

**Информация о публикациях в интердисциплинарном журнале «Infants and Young Children Infants & Young Children. An Interdisciplinary Journal of Early Childhood Intervention» («Младенцы и Маленькие Дети». Журнал по Раннему Детскому Вмешательству) за период 1988-2005 гг.:**

Год	Том (выпуск)	Автор(ы), название публикации	Краткое содержание
1988	1 (1)	<a href="https://journals.lww.com/iyjournal/toc/1988/07000">https://journals.lww.com/iyjournal/toc/1988/07000</a>	©1988Aspen Publishers, Inc.
		Szanton, Eleanor Stokes <a href="#">Perspective: A NEW DAY FOR INFANTS AND YOUNG CHILDREN</a>	
		Anderson, Richard D. <a href="#">Management of developmentally disabled children with chronic infections</a>	Chronic infections in children with or without developmental disabilities have received increased attention and have raised concerns about communicability to caregivers and other children. Herpes simplex virus, human immunodeficiency virus (the cause of acquired immunodeficiency syndrome and related disorders), cytomegalovirus, and hepatitis B virus are discussed and appropriate management strategies recommended.
		McGonigel, Mary J.; Garland, Corinne W. <a href="#">The individualized family service plan and the early intervention team: Team and family issues and recommended practices</a>	The Individualized Family Service Plan (IFSP) requirements of Public Law 99-457 challenge early intervention professionals to reexamine models for team interaction. Programs moving toward a family-focused approach will provide families with a menu of program options, including the opportunity to choose the level of team participation that best meets individual family needs.
		Stern, Francine Martin; Gorga, Delia <a href="#">Neurodevelopmental treatment (NDT): Therapeutic intervention and its efficacy</a>	Neurodevelopmental (Bobath) treatment (NDT) is currently practiced by a great many therapists working with developmentally delayed infants and children. This is a general introduction geared for the nontherapist that discusses some of the history, philosophy, and treatment emphasis of NDT. Examples of children before and after therapeutic intervention are illustrated and a discussion of the current controversies in measuring therapy efficacy is addressed.
		Fee, Maureen A.; Charney, Edward B.; Robertson, William W. <a href="#">Nutritional assessment of the young child with cerebral palsy</a>	The term good nutritional balance has different connotations for each specialist dealing with a child with cerebral palsy. For the pediatrician, it may mean general medical well-being, certain percentages on a standardized growth chart or nutritional status in terms of operative risk, and the potential for a good postoperative outcome. The nutritionist may think in terms of body composition, energy expenditure, and anthropometric measurements. At the present time, there are no reference norms for the growth of children with cerebral palsy. It is known, however, that the provision of adequate calories will improve the child's nutritional status. It is imperative that the causes of inadequate caloric intake such as vomiting, refusal of food, and spillage be identified early in this population in order to begin early nutritional support.
		Seligman, Stephen <a href="#">Concepts in infant mental health: Implications for work with developmentally disabled infants</a>	This article presents recent findings from the interrelated fields of infant mental health and infant development to draw implications for work with at-risk populations. Infants are understood as being equipped from birth with capacities for social interaction and increasingly sophisticated levels of biobehavioral organization. Physiologic variables, including maturational rates and developmental disabilities, are conceptualized as being expressed in the context of caregiving relationships rather than in isolation.
		Lozes, Marcia Henderson <a href="#">Bladder and bowel management for children with myelomeningocele</a>	Bladder and bowel dysfunction is a common problem for children with myelomeningocele and related spinal-cord defects. The medical and social effects of this problem include incontinence, odor, breakdown of the skin, infections, social immobility, poor self-esteem, and sometimes refusal of entry into school, as well as the possibility of renal failure and death. These complex, chronic effects necessitate a multifaceted and multidisciplinary approach. The following aspects of management are reviewed: anatomy and physiology, developmental concerns, current treatment techniques, and psychosocial influences.
		<a href="#">Trends In Physical Education:</a>  Farel, Anita M. <a href="#">Public health in early intervention: Historic foundations for contemporary training</a>	Professional experience or educational background in public health provides a valuable perspective for designing, implementing, and evaluating early intervention services. Public health's historic role in early intervention and its contemporary educational focus convey a unique philosophic orientation toward infants and children with developmental disabilities and chronic illnesses.

		<p><u>Technology:</u></p> <p>Cox, L Clarke  <a href="#">Screening the high-risk newborn for hearing loss: The Crib-O-Gram v the auditory brainstem response</a></p>	<p>The current philosophy and procedural aspects of screening infant hearing are discussed. The Crib-O-Gram and auditory brainstem response (ABR) tests are evaluated for reliability, validity, and cost-effectiveness. All of these measures support the ABR as the test of choice. New procedures and equipment are reviewed that make the ABR more attractive from the perspective of cost and personnel.</p>
		<p><u>Exemplary Practice:</u></p> <p>Spencer, Patricia E.; Coye, Ray W.  <a href="#">Project BRIDGE: A team approach to decision-making for early services</a></p>	<p>The interdisciplinary team is the cornerstone of exemplary early services. For the team to function effectively, members must be cognizant of the effects of group dynamics on team decision making. This article reviews the major points identified and detailed during Project BRIDGE, a highly successful educational program for interdisciplinary teams providing early services. Individual characteristics, group characteristics, and situational factors are discussed as they relate to the processes teams use in carrying out their goal of providing early services.</p>
	<b>1 (2)</b>	<p><a href="https://journals.lww.com/ijcjournal/toc/1988/10000">https://journals.lww.com/ijcjournal/toc/1988/10000</a></p>	
		<p>Kaplan-Sanoff, Margot; Nigro, Jean  <a href="#">The educator in a medical setting: Lessons learned from collaboration</a></p>	<p>Young children with health problems that impair learning, such as lead poisoning, malnutrition, and prematurity, bring to the medical setting issues that are best treated by the collaborative efforts of educators and medical specialists. The rationale and varied possibilities for collaboration between medical personnel and educators are discussed and a specific model of medical-educational services and training is described. The lessons learned from this collaboration are also examined.</p>
		<p>Kenny, David J.; Judd, Peter L.  <a href="#">Oral care for developmentally disabled children: The primary dentition stage</a></p>	<p>Health care professionals should serve as ombudsmen for the dental health of very young, developmentally disabled children. Modern pediatric dentistry has special procedures for such children and guidance for their parents and caregivers. Updated information is presented for health care workers and parents of young children who are developmentally delayed or chronically ill or who have congenital abnormalities.</p>
		<p>Madell, Jane R.  <a href="#">Identification and treatment of very young children with hearing loss</a></p>	<p>Procedures for identifying hearing loss in infants and young children are discussed. Habilitation for hearing loss is described, including the selection of amplification. Expectations for children with different degrees of hearing loss are explained.</p>
		<p>Vaucher, Yvonne E.  <a href="#">Understanding intraventricular hemorrhage and white-matter injury in premature infants</a></p>	<p>Preterm birth is often associated with prenatal or perinatal injury to the developing central nervous system. Intraventricular hemorrhage and white-matter necrosis, identified by neonatal ultrasound examination in almost half of these infants, are associated with cerebral palsy and early developmental delay, as well as with more subtle cognitive deficits in later childhood. Recognition of these neurologic abnormalities in the neonatal period will enable identification of those infants at highest risk for subsequent neurodevelopmental problems. Close observation of these children through the early school years is necessary to facilitate appropriate intervention</p>
		<p>Weissbour, Bernice; Patrick, Maureen  <a href="#">In the best interest of the family: The emergence of family resource programs</a></p>	<p>Family resource programs are first on a continuum of services ranging from prevention through early intervention to crisis management to long-term support. The authors discuss family resource programs in terms of history, principles, distinguishing characteristics, relevance for families with children who have special needs, and implications for practitioners.</p>
		<p><u>Trends in professional education:</u></p> <p>McCollum, Jeanette A.; Thorp, Eva K.  <a href="#">Training of infant specialists: A look to the future</a></p>	<p>Issues are clarified that relate to the preparation of personnel from different disciplines concerned with meeting the multiple and unique needs of infants and their families. Issues in two major areas are addressed: the content of personnel preparation programs and the processes used for training. Recommendations for future preparation are also offered.</p>
		<p><u>Technology:</u></p> <p>Butler, Charlene  <a href="#">High tech tots: Technology for mobility, manipulation, communication, and learning in early childhood</a></p>	<p>Increasingly, the population from birth to 3 years is benefiting from advanced technology. At 3 months, infants have interacted with computers; at 18 months, they have used powered mobility and myoelectric hands; and at 2 years, children have talked via speech synthesizers. This article describes research and clinical experience in this field and raises issues and suggests future applications of advanced technology for this population.</p>
		<p><u>Exemplary practice:</u></p> <p>Sciarillo, William G.; Draper, Sheila; Green, Pauline; Burkett, Karen; Demetrides, Susan  <a href="#">Children with specialized health needs in the special education setting: A statewide technical assistance approach</a></p>	

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		Simon, Bonnie M.; McGowan, Joy Silverman <a href="#">Tracheostomy in young children: Implications for assessment and treatment of communication and feeding disorders</a>	
		Shelton, Terri L. <a href="#">The assessment of cognition/intelligence in infancy</a>	
		Lynch, Eleanor W.; Bakley, Sue <a href="#">Serving young children whose parents are mentally retarded</a>	
		Van Dyke, Don C. <a href="#">Medical problems in infants and young children with Down syndrome: Implications for early services</a>	
		Brandt, Patricia A.; Magyary, Diane L. <a href="#">Preparation of clinical nurse specialists for family-centered early intervention</a>	
		Touwen, Bert C.L. <a href="#">Critical periods of early brain development</a>	
		<a href="#">Technology:</a>  Karniski, Walt M. <a href="#">Topographic brain mapping: A window on brain function?</a>	
		<a href="#">Exemplary practice</a>  Howard, Judy <a href="#">An approach to early intervention: Birth to 3 years</a>	
	1 (4)	<a href="https://journals.lww.com/ycjournal/toc/1989/01040">https://journals.lww.com/ycjournal/toc/1989/01040</a>	
		Sparling, Joseph J. <a href="#">Narrow- and broad-spectrum curricula: Two necessary parts of the special child's program</a>	
		Anderson, Susan M. <a href="#">Secondary neurologic disability in myelomeningocele</a>	
		Coleman, Mary <a href="#">Young children with autism or autistic-like behavior</a>	
		Deal, Angela G.; Dunst, Carl J.; Trivette, Carol M. <a href="#">A flexible and functional approach to developing Individualized Family Support Plans</a>	
		Stark, Rachel E. <a href="#">Early language intervention: When, why, how?</a>	
		<a href="#">Trends in professional education</a>  Hanft, Barbara E.; Humphry, Ruth <a href="#">Training occupational therapists in early intervention</a>	
		<a href="#">Technology</a>  Behrmann, Michael M.; Jones, Julie K.; Wilds, Mary L. <a href="#">Technology intervention for very young children with disabilities</a>	
		<a href="#">Exemplary practice</a>  Long, Toby; Katz, Kathy; Pokorni, Judith <a href="#">Developmental intervention with the chronically ill infant</a>	

	<b>2 (1)</b>	<a href="https://journals.lww.com/ycjournal/toc/1989/07000">https://journals.lww.com/ycjournal/toc/1989/07000</a>	
		Vohs, Janet R. <a href="#">Vision and empowerment</a>	
		Bagnato, Stephen J; Feldman, Heidi <a href="#">Closed head injury in infants and preschool children: Research and practice issues</a>	This article examines the sparse available literature on acquired brain injury in infants and preschoolers, including epidemiology, neuropathology, neurodevelopmental outcome, and treatment efficacy. The authors conclude that long-term developmental and behavioral effects of closed head injuries in infants and preschool children have been neither clearly studied nor described. Interdisciplinary early intervention teams, physicians, and parents require a reliable knowledgebase that can be used to design effective treatment and, possibly, to predict outcome. Public Law 99-457 provides the immediate impetus to review existing studies. Based on this review, the authors formulate guidelines for practice and future efforts including blending applied research and clinical practice, emphasizing team approaches, focusing on family involvement, integrating assessment and treatment techniques, and monitoring treatment efficacy
		Bozynski, Mary Ellen A. <a href="#">Comprehensive management of the infant with bronchopulmonary dysplasia: A growing challenge</a>	Bronchopulmonary dysplasia (BPD) is a major health problem affecting increasing numbers of children who survive neonatal intensive care. Although pulmonary immaturity, exposure to increased oxygen, and barotrauma are well-known factors in its pathogenesis, the exact mechanisms of injury and approaches to prevention are the subject of current research. A clear picture of the impact of BPD on the infant and his or her family, as well as implications for caregivers and early intervention services, are just beginning to emerge
		Schneider Jane W.; Griffith Dan R.; Chasnoff Ira J. <a href="#">Infants exposed to cocaine in utero: Implications for developmental assessment and intervention</a>	Findings of developmental assessment in the newborn and early infancy periods are presented. The implications of abnormal state control and orientation as well as dysfunction in motor control are discussed as the basis for intervention. Intervention in the newborn phase includes information on positioning, handling, and feeding. Parent education to improve the infants' ability to interact with caregivers is emphasized. Improving the infants' movement patterns through play, carrying positions, and handling techniques is the focus of intervention in infancy. While intervention with cocaine-exposed infants is presently possible, these children should be followed by health care professionals through preschool and early school years to identify any behavior or learning disorders that may be associated with intrauterine cocaine exposure
		Thomson, Elizabeth J. <a href="#">A genetics primer for early service providers</a>	Early service providers often come into contact with children whose problems have a genetic component. This article gives early service providers an overview of human genetic principles, including examples of common genetic disorders they may encounter. Also discussed is the genetic evaluation and counseling process, which may be of benefit to families they serve
		Brinker, Richard P.; Frazier, Wynetta; Lancelot, Barbra; Norman, Jane <a href="#">Identifying infants from the inner city for early intervention</a>	This article reviews the problem of maintaining contact with high-risk infants from the inner city of Chicago. While developmental follow-up programs successfully reassess 57% of infants discharged from suburban neonatal intensive care units in tertiary care hospitals, only 26% of the infants discharged from urban neonatal intensive care units in tertiary care hospitals are followed developmentally. A developmental screening program in inner city community health clinics identified 115 infants (20%) aged from birth to 3 years whose development appeared to be delayed out of a population of 579 presumed normal infants whose mothers completed the screening questionnaire. These preliminary data indicate that considerably higher incidences of developmental delays should be projected for the populations in the inner cities of large urban areas relative to the greater metropolitan areas
		<a href="#">Trends in professional education</a> Nover, Aimée R.; Timberlake, Elizabeth M. <a href="#">Meeting the challenge: The educational preparation of social workers for practice with at-risk children (0-3) and their families</a>	This article discusses the educational preparation of social workers for practice with infants and young children (0 to 3 years of age) and their families. The social work practice arena is described as it involves infants and young children vulnerable to developmental problems and problems of psychosocial dysfunction. The curriculum structure of accredited master of social work programs is discussed. The state of the art of social work education in relation to this target population is briefly surveyed, and a model curriculum project of the National Catholic School of Social Service (NCSSS) is described

		<u>Technology</u>  Nelson, Christy L.A.; Hallgren, Robert A. <u>Gastrostomies: Indications, management, and weaning</u>	Gastrostomy placement is becoming increasingly common in children with developmental disabilities. With a well-defined plan, a feeding regimen can be developed that is pleasant for both caretaker and child. This article reviews issues related to the child nourished by gastrostomy. Indications for gastrostomy placement, types of gastrostomy surgery, nonoral feeding management, and gastrostomy weaning are discussed.
		Thompson, Richard H. <u>Child life programs in pediatric settings</u>	Children in hospitals and other pediatric health care settings encounter a variety of stressful circumstances that may impede their normal developmental progress and threaten their emotional adjustment. A relatively new member of the pediatric health care team, whose primary mission is to address these concerns, is the child life specialist. By providing play experiences, psychological preparation for events, and emotional support to children and their families, child life specialists seek to minimize the potential negative effects of health care encounters. The origins and development of this profession are considered, and research pertaining to its clinical practice is discussed
	<b>2 (2)</b>	<a href="https://journals.lww.com/ycjournal/toc/1989/10000">https://journals.lww.com/ycjournal/toc/1989/10000</a>	
		Harkin, Senator Tom <u>Early intervention—a view from congress</u>	
		Hartley Marcia; White Claire; Yogman Michael W. <u>The challenge of providing quality group child care for infants and young children with special needs</u>	Working parents of young children with disabilities need high quality, affordable day care. More accurate data on the needs of young children and the available child care are required. The challenges of providing child care for disabled children involve balancing high quality care for children, affordable fees to parents, and fair wages for staff.
		Zambone, Alana M. <u>Serving the young child with visual impairments: An overview of disability impact and intervention needs</u>	Vision loss poses a unique challenge to development and learning for the young child. This challenge can be met through early identification and intervention. This article presents an overview of common causes of vision loss, the impact of a visual impairment on development and learning, and guidelines for meeting the needs of the young child with a visual impairment. The article also discusses the role of the family and the team members in meeting the intervention needs of these children and issues affecting delivery of early intervention services.
		Short-DeGraff, Margaret A.; Healey, Sarah M. <u>Postpartum depression related to care for the child with special needs</u>	Early reciprocal social interaction is important in supporting an infant's development and in sustaining a social exchange between infants and their caretakers. An affective disorder such as maternal postpartum depression may cause an interruption of healthy mother-infant exchange and result in negative consequences for the child's subsequent development. This article examines the factors associated with caring for a child with special needs and how these factors may lead to family stresses that can further exacerbate maternal depression and further compromise mother-child and other family relationships. Roles for specialists in supporting families who have special children are discussed
		Kilgo Jennifer L.; Richard Nancy; Noonan Mary Jo <u>Teaming for the future: Integrating transition planning with early intervention services for young children with special needs and their families</u>	Attention has been focused increasingly on the issues surrounding transitions between programs for young children with special needs and their families. This article examines the need to integrate transition planning throughout the early childhood years, the roles of all members of the early intervention team (parents and professionals) in early transitions, and the effects of parents becoming active participants in early intervention.
		Garbarino, James <u>Maltreatment of young children with disabilities</u>	This article reviews what is known about the meaning and origins of child maltreatment in relation to children with disabilities. Child maltreatment refers to a social judgment that the care received by a child does not meet the minimal standards of care that derive from both scientific expertise and community values. The heightened risk of abuse that is faced by children with disabilities arises from dynamics within the familial and community context of the child.
		<u>Trends in professional education</u>  Drotar, Dennis; Sturm, Lynne <u>Training psychologists as infant specialists</u>	Psychologists who are infant specialists play important roles in clinical assessment, intervention, and research with infants who have developmental disabilities and with their families. Competency as a psychologist/infant specialist is achieved through didactic and clinical training with specialized infant populations under close supervision. Specific training experiences helpful to the development of psychologists as infant specialists are reviewed, and their implications for training programs are discussed.



		<u>Technology</u> Stout, Janet D.; Bull, Marilyn J.; Stroup, Karen Bruner <a href="#">Safe transportation for infants and preschoolers with special needs</a>	Beyond the basics of proper vehicular restraint for all children, this article describes transportation considerations for infants and preschoolers with special needs. Permanent medical conditions such as cerebral palsy and temporary problems such as lower-extremity casts can inhibit conventional use of car seats unless medical professionals are able to offer safe alternatives such as those described here.
		<u>Exemplary practice</u> Thurman, S Kenneth; Cornwell, Janet R.; Korteland, Constance <a href="#">The Liaison Infant Family Team (LIFT) project: An example of case study evaluation</a>	This article discusses the Liaison Infant Family Team (LIFT) project, which employs an ecological approach to intervention. This model is designed to promote congruent relationships among infants and their families. Intervention begins within the neonatal intensive care unit and continues until the needs of the infant and family are met in their community. Use of the guiding principles of the approach is described and evaluated by means of a case study methodology.
<b>1990</b>	<b>2 (3)</b>	<a href="https://journals.lww.com/iyjournal/toc/1990/01000">https://journals.lww.com/iyjournal/toc/1990/01000</a>	
		Gottwald, Sheryl Ridener; Thurman, S. Kenneth <a href="#">Parent-infant interaction in neonatal intensive care units: Implications for research and service delivery</a>	This article examines the literature pertaining to the interactions of parents and their infants in neonatal intensive care. The discussion centers on variables that may affect these interactions. These variables include factors present in the physical environment of the neonatal intensive care unit and factors related to the status of the infant and the emotional state of the parents. Implications for service delivery and research are discussed based on the literature reviewed.
		Brizee, Lori S.; Sophos, Christine M.; McLaughlin, John F. <a href="#">Nutrition issues in developmental disabilities</a>	Children with developmental disabilities are at high risk for malnutrition. Severe nutritional problems can be prevented through routine screening, timely assessment, and appropriate intervention. This article outlines the process of nutritional screening to identify children with potential problems, describes the components of a comprehensive nutritional assessment for the disabled child, and presents nutritional intervention strategies for five problems common in the disabled population: poor growth and failure to thrive, overweight and obesity, feeding problems, constipation, and drug-nutrient interactions.
		Gilkerson, Linda <a href="#">Understanding institutional functioning style: A resource for hospital and early intervention collaboration</a>	Cooperation between the medical care and early intervention communities is essential to the successful implementation of Public Law 99 - 457. This article describes how hospitals and community - based early intervention programs function along six contrasting dimensions, and it presents ways to design collaborations that take into account the functional dynamics of each setting. Increasingly, intervention with families emphasizes working with - not against - the family's functioning style. Similarly, collaboration between institutions is enhanced by examining and understanding organizational style
		Heriza, Carolyn B.; Sweeney, Jane K. <a href="#">Effects of NICU intervention on preterm infants: Part I—Implications for neonatal practice</a>	Dynamic models of development in infants are described within the context of the neonatal intensive care unit (NICU) environment. Clinical studies of the effects of NICU developmental intervention, which relate to movement parameters and behavioral state, are analyzed. Implications of the reviewed studies for neonatal developmental treatment planning and NICU intervention are discussed. Recommendations for research designs and instrumentation for future studies of infant movement will be offered in Part II appearing in the next issue.
		Staudt, Loretta A.; Peacock, Warwick J.; Oppenheim, William <a href="#">The role of selective posterior rhizotomy in the management of cerebral palsy</a>	Cerebral palsy is a static, central nervous system disorder variably manifested by spasticity, dystonia, athetosis, weakness, persistent primitive reflexes, and disordered motor control. When spasticity is the major interfering factor in a child's independent function or daily care, surgical reduction of spasticity can be beneficial. Selective posterior rhizotomy is a neurosurgical procedure designed to decrease spasticity. The history, rationale, patient selection, surgical technique, and postoperative management of selective posterior rhizotomy are reviewed, emphasizing the role of a multidisciplinary approach to facilitate patient evaluation and management.
		<u>Trends in professional education</u> Sweeney, Jane K.; Chandler, Lynette S. <a href="#">Neonatal physical therapy: Medical risks and professional education</a>	Issues in professional education for the subspecialty, neonatal physical therapy, are addressed with a focus on both entry-level programs and advanced-level professional training. An overview is given of medical risks and potential adverse consequences of neonatal physical therapy if the service is delivered by professionals without advanced subspecialty training. Pediatric experience and criteria for precepted clinical training for practice in neonatal physical therapy are outlined, and an eased-entry approach to organizing advanced-level neonatal physical therapy training is introduced.

		<u>Technology</u> Mayfield-Smith, Kathy L.; Yajnik, Girish G.; Wiles, Denise L. <a href="#">Information and referral for people with special needs: Implications for the Central Directory of Public Law 99457</a>	This article provides a brief background on information and referral (I & R); and describes a model information and referral system for people with special needs and its application under Public Law 99-457, Part H. In addition, the paper offers a brief discussion of the issues related to implementing the central directory requirement of this legislation. The multitude of services available and the complexities of these services make it very difficult for an individual or service provider to be aware of all the specialized community services. The system described provides a model that blends features such as toll-free access, trained information specialists, and a computer database offering benefits to families, professionals, and planners
		<u>Exemplary practice</u> Samuelsan, Donna; Elder, Mary; Evans, Joyce <a href="#">A conceptual framework for state policy development</a>	States have an enormous responsibility to ensure that services to infants and toddlers with developmental delay and their families reflect the best practices that the field of early intervention has to offer. At the same time, states must implement a service delivery system that is affordable and available statewide. The conceptual framework for policy development presented here describes a system for extracting the essential features of the best practice models and for incorporating them into fiscally sound state policies.
	<b>2 (4)</b>	<a href="https://journals.lww.com/iycjournal/toc/1990/04000">https://journals.lww.com/iycjournal/toc/1990/04000</a>	
		Harbin, Gloria L. <a href="#">Early identification: the challenge to develop effective policies</a>	
		Aylward, Glen P. <a href="#">Environmental influences on the developmental outcome of children at risk</a>	The environment modulates the influence of reproductive and perinatal risk, and environmental risk and heritability must be considered in any developmental follow-up study. Biologic risk is influential in severe handicaps, but environmental variables are more important in mild mental retardation. Environment more strongly influences cognitive function than motor or neurologic function, and these effects become prominent by 18 to 24 months. The accumulation of risk factors, not a specific factor per se, has a negative impact; children at biologic risk are particularly vulnerable to negative environmental influences. These issues and their implications are discussed by drawing on representative historical and contemporary studies.
		Goldberg, Susan <a href="#">Attachment in infants at risk: Theory, research, and practice</a>	The theory and logic of a widely used method of assessing infant-caregiver attachment, "the strange situation," is described, and research using this method is reviewed. Special attention is given to studies of attachment in infants at biologic risk. The strengths and weaknesses of the strange situation procedures are evaluated, and the clinical implications of this body of research are discussed.
		Espe-Sherwindt, Marilyn; Director <a href="#">Early intervention with parents with mental retardation: Do we empower or impair?</a>	Empowerment as a philosophical framework for delivering early intervention services to parents is as valid for those with mental retardation as for any other parent, but it may require that the professional examine his or her role in providing those services. This article explores the importance of understanding the behaviors of parents with mental retardation and describes strategies for linking knowledge with an effective program model, intervention techniques, and evaluation of family progress. The implications for the preservice and inservice training of early intervention personnel are described.
		Heriza, Carolyn B. <a href="#">Effects of NICU intervention on preterm infants: Part 2-Implications for movement research</a>	Research designs and instrumentation are analyzed in clinical studies of the effects of developmental intervention in the neonatal intensive care unit in regard to movement parameters and behavioral state. Implications of the reviewed studies for movement research are discussed and recommendations offered for future studies of infant movement.
		Langlois, Aimée <a href="#">The first year of a child with cleft palate: An approach to facilitate communication development</a>	Infants born with a cleft of the palate are at high risk for communication delays and disorders. This article describes an approach to facilitate for these children the development of prespeech and language during their first year. Intervention is based on results of periodic assessments of the child and the family in terms of their respective needs and communicative interactions and of the child's feeding abilities, auditory skills, and communication development. The integration of this approach in the total management plan for children with cleft palate and their families is discussed.
		<u>Trends in professional education</u> Coury, Daniel L. <a href="#">Training physicians for increased involvement with children with special needs</a>	Improvements in the quality of medical care available to children with handicapping conditions have allowed them to prolong their lives to adulthood, living as productive members of society. However, physician involvement in services for children with special needs often ends at the hospital bedside. There is a need for change in pediatric training programs to increased emphasis on the ambulatory care of the child with special needs. Patterns in pediatric training, factors influencing this training, and future directions for medical education are reviewed and examined

		<u>Technology</u>  Roush, Jackson <u><a href="#">Acoustic amplification for hearing-impaired infants and young children</a></u>	Improvements in neonatal intensive care have brought about a substantial increase in the survival rate of premature infants. Unfortunately, the incidence of hearing impairment in this group is many times higher than it is in the full-term well-baby population. Advances in neonatal screening techniques have made it possible to identify a hearing loss soon after birth, but early identification is beneficial only to the extent that it facilitates early intervention. For most hearing-impaired children, acoustic amplification is the single most important component of aural habilitation. This article reviews the options for acoustic amplification in hearing-impaired infants and young children. Controversial and unresolved issues are examined along with those of a more routine nature. Some important interdisciplinary considerations related to this population are also discussed.
		<u>Exemplary practice</u>  Partridge, Susan E. <u><a href="#">Project AIMS and the state of Maine: Addressing issues of emotional development in early intervention</a></u>	Many professionals, including early intervention workers, pediatricians, and policy makers, are seeking practical ways to incorporate a psychosocial focus into their health care practices. Integrating emotional health into routine early childhood services is a goal of Project AIMS and Maine's early intervention network. This article describes some important efforts underway in Maine at the levels of research, practice, and policy to address the issue of emotional health in children from birth through 5 years and their families.
	<b>3 (1)</b>	<u><a href="https://journals.lww.com/iyjournal/toc/1990/07000">https://journals.lww.com/iyjournal/toc/1990/07000</a></u>	
		Edelman, Marian Wright <u><a href="#">Broadening the view: hopes and responsibilities</a></u>	
		Provence, Sally <u><a href="#">Interactional issues: Infants, parents, professionals</a></u>	The personal relationship between infant and caregivers as a major determinant of the child's development is selectively summarized. The interdependence of innate and environmental factors is illustrated in the development of affect. Interactional issues are examined from the perspectives of the child, parents, and professionals. Some implications for improving the effectiveness of services through better understanding of interactional issues are cited.
		Piper, Martha C.; Darrah, Johanna; Byrne, Paul; Watt, M Joseph <u><a href="#">Effect of early environmental experience on the motor development of the preterm infant</a></u>	A cohort of normally developing preterm infants was subdivided into two gestational age groups (<32 weeks and 32-36 weeks) for the purpose of assessing the impact of the early extrauterine environment on motor development. The motor development of the two groups of infants was assessed and compared at seven points in time: term, 4, 8, and 12 months chronologic age and 4, 8, and 12 months adjusted age. Analyses revealed that certain components of early motor development are biologically driven, whereas other components are affected by the extrauterine environment. The impact of the environment also varied according to the age of the infant. Implications for therapeutic interventions for infants with motor disorders are discussed.
		Rubin, I Leslie <u><a href="#">Etiology of developmental disabilities</a></u>	An etiological diagnosis is an integral part of the assessment of a child with developmental disabilities. In this article prenatal, perinatal, and postnatal etiologies will be explored to identify the causes of developmental disabilities and establish approaches for prevention.
		Bennett, Forrest C. <u><a href="#">Recent advances in developmental intervention for biologically vulnerable infants</a></u>	With the dramatically increased survival of biologically vulnerable infants over the past two decades, there is heightened awareness and concern about the ultimate developmental and behavioral outcome of these graduates of intensive care. Developmental intervention approaches during this period have increasingly shifted in orientation from exclusively infant-focused to primarily family-focused. Comprehensive intervention programs now extend well beyond the hospital nursery into the home and community. Complex environmental impediments to even the best-designed interventions must be addressed in order to maximize developmental effectiveness.
		Pearl Lynda F.; Brown Wesley; Myers Marian K.S. <u><a href="#">Transition from neonatal intensive care unit: Putting it all together in the community</a></u>	A model system is presented that was designed to provide a smooth transition for the medically fragile infant from care in the NICU to medical and developmental care in the community. Several necessary components of the system are presented. Good communication between the personnel of the various disciplines remains the main ingredient for success.
		<u>Trends in professional education</u>  Winton, Pamela J. <u><a href="#">A systemic approach for planning inservice training related to Public Law 99-457</a></u>	Public Law 99-457 has inaugurated a major shift in how the roles of professionals working with young handicapped children and their families are being defined. The demands for inservice training are acute as existing service delivery systems attempt to respond to changes. The challenge involves not only training professionals in complex skills, attitudes, and knowledge related to new roles, but also coordinating between the various disciplines affected by the legislation. The efforts are further complicated by state and local translations of how the law will be implemented. This article describes a systemic approach to planning inservice training related to Public Law 99-457 that combines flexibility and structure. Specific recommendations emphasize the similarities between the family and social systems approaches being promoted in the literature and the systemic approach to inservice training described in this article.



