**Early intervention**

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The coronavirus pandemic hit us in 2020. Since then, the world we knew has changed – some feel permanently.

While some struggled for life in hospitals, some fought their battles in the confines of their homes during the global lockdowns. Parents and children struggled with the sudden change in their lifestyles caused by strict Covid-19 restrictions.

Amongst frontline heroes standing tall, there were some ‘little heroes’ too – children with special needs, children who were already diagnosed with disabilities like autism, hearing impairment, stuttering, sensory integration dysfunctions, etc.

They were in the formative and most critical years of their lives. Not having access to therapy and care services would have meant reduced chances of inclusion and mainstreaming, hence fewer opportunities in the workforce. Parents were at a loss because a child’s early years are crucial. Children’s ongoing therapies and intervention plans also ground to a halt.

The situation presented a huge challenge as to how to continue the process of intervention without being physically present with the children. It was equally perplexing for parents to deal with their children’s conditions on their own. Fortunately, the concept of online therapy had already been introduced for children/adults living in areas where therapy services were not available. But now the number of children who needed access to their therapists had grown significantly.

The American Speech and Hearing Association (ASHA) started training its members for online therapy and also issued a code of ethics for speech and language pathologists (SLPs) to practise online. The Occupational Therapy and Psychologists Association did the same. In Pakistan, like in several other countries, one had to develop an indigenised model of services, keeping in view our culture and norms.

It is said that there is an opportunity in every crisis. And Covid-19 was a situation that was here to stay. Hence, it required a long-term, goal-oriented approach. It has been said that artificial intelligence (AI) could be a clinical tool for the future, and 2020 was the time to test it – albeit without preparation.

The first step was to counsel parents. While parents today hand over a gadget to a child as young as six months for unsupervised endless hours of videos and games, making children sit with them in front of computer or tablet screens for teaching/therapy purposes seemed an impossible mission. Parents are so busy and used to sending their children to schools and tuitions that a majority of them do not have time to play or get involved with children in simple yet meaningful activities such as board games, pretend play, sensory activities, etc.

There were some creditable exceptions, but most parents believed that their children would not sit with them or listen to them in front of a computer for therapy or learning as they associate the screen with fun activities.

Also, many children did not associate learning with their parents nor had they ever spent so much time together. But now they were all at home 24/7; for some families, it was the first time that fathers were actually able to interact with their children in this manner and for their therapy/learning.

When we started talking to parents, most of them were apprehensive and the constant worry was that children would not sit with them, especially in front of a screen. They wanted to help their children but were quite nervous. And this wasn’t limited to parents of children with special needs.

The first thing that we had to do was to help parents trust themselves. Perhaps, the virus was a conspiracy by Nature to rebuild the bonding that was lost in the competition to be the best. Some parents accepted the challenge and worked on making the best of these times, some didn’t.

Those who did ended up forming a new relationship with their children – and also with their therapists. In a number of cases, fathers and siblings got involved in the therapy process too, and the success of a child with special needs became a family goal. In all such cases, the results were far more successful. Mothers, who would just pick up and drop off their children at schools, would now work with their children, as therapists gave instructions online. They became co-therapists and took charge. Children learned the constructive use of technology.

Because of Covid-19, many businesses – including toy shops – went online. It would be pertinent to mention that most toys are not ‘toys’. One finds gadgets and cartoon characters but hardly any toys for language, pretend play and sensory development, except for a handful of them.

We were able to educate parents about the importance of simple everyday toys and the role they play in the development of cognition, social interaction, cooperative play and problem solving as well as a lot of sensory input required for a healthy brain and emotional intelligence. We also taught them how simple things and activities at home can help in learning.

The UN’s theme for World Disability Day – being observed today (December 3) – is ‘Leadership and participation of persons with disabilities toward an inclusive, accessible and sustainable post-Covid-19 world’. People who utilised this crisis as an opportunity have paved the way for their children to move towards inclusion in mainstream society, leadership and participation. They have managed to cope with the pandemic in the true sense. Viktor Frankl, an Austrian neurologist, psychiatrist, a Holocaust survivor states in his epic book ‘Man’s Search for Meaning’, “No matter the circumstances, you always have the last of the human freedoms: to choose your attitude”.

These past two pandemic years were the time when one had to choose one’s attitude towards the challenges of life. As Frankl says in the same book, “Life asks you the meaning of life by questioning you, you don’t ask life. It’s not what you expect from life, but what life expects from you”.

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