro (parent) **EXPERT PANEL:** Prof Christa Einspieler Dr Gillian Forrester Dr Deanna Gibbs Prof Samantha Johnson **Prof Neil Marlow** 



## Who we are:

We are a small organisation of passionate clinicians, academics and parents who are working together with the sole aim of improving neurodevelopmental outcomes for premature and term infants at risk of developmental difficulties.

EiSMART is a non-profit organisation, with teams focused on research and development, education, and representing EiSMART nationally



## **Our vision:**

Our vision is to lead and transform the face of early intervention for babies and their parents.

We would like our approach to be available to all babies who are at risk of developmental delay, cerebral palsy and other difficulties as a result of being disadvantaged by preterm birth or perinatal brain injury.

The Ei SMART approach promotes early intervention with the best possible evidence base – early is vitally important to capture brain plasticity.



## **Our message to babies:**

EiSMART wants to give you the best start in life – to feel joy in touch and successfully interpret the world around you (S); to move and explore in a secure and supportive space (M); to learn how to sleep deeply, grow strong, communicate, eat, play and have fun and to feel infinitely connected (A) as you are embraced with skill and confidence by your family (R), and are supported in all of this as we work together (T).



### Our message to parents:

We promise to always start with what your baby can do; we will give you hope; we will call you by your name; we will balance fun with challenging when helping your baby achieve their next goal because we know that babies learn best when they are relaxed and happy.

We will embrace you as the expert on your baby and we will work with you in partnership, enjoying and taking pride in your baby's developmental journey.



## Our message to therapists:

We are committed to supporting the professional development of neurodevelopmental occupational therapists, physiotherapists and speech and language therapists.

We are working closely with others in this field – doctors, psychologists, researchers and families, for the advancement of knowledge, skills and practice in early intervention to improve neurodevelopmental outcomes for our tiniest patients.



### Our message to doctors and nurses:

Work in progress .....!!



## What have we been doing?



REVIEW

#### Early intervention programmes for infants at high risk of atypical neurodevelopmental outcome

BETTY HUTCHON<sup>1,2</sup> | DEANNA GIBBS<sup>3,4</sup> | PHILUP HARNIESS<sup>2,5</sup> | SALLY JARY<sup>6,7</sup> (D) | SIEW-UAN CROSSLEY<sup>6,9</sup> | JANE V MOFFAT<sup>10</sup> | NEELA BASU<sup>8,11</sup> | ANNA P BASU<sup>10,13</sup>

1 Royal Free Hospital, London; 2 Institute of Child Health, University College London, London; 3 Barts Health NHS Texts, London; 4 School of Health Sciences, Centre for Naternal and Child Health, University of London, London; \$ Department of Physiothesisty, Great Ormond Street Hospital for Children, London; 8 Neonatel Neutocience, Translational Health Sciences, Bristal Medical School, University of Bristol, Bristol, 78 death Children's Therapy Center, Card F, 8 Homenton University Hotpital, London: 9 Speech and Language Theorem Team, Hadgrey and the City Integrated Trust, London: 10 School of Medicine, Keele University, Keele 11 Child and Addressent Mental (CAMHS) Disability Service, Hometon University Hospitel, London, 12 Institute of Health and Society, Newcastle University, Newcastle upon Tyne, 13 Department of Peediatric Neurology, Newsotle upon Tyre Hospitals, Newcastle upon Tyre, UK.

Compositions to Ama P Base at Level 3, Shubmer Specce Indiate, Reyal Mcbrie Infrance, Gasen Victoria Road, Newcastle open Tyre NE1 4/P, UK E-mail: a markaro@nclas.uk

#### PUBLICATION DATA

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#### A DOREVIATIONS

COPCA Coping with and caring for infants with special needs ELSMART Early intervention: sensorimator development, attention and regulation, relationships, and thespist support NICU Neoretal intensive care unit

The purpose of this review is to present a new framework, EISMART (sarly intervention: sensorimotor development, attention and regulation, relationships, and therapist support) for identifying key components that could contribute to more effective interventions for infants at high risk of atypical neurodevelopmental outcome. We present a clinical consensus of current challenges and themes in early intervention, based on multidisciplinary group discussions, including parents of high-risk infants, supported by a literature review. Components to include in early intervention programmes are: (1) promotion of self-initiated, developmentally appropriate motor activity; (2) supporting infant self-regulation and the development of positive parent-infant relationships; and (3) promotion of early communication skills, parent coaching, responsive parenting, and supporting parental mental well-being. Such multimodal programmes may need to be evaluated as a package.