		<p><u>Technology</u></p> <p>Mangione, Peter L.  <a href="#">A comprehensive approach to using video for training infant and toddler caregivers</a></p>	<p>This article presents an overview of a comprehensive effort to support the training of infant and toddler caregivers through the development and dissemination of videos. Preliminary steps are described, including the review of existing media training materials, an assessment of caregivers' training needs, and the formulation of guidelines for video development. Such considerations as the content, conceptual organization, and technical qualities of the videos are then examined. The article closes with a summary of dissemination activities; particular attention is given to the issue of accessibility of materials and the support of trainers in the use of video.</p>
		<p><u>Exemplary practice</u></p> <p>Harrison, Patrick J.; Lynch, Eleanor W.; Rosander, Kendra; Borton, William Less  <a href="#">Determining success in interagency collaboration: An evaluation of processes and behaviors</a></p>	<p>The importance of interagency coordination and collaboration has been underscored by the requirements of Part H of Public Law 99-457. Early intervention services for at-risk or disabled infants and toddlers and their families must be transagency in nature, coordinated, and collaborative. This study describes the results of a three-year evaluation of a project designed to increase interagency collaboration. The results suggest that the following five dimensions of behavior are critical to successful collaborations: (1) developing new ways to meet community needs, (2) communicating, (3) networking and increasing awareness, (4) being responsive, and (5) neutralizing territory issues. The article presents a method for identifying specific dimensions of behavior and process that result in effective collaborative efforts and provides suggestions for implementing these recommendations.</p>
	<b>3 (2)</b>	<a href="https://journals.lww.com/ycjournal/toc/1990/10000">https://journals.lww.com/ycjournal/toc/1990/10000</a>	
		<p>Healy, Alfred  <a href="#">Physician participation in early intervention services</a></p>	
		<p>Haley, Stephen M.; Baryza, Mary Jo  <a href="#">A hierarchy of motor outcome assessment: Self-initiated movements through adaptive motor function</a></p>	<p>The purpose of this article is to describe a hierarchy of physical and motor outcome measures for infants and young children. This hierarchy includes measures of self-initiated movements, prefunctional motor determinants, motor control and motor performance, motor skill, and adaptive motor function. Selected measurement variables in each category are identified, and their usefulness in evaluating and monitoring clinical change is highlighted. The application of this framework will help therapists, educators, and other early intervention personnel to clarify motor programming goals and to carefully match outcome variables with each child's program of motor development.</p>
		<p>Bale, James F. Jr.  <a href="#">The neurologic complications of AIDS in infants and young children</a></p>	<p>The acquired immunodeficiency syndrome (AIDS), which is caused by the human immunodeficiency virus type 1 (HIV-1), represents an epidemic disorder for which there currently is no cure. Although children constitute a small proportion of AIDS patients, current estimates suggest that by 1991 there will be over 3,000 children with AIDS in the United States. Many of these children will experience progressive neurologic disorders affecting motor, social, and intellectual functions. This review summarizes the epidemiology and virology of HIV-1 and describes the effects of HIV-1 on the nervous system of the young child.</p>
		<p>Landy, Sarah; Peters, Ray De V.  <a href="#">Identifying and treating aggressive preschoolers</a></p>	<p>A major challenge currently facing the field of children's mental health care is that of finding effective treatment for the growing number of conduct-disordered, aggressive children and adolescents. Although it appears that these disorders can be identified in toddlers and preschoolers, little is known about the etiology and treatment in the early years. This article integrates a number of theoretic viewpoints in describing the etiology and treatment of these disturbances in preschoolers. Suggestions for screening; assessment; and treatment strategies, ranging from direct treatment of the child to teaching of parenting techniques, are presented. A plea is made for commitment on a societal level to treatment of these children</p>
		<p>Smith, Barbara; Klonglan, Gerald  <a href="#">Marketing early intervention: Public awareness and Public Law 99-457</a></p>	<p>Marketing research provides important ideas for those involved in planning and carrying out public awareness promotion efforts to early intervention. However, successful efforts depend on an understanding of the complexity of social marketing and on finding ways to approximate scientific methodology in the planning and evaluation of promotion efforts with often-limited resources.</p>
		<p>Squires, Jane K.; Nickel, Robert; Bricker, Diane  <a href="#">Use of parent-completed developmental questionnaires for child-find and screening</a></p>	<p>States are currently developing child-find and screening systems for implementation of Public Law 99-457. The use of parent-completed developmental questionnaires is a promising strategy for these systems. The advantages of involving parents in the developmental assessment of their infants and children are reviewed here, and guidelines for eliciting valid and reliable information from parents are outlined. Current tools are reviewed, and examples of their implementation in child-find and screening programs are described.</p>

		<u>Trends in professional education</u> Rowan, Lynne E.; Thorp, Eva K.; McCollum, Jeanette A. <a href="#">An interdisciplinary practicum to foster infant-family and teaming competencies in speech-language pathologists</a>	An interdisciplinary practicum that prepares graduate students from two programs (Speech and Hearing Science and Early Childhood Special Education) to work with infants/toddlers and their families is described. Primary emphasis is placed on the role of a parent-infant play group. The underlying philosophy, practicum implementation, and training issues are discussed.
		<u>Technology</u> Fox, Catherine A. <a href="#">Implementing the modified barium swallow evaluation in children who have multiple disabilities</a>	The modified barium swallow is an integral diagnostic component of a total feeding evaluation. By combining the results of the modified barium swallow with a thorough patient history and clinical evaluation, the treatment team can identify the dysfunctional components of the swallow and can implement appropriate feeding and swallowing compensations or identify the need for an alternate feeding method. This evaluation is particularly useful for the nonverbal child with multiple disabilities.
		<u>Exemplary practice</u> Chan, Sam <a href="#">Early intervention with culturally diverse families of infants and toddlers with disabilities</a>	The current system of early intervention services must respond to a dramatically increasing population of culturally diverse infants and toddlers with disabilities. A series of model parent and professional education and training projects for Asian, African-American, and Latino populations in California are thus described in this article. Their development and respective program methodologies serve as a guide for establishing similar resources in other regions of the country.
1991	3 (3)	<a href="https://journals.lww.com/ycjournal/toc/1991/01000">https://journals.lww.com/ycjournal/toc/1991/01000</a>	
		DeGangi, Georgia A.; Laurie, Reginald S. <a href="#">Assessment of sensory, emotional, and attentional problems in regulatory disordered infants: Part 1</a>	Recently clinicians and researchers have directed attention to a group of infants described as “regulatory disordered,” but more commonly characterized as “fussy” or “difficult” infants. Regulatory disordered infants typically display difficulties in sensory processing, attentional skills, and emotion regulation and have been found to develop later perceptual, language, sensory integration, and emotional problems in the preschool years. Traditional models of assessment often are not sensitive enough to identify infants with regulatory disorders; therefore, an expanded model of evaluation is proposed that assesses both parent and child characteristics. The symptomatology of regulatory disordered infants is described, and a model of neurobehavioral organization is proposed that may be useful in differential diagnosis of the various types of regulatory disorders.
		DeGangi, Georgia A.; Laurie, Reginald S.; Castellan, Joan; Craft, Polly <a href="#">Treatment of sensory, emotional, and attentional problems in regulatory disordered infants: Part 2</a>	Issues in treatment of infants with regulatory disorders are addressed. An integrated treatment model is presented that uses a family-centered therapy approach. Parent guidance, child-centered activity, and sensory integrative therapy techniques are described in their application to infants with emotional lability, poor state regulation, sensory processing dysfunction, and attentional deficits.
		Vohr, Betty R. <a href="#">Preterm cognitive development: Biologic and environmental influences</a>	There are three high-risk categories of premature infants—IUGR, BPD, and IVH—commonly seen in neonatal intensive care units that are known to place the infant at an increased biologic risk. However, social factors can also mediate outcome. Increasingly, data indicate that a complex interaction of biologic and environmental factors determines to a large extent which high-risk infants have an optimal outcome and which infants have a less optimal outcome. The neurodevelopmental outcome of these three high-risk groups relative to both biologic risk and environmental risk is discussed.
		Humphry, Ruth <a href="#">Impact of feeding problems on the parent-infant relationship</a>	Finding an infant is a two-person process in which parent and infant coordinate their behaviors to accomplish a basic and essential activity of daily living. The experience of feeding and being fed may contribute to the development of both the infant and parent and shape the parent-infant relationship. When an infant has problems eating, the subsequent difficulty has implications for the developing relationship. Direct and indirect consequences of feeding problems for the parent-infant relationship are explored through a review of the literature. The need to take a holistic view of feeding problems and to include an interaction-based approach to early intervention services is discussed.
		Lenn, Nicholas J. <a href="#">Neuroplasticity: The basis for brain development, learning, and recovery from injury</a>	This article defines neuroplasticity broadly and describes its functional and structural bases in normal development and development after injury. Examples of neuroplasticity in experimental animals and human disease are presented. Review of possible mechanisms of brain damage and dysfunction points to potential therapies that promise gratifying future developments in treatment of children with neurologic dysfunction.

		<p><u>Trends in professional education</u></p> <p>Bennett, Tess; Watson, Alma L.; Raab, Melinda  <a href="#">Ensuring competence in early intervention personnel through personnel standards and high-quality training</a></p>	<p>Personnel standards are needed for professionals involved with infants and toddlers and their families, and innovative, high-quality training must be designed to meet those standards. Current training opportunities in North Carolina were designed with two important questions in mind: What are some training alternatives that allow professionals to grow in their current role? What are some practical methods of evaluating trainee progress? This article discusses the components of standards that are used to fit trainee needs into an adult learning framework, and a description of quality training practices based on adult learning theory and practice is included.</p>
		<p><u>Technology</u></p> <p>Spell, Janyce J.; Edmondson, Karen  <a href="#">Adult illiteracy and early childhood professionals</a></p>	<p>Early childhood professionals increasingly find themselves working with parents who cannot read well enough to function for their own advantage on a daily basis. Although these professionals' mandated clients are generally the children, they can be more effective by assisting the parents with some of their needs as well. An understanding of illiteracy (or nonliteracy) and its implications for parenting affords the early childhood professional a better position from which to operate. This article offers both information and specific advice for effectively helping families in this situation.</p>
		<p><u>Exemplary practice</u></p> <p>Randall, Virginia F.; Cook, David R.; Mandelson, Christina; Finch, Thomas E.  <a href="#">A demonstration project on military installations: Child care for infants and toddlers with special needs, including those with HIV infection</a></p>	
		<p>Goldberger, Joy; Wolfer, John  <a href="#">An approach for identifying potential threats to development in hospitalized toddlers</a></p>	<p>An approach for identifying potential threats to development in hospitalized infants and toddlers is described. The approach utilizes two matrices for systematically organizing knowledge about patient-environment transactions in the hospital that may be detrimental to infants' and toddlers' development. One matrix identifies developmental threats according to threats in the hospital environment for different areas of development. The second matrix suggests "cues" for planning individualized interventions for eliminating, minimizing, or counteracting environmental threats. The initial work on this approach is briefly described to generate discussion regarding its potential usefulness.</p>
	<b>3 (4)</b>	<a href="https://journals.lww.com/iyjournal/toc/1991/04000">https://journals.lww.com/iyjournal/toc/1991/04000</a>	
		<p>Drotar, Dennis; Sturm, Lynne  <a href="#">Mental health intervention with infants and young children with behavioral andMental health intervention with infants and young children with behavioral and developmental problems</a></p>	<p>Many young children with developmental problems also have behavioral disorders that are significant enough to affect their socioemotional development and response to developmental intervention. Informed treatment planning for this population requires comprehensive assessment of children's cognitive development and emotional status using parent interviews, structured tests, and observation. Behavioral disorders encountered in developmentally delayed children necessitate a range of interventions, especially parent guidance and psychoeducational treatment. Barriers to service delivery for this population and implications for training and research are described.</p>
		<p>Kochanek, Thomas T.  <a href="#">Translating family policy into early intervention initiatives: Preliminary outcomes and implications</a></p>	<p>This article describes a study that examined the impact of formalized child and family assessment practices on screening and assessment activity. Findings indicate that conducting child and family assessments is no more costly to a program's resources than completing the predominantly child-based assessment that existed prior to Public Law 99-457 (Part H). Response data also suggest that formal scales appear to work effectively with a heterogeneous group of families in identifying unmet needs, support networks, and disruptive child behaviors, even in the early stages of the clinician-parent relationship.</p>
		<p>Hains, Ann Higgins; Rosenkoetter, Sharon E.; Fowler, Susan A.  <a href="#">Transition planning with families in early intervention programs</a></p>	<p>Transition planning is a key component of the Individualized Family Service Plan. Successful planning requires family and professional collaboration. This article examines some common concerns expressed by families during early transitions and suggests ways that the early intervention team, which consists of families and professionals, can address those concerns through careful planning.</p>
		<p>Simeonsson, Rune J.  <a href="#">Early intervention eligibility: A prevention perspective</a></p>	<p>The issue of eligibility for early intervention services has raised conceptual and methodological concerns for policy makers. Central to these concerns have been the tasks of defining and operationalizing the concept of developmental</p>

			<p>delay and the associated concept of at risk. The discretionary nature of Public Law 99 – 457 in regard to operationalization of criteria for developmental delay and the conceptual and methodological problems in determining risk status have resulted in significant variability of effort across states. This article presents a framework for the provision of child and family services by conceptualizing early intervention in terms of levels of prevention and focuses on identification and documentation issues with particular reference to children defined as at risk.</p>
		<p>Baer, Marion Taylor; Blyler, Elaine M.; Cloud, Harriet H.; McCamman, Sarah P.  <a href="#">Providing early nutrition intervention services: Preparation of dietitians, nutritionists, and other team members</a></p>	<p>Public Law 99 – 457 includes nutritionists as providers of early intervention services, creating the opportunity to fully integrate this important component of care into services for infants and children with special health care needs, many of whom are at high nutritional risk. To adequately prepare nutrition service providers, current preservice curricula, both didactic and practical, need to be strengthened to meet identified competencies. Ideally, inservice education should also target other team members to develop awareness so that children at risk receive nutrition screening, referral, and follow-up.</p>
		<p><u>Technology</u>          Ahmann, Elizabeth; Lipsi, Kathleen A.  <a href="#">Early intervention for technology-dependent infants and young children</a></p>	<p>An increasing number of technology-dependent infants and young children are being cared for at home. This article uses the example of infants with bronchopulmonary dysplasia to provide early interventionists with an overview of issues in the planning, implementation, and evaluation of early intervention treatment programs for technology-dependent children. The needs of the child, the concerns of the family, and the need for coordination among providers are discussed. Practical treatment suggestions are offered based on the diagnosis and the types of medical equipment in use. A context for program evaluation, with examples specific to this population, is also provided.</p>
		<p><u>Exemplary practice</u>          Russell, Fay F.; Free, Teresa A.  <a href="#">Early intervention for infants and toddlers with prenatal drug exposure</a></p>	<p>At least 10% of children born today have been prenatally exposed to alcohol or drugs. Many of these children go home to an environment that does not encourage social, emotional or cognitive growth. Early intervention that serves children prenatally exposed to substances must address their physical impairments and their interpersonal, emotional, and learning environments. Early intervention services rendered in this program in a climate of support, care, and individualized attention to child and family needs show that these “difficult to serve” families are best served by a case management program that is family-centered. This article describes an interdisciplinary project developed and implemented for infants, toddlers, and families of individuals who used substances during pregnancy. An approach to services and difficulties encountered in providing a program for this hard-to-serve population are discussed.</p>
	<b>4 (1)</b>	<a href="https://journals.lww.com/ijcjournal/toc/1991/07000">https://journals.lww.com/ijcjournal/toc/1991/07000</a>	
		<p>Hepp, Elizabeth Soper  <a href="#">Reflections on part H: one State's experience</a></p>	
		<p>Glascoe, Frances P.  <a href="#">Developmental screening: Rationale, methods, and application</a></p>	<p>Conducting developmental screening with all young children is crucial; current research confirms the value of early intervention while recent state and federal laws support early detection and service expansion. This paper presents current concepts and issues in developmental screening, many of which challenge commonly held assumptions about how children learn and grow. Specific measures are discussed together with directions for instrument development and further research.</p>
		<p>Kochanek, Thomas T.; Buka, Stephen L.  <a href="#">Using biologic and ecologic factors to identify vulnerable infants and toddlers</a></p>	<p>The primary purpose of this study was to evaluate the outcomes of a population based screening model designed to identify developmentally disabled and substantially at-risk infants and toddlers. Data indicated that while child and family centered screening components each made a unique contribution to the identification of vulnerable children, parental factors within the algorithm accounted for a greater portion of those children who performed poorly on follow-up examination. Additionally, the prevalence of vulnerable children identified, and the factors that accounted for positive identification, varied considerably by chronologic age.</p>
		<p>Bailey, Donald B. Jr.  <a href="#">Issues and perspectives on family assessment</a></p>	<p>The regulations for Public Law 99-457, Part H state that early intervention programs should be capable of conducting “family assessments” in order to determine the strengths and needs of the family related to enhancing the development of the child. Significant concerns exist, however, about the definition of family assessment and the process by which it is conducted. This article proposes a functional interpretation of family assessment and identifies several key issues associated with the process.</p>



		<p>Msall, Michael E.; DiGandto, Kathleen M.; Malone, Anthony F.</p> <p><a href="#">Health, developmental, and psychosocial aspects of Down syndrome</a></p>	<p>Barriers exist between health and developmental professionals with respect to collaboration and understanding each other's framework. We present guidelines that target those health problems that impact most on development in children with Down syndrome. In addition, we discuss ways of facilitating a partnership between families, health care professionals, and early intervention specialists. By systematically monitoring health and development and creating a partnership that facilitates family supports, long-term outcome in children with Down syndrome can be optimized.</p>
		<p>Lerner, Helen; Ross, Linda</p> <p><a href="#">Community health nurses and high-risk infants: The current role of Public Law 99-457</a></p>	<p>In a nationwide survey, community health nurses working with high-risk infants and children and their families responded to a questionnaire regarding their role in implementing Public Law 99-457. The study focused on screening and assessment, neonatal intensive care unit follow-up, and provision of services in the community. Concerns about families and barriers to the delivery of services included transportation, lack of needed services, inadequate funding for home visits, poor coordination of services, and lack of respite care. The results showed a need to develop further education in early intervention for community health nurses, to establish communication systems with neonatal intensive care units for discharge planning, and to provide financial reimbursement for home visits to make needed intervention more accessible.</p>
		<p><a href="#">Trends in professional education</a></p> <p>Hanson, Marci J.; Brekken, Linda J.</p> <p><a href="#">Early intervention personnel model and standards: An interdisciplinary field-developed approach</a></p>	<p>As early intervention services for infants and toddlers who are disabled or at risk and their families have increased nationally, the need for qualified personnel to perform these services has likewise dramatically increased. To address California's planning needs related to early intervention personnel preparation, the California Early Intervention Personnel Study Project was established. This article presents the recommended interdisciplinary personnel model and standards for early intervention personnel that were developed through this project.</p>
		<p><a href="#">Technology</a></p> <p>Edmondson, Karen S.; Spell, Janyce J.</p> <p><a href="#">Written materials and the client with low literacy skills</a></p>	<p>Parents and early childhood professionals generate a great deal of paperwork. For parents to benefit from this, however, there must be at least an approximate match between the written material and parental skills in managing the information presented therein. In this article a number of specific steps for assessing the readability of written materials are presented, and suggestions are offered for ways to present written information so as to effect a better match with parental skills.</p>
		<p><a href="#">Exemplary practice</a></p> <p>Kaplan-Sanoff, Margot; Parker, Steven; Zuckerman, Barry</p> <p><a href="#">Poverty and early childhood development: What do we know, and what should we do?</a></p>	<p>Poverty places young children at risk for a variety of adverse developmental and behavioral outcomes. High school drop-out rates, gang violence, unemployment, drug use, and adolescent pregnancy are markers of the deleterious outcomes of poverty on young children. This article discusses the relationship between poverty and child outcomes by examining the effects of lead poisoning, stress, maternal depression, and maternal drug use on child development. It offers recommendations for policy intervention strategies to ameliorate the long-term effects of poverty on child development.</p>
	4 (2)	<p><a href="https://journals.lww.com/ijcjournal/toc/1991/10000">https://journals.lww.com/ijcjournal/toc/1991/10000</a></p>	
		<p>Parette, Howard P. Jr.; Hendricks, Mary D.; Rock, Stephen L.</p> <p><a href="#">Efficacy of therapeutic intervention intensity with infants and young children with cerebral palsy</a></p>	<p>Intensity of therapeutic intervention as it relates to occupational therapy and physical therapy regimens for infants and young children with cerebral palsy is examined. Relevant studies are categorized as descriptive, contrast, and control group investigations. The review reflects that little consensus exists pertaining to the meaning of intensity of therapeutic intervention. Inadequate instrumentation and assessment procedures are suggested as major contributory influences to this conundrum. Accountability in the early intervention professions requires heightened levels of sophistication in research designs, careful documentation of procedures and outcomes, and approaches incorporating theories of general child development if the disciplines of occupational and physical therapy are to attain a better understanding of the meaning and importance of therapeutic intervention intensity</p>
		<p>Mantovani, John F.; Powers, Jo Ann</p> <p><a href="#">Brain injury in premature infants: Patterns on cranial ultrasound, their relationship to outcome, and the role of developmental intervention in the NICU</a></p>	<p>Brain injury is a frequent cause of major disabilities, such as cerebral palsy and mental retardation, in surviving very low birth weight infants. This article describes patterns of intraventricular hemorrhage and periventricular echodensity as identified by cranial ultrasound in such infants. The literature was reviewed with respect to the prognosis of these</p>



			abnormalities, with emphasis on the importance of individualization. An approach to early intervention for infants with these lesions in the neonatal intensive care unit is discussed. The coupling of these perspectives is intended to emphasize the interrelationships of diagnostic, therapeutic, and prognostic approaches in affected infants.
		Roberts, Richard N. <a href="#">Early intervention in the home: The interface of policy, programs, and research</a>	Home visitor programs based in health, education, and social service agencies provide services to a wide range of families for multiple reasons. Federal and state policies on family support in the home are rarely coordinated and have little empirical base to support their efficacy. Effectiveness studies and solid demonstration efforts are needed for informed policy decisions.
		Coleman, Patsy P.; Buysse, Virginia; Scalise-Smith, Dale L.; Schttlte, Ann C. <a href="#">Consultation: Applications to early intervention</a>	The implementation of Part H of IDEA (formerly PL 99-457) will increase the current demand for personnel who provide services to infants and toddlers with special needs and their families. A significant shortage, however, exists in most such professions. This article presents the use of consultation, as it is traditionally defined in the mental health professions, as a possible service delivery option to use in early intervention. The authors describe consultation—its applications to work with families—and a case study of a child receiving early intervention services and offer verbal consultation strategies to use with the family.
		Godfrey, Athleen B. <a href="#">Providing health services to facilitate benefit from early intervention: A model</a>	Part H of PL 90-457 requires programs to provide health services to enable children to benefit from early intervention. There has been little help to states in planning and implementing health services in early intervention programs. Health needs of infants and toddlers with disabilities are used as a framework to present a model for integrating health services in early intervention programs. Implications for use of the model in financing, staffing, the service delivery model, personnel preparation, child assessment, developing the IFSP, case management, and data collection are discussed.
		<a href="#">Trends in professional education</a>  Fenichel, Emily Schrag; Eggbeer, Linda <a href="#">Preparing practitioners to work with infants, toddlers, and their families: Four essential elements of training</a>	The 1988-1990 Training Approaches for Skills and Knowledge Project of the National Center for Clinical Infant Programs identified four elements of training that seem particularly important in helping individuals become competent infant/family practitioners. These are 1) a knowledgebase built on a framework of concepts common to all disciplines concerned with infants, toddlers, and their families; 2) opportunities for direct observation and interaction with a variety of children from newborn to age 3 and their families; 3) individualized supervision that allows the trainee to reflect on all aspects of work with infants, families, and colleagues; and 4) collegial support, both within and across disciplines.
		<a href="#">Technology</a>  Huber, Cathie J. <a href="#">Documenting quality of parent-child interaction: Use of the NCAST Scales</a>	The purpose of this article is to describe the Nursing Child Assessment Feeding Scale and Nursing Child Assessment Teaching Scale instruments. Both scales are measures of the important concept of parent-child interaction. They were developed by Barnard and colleagues and based on the theory of Child Health Assessment Interaction. The scales utilize familiar (feeding) and novel (teaching) situations as settings for observations of the quality of interaction. Description of test properties and examples of uses of the scales are included. The scales were originally designed for use in nursing practice but are now utilized by professionals in a variety of disciplines.
		<a href="#">Exemplary Practice</a>  Blanchard, Yvette <a href="#">Early intervention and stimulation of the hospitalized preterm infant</a>	Controversies exist over what is appropriate stimulation for the hospitalized preterm infant and how it should be administered. One approach advocates the provision of additional and isolated sensory stimulation, while another approach advocates the detailed assessment of the infant's functioning in the extrauterine environment as a baseline for highly individualized intervention. This review shows that extensive research has been conducted in support of both approaches. Sensory stimulations have been shown to have an impact on the development of preterm infants. However, an understanding of the infant's level of functioning in the extrauterine environment provides the context within which stimulations can be applied.
1992	4 (3)	<a href="https://journals.lww.com/ycjournal/toc/1992/01000">https://journals.lww.com/ycjournal/toc/1992/01000</a>	
		Wallace, Helen M. <a href="#">Early steps in the care of disabled children being taken in some developing countries</a>	

		<p>Leviton, Audrey; Mueller, Mary; Kauffman, Cynthia  <a href="#">The family-centered consultation model: Practical applications for professionals</a></p>	<p>This article proposes a model for parent-professional relationships, the family-centered consultation model. A comparison is made between the professional's role in traditional models of intervention and his or her role in the family-centered consultation model of intervention. Practical suggestions are provided to illustrate ways of implementing this family-centered approach.</p>
		<p>Sparling, Joyce W.; Berger, Robert G.; Biller, Michael E.  <a href="#">Fathers: Myth, reality, and Public Law 99-457</a></p>	<p>Mothers consistently have been the focus of family intervention related to special needs children. Few teams have identified the inclusion of the father as a priority. These facts are based on the assumption that fathers are either uninterested or uninvolved in the care and education of their children. However, an historical and cultural review of the literature suggests that this characterization is mythical. In reality, fathers, or those who assume paternal roles, want to be involved and have unique characteristics and competencies that foster child development. To support the challenge of becoming actively involved with the therapeutic and educational community and prevent paternal problems, specific suggestions for interventionists are described to enhance the involvement of fathers in the planning and implementation of programming related to Public Law 99-457.</p>
		<p>MacDonald, James D.; Carroll, Jennifer Y.  <a href="#">A partnership model for communicating with infants at risk</a></p>	<p>A partnership model for establishing interactive relationships with infants and young children at risk is presented. The model is based on a parent-infant intervention approach that has been extended for use in classrooms and across several disciplines. The model specifies a series of adult interactive styles that provide for a finely tuned relationship that allows infants to learn to communicate within natural and therapeutic contacts. The critical role that adults' interactive styles play in early social and communicative development is addressed for delays in motor, cognitive, language, and parenting development.</p>
		<p>Goldson, Edward  <a href="#">The neonatal intensive care unit: Premature infants and parents</a></p>	<p>Factors that influence the premature infant-parent relationship are discussed. These factors include the parents' individual histories and their preconceptions of the premature infant, the physiological and behavioral capacities of the premature infant, and the nature of the neonatal intensive care unit milieu. Sequelae for parents and infants are examined and approaches to optimizing the parent-infant relationship are suggested.</p>
		<p>Casby, Michael W.  <a href="#">Symbolic play: Development and assessment considerations</a></p>	<p>Observation of infants' and young children's play, in particular symbolic play behavior, can be an informative and powerful assessment strategy for those engaged in early intervention. Information gained through such observation also can serve intervention efforts well. This article presents a framework and overview of the development of play and symbolic play, with special emphasis given to assessment considerations.</p>
		<p><a href="#">Trends in professional education</a>          Cbristensen, Constance M.  <a href="#">Multicultural competencies in early intervention: Training professionals for a pluralistic society</a></p>	<p>The proportion of culturally diverse families is growing at a dramatic rate; therefore, professionals in the field of early intervention will have significantly greater contact with families from diverse backgrounds. This study reports on the specific cross cultural awareness, knowledge, and skills professionals in the field of early intervention consider essential and how the professionals differ in their training and needs from a group of national presenters on multicultural issues in early intervention. Significant differences were found between the national presenters and professionals in their views regarding the importance of acknowledging one's own culture and being aware of the beliefs, values, and structure of the families that are served.</p>
		<p><a href="#">Technology</a>          Straka, Bonnie F.; Newton, Grace A.; Hayden, Gregory F.  <a href="#">Scabies and head lice: Update for the 1990s</a></p>	<p>Scabies and lice cause bothersome symptoms among millions of children each year. This article outlines the epidemiology of these infestations, the biology of the parasites, and the clinical clues for suspecting these diseases. Early diagnosis and institution of appropriate treatment will cure these infestations and prevent spread to others.</p>
		<p><a href="#">Exemplary practice</a>          Deardorff, Clare A.  <a href="#">Use of the Double ABCX Model of Family Adaptation in the early intervention process</a></p>	<p>The policy innovations of Public Law 99-457 call for dramatic changes in early intervention services for the families of handicapped and "at-risk" infants and toddlers throughout this country within the next several years. A conceptual framework that can integrate the positive aspects of the child-centered approach with the new family-centered approach is needed. The Double ABCX Model of Family Adaptation is presented as a multidisciplinary, integrated approach for use in PL 99-457 service provision</p>

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	Williamson, W. Daniel; Demmler, Gail J. <a href="#">Congenital infections: Clinical outcome and educational implications</a>	More than 40,000 neonates with congenital infections are born each year in the United States. The most frequently occurring congenital infections include toxoplasmosis, rubella (German measles), cytomegalovirus, herpes, and syphilis. Each of these five prenatal infections may leave significant developmental, neurologic, and sensory deficits, causing infected infants to need early intervention services. This review provides a clinical summary and a description of methods of transmission and prevention for each of these congenital infections.
	Coster, Wendy J.; Haley, Stephen M. <a href="#">Conceptualization and measurement of disablement in infants and young children</a>	The article describes a working model for conceptualization of disablement in infants and young children. A series of adult disablement models is reviewed, and suggestions are made for the adaptation of these models for the description of childhood disablement. The usefulness of this working model is illustrated through a discussion of the development of the Pediatric Evaluation of Disability Inventory, a new functional assessment instrument for infants and young children. This working model can serve as the foundation for future measurement innovations in childhood disablement for the purpose of improved diagnosis, discrimination, and evaluation.
	Sokoly, Michele M.; Dokecki, Paul R. <a href="#">Ethical perspectives on family-centered early intervention</a>	Part H of Public Law (PL) 102 - 119, the Individuals with Disabilities Education Act—formerly PL 99 - 457—extends services provided under the Education for All Handicapped Children Act to include early intervention for newborns to 3-year-olds. A key provision of this legislation is an emphasis on the importance of viewing the child in the context of the family and providing services that address family priorities while building on family strengths and meeting family needs. The traditional mindset guiding the early intervention system presents obstacles to meeting this goal. Through ethical reflection, the article identifies some of these obstacles and suggests new ways of thinking about family-centered early intervention. By examining the roles, character, and power of professionals, the article suggests an approach to moving beyond traditional interpretations of early intervention to define ways that will empower families and promote community and human development.
	Marvin, Robert S.; Pianta, Robert C. <a href="#">A relationship-based approach to self-reliance in young children with motor impairments</a>	A relationship-based model for the study of self-reliance in preschool children is presented. The application of this model is illustrated through the use of two case studies from an ongoing study of young children with motor impairments. Individual differences in degree and quality of self-reliance are related to differences in security of the children's attachments to their major caregivers, as well as to differences in those caregivers' "working models" of important family relationships.
	Kalmanson, Barbara; Seligman, Stephen <a href="#">Family-provider relationships: The basis of all interventions</a>	The success of all types of interventions will rest on the quality of the relationships between professional providers and family members, even when the relationship itself is not the focus of the intervention. The article discusses the importance of developing a working alliance and describes a relationship-based approach to intervention. Specific techniques for relationship building, parent — child observation, gathering information, understanding parental perceptions, and developmental guidance are explained. Finally, common pitfalls in professional-parent relationships are addressed.
	<a href="#">Trends in professional education</a> Peter, Margo I. <a href="#">Combining continuing medical education and systems change to promote physician involvement</a>	As implementation of Public Law 99 - 457 moves forward, states are increasingly grappling with issues related to physician involvement. Innovative efforts that define the role of primary care physicians and promote their participation offer valuable models to those wishing to advance physician involvement in the care of children with special needs. Hawaii has been working since 1984 to enhance physician involvement. This article outlines crucial aspects of that process, focusing on continuing medical education activities.
	<a href="#">Technology</a> G, Jan; Zwischenberger, Joseph B.; Bhatia, Jatinder <a href="#">Neonatal extracorporeal membrane oxygenation: Neurodevelopmental outcome of survivors</a>	Extracorporeal membrane oxygenation (ECMO) is a sophisticated life-saving treatment measure that uses modified heart-lung bypass to treat severe respiratory failure unresponsive to conventional medical management in a select group of term or near-term infants. A predicted mortality rate of 80% or more has been reversed to a survival rate of 80% or more. Significant biologic risk factors potentially affecting developmental outcome exist for these infants. Most ECMO survivors appear to be within normal limits on standard developmental testing, but major and minor sequelae have also been identified. Long-term developmental follow-up that includes evaluation of subtle neurologic, learning, and behavior parameters is advised.

