

Duke's DEC evaluates variety of special needs

(Continued from page 1)
where major problems can be prevented or remediated."

Gothard said that hopefully early intervention can ameliorate the effect the child's disability has on the whole family.

Parents can begin the referral process by calling the DEC directly. Frequently, personnel in public health and social services, teachers, and private health sources such as family physicians or pediatricians inform the parents or guardians of a child who is suspected of having problems about the services of the DEC.

Problem list

"We try to get back to the parents within a short period of time after they call so they'll know the referral process has started," Gothard said.

"An initial contact interview is held with both parents and a problem list is drawn up," she continued. "Members of the staff see the child, depending on the problem list that was drawn up."

One or more professionals assess the child during the evaluation process.

"It is important that the school contribute to the evaluation process (with the parents consent) whatever testing had been done previously," Gothard said. "We also get medical records such as family physician and pediatrician records."

"Getting all of these records together may take some time," she said. "But we feel these records are important. The concerns of the school and the parents may be different."

Involve both parents

After the evaluations are completed, an interpretative session is held with both parents to explain the results and to make recommendations.

"We always try to involve both parents in the initial and interpretative interviews," Gothard said. "We have even on occasion involved a parent not living in the home because we felt they all needed understanding of the evaluation."

Gothard mentioned one case where a child's stepfather as well as his biological parents were involved in an interpretative session so everyone who had direct contact with the child could understand the evaluation.

"It is necessary for parents to get an understanding of their child's disabilities so hopefully they will adapt reasonable expectations and utilize services that are available in the community," she said.

The clinic sends an interpretative letter which reiterates what was said in the parent interpretative conference. The

letter serves as a written summary for the family.

"I think it helps to have something written down," Mary Cappelman, DEC nurse clinician, said.

Gothard said that a lot of effort is put into keeping the school aware of the child's evaluation. If needed, the parents are given a second interpretative session. Follow-up contacts are made in six months to check on the progress of the child.

School can be involved

The clinic will not release information to the child's school without the parent's permission.

"Almost 100 percent of the parents we work with do give their permission for release of information," Cappelman said. "But occasionally we will have a parent who won't let us release the information."

"It is agonizing to work in evaluating a child and then have the parents not consent to release what we've found," she said. "I worked with a child over a year and a half ago and the parents still have not given permission for us to release the finding to the school."

In this situation, the DEC staff works with the parents to determine ways to implement the recommendations for the child.

The clinic operates on a sliding scale based on the parents' income, but "no one is turned away because they can't pay," Gothard said.

Research concerning high risk

The DEC is also involved in a number of research, evaluation and service projects with infants and families who are considered at high risk for developmental problems.

"We work with teenage mothers and infants before there is a chance for negative attitudes to form," said Cappelman, who has been instrumental in the organization and implementation of the research. "We try to strengthen the mother-infant bond."

Home visits

The research has operated with a nonintervention group and an intervention group of teenage mothers. Teenage mothers in the intervention group receive a monthly visit from a DEC social worker. The mothers in the nonintervention group do not receive visits, but the developmental progress of the infants in both groups is assessed periodically over the first several years of life.

The purpose of the home visits is to teach the young mothers ways to care for their infants.

"We show the mother ways to comfort and cuddle her baby," Cappelman said.

Visual, auditory tracking

Social workers also evaluate the infant's visual tracking and auditory tracking of voice.

"We're trying to identify high-risk situations in infancy so hopefully some preventive action can be taken," Cappelman said.