Improvements in neonatal intensive care have been a soci-functioning, and the home environment, are also associated ated with increased survival of very low birthweight and with developmental outcomes.<sup>3</sup> In a longitudinal study,<sup>3</sup> infants born preterm; however, morbidity remains high. the effects of biological and psychosocial risk factors on There is an increased risk of cognitive and/or behavioural cognitive and socio-emotional functioning outcomes aged impairments, speech and language delay, and sensorimotor 2 years were additive. deficits, including cerebral palsy (CP). This greatly increases the emotional and financial burdens on families, sents a life-changing crisis for parents, which could have society, and health care systems.

Multiple factors have an impact on cognitive, beha- worth.\* A high-risk pregnancy and/or preterm delivery vioural, language, and sensorimotor outcomes in infants born preterm. Periventricular leukomalacia, grades 3 to 4 one-quarter of parents of infants born very preterm (espeintraventricular haemorrhage, and bronchopulmonary dys- cially mothers) report mental health problems over 2 years plasia are associated with a high risk of CP.<sup>1</sup> There are after the birth.<sup>6</sup> This may jeopardize parent-infant relaalso justifiable concerns about the impact of environmental tionships that may affect subsequent child development. factors in the neonatal intensive care unit (NICU) on Treyvaud et al.1 demonstrated a strong, positive associainfants born preterm, including noise, bright lights, medi-tion between parent-child synchrony and child cognitive cal equipment, and altered social interactions<sup>2</sup> Loud noises development and social emotional competence at 2 years' and bright lights have short-term negative effects on corrected age. weight gain and cardiorespiratory parameters; these factors influence developmental outcomes.<sup>2</sup> Isolation in an incubator and skin-to-skin caregiver contact are very different sensory experiences that affect cardiorespiratory parame- Intervention, Family Integrated Care, and the Mother ters and sleep organization. Non-medical factors includ- Infant Transaction Programme (Table SI, online supporting social demographics, parental education, parenting ing information). These interventions are underpinned by style, parental mental health, family structure, family an ethos of individually tailored collaborative care,

Existing developmentally supportive care interventions

in the NICU include the Newborn Individualized Devel-

opmental Care and Assessment Program, Family Nurture

The birth of an infant requiring NICU admission repre-

an impact on parenting ability and their sense of self-

may cause stress due to feelings of grief and guilt.5 Around

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## **High risk infants:**

## Infants disadvantaged by

**Biological** (preterm birth, perinatal brain injury)

### and/or

### environmental (socio-economic class, parenting)





## A new approach was needed

- To shift the focus towards the holistic needs of the infant and family,
- to produce collaborative,
- evidence-based services

common purpose:

- supporting professional development,
- placing parent empowerment and
- education at the centre of early intervention strategies



## **Universal concern regarding:**

- type,
- frequency
- quality of early intervention on offer to parents of infants at high risk of neurodevelopmental difficulties.
- All too often there is a lack of evidence for the effectiveness of some of the interventions implemented

*"largest effect in interventions that include: -child initiated movement, task specific training and included elements of environmental enrichment"* 

"dosing may be critical and multifaceted interventions may offer best opportunities for child and family"

Morgan C et al (2016) Effectiveness of motor interventions in infants with cerebral palsy: a systematic review *Dev Med Child Neurol. 58(9):900-9.* 

Hadders-Algra M et al (2017) Effect of early intervention in infants at very high risk of cerebral palsy: as systematic review *Dev Med Child Neurol 59 (3) 246-258* 

# evidence

### Experience shapes brain development....





→ 'What fires together wires
 together' (Donald Hebb) –
 neural basis of learning

Potential for early experiences to positively influence brain development .. Learning takes place best in an action-reaction situation Child actively explores the environment or participates actively



## **Critical periods of brain development**



- Developmental plasticity
- Post-lesional plasticity
- Critical periods
- Neonatal stroke as example

If we intervene early, can we mitigate most effectively against the effects of early brain injury and improve outcomes?



