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# Illinois Developmental Therapy Association

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## INFANT MASSAGE INSTRUCTION

### **A Developmental Therapy Strategy for Effective Intervention**

**By Elizabeth Benney, MA DT CIMI**

Infant massage instruction for families, as taught by IAIM\*-certified instructors, is the epitome of family-centered early intervention. As a Developmental Therapist, I use infant massage instruction often as one of the strategies to promote child development.

Why? Because it is an instructional model—we teach parents how to conduct the intervention in their own homes with their own children. It addresses sensorimotor development, but also directly addresses bonding, communication, and engagement. It is an intervention that truly symbolizes the concept of family-centered, home-based early intervention.

One of the aspects of developmental therapy in the Early Intervention program that seems most easily misunderstood is addressing the connection between sensorimotor development and emotional development. There is a wealth of information at our fingertips that we, as Early Intervention specialists, can access to learn more about this relationship be-

tween the physical and emotional. But infant massage instruction for parents is a wonderful tool for creating a positive relationship at the earliest infant stage between child and parent using touch to strengthen a child's social and emotional development.

It may seem surprising that a physical cause can be linked to a lack of bonding, misreading of communication cues, and subsequent consistent miscommunication between child and parent. But emotional responses to physical discomfort or sensory disorganization develop very early. For example, one of the most readily apparent connections that can be observed in young children is with feeding. Feeding problems have an immediacy that is easily distinguishable at an early age and most feeding specialists can give you several examples of their own experience with cause-effect relationship between physical discomforts and subsequent negative behaviors (e.g. feeding aversions.) There are many other consequences that are not seen as early or as visibly—a few examples of “red flags” that may be connected to sen-

sorimotor disorganization are limited eye contact, decreased attention, increased fussiness or inconsolability, resistance to being held or cuddled. The sensorimotor differences that can lead to these behaviors might be related to health issues such as reflux or digestive problems, or birth issues such as prematurity or prenatal drug exposure, motor restriction or lack of tummy time, or environmental challenges. The danger is that these behaviors can impact parent-child bonding and impede early communication and social development in infants.

A child who is disorganized is often anxious or easily upset. However, a daily massage by a loving parent can help children integrate the information they are receiving through their body in a gentle manner by helping them become more comfortable with touch and movement. Once a child has become more stable and organized internally, they are able to focus outward more easily and attend to interactions with their parent.

It would be ideal to consider this approach of intervention

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## **IDTA**

**Volume 3, Issue 2**

**Winter/Spring 2009**

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## Infant Massage Instruction continued...

in conjunction with motor therapies or even as an alternate to the approach often referred to as a more “*medical model*” of therapeutic intervention, which might involve removing the child from the parent to provide direct therapy to the child by the therapist. Although this approach seems to be in direct conflict with the approach endorsed by Early Interventionists, I have heard therapists who support this approach defend it based on the belief that if the child is separated from the parent, the child will be more passive and accepting of the intervention, therefore making the intervention more effective. One of the more disturbing outcomes of this approach, however, is the idea that one cannot “**touch**” a child unless they have a narrowly defined medical background

(it is worth noting that this background is often defined by practitioners who possess this background themselves, which can convey the impression of competitive “turf-defending” rather than choosing to explore options that may provide effective forms of family-focused intervention for a child and family.) The reason I find this concerning is because it leads to the assumption that parents are not capable of handling their own child. Parents are rarely treated as competent therapists in their own right and yet, once trained by the home-based Early Interventionist, they are the ones conducting the most important therapy in the home. The role of the Early Interventionist is simply as a coach. **Placing the remedy back into the hands of the parent is what infant massage instruction is all about.**

I believe that the social-emotional benefits of touch—the idea of communication and engagement being fostered by loving physical touch—is more integral to effective Early Intervention strategies than the “separation” approach. These benefits associated

with infant massage are particularly imperative in light of the ever-increasing population of children with diagnosed or clinically observed ASD-related behaviors; behaviors that directly impact engagement, bonding, and communication. The earlier these behaviors are addressed, the more positive the outcome.

The concept of “**healing touch**” as taught by IAIM is the basis for infant massage instruction as a therapeutic intervention. The instructor teaches infant massage techniques that include technical strokes but also provide an overview of why touch is so important



for babies. Vilmala McClure, founder of the International Association of Infant Massage, quotes anthropologist Ashley Montague in her book, *Infant Massage, a Handbook for Loving Parents*, “People don’t

realize that communication for a baby, the first communications it receives and the first language of its development, is through the skin.—”

Developmental Therapists have a unique advantage when it comes to applying infant massage instruction as a therapeutic approach. Developmental Therapists have a trained global perspective, clinical experience, and many often have an educational background. DTs use both therapeutic and educational strategies when developing service plans for effective family-focused intervention. They can perceive and explain the global benefits of infant massage when discussing the intervention with the parents.

