ON THE INFLUENCE OF AGE IN THE SUCCESS OF THE EARLY STIMULATION TREATMENT

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During the first years of life of a newborn, the environment is provided almost exclusively through its parents (Sanz and Menéndez, 1999, 2010).

With early stimulation treatment, parents are informed of the prognosis for their child, which allows: disperse their guilt feelings and familiarise them with direct intervention techniques (Sanz, Menéndez and Rosique, 2011).

Starting point of our study:
- The proved efficacy of early treatment
- The decisive role played by the parents in this training

HYPOTHESIS:
The levels of development exhibited by these babies could be considerably improved if the treatment is started as soon as the disturbance is detected.
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PARTICIPANTS:
- Sample of 30 Down syndrome babies: 17 boys and 13 girls (none of them displayed associated disturbance).
- The sample was distributed in three subgroups:
  - \( \text{Ag0} \): 10 babies between fifteen days and one month
  - \( \text{Ag3} \): 10 babies between three and four months
  - \( \text{Ag6} \): 10 babies between six and seven months

PROCEDURE:
- Diagnostic examination
- Observation period
- The social interview

Performance criteria for achieving the objectives:
- The achievement of 75% of the items proposed.
- The clinician in the session, but the mother was present, too.
- The mothers were supposed to practice the exercises set up for the week at home, for 60 minutes.

An individualised stimulation program
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- **Areas:**
  - Gross Motor - MG
  - Fine Motor - MF
  - Language - L
  - Social-self-help – S

- **Tests:**
  - Brunet-Lèzine’s First Childhood Scale

- **Revision’s periods:**
  - three months (Rev3)
  - six months (Rev6)
  - nine months (Rev9)
  - twelve months (Rev12)
  - eighteen months (Rev18)

- **DESIGN:**
  - **IV:**
    - a) age at start of treatment
    - b) revisions periods

  - **DV:** the development quotient (DQ) obtained by the subjects in four areas of development in each revision
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RESULTS:

<table>
<thead>
<tr>
<th>AGE</th>
<th>Initial DQ</th>
<th>Rev3</th>
<th>Rev6</th>
<th>Rev9</th>
<th>Rev12</th>
<th>Rev18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age0</td>
<td>70*</td>
<td>72,05</td>
<td>74,43</td>
<td>76,58</td>
<td>77,96</td>
<td>78,5</td>
</tr>
<tr>
<td>Age3</td>
<td>65,20*</td>
<td>68,03</td>
<td>69,99</td>
<td>68,95</td>
<td>69,43</td>
<td></td>
</tr>
<tr>
<td>Age6</td>
<td>61,21*</td>
<td>63,84</td>
<td>62,95</td>
<td></td>
<td></td>
<td>63,74*</td>
</tr>
</tbody>
</table>

F (3, 18) = 67.9850 (p<0.001)

CONCLUSION:
The best scores were achieved by those children who started the treatment soon after being born.