

VII INTERNATIONAL SYMPOSIUM:
EARLY INTERVENTION IN DOWN SYNDROME AND OTHER DEVELOPMENTAL DISABILITIES
Theoretical Bases, Research and Clinical Implications

CONCLUSIONS

1.- The Symposium confirmed the existence of a scientific consideration of Down Syndrome (DS) which every year becomes stronger and more precise, that gives us confidence to better understand DS and that, in turn, shows us the aspects and mechanisms that we should study to answer the many questions that are still pending.

2.- As shown at this Symposium, research and intervention with people with DS is taking on a truly interdisciplinary orientation, which is focused on from different perspectives with the aim of better understanding its genotype and specific causes. We are trying to integrate the knowledge that comes from molecular genetics, from animal models and their experimental manipulation, from neuroscience, from medicine and from developmental psychology, from cognitive science, from family therapy and systems, from technology and school integration.

3.- We confirmed that human development is notably complex. And that the development of the child with DS is even more complex due to the complications introduced by several pathologies and deficiencies typical of DS.

Now we have the hope that we have reached a level of knowledge (undoubtedly still incomplete) from which we can start to glimpse more effective intervention and therapeutic actions that must be started very soon, as repeated at several conferences in this Symposium.

4.- The parents have to collaborate in the intervention. A multidisciplinary approach in early intervention in DS and in other developmental problems, not only includes the parents as progenitors, but also as true intervention agents.

It is essential that the parents are correctly informed about how they can influence the development and maturing of their child with DS.

5.- Equally the Symposium insisted on the need for professionals involved in EARLY INTERVENTION for Down Syndrome and other developmental problems, to expand and improve their training in two areas:

Firstly, in the knowledge and interdisciplinary approach to Early Intervention (i.e. what each branch of scientific knowledge contributes), and secondly, in the knowledge of specificity (i.e. what is typical to each syndrome).

In this regard, universities in Spain and in Western Europe should start to offer specialised, well-structured and officially recognised programmes on disabilities of genetic origin and especially, given its relatively high incidence, on DS.

6.- Moreover it is URGENT that specialised multi-professional teams take on the responsibility for translating growing scientific discoveries (which are undoubtedly the basis for effective action) in specific programmes of intervention, in strategies, in therapeutic methods, in teaching instruments that can be used in EI services and in education classrooms to improve the maturing, health, cognitive, memory and linguistic aptitudes and conduct of children with developmental disorders of genetic origin.

7.- Meanwhile the Symposium also called for attention to be paid to the responsibility that Early Intervention Associations and teams have when parents entrust to us their newly born children, often reaching

our services when they are desperate. What do they expect from us? Quite simply, **that we provide an efficient and effective response to the specific needs of the child and of the family itself.** THIS IS QUALITY IN EARLY INTERVENTION and cannot be improvised, it requires solid training, a clinical eye, a rigorous work system and constant evaluation of results.