		<p><u>Exemplary practice</u></p> <p>Murray, Ann D.  <a href="#">Early intervention program evaluation: Numbers or narratives?</a></p>	<p>Evaluations of early intervention programs can contribute to the process of program planning, program implementation, and the determination of impact. The history of evaluation research has been dominated by the use of a quantitative paradigm. There are, however, both practical and philosophical barriers to conducting quantitative evaluations of Part H (PL 99 – 457) programs. Qualitative evaluation methods that are based on naturalistic modes of inquiry are more consonant with the family-focused philosophy of these programs. Ultimately, a mix of quantitative and qualitative approaches will best meet the needs of all parties with a vested interest in the evaluation process.</p>
	<b>5 (1)</b>	<p><a href="https://journals.lww.com/ycjournal/toc/1992/07000">https://journals.lww.com/ycjournal/toc/1992/07000</a></p>	
		<p>Dienfendorf Allan O.; Reitz Patricia S; Cox Jane B.  <a href="#">The joint committee on infant hearing 1990 position statement: a closer look</a></p>	
		<p>Nickel, Robert E.  <a href="#">Disorders of brain development</a></p>	<p>Many of the children in early intervention services have an identifiable disorder of brain development. This article reviews normal and abnormal brain development and highlights the necessity for early intervention professionals to understand each child's medical diagnosis in order to formulate appropriate service plans and to have realistic expectations for developmental progress</p>
		<p>Baldwin, David S.; Jeffries, George W.; Jones, Virginia H.; Thorp, Eva K.; Walsh, Sharon A.  <a href="#">Collaborative systems design for Part H of IDEA</a></p>	<p>Part H of the Individuals with Disabilities Education Act (IDEA) envisions a new paradigm of service delivery to young children with special needs and their families. In order to create an integrated system of services that is family focused and community based, agencies at state and local levels must engage in collaborative planning. This article focuses on the nature of effective collaborative planning, elements critical to that planning process, common pitfalls that communities may encounter, and the benefits to be derived. Experiences to date predict the effectiveness of planning in achieving Part H goals</p>
		<p>Rosenkoetter, Sharon E.  <a href="#">Guidelines from recent legislation to structure transition planning</a></p>	<p>Recent legislation specifies strategies to facilitate the transition of young children with disabilities between service programs around the age of 3 years. This article summarizes recent legal requirements for transition at age 3 and proposes that these strategies suggest a framework to provide continuity in services during a variety of transitions during the early years.</p>
		<p>Ploof, Dianna L.; Feldman, Heidi M.  <a href="#">Organizing early intervention services in a hospital setting: The Developmental Support Project as a parallel organization</a></p>	<p>Children who require extended hospitalizations may be eligible for early intervention but cannot access community-based programs. Tertiary care hospitals are not designed to deliver coordinated, familycentered early intervention services in a consistent manner. This article proposes a parallel organizational structure in the hospital for providing such services. Parallel structures operate within a traditional hierarchical organization and allow the organization to undertake activities counter to the norm. Installing a parallel structure requires assessment of organizational culture, establishment of leadership, clarification of purpose, and design of supportive structures and processes. The Developmental Support Project is offered as an example of a parallel organizational form providing early intervention services at Children's Hospital of Pittsburgh</p>
		<p>Car done, Ida Anne; Gilkerson, Linda  <a href="#">Family Administered Neonatal Activities: An adaptation for parents of infants born with Down syndrome</a></p>	<p>The unexpected delivery of an infant with Down syndrome challenges families to call on adaptive strengths rarely needed in other situations. During this time when families are most deeply affected, professionals are also experiencing acute emotional responses. This article describes a process, adapted from the Family Administered Neonatal Activities (FANA), to support mothers and fathers during the immediate postpartum period. The process combines emotional support with the opportunity for parents to engage in an exploration of their infant's behavior. The professional role and parental responses are described for this hospital-based approach to family support</p>
		<p><u>Trends in professional education</u></p> <p>Winton, Pamela J.; McWilliam, P J; Harrison, Terry; Owens, Anne Marie; Bailey, Donald B.  <a href="#">Lessons learned from implementing a team-based model for change</a></p>	<p>The authors' experiences in implementing a team-based model of change for building and sustaining family-centered practices provide the background for this article. The focus is on challenges and strategies related to three components of the model: team participation, the decision-making process, and implementation of decisions made by teams as a result of workshop activities. The article includes a case example of one program's experience with the model</p>



		<u>Technology</u>  Gover, Anne M.; McIvor, John <a href="#">Upper limb deficiencies in infants and young children</a>	Upper limb deficiencies in infants and young children may be congenital or acquired. Deficiencies may vary from minor abnormalities to major limb absences. Limitations in function may also vary. The type of deficiency and the degree of functional limitation help to determine therapeutic management, including use of prosthetics. Generally, the higher the level of upper limb absence the greater the need of prosthetics. However, prostheses can be cumbersome, and the overall rate of prosthesis rejection is high. This article provides an overview of upper limb deficiencies relative to the etiology, incidence, classifications, and treatment options
		<u>Exemplary practice</u>  Bailey, Donald B. Jr; McWilliam, P J; Winton, Pamela J. <a href="#">Building family-centered practices in early intervention: A team-based model for change</a>	The challenges inherent in implementing family-centered approaches to early intervention call for effective strategies to enhance systems change. This article describes a set of activities designed to help early intervention teams examine current practices and set goals for change. Central to the activities are five components: (1) team-based training, (2) parent participation, (3) a decision-oriented format, (4) guided decision-making and goal-setting activities, and (5) effective leadership
	5 (2)	<a href="https://journals.lww.com/ycjournal/toc/1992/10000">https://journals.lww.com/ycjournal/toc/1992/10000</a>	
		Frasier, Lori D.; Barchman, Virginia; Alexander, Randell C. <a href="#">Physical and behavioral signs of sexual abuse in infants and toddlers</a>	Approximately 2.7 million cases of child abuse are reported each year, 20% of which are cases of sexual abuse. This is probably a minimum estimate because many cases, particularly those involving intrafamilial abuse, go unreported. Identification of sexual abuse depends upon a high index of suspicion. Occasionally a child spontaneously discloses the abuse. Others, especially young children, may manifest specific behaviors indicative of abuse, such as sexual acting-out, or less specific behaviors suggesting psychologic stress. Only a small proportion of children have genital findings or sexually transmitted diseases indicating sexual contact. The evaluation of such cases requires special skills of a number of professionals who understand the legal, social, psychologic, and medical ramifications of this information.
		Allen, Marilee C. <a href="#">Developmental implications of intrauterine growth retardation</a>	The population of infants with intrauterine growth retardation (IUGR) is a heterogeneous one; the unifying characteristic of these infants is that they are smaller than expected for their maturity at the time of birth. Their developmental outcome, which describes a spectrum of developmental disabilities, is related to the etiology of the IUGR, timing of the insult, and associated perinatal complications. IUGR is merely a marker that the central nervous system, along with other organ systems, may be affected.
		Constantino, John N. <a href="#">On the prevention of conduct disorder: A rationale for initiating preventive efforts in infancy</a>	It is often said that so little is currently known about the causes of childhood psychosocial disorders that there is no way to devise appropriate or responsible prevention strategies at the present state of our knowledge. Conduct disorder may be an exception. A careful review of what is known provides a great deal of justification for initiating efforts (as early as infancy) to prevent the occurrence of conduct disorder. Included in this article are data from longitudinal studies that demonstrate the link between early childhood problems and future conduct disorder and a review of the outcome of prevention projects that have been conducted to date. Implications for future work in developing preventive intervention programs for high-risk infants are discussed throughout the article.
		<u>Trends in professional education</u>  DeGangi, Georgia; Royeen, Charlotte Brasic <a href="#">How to examine the individualized family service plan process: Preliminary findings and a procedural guide</a>	Focus groups are a useful method for exploring research and program evaluation/development issues related to implementation of individualized family service plans (IFSPs). This article describes the methodology and preliminary findings of a study examining the IFSP process with focus groups. A procedural guide for conducting such groups in specific settings is provided. Through the conduct of such discussion groups in specific settings, staff and consumer attitudes, feelings, and conflicts with the IFSP process can be assessed. A better understanding of what is actually happening in a program and how people feel about the IFSP process will provide the necessary information to change a program for the better.
		Poisson, Susan; DeGangi, Georgia <a href="#">Development of the individualized family service plan Anchor Guide</a>	The identification and provision of early intervention services are to be determined jointly by parents and professionals through an individualized family service plan (IFSP) process and documented in a written plan. Although the guidelines for the IFSP process are clearly written in the law, early intervention professionals and parents of children in need of these services have varying degrees of experience and



			knowledge of the IFSP process. Administrators and researchers who want to evaluate a program's effectiveness or study the process itself, therefore, need a tool for identifying or describing the professional's or parent's experience that may affect other types of data collected. The IFSP Anchor Guide has been developed in response to this need and contains 18 questions corresponding to the main elements of the IFSP as described in initial and proposed regulations. Content validity has been established by requesting that individuals interpret the meaning of each test item and by coding each item into one of three conceptually meaningful categories or domains. The IFSP Anchor Guide may be used by researchers and program evaluators. Parents may even use it to monitor or evaluate their IFSP experience.
		Royeen, Charlotte Brasic <a href="#">A glimpse of the human experience: Parenting infants and toddlers who are disabled</a>	Qualitative research goes beyond measuring issues, problems, and experiences. The goal is to immerse oneself in the reality of the subjects. This article shares the emotionally-based experiences of an investigator during a qualitative study investigating the individualized family service plan (IFSP) process.
		<u>Technology</u>  Swanson, Clint; Brown, Mark A. <a href="#">Understanding children with chronic lung disease. Part I: Lung function</a>	In this the first of two articles about the care of young children with severe respiratory difficulties, a description of normal and abnormal lung function is presented. Respiratory physiology can be somewhat challenging, but a basic understanding is essential to appreciating the influence of chronic lung disease on development and activities of daily living. Facilitation of progress in growth and development cannot wait until the child's respiratory problems have resolved. Therefore, educators, therapists, and others who serve affected children must be comfortable interacting and handling them. The second article will describe the technologies, such as apnea monitors, oxygen delivery equipment, and respirators, that are used to support these children not only in the hospital but now at home.
		<u>Exemplary practice</u>  Brault, Linda M.J. <a href="#">Achieving integration for infants and toddlers with special needs: Recommendations for practice</a>	Recommendations for achieving integration into the mainstream community for infants and toddlers with special needs based on experiences in a large early intervention program are presented. These recommendations include making a philosophic commitment to integration, broadening early intervention program options to include regular community services while re-examining existing program options with the commitment to integration in mind, shifting the roles of early interventionists from primary service providers to consultants when working with families as well as with community programs, and providing information and support to families to facilitate their central role in their child's life.
1993	5 (3)	<a href="https://journals.lww.com/iyjournal/toc/1993/01000">https://journals.lww.com/iyjournal/toc/1993/01000</a>	
		Raab, Melinda M.; Davis, Michelle S.; Trepanier, Anne Marie <a href="#">Resources versus services: Changing the focus of intervention for infants and young children</a>	Resource - based intervention practices for infants and young children and their families, as distinguished from traditional service - oriented practices, are described in this article. A model is suggested for considering the full range of existing and potential resources that should be available to families as part of early intervention services. Considerations for implementing a resource - based approach in early intervention.
		Ross, Shelley; Jennings, Kay Donahue; Popper, Sally D. <a href="#">Identifying maternal depression in an early intervention setting</a>	Maternal depression is a significant mental health problem that influences family functioning. Because emotional and functional adjustment in the postpartum period may be more difficult for parents of children with special needs, clinicians should be alert for symptoms of depression in these parent populations. In this article, types of mood disorders, symptoms that comprise them, and treatment options are reviewed. Guidelines to help a clinician assess whether a parent should be referred for a psychological or psychiatric evaluation are also provided. Furthermore, assessment of the influence of maternal depression on the child is discussed.
		Ogletree, Billy T.; Daniels, Debora Burns <a href="#">Communication-based assessment and intervention for prelinguistic infants and toddlers: Strategies and issues</a>	The successful implementation of Public Law 99-457 is largely dependent on early interventionists' knowledge across disciplines with respect to the abilities and needs of young children. This article provides an overview of issues related to prelinguistic communicative development and the assessment and treatment of communication impairments in infants and toddlers. Assessment issues and methods as well as treatment approaches and models are reviewed.
		Graham, Mimi A.; Bryant, Donna M. <a href="#">Developmentally appropriate environments for children with special needs</a>	With increasing emphasis on inclusive settings, concern has heightened regarding the developmental appropriateness of the learning environments for young children with special needs in group care situations. Developmental practices used in early childhood education have produced distinctly

			different approaches toward teaching and learning from the behavioral approaches traditionally used in early childhood special education. Based on research of how children learn most effectively, both from the early childhood literature and from special education studies, strategies are presented for adapting environments to meet the capabilities and needs of young children. Dimensions discussed include ratios and group size, structure, curriculum, integration of special therapies, interest areas, environmental assessment, role of the family, multicultural adaptations, transitions, promotion of social interactions, health and safety, outdoor environments, and personnel standards and competencies.
		Perlman, Nitza; Millar, Claire; Ericson, Kristine <a href="#">Therapy for sexually abused young children</a>	Issues related to diagnosis and treatment of young children, preschool to latency age, who have been sexually abused, are discussed. An effort has been made to incorporate a developmental perspective and to highlight problems relevant to decisions about interventions. Case material is used to illustrate points made in the article. In recent years, much attention has been given to the problem of child sexual abuse. Accounts of adult survivors are a major source of information about this problem. There is no doubt about the importance of this source. However, the anecdotal nature of this information calls for caution when decisions about interventions are to be made. Disciplined research in this area is needed.
		<a href="#">Trends in professional education</a>  Eggbeer, Linda; Latzko, Trudy; Pratt, Betsy <a href="#">Establishing statewide systems of inservice training for infant and family personnel</a>	In accordance with Part H of the Individuals with Disabilities Education Act (IDEA), states are required to ensure that all professionals and paraprofessionals serving infants, toddlers, and their families are adequately trained. This article discusses the experience of two states—Massachusetts and Hawaii — in establishing statewide, inservice training programs for personnel serving children under the age of 3 years and their families. It also relates their efforts to the work of ZERO TO THREE/National Center for Clinical Infant Programs's (NCCIP) Training Approaches for Skills and Knowledge (TASK) project, in which professionals from both states participated.
		<a href="#">Technology</a>  Brown, Mark A.; Stvanson, Clint Jr <a href="#">Understanding children with chronic lung disease. Part II: Respiratory supports and treatments</a>	In "Understanding children with chronic lung disease. Part I: Lung function," normal pulmonary physiology was reviewed, as was the pathophysiology of several of the most common disorders in infants and young children. In this article, this knowledge base is expanded to include common signs and symptoms of respiratory difficulty. A number of therapeutic strategies, including interventions designed to normalize pulmonary physiology and mechanical devices to assist pulmonary function are discussed. Safety considerations for both the patient and caregiver are addressed. It is hoped that this two-part series will provide nonmedical caregivers with a better understanding of chronic lung disease in infants and children, thereby alleviating anxiety over working with such children and allowing for more effective interaction between caregiver and child.
		<a href="#">Exemplary Practice</a>  Katz, Kathy S. <a href="#">Project Headed Home: Intervention in the pediatric intensive care unit for infants and their families</a>	While considerable attention has been focused on the provision of early intervention in the neonatal intensive care unit (NICU), little has been described about meeting the developmental needs of older infants and toddlers with chronic conditions in the pediatric intensive care unit (PICU). Project Headed Home is a model interdisciplinary early intervention program designed to meet the needs of infants on the PICU and their families. Services are provided during the inpatient stay, in discharge planning, and in transition to community-based services. Support provided by the service coordinator and intervention team enables families to cope better with the demands of caring for a chronically ill child in the home setting.
	5 (4)	<a href="https://journals.lww.com/iyjournal/toc/1993/04000">https://journals.lww.com/iyjournal/toc/1993/04000</a>	
		Kaminer, Ruth K.; Robinson, Cordelia <a href="#">Developmental therapies in early intervention</a>	
		Aydlett, Lydia A. <a href="#">Assessing infant interaction skills in interaction-focused intervention</a>	Changes in the field of early intervention, including the use of interaction-focused intervention, challenge practitioners to find effective ways to assess infant interactive capacities. The clinician-Infant interaction context is proposed as a source of information that is critical for families and interventionists in providing effective therapeutic strategies. Current instruments are reviewed, and guidelines are given for assessing infant interactive skills, including the practitioner's use of self as a clinical tool.
		Van Dyke, Don C.; Lin-Dyken, Deborah C. <a href="#">The new genetics, developmental disabilities, and early intervention</a>	The "new genetics" has been with us for four decades, but in the last 20 years the technology explosion has been exponential, touching every aspect of life, including manufacturing, agriculture, pharmaceuticals, dentistry, and

			<p>medicine. What started out as a trickle of genetic information 15 years ago has developed into a torrent of data that continues to deluge us on a daily basis. In just the last 10 years, scientists have gone from mapping a small number of human genes to mapping more than 1,900 genes. Investigators working in the area of molecular genetics are making headlines on a weekly basis. The area of developmental disabilities has been no less affected, with the technology of molecular genetics influencing multiple aspects. Although this technologic impact is just beginning to be felt at the clinical level, the next 10 to 20 years hold the promise of major changes in the diagnosis, management, and possibly treatment of children with developmental disabilities.</p>
		<p>Prizant, Barry M.; Wetherby, Amy M.  <a href="#">Communication and language assessment for young children</a></p>	<p>Early childhood professionals need to be familiar with current approaches to communication and language assessment because of the high prevalence of communication difficulties. In young children and the significant impact that such problems may have on other aspects of a child's development and on the family. Principles of early communication and language assessment are discussed, and domains that should be addressed in a comprehensive assessment are delineated. Particular emphasis is placed on the use of various assessment strategies in a cooperative effort between families and professionals.</p>
		<p>Fewell, Rebecca R.; Glick, Michelle P.  <a href="#">Observing play: An appropriate process for learning and assessment</a></p>	<p>Interest in the play of children has increased in recent years. Public Law 99-457 calls for assessment and services to infants and toddlers with special needs. In a search for ways to assess these young children, program staff have found observations of play to be useful in assessment and intervention. The article reviews instruments and procedures designed to observe attributes of play. The functional use of play as a means of observing a child's developmental skills in all domains is also discussed. A model is proposed for combining the observation of the domain of play development with observations during play of development in traditional domains of motor, language, cognitive, and social behavior. The model provides a sample of behavior that is extremely comfortable for the child and the family yet enables staff to see the child's use of domain-specific skills that are critical for ecologically valid assessment.</p>
		<p>Thurman, S Kenneth; Gonsalves, Sonia V.  <a href="#">Adolescent mothers and their premature infants: Responding to double risk</a></p>	<p>The article suggests that a cumulative risk exists when infants are born prematurely to adolescent mothers. The factors that contribute to this risk are discussed, and parameters that should be considered in developing services for these families are elaborated. Finally, the Parents and Infants Responding Project, which was developed as a model program in accordance with the parameters discussed, is described.</p>
		<p><a href="#">Trends in professional education</a>          Johns, Nancy; Harvey, Cathie  <a href="#">Training for work with parents: Strategies for engaging practitioners who are uninterested or resistant</a></p>	<p>When programs offer training sessions on working with parents, many practitioners question the relevance of these sessions to their work. They claim that they do not have time and that they do not need any additional training in this area. This lack of interest or resistance is often a source of frustration for program administrators, supervisors, and trainers who want to improve the quality of the service being offered to families. The article identifies some common sources of resistance among staff members, describes techniques for assessing the resistance, and discusses a wide variety of strategies for engaging practitioners who have little interest in, or who resist, developing better skills for their work with parents.</p>
		<p><a href="#">Technology</a>          SullivanK, Margaret W.; Lewis, Michael  <a href="#">Contingency, means-end skills, and the use of technology in infant intervention</a></p>	<p>Simple technology, switches, and adapted toys are available as learning tools for the young disabled child. This article argues that switch-toy technology is appropriate for fostering means-end skills from infancy. Learning data from a computer-monitored adapted toy program are presented to illustrate a means-end training sequence.</p>
		<p><a href="#">Exemplary practice</a>          Brandt, Patricia  <a href="#">Negotiation and problem-solving strategies: Collaboration between families and professionals</a></p>	<p>Negotiation and problem-solving strategies promote collaboration among family members and professionals. The article describes these strategies and their value for developing individualized family service plans and for providing service coordination as required by Part H of the Individuals with Disabilities Education Act Amendment of 1991. Interpersonal skills needed for effective problem solving and negotiation are also discussed. Recommendations for communication skills training and cognitive restructuring when continued conflict occurs or when collaboration does not progress are included.</p>
	6 (1)	<a href="https://journals.lww.com/ijcjournal/toc/1993/07000">https://journals.lww.com/ijcjournal/toc/1993/07000</a>	
		<p>Butler, Cbarlene  <a href="#">Learning from each other: effective solutions in rehabilitation</a></p>	

		<p>Johnson, Caroline B.  <a href="#">Developmental issues: Children infected with the human immunodeficiency virus</a></p>	<p>Treatment of children infected with the human immunodeficiency virus (HIV) poses a number of complex neurologic, developmental, emotional, familial, and educational challenges. These multidimensional factors need to be considered when one is thinking about the effect of HIV infection on the developing child. The article reviews the present state of knowledge regarding the epidemiology and clinical manifestations of HIV infection in children and the developmental course seen in those children. Psychologic and familial issues are discussed. Treatment and intervention that influence the neurodevelopmental course are described.</p>
		<p>Glass, Penny  <a href="#">Development of visual function in preterm infants: Implications for early intervention</a></p>	<p>Vision is a primary sensory system of fundamental importance for development. The transmission and conversion of light energy in the eye and through the brain are extraordinary. Extensive maturation and differentiation occur during the third trimester of the human fetus. Fundamental changes in visual function occur through 4 months past term. The visual system can be affected by the biologic consequences of preterm birth as well as by hyperstimulation and deprivation. Visual stimulation is a frequently used intervention in the neonatal intensive care unit and beyond, but it may be excessive and misguided. The article describes the early development of the visual system and the kinds of visual deficits reported in preterm infants and children to provide a conceptual basis for early intervention. The early visual environment is depicted. Appropriate developmental intervention should possess at least these essential components: a hierarchical rather than a unitary approach to the sensory systems; a basic principle to facilitate, not accelerate, development; and a behavioral goal of selective attention and information processing.</p>
		<p>Boyle, Robert J.  <a href="#">Use of surfactant in premature infants: How it affects health and developmental outcomes</a></p>	<p>Respiratory distress syndrome (RDS) is a significant cause of neonatal death, illness, and long-term neurodevelopmental dysfunction. The primary cause of RDS is a relative insufficiency of pulmonary surfactant, a substance that keeps air sacs from collapsing. Neonatal clinicians have now added surfactant therapy to the routine treatment of premature infants with RDS. Studies of surfactant have shown a dramatic decrease in the incidence and severity of RDS, but they have failed to demonstrate a reduction in unfavorable developmental outcomes with surfactant use.</p>
		<p>Berman, Brad D.  <a href="#">Difficult and challenging behaviors in young children: A neurodevelopmental perspective for assessment and intervention</a></p>	<p>Understanding and designing behavioral interventions for difficult and challenging behaviors in young children with and without special needs require a neurodevelopmental perspective. This comprehensive approach integrates biologic, developmental, and environmental factors to achieve a greater understanding of a child's behavior. Common behavioral interventions, including attention to appropriate behavior, time-in, time-out, and extinction, are reviewed and supported with clinical case vignettes. Interventions for temper tantrums and aggression are also briefly reviewed, given their common occurrence in young children. Guidelines and suggestions for specific behavior techniques are provided in tabular format.</p>
		<p>Kramer, Steven J.; Williams, Diane R.  <a href="#">The hearing-impaired infant and toddler: Identification, assessment, and intervention</a></p>	<p>Considerable attention is being directed toward earlier identification of hearing-impaired children so that intervention can begin at younger ages. The article reviews some of the current audiologic techniques, including auditory brain stem responses, otoacoustic emissions, and visual reinforcement audiometry, that are used for identification and assessment of infants from birth to 36 months of age. To assist early intervention specialists, information is also provided regarding the effects of hearing loss on communication so that the multidisciplinary team can appropriately modify assessment procedures and develop intervention strategies.</p>
		<p>Lynch, Eleanor W.; Hanson, Marci J.  <a href="#">Changing demographics: Implications for training in early intervention</a></p>	<p>Programs and services for young children and their families are serving increasingly diverse populations. Many families are from ethnic, cultural, and linguistic groups that are not represented among staff members. At the same time, programs and services are attempting to be family centered or family guided in their practice. Until training in cross-cultural competence is incorporated in an ongoing way into preservice and inservice training, the mismatch between staff and families may interfere with effective service delivery. The article establishes a rationale for cross-cultural competence, provides examples of cultural conflicts that can occur, and discusses the essential training components in cross-cultural competence.</p>

		<p><u>Technology</u></p> <p>Zimmerman, Andrew W.; Goss, Karen C.; Speckbart, Frank H.</p> <p><u><a href="#">Vestibular stimulation: A new device for off-vertical axis rotation</a></u></p>	<p>The efficacy of vestibular stimulation as treatment is controversial because data on normal developmental vestibular physiology are insufficient to determine whether movement therapy can enhance function of the central nervous system in specific neurologic disorders. The article reviews the role of the vestibular system in development and examines past research on vestibular stimulation as a treatment modality. Recent technical advances have improved understanding of the vestibular system and its contribution to balance, coordination, and motor development. A new vestibular stimulation device for use in children has been developed to provide maximal effects on the vestibular system with precise off-vertical axis rotation movements and to test the efficacy of this therapeutic approach.</p>
		<p><u>Exemplary practice</u></p> <p>Deitz, Sally J.; Ferrell, Kay Alicyn</p> <p><u><a href="#">Early services for young children with visual impairment: From diagnosis to comprehensive services</a></u></p>	<p>The article addresses practical considerations in planning services for infants and young children with visual impairments. It describes prevalence and incidence of visual impairment, most common etiologies, interpretation of acuity scores, maximizing use of functional vision, and the curricular and program concerns to consider in selecting early intervention services and advising families on caregiving. Finally, the article discusses the impact of visual impairment on a young child's development and provides a list of resources for practitioners seeking further information</p>
	<b>6 (2)</b>	<a href="https://journals.lww.com/iyjournal/toc/1993/10000">https://journals.lww.com/iyjournal/toc/1993/10000</a>	
		<p>Freeman, B J</p> <p><u><a href="#">The syndrome of autism: Update and guidelines for diagnosis</a></u></p>	<p>In the 50 years since Kanner first described the syndrome, much has been learned about the syndrome of autism. While specific etiologic mechanisms have not yet been identified, it is now clear that autism is a heterogeneous syndrome with multiple biologic etiologies. It is now recognized that autism is (1) a behaviorally defined syndrome, (2) a spectrum disorder, (3) a developmental diagnosis, (4) a retrospective diagnosis, (5) ubiquitous, and (6) occurs in association with other syndromes. This article reviews current diagnostic criteria, general guidelines for diagnosis, and the development of the syndrome in young children.</p>
		<p>Cortnany, Ernestine E.</p> <p><u><a href="#">Family-centered service coordination: A four-tier model</a></u></p>	<p>As states move forward in implementing Public Law 99-457, Part H, and its progeny Public Law 102-119, various provisions require the creation of workable service delivery systems to address the core services for children with special needs and their families. This article presents a four-tier model of family-centered service coordination, which was developed through a community collaboration process, that is designed to meet the requirements of this specific core service. The article also outlines activities associated with Implementation of the model and the roles, responsibilities, and training needed in this change-agent position.</p>
		<p>Frankel, Arthur J.; Vinci, Yastnina; Mumm, Ann Marie</p> <p><u><a href="#">Special needs and family day care: Problems and promise</a></u></p>	<p>Family day care is a pervasive form of child care in America. This study surveyed the regulated family day care home providers in New Jersey to assess how many children with special needs are currently being served and to identify staff salary levels, family income levels, and child care activities offered. The survey results were then compared to the results of another study documenting the level of special needs services in child care centers. The data showed that while family day care homes are not frequently offering special needs services, there is significant interest in obtaining further information and training in how to provide child care for children with special needs.</p>
		<p>Poulsen, Marie Kanne</p> <p><u><a href="#">Strategies for building resilience in infants and young children at risk</a></u></p>	<p>Preventive intervention strategies seek to narrow the zone of vulnerability of the at-risk child as they broaden an individual's pattern of resilience within the context of child, family, and community supports. Effective preventive intervention includes proactive outreach; early identification of child and family needs; enhancement of intra-child resources, parental resources, and mother-child attachment; and the provision of community resources to support the Infrastructure of the family.</p>
		<p>Benson, Anastasia M.; Lane, Shelly J.</p> <p><u><a href="#">The developmental impact of lowlevel lead exposure</a></u></p>	<p>Scientific knowledge has expanded concerning the adverse effects of low-level lead exposure. In spite of this expansion, many professionals working with infants and children are unaware of the prevalence of this problem and the developmental consequences associated with it. This article reviews the etiology and impact of low-level lead exposure based on current research. Particular attention is given to developmental issues In the prenatal, infancy, and preschool years. A family-focused intervention model is suggested to deal with this complex issue.</p>



		<u>Trends In Professional Education</u>  VandenBerg, Kathleen A. <a href="#">Basic competencies to begin developmental care in the intensive care nursery</a>	Intervention efforts in the neonatal intensive care nursery have evolved to the point of recognition that a nurturing environment with specialized professionals who support the family and assist the infant in the preservation of energy in order to achieve self-regulation and autonomic, motor, and state stability is an important component of neonatal care. The primary focus is to support and communicate the behavioral needs of the infant. This article describes the specialized knowledgebase needed and presents a description of a clinically guided internship for a developmental specialist.
		<u>Technology</u>  Glovinsky, Ira <a href="#">The use of videotaping in the evaluation of preschool-aged children and their parents</a>	Videotaping is used in an "interactional guidance" model to evaluate children from infancy through the preschool years. This article discusses the use and value of videotaping parent-infant interactions in evaluating young children and their families. The model is seen as being effective in developing an initial treatment plan and in doing interventions. A clinical illustration is used to illustrate how videotaping is used in the evaluation process.
		<u>Exemplary Practice</u>  Palmer, Marjorie Meyer; Heyman, Melvin B. <a href="#">Assessment and treatment of sensory- versus motor-based feeding problems in very young children</a>	The identification of abnormal oral-motor patterns in infants and children with neuromuscular disorders has been well documented. Poor feeding skills in children with cerebral palsy have required early treatment, and a neurodevelopmental treatment approach has frequently been used. With advances in medical technology, infants of younger gestational ages and with more complicated diagnoses are surviving. The course of hospital treatment for these infants may be lengthy and intensive. On discharge some premature and full-term infants, whose primary medical conditions have resolved and who have no evidence of cerebral palsy or other oral-motor dysfunction, may present with an oral feeding aversion of unknown etiology. When oral intake is inadequate, supplemental tube feedings may be required. The authors hypothesize that these infants and children suffer from abnormal oropharyngeal sensory perception. This article discusses the assessment and treatment of such sensory-based oral feeding disorders.
<b>1994</b>	<b>6 (3)</b>	<a href="https://journals.lww.com/ijcjournal/toc/1994/01000">https://journals.lww.com/ijcjournal/toc/1994/01000</a>	
		Thorson, Sarah <a href="#">The role of the primary care physician</a>	
		Musick, Judith S. <a href="#">Grandmothers and grandmothers-to-be: Effects on adolescent mothers and adolescent mothering</a>	Analyses of observational, survey, interview, and journal data gathered on a diverse group of pregnant and parenting adolescents indicate that the relationships between adolescent girls and their mothers are influential forces in promoting (or in preventing) teenage childbearing and in shaping adolescent mothers' attitudes and behaviors toward their children. Although in some ways overlapping with a range of other social, economic, and psychologic factors, mother-daughter relationships also play a distinct and prominent role in patterns of teenage childbearing and childrearing.
		Olson, Heather Carmichael <a href="#">The effects of prenatal alcohol exposure on child development</a>	Prenatal exposure to alcohol can be the cause of a growing child's learning and behavior problems, since alcohol is a teratogen. Exposure to large quantities of alcohol before birth can lead to the developmental disability and medical diagnosis of fetal alcohol syndrome (FAS), and there may be a range of alcohol-related birth defects. This article presents the characteristics of fetal alcohol-affected infants and young children, compares FAS with other childhood disorders, and explains the usefulness of recognizing fetal alcohol effects. Case histories and guidelines are presented to assist in formulating intervention strategies for fetal alcohol-affected children.
		Erwin, Elizabeth J. <a href="#">Social competence in young children with visual impairments</a>	This article provides a research synthesis on social interactions in children who are blind and visually impaired during the early childhood years. The areas of family and peer interactions as well as socialcommunicative competence are examined. Implications for practice are provided.
		Freund, Lisa S. <a href="#">Diagnosis and developmental issues for young children with fragile X syndrome</a>	Fragile X syndrome is the most common inherited cause of developmental and learning disabilities. Both males and females can be affected with a variety of developmental problems ranging from normal intelligence quotient (IQ) with learning disabilities to severe mental retardation and autism. Diagnosis of this disorder in the infant or young child is especially difficult, since many of the characteristics of the syndrome are not recognizable until later ages. This article reviews the genetics of the disorder, the inheritance patterns in families with fragile X, and the key physical, behavioral, and medical features of fragile X in the very young child. Issues relating to temperament and social development relevant to the fragile X child are discussed.

		<p>Valliere, Jean M.  <a href="#">Infant mental health: A consultation and treatment team for at-risk infants and toddlers</a></p>	<p>The number of homeless adolescent parents with infants is increasing nationwide. Homeless adolescent parents are often from highly dysfunctional backgrounds, are usually single, and lack social support, factors that can negatively affect parenting. The infants of such parents are at increased risk for emotional and developmental problems. This article describes an interdisciplinary infant mental health intervention and consultation program in a shelter for homeless adolescents. Approaches to training, consultation, and flexible, nontraditional intervention efforts are discussed.</p>
		<p><u>Trends in professional education</u></p> <p>Rathlev, Mary  <a href="#">Universal precautions in early intervention and child care</a></p>	<p>Many caregivers do not understand universal precautions, or they confess that they apply the principles and perhaps misuse them—as in the frequent use of gloves—when they know a particular child has human immunodeficiency virus (HIV) or hepatitis B virus (HBV). It is useful, periodically, to review the basic tenets of common sense infection control: prevent contact by avoiding persons, behaviors, and situations that are likely to spread germs; create barriers, that is, put something between yourself and the source of infection that germs cannot penetrate; kill germs with friction, heat, or chemicals. Universal precautions extend beyond the careful handling of children's excretions and secretions and apply these principles to include all blood.</p>
		<p><u>Technology</u></p> <p>Clarkson, Richard L.; Vohr, Betty R.; Blackwell, Peter M.; White, Karl R.  <a href="#">Universal infant hearing screening and intervention: The Rhode Island Program</a></p>	<p>Although it is widely accepted that early identification of hearing loss and immediate intervention are extremely important, the average age of identification in the United States is about 2½ years, and involvement in intervention programs is much later. Given the crucial importance of the first 3 years of life for speech, language, academic, and social/emotional development, late identification puts hearing impaired children at significant risk. Recently the Rhode Island Hearing Assessment Program (RIHAP) has demonstrated that universal hearing screening of infants is feasible, valid, and cost-efficient using the measurement of transient evoked otoacoustic emissions (TEOAE). This article describes how RIHAP implemented a universal newborn hearing screening program and how it currently delivers appropriate intervention services to infants and families.</p>
		<p>Exemplary practice</p> <p>Beck, Lisa Richter; Hammond-Cordero, Mary; Poole, Jennifer  <a href="#">Integrated services for children who are medically fragile and technology dependent</a></p>	<p>The emergence of the medically fragile/technology dependent pediatric population has forced the government and local communities to restructure the provision of long-term health and educational services. This article outlines one community's integrated service approach to meet the needs of this population that can be replicated in other communities.</p>
	<b>6 (4)</b>	<a href="https://journals.lww.com/ycjournal/toc/1994/04000">https://journals.lww.com/ycjournal/toc/1994/04000</a>	
		<p>Brown, Carole W.; Perry, Deborah F.; Kurland, Sheryl  <a href="#">Funding policies that affect children: What every early interventionist should know</a></p>	<p>Early intervention services are funded through a myriad of federal, state, and local public and private resources. Increased knowledge about the many different funding streams for children who have disabilities, for children who are disadvantaged, and for their families is crucial. Three case studies portray how funding streams can be translated into coordinated services for children and families. Specific strategies to access resources and streamline funding include better service coordination, public awareness, a unified planning process, creativity, and increased interagency planning at the federal, state, and community levels</p>
		<p>Tynan, W Douglas; Nearing, Jeannette  <a href="#">The diagnosis of attention deficit hyperactivity disorder in young children</a></p>	<p>The literature on attention deficit hyperactivity disorder (ADHD) indicates that the disorder is apparent before age 4. Serious questions remain, however, about whether a child can be reliably diagnosed before age 4. This review indicates that the DSM-III-R criteria used to diagnose ADHD is overly inclusive when applied to young children. Research indicates that only approximately half of impulsive toddlers fit the criteria for ADHD at later ages. Measures of ADHD behaviors, child temperament, and parent-child interactions are considered. Accurate diagnosis depends on an evaluation of variables from all of these domains, as well as a comprehensive history.</p>
		<p>Wagner, Ann E.; Lockivood, Sharon L.  <a href="#">Pervasive developmental disorders: Dilemmas in diagnosing very young children</a></p>	<p>Diagnosis of the pervasive developmental disorders relies on the detection of deficits in communication, social, and play skills relative to the child's mental age. Using a case example, this article illustrates the multidisciplinary process of making this diagnosis in very young children. DSM-III-R criteria are examined, and a developmental framework for differential diagnosis is presented. Methods are suggested for evaluation of children age 3 years and younger.</p>

		<p>Comfort, Marilee; Farran, Dale C.  <a href="#">Parent-child interaction assessment in family-centered intervention</a></p>	<p>Public Law 99-457 raised concerns regarding the adequacy of available instruments for assessing family functioning and the process for introducing family assessment into early intervention services. This article addresses these concerns and discusses the need to integrate assessments of the parent and child with other information about family members and their life circumstances. Case study profiles based on observations of parent-child play assessed with the Parent/Caregiver Involvement Scale (P/CIS) are presented to illustrate how an observational scale can be used to assess dyadic family interactions. Profiles of maternal behavior are then interpreted in the context of information on other personal and family factors to tailor intervention to the characteristics and needs of individual families. Clinical issues are discussed in terms of attitudes and procedures for observational assessment, scale utilization, and interpretation of assessments in context.</p>
		<p>Sears, Carol J.  <a href="#">Recognizing and coping with tactile defensiveness in young children</a></p>	<p>Tactile defensiveness, a sensory processing problem, results in aversive responses to touch. Its characteristic reactions are overt, negative behaviors that interfere with normal progress throughout the developmental domains. It can cause infants and toddlers to be at high risk for social, learning, and emotional problems throughout their lives. This article defines tactile defensiveness; presents sample behaviors to assist parents, caregivers, and professionals involved with infants and toddlers in recognizing the possible presence of this dysfunction; and offers suggestions to assist them in coping with and seeking appropriate treatment for this problem.</p>
		<p><a href="#">Trends in professional education</a>          McCollum, Jeanette A.; Yates, T J  <a href="#">Dyad as focus, triad as means: A family-centered approach to supporting parent-child interactions</a></p>	<p>One factor that has been shown to differentiate more successful intervention efforts from less successful ones is the extent to which interventions are aimed at supporting and enhancing the roles of families as competent and confident caregivers of their young children. This article presents a triadic interaction model that builds on and expands the strengths of the parent-infant dyad by providing contextual and interpersonal support for their interactions. The model gives explicit attention to the interactions among the three members of the intervention triad: child, parent, and interventionist.</p>
		<p><a href="#">Technology</a>          Fallon, Motra A.; Sanders Wann, Jennifer A.  <a href="#">Incorporating computer technology into activity-based thematic units for young children with disabilities</a></p>	<p>For professionals who work with young children with disabilities, the concept of utilizing computer technology in activity-based instruction is an exciting one. Experts in the field have theorized that the use of technology can have a major impact on children's developmental skills, including their understanding of causality, their social interactions, and their communication skills. Some professionals suggest that computers in the preschool classroom can be "the great equalizer" in the instructional management of individual differences among young children (Beatty and Tucker, 1987). However, for computers to be utilized effectively, they must be coupled with effective teaching practices. Teachers must capitalize on the activity-based nature of early childhood classrooms and utilize the computer as another instructional tool so that every child may participate to his or her fullest potential. The purpose of this article is to discuss the four steps for incorporating computer technology into activity-based thematic units in a preschool classroom. Included in the discussion are practical suggestions for teaching young children, both with and without disabilities, to learn together</p>
		<p><a href="#">Exemplary practice</a>          Lesar, Sharon; Maldonado, Yvonne A.  <a href="#">Infants and young children with HIV infection: Service delivery considerations for family support</a></p>	<p>Children diagnosed with the human immunodeficiency virus (HIV) are a new challenge and often go without needed supports and resources. This article presents findings from a study that examined the relationships of family functioning, stress, and social support of caregivers who are parenting infants and young children with HIV infection. A family adaptational model is suggested that integrates the concepts of stress, coping, and ecological systems for understanding the impact of an HIV-infected child on family adaptation and functioning. Service delivery considerations for family support are discussed in terms of their relationships to social support, adequacy of resources, and coping behaviors.</p>
	7 (1)	<a href="https://journals.lww.com/ycjournal/toc/1994/07000">https://journals.lww.com/ycjournal/toc/1994/07000</a>	
		<p>Trad, Paul V.  <a href="#">Previewing as a remedy for interpersonal failure in the parentinfant dyad</a></p>	<p>Comparisons between adaptive and dysfunctional dyads reveal a difference in maternal attitude toward prospective events. In dysfunctional dyads, the caregiver lacks a prospective orientation regarding upcoming skill, and the likelihood of interactional failure in the dyad is enhanced. This article examines how an optimal interpersonal exchange between caregiver and Infant occurs, including factors that promote developmental skills, heighten rapport with the caregiver, and elicit optimism about the future. A new process, labeled "previewing," may contribute to dyadic harmony.</p>

		<p>Wolff, Richard P.; Herman, C J</p> <p><a href="#">Management of behavioral feeding problems in young children</a></p>	<p>Childhood feeding disorders range from the fussy eater to the child with life-threatening failure to thrive. Feeding disorders arise from multiple causes, requiring evaluation and treatment by a comprehensive team of feeding specialists. Behavioral evaluation and treatment are effective in altering many aspects of the disorder, but no one treatment modality is sufficient. Behavioral interventions are based on direct observation of the feeding situation, collecting data on behaviors of the child and feeder and their interaction in the context of relevant time, space, and food variables. This article presents applications of specific behavioral procedures and brief case studies.</p>
		<p>Brunquell, Philip J.</p> <p><a href="#">Listening to epilepsy</a></p>	<p>Epilepsy is defined by the presence of recurrent unprovoked seizures. Although epilepsy can begin at any age, infancy and childhood are particularly vulnerable periods. Before a diagnosis can be secured, conditions that mimic epilepsy must be carefully excluded. Diagnosis can be particularly challenging in patients who harbor both epileptic and nonepileptic seizures. Treatment involves administration of antiepileptic drugs and, in some patients, seizure surgery. Seizure frequency alone is insufficient to evaluate the results of medical or surgical therapy. Attention to seizure severity and patients' emotional, social, and economic well-being offers a more accurate assessment of their overall quality of life.</p>
		<p>Carmen, Sally</p> <p><a href="#">Attachment intervention</a></p>	<p>Attachment intervention with parents and very young children involves a broad knowledgebase of child development theory, behavioral science, therapeutic techniques, adult educational methods, and child health maintenance. Intervention techniques include teaching the parent interactional methods, basic child caregiving and guidance, nurturing routines, and enhancement of development. This challenging work is designed for in-home sessions, performed by a variety of child-focused disciplines.</p>
		<p>Boavida, José; Borges, Luís</p> <p><a href="#">Community involvement in early intervention: A Portuguese perspective</a></p>	<p>Early intervention in Portugal is an emerging service. Until recently services were child centered using the same methods used by special education with older children. The Coimbra Project was undertaken to develop the first coordinated, multidisciplinary, interagency program involving health care, education, and social service, using existing resources in the community. The program now operates regionwide and supports more than 100 families and children with disabilities or at environmental risk. In spite of economic constraints, program success is increasing awareness of the need to integrate and coordinate multiple community agencies and to develop regulations on the provision of services.</p>
		<p><a href="#">Trends in Professional Education</a></p> <p>Ludlow, Barbara L.</p> <p><a href="#">Using distance education to prepare early intervention personnel</a></p>	<p>Nationwide implementation of early Intervention programs has resulted in a shortage of qualified personnel to staff positions in schools and local agencies. It has thus become necessary to train practicing personnel on the job, often in widely scattered locations. Innovative personnel preparation models using telecommunications technology and distance education formats have therefore been proposed. The Early Intervention Special Education Program at West Virginia University developed, implemented, and evaluated a distance education model using satellite broadcasts of coursework and supervised practicum experiences to train early interventionists. The success to date suggests that emerging telecommunications technologies offer a viable solution.</p>
		<p><a href="#">Technological Advances</a></p> <p>Mantovani, John F.</p> <p><a href="#">Brain imaging in children with neurodevelopmental disorders</a></p>	<p>Brain imaging techniques including cranial ultrasound, computed tomography scanning, and magnetic resonance imaging are helpful in a variety of clinical situations involving children with neurodevelopmental disorders. Prospective identification of children at highest developmental risk, enhanced ability for establishing diagnosis and prognosis, and improvements in discussing biologic information with family members are among the values of such imaging. This article reviews these neuroimaging techniques and their roles in the care of children with neurodevelopmental disabilities.</p>
		<p><a href="#">Innovations in Practice</a></p> <p>Baroni, Mary A.; Tuthill, Peggy; Feenan, Lynn; Schroeder, Michele Less</p> <p><a href="#">Technology-dependent infants and young children: A retrospective case analysis of service coordination across state lines</a></p>	<p>As increasing numbers of technology-dependent children are surviving early medical crises and requiring home care, a major emphasis has been directed at the tertiary care-community interface with respect to the transition from hospital to home. The purpose of this article is to highlight the complexity of and critical need for service coordination for medically fragile infants and their families through an in-depth case study of a child and his family who "slipped through the cracks" of the system. This retrospective analysis provides a vivid description of the problems and suggests alternative strategies for more effective service coordination.</p>



	7 (2)	<a href="https://journals.lww.com/ijcjournal/toc/1994/10000">https://journals.lww.com/ijcjournal/toc/1994/10000</a>	
		<p><u>Applied Developmental Theory</u></p> <p>Turnbull, Ann P.; Turnbull, H R; Blue-Banning, Martha</p> <p><u>Enhancing inclusion of infants and toddlers with disabilities and their families: A theoretical and programmatic analysis</u></p>	<p>This article presents four theoretical perspectives and applies them to the Development of a group process for supporting infants and toddlers with disabilities, as well as their families. The four theoretical perspectives are (1) ecological systems theory, (2) attachment theory, (3) Maslow's theory of human motivation, and (4) exchange and resource theory. Stemming from the theoretical principles that are highlighted, a process referred to as Group Action Planning is presented as a way to enhance inclusion of young children with disabilities and their families. Specific best-practice tips are given for implementing Group Action Planning. A vignette of an individual with a disability is incorporated throughout the article, starting when she is an infant and ending when she is 17 years old.</p>
		<p>Craig, Susan E.; Haggart, Ann G.</p> <p><u>Including all children: The ADA'S challenge to early intervention</u></p>	<p>Title III of the Americans with Disabilities Act (ADA) requires that nursery schools, center-based child care facilities, and family providers be accessible to children with disabilities. Accessibility can only be denied in those situations where "undue burden" or "direct threat to health/safety" can be substantiated. The issue that the ADA raises for early intervention is how to provide services in a manner that does not supplant or "fundamentally alter" the services of the child care setting. Collaborative teams of child care and early intervention providers are an essential part of this delivery system. Teams require a shared vision, mutual respect, and opportunities for ongoing communication.</p>
		<p>Heriza, Carolyn B.; Sweeney, Jane K.</p> <p><u>Pediatric physical therapy: Part I. Practice scope, scientific basis, and theoretical foundation</u></p>	<p>Widespread change has occurred in pediatric physical therapy and in the scientific and theoretical foundations of the specialty since the poliomyelitis epidemics in the 1890s. The focus in this first article of a two-part series is on the scope of clinical practice, scientific basis, and theoretical foundation of pediatric physical therapy. In the second article, methods of assessing and treating movement dysfunction and physical disability will be addressed, as well as analyses of efficacy studies.</p>
		<p>Blasco, Patricia M.; Blasco, Peter A.; Zirpolo, Thomas J.</p> <p><u>Prenatal diagnosis: Current procedures and implications for early interventionists working with families</u></p>	<p>This article provides an overview of procedures commonly used in prenatal screening and diagnosis including ultrasound, amniocentesis, chorionic villus biopsy, maternal serum alpha-fetoprotein, and deoxyribonucleic acid (DNA) analysis. New procedures such as preimplantation biopsy are described and advances in prenatal surgery are discussed. Advances in prenatal diagnosis and intervention provide additional options in terms of treatment and thereby affect the termination/carry-to-term decision for parents who learn that their unborn child has a potentially disabling condition or chronic illness. Current research on parental attitudes indicates that parents in general want more information about prenatal diagnosis and, when the fetus is found to have an abnormality, more information about the specific condition. Since maternal attachment to the unborn child may be suppressed while parents await the results of prenatal diagnosis, tests that provide more immediate information are preferred. Finally, emphasis is placed on the role of the early interventionist in supporting families during prenatal diagnosis.</p>
		<p>Lockivood, Sharon L.</p> <p><u>Early speech and language indicators for later learning problems: Recognizing a language organization disorder</u></p>	<p>Children with early speech-language delays are at high risk for later developing learning problems in school. This article addresses the continuity and offers an explanation based on the demands for language organization. A descriptive term, language organization disorder, is recommended. Chronology of the difficulties and methods for early detection are provided.</p>
		<p><u>Trends in Professional Education</u></p> <p>Eggbeer, Linda; Fenichel, Emily; Pawl, Jeree H.; Shanok, Rebecca Sbahmoon; Williamson, G Gordon</p> <p><u>Training the trainers: Innovative strategies for teaching relationship concepts and skills to infant/family professionals</u></p>	<p>Work with infants, toddlers, and their families takes place within the important relationships established on behalf of the child—relationships between the child and parent, the child and professional, and the parent and professional, and among professionals themselves. This article presents a rationale for the importance of relationships as a focus for training. It then describes six innovative training strategies for teaching relationship concepts and skills that were developed and used with trainers of infant/family professionals and paraprofessionals as part of ZERO TO THREE/National Center for Clinical Infant Programs' City TOTS (training of trainers) project.</p>
		<p><u>Early Intervention Case Studies</u></p> <p>Hunt, Frances M.; Mayette, Cindi; Feinberg, Edward; Bagun, Carol Ann</p> <p><u>Integration of behavioral consultation in an intervention setting</u></p>	<p>This article describes the need for early intervention for behavioral and emotional problems in special needs children and their families. The Behavioral Consultation Service developed by the Anne Arundel County, Maryland, Infants and Toddlers Program illustrates a model for early intervention. This is demonstrated through the presentation of a case study involving a 12-month-old with multiple disabilities, including a sleep disorder. The article includes a detailed presentation of the case, discussion of the issues raised, the intervention strategies used to address the family's needs, and the outcomes achieved. A discussion of the case will address the need to provide services related to the special behavioral/emotional needs of populations served in early intervention programs.</p>



		<p><u>Innovations in Practice</u></p> <p>Solomon, Richard; Clougherty, Sharon L.; Shaffer, Diane; Hofkosh, Dena; Edwards, Marisa</p> <p><u><a href="#">Community-based Developmental assessment sites: A new model for pediatric “child-find” activities</a></u></p>	<p>With PL 99-457 mandating early intervention (EI) for young children (0-3 years) with Developmental delays, there is a need among pediatric providers to refer children with delays early on to the EI system. At community-based Developmental assessment (CDA) sites, master's-degree-level Developmentalists assess referred children for Developmental status in a convenient, efficient, and accurate manner. CDA sites also serve as a liaison between the referring physician and the EI system. One site trains pediatric residents about EI and screening. CDA sites are cost effective for the EI agency. Surveys of pediatricians and families indicate high levels of satisfaction with the sites.</p>
	<b>7 (3)</b>	<p><a href="https://journals.lww.com/iyjournal/toc/1995/01000">https://journals.lww.com/iyjournal/toc/1995/01000</a></p>	
		<p><u>Applied Developmental Theory</u></p> <p>Rovee-Collier, Carolyn; Boller, Kimberly</p> <p><u><a href="#">Current theory and research on infant learning and memory: Application to early intervention</a></u></p>	<p>Young infants remember their prior experiences for relatively long periods with surprising specificity. This specificity can be overridden, however, to facilitate transfer to new situations. Even seemingly forgotten memories can often be reactivated, and multiple reactivations can further protract retention. Individuals who plan interventions with infants and young children can program these events in ways that optimize cumulative learning and retention. The principles on which such interventions should be based are embodied in the time-window construct.</p>
		<p>Brown, Sharan E.; Valluzzi, Janet L.</p> <p><u><a href="#">Do not resuscitate orders in early intervention settings: Who should make the decision?</a></u></p>	<p>As a result of increasing numbers of young children with special health care needs being served under Part H programs, early Intervention professionals are being confronted with requests to implement Do Not Resuscitate (DNR) orders. This article reviews the legal issues raised when parents or guardians request that their child's order be implemented by program staff. Because there is no definitive legal guidance on implementing DNR orders in community settings, the authors call for open discussion of the issue and the development of clear policy. Divergent viewpoints are explored, and recommendations for administrative procedures are provided.</p>
		<p>Bowe, Frank G.</p> <p><u><a href="#">Ethics in early childhood special education</a></u></p>	<p>Medicine's growing ability to detect disabling conditions prior to birth raises questions about downward extension of federal and state government support from birth to some prebirth period; prenatal services include testing and increasingly will include genetic engineering to “fix” the problem. Part H of the Individuals with Disabilities Education Act (IDEA) assures a family the right to refuse even the most initial services such as testing and referral; this right may have the effect of depressing demand for services, to the child's detriment, as when a mother shuns testing because she fears learning about her human immunodeficiency virus (HIV) status. Meanwhile, as more and more premature infants survive but with disabilities, debate rages about what kinds of services are “appropriate” when such infants have very severe, life-threatening conditions. These issues raise ethical questions for which there are as yet few clearcut answers. One source of guidance multidisciplinary team members may consult is that of adults who themselves have disabilities</p>
		<p>Solomon, Richard</p> <p><u><a href="#">Pediatricians and early intervention: Everything you need to know but are too busy to ask</a></u></p>	
		<p>McGarr, Bethany; Dwyer, Johanna; Holland, Molly</p> <p><u><a href="#">Delivering nutrition services in early intervention in rural areas</a></u></p>	<p>Rural areas pose special barriers to providing early intervention services to children with special health care needs. These barriers include transportation, long-distance travel, lack of specialized personnel, and issues of poverty. Provision of nutrition services in rural areas is affected by all these issues along with the issues of adequate reimbursement for qualified personnel and the recognition of the importance of nutrition for the optimal growth of the child. Recommendations for development of referral networks and for training personnel are provided.</p>
		<p>McCardle, Peggy; Kim, Julia; Grube, Carl; Randall, Virginia</p> <p><u><a href="#">An approach to bilingualism in early intervention</a></u></p>	<p>A growing number of persons in the United States speak languages other than English, and there has been confusion about approaches to language teaching/intervention and to education in general among this heterogeneous group. While early research indicated that bilingualism might have possible deleterious effects on child development, in later studies, bilingualism has been associated with cognitive advantages. This article discusses the concepts, principles, and practical application of serving children who live in bicultural households; explores possible reasons for the delays identified in these children; and offers a population-based approach to intervention with them, using a case study</p>

			example. Developmental screening of children who are military dependents living in South Korea, many of whose parents speak two different languages (one Korean and one American English), revealed a high prevalence of risk for language delay. A solution is proposed that addresses both language and cultural identity and that does not isolate children or promote ethnocentrism.
		<u>Trends in Professional Education</u>  Godfrey, Athleen B. <a href="#">Preservice interdisciplinary preparation of early intervention specialists in a college of nursing: Faculty reflections and recommendations</a>	Much attention has been given to the curriculum content and design of educational programs to prepare early intervention (EI) personnel. Little is available in current literature that reports faculty and/or student learning as a result of interdisciplinary education in EI graduate programs. Experiences in interdisciplinary education that resulted in a major paradigm shift for a nurse educator are reported. Recommendations for consideration in both preservice and inservice preparation of personnel in EI programs are presented.
		<u>Innovations in Practice</u>  O'Brien, Geraldine; Shanno, JoEllen; Booth, Deborah G.; Itterly, Dianne <a href="#">East Coast Migrant Head Start Project: Continuity—Catalyst to quality service delivery for infants and toddlers</a>	The East Coast Migrant Head Start Project (ECMHSP), a federal grantee providing quality Head Start services to migrant families, has developed a continuity system to ensure that comprehensive service delivery occurs for each child and family enrolled. This continuity system stands as an exemplary practice for mobile populations within any community because of the focus on centralized and parent-held documentation, advocacy training for staff and parents, and collaborative agreements. ECMHSP believes that the continuity system ensures an increased chance for empowerment of families and provides the core knowledge to enhance the quality of life for a mobile and "at risk" population.
	7 (4)	<a href="https://journals.lww.com/ycjournal/toc/1995/04000">https://journals.lww.com/ycjournal/toc/1995/04000</a>	
		Nogales, Holly <a href="#">California's early start program</a>	
		<u>Applied Developmental Theory</u>  Krabn, Gloria L.; Thom, Valerie A.; Hale, B John; Williams, Kathie <a href="#">Running on empty: A look at burnout in early intervention professionals</a>	Early intervention (EI) professionals, like all service providers, are vulnerable to professional burnout. Changes in the sociopolitical climate in the United States that influence early childhood intervention programs along with increasing societal complexities place EI providers at increased risk for burnout. This article presents a review of recent literature addressing professional burnout and offers an expanded definition of burnout designed to help professionals recognize at-risk patterns and characteristics of burnout. A conceptual model is presented for managing work setting and workstyle characteristics that place providers at risk for burnout.
		Turbiville, Vicki P.; Turnbull, Ann P.; Turnbull, H Rutherford <a href="#">Fathers and family-centered early intervention</a>	Involving fathers in family-centered services presents a number of challenges to early intervention service providers. One is to move beyond practices responsive to the priorities and preferences of only the mother, to providing that intervention in a manner that responds to the priorities and preferences of both mother and father. This article reviews the influence of the father's positive relationship on his developing child and on his own satisfaction. It also suggests approaches that may facilitate that relationship with his child and with the child's early intervention program.
		Gilkerson, Linda; Als, Heidelise <a href="#">Role of reflective process in the implementation of developmentally supportive care in the newborn intensive care nursery</a>	The National Collaborative Research Institute on Early Childhood Intervention (NCRI-ECI) multisite study of the effectiveness of family-focused, developmentally supportive care with low birthweight infants consisted of an experimental component and a reflective process component. This article describes the reflective process component, which is essential because of the theory-guided, relationship-based, and systems-oriented nature of developmental care; the complexity of the neonatal intensive care unit (NICU) environment; and the need for organized support for change and growth in NICU practice.
		McWilliam, R A <a href="#">Integration of therapy and consultative special education: A continuum in early intervention</a>	Six dimensions of consultative services are described as varying along a continuum from totally segregated to fully integrated: location, presence of other children, adult-child initiations, goal functionality, context of intervention, and consultant's role. Along with the dimensions, a continuum of consultative models is presented: one-on-one pull-out, small-group pull-out, one-on-one in the classroom, group activity, individual within routine, and consultation. Data on the reported use of integrated versus isolated treatment models are discussed, as well as data on practitioners' preferences. Conclusions focus on demystifying therapy, the movement toward integrated therapy, the importance of viewing models along a continuum, and the challenges involved in changing ways of providing therapy.

		Proctor, Adele; Murnyack, Tammy <a href="#">Assessing communication, cognition, and vocalization in the prelinguistic period</a>	There are relationships among the stages in which infants begin to develop their communicative competence, display differentiated vocal productions, and exhibit the beginnings of cognitive development. Through a comprehensive review of the literature, behaviors representative of the normal stages of communication, cognition, and vocalization in the prelinguistic period were identified. Research results were then summarized and organized to develop a checklist for the assessment of at-risk infants. The behavioral checklist can be used to monitor infant development; to supplement formal screening and diagnostic tools; to instruct parents about the normal range of communicative, cognitive, and vocal development; and to provide direction for how parents can observe and report their observations.
		<a href="#">Trends in Professional Education</a> Rush, Dathan D.; Shelden, M'Lisa; Stanfill, Laura <a href="#">Facing the challenges: Implementing a statewide system of inservice training in early intervention</a>	States face similar challenges in the implementation of a comprehensive, multidisciplinary, interagency training system for early intervention personnel as part of the Individuals with Disabilities Education Act (IDEA), Part H. The responses to these challenges create the unique characteristics of each state's training program. Five primary challenges experienced in Oklahoma have generated strategies for other states or programs to consider.
		<a href="#">Technology</a> Valluzzi, Janet L. <a href="#">Safety issues in community-based settings for children who are medically fragile: Program planning for natural disasters</a>	As more young children who are medically fragile receive services in community settings, safety issues have increasingly become a focus of concern. Planning for natural disaster response is critical to this population's life sustenance. An overview of external natural disaster planning, response, and recovery is provided with applications for young children who are medically fragile. The article is intended to be a springboard for discussion and planning, as the uniqueness of each situation creates new opportunities for learning.
		<a href="#">Innovations in Practice</a> Boukydis, C F Zachariah; Moses, Lenette <a href="#">Establishing and maintaining a parenting network for parents of premature/high-risk infants</a>	Establishing a support group or parenting network is one way to provide family support and reduce stress for parents of premature/high-risk infants. While perinatal health care professionals often recognize the benefits of this kind of support, they are sometimes not aware of how to start a group or the options in providing peer contact. This article discusses options, gives advice on how to start and maintain a group, and provides a resource section for further information.

## 8 (1)

<https://journals.lww.com/iyjournal/toc/1995/07000>

From the editor

Blackman, James A.

Infants & Young Children. 8(1):iv-v, July 1995.

No abstract but free

CONDUCTIVE EDUCATION: AN OVERVIEW

Goldstein, Murray

Infants & Young Children. 8(1):vi-vii, July 1995.

No abstract but pay

CONDUCTIVE EDUCATION: ONE FAMILY'S VIEW

Jerry, Felts, Jean

Infants & Young Children. 8(1):viii-x, July 1995.

No abstract but pay

Original Article

Biological limits to behavioral recovery following injury to the central nervous system: Implications for early intervention

Farel, Paul B.; Hooper, Cella R.

Infants & Young Children. 8(1):1-7, July 1995.

Behavioral recovery is often seen following damage to the nervous system produced by injury or disease. Such recovery is facilitated by appropriate intervention strategies. However, the extent of recovery is not consistent with the limited capability of the nervous system for regeneration and reorganization found in laboratory studies. This review summarizes the implications of these laboratory studies and offers a framework within which to reconcile the effectiveness of early childhood intervention strategies and the conclusions drawn from neurobiological research. ©1995 Aspen Publishers, Inc.

Neurobehavioral markers for early regulatory disorders

Neisworth, John T.; Bagnato, Stephen J.; Salvia, John

Infants & Young Children. 8(1):8-17, July 1995.

Measures of developmental delay alone do not provide complete information regarding possible early developmental difficulties. In addition to or rather than delay, some children may evidence atypical or qualitatively different behaviors that can thwart development. Neurobehavioral assessment provides appraisal of the kinds and extent of atypical behaviors that may signal present or future developmental complications amenable to early intervention. Infants and children exposed to drugs, head trauma, or other sources of neurologic compromise may especially evidence atypical behavior in self-regulation. Difficulties in such areas as consolability, attention, sleep and eating routines, impulsivity, and excessive staring may be markers for more extensive developmental problems. This article provides a rationale for neurobehavioral assessment and includes a description of research and development of a new instrument, Neurobehavioral Indicators of Atypical Development (NIAD), that is designed to assist in early intervention screening and diagnosis. ©1995Aspen Publishers, Inc.

#### Visual impairment in infants and young children

Teplin, Stuart W.

Infants & Young Children. 8(1):18-51, July 1995.

As a powerful organizer of a child's total sensory Input, vision provides simultaneous and long-distance reception of information, through close collaboration between eye and brain function. In this review, fundamental aspects of the structure, development, function, and assessment of the visual system are described. Then the most common eye problems of young children with visual Impairment are reviewed, with particular emphasis on developmental and Intervention implications. The unique impacts of severe visual impairment on young children's development is summarized, and the roles of early Intervention professionals In working with this population of children and their families are described. Close collaboration between parents, ophthalmologist, pediatrician, and early Intervention team will help ensure that the best diagnostic and therapeutic steps are taken. ©1995Aspen Publishers, Inc.

#### Dynamic systems theory and management of children with cerebral palsy: Unresolved issues

Darrab, Johanna; Battlett, Doreen

Infants & Young Children. 8(1):52-59, July 1995.

Dynamic systems theory (DST) provides a theoretical framework for the management of children with a diagnosis of cerebral palsy. We examine three tenets of DST—self-organization of movement, transition, and rate-limiting factors—and discuss issues emerging from these principles that must be considered before DST can be applied to clinical practice. We identify areas of future research needed to evaluate the assumptions arising from DST. DST offers therapists an opportunity to generate innovative intervention strategies, but we caution that these strategies should not be implemented without evidence of efficacy. ©1995Aspen Publishers, Inc.

Trends in Professional Education

#### Solution-focused assumptions that support family-centered early intervention

Andrews, James R.; Andrews, Mary A.

Infants & Young Children. 8(1):60-67, July 1995

Four solution-focused assumptions used by the authors in providing early intervention services are described and illustrated. These assumptions underlie a treatment approach that emphasizes success and competence In order to promote change. The approach described is particularly well suited to family centered services. ©1995Aspen Publishers, Inc.

Innovations in Practice

#### A brief introduction to conductive education and its application at an early age

Kozma, Ildikó; Balogh, Erzsébet

Infants & Young Children. 8(1):68-74, July 1995.

Conductive education (CE), which is carried out by conductors, the specialists trained for this purpose, is an educational approach that originated in Hungary and is now widespread throughout the world. This article illustrates the origin of CE, the main stages in its development between 1945 and 1994, the CE method, and the most important elements of the new profession. The authors summarize the essential principles of an area to which the application of CE has recently been extended; education carried out between the ages of 6 and 36 months. ©1995Aspen Publishers, Inc.

#### Conductive education perspectives

Spivack, Frieda

Infants & Young Children. 8(1):75-85, July 1995.

Conductive education is an intensive program with good results for children with cerebral palsy and spina bifida. It is educationally based, and classes are teamed by conductor educators who have trained in Budapest, Hungary. A vital concept of conductive education is orthofunction. Rhythmic intention is another important concept; it applies to Luria's stages of verbal regulation. Children need verbal regulation in a construction of a task series. The task series with verbal regulation influences a child's performance by allowing for greater concentration and attention. ©1995Aspen Publishers, Inc.

<https://journals.lww.com/ycjournal/toc/1995/10000>

From the editor

Blackman, James A.

Infants & Young Children. 8(2):iv, October 1995.

No abstract but free

Perspective

A NEW PARADIGM OF RESPONSIVENESS IN AUTISM

Cattell-Gordon, Donna; Cattell-Gordon, David

Infants & Young Children. 8(2):v-vii, October 1995.

No abstract but pay

Original Article

Pediatric physical therapy: Part II. Approaches to movement dysfunction

Heriza, Carolyn B.; Sweeney, Jane K.

Infants & Young Children. 8(2):1-14, October 1995.

Physical therapy approaches to movement dysfunction are described with linkage to the disablement framework presented in Part I. Neuromuscular, musculoskeletal, and cardiopulmonary approaches are described, and adjunct components of physical agents, prosthetics and orthotics, adaptive equipment, assistive technology, and environmental engineering are outlined. The multiple roles of the pediatric physical therapist in teaching, consulting, managing, referring, and conducting clinical research are discussed. In Part III, pediatric physical therapy research outcome and future directions will be presented. ©1995Aspen Publishers, Inc.

A collaborative model for identifying feeding and nutrition needs in early intervention

Baroni, Mary; Sondel, Sherie

Infants & Young Children. 8(2):15-25, October 1995.

Many infants with special needs who qualify for early intervention (EI) are at risk for delayed or maladaptive feeding skills and malnutrition. This may result from a combination of factors including biomedical circumstances as well as a myriad of emotional, physical, and social stresses associated with caring for a child with special health care needs. The Nutrition and Feeding Risk Identification Tool (NFRIT) was developed using a family-centered, community-based, coordinated approach to screening and assessment of nutrition and feeding concerns of families served through EI. This article describes NFRIT, the collaborative process used in its development, pilot-testing, and potential approaches for implementation. ©1995Aspen Publishers, Inc.

PROJECT TOGETHER: Family child care providers' commitment to continuing education and inclusion

Giovinazzo, Christina; Cook, David

Infants & Young Children. 8(2):26-36, October 1995.

With the passage of the Individuals with Disabilities Education Act and the Americans with Disabilities Act, more infants and young children with disabilities are entering regular child care settings. Family child care providers, and other caregivers, are recognizing the need to have in service training and continued education on how to appropriately include and care for these children within their programs. This article describes a comprehensive, credentialed training program that addresses this need within the framework of family-centered, community-based, developmentally appropriate practices for all children. The development of and rationale for this program are outlined and discussed, and a description of field test activities and outcomes is provided. ©1995Aspen Publishers, Inc.

Incorporating developmental therapy in early childhood programs: Challenges and promising practices

Hanft, Barbara; Striffler, Nancy

Infants & Young Children. 8(2):37-47, October 1995.

In order to provide effective developmental therapy services in early childhood programs, program administrators, university faculty, and state planners must understand the role and function of occupational and physical therapists and speech-language pathologists in Part H and B programs. This article identifies three challenges to incorporating these services: (1) transforming traditional medical model services, (2) meeting the demand for qualified personnel, and (3) adequately preparing therapists in preservice professional programs as well as supporting those in practice. Promising practices for incorporating developmental therapy services are discussed for each of the three challenges. ©1995Aspen Publishers, Inc.

Parent to Parent programs: A unique form of mutual support

Santelli, Betsy; Turnbull, Ann P.; Marquis, Janet G.; Lerner, Esther P.

Infants & Young Children. 8(2):48-57, October 1995.

Parents of young children with special needs are thrust into the world of disability—a life experience with many strong emotional responses and challenges. Parent to Parent programs provide emotional and informational support to parents of children with special needs by matching a trained veteran parent in a one-to-one relationship with a parent newly referred to the program. This article reports the results of a national survey of veteran and referred parents participating in Parent to Parent programs and discusses how Parent to Parent support is an important part of comprehensive family-centered services for parents and providers. ©1995Aspen Publishers, Inc.



## Technology

[Positioning infants and children for videofluoroscopic swallowing function studies](#)

Geyer, Lesley Austin; McGowan, Joy Silverman

Infants &amp; Young Children. 8(2):58-64, October 1995.

Videofluoroscopic swallowing function studies are frequently used to assess swallowing effectiveness in infants and children. Positioning, particularly for infants and children with central nervous system dysfunction, can often present a challenge for the therapist assisting with the study. Various issues related to positioning infants and children and solutions for specific problems presented during these studies are discussed in this article. ©1995 Aspen Publishers, Inc.

## Trends In Professional Education

[Meeting the challenges of establishing interdisciplinary preservice preparation for infant personnel](#)

Davis, Laverne; Thurman, S Kenneth; Mauro, Linda M.

Infants &amp; Young Children. 8(2):65-70, October 1995.

As the federal, state, and local guidelines for early intervention develop to fit the needs of infants who are at risk or disabled and their families, the need for qualified infant specialists will remain significant. Research has shown that although there are no consistent methodologies for training infant specialists across or within disciplines nationally, interdisciplinary approaches are recommended by personnel preparation programs. The current literature on interdisciplinary preparation of infant personnel is reviewed, and some of the challenges of implementing such programs are discussed. Finally, Temple University's Interdisciplinary Infant Intervention Program is described as an example of how these challenges may be met. ©1995 Aspen Publishers, Inc.

## Innovations In Practice

[Helping parents of young children with disabilities become consumers of early intervention: A marketing approach](#)

Fugate, Douglas L.; Fugate, Janet M.

Infants &amp; Young Children. 8(2):71-80, October 1995.

Marketing techniques have been used successfully for many years in a variety of public and nonprofit applications. This article takes the position that similar techniques can be used to market information products to parents of young children with disabilities. The pro-forma marketing plan discussed includes the following steps: determination of market needs; market segmentation and target marketing; marketing goals and objectives; marketing strategy; marketing mix tactics; and control and evaluation. Definitions and relevant applications are provided for each step. Interested early intervention program managers should find this to be an effective technique for helping achieve public awareness and satisfaction goals in their service area. ©1995 Aspen Publishers, Inc.

## 1996

## Volume 8 - Issue 3

<https://journals.lww.com/ycjournal/toc/1996/01000>[From the editor](#)

Blackman, James A.

Infants &amp; Young Children. 8(3):iv-v, January 1996.

No abstract but free

Perspective

[IMPLICATIONS OF MANAGED CARE ON EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS](#)

FREDRICK, JOHN

Infants &amp; Young Children. 8(3):vi- viii, January 1996.

No abstract but pay

## Original Article

[The micropremie: Infants with birth weight less than 800 grams](#)

Goldson, Edward

Infants &amp; Young Children. 8(3):1-10, January 1996.

**ABSTRACT** During the last decade, there has been a marked increase in the survival of the micropremie —:infants with birth weights less than 800 g, which is a testimony to the advances in perinatal medicine. However, with this survival has come significant morbidity. This article reviews the outcome of these tiny infants, some of the consequences for their families, and the implications for primary care providers. Many of these infants have growth delays and many medical problems despite adequate nutrition and general care. Also, while only about 10% to 20% of the survivors have significant neurodevelopmental problems, almost 60% have some disability. Significant numbers of these children—including those without major neurologic disturbances—have disorders of sensory integration and learning disabilities that significantly affect their school and psychosocial functioning. Moreover, these disabilities are stressful for these infants' families. Taking these findings into consideration, it is strongly suggested that practitioners take a proactive approach to the management of these children with close monitoring and assessment that hopefully will lead to the early identification of difficulties and intervention. With this strategy, it is believed that many of these children's difficulties can be ameliorated, leading to a more positive outcome for the child and family. ©1996 Aspen Publishers, Inc.

[Risky beginnings: Low maternal intelligence as a risk factor for children's intellectual development](#)

Kelly, Jean F.; Morisset, Colleen E.; Barnard, Kathryn E.; Patterson, Diana L.

Infants & Young Children. 8(3):11-23, January 1996.

ABSTRACT Cumulating evidence exists that children of mothers with cognitive deficits are at risk for developmental delay, psychosocial mental retardation, and behavior disorders. The authors review the literature on the effects of genetic and environmental contributions to children's intellectual functioning and on the effects of preventive intervention designed to improve intellectual outcomes for high-risk children. Case studies from a longitudinal study of socioeconomically disadvantaged families are used to illustrate how low cognitive functioning affects maternal caregiving and how carefully planned interventions can enhance a mother's ability to provide a supportive learning environment for her young child. Key words: early intervention, environmental risk, maternal cognitive deficits ©1996Aspen Publishers, Inc.

[Integrated treatment approaches for young children with multisystem developmental disorder](#)

Wieder, Serena

Infants & Young Children. 8(3):24-34, January 1996.

ABSTRACT Young children with severe communication and relationship disorders, often diagnosed with pervasive developmental disorders, respond to intensive intervention started at early ages. These disorders may be secondary to various sensory and motor processing deficits which can be conceptualized as Multisystem Developmental Disorder (MSDD). Diagnostic understanding of variations in multisystem disorders can now be linked to integrated treatment models that take into account the individual differences and developmental level of each child. Clinical vignettes describe different patterns typical of MSDD, a familybased interactive-relationship model needed by all children, and related intervention approaches to consider for each pattern. Keywords: autistic spectrum disorder, behavioral models, floor time, integrated intervention, multisystem developmental disorder, pervasive developmental disorder, relationship-based treatment ©1996Aspen Publishers, Inc.

[Intervention strategies for infants with prenatal drug exposure](#)

Cole, Jean Gardner

Infants & Young Children. 8(3):35-39, January 1996.

ABSTRACT Prenatal drug exposure (PDE) is a significant problem in our society, and media attention has caused confusion about developmental outcome for these children. This article deals with the identification of clusters of behavior that are commonly seen in infants with PDE. Intervention techniques are presented that have been successful in both hospital and home programs. Reading behavioral cues, modifying the environment, and providing support for the infant's attempts at self-regulation can begin to ameliorate sleep disturbances, difficulties in self-consoling, feeding disorders, and emotional lability and begin the process of behavioral organization ©1996Aspen Publishers, Inc.

[The power of touch: Massage for infants](#)

Schneider, Elaine Fogel

Infants & Young Children. 8(3):40-55, January 1996.

ABSTRACT Scientific research is questioning an ancient belief that massage has preventive, health maintenance, growth, and developmental benefits for infants and children. The belief is that by using massage, the quality of life and interaction between parent/ caregiver and infant/child is enhanced. Current studies are attempting to prove that benefits are experienced by the caregiver administering the massage as well as by those receiving the massage. If the outcomes prove to be clinically positive, their application to the special needs population may be of significant importance ©1996Aspen Publishers, Inc.

Trends in Professional Education

[A model for supporting higher education faculty in their early intervention personnel preparation roles](#)

Winton, Pamela J.

Infants & Young Children. 8(3):56-67, January 1996.

ABSTRACT Institutions of higher education are key players in ensuring that qualified personnel will be available to implement family-centered, interdisciplinary, community-based early intervention services. This article describes the Southeastern Institute for Faculty Training (SIFT), a regional project designed to prepare interdisciplinary teams of higher education faculty from the Southeastern states and jurisdictions to serve as leaders in providing training in the area of early intervention. Included in this article are an overview of the critical components of the project, a summary of lessons learned from implementation, and promising training strategies that were successful in implementing the SIFT model and that SIFT participants are now using in their training. Key words: early intervention, faculty training, institutions of higher education, personnel preparation ©1996Aspen Publishers, Inc.

Innovations in Practice

[The challenge of coordination](#)

Harbitt, Gloria L.

Infants & Young Children. 8(3):68-76, January 1996.

ABSTRACT Early intervention will be successful only when services are coordinated across agencies and sectors. This article briefly reviews the barriers to interagency coordination as outlined in the literature and then presents results of a 2-year case study. A synthesis of data collected from six diverse states revealed that agencies are qualitatively and fundamentally different from one another in many crucial aspects. This article presents 13 ways that public agencies differ from one another and provides a set of recommendations to assist diverse agencies in coming together to develop a comprehensive and coordinated system of services. Key words: collaboration, cooperation, coordination, interagency, interdisciplinary, service integration, systems ©1996Aspen Publishers, Inc.

[Providing a seamless service system from hospital to home: The NICU Training Project](#)

Wilson, Janet Rae; Allen, Jack; Pfalzer, Susan M.

Infants & Young Children. 8(3):77-84, January 1996.

ABSTRACT Premature infants in the neonatal intensive care unit (NICU) who are acutely ill or at developmental risk are often likely to require early intervention services in the NICU and following discharge. The NICU Training Project is an interdisciplinary training model designed to promote collaboration between NICU health professionals and early interventionists. Utilizing principles of adult learning, the project's goal is to train service providers to implement a seamless system of family-centered interventions in the NICU, at discharge, and through transition to community early intervention services. This article describes the training model, methods, and outcomes. ©1996Aspen Publishers, Inc.

**Volume 8 - Issue 4**

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[From the editor](#)

Blackmail, James A.

Infants & Young Children. 8(4):iv-v, April 1996.

No abstract but free

Perspective

[EVIDENCE-BASED PRACTICE](#)

Butler, Charlene

Infants & Young Children. 8(4):vi-viii, April 1996.

No abstract but buy

Applied Developmental Theory

[Maturation of the Central Nervous System as Related to Communication and Cognitive Development](#)

Hallett, Terry; Proctor, Adele

Infants & Young Children. 8(4):1-15, April 1996.

Major events that occur in the maturation of the human central nervous system (CNS) are reviewed relative to milestones for communication, speech, language, and cognition. Early insults to the CNS and their neuropsychological consequences are discussed in relation to the timing of neuroanatomical maturation. Particular attention is given to patterns of myelination and dendritic branching as they relate to evolving stages of language and cognition ©1996Aspen Publishers, Inc.

[Behavioral Outcomes of Young Children with Prenatal Exposure to Alcohol: Review and Analysis of Experimental Literature](#)

Williams, Rosanne C.; Carta, Judith J.

Infants & Young Children. 8(4):16-28, April 1996.

This article describes an analysis of existing peer-reviewed research articles on behavioral outcomes of young children prenatally exposed to alcohol. Developmental effects in children from birth to 72 months were identified in 51 studies with 634 behavioral outcomes categorized as adverse or no effect. Adverse outcomes were defined as statistically significant comparisons reflecting detrimental effects on behavioral development related to prenatal alcohol exposure. Although adverse outcomes were found within each domain, age grouping, and exposure category, they comprised fewer than 50% of all outcomes measured. Most outcomes were found in the neurobehavioral domain with children less than 1 month of age. Implications for intervention and research are discussed. ©1996Aspen Publishers, Inc.

[Controversial Therapies for Young Children with Developmental Disabilities](#)

Nickel, Robert E.

Infants & Young Children. 8(4):29-40, April 1996.

The search for a magical cure may be one stage in a parent's adjustment to the diagnosis of a developmental disability in his or her child. The parent may try controversial treatments as part of this search. In this article, the author discusses the reasons parents chose alternative treatments, reviews a few specific treatments, and provides recommendations to professionals on how to talk to families about controversial therapies. ©1996Aspen Publishers, Inc.

[Program Evaluation and Strategic Planning in Early Intervention: General Principles and a Case Example](#)

Feinberg, Edward A.; Hanft, Barbara; Marvitt, Nancy

Infants & Young Children. 8(4):41-48, April 1996.

This article discusses concepts of program evaluation and strategic planning with an emphasis on vision development; environmental scanning; problem/opportunity analysis; goal, objective, and action step development, and monitoring and revision. The article details the application of these concepts within the framework of a case example involving the Anne Arundel County Infants and Toddlers Program, a program that contended with a variety of issues including an increase in referrals and enrollment; evolution from a child-centered to a family-centered paradigm; and change to community-based provision and coordination of services. ©1996Aspen Publishers, Inc.

Trends In Professional Education

[Expanding Training Options for Early Intervention Personnel: Developing a Statewide Staff Mentoring System](#)

Wischnowski, M W; Yates, T J; McCollum, J A

Infants & Young Children. 8(4):49-58, April 1996.

The availability of qualified personnel presents a substantial challenge to implementing early intervention systems. Neither new nor current personnel necessarily will have received training specific to this population. Because of the large number of personnel involved, states developing training opportunities to address this need have relied primarily on large-scale inservice and conference formats. These formats, however, may not be appropriate for achieving the degree of change needed to bring about possibly pervasive alterations in skill and values. The training process described in this article, staff mentoring, was developed as one option for providing a more personalized, intensive approach to training. Evaluation results are presented for the initial period of developing the process and for the first eight trainer-trainee dyads to complete the process. ©1996 Aspen Publishers, Inc.

#### Case-Study Teaching: A Tool for Training Early Interventionists

Fallon, Molra A.

Infants & Young Children. 8(4):59-62, April 1996.

The field of early intervention, which deals with unique demands, requires early interventionists who can creatively resolve problems, critically think about issues, and collaboratively apply concepts to meet the complex needs of families. Case-study teaching fosters these same skills by using real problems and actual experiences. A case study is an in-depth description about a complicated situation that requires a decision or solution. The problem, however, is that case-study teaching is easier said than done—learning about casestudy teaching is an experiential process. The purposes of this article are to present a model used to instruct workshop participants and to provide some practical suggestions for using case-study teaching while training early interventionists. ©1996 Aspen Publishers, Inc.

#### Technology

#### Implementing the Natural Environment Requirement of Part H with the Help of Children's Librarians

Langa, Michelle A.; Feinberg, Sandra

Infants & Young Children. 8(4):63-69, April 1996.

Children's services librarians and public libraries are underutilized resources for early intervention professionals. Research has indicated that parents of children with disabilities are critically in need of information about the disability and available community resources and services. In addition, Part H of the Individuals with Disabilities Education Act requires that early intervention services be provided in natural environments in which children without disabilities participate. This article will describe: (1) the development of the collaboration between early intervention service providers and children's librarians to address parental needs for information, referral, and support; (2) the provision of opportunities for inclusion and socialization for infants and toddlers and their families in their local community library; (3) strategies for delivering early intervention services within a children's department of a public library; and (4) strategies for maintaining this type of collaboration ©1996 Aspen Publishers, Inc.

#### Innovations In Practice

#### Putting the Marketing Plan to Work: Practical Suggestions for Early Intervention Programs

Fugate, Douglas L.; Fugate, Janet M.

Infants & Young Children. 8(4):70-79, April 1996.

Informed choice by the parent/caregiver is the preferred and official policy for improving the quality of life for both the infant or toddler with disabilities and his or her family. Informed choice, while prescribed, is not described in Public Law or implementation guidelines. Therefore managers of early intervention programs must develop an effective and efficient method of generating public awareness about early intervention programs. The marketing approach provides such a technique. Individual steps of the marketing plan are discussed along with field practices from more than twenty Part H state early intervention programs to illustrate how the marketing approach can help achieve public awareness ©1996 Aspen Publishers, Inc.

### Volume 9 - Issue 1

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#### From the editor

Blackman, James A.

Infants & Young Children. 9(1):iv, July 1996.

No abstract but free

Perspective

#### IT'S SIMPLY A MATTER OF PRIORITY

Walsh, Sharon

Infants & Young Children. 9(1):v-vii, July 1996.

No abstract but pay

#### Original Article

#### Early Intervention and Management of Hearing in Infants and Toddlers

Gatty, Janice C.

Infants & Young Children. 9(1):1-15, July 1996.

This article presents and discusses current principles for working with families of young children who have hearing impairments. The nature of hearing loss is described. Categories of the different types of hearing impairments and sensory aids are defined. The benefits and limitations of different approaches to language acquisition, which have been effective with children with hearing impairments, are discussed. The roles of the comprehensive evaluation in planning a program of intervention and of professional honesty in ensuring the effectiveness of intervention are addressed ©1996 Aspen Publishers, Inc.



### Parent-Completed Developmental Questionnaires: A Low-Cost Strategy for Child-Find and Screening

Squires, Jane

Infants & Young Children. 9(1):16-28, July 1996.

Parent-completed questionnaires have been used by physicians and other health care professionals to assist with the identification of young children with developmental delays. The Ages and Stages Questionnaires, a parent-completed developmental monitoring system, is used in home visiting programs, child-find projects, and teen parenting programs, as well as in a variety of medical settings. Strategies for using the Ages and Stages Questionnaires, advantages and disadvantages associated with each strategy, and examples of programs using each strategy are described ©1996Aspen Publishers, Inc.

### Analysis of Current Motor Development Theory and Recently Published Infant Motor Assessments

Case-Smith, Jane

Infants & Young Children. 9(1):29-41, July 1996.

Four primary tenets of dynamic systems theory related to motor development are applied to recently developed infant motor assessments: (1) coupling of perception and action, (2) development of adaptable and functional movement synergies, (3) phase shifts in which new movement patterns are explored and selected, and (4) identification of the constraining and facilitating forces of motor development. The Alberta Infant Motor Scales, the Toddler and Infant Motor Evaluation, the Posture and Fine Motor Assessment of Infants, and the Test of Infant Motor Performance are reviewed and critiqued as to their fit with these principles. Strategies for clinicians who administer these motor assessments that are consistent with dynamic systems theory are suggested ©1996Aspen Publishers, Inc.

### The Child Development Review: Monitoring Children's Development Using Parents' and Pediatricians' Observations

Ireton, Harold

Infants & Young Children. 9(1):42-52, July 1996.

The Child Development Review (CDR) combines parents' and pediatricians' observations to monitor the development and adjustment of infants and young children. The CDR is designed to help answer the parent's question, "How well is my child doing?" and the pediatrician's question, "Is this child developing normally?" The method includes: involving parents systematically in the developmental review process, including the use of a parent questionnaire; systematic professional observation at well-child visits, including the use of a child development chart; and pediatrician-parent discussion of the child's development and community resources for parents and children. The CDR Parent Questionnaire includes six questions and a 26-item symptoms and problems checklist. Various studies have documented the frequencies of various parental concerns and reported symptoms and behavior problems. Some parent-reported problems are associated with placement in early childhood/special education; some of these problems are also predictors of subsequent poor kindergarten performance. Use of the CDU system enhances anticipatory guidance, discussion of parent concerns, and early intervention, while reducing reliance on developmental screening tests ©1996Aspen Publishers, Inc.

Trends in Professional Education

### Parent to Parent Programs: Parent Preferences for Supports

Santelli, Betsy; Turnbull, Ann; Sergeant, Julie; Lerner, Esther P.; Marquis, Janet G.

Infants & Young Children. 9(1):53-62, July 1996.

Parent to Parent programs facilitate connections between parents who have young children with special needs by carefully matching an experienced parent in a one-to-one relationship with a parent newly referred to the program. Using national survey results, this article examines the preferences referred parents have for various kinds of emotional and informational supports provided through Parent to Parent programs and the impact of the child's age and severity of disability on parental preferences. Parents preferred a wide range of supports, with the child's age and severity of disability contributing to differences in their preferences. Supports to families must, therefore, be individualized and responsive to child and family characteristics ©1996Aspen Publishers, Inc.

Technology

### The Promise and Practical Application of Technology To Prepare Early Intervention Personnel

Rowland, Cyndi; Rule, Sarah; Decker, David

Infants & Young Children. 9(1):63-74, July 1996.

Applications of technology in the preparation of early intervention personnel are increasingly more commonplace and practical. This article describes a model developed and applied in Utah by two universities in cooperation with the State Office of Education. The purpose of the model is to prepare rural personnel for a birth-to-five teaching certificate, using an array of distance technologies. These include interactive television, Internet communications, CD-ROM, videotape, and traditional print material. Key decision-making points and the process of model development and delivery are described ©1996Aspen Publishers, Inc.

Innovations in Practice

### Intervention for Infants and Toddlers Exposed to Methadone In Utero: Three Case Studies

Burns, M Susan; Stagg, Vaughan; Saitz, Christine; Amadi, Nkechinyere

Infants & Young Children. 9(1):75-88, July 1996.

We present three case studies from a developmentally integrated intervention program for infants and toddlers. These three children were exposed to methadone in utero and experienced withdrawal at birth. Their families' risk factors include poverty and mental illness. Research background for our work is presented. Primary intervention occurred in our therapeutic nursery, which serves children between 0 and 24 months of age. Intervention included addressing developmental and mental health needs of the children and family systems, child development knowledge, and emotional support needs of their parents. Both qualitative and quantitative records on how the children and their parents are progressing are presented. Our account shows improvement for these youngsters, with this integrated approach impacting on the whole family unit ©1996Aspen Publishers, Inc.

From the editor

Blackman, James A.

Infants & Young Children. 9(2):iv-v, October 1996.

No abstract but free

Perspective

BUT WHERE ARE THE DATA? PLANNING SERVICES FOR INFANTS AND FAMILIES IN AN ERA OF MANAGED CARE

Drotar, Dennis

Infants & Young Children. 9(2):vi-vii, October 1996.

No abstract but pay

## Original Articles

Parent-Infant Communication: Early Intervention for Very Young Children with Visual Impairment or Hearing Loss

Chen, Deborah

Infants & Young Children. 9(2):1-12, October 1996.

This article describes the interactions of parents and their infants with visual impairment, infants who are deaf or hearing impaired, and sighted and hearing infants during play situations. Findings indicate that parents developed certain types of exchange routines that match the developmental and sensory status of their infant. Adaptation of exchange-routines may represent an analogue of so-called "caregiver speech" at the pragmatic and contextual level. Included in this article are intervention suggestions for engaging these infants in early play interactions. ©1996Aspen Publishers, Inc.

Ethics and Early Intervention: Toward More Relationship-Focused Interventions

Able-Boone, Harriet

Infants & Young Children. 9(2):13-21, October 1996.

Value-based decisions affecting the lives of young children and their families are made on a daily basis in early intervention. This article explores the dimensions of ethical decision making in early intervention. Selected comments from parents and professionals involved in an ethnographic interview study regarding value conflicts in early intervention are reported. A communication and decision-making model for achieving mutual understanding, respect, and agreement between parents and professionals is proposed. ©1996Aspen Publishers, Inc.

Collaboration between Families and Early Intervention Service Providers

Filer, Janet D.; Maboney, Gerald J.

Infants & Young Children. 9(2):22-30, October 1996.

This article describes the differences in the perceptions of service providers and parents in relationship to the level of services families receive, the importance of these services, and the necessary service activities for an "ideal" early intervention program. Participants responded to a survey that included the Family-Focused Intervention Scale. Data are reported on 73 service providers and 193 parents. Results indicate substantial discrepancies between families and providers in their perceptions of what services families are receiving and what services are viewed as essential. In addition, it appears as if service providers and parents do not share a common vision of activities necessary for the "ideal" early intervention program. ©1996Aspen Publishers, Inc.

Services for Young Children and Families: Evaluating Intervention Cycles

Sitneonsson, Rune J.; Huntington, Gail S.; McMillen, Janey Stirtz; Haugh-Dodds, Amy E.; Halperin, Deborah; Zipper, Irene Nathan; Leskinen, Markku; Langmeyer, David

Infants & Young Children. 9(2):31-42, October 1996.

To advance the national early intervention agenda, priority must be assigned to the evaluation of services for families of infants and young children with developmental disabilities. This priority for evaluation rests on current considerations for accountability to families, accountability to funding sources, and the need for program documentation. Evaluation of ongoing interventions involving home- and center-based services for infants, toddlers, and their families, however, needs to focus on questions different from those for empirical research on early intervention efficacy. To this end, eight questions pertaining to the evaluation of clinical interventions can be viewed. Within the framework of an intervention cycle, referral, assessment, intervention planning, service implementation, and follow-up are discrete elements defining a sequence of encounters of children and families with service systems. This article illustrates the use of the intervention cycle as a framework for evaluation of clinical interventions and identifies representative measures and strategies appropriate for evaluation of each element of the cycle. ©1996Aspen Publishers, Inc.

Alcohol and Anticonvulsant Medication Use During Pregnancy: Effects on the Growth and Development of Infants and Children

Van Dyke, Don C.; Bonthitis, Nancy E.; Bonthius, Daniel J.; McBrien, Dianne M.; Dyken, Mark Eric

Infants & Young Children. 9(2):43-50, October 1996.

It is well known that factors in the pregnant woman's environment can adversely affect the fetus. Organ and limb malformations, poor growth, and brain injury manifesting in developmental delay and learning disabilities are some of the problems that have been attributed to prenatal exposures to teratogenic agents. This article describes two intensively studied prenatal teratogen exposures in the pregnant woman— anticonvulsant medications and alcohol. In the fetus, both exposures can produce poor growth and miscarriages; in the newborn, poor growth, small head size, and major and minor malformations are seen. Infants and young

children with histories of such intrauterine exposure may be mentally retarded and have significant social and behavioral problems. Many of the anatomic and behavioral problems observed in children who were exposed to alcohol and anticonvulsant medications have been replicated in prenatally exposed laboratory animals. Parents and professionals can benefit from awareness of disability related to fetal exposure; training in this area can both improve early identification of affected children and aid in prevention of exposure-related impairments. Parents and professionals should also be cognizant of these problems for their own reproductive health. ©1996Aspen Publishers, Inc.

Seminar on CranioSacral Therapy

[The Use of CranioSacral Therapy To Treat Gastroesophageal Reflux in Infants](#)

Joyce, Pat; Clark, Cindy

Infants & Young Children. 9(2):51-58, October 1996.

Gastroesophageal reflux (GER) in infants can be a frustrating experience for caregivers. The cause of GER is often unknown. Traditional treatment approaches include positioning, formula changes, medications, and surgery, which often are unsuccessful or have undesirable side effects. This case study presents an effective, non-traditional treatment approach called CranioSacral Therapy. ©1996Aspen Publishers, Inc.

[An Overview of CranioSacral Therapy: Its Origin and Its Applications for Newborns and Infants](#)

Infants & Young Children. 9(2):59-68, October 1996.

CranioSacral Therapy is a gentle and noninvasive, hands-on modality that research has proven effective to identify a number of disorders affecting children, such as dyslexia, hyperkinetic behavior, and motor-control problems. CranioSacral Therapy also is effective in alleviating many of these conditions when they are caused by restrictions to the craniosacral system, which operates as a semiclosed hydraulic system encompassing the brain and spinal cord. The author concludes that the few minutes necessary to conduct a craniosacral system evaluation in the delivery room, nursery, or shortly after birth is a worthwhile investment in the child's future health and well-being. ©1996Aspen Publishers, Inc.

[CranioSacral Therapy and Gastroesophageal Reflux: A Commentary](#)

Rosenbaum, Peter L.; Law, Mary

Infants & Young Children. 9(2):69-74, October 1996.

New ideas about therapy for children with developmental disabilities are constantly appearing. Frequently, the enthusiasm for these innovations is greater than the care that is taken to evaluate whether they are actually as effective as they seem at the outset and whether they do more good than harm. The present communication addresses these issues as they arise from the case report about CranioSacral Therapy for gastroesophageal reflux in an infant. We argue that the clinical research methodologies exist by which this and other novel treatments can be studied. In particular, we believe that there is an important opportunity for clinicians and researchers across North America to pool our resources and energies in a collaborative effort to move the field forward.

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## 1997

### Volume 9 - Issue 3

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[From the editor](#)

Blackman, James A.

Infants & Young Children. 9(3):iv-v, January 1997.

No abstract but free

Perspective

[TEAM BUILDING IN A SMALL ISLAND COMMUNITY: THE PALAU INTERAGENCY MODEL FOR CHILDREN WITH DISABILITIES](#)

Sadao, Kathleen C.

Infants & Young Children. 9(3):vi-vii, January 1997.

No abstract but pay

Applied Developmental Theory

[Formulating the Centrality of Relationships in Early Intervention: An Organizational Perspective](#)

Weston, Donna R.; Ivins, Barbara; Heffron, Maty Claire; Sweet, Nancy

Infants & Young Children. 9(3):1-12, January 1997.

In this article, the construct of centrality of relationships is framed as a new organizing principle for the field of early intervention. Centrality of relationships, broadly defined as the integration of relationship-based concepts at all service levels, exemplifies an emerging, fundamental reconceptualization of services. The changes represent a shift from developmental-deficit-based principles to relationship-based organizing principles that require reformulating intervention approaches and program models. This perspective stresses the commonalities across disciplines that unify the work of early interventionists. Key qualities of leadership, flexibility, support, and teamwork, necessary for program development, are elaborated. Finally, implications for system-level support, efficacy research, and personnel preparation are discussed. ©1997Aspen Publishers, Inc.

### The Infant and Young Child with Spina Bifida: Major Medical Concerns

Shaer, Catherine M.

Infants & Young Children. 9(3):13-25, January 1997.

Myelomeningocele is the most common handicapping birth defect in the United States. Incomplete development of the spinal cord occurs within the first month of gestation and places the child at risk for major medical problems in multiple body systems, including the central nervous system, genitourinary system, and musculoskeletal system. Although there is no cure at this time, early and comprehensive treatment by knowledgeable medical professionals, and appropriate early intervention with appropriate therapeutic and educational modalities, will improve outcome and minimize disability. ©1997Aspen Publishers, Inc.

### Treatment of Severe Feeding Refusal in Infants and Toddlers

Foy, Thomas; Czyzewski, Danita; Phillips, Sarab; Ligon, Becky; Baldwin, Judi; Klish, William

Infants & Young Children. 9(3):26-35, January 1997.

Infants recovering from medical and surgical disorders frequently require nonoral feeding. Alternate methods of providing nutrition may be complicated by the development of an aversion to oral feedings, resulting in a delay in the resumption of normal feeding pattern and possibly nonorganic failure to thrive. The purpose of this study was to examine retrospectively the effectiveness of an inpatient multidisciplinary program for treatment of severe feeding refusal, using a modified method of rapid introduction of oral feedings. Medical records were reviewed of all patients (19) treated in the Infant Feeding Program at Texas Children's Hospital in Houston, Texas, from 1985 to 1993. At entry, all patients were fed greater than 95% by nasogastric or gastrostomy tube. Following the program, the majority of patients (12) were successfully converted to total oral feedings over a reasonably short period of time ©1997Aspen Publishers, Inc.

### Fostering Resiliency in Infants and Young Children through Parent-Infant Interaction

Letourneau, Nicole

Infants & Young Children. 9(3):36-45, January 1997.

High-quality parent—infant interaction has been linked to resilient outcomes characterized by secure infant attachments and infant and child cognitive and social-emotional development. The purpose of this article is to show that high-quality parent-infant interaction is important in the promotion of child resiliency, and ought to be promoted in family-centered early intervention. Research is reviewed that shows the relationship between high-quality parent-infant interaction and resilient outcomes. Potent risk factors that threaten the quality of parent-infant interaction and thus resiliency in infants and young children are also reviewed. Finally, clinical guidelines for assessing and intervening to promote parent-infant interaction are suggested. ©1997Aspen Publishers, Inc.

### Hyperactive and Disruptive Behaviors in Very Young Children: Diagnosis and Intervention

Thomas, Jean M.; Tidmarsh, Lee

Infants & Young Children. 9(3):46-55, January 1997.

Young children ages 18 months to 4 years commonly present to mental health clinics with hyperactive and disruptive behavior problems, including temper tantrums and aggression. This heterogeneous group of children have a variety of risk factors, including environmental, constitutional/maturational, and interactional concerns. General principles of intervention are described. In addition, three cases illustrate how Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) provides organizing principles helpful in furthering our understanding of and intervention with these young children and their caregivers. ©1997Aspen Publishers, Inc.

### Changing Perspectives in Early Intervention for Children with Disabilities in Sweden

Björck-Akesson, Eva; Granlund, Mats

Infants & Young Children. 9(3):56-68, January 1997.

This article relates to philosophy of service provision to families with infants and young children with disabilities in Sweden. Early intervention is based on a "habilitation-model" focused on four perspectives: (1) medical, (2) educational, (3) psychological, and (4) social. The Act for Services and Support for Persons with Disabilities (1994) stresses intervention focused on the handicapping consequences of the child's disability and family involvement in planning and implementing interventions. A change toward a handicap perspective and a family-oriented approach may be distinguished in assessment and intervention practices and inservice training of professionals. A number of Swedish studies reflecting those changes are related ©1997Aspen Publishers, Inc.

### A Systems Model for Early Intervention Teams

Briggs, Margaret H.

Infants & Young Children. 9(3):69-77, January 1997.

Several models for explaining early intervention team member interactions have been discussed in the literature. Systems theory offers a different perspective for viewing these interaction patterns. Rather than viewing a team in isolation, a systems perspective considers the interrelationships and interdependencies of the various elements comprising early intervention service. This article proposes a model, a multilayered framework, that takes into account the larger system of community and organization within which early intervention teams function. ©1997Aspen Publishers, Inc.

### MoVES: Incorporating Developmental Services on a Pediatric Mobile Health Care Clinic

Soclerstrom, Elaine K.; Long, Toby M.; Sherman, Joseph

Infants & Young Children. 9(3):78-86, January 1997.



The Mobile Van Evaluation and Screening (MoVES) program was established in 1994 to provide developmental screening and evaluation services to the children receiving primary pediatric medical care from the Georgetown University Pediatric Mobile Clinic. The program grew rapidly and presently consists of an array of developmental services in addition to evaluation and screening. The purpose of this article is to describe the developmental services that have been established as part of a pediatric mobile health care clinic. A descriptive analysis of the children seen during the first year of the program will also be provided. ©1997Aspen Publishers, Inc.

## Volume 9 - Issue 4

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### From the editor

Blackmail, James A.

Infants & Young Children. 9(4):iv-v, April 1997.

No abstract but free

Perspective

### WHEN RESEARCH MEETS THE "REAL WORLD": A NEW PARTNERSHIP FOR INFANTS AND CHILDREN

Morissel, Colleen E.

Infants & Young Children. 9(4):vi-ix, April 1997.

No abstract but buy

Applied Developmental Theory

### Mastery Motivation in Toddlers

Btisch-Rossnagel, Nancy A.

Infants & Young Children. 9(4):1-11, April 1997.

Mastery motivation is the psychological force to achieve and improve one's skills in the absence of any physical reward. This article presents the theoretical background for this concept and describes three characteristics of mastery motivation in toddlers: (1) behavioral manifestations in multiple domains, (2) developmental changes in those manifestations, and (3) the influence of the socializing environment. These characteristics are used to suggest applications for assessment of individual differences (measurement) and for program design (intervention) ©1997Aspen Publishers, Inc.

### Facilitating Internal Regulation of Eating: A Treatment Model for Infantile Anorexia

Chatoor, Irene; Hirsch, Robert; Persinger, Melody

Infants & Young Children. 9(4):12-22, April 1997.

Infantile anorexia is characterized by food refusal and failure to thrive. It is defined as a transactional disorder that leads to a developmental disturbance in internal regulation of eating. By this transactional model, the infant's temperament characteristics of emotional intensity, distractibility, and stubbornness evoke conflicts over control and limit setting in a vulnerable mother who becomes anxious and insecure when faced with the infant's food refusal and oppositional behaviors during feeding. Mother and infant become increasingly involved in maladaptive interactions, each struggling for control, with food being the battleground. The infant's eating becomes increasingly externally controlled by the interactions with his or her caregivers instead of internally by hunger and fullness. The therapeutic intervention addresses the three components of the model: (1) it serves to help the parents understand and deal with the anorectic infant's temperament, (2) it addresses the difficulties the parents may have in setting limits, and (3) it provides parents with recommendations on how to structure meal times in order to facilitate internal regulation of eating ©1997Aspen Publishers, Inc.

### The Impact of Sensory Processing Abilities on the Daily Lives of Young Children and Their Families: A Conceptual Model

Dunn, Winnie

Infants & Young Children. 9(4):23-35, April 1997.

The article describes a proposed model for considering sensory processing an important factor in young children's performance. The author reviews constructs from neuroscience and behavioral science to propose how the transaction among these constructs may provide a framework for understanding various patterns of behavior and for developing methods for handling young children's sensory processing needs in a functional and supportive manner. The author reviews data from a series of studies on the Sensory Profile, a family-report measure of a child's responses to sensory experiences during daily life, to illustrate the utility and possible quantitative support for the proposed model components in young children with and without disabilities ©1997Aspen Publishers, Inc.

### New Advancements in Medical Treatment of Young Children with Down Syndrome: Implications for Early Intervention

Roizen, Nancy J.

Infants & Young Children. 9(4):36-42, April 1997.

The early interventionist has a unique opportunity to have a positive, productive impact on the lives of children with Down syndrome and their families. The early interventionist can support, guide, and inform families about the medical problems that are common in children with Down syndrome who need evaluation. Early detection and treatment of problems such as hearing loss and visual deficits can facilitate optimal development ©1997Aspen Publishers, Inc.

## Trends in Professional Education

Caring for Infants and Toddlers with Disabilities: A Curriculum for Training Physicians in Early Intervention

Garland, Corinne Welt; Gallagher, Francine Gortler; Lee Huntington,  
 Infants & Young Children. 9(4):43-57, April 1997.

Caring for Infants and Toddlers with Disabilities: New Roles for Physicians (CFIT) is a continuing medical education program designed to ensure that physicians have the information and skills needed to be full participants in community systems of early intervention. The model provides competency-based training through an introductory seminar and a program of independent study in the areas of child-find, assessment, Individualized Family Service Plan (IFSP) development, and transition. The model was originally developed between 1991 and 1994 and successfully used with 200 Virginia physicians. Replication of the model will reach physicians in at least nine additional states or territories ©1997 Aspen Publishers, Inc.

Technology

Teleassessment: A Model for Team Developmental Assessment of High-Risk Infants Using a Televideo Network

Smith, Douglas L.  
 Infants & Young Children. 9(4):58-61, April 1997.

Clinical specialists developed a model for team developmental assessment of high-risk infants using a fiberoptic "distance learning" televideo network in south-central Upstate New York. An "arena-style" transdisciplinary play-based assessment model was adapted for use across the televideo connection. A facilitator met a family at a remote site in the family's home community, and other team specialists remained at a local site to perform the arena-type assessment across the televideo screen. Close simulation of the conventional "in-person" assessment procedure was successfully attained, including successfully identifying a subtle anomaly and unexpectedly providing "enhanced" transdisciplinary communication ©1997 Aspen Publishers, Inc.

## Innovations in Practice

Infant-Mother Attachment at Risk: How Early Intervention Can Help

Gotven, Jean W.; Nebrig, Judith B.  
 Infants & Young Children. 9(4):62-78, April 1997.

Almost all infants become attached to their mothers or a mother figure, but many of these attachments are anxious and insecure. Infants in families experiencing multiple risk factors are especially vulnerable for development of attachment problems. Since the quality of the infant-mother attachment is associated with important aspects of the child's development (eg, development of behavior problems), several studies have examined interventions designed to promote secure infant-mother attachments. This article reviews studies of interventions conducted with multirisk families. Implications are drawn from these studies, the attachment literature, and the authors' clinical experience for ways in which professionals in a variety of settings (eg, public health, early intervention, child welfare, day care, pediatrics, specialized therapies) can promote secure infant-mother attachment ©1997 Aspen Publishers, Inc.

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From the editor

Blackman, James A.  
 Infants & Young Children. 10(1):iv-v, July 1997.  
 No abstract but free

PARENTS AT POLICY-MAKING TABLES

Bisson, Ann M.  
 Infants & Young Children. 10(1):vi-viii, July 1997.  
 No abstract but pay

## Applied Developmental Theory

Infant—Toddler Information Processing Assessment for Children with Pervasive Developmental Disorder and Autism: Part I

Zelazo, Philip R.  
 Infants & Young Children. 10(1):1-14, July 1997.

Conventional tests of infant—toddler development confound the measures used to infer mental ability with the child's disability. A new approach involving assessment of central information processing ability is described as a complement to conventional tests that permits the identification of intact mental ability in the face of pervasive developmental delays and autism. Intact processing ability along with a profile of expressive development not only allows for a differential diagnosis but permits more accurate assessment of mental ability and more appropriate intervention strategies. ©1997 Aspen Publishers, Inc.

Self-concept in Toddlers

DesRosiers, Fabiana S.; Busch-Rossnagel, Nancy A.  
 Infants & Young Children. 10(1):15-26, July 1997.

Self-concept is the abstract idea of an individual held by that person. This article describes six aspects of the self-concept that develop in toddlerhood: (1) self-recognition, (2) self-representation, (3) self-description, (4) self-assertion, (5) self-evaluation, and (6) self-regulation. After a brief historical overview, the theoretical and empirical background and measurement examples are presented for each of these domains of self-concept. Finally, the authors use information about caregivers' influence on the self-

concept and the overlap with mastery motivation to suggest applications of this model. The intervention ideas are based on three dimensions of the socializing environment: (1) the provision of inanimate objects, (2) emotional communication, and (3) instrumental interaction. ©1997Aspen Publishers, Inc.

#### Toward the Development of a Framework for Determining the Frequency and Intensity of Early Intervention Services

Hanft, Barbara E.; Feinberg, Edward

Infants & Young Children. 10(1):27-37, July 1997.

Clinicians of all disciplines and in all settings must reexamine the philosophical basis for determining the frequency and intensity of early intervention services. A shift to a flexible, outcomes-driven model featuring a family-centered, ecological approach ensures the likelihood that the recommendations for services flow from a thorough analysis of child and family priorities rather than from a traditional emphasis on static and predetermined assumptions centered exclusively on improving children's developmental skills. This article discusses the importance of addressing the question of the frequency and intensity of early intervention services within a family context, while emphasizing that complex issues cannot always be resolved with a one-size-fits-all solution. Multidimensional guidelines for selecting early intervention services are proposed, and, finally, the dilemmas inherent in implementing these guidelines are identified. ©1997Aspen Publishers, Inc.

#### Can Managed Care Meet the Mental Health Needs of Very Young Children?

Koyanagi, Chris; Lorber, Margaret

Infants & Young Children. 10(1):38-46, July 1997.

Emotional growth and well-being are as important for very young children as cognitive and physical development. As managed care approaches are increasingly used for health care in the public sector, the needs for identification and treatment of mental health problems can often be overlooked. However, the authors maintain that many of the goals of strong early childhood programs are very compatible with managed care approaches, if careful planning occurs. The authors also suggest various strategies and tactics that advocates for very young children can use to ensure that public managed care systems address the mental health and emotional needs of very young children. ©1997Aspen Publishers, Inc.

#### Early Intervention: Meeting the Unique Needs of Parent—Child Interaction

Schultz-Krohn, Winifred

Infants & Young Children. 10(1):47-60, July 1997.

Infant development is dependent on interactional relationships. Successful family-centered early intervention must address the relationships between the parent and child, child and clinician, and parent and clinician to promote infant development. The interventionist must also consider the unique family system and the family schema and paradigm when designing the intervention plan. The intention of this article is to use three case studies to illustrate the use of an intervention model that focuses on fostering the development of family relationships as a means of meeting identified outcomes from an Individualized Family Service Plan. ©1997Aspen Publishers, Inc.

#### Trends in Professional Education

##### Project CRAFT: Culturally Responsive and Family-focused Training

Chen, Deborah; Brekken, Linda J.; Chan, Sam

Infants & Young Children. 10(1):61-73, July 1997.

Public Law 99-457 has promoted family/professional collaboration and family-guided practices in early childhood special education. At the same time, the cultural and linguistic diversity of this country requires service providers to refine skills in working with families whose backgrounds are different from their own. This article describes the model, strategies, materials, and outcomes of Project CRAFT (Culturally Responsive and Family-focused Training), which is designed to meet these professional development needs. Culturally diverse family/ professional teams were trained, supported, and mentored to provide inservice training on cultural competencies to service providers working with young children with disabilities. ©1997Aspen Publishers, Inc. Innovations in Practice

#### Combining Relationships and Development: Applying Touchpoints to Individual and Community Practices

Brazelton, T Berry; O'Brien, Maureen; Brandt, Kristie A.

Infants & Young Children. 10(1):74-84, July 1997.

The Touchpoints model combines relationship-building and child development into a framework that providers can use to enhance their work with families. This article is focused both on how individuals can change their practice and how teams of providers can train others in their communities to implement Touchpoints principles. It traces the progress of Touchpoints from its guiding assumptions to the development of its training models, which are geared toward multidisciplinary providers. The ultimate goal is that Touchpoints will be a mechanism to move beyond the current state of fragmentation of services to join families more effectively as allies within a more caring, seamless system. ©1997Aspen Publishers, Inc

### **Volume 10 - Issue 2**

<https://journals.lww.com/iyjournal/toc/1997/10000>

#### From the editor

Blackman, James A.

Infants & Young Children. 10(2):iv, October 1997.

No abstract but free

## ORGANIZING THEMES IN EARLY INTERVENTION

Guralnic, Michael J.

Infants & Young Children. 10(2):v-vii, October 1997.

No abstract but buy

### Books received

Infants & Young Children. 10(2):ix, October 1997.

No abstract but buy

Applied Developmental Theory

### Infant-Toddler Information Processing Treatment of Children with Pervasive Developmental Disorder and Autism: Part II

Zelazo, Philip R.

Infants & Young Children. 10(2):1-13, October 1997.

An information processing assessment of mental ability coupled with a conventional test of development can identify normal intelligence in children with pervasive developmental disorder and autism. A variety of measures indicate that a treatment program designed to foster compliant behavior, first with actions and then with words, can result in substantial "catch-up" in the majority of children with intact information processing ability. ©1997Aspen Publishers, Inc

### Gastroesophageal Reflux in Babies: Impact on Growth and Development

Borowitz, Stephen M.; Borowitz, Kathleen C.

Infants & Young Children. 10(2):14-26, October 1997.

Gastroesophageal reflux (GER) is a common problem among infants and young children. The symptoms of GER in children with major developmental disabilities or neurologic impairment are often more severe and/or persistent than in other children. This article reviews the anatomy and physiology of the upper gastrointestinal tract and discusses the potential causes of GER in young children, especially those with major developmental disabilities or neurologic impairment. In addition, the signs, symptoms, and complications of GER in young children and the association between GER and recurrent or chronic respiratory symptoms are presented. The authors also discuss the various diagnostic tests used to aid in the diagnosis of GER in young children, their theoretical and practical utility, and their limitations. Finally, there is a discussion of the therapeutic options for GER in young children including positioning, dietary and feeding manipulations, medications, and surgery. ©1997Aspen Publishers, Inc.

### When Nature Didn't Nurture, What's a Foster/Adoptive Family To Do?

Comfort, Randy Lee

Infants & Young Children. 10(2):27-35, October 1997.

This article discusses the vulnerabilities for living and learning disorders of children in care and the difficulties they often present to their foster and adoptive families. It is concluded that training courses that provide information about early child development and special needs, in conjunction with social service and other professional support, plus foster parenting groups, can have beneficial influences on reducing placement breakdown and encouraging healthy development. ©1997Aspen Publishers, Inc.

### Addressing Parent Priorities through State-Level Policies

Bebbl, Diane D.; Akers, Adrienne L.; Roberts, Richard N.

Infants & Young Children. 10(2):36-45, October 1997.

In establishing a system of family-centered early intervention services, it is essential to bridge gaps between the needs voiced by families and the policies that drive the delivery of services. This article discusses the findings of a qualitative study involving six states regarding the state-level policy- and organization-centered strategies that are compatible with the needs identified by families of young children with disabilities. Families of Part H-eligible children participated in focus groups and the three priorities they perceived are identified and linked with examples of state-level policies that address the priorities. Challenges states face in meeting parent priorities are discussed, followed by federal recommendations to support family-centered, coordinated service systems. ©1997Aspen Publishers, Inc.

Trends in Professional Education

### Training in Family-Focused Developmental Care: Bridging the Gap between Traditional and Family-Centered Care in a Neonatal Intensive Care Unit

Walburn, Kathleen S.; Heermann, Judith A.; Balsillie, Lois J.

Infants & Young Children. 10(2):46-56, October 1997.

An educational program developed to prepare health professionals in a neonatal intensive care unit to initiate family-focused developmental care (FFDC) is described. The program was designed in response to a desire to better support families with preterm infants and to do so in a cost-effective manner. It served to bridge the gap between a traditional model of care and a family-centered model. Evaluation findings suggest that the program was cost-efficient, prepared nurses to effectively initiate FFDC, and improved maternal self-esteem. ©1997Aspen Publishers, Inc.

Technology

### Planning and Implementing a Finance System for Early Intervention Services

Striffler, Nancy; Perry, Deborah F.; Kates, Donald A.

Infants & Young Children. 10(2):57-65, October 1997

This article discusses an interactive process model and related technical assistance strategies for planning and implementing a finance system for early intervention services. The process model emphasizes collaboration with key stakeholders, vision development, identification of existing and needed resources, problem analysis, strategy development, and implementation. This article details the application of the planning process steps within the framework of three case examples. Evaluation measures are



discussed, and outcome results for the three state case examples are presented. Implications for the utility of the model for strategic planning for systems change are considered. ©1997Aspen Publishers, Inc.

#### Innovations in Practice

##### Protecting the Rights of Children with Special Health Care Needs through the Development of Individualized Emergency Response Plans

Valluzzi, Janet L.; Brown, Sharan E.; Dailey, Barbara  
 Infants & Young Children. 10(2):66-80, October 1997.

Multiple factors have shifted the delivery of services for children with special health care needs to community settings. The ability of care providers to ensure a safe, supportive environment for this population is challenged in emergency situations as technologic advances have broadened the capacity and spectrum of emergency responses. Collaborative development of portable individualized emergency response plans is an optimal acknowledgment of the current care environment. Illustrative care scenarios, a sample plan, and policy recommendations are provided. ©1997Aspen Publishers, Inc.

## 1998

### Volume 10 - Issue 3

<https://journals.lww.com/iyjournal/toc/1998/01000>

#### From the editor

Infants & Young Children. 10(3):iv, January 1998.  
 No abstract but free

#### Perspective

Infants & Young Children. 10(3):v-viii, January 1998.  
 No abstract but pay

#### Books received

Infants & Young Children. 10(3):x, January 1998.  
 No abstract but pay

#### Shaken Baby Syndrome

Alexander, Randell C.; Smith, Wilbur L.  
 Infants & Young Children. 10(3):1-9, January 1998.  
 No abstract but pay

#### Identification of Infants and Young Children with Social-Emotional Problems

Yockelson, Suzanne J.  
 Infants & Young Children. 10(3):10-18, January 1998.  
 No abstract but pay

#### The Prescribed Pediatric Center:: A Medical Day Treatment Program for Children with Complex Medical Conditions

Ruppert, Elizabeth S.; Karst, Thomas O.; Brogan, Mark G.  
 Infants & Young Children. 10(3):19-31, January 1998.  
 No abstract but pay

#### Interruptions in Development: The Communicative Context of the Young Hospitalized Child

Epstein, Laura T.F.; Wayman, Karen I.  
 Infants & Young Children. 10(3):32-43, January 1998.  
 No abstract but pay

#### Trends in Professional Education

##### Weaving Parents into the Fabric of Early Intervention Interdisciplinary Training: How to Integrate and Support Family Involvement in Training

Whitehead, Amy; Jesien, George; Ulanski, Betty Kearns  
 Infants & Young Children. 10(3):44-53, January 1998.  
 No abstract but pay

#### Seminar on Applied Behavior Analysis Treatment for Autism

##### Creating Public Policy in a Climate of Clinical Indeterminacy: Lovaas as the Case Example du Jour

Feinberg, Edward; Beyer, Jonathan  
 Infants & Young Children. 10(3):54-66, January 1998.  
 No abstract but pay

#### Intensive and Early Behavioral Intervention with Autism: The UCLA Young Autism Project

Smith, Tristram; Lovaas, Ivar O.  
 Infants & Young Children. 10(3):67-78, January 1998. No abstract but pay

[The Development of an Effective Applied Behavioral Analysis Program for a Young Child with Autism: A Parent's Perspective](#)

Cattell-Gordon, Donna; Cattell-Gordon, David

Infants & Young Children. 10(3):79-85, January 1998.

No abstract but pay

**Volume 10 - Issue 4**

<https://journals.lww.com/ycjournal/toc/1998/04000>

[From the editor](#)

Blackman, James A.

Infants & Young Children. 10(4):iv-v, April 1998.

No abstract but free

Perspective

[1997 REAUTHORIZATION STRENGTHENS THE PROMISE OF IDEA](#)

Harkin, Tom

Infants & Young Children. 10(4):vi-x, April 1998.

No abstract but buy

[Books received](#)

Infants & Young Children. 10(4):xii, April 1998.

No abstract but buy

Original Article

[Treatments for Cerebral Palsy: Making Choices of Intervention from an Expanding Menu of Options: Richard](#)

Adams, Richard C.; Snyder, Patricia

Infants & Young Children. 10(4):1-22, April 1998.

Family members face an increasing number of therapeutic and medical choices that can be made on behalf of their children with cerebral palsy. Various options are presented through the press and media, medical and educational literature, and the "information highway." While decisions about which courses of action to take are sometimes made unilaterally by families, often there are requests for input from the pediatrician or other professionals working with the child. This article organizes the variety of options that may be chosen by families and professionals under three major "menu" headings. Information and resources are presented that might be helpful for families and professionals to use as they attempt to answer the question, "What should we do?" Strategies for supporting families as they make decisions about possible courses of action are described. ©1998Aspen Publishers, Inc.

[Prenatal Exposure and Public Policy: Implications for Pregnant and Parenting Women and Their Families](#)

Arthur, Chris Rodgers; Gerken, Kathryn Clark

Infants & Young Children. 10(4):23-35, April 1998.

Children who are prenatally exposed to illicit substances are commonly identified through toxicologic screening of their mothers. Toxicologic screening does not distinguish between maternal use and abuse. However, children are identified as "prenatally exposed," and the decisions that follow are often the result of conclusions that are based on laboratory findings. The purpose of this article is to examine methods used to identify pregnant and parenting women as users of illicit drugs, policies and practices that are barriers for those who need treatment, and the need for expanded services and interagency support for these women and their children. ©1998Aspen Publishers, Inc.

[IFSP Practices in Two States: Implications for Practice](#)

Boone, Harriet A.; McBride, Susan L.; Swann, Darla; Moore, Susan; Drew, Beverley S.

Infants & Young Children. 10(4):36-45, April 1998.

This study investigated the extent to which indicators of family-centered services were reflected in a sample of individualized family service plans (IFSPs) collected in Colorado and Iowa during their Fifth year of Part H implementation. Seventy-eight IFSPs were reviewed using content analysis procedures. The IFSP content analysis included the following family-centered indicators: use of professional versus lay language, use of a family- or child-centered orientation, use of interagency or informal supports, and degree of match between expressed concerns and outcomes. Results indicated that the IFSPs were primarily child focused, and outcome statements typically were written as behavioral objectives to maximize the child's development. Implications for early intervention practices are discussed relative to personnel and parent training, service providers' concerns about compliance issues interfering with family-centered practices, and the relative uniqueness of the IFSP process itself. ©1998Aspen Publishers, Inc.

[Parents as Cointerventionists: Research on Applications of Naturalistic Language Teaching Procedures](#)

Kaiser, Ann P.; Hancock, Terry B.; Hester, Peggy P.

Infants & Young Children. 10(4):46-55, April 1998.

Cointervention is a process in which parents collaborate with professionals to implement an intervention with young children. This article describes the use of naturalistic language teaching procedures by parents as an example of cointervention. Research with parents of young children who have disabilities has shown that teaching parents strategies for supporting language and communication results in changes in child language skills, in parent interaction strategies, and in the quality of the parent-child relationship. Factors to be considered in choosing cointervention as an early intervention model are discussed. ©1998Aspen Publishers, Inc.

## Trends in Professional Education

[A Curriculum Preparing Staff To Integrate Health Services into Early Intervention Programs](#)

Godfrey, Athleen B.; Haake, Jennifer; Sannders, Darla

Infants & Young Children. 10(4):56-70, April 1998.

Utah's commitment to the health and development of infants and toddlers with disabilities has been the foundation for the implementation of health services in the state's early intervention programs. A curriculum designed to integrate health services into Utah's Part H (now Part C) programs was developed and tested in 1993. Since then, the Health Services Integration Curriculum (HSIC) has been delivered statewide to staff as part of Utah's Comprehensive System of Personnel Development Plan. A model published earlier by one author was updated and provided the conceptual framework for much of the HSIC content. An agenda, content, and teaching methods used are discussed, and evaluation data from the pilot testing are presented. ©1998 Aspen Publishers, Inc.

## Technology

[The Follow Along Program Cost Analysis in Southwest Minnesota](#)

Chan, Benjamin; Taylor, Nadine

Infants & Young Children. 10(4):71-79, April 1998.

The Follow Along Program (FAP) is a computer-assisted child-find system for children ages birth to 48 months at risk of developmental delays. The program in southwest Minnesota uses a combination of an initial home visit and subsequent tracking by parent-completed Ages and Stages Questionnaires (ASQs) at specified intervals. The study found that the annual ASQ cost per child in the region was \$45.80, and it varies widely across counties. Labor costs, particularly nurse time cost, was the major component of the total ASQ cost. This study will help managing agencies to strategize their child-find efforts given the availability of local resources in their areas. ©1998 Aspen Publishers, Inc.

## Innovations in Practice

[Linking Infant/Family Mental Health Services: The Ohio Experience](#)

Thomasgard, Michael

Infants & Young Children. 10(4):80-87, April 1998.

In 1994, the Ohio Interagency Early Intervention Council formed an Infant/Family Mental Health Subcommittee to integrate an infant mental health perspective into early intervention and to promote collaborative service, teaching, and research across disciplines serving families with young children. An Infant/Family Mental Health Provider Resource Directory was published containing 184 clinician profiles (profession, address/phone, expertise, and willingness to supervise/mentor front-line personnel). Using the directory, 15 health and mental health clinicians from a one-county region formed an Infant/Family Mental Health Collaborative Office Rounds group, which meets twice monthly, to discuss case material. Implications for supervision, research, and training are discussed. ©1998 Aspen Publishers, Inc.

**Volume 11 - Issue 1**

<https://journals.lww.com/iyjournal/toc/1998/07000>

[From the editor](#)

Blackman, James A.

Infants & Young Children. 11(1):iv-v, July 1998.

No abstract but free

Perspective

[PARENT PERSPECTIVES ON CONFLICT IN EARLY INTERVENTION](#)

Vhos, Janet R.

Infants & Young Children. 11(1):vi-x, July 1998.

No abstract but pay

[Books received](#)

Infants & Young Children. 11(1):xi, July 1998.

No abstract but pay

## Applied Developmental Theory

[Stress, Early Brain Development, and Behavior](#)

Gunnar, Megan R.; Barr, Ronald G.

Infants & Young Children. 11(1):1-14, July 1998.

Stress hormones, particularly glucocorticoids (eg, cortisol) and the processes that regulate them are part of the story of how early experiences shape brain development. This article reviews the research on the impact of glucocorticoids on the brain. The authors then describe the psychological and social processes that reduce stress hormone responses to threatening and painful procedures. Finally, they review the literature on cognitive and emotional effects of synthetic glucocorticoids. They attempt to provide a succinct overview of this complex area, pointing out where improvement in understanding and management of stress hormones early in development may improve medical and behavioral outcomes. ©1998 Aspen Publishers, Inc.

[Conflict Management in Early Intervention: Procedural Safeguards and Mediation](#)

Gittler, Josephine; Hurth, Joicey

Infants & Young Children. 11(1):15-27, July 1998.

Formal dispute resolution processes are an important component of the procedural safeguards designed to protect the rights of families involved in early intervention services for infants and toddlers with disabilities in accordance with the requirements of Part H of the Individuals with Disabilities Education Act. Such processes include mediation as well as state administrative hearings and litigation in the state and federal courts. This article reports the findings of a study of conflict management in early intervention systems, and it examines the use of mediation as an alternative or supplement to the use of administrative hearings and litigation. ©1998 Aspen Publishers, Inc.

#### [Conflict Management in Early Intervention: Problem-Solving Negotiation](#)

Gittler, Josephine; Hurth, Joicey

Infants & Young Children. 11(1):28-36, July 1998.

Under Part H of the Individuals with Disabilities Education Act (IDEA), disputes can and do arise between parents and early intervention service providers and program administrators, between early intervention professionals from different disciplines, and between agencies at the state and local level that provide and finance early intervention services. This article describes the use of a model of negotiation—the problem solving negotiation model—to resolve disputes arising under Part H. The article then describes the need for formal education and training in problem-solving negotiation in early intervention systems. ©1998 Aspen Publishers, Inc.

#### [Conceptualizing Early Intervention from a Public Health Perspective](#)

Scott, Keith G.; Hollomon, Holly A.; Clanssen, Angelika H.; Katz, Lynne F.

Infants & Young Children. 11(1):37-48, July 1998.

Theories of child development tend to be rational rather than empiric and lack clear guidelines for deciding which services should be included in an intervention program. This article presents a model based on a public health approach that is empirically driven with correspondence rules relating the independent to the dependent variables. The Linda Ray Intervention Program will be used to illustrate the public health approach to intervention design that also incorporates aspects of child development theories. The program was designed to provide a total service intervention for infants exposed to cocaine in utero from low socioeconomic status, inner-city neighborhoods. ©1998 Aspen Publishers, Inc.

Original Article

#### [Building Positive Alliances: Partnerships with Families as the Cornerstone of Developmental Assessment](#)

Miller, Lucy Jane; Hanft, Barbara E.

Infants & Young Children. 11(1):49-60, July 1998.

No abstract but buy

Trends in Professional Education

#### [Pride in Parenting Training Program: A Curriculum for Training Lay Home Visitors](#)

Jarrett, Marian H.; Katz, Kathy S.; Sharps, Phyllis; Schneider, Susan; Diamond, Linda T. [Less](#)

Infants & Young Children. 11(1):61-72, July 1998.

No abstract but buy

Innovations in Practice

#### [Integrating Infant Mental Health Practices into Part H: Evolution of a Local Early Intervention Program](#)

Steele, Laura Stark

Infants & Young Children. 11(1):73-83, July 1998.

No abstract but buy

## **Volume 11 - Issue 2**

<https://journals.lww.com/ycjournal/toc/1998/10000>

#### [From the Editor](#)

Blackman, James A.

Infants & Young Children. 11(2):iv-v, October 1998.

No abstract but free

#### [Perspective](#)

Zaborchak, Marybeth

Infants & Young Children. 11(2):vi-x, October 1998.

No abstract but pay

#### [Books Received](#)

Infants & Young Children. 11(2):xi, October 1998.

No abstract but pay

Original Article

#### [Preventing Child Neglect: Child-Care Training for Parents with Intellectual Disabilities](#)

Feldman, Maurice A.

Infants & Young Children. 11(2):1-11, October 1998.

Children of parents with intellectual disabilities are at risk for neglect, developmental disabilities, and behavioral and psychiatric disorders. In addition to cognitive impairments, these parents may have numerous risk factors for parenting difficulties including a

history of abuse, poverty, stigmatization, extreme stress, a lack of social supports, depression, and limited opportunities to have learned appropriate child-rearing skills. Not surprisingly, parents with intellectual disabilities are over-represented in child custody cases. This article describes an empirically validated assessment and training model. The parent education approach is based on an interactional model of parenting and the view that many parenting problems of parents with intellectual disabilities are due to specific skill deficiencies that are remediable. A case study is used to illustrate various aspects of the assessment and intervention process. ©1998 Aspen Publishers, Inc.

#### [The Young Child with Cleft Lip and Palate: Intervention Needs in the First Three Years](#)

Edmondson, Rebecca; Reinbartsen, Debra

Infants & Young Children. 11(2):12-20, October 1998.

Cleft lip and cleft palate (CL/P) comprise the fourth most common congenital disability and affect approximately 1 out of every 700 children born in the United States. The treatment needs of children with CL/P are numerous and complex, requiring the specialized, coordinated care of an interdisciplinary team. Young children and their families must adapt to the impact of a congenital disability and the subsequent onslaught of emotions, questions, physician appointments, surgeries, and hospitalizations that accompany cleft lip and palate. This article discusses the multiple medical, dental, therapeutic, psychosocial, and early intervention needs faced during the first 3 years of life. ©1998 Aspen Publishers, Inc.

#### [Review of Social Interaction Measures in Infants and Preschool Children](#)

Kaur Ghuman, Jaswinder; Peebles, Claire D.; Singb Ghuman, Harinder

Infants & Young Children. 11(2):21-44, October 1998.

This review of the literature is presented to familiarize the reader with the available measures as they relate to assessing the basic capacity for social interaction in infants and preschool children. A review of the literature revealed that broad concepts of social interaction that overlap with other aspects of social development have been included in the assessment of social interaction. Only those measures that included assessment of the basic capacity for social interaction, either as the main goal or as part of assessing different aspects of social development, were considered. The identified measures are grouped in this review by the main area of social development for which they were established. Brief descriptions of the measures are provided in a table format.

©1998 Aspen Publishers, Inc.

#### [Technology](#)

#### [A Clinician's Guide for Critical Review of Meta-Analytic Results in the Study of Infants and Young Children with Developmental Disabilities](#)

Ball, Andrew M.

Infants & Young Children. 11(2):45-52, October 1998.

Studies involving children with disabilities are usually conducted using small samples, often leading to contradictory conclusions or poor generalizability. Logistics, economics, and ethics make it difficult to obtain a large sample size for study. The resulting professional controversies that arise are counterproductive, confuse families, and internally divide the helping professions. Meta-analysis, a relatively new statistical technique, allows clinicians and researchers the ability to summate the objective results of all appropriate studies regarding a given subject, technique, or theory, thereby achieving clarity from confusion. This article discusses how to review a published meta-analysis. ©1998 Aspen Publishers, Inc.

#### [Seminar on Early Intervention Financing](#)

#### [Medical and Educational Collaboration for Therapy Services: The Oregon Experience](#)

Coolman, Richard B.; Foran, Will; Lee, Janet S.

Infants & Young Children. 11(2):53-64, October 1998.

In 1994, the Oregon Health Plan challenged the delivery of physical therapy and occupational therapy services for children with special health needs by transferring Medicaid recipients to managed care. Primary care physicians and managed care plans attempting to provide appropriate services requested assistance. The authors coordinated a statewide collaborative effort to examine existing services, to clarify the complementary roles of medically based and educationally based therapy services, to advocate for best practice, and to publish a comprehensive document detailing guidelines for medically based outpatient therapy services. They describe a process that attempts to balance fiscally responsible utilization of therapy resources with advocacy for appropriate therapy services. ©1998 Aspen Publishers, Inc.

#### [Who's Paying for Therapy in Early Intervention?](#)

Jackson, Leslie L.

Infants & Young Children. 11(2):65-72, October 1998.

Discussions of the recent reauthorization of IDEA (Individuals with Disabilities Education Act) often focused on financing for early childhood service delivery systems. States and program administrators frequently cited increasing difficulties accessing third party payment sources for reimbursement of services, particularly occupational and physical therapy. Factors affecting the ability of states and local programs to seek and secure reimbursement for therapy services are discussed. Strategies for ensuring programmatic success in securing reimbursement for such services are also presented. ©1998 Aspen Publishers, Inc.

#### [Constructing an Interagency Funding System for Early Intervention Services](#)

Kates, Donald A.

Infants & Young Children. 11(2):73-81, October 1998.

The development of a financing system to support services for infants and toddlers with developmental delays and their families must combine numerous funding sources and enable them to support all Individualized Family Service Plan services. The major funding sources are direct federal and state appropriations for Individuals with Disabilities Education Act, Part C and Medicaid.



Others include government health, education, and human service programs; third party payers; and community and specialty organizations. Important issues arising when combining resources include identifying which funding source is first or last payer, the use of a family's own resources, determination of medical necessity, and the provision of service coordination. Strategies to address these issues include legislative mandates, the development and implementation of service guidelines, setting child- and family-centered performance outcomes, and following a clear vision of an early intervention service system. ©1998Aspen Publishers, Inc.

## 1999

### Volume 11 - Issue 3

<https://journals.lww.com/iyjournal/toc/1999/01000>

#### From the Editor

Blackman, James A.

Infants & Young Children. 11(3):iv, January 1999.

no abstract but free

Perspective

#### REFLECTING FATHERING

Simms, Dwaine

Infants & Young Children. 11(3):v-x, January 1999.

no abstract but buy

#### Letters to the Editor

Billingsley, Felix F.; Schwartz, Hene; Wolery, Mark

Infants & Young Children. 11(3):xii-xiii, January 1999.

no abstract but buy

#### Original Article

#### Recent Research on the Etiologies of Autism

Fisher, Eileen; Van Dyke, Don C.; Sears, Lonnie; Matzen, Jane; Lin-Dyken, Deborah; McBrien, Dianne M.

Infants & Young Children. 11(3):1-8, January 1999.

Despite active research on multiple fronts, the etiology of autism is still unclear. Molecular genetic studies, including research into neurochemical receptors and genetic linkages, hold promise for the future. Active research interest continues in the disciplines of neuroelectrophysiology, histology, neuroanatomy, and neuroradiology. Ongoing clinical research continues regarding neurophysiologic factors and the definition of a broader autism phenotype. ©1999Aspen Publishers, Inc.

#### Promoting Reciprocal Social Interactions in Inclusive Classrooms for Young Children

Grubbs, Paula R.; Niemeyer, Judith A.

Infants & Young Children. 11(3):9-18, January 1999.

This article explores the social interaction of young children with disabilities in inclusive, center-based settings by describing the social interaction of very young children with disabilities and investigating strategies used to promote these interactions. These strategies include peer-mediated, child-mediated, and teacher-mediated strategies. While service delivery options for young children with disabilities are varied and can include homebased options and formal and informal classroom options, this article examines only center-based models of service delivery. ©1999Aspen Publishers, Inc.

#### Reporting Abuse and Neglect of Children with Disabilities: Early Childhood Service Providers' Views

Mitchell, Linda M.; Turbiville, Vicki; Turnbull, H Rutherford III

Infants & Young Children. 11(3):19-26, January 1999.

The abuse and neglect of young children with disabilities pose a great problem to early intervention professionals and family members. This qualitative study used stakeholder focus groups (eg, administrators, service providers, researchers) to investigate participant perspectives on reporting abuse and neglect of children with disabilities. Transcript-based data were analyzed for stakeholder perspectives regarding the current reporting system's strengths and challenges. Participants described relatively few strengths within current reporting systems and several challenges affecting decisions of whether or not to report suspected cases of abuse or neglect or both of children with disabilities. Participants recommended how to reduce these challenges. ©1999Aspen Publishers, Inc.

#### Entitled to What? Public Policy and the Responsibilities of Early Intervention

Brown, Wesley; Conroy, Maureen

Infants & Young Children. 11(3):27-36, January 1999.

In the 12 years since the passage of Public Law 99-457, early intervention systems have greatly expanded and are now stabilizing. This article examines the resulting entitlements for infants, toddlers, and preschoolers currently extended by all states. Perspectives from the legislative process, federal and state implementation, judicial interpretation, and professional views are included. Distinctions among the key provisions for differing early intervention service systems are presented. Influential Office of Special Education letters and significant legal cases are reviewed. Finally, essential standards for viewing entitlements are presented to assist an interdisciplinary audience to explore the question, "Entitled to what?" ©1999Aspen Publishers, Inc.

### Validation of Behavioral Indicators in Early Intervention

Gallagher, Peggy A.; Gabrielson, Theadora K.

Infants & Young Children. 11(3):37-49, January 1999.

Public Law 105-117 (IDEA) maintains the importance of personnel training in early intervention through the implementation of a comprehensive system of personnel development (CSPD) for each state. The CSPD embraces both preservice and inservice components and is often based on competencies. Once competencies are established and adopted, behaviors that indicate these competencies can be validated by key stakeholders. The authors outline a process that uses recognized standards in educational measurement to validate these behavioral indicators for personnel in early intervention. Results from one state's validation process are presented. Recommendations for future validations and use of behavioral indicators are highlighted. ©1999 Aspen Publishers, Inc.

### Trends in Professional Education

#### Embedding Personnel Development into Early Intervention Service Delivery: Elements in the Process

Striffler, Nancy; Fire, Nancy

Infants & Young Children. 11(3):50-61, January 1999.

Families, direct service providers, and administrators place a high value on competent, confident personnel, yet the system for addressing the capabilities of personnel is not yet well integrated within the service system. This article provides a model consisting of 12 key elements for planning and implementing a comprehensive system of personnel development that is inextricably linked to the service delivery system. While of necessity this article discusses each of the 12 elements separately, it is critical to consider that systems problems and solutions cannot be described or solved in a linear, cause-and-effect fashion. A solution to one particular problem may contribute to the development of a new complication. Therefore the elements outlined here are described as interconnected phenomena, and the relationships among the 12 elements are discussed. Potential benefits for providers, families, and state and community planners are outlined. ©1999 Aspen Publishers, Inc.

### Technology

#### Availability of Day Care Services for Preschool Children with Special Health Care Needs

Markos-Capps, Gina; Godfrey, Athleen B.

Infants & Young Children. 11(3):62-78, January 1999.

Directors of 86 day care centers in a large metropolitan area were surveyed to determine the availability and factors affecting the availability of day care services for preschool children with special health care needs. Fifty-six (65%) centers enrolled preschoolers with special health care needs. Less than 5% of preschoolers enrolled had special health care needs, and few had disabilities or conditions that required special interventions. Barriers to admission included restrictive admittance requirements; lack of staff; fear of not meeting the child's needs; and lack of trained personnel. Supports needed by the centers included more staff, greater staff training, and increased funding. Over half of the directors expected benefits from enrollment of these children. Few, however, knew the Americans with Disabilities Act's requirements of inclusion of children with special health care needs. Data from the survey support a need for increased collaboration between the state's Part C system, agencies regulating and supporting day care services, and health care providers. Involvement of pediatric health care professionals at all levels of the child care system could assist in promoting quality day care for all children with special care needs and in producing much needed linkages between day care services and the child's health care providers. ©1999 Aspen Publishers, Inc.

### Innovations in Practice

#### Books for Babies: An Overlooked Resource for Working with New Families

Straub, Susan

Infants & Young Children. 11(3):79-88, January 1999. Reading children's picture books to babies is an underestimated resource for addressing parenting skills and developmental issues, improving emotional attachment and satisfaction, and basic literacy. Although focused on pregnant and parenting teens, the READ TO ME program offers a model adaptable to a wider range of work with at-risk families. This inexpensive, nondidactic, and pleasurable intervention is effective because children's books contain the richness of art and literature that imaginatively touch on fundamental issues such as love, loss, relationships, and humor. By reading early picture books, parents potentially avoid conflicts, become aware of their babies' emotional lives, and receive some compensation for their own unresolved issues. ©1999 Aspen Publishers, Inc.

Reading children's picture books to babies is an underestimated resource for addressing parenting skills and developmental issues, improving emotional attachment and satisfaction, and basic literacy. Although focused on pregnant and parenting teens, the READ TO ME program offers a model adaptable to a wider range of work with at-risk families. This inexpensive, nondidactic, and pleasurable intervention is effective because children's books contain the richness of art and literature that imaginatively touch on fundamental issues such as love, loss, relationships, and humor. By reading early picture books, parents potentially avoid conflicts, become aware of their babies' emotional lives, and receive some compensation for their own unresolved issues. ©1999 Aspen Publishers, Inc.

## **Volume 11 - Issue 4**

<https://journals.lww.com/iyjournal/toc/1999/04000>

### From the Editor

Blackman, James A.

Infants & Young Children. 11(4):iv-v, April 1999.

No abstract but free

## Perspective

### [ALEX'S ADOPTION STORY](#)

Peete, David; Peete, Karen

Infants & Young Children. 11(4):vi-viii, April 1999.

No abstract but buy

### [Books received](#)

Infants & Young Children. 11(4):x, April 1999.

No abstract but buy

### [Acknowledgment](#)

Infants & Young Children. 11(4):x, April 1999.

No abstract but buy

## Original Article

### [The Development of Infant-Parent Attachment: Considerations for Assessment](#)

Boris, Neil W.; Aoki, Yutaka; Zeanah, Charles H.

Infants & Young Children. 11(4):1-10, April 1999.

Attachment between infant and caregiver has emerged as a major component of socioemotional development in the first 3 years of life. Clinicians who attempt to assess attachment may be hampered by the absence of standardized tools. In this article, we review the construct of attachment, its role as a motivational system in infancy, and its development in the first 3 years of life. Throughout, we emphasize that attachment must be assessed in the context of a particular infant-parent relationship. We review specific infant and caregiver behaviors salient to the assessment of attachment, as well as emphasize the importance of caregiver representational models. ©1999Aspen Publishers, Inc.

### [Enlarging the Paradigm: A Public– Private Partnership in the Design of a Service Plan for a Young Child with Special Health Care Needs](#)

Feinberg, Edward

Infants & Young Children. 11(4):11-16, April 1999.

The emergence of a new subpopulation of children with highly complex health care needs has prompted considerable discussion about the scope of IDEA in providing services to children in early intervention and special education programs. While federal policy emphasizes family-centered decision making in the context of multi-agency collaboration, IDEA places responsibility on local education agencies to implement programs. This article provides a case analysis of a child with a medically complex profile in which Part C and Part B staff worked to determine family priorities and utilized the local hospice agency to devise creative programming that meets the needs of the family and child. ©1999Aspen Publishers, Inc.

### [Services for Young Children with Autism Spectrum Disorder: Voices of Parents and Providers](#)

Sperry, Laurie A.; Whaley, Katby T.; Shaw, Evelyn; Brame, Kim

Infants & Young Children. 11(4):17-33, April 1999

This article explores the perspectives of service providers and parents of children diagnosed with autism spectrum disorder regarding service systems. Transcripts from focus groups conducted at national meetings sponsored by NECTAS were analyzed for emergent themes. A comparison of parent and provider focus group transcripts yielded points of convergence in the areas of collaboration, family support, financial issues, equity, early identification, advocacy, training, and inclusion. Divergent themes included access, home programming, the law (IDEA), best practice, and transition. Parents and providers agreed upon the importance of a coordinated, family-centered service delivery system that recognizes the expertise of both parties. ©1999Aspen Publishers, Inc.

### [International Adoptions: Implications for Early Intervention](#)

Johnson, Dana E.; Dole, Kathryn

Infants & Young Children. 11(4):34-45, April 1999.

Over the past decade, the health and well-being of international adoptees have deteriorated significantly. Reasons for these changes include increased placements of children from economically troubled countries and a shift from foster to institutional care prior to adoption. Institutionalized children are at risk for a number of medical problems. However, developmental delays are far more common, particularly in children confined for more than 6 to 8 months within an orphanage. Early intervention programs play an important role in identifying these problems, rehabilitating the child, and supporting the family through this stressful period of parenting. ©1999Aspen Publishers, Inc.

### [The Use of Blended and Flexible Funding in Part C Programs at the Community Level](#)

Akers, Adrienne L.; Roberts, Richard N.

Infants & Young Children. 11(4):46-52, April 1999.

The challenge of financing services is central to developing state and community systems for children ages birth to 3 years old and their families. A major barrier in the development of family-centered early intervention services is categorical funding for federal and state programs. Recently, the Subcommittee on Service Integration and Continuity of Services of the Federal Interagency Coordinating Council (FICC) made a series of recommendations on service integration. One of these recommendations identified the pooling or blending of funds as a major strategy for integrating services for families of infants and toddlers with disabilities. This article presents the results of a telephone survey designed to explore funding strategies being used in community-based programs serving Part C-eligible children and their families. The results of the survey pointed to two general funding sources: (1) pooling or decategorization of public funds, and (2) the use of donated/raised funds for use by one or more programs to pay for unmet needs. In addition, three funding mechanisms emerged as being important to funding issues: (1) public–private partnerships,

(2) the creation of more accessible services, and (3) the reduction in administrative costs. Examples of the funding sources and mechanisms reported are described below. ©1999Aspen Publishers, Inc.

#### The Newborn Developmental Specialist: Definition, Qualifications and Preparation for an Emerging Role in the Neonatal Intensive Care Unit

Browne, Joy V.; VandenBerg, Kathleen; Ross, Erin S.; Elmore, Ann Marie  
 Infants & Young Children. 11(4):53-64, April 1999.

Rapid expansion of information associated with developmental intervention has resulted in increasing numbers of professionals practicing in neonatal intensive care units (NICUs). Complex individual, team, and systems approaches that go beyond current disciplinary knowledge and practice are necessary to ensure the ongoing growth and quality of NICU developmental programs. This article defines the emerging role of the Newborn Developmental Specialist as one which provides interdisciplinary leadership, education, mentoring, and systems change skills necessary for comprehensive developmental programs and describes the training and experience necessary to practice in this advanced practice position. ©1999Aspen Publishers, Inc.

#### Technology

##### Technology Solutions for Young Children with Developmental Concerns

Langone, John; Malone, D Michael; Kinsley, Tina  
 Infants & Young Children. 11(4):65-78, April 1999.

This article provides an overview of technology solutions for young children who have developmental concerns. We discuss the rationale for developmentally appropriate assistive technology and the use of hightech computer-based solutions. Issues related to selecting appropriate hardware and software applications and a review of developmentally appropriate, play-based software options are presented. Examples highlighted underscore the range of developmental and educational supports that can be accessed through computer-based assistive technology. ©1999Aspen Publishers, Inc.

#### Innovations in Practice

##### Understanding and Treating Substance Abusers and Their Infants

Jansson, Lauren M.; Velez, Martha  
 Infants & Young Children. 11(4):79-89, April 1999.

The problem of drug dependency among women of childbearing age is a major public health dilemma in the United States. The substance abusing mother with her medical, obstetrical, psychiatric, and drug treatment needs, combined with her infant with any degree of neurobehavioral or other difficulties, often yields a mother–infant dyad fraught with difficulty. This article describes the multiple needs of the substance abusing mother and her infant and the experience of a comprehensive care treatment facility in meeting those needs. General recommendations for practitioners treating this unique population are also included. ©1999Aspen Publishers, Inc.

### **Volume 12 - Issue 1**

<https://journals.lww.com/iyjournal/toc/1999/07000>

#### From the Editor

Blackmail, James A.  
 Infants & Young Children. 12(1):iv, July 1999.  
 No abstract but free

#### Perspective

Infants & Young Children. 12(1):vi-vii, July 1999.  
 No abstract but buy

#### Books received

Infants & Young Children. 12(1):ix, July 1999.  
 No abstract but buy

#### Applied Developmental Theory

##### The Development of Self: Theoretical Understandings and Conceptual Underpinnings

Houck, Gail M.; Spegman, Adele M.

The importance of the development of self (self-concept, self-esteem, and autonomy) is widely recognized, yet health care providers for infants and their families are typically more concerned with enhancing parenting and optimizing later cognitive and emotional outcomes than fostering the development of self. This article describes the theoretical orientations that frame current understandings about the development of self and the social processes that may shape it. Components of the self are discussed, and current thinking about their development in infancy and toddlerhood is described. The role of temperament is addressed, and social competence is considered as the integration and manifestation of these self components. ©1999Aspen Publishers, Inc.

##### Parent Advisors: Enhancing Services for Young Children with Special Needs

Hanson, Janice I.; Randall, Virginia F.; Colston, Sarah S.  
 Infants & Young Children. 12(1):17-25, July 1999.

The insights of parents of children with special needs can enhance the system of services and professional education programs. In the military system of services for children with special needs, parents have participated in a variety of advisory activities, including writing competencies and developing teaching strategies for medical education. This article details the parent advisory



process used to write competencies and develop teaching strategies for the medical school and includes recommendations for involving parents in successful advisory activities. ©1999Aspen Publishers, Inc.

#### Child Care for Infants with Special Needs: Issues and Applications

Kelly, Jean F.; Booth, Cathryn L.

Infants & Young Children. 12(1):26-33, July 1999.

The demand for quality child care for infants with special needs is increasing, and parents and professionals are confronted with questions about the quality of care, the type of care arrangement that is most appropriate at different ages, and the effects of child care on child development. These questions are addressed using recent research results from a current ecological study of early child care for children with special needs. Results suggest the need to increase support for in-home care for infants with special needs, to examine the impact of current back-to-work and family leave regulations on infants with special needs in low income families, and to develop models of service delivery for infants that support early development across appropriate contexts, including the family, early intervention, and child care environments. ©1999Aspen Publishers, Inc.

#### Enduring Problems in Assessment: The Persistent Challenges of Cultural Dynamics and Family Issues

Brown, Wesley; Barrera, Isaura

Infants & Young Children. 12(1):34-42, July 1999.

Screening and assessment play a critical role in the lives of young children and their families. The results of these procedures can paint enduring portraits of the strengths and vulnerabilities of both children and families. This article explores the challenges of cultural dynamics and family issues relative to six areas of assessment: the target of assessment, the setting, the methods, the personnel, the uses, and, finally, the fusion of assessment with intervention. While the authors' examination of these challenges does not eliminate the problems inherent in the screening and assessment with infants and young children, it can, perhaps, raise issues and stimulate ideas that can help us to enter the homes and worlds of diverse families and their children in ways that are both respectful and responsive. ©1999Aspen Publishers, Inc.

#### Early Intervention and Administration: Bridging the Gap for Social Workers

Shore, Elissa A.; Shore, Harvey H.

Infants & Young Children. 12(1):43-58, July 1999.

Clinical practice in the EI field can be improved by drawing upon knowledge from the field of administration. This article encourages EI practitioners to recognize the benefits of applying management concepts to the field of social work. The 5-function model of management includes the concepts of planning, organizing, staffing, leadership, and control. Case studies from one social worker's experience in the area of Early Intervention are used to show the relevance of the 5-function model for improving clinical social work practice ©1999Aspen Publishers, Inc.

#### Early Intervention Training For The New Millennium

#### Early Intervention Personnel Preparation for the New Millennium: Early Childhood Special Education

Stayton, Vicki; Bruder, Maty Beth

Infants & Young Children. 12(1):59-69, July 1999.

Ten years have elapsed since McCollum and Thorp offered recommendations for the preparation of early interventionists. Progress has been made in addressing these recommendations, yet the field of early childhood special education continues to face many challenges in preparing professionals to serve infants and toddlers with disabilities and their families. Higher education has begun to address the changing role of early interventionists by developing models for preservice education, specifically family-centered, blended, and interdisciplinary programs. The status of implementation of such models is explored, as well as the ongoing issues, challenges, and trends in the preparation of early interventionist ©1999Aspen Publishers, Inc.

#### Technology

#### Feeding Management of Infants with Cleft Lip and Palate and Micrognathia

Glass, Robin P.; Wolf, Lynn S.

Infants & Young Children. 12(1):70-81, July 1999.

The baby with a cleft lip, palate, and/or micrognathia presents a feeding challenge for both parents and health professionals. These oral-facial anomalies may disaapt the feeding process and put the baby at risk for growth failure and sometimes aspiration. The feeding difficulties of these babies are widely reported in the literature, but no consensus on how to select the most appropriate remediation techniques is evident. This article outlines the components of the normal infant feeding process and how they are affected by these oral-facial anomalies. Based on the child's specific pattern of anomalies, this article discusses a variety of feeding techniques and management strategies and develops a rationale for their use in bottle and breastfeeding of infants with cleft lip, palate, and/or micrognathia. ©1999Aspen Publishers, Inc.

Innovations in Practice

#### Issues of Part H Program Access in Minnesota

Chan, Benjamin; Obnsorg, Fritz

Infants & Young Children. 12(1):82-90, July 1999.

The Part H program is a coordinated system of early intervention for children with disabilities from birth to age 3 and their families. The Minnesota Part H admission rate in 1995 was approximately 13.5 per thousand. There is a wide variation in individual county rates, which may imply access issues. Our findings show that the variation of rates was not due to chance alone, and a lower rate in a county was correlated with a lower percentage of abnormal conditions at birth, a higher percentage of African-American children birth to 3 years, being in rural areas, and not participating in a collaborative tracking program. This implies counties have various degrees of success in identifying children for Part H. An idea of using the Part H dollars to develop a comprehensive identification and evaluation system is discussed ©1999Aspen Publishers, Inc.



From the Editors

Neisworth, John T.; Bagnato, Stephen J.  
 Infants & Young Children. 12(2):iv-v, October 1999.  
 without abstract and buy

## Research to Practice

Intervention for Young Children with Autism: From Research to Practice

Rogers, Sally J.  
 Infants & Young Children. 12(2):1-16, October 1999.

Over the past 15 years, empirical studies have described how the psychological aspects of autism differ from other developmental disorders. Studies of general development describe a pattern of specific relative strengths and weaknesses involving cognitive, emotional, linguistic, and motoric capacities. Because much of the syndrome-specific pattern of autism is present at the preschool period, this has implications for the development of curriculum and educational strategies early on. Early intervention programs that specifically target autism include a variety of educational strategies that address the unique learning profile of autism. As community preschool programs offer enhanced services for this group of young children, they can draw on a body of work generated both from the scientific work in autism and the effective educational practices developed by model preschool programs. ©1999Aspen Publishers, Inc.

## Effective Practices

Areas of Agreement about Effective Practices Among Programs Serving Young Children with Autism Spectrum Disorders

Hurtb, Joicey; Shaw, Evelyn; Izeman, Susan G.; Whaley, Kathy; Rogers, Sally J.  
 Infants & Young Children. 12(2):17-26, October 1999

State early intervention and preschool special education staff, local service providers, and parents are increasingly concerned about the appropriateness and effectiveness of programs for young children with autism spectrum disorders (ASD). This article describes a study conducted to ascertain commonalties and differences in critical program practices among nationally known, validated educational programs for young children with ASD. Areas of agreement among programs included early intervention, individualization, specialized curriculum, family involvement, systematic instruction, and intensity of engagement. Program elements considered important by some but not all programs included structured environment, developmentally appropriate practices, and interventions in settings with typical peers. ©1999Aspen Publishers, Inc.

Autistic Learning Disabilities and Individualizing Treatment for Autistic Spectrum Disorders

Siegel, Bryna  
 Infants & Young Children. 12(2):27-36, October 1999.

Autistic spectrum disorders (ASDs) can be viewed as an autistic learning disability (ALD) syndrome consisting of difficulties in social understanding, communicative competence, and ability to relate to environment. Resulting autistic learning disability profiles (symptom profiles that specify deficits in learning style associated with autism) can be matched to features of early intervention approaches. Three examples—applied behavior analysis, TEAACH, and relationship therapy/“floor time”—are reviewed to illustrate which aspects of each approach complement individual learning style and developmental status. ©1999Aspen Publishers, Inc.

## Family Support

Families with Autism

Trepagnier, Cheryl  
 Infants & Young Children. 12(2):37-47, October 1999.

Parents of children and adults with autism face a number of problems and decisions. Progress in research has brought significant gains and increased hope for the future but has added to the complexity of decision making in the present. The need to have society recognize the individuality of persons with autism; the importance for parents of maintaining balance in their own lives; and the role of families, advocates, and advocacy organizations in advancing research in autism, are emphasized. ©1999Aspen Publishers, Inc.

Supporting Families of Young Children with Autism

Dunlap, Glen; Fox, Lise  
 Infants & Young Children. 12(2):48-54, October 1999.

Despite an increasing orientation toward family-centered services in the field of early intervention, relatively little emphasis in the literature has been placed on the importance of providing comprehensive support for families of young children with autism. In this article, we draw on our experiences in early intervention to identify and discuss some distinctive circumstances and challenges that are encountered by families that include young children with autism. We describe three issues that warrant special consideration by professionals as they seek to develop improved programs for supporting children and families affected by autism. It is anticipated that effective family support efforts should result in improved longitudinal outcomes for the child and the family. ©1999Aspen Publishers, Inc.

## Genetics and Prevalence

The Role of Genetics in Autism

Spiker, Donna  
 Infants & Young Children. 12(2):55-63, October 1999.

Evidence for the hypothesis that genetic factors play a significant role in the susceptibility for autism is reviewed. This evidence comes from three sources: (1) chromosomal abnormalities associated with autism; (2) single gene disorders associated with autism; and (3) twin and family studies of autism. The rationale for and the design of genetics studies of autism currently underway are described. Results from these recent genetic investigations that include candidate gene studies, association studies, and full genome screen studies are reviewed. To date, these investigations have failed to locate any genes having a major effect on the susceptibility for autism. Continuing research efforts, using a variety of approaches, will be needed to further our understanding of the role of genetic factors in autism. ©1999Aspen Publishers, Inc.

#### Prevalence of Disorders in the Autism Spectrum

Gillberg, Christopher

Infants & Young Children. 12(2):64-74, October 1999.

This study of autism and other disorders in the autism spectrum over time aimed to ascertain whether there has been an increase in the prevalence of these disorders in recent years. All English language papers on the prevalence of autism were reviewed, and 20 studies, published in 1966 through 1997, were located and subdivided into U.S. studies (n=2) and non-U.S. studies (n=18). The latter group was subdivided into four 8-year periods. The studies relating to other disorders on the autism spectrum using acceptable methodology were few and far between. The early studies yielded autism prevalence rates of under 0.5 in 1,000 children, whereas the later showed a mean rate of about 1 in 1,000. There was a marked difference in prevalence rates between those studies that included some children born before 1970 (low) and those that included only children born in 1970 and after (high rates). This could be due to lower rates obtained by use of criteria strictly based on Kanner's description of his syndrome. The U.S. studies reported atypically low rates. There was a highly significant estimated change with calendar year in the non-U.S. studies (3.8% per year). Asperger syndrome appears to be much more common than autistic disorder, whereas the syndrome described by Heller (disintegrative disorder) is much rarer. The prevalence of other autism spectrum disorders remains uncertain. Autism is considerably more common than previously believed. There are several possible reasons for the higher rates, including change in diagnostic criteria and increasing autism awareness in society generally. Asperger syndrome is possibly much more common than autism, and the population rate of autism spectrum disorders (including the syndromes delineated by Kanner, Asperger, and Heller) appears to be at least half a per cent of the general population of school age children. ©1999Aspen Publishers, Inc.

#### Surveillance of Autism

Yeargin-Allsopp, Marshalyne; Berland, Jacquelyn; Boyle, Coleen A.

Infants & Young Children. 12(2):75-78, October 1999.

Surveillance of the prevalence of autism and other serious developmental disabilities in children is needed to understand the magnitude of these health problems and to identify subgroups of the population at increased risk. Ongoing surveillance would also provide a mechanism for addressing public concerns about possible increases in the rate of autism in specific communities. At present, there are scant data on autism prevalence available for the United States. This article describes CDC's autism surveillance activities, including the challenges and limitations of these activities. ©1999Aspen Publishers, Inc.

#### Early Classification and Detection

##### Diagnosing Regulatory Disorders Using DC:0-3: A Framework and a Case Illustration

Wieder, Serena; Kalmanson, Barbara; Fenichel, Emily

Infants & Young Children. 12(2):79-89, October 1999.

ZERO TO THREE'S Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DCO-3) is designed to foster the development of a common vocabulary that will enhance communication among professionals, an agreed-upon set of diagnostic categories, and a well-defined process for organizing observations and other information from assessments in order to create a coherent and individualized intervention plan. Regulatory Disorders, a unique contribution of DCO-3, are described, and a case report illustrates the assessment process and diagnostic thinking leading to a diagnosis of regulatory disorder in a 32-month-old boy, as well as collaborative intervention planning and implementation. ©1999Aspen Publishers, Inc.

#### Symptoms of Autism in Young Children and Correspondence with the DSM

Mayes, Susan Dickerson; Calboun, Susan L.

Infants & Young Children. 12(2):90-97, October 1999.

The Checklist for Autism in Young Children, comprising 30 symptoms related to autism, was administered to 143 children with autism. The children had an average of 23 (77%) of the checklist symptoms (range 50%—97%). Percentages of children exhibiting each checklist symptom and other data were compared with diagnostic criteria and associated features reported in the DSM-IV. Two DSM-IV diagnostic criteria were not supported by study findings, and four checklist symptoms occurred at high frequencies (89%—100%) but were not included as DSM-IV diagnostic criteria. ©1999Aspen Publishers, Inc.

#### Normative Detection of Early Regulatory Disorders and Autism: Empirical Confirmation of DC:0-3

Bagnato, Stephen J.; Neisworth, John T.

Infants & Young Children. 12(2):98-106, October 1999.

Previous and current attention to early problems in self-regulation and temperament provide the basis for new approaches for diagnosis and access to early intervention services. In particular, autism, as well as certain other recognized syndromes, may be approached as disorders in self-regulation/temperament. Appraisal of such early difficulties has been difficult, often based on clinical opinion to argue for services. The recent publication of the DC:0-3 classification provides an alternative to prior approaches (eg, DSM-IV): a developmentally oriented framework for classifying early self-regulatory problems that is suggestive of accessible variables for intervention. Our empirical research over the past 10 years has resulted in normative data and a norm-referenced assessment system that appears to be congruent with and thus supportive of the DC:0-3 classification. The norm-

referenced tool (Temperament and Atypical Behavior Scale—TABS) can be used by professionals to document their clinical opinions regarding severity of temperament/regulatory problems or for detection of possible difficulties through screening activities. It appears that early signals of autism include a constellation of problems in self-regulation and temperament that may be detected and appraised through normative comparisons, opening the door to earlier identification and treatment. Finally, extensive data collection may permit the construction of somewhat distinctive “neurobehavioral phenotypes” for describing syndromes characterized by dysfunctions in self-regulation and temperament. ©1999Aspen Publishers, Inc.

## 2000

### Volume 12 - Issue 3

<https://journals.lww.com/iyjournal/toc/2000/12030>

#### From the Editor

Infants & Young Children. 12(3):iv-v, January 2000.

No abstract but free

#### EURLY AID: A European Working Party on Early Intervention

Heinen, H.

Infants & Young Children. 12(3):1-3, January 2000.

No abstract but buy

#### Early Childhood Intervention: Toward a Universal Manifesto

Simeonsson, Rune J.

Infants & Young Children. 12(3):4-9, January 2000.

No abstract but buy

#### Applied Developmental Theory

#### Infant/Maternal Interactive Social/Emotional Learning Where the Infant Has a Disability or Is at Risk for a Disability

Champion, Patricia

Infants & Young Children. 12(3):10-16, January 2000.

No abstract but buy

#### Does Early Intervention Work? A Controlled Trial

Thomaidis, Loretta; Kaderoglou, Efthalia; Stefou, Marvi; Damianou, Sophia; Bakoula, Chryssa

Infants & Young Children. 12(3):17-22, January 2000.

No abstract but buy

#### Early Intervention in Children with Down's Syndrome: From Evaluation to Methodology

Pretis, Manfred

Infants & Young Children. 12(3):23-31, January 2000.

No abstract but buy

#### The Best Quality Cooperation between Parents and Experts in Early Intervention

Peterander, Franz

Infants & Young Children. 12(3):32-45, January 2000.

No abstract but buy

#### Trends in Professional Education

#### Integrating Training in Family-Centered Practices in Context: Implications for Implementing Change Activities

Granlund, Mats; Björck-Åkesson, Eva

Infants & Young Children. 12(3):46-60, January 2000.

No abstract but buy

#### Technology

#### Evaluation of Parents' Satisfaction with Early Intervention Services within and among European Countries: Construction and Application of a New Parent Satisfaction Scale

Lanners, Romain; Mombaerts, Dirk

Infants & Young Children. 12(3):61-70, January 2000.

No abstract but buy

#### Innovations in Practice

#### Early Intervention in Budapest

Gallai, Maria; Katona, Ferenc; Balogh, Erzsébet; Schultheisz, Judit; Deveny, Anna; Borbely, Sjoukje

Infants & Young Children. 12(3):71-79, January 2000.

No abstract but buy

**Volume 12 - Issue 4**

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From the Editor

Infants & Young Children. 12(4):iv-v, April 2000.

No abstract but free

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Infants & Young Children. 12(4):vi, April 2000.

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Information for Authors

Infants & Young Children. 12(4):vii, April 2000.

No abstract but buy

Books Received

Infants & Young Children. 12(4):viii, April 2000.

No abstract but buy

Perspective

Infants & Young Children. 12(4):ix-xii, April 2000

No abstract but buy

Therapy in Natural Environments: The Means or End Goal for Early Intervention?

Hanft, Barbara E.; Pilkington, Kristine Ovland

Infants & Young Children. 12(4):1-13, April 2000.

No abstract but buy

Clarifying Concepts of Infant Mental Health—Promotion, Relationship-Based Preventive Intervention, and Treatment

Heffron, Mary Claire

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Interpreting Parent—Infant Interactions: Cross-Cultural Lessons

McCollum, Jeanette A.; Ree, Yon; Chen, Yu-Jun

Infants & Young Children. 12(4):22-33, April 2000.

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Assistive Technology for the Very Young: Creating Responsive Environments

Sullivan, Margaret; Lewis, Michael

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Professional Development in Early Intervention: Creating Effective Inservice Training Opportunities

Malone, Michael D.; Straka, Elizabeth; Logan, Kent R.

Infants & Young Children. 12(4):53-62, April 2000.

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Physical Therapist Education for Service in Early Intervention

Effgen, Susan K.; Chiarello, Lisa A.

Infants & Young Children. 12(4):63-76, April 2000.

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Controversies in the Field of Hearing Impairment: Early Identification, Educational Methods, and Cochlear Implants

Samson-Fang, Lisa; Simons-McCandless, Marsha; Shelton, Clough

Infants & Young Children. 12(4):77-88, April 2000.

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Ohio Early Start: Integrating Prevention and Early Intervention for Vulnerable Infants, Toddlers, and Families

Oser, Cindy; Cheatham, Debbie

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**Volume 13 - Issue 1**

<https://journals.lww.com/ycjournal/toc/2000/13010>

From the Editor

Infants & Young Children. 13(1):iv, July 2000.

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Perspective

Infants & Young Children. 13(1):v-viii, July 2000.

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Applied Developmental Theory

Development of Self and Empathy in Early Infancy: Implications for Atypical Development

Roth-Hanania, Ronit; Busch-Rossnagel, Nancy; Higgins-D'Alessandro, Ann

Infants & Young Children. 13(1):1-14, July 2000.

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Group Intervention as One Facet of a Multi-Component Intervention with High Risk Mothers and Their Babies

Jarrett, Marian H.; Diamond, Linda T.; El-Mobandes, Ayman

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The Influence of Touch on Child Development: Implications for Intervention

Blackwell, Patricia L.

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Why Can't Families Be More Like Us?: Henry Higgins Confronts Eliza Doolittle in the World of Early Intervention

Vacca, John; Feinberg, Edward

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Preverbal Communicative Competence: An Essential Step in the Lives of Infants with Severe Physical Impairment

Reinbartsen, Debbie B.

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Evidenced-Based Care and the Single-Subject Design

Patrick, Peter D.; Mozzoni, Michael; Patrick, Sean T.

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Innovations in Practice

Statewide Parent-to-Parent Programs: Partners in Early Intervention

Santelli, Betsy; Turnbull, Ann; Marquis, Janet; Lerner, Esther

Infants & Young Children. 13(1):74-88, July 2000.

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**Volume 13 - Issue 2**

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Sleep Difficulties in Children with Developmental Disabilities

Roane, Henry S.; Piazza, Cathleen C.; Bodnar, Laura E.; Zimmerman, Kerri L.  
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A Disability Culture Perspective on Early Intervention with Parents with Physical or Cognitive Disabilities and Their Infants

Kirsbaum, Megan  
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Seizures in Infants and Young Children

McBrien, Dianne M.; Bonthius, Daniel J.  
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Strategies for Implementing Evidence-Based Practice in Early Intervention

Law, Mary  
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Integrating Neurobehavioral Concepts into Early Intervention Eligibility Evaluation

Blanchard, Yvette; Mouradian, Laurie  
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Rules of Engagement: Initiating and Sustaining a Relationship with Families Who Have Mental Health Disorders

Vacca, John; Feinberg, Edward  
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Technology

Protecting Early Intervention Providers from Disease

Harrigan, Rosanne C.; Patrinos, Mary Elaine  
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ISEI Contribution

Using "Learning Stories" To Assess and Design Programs for Young Children with Special Needs In New Zealand

Dunn, Lesley M.  
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## 2001

### Volume 13 - Issue 3

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Applied Developmental Theory

Children's Theory of Mind: How Young Children Come To Understand That People Have Thoughts and Feelings

Astington, Janet Wilde; Barriault, Terri  
 Infants & Young Children. 13(3):1-12, January 2001.

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Neonatal Asphyxia

Unanue, Rachel A.; Westcott, Sarah L.  
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Welfare Reform: The Special Case of Young Children with Disabilities and Their Families

Rosman, Elisa A.; Knitzer, Jane  
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Ethics in the Neonatal Intensive Care Unit and Beyond

Boyle, Robert J.  
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Early Intervention Training for the New Millennium

Early Intervention: Promises To Keep

Hanson, Marci J.; Bruder, Mary Beth  
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Functional Behavioral Assessments and Intervention Plans in Early Intervention Settings

LaRocque, Michelle; Brown, Sharan E.; Johnson, Kurt L.  
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Innovations in Practice

Healthy Steps: Delivering Developmental Services for Young Children through Pediatric Primary Care

Kaplan-Sanoff, Margot  
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Perspective:PARENT PARTNERSHIPS: THE CHALLENGES AND OPPORTUNITIES

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Promoting Positive Infant-Caregiver Attachment: The Role of the Early Interventionist and Recommendations for Parent Training

Vacca, John J.  
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Building Collaboration among Physicians and Other Early Intervention Providers: Practices that Work

Buck, Deana M.; Cox, Ann W.; Shannon, Patrick; Hash, Kristina  
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The Natural Environment: A Useful Construct?

Bricker, Diane  
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Are Natural Environments Worth It? Using a Cost-Benefit Framework To Evaluate Early Intervention Policies in Community Programs

Keilty, Bonnie

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Maltreatment among Children with Disabilities

Goldson, Edward

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A Support Approach to Early Intervention: A Three-Part Framework

McWilliam, R. A.; Scott, Stacy

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Physical Therapist Education for Service in Early Intervention

Effgen, Susan K.; Chiarello, Lisa A.

Infants & Young Children. 13(4):63-66, April 2001.

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Early Intervention Training for the New Millennium

Issues in Professional Development: Preparing and Supporting Occupational Therapists in Early Childhood

Hanft, Barbara E.; Anzalone, Marie

Infants & Young Children. 13(4):67-78, April 2001.

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Innovation in Practice

Family-Centered Functional Therapy—A Choice for Children with Motor Dysfunction

Darrah, Johanna; Law, Mary; Pollock, Nancy

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The Ten Myths about Providing Early Intervention Services in Natural Environments

Shelden, M'Lisa L.; Rush, Dathan D.

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Infusing Infant Mental Health Practices into Front-Line Caregiving

Graham, Mimi A.; White, Barbara A.; Clarke, Carrie C.; Adams, Sandra

Infants & Young Children. 14(1):14-23, July 2001.

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Identifying Infants and Toddlers with Fragile X Syndrome: Issues and Recommendations

Bailey, Donald B. Jr; Roberts, Jane E.; Mirrett, Penny; Hatton, Deborah D.

Infants & Young Children. 14(1):24-33, July 2001.

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PIWI: Enhancing Parent-Child Interaction as a Foundation for Early Intervention

McCollum, Jeanette A.; Gooler, Felicia; Appl, Dolores J.; Yates, Tweety J.

Infants & Young Children. 14(1):34-45, July 2001.

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Functional Assessments of Preschool Children: Optimizing Developmental and Family Supports in Early Intervention

Msall, Michael E.; Tremont, Michelle R.; Ottenbacher, Kenneth J.

Infants & Young Children. 14(1):46-66, July 2001.

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## Innovations In Practice

The Use of Complementary and Alternative Therapies by the Families of Children with Chronic Conditions and Disabilities

Nickel, Robert E.; Gerlach, Elizabeth King

Infants & Young Children. 14(1):67-78, July 2001.

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Quality Management in Early Childhood Programs

Alter, Jeanne

Infants & Young Children. 14(1):79-83, July 2001.

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**Volume 14 - Issue 2**

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## Perspective

Perspective: A LOOK BACK, AROUND, AND FORWARD

Infants & Young Children. 14(2):vi-viii, October 2001.

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## Applied Developmental Theory

A Developmental Systems Model for Early Intervention

Guralnick, Michael J.

Infants & Young Children. 14(2):1-18, October 2001.

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BEGINNINGS: An Interim Individualized Family Service Plan for Use in the Intensive Care Nursery

Browne, Joy V.; Langlois, Aimée; Ross, Erin Sundseth; Smith-Sharp, Suzanne

Infants & Young Children. 14(2):19-32, October 2001.

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Pain Assessment and Management in Infants and Young Children with Developmental Disabilities

Oberlander, Tim F.

Infants & Young Children. 14(2):33-47, October 2001.

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Contrasting Approaches to Natural Learning Environment Interventions

Dunst, Carl J.; Trivette, Carol M.; Humphries, Tracy; Raab, Melinda; Roper, Nicole

Infants & Young Children. 14(2):48-63, October 2001

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Enhancing Early Child-Parent Relationships: Implications of Adult Attachment Research

Berlin, Lisa J.; Cassidy, Jude

Infants & Young Children. 14(2):64-76, October 2001.

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## Innovations in Practice

Quality Improvement: Lessons Learned from an Infant Mental Health-Based Early Head Start Program

Brophy-Herb, Holly; Schiffman, Rachel; McKelvey, Lorraine; Cunningham-DeLuca, Mary; Hawver, Marshelle

Infants & Young Children. 14(2):77-85, October 2001.

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Fenichel, Emily  
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Information for Authors

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Books Received

Infants & Young Children. 14(3):x, January 2002.  
 No abstract but buy

Articles

Diagnosing Autism Spectrum Disorder in Young Children: An Update

Freeman, B J.; Cronin, Pegeen  
 Infants & Young Children. 14(3):1-10, January 2002  
 The article reviews studies of early diagnosis of Autistic Spectrum Disorder. Currently, there are no objective measures that can be used for accurate diagnosis, and the diagnosis remains clinical. The article provides guidelines for evaluation.

Applied Behavior Analysis: Its Application in the Treatment of Autism and Related Disorders in Young Children

Harris, Sandra L.; Delmolino, Lara  
 Infants & Young Children. 14(3):11-17, January 2002.  
 The techniques of applied behavior analysis (ABA) are effective in altering the developmental trajectory of some very young children with autism. This research suggests that early, intensive treatment using the methods of ABA enables a significant number of children to enter the educational mainstream and achieve normal intellectual functioning. Both home-based and center- or school-based models have been used to deliver these services. Although discrete trial instruction is one of the most potent tools of early ABA teaching, a number of variations on this theme—the initial teaching of mands (requests), the use of an enriched environment with many items attractive to the child, and a focus on teaching the child to be highly skilled (fluent) in a behaviorall have the potential to be valuable teaching approaches.

Causes and Interventions in the Area of Cerebral Palsy

Griffin, Harold C. PhD; Fitch, Christine L. EdD; Griffin, Linda W. MEd  
 Infants & Young Children. 14(3):18-23, January 2002.  
 This article explores various possible prenatal, perinatal, and postnatal causes of cerebral palsy. A causal pathway theory is presented that seems to provide a methodology to study the impact of the various causal factors. The role of an interdisciplinary team is discussed in terms of assessment and program development for children with this condition. Finally, the article presents possible prevention strategies to reduce its incidence.

Attention Deficit Hyperactivity Disorder in Very Young Children: Early Signs and Interventions

Fewell, Rebecca R. PhD; Deutscher, Barbara BA  
 Infants & Young Children. 14(3):24-32, January 2002.  
 The number of children diagnosed with attention deficit hyperactivity disorder (ADHD) is rising. It is now considered the most common neuropsychiatric syndrome in US school-age children, affecting 3% to 5%, or approximately 2 million children. ADHD is a chemical imbalance in the brain resulting in inappropriate degrees of inattention, hyperactivity, and impulsivity; these symptoms must be present prior to age 7. ADHD is difficult to diagnose as it is linked to many other conditions such as learning disabilities, conduct disorders, bipolar disorders, and manic-depressive illnesses. The authors offer information on behaviors signaling the need for referral in very young children and describe the positive and negative effects of common medications. They suggest specific behavioral coping strategies for both home and group care settings.

Alternative/Complementary Approaches to Treatment of Children with Autistic Spectrum Disorders

Levy, Susan E. MD; Hyman, Susan L. MD  
 Infants & Young Children. 14(3):33-42, January 2002.  
 Early diagnosis of autistic spectrum disorders (ASD) allows for early referral for treatment and remediation of core deficits in communication, socialization, and behavior. The cornerstone of treatment is a comprehensive, intensive program of educational, developmental, and behavioral strategies. Since the etiology for most cases is not well defined, progress may be slow, and treatment may be intense, interest in alternative theories of causation and novel treatments is high. Families may pursue complementary and alternative medicine (CAM) therapies in addition to the standard treatments. There are two types of CAM: biologic and nonbiologic. Some of the treatments have been examined using standard research techniques, while others have not yet undergone such scrutiny. Families should be supported in their quest for effective treatments and assisted in learning about potential benefits and harm of each CAM.



#### Early Intervention Training for the New Millennium

##### Caregiver Training: Changing Minds, Opening Doors to Inclusion

Osborne, Sheri MEd; Garland, Corinne MEd; Fisher, Nichol MSW

Infants & Young Children. 14(3):43-53, January 2002.

SpecialCare training is a model of training for home- and center-based child care providers. It fosters collaboration between caregivers and early intervention and early childhood special education personnel to support successful placement of children with disabilities in inclusive child care settings. The SpecialCare model of training offers a six-unit, 8-hour curriculum, trainer's manual, and supporting materials that are used to provide SpecialCare training to home- and center-based child care providers. Model efficacy data provide strong evidence that training results in increased knowledge about and comfort with caring for children with disabilities and expanded placement options for children with disabilities.

#### Technology

##### Web-Based Staff Development for Early Intervention Personnel

Ludlow, Barbara L. EdD

Infants & Young Children. 14(3):54-64, January 2002.

Staff development is an important component of effective early intervention and early childhood special education for young children with special needs and their families. The special education program at West Virginia University developed a Web-based staff development model that offers advanced training to practitioners entirely online. To date, the program has offered two courses. This article describes the development and delivery of this innovative program and presents initial evaluation data on learning outcomes and participant perceptions.

#### Innovations in Practice

##### Using Behavior Setting Theory To Define Natural Settings: A Family-Centered Approach

Tisot, Caroline Monforte; Thurman, S Kenneth

Infants & Young Children. 14(3):65-71, January 2002.

This article addresses the need to refocus the view of the natural environment as a family-chosen placement for early intervention services and suggests ways to achieve this end. Psycho-ecological theories are used to broaden the conception of the natural environment and illuminate possibilities for early intervention that utilize community and home resources while respecting the wishes of the family. As a result, families are enabled to choose the settings in which services will be provided, while meeting the needs of the child according to the spirit of the Individuals with Disabilities Education Act.

### **Volume 14 - Issue 4**

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#### From the Issue Editor

Infants & Young Children. 14(4):iv-v, April 2002.

No abstract – buy

#### Original Article

##### Behavioral and Emotional Problems in Infants and Young Children: Challenges of Clinical Assessment and Intervention

Drotar, Dennis

Infants & Young Children. 14(4):1-5, April 2002.

Large numbers of infants and young children are affected by behavioral and emotional problems that pose salient challenges for clinical assessment and management. In meeting such challenges, one of the most important needs for the field is to develop empirical data that support the efficacy and effectiveness of methods of assessment and intervention that are tailored to those behavioral and emotional problems experienced by infants and young children. Contributions to this special issue address this need with respect to attachment problems and disorders, autism and pervasive developmental disorders, self-injurious behavior, feeding problems, and disruptive behavior.

##### Attachment Problems and Disorders in Infants and Young Children: Identification, Assessment, and Intervention

Robinson, Jane R.

Infants & Young Children. 14(4):6-18, April 2002.

Many infants and young children endure adverse experiences that place them at significant risk for later behavioral and mental health problems. The infant-caretaker relationship is considered pivotal for influencing emotional development and later personality. Thus, clinicians need to be cognizant of the behavioral manifestations and risk factors associated with attachment problems and disorders among infants and young children. The article reviews recent literature on attachment, provides an overview of attachment theory, offers practical guidelines for identifying and assessing suspected attachment problems, and presents diagnostic and classification systems. Those interventions that appear to hold promise are reviewed, and guidelines for assessing the appropriateness of attachment interventions are suggested.

##### Management and Prevention of Feeding Problems in Young Children with Prematurity and Very Low Birth Weight

Burklow, Kathleen A.; McGrath, Ann M.; Kaul, Ajay

Infants & Young Children. 14(4):19-30, April 2002.

Many young children with a history of prematurity and very low birth weight have long-term problems with poor feeding and growth. Early assessment and biobehavioral management are critical to curbing the potential long-term negative impact of feeding challenges on physical growth and development and the establishment of healthy parent-child interactions. Multiple, interrelated components involving nutritional, physiologic, and behavioral factors need to be considered simultaneously to help this high-risk pediatric population achieve success with oral feeding and growth. This article describes these factors in detail.

#### Self-Injurious Behavior in Infancy and Young Childhood

MacLean, William E. Jr; Symons, Frank

Infants & Young Children. 14(4):31-41, April 2002.

Self-injurious behavior is a complex clinical phenomenon with multiple etiologies. Topographies are quite varied and may be related to etiology, especially for genetic conditions. This article reviews the clinical literature regarding self-injurious behavior in infants and young children with particular emphasis on the developmental aspects of the behavior. It also discusses ways that the behavior is identified, methods of clinical assessment, and appropriate clinical interventions. The final section addresses unmet clinical and research needs regarding self-injurious behavior.

#### Treatment of Autism in Young Children: Behavioral Intervention and Applied Behavior Analysis

Jensen, Vanessa K.; Sinclair, Leslie V.

Infants & Young Children. 14(4):42-52, April 2002.

Autism is one of the most widely recognized and reliably diagnosed developmental disorders. There is general professional consensus that autism is biologically based, with a strong genetic component and likely involvement of various neural structures. Distinct deficits in social reciprocity and relatedness are often apparent early in development, typically by 12 to 15 months, with reliable and valid diagnosis usually possible by 24 months. Early and intensive behaviorally based treatment, in particular the use of applied behavior analysis, is effective in systematically teaching skills and reducing problematic behaviors. Despite evidence of efficacy, however, the limited availability of quality behavioral services for children with autism is a significant barrier to effective treatment.

#### Management of Disruptive Behavior in Young Children

Neary, Erin M.; Eyberg, Sheila M.

Infants & Young Children. 14(4):53-67, April 2002.

Disruptive behavior tends to worsen with time, but it can be treated effectively. Parent-child interaction therapy (PCIT), an evidence-based treatment for preschoolers with disruptive behavior and their parents, focuses on changing ineffective parent-child interaction patterns. The first phase, focusing on child-directed interaction, strengthens the parent-child relationship, builds the child's self-esteem, and reinforces the child's prosocial behaviors. The second phase, focusing on parent-directed interaction, introduces parent management training. Treatment is guided by assessment and continues until parents master interaction skills and child behavior problems fall within the normal range. Emerging evidence suggests that treatment gains are maintained for several years posttreatment.

#### Partnering with Parents with Personality Disorders: Effective Strategies for Early Intervention Providers

Tomlin, Angela M.

Infants & Young Children. 14(4):68-75, April 2002.

The recent refocusing on integration of early intervention services into everyday routines and activities has expanded the skill base needed by providers. Effectively responding to this shift in responsibilities requires practitioners to develop skills in consultation, understand adult learning styles, and recognize maladaptive patterns of adult behavior such as personality disorders. This article provides an overview and rationale by which early intervention professionals can gain insight into personality disorders. Vignettes present strategies that providers can use to work more effectively with these families.

### **Volume 15 - Issue 1**

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Blackman, James A.

Infants & Young Children. 15(1):iv, July 2002.

No abstract – free

Perspective

#### Low Birth Weight Infants: Accomplishments, Risks, and Interventions

Bennett, Forrest C.

Infants & Young Children. 15(1):vi-ix, July 2002.

No abstract – buy

Original Article

#### Development of the Visual System and Implications for Early Intervention

Glass, Penny

Infants & Young Children. 15(1):1-10, July 2002.

The visual system is our most complex sensory system, but functionally the least mature at birth. Together, the sensory systems form an integrated hierarchy and are influenced by the nature of the early environment. The ability to attend to, process, and remember relevant visual information is fundamental to a range of abilities such as negotiating a physical space, learning to read,

or appreciating art. Vision is also socially channeled. Even from early infancy, vision serves a dual role in social communication and language, both from the standpoint of speaker and listener. Eye contact is an important cue to a speaker that the topic is of interest and the listener is attending. Facial expression, gesture, and body language serve as visual correlates of speech. Attachment and bonding are mediated by eye contact and disrupted in both the visually impaired infant and the parents. Given the powerful role of vision in normal development, visual deficits and approaches to visual stimulation have broad implications for the young child. The purpose of this paper is to summarize the early development of the visual system within the context of the other sensory systems and preterm birth and relate this information to a direction for early intervention.

#### XXY: The Hidden Disability and a Prototype for an Infantile Presentation of Developmental Dyspraxia (IDD)

Samango-Sprouse, Carole; Rogol, Alan

Infants & Young Children. 15(1):11-18, July 2002.

The child with sex chromosome variations is an ideal population for investigating the relationship between brain, behavior, and genetics. The child with XXY is the most common chromosomal disorder with an incidence of 1:600 births. Yet, this disorder rarely is entertained as a diagnostic possibility when speech or motor dysfunction is observed in young children. Until recently, ascertainment bias, small study samples, and methodological flaws have beset the few research studies on children with these disorders. In spite of these shortcomings, there is a characteristic neurodevelopmental profile that is evolving. There is an increased incidence of language-learning disabilities with dyslexia by school age. As infants and toddlers, these infants have neuromotor and speech dysfunction within the first year of life. This article postulates that the language and motor dysfunction is caused by infantile presentation of developmental dyspraxia rather than a neuromaturational lag. The motor planning deficits continue through adulthood. Although the deficits in the young children with XXY are milder in comparison to Fragile X, the effect on their lives and their families can be quite significant. The importance of early identification and intervention cannot be overstated since brain plasticity is tantamount in the first five years of life.

#### Becoming Whole: Combining Infant Mental Health and Occupational Therapy on Behalf of a Toddler with Sensory Integration Difficulties and His Family

Weatherston, Deborah J.; Ribaud, Julie; Glovak, Sandra

Infants & Young Children. 15(1):19-28, July 2002.

More than a quarter-century ago, Selma Fraiberg, a clinical social worker, and her colleagues in Ann Arbor, Michigan crafted an extraordinary approach to strengthening the development and well-being of infants and young children within secure and nurturing parent-child relationships. Fraiberg called the practice Infant Mental Health (IMH). Parent and infant were seen together, most frequently in their own homes, for the early identification of risk and treatment of the development attachment relationship. This article introduces fundamental beliefs and strategies that guide IMH practice in Michigan. The focus is on the emotional health and development of both parent and child.

#### Children with Feeding Tube Dependency: Treating the Whole Child

Tarbell, Mary Cameron; Allaire, Janet H.

Infants & Young Children. 15(1):29-41, July 2002.

We describe an innovative program that weans young children from their feeding tube. Our program focuses on making the children competent, normal-for-age eaters, promoting the child's strengths. All of the children were treated for 2 to 3 weeks by an interdisciplinary team in a family-centered care environment in a pediatric day treatment setting. The approach promoted oral competence and placed the responsibility of oral intake back on the child versus the family. The philosophy is fourfold in that children need to: (1) be immersed in oral experience (2) be taught to eat if they are not competent orally, (3) to have sensory systems that are organized and receptive to oral input, and (4) learn to act on their own internal motivation or hunger/satiety patterns. We individualized the treatment approach by recognizing 5 barriers to oral eating: disrupted hunger/satiety, inexperience, disordered contingency learning, sensory/anxiety, and the presence of psychosocial issues. During ongoing follow-up, we learned that 72% of the children were completely weaned from their tubes after an average of 5 to 7 months postdischarge. It appeared that creation of internal motivation, immersion into oral eating, and parent education regarding normal feeding behaviors were paramount to the long-term success of a weaning program. Classifying these children based on parent-reported information, and on written documentation from home therapists, allowed tube-weaning readiness to occur prior to their admission.

#### The Effectiveness of Casts, Orthoses, and Splints for Children with Neurological Disorders

Teplicky, Rachel; Law, Mary; Russell, Dianne

Infants & Young Children. 15(1):42-50, July 2002.

Casts, orthoses, and splints are often used for children with neurological conditions to improve limb positioning and increase functional movement. This article reports the results of a critical review of the literature examining the effectiveness of casts, orthoses, and splints for the upper and lower extremity when used for children with cerebral palsy or brain injury. Results indicate that for children with cerebral palsy, hands splints improve grasp, and upper extremity casts lead to increased range of motion and decreased muscle tone. The effects on upper extremity function need to be studied further. For lower extremity casts, orthoses, and splints, there is evidence to support their effectiveness for children with cerebral palsy in improving range of motion at the ankle, leading to changes in the quality of walking. For children with traumatic brain injury, there is less information on the effects of casts, orthoses, and splints for both the upper and lower extremity. Further research in this area is needed.

#### Alternative and Complementary Therapies for Children and Youth with Disabilities

Rosenbaum, Peter; Stewart, Debra

Infants & Young Children. 15(1):51-59, July 2002.

There is much information available today about alternative and complementary therapies for infants and children with health problems or disabilities. It is challenging for families and practitioners to evaluate the information coming from both conventional

and Internet sources. In this article, we discuss and define alternative and complementary therapies, including their differences from traditional Western medicine. Information is provided to encourage informed decision making when evaluating conventional and Internet evidence. Using a search of the conventional literature and Internet sources about acquired brain injury, we compare and contrast evidence gained from these two sources. A strategy for evaluating Internet information is discussed.

#### Technology

##### [Family-Centered Assistive