

# Reflection on Family Support Through Early Intervention Service

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## Abstract:

A child's disability is one of the specific events in a family. A family experiences a special, stressful situation and needs immediate, accessible assistance. The present study focuses on family support through the social service at the early intervention centre. The impact of adversity is manifested in family life in multiple contexts – health, social, psychological, pedagogical, and economic. The objective of the presented study was to identify and evaluate the progress and effectiveness of the early intervention service for a family. The study brings the case studies of families which were conducted on the basis of several methods and techniques of working with the family. Using the case studies, we monitor and evaluate its effectiveness as the assistance process.

## Introduction

Supporting families with children is one of the important tasks in the performance of a helping profession. One of the types of directed support for families focuses on childcare assistance. In the case of a child with disabilities aged between 0 and 7 years, the family should have a possibility to access adequate social services, including the early intervention service. “Families with young children often state that after leaving a medical facility, they have no one to turn to, no one to address a package of their questions ... who should we continue to seek support at?” (Matej, 2015:18)). Furthermore, the author draws attention to the importance of early intervention centres which act as a “resource centres” for families with disabled children. It is necessary to facilitate cognitive, emotional, and social development of the children, improve their state of health and set their life chances inclusively. The early intervention service is a form of professional assistance to a family with a disabled child.

## Systemic approach in family support

As one of the important human systems, the family shows the interconnectedness of all its members. Family stability is an important prerequisite for fulfilling its individual functions. “An unstable family system does not allow the family to understand the situation it finds itself in...” (Ticha, 2015:20; translated by the author of the study). Classic social paradigms used in the early intervention services include Virginia Satir’s Family Therapy (2011). In order to establish the necessary changes, she emphasises the importance of its essential element which is hope. Assistance to the family which is a recipient of the early intervention service includes the possibility of applicability of various social paradigms, both therapeutic and counselling, with the use of a systemic approach. The systemic approach may be used by a social worker to work directly with the family with an accent on its specificities. There is a diversity of social work in the form of various activities, but they must have a common objective to promote and develop human potential, and social protection with a humanising aspect, as stated by: Greenslade, Vos, (2008); Hettes (2015); Rusnakova (2015); Olah (2020). The systemic ap-

proach allows for the interconnection of paradigms (social and health) of individual professionals. The following experts may cooperate with the family in early intervention in the field and ambulatory forms of social service: a special pedagogue, a therapeutic pedagogue, a physiotherapist, a speech therapist, a psychologist, a social therapist, a counsellor, a social worker, or other specialists. In such cooperation, the social worker may use verified methods and techniques such as crisis intervention, family rehabilitation, family conferences, etc.

## Methods, data analysis, results

We present data from the study conducted from 11/2020 to 02/21 in the form of case studies of three families. Individual case studies were conducted on the basis of a number of methods and techniques: family and personal history of a child, interviews, observation, study of the child’s documentation, and accompanying the family. We evaluated the case reports using qualitative analysis (with categorization and coding).

Case study No. 1 Zdenko (1-KZ) – analysis of 108 lines of text – number of codes: 30, No. 2 Julia (2-KJ) – analysis of 115 lines of text – codes: 28, No. 3 Davidko (3-KD) – analysis of 50 lines of text – codes: 12.

## Content categories

### Medical and family history

**Zdenko:** The first contact with the early intervention centre was when Zdenko was one year old. Now, Zdenko is four years old. Mother’s adverse intuition already during the pregnancy (1-KZ/4-6) Diagnosis: Zdenko has Down’s syndrome (1-KZ/11). The mother copes with Zdenko’s diagnosis, the father does not (1-KZ/12). The diagnosis was reported only to the mother; she had to inform the father (1-KZ/14). The mother also supported the father, strengthening the belief that the family would make it (1-KZ/16-18). Manifold adversity, another diagnosis: Zdenko cannot hear (1-KZ/18-20). Problems in marital communication, the parents retreated within themselves (1-KZ/25-27). The father also thought about suicide; the religious family was helped by a priest (1-KZ/28-29).

**Julia:** Six-year-old Julia and her family have been visiting the early intervention centre since

she was two years old (2-KJ/3-5). Multiple health issues with Julia (2-KJ/5). Considering of and decision making on further surgical procedures (2-KJ/17-18).

**Davidko:** Four-year-old Davidko has been attending the early intervention centre from the age of two. Autism diagnosed (3-KD/5-7). A change in health, diagnosis of malignant lung cancer, a two-year battle with the disease (3-KD/8-12). A significant deterioration in the condition, Davidko did not communicate (3-KD/12-16). Escape to the virtual world (a tablet computer) (3-KD/16-17). Mother's exhaustion; limited alternation of parents during Davidko's stay in hospital, as the father had to work (3-KD/17-21).

### Professional family support

**Zdenko and his family:** Zdenko's mother herself attended the early intervention centre (1-KZ/31). Before, she used rehabilitation (Vojta method, swimming, sauna, improving hearing with a Baha headband) (1-KZ/31-33). The early intervention centre provided network of experts (1-KZ/34-36). The centre performed a field form of service (1-KZ/38). Counselling on space arrangement at home (1-KZ/44).

**Julia and her family:** Julia started walking on her own at the age of three, hesitancy in movement but she manages without aiding... (2-KJ/19-22). Exercising in rehabilitation centres (2-KJ/24-25). Limited Julia's physical progress due to other diagnoses: memory problems, communication problems (2-KJ/27-32). The concentration and activity of the mother focused only on Julia (2-KJ/48-52). A change in mother's behaviour (she focused also on the other daughter; the father helped Julia at the time) (2-KJ/52-55). Mother's burnout syndrome, which she openly admitted to the key early intervention centre... (2-KJ/55-60). Mother's self-doubt, remorse for losing her strength (2-KJ/61-65). Difficulty of daily duties (2-KJ/66-74). Organization of household chores (cooking, helping the older daughter with homework, strolls with Julia, games in the yard, evening hygiene, full body massage, stimulating therapy) (2-KJ/75-78, 81-83). Assistance by the early intervention centre to Julia's mother: rationalisation of a day schedule (2-KJ/85-88).

**Davidko and his family:** Assistance by the early intervention centre to the family: psycho-

logical support, therapy at the centre during the stay outside the hospital (3-KD/24-28). The centre also advised the parents to pay attention to Davidko's older sister, the family was also helped by a wider family (3-KD/32-35). The mother was in the hospital with Davidko most of the time (3-KD/34). The centre felt connected with the family (3-KD/39-41).

### Service evaluation

**Zdenko and his family:** The early intervention centre is evaluated as an "ally" of the family. Open communication and trust are appreciated; thanks to cooperation (1-KZ/60). School inclusion of Zdenko after a year of intensive preparation for admission to the ordinary kindergarten, Zdenko's mother could go to work (1-KZ/70-74). Zdenko's mother was informed about the social network (1-KZ/82-83). Resumed cooperation of the family with the early intervention centre – in the family, Asperger's syndrome was diagnosed in the daughter (1-KZ/95-99). Benefits of family's cooperation with the early intervention centre: assisting the family to find their place and prevent its breakdown (1-KZ/106, 108).

**Julia and her family:** The early intervention centre supports the mother, her self-realization (2-KJ/89). The pandemic situation increased the difficulty of mother's care for Julia: isolation from external therapies, the mother becomes a "home assistance expert" (2-KJ/93-94). Functionality of the family as a whole: the family finds time for each other and for relaxation activities (2-KJ/107-109). Positive evaluation of the early intervention centre cooperation (2-KJ/110-115).

**Davidko and his family:** Unfortunately, Davidko lost his battle with the disease, and the early intervention centre said last goodbye to him. The center helps the family even in such the most difficult life situations, which the family greatly appreciated (3-KD/43-44).

### Discussion

In relation to the evaluation of the early intervention centre's cooperation with the family, the data resulting from the conducted case studies suggest the following:

- The importance of establishing trust with the family.
- Providing the network of experts in the provi-

sion of assistance (medical, rehabilitation, surdopedic, speech therapy).

- Support for the whole family.
- Sensitive perception of needs of the whole family.
- Recommendation of social and cultural life for the whole family, not to focus only on health issues.

At the time of the pandemic, continuity of the service was maintained, and it was moved to the online space for the necessary time. During the period of restricted movement, parents appreciated assistance through regular lending of stimulation devices and instructions for their proper use for the child's development.

## Conclusions

The reflection on interventions in the early intervention service allows its improvement and management of further challenges in its provision. In Slovakia, the early intervention service is a new, dynamically developing form of assistance for families and the reflection on the effectiveness of its provision thus becomes both legitimate and current research aspiration.

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