Infant massage instruction as taught by a DT-CIMI (certified infant massage instructor) is not intended to be hands-on massage therapy performed by the

therapist. Instead, it allows the parent to massage and handle their own infants and to learn appropriate strokes as demonstrated by the Developmental Therapist on a doll. The sessions are intended to encourage bonding and communication, as well as appropriate techniques. During massage instruction sessions, the Developmental Therapist discusses different types of subtle infant cues and their possible meaning with the parents. This helps parents to identify these cues in their own child, and teaches parents about the emerging awareness of communication that can be observed in infants. This communication starts between parent and child and nothing is more direct and effective than infant massage when it comes to reinforcing eye contact, engagement, and pre-language skills. **Eye contact and skin contact together form a powerful system of engagement and communication between parent and child.** “Mothers seem to instinctively stroke their babies after birth, bringing myelination to the nerves and awakening the senses.” 1

The Illinois Bureau of Early Intervention states its mission (as seen on its website) is “...to assure that families who have infants and toddlers, birth to three, with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and supports that assist them in maximizing their child’s development, while respecting the diversity of families and communities.” The concept of infant massage instruction, as provided by a CIMI and with the perspective of a trained Developmental Therapist, certainly seems to fit the bill.

*\*International Association of Infant Massage*

1. McClure, V, *Infant Massage A Handbook for Loving Parents*, Bantam Books, 2000

# Using Clinical Judgment in Early Intervention

by Jennifer Barrett-Zitkus M Ed.

DHS Early Intervention permits the use of Informed Clinical Judgment/Opinion, when determining eligibility for Part C services.

So what's the problem? Sadly the clinical opinion has been misunderstood, misused, and abused. The clinical opinion statement is often ambiguously stated or not stated at all. The purpose of this article is to support providers' understanding of the use of clinical opinion in Early Intervention.

*"... The State of Illinois' definition of Developmental Delay is a 30% or greater delay in one or more of the following areas of childhood development: cognitive; physical including vision and hearing; social-emotional; language, speech and communication; and/or adaptive self-help skills. **The eligible level of delay must be determined by two professionals who confirm a delay:***

1. Measured by department approved diagnostic instruments and standard procedures; or

2. Confirmed through informed clinical judgment of multidisciplinary team if the child is unable to be appropriately and accurately tested by standardized measures available. Activities used to determine clinical judgment shall include observation and parent report and shall be described in a written evaluation."  
(CFC Procedure Manual p. 40)

When an informed clinical judgment/opinion is selected during an evaluation/assessment as the pri-

mary method to determine a child's eligibility the evaluator(s) must empirically state; "*In my clinical judgment Johnny has a 30% delay in motor" or Susie has a 30 % delay in adaptive behavior and then support the use of the opinion with a written description explaining the child's discrepancies in developmental patterns, including quality of performance and function. The support should detail why the provider is utilizing a clinical opinion and why standard evaluation and assessment procedures are not able to describe a delay. This information would be presented in the Clinical Narrative section of the evaluation and assessment format. In the eligibility section the provider would check a 30 % delay under Results and Implications.*

Remember the evaluators must agree to the clinical judgment opinion as stated earlier "*the eligible level of delay must be determined two professionals who confirm a delay.*" This too should be documented in the evaluation report.

Finally, a child's annual eligibility must be **re-determined** every year according to the DHS procedural manual;

*"... using the DHS determined eligibility criteria in effect at the time of the annual. Children who do not meet the current eligibility criteria at the annual review will continue to be eligible only if they: a) exhibit any measurable delay or **have not attained a level of development***

***in one or more developmental areas that is at level the mean of the child's age equivalent peers and b) have been determined by the multidisciplinary IFSP team to require the continuation of Early Intervention services provided in a developmental manner to meet the child's needs, in order to support continuing developmental progress.**" (CFC Procedure Manual p. 40)*

If you have any questions or concerns about using a clinical judgment/ opinion or eligibly in general please contact:

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- \$ 25.00 STUDENT MEMBER (Indicate institution: \_\_\_\_\_)
- \$ 50.00 AFFILIATE MEMBER (*Affiliate members are non-practicing DTs (e.g. expired credentials.)*)
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-If members or potential members are interested in participating on the IDTA Board, please contact Lisa Lampman, IDTA President, at [LisaLampmanDT@aol.com](mailto:LisaLampmanDT@aol.com)

### **\*IDTA is also searching for Regional Representatives for the following areas:**

Region 1: Northwest Illinois

Region 3: Central Illinois

Please contact Lisa Lampman for more information.

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