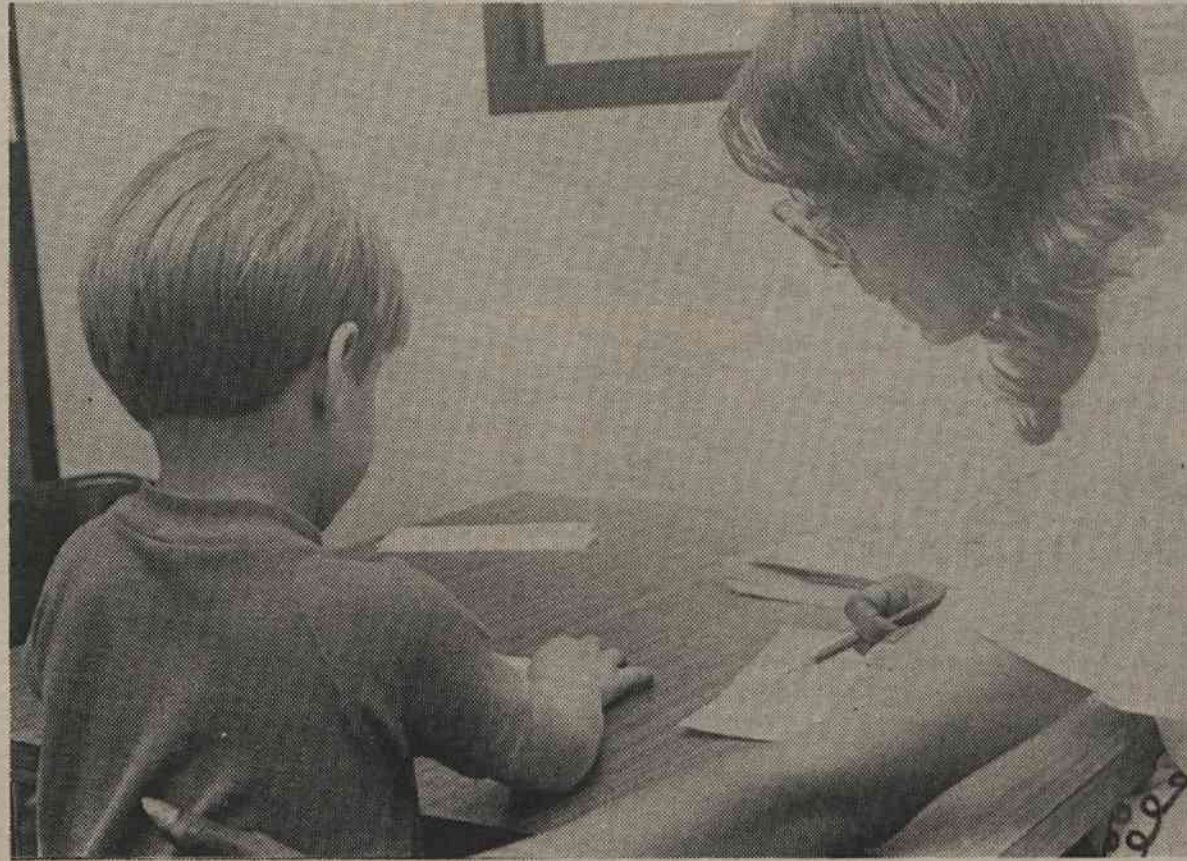
The teenage mothers in the intervention group are encouraged to return to school and effective family planning is discussed.

"We recommend community resources where the mothers can go on a referral basis," Cappelman said. "We're doing a lot of community coordination in this research."

The DEC is in the process of applying for a federal grant so that research with teenage mothers can continue.

"We'd like to do this type of research on a larger level," Cappelman said.

Story and photos by Parker Herring



A LITTLE ENCOURAGEMENT—A child being evaluated at the DEC receives a loving pat from speech and language pathologist Pat Ledbetter as he performs tests designed to determine his language abilities. Children are often evaluated in observation rooms equipped with a two-way mirror so that training health care professionals such as psychologists and medical students can observe their behavior.



ABC'S OF EVALUATION—Paula DeRemer, DEC clinical psychologist, uses blocks to help evaluate one child's intellectual function. The child wears a helmet to protect her head because she has "drop attacks" as the result of a seizures disorder.

Cresswell, Dawson, Rosen, Ziesat receive promotions

Four faculty members at the School of Medicine have been promoted, according to an announcement by Dr. Frederic N. Cleaveland, university provost.

They are Drs. Peter Cresswell, Jeffrey R. Dawson, Gerald M. Rosen and Harold A. Ziesat Jr.

Cresswell has been promoted to associate professor of immunology. A native of Yorkshire, England, he earned B.S. and M.S. degrees at the University of Newcastle upon Tyne in 1966 and 1967 and a Ph.D. in 1971 at London University.

After serving as a post-doctoral research fellow in Harvard University's Department of Biochemistry and Molecular Biology, he joined the Department of Microbiology and Immunology at Duke as an associate in 1973.

Dawson also is a new associate professor of immunology.

Rensselaer Polytechnic Institute awarded him a B.S. degree in 1964 and Case Western Reserve University conferred a Ph.D. in biochemistry on him in 1969. Before being named to the Duke

faculty in 1971, he was a National Institutes of Health postdoctoral fellow here.

A 1965 graduate of Lowell Technological Institute, Rosen, who has been promoted to associate professor of pharmacology, earned his Ph.D. at Clarkson College of Technology in 1969.

From 1970-71, he was lecturer in biochemistry at New York Medical College, and prior to his Duke appointment, he was visiting assistant professor at the Institute of Pharmacology of the University of Zurich.

Ziesat's new position is assistant professor of medical psychology in the Department of Psychiatry.

He earned his bachelor's, master's and doctoral degrees at the University of Arizona in 1972, 1973 and 1976, respectively. Before joining the Duke faculty as an associate in 1976, he was a clinical psychology intern at the University of California at San Diego School of Medicine.