

National
 Organization of Mothers
 Of Twins
 Clubs, Inc. SUBJECT: **EARLY INTERVENTION SERVICES**
 RESEARCHER: National Organization of Mothers of Twins Clubs, Inc.
 DATE: December 2001 - July 2002

PURPOSE: The purpose of this study was to find out where, when, and how Early Intervention Services were obtained and if they were beneficial to the multiples.

METHOD: A questionnaire was printed in the NOMOTC’s Notebook. The target population included parents of multiple birth children and respondents were instructed to complete the survey if their multiples received Early Intervention Services.

BACKGROUND INFORMATION

A total of 238 completed surveys were received and broken down as follows:

Type of multiples:	Twins	87 %	Triplets	12%	Other	1%
Zygoty:	Fraternal	71%	Identical	22%	Unknown	5%
	Combination	1%	No Answer	1%		
Gender:	Male	38%	Female	26%	Both	34%
	No Answer	2%				
Born Prematurely:	Yes	76%	No	24%		

The ages of the multiples ranged from 7 months to 20 years with the largest percentage, 17%, 3 years old.

A majority of the multiples, 78%, had developmental delays, with over half (54%) having both multiples affected vs one. 68% of respondents denied that their multiples had a physical disability. Of the 25% who did have physical disabilities, the majority, 86%, had only 1 multiple affected. While 43% of multiples did not have a learning disability, 24% did, and 32% were “unsure”.

RESULTS

1. While 35% of affected multiples were referred to Early Intervention Services (EIS) by their family physician, 37% were referred by “other” (i.e. hospital, self), with the remaining respondents referred by a Social Worker or family member/friend.
2. The largest majority of multiples, 9%, were referred to EIS at 1 month of age, with 8% referred at 12 months, 7% at 3 months, and 7% at 4 months. A significant number of multiples, 87%, denied having problems obtaining EIS.
3. *Of those multiples whom obtained EIS, 170 respondents reported receiving services in their homes, 77 at an Early Intervention Center, and the remainder at preschool/Head Start.

4. 62% of multiples had not been diagnosed with developmental delays prior to obtaining EIS.
5. The largest majority of multiples, 60%, were not separated during EIS. Of the 23% who were separated, 42% were required to do so due to different abilities.
6. *When asked how their multiples were grouped, 73 confirmed groupings by developmental level, 57 by age level, and 85 “N/A”.
7. *Of those multiples requiring special therapies, 175 confirmed receiving Speech Therapy (ST), 133 received Occupational Therapy (OT), and 122 received Physical Therapy (PT).
8. The majority of respondents, 84%, reported receiving adequate therapy from EIS.
9. While 35% of respondents confirmed that EIS provided a Parent Support Group, a larger percentage, 39% reported that this service was not provided. Of those who did have a Parent Support Group, 40% found it to be helpful, 12% did not, 48% N/A or no answer.
10. The necessity to supplement EIS with private insurance was less than one third, at 31%.
11. *Upon graduating from EIS, 76 of respondents reported that their multiples did not need additional therapies, 69 required OT, 64 required ST, 50 required PT, and 50 required Special Ed.
12. A majority of respondents, 59%, reported being “very satisfied” with EIS. 26% were “satisfied”, 1% were dissatisfied, 2% were very dissatisfied, and 10% were either indifferent or had no answer.

*Note: Although not instructed to do so, multiple choices were made by respondents, therefore necessitating use of raw numbers.

CONCLUSION

Although the ages of multiples for referral to EIS varied from birth-9 years, the greatest majority of multiples were referred at 1 month, 3 months, and 12 months, indicating a predominance of referrals correlating with significant developmental milestones. The recognition of the need for and referral to EIS was almost equally divided between self/hospital, and family physician. The largest majority of multiples received EIS in their homes, with the second most common location at an Early Intervention Center. 87% of multiples did not have problems obtaining EIS.

Almost two thirds of multiples had not been diagnosed with developmental delays prior to obtaining EIS. Although over half of the multiples were kept together during EIS, 42% of those separated were required to do so due to ability level. Only one third of respondents were provided a Parent Support Group by EIS.

In terms of outcomes, 32% of multiples did not need any additional special therapies upon graduating from EIS. 63% no longer required ST, 48% no longer required OT, and 59% no longer required PT. Significantly, a total of 85% of respondents reported either being “very satisfied” or “satisfied” with EIS.