## We found no single approach

built around a central strategy of -

- parental inclusion
- education
- empowerment beyond the NICU

to maximize the effectiveness of early intervention for the infant.

We recognised that many parents may not know what to expect from service providers.

There was widespread agreement that a multidisciplinary approach is best for children with CP

Current approach is too fragmented



## **Our literature review revealed:**

- The ideal early intervention has yet to be found
- We need more information about what works for whom and why
- Common themes and active ingredients that may be crucial to sustained change
- We identified key components that could contribute to more effective interventions for infants at high risk of atypical neurodevelopmental outcome.



## Evidence for effective interventions

We made the case for including the following components in early intervention programmes:

(1) promotion of self-initiated, developmentally appropriate motor activity;

(2) supporting infant self-regulation and the development of positive parent–infant relationships;

(3) promotion of early communication skills, parent coaching, responsive parenting, and supporting parental mental well-being.

By articulating the components Ei SMART enables therapists to support their consideration of the interplay of these elements and how they may impact an infant's development and the parent-infant relationship, which will underpin the planning and delivery of their specific therapeutic intervention.



It is a multi-disciplinary, evidence-based approach to optimise cognitive, motor and relational development in premature and sick babies



## Sensory

K

EI

S

Motor, sensory and cognitive development are all strongly interrelated (Hadders-Algra M. 2016)





## Emphasis of intervention for sensory development:

- Interpret the impact of the sensory world on the infant
- Provide the appropriate sensory environment
- -to help with infant's self-regulation to promote social interaction and attachment
- that keeps the infant engaged but not over stimulated.
- Help parents and carers interpret the
- impact of sensation on their infants



# MotorDynamic Systems Theory<br/>(Thelen 1995)

ΕI

S

K



# Heinz Prechtl and many other researchers

Qualitative assessment of spontaneous General Movements Age appropriate motor repertoire

Movement quality and relationship with brain MRI and later motor AND cognitive ability

Prechtl 1997; Einspieler et al 2004; Heineman K et al 2008; Spittle A et al 2008, 2009 & 2010



## **Attention / Regulation**

ΕI

S

M

R

## A better start for high - risk infants



## Attention / Regulation

- Self-regulation involves different domains regulation of one domain affects other areas of development
- Self-regulation skills develop gradually, important to have developmentally appropriate expectations of infant behaviour
- Important to identify and intervene with infants who need extra help
- Research shows that EI that targets the development of social and attention skills/abilities in the first year reduced risk of attention and FM difficulties at school age (Spittle 2015)



## Attention / Regulation

- Regulatory challenges are heightened for preterm infants and especially those at high risk CP who may also have unreliable motor responses.
- Difficulties with behavioural state regulation and organisation
- Eg irritability, crying, difficulties with consolability, feeding and sleeping



## Brazelton and colleagues:

Understanding Infant behavioural cues

Positive and sensitive parental awareness and responsiveness to infant's cues Support for the infants self-regulatory competence to reduce parental and infant stress

Brazelton TB & Nugent JK (2011); Hawthorne J (2005)



# ΕI R M S **Relationships**



# Relationships integral to early intervention:





## Parent-therapist relationship

Anticipatory Guidance

Shared Expertise Positive Expectations

Just right challenge

Collaborative Goal setting - risk infants



## Support parent-infant relationship by:

- Promoting attunement, attachment and a reliable and responsive parentinfant relationship
- Reducing infant stress and supporting self-regulation
- Illuminate the infant's capabilities and efforts to form a relationship with their primary caregivers
- Validate parent's skills in reading their infant's communicative efforts and responses.



## Ei SMART 6 core principles:

- Co-production with parents using a biopsychosocial model (considering biological, psychological and socio-environmental factors)
- Supporting a consistent and responsive parent-infant relationship
- Minimising infant stress and recognising and supporting the infant's self-regulatory behaviours
- Scaffolding the infant's next developmental steps in cognitive, motor, sensory and communication to stimulate and elicit active participation
- Challenging the infant with a wide variety of self-initiated, self produced motor activities in a variety of positions
- Promoting parent well-being



# EI SMART

# Not everything that can be counted counts; and not everything that counts can be counted.' A better start for high - risk infants

William Bruce Cameron 1963

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2				TOUCHING, Your Baby is	MOVING, SMELLING, TASTING, HEARING AND SEEING learning really fast. They need your help and guidance.			
				Play idea	How does it help my baby?			Po
				Interacting with Faces	Helping my baby learn through interacting		Е	ø
				63	<ul> <li>Expensive toys are not needed. Your face is the best toy for your baby!</li> <li>Your baby loves looking at, exploring and touching your face.</li> <li>Your baby loves hearing your voice and it helps your baby develop language.</li> <li>Pause when talking to your baby and wait for your baby to respond and take a turn. This is the beginning of a conversation!</li> </ul>		11	<b>B</b> .
				interesting things to look at	Helping my baby learn through play: 0 to 3 months old.			E0
					Young babies like interesting things to look at and contrasting patterns.     It helps visual attention and learning skills.     Pictures should be about 30cm from your baby's face     Note: ensure pictures are not too close to your baby's face and use them only a			4
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### **EiSMART Masterclass and Workshop**

### Born too soon, too sick. Start SMART.

Attend the EiSMART Masterclass (Early Intervention, Sensory, Motor, Attention/regulation and Relationships Together) and learn what the latest evidence tells us about early intervention – what works and how to optimise developmental outcomes for premature and sick babies.

#### What is **EiSMART**?

EiSMART supports therapist, clinician and family access to early intervention solutions for babies with developmental concerns. It is a multi-disciplinary, evidence-based approach to optimise cognitive, motor and relational development in premature and sick babies.



# Study day 3<sup>rd</sup> Dec booking now

#### How can I learn more about EiSMART?

EiSMART is hosting a virtual Masterclass and Workshop for therapists, parents and clinicians seeking to maximise the potential of babies with neurodevelopmental concerns. The expert-led Masterclass will introduce the case for, and principles behind, the five-fold EiSMART approach. The Workshop will be an opportunity to share and discuss the practical application of the EiSMART approach.

The Masterclass and Workshop sessions will be led by some of the UK's experts in early intervention for babies and young children with developmental concerns, and include parents that practice early intervention therapies.

Date:	Thursday 5th November
Time:	9:00am – 10:30am Masterclass; 11:00am-4:15pm Workshop
Tickets:	Masterclass £25; Masterclass and Workshop £50
Agenda:	Detailed online at http://training.ucheducationcentre.org/home/viewcourse/493/

This event is run by the University College Hospital London (UCLH) Education Centre.

The Workshop is limited to 50 places, so early registration is advisable: sign up here.



### Is this the right event for me?

Are you a professional involved in the care of babies in neonatal units and /or their long-term management and followup? You may be a physiotherapist, occupational therapist, or speech and language therapist. You may be a paediatrician; neonatologist, neonatal nurse or GP. Learn about the evidence base for early intervention; the impact of family-centred care; and incorporating EiSMART into your practice.

Are you a parent of a premature or sick baby that has neurodevelopmental concerns? You are integral to the EiSMART approach, and a partner to the whole multidisciplinary team in your baby's developmental journey. Learn about the approach guiding early intervention for your baby, and practical resources to support your baby's development.

Email Malorie.bantala-nzewo@nhs.net for more information.

### Sign me up!

### **EiSMART Masterclass and Workshop**



Thank you BANNFU for your support and this opportunity

from the Ei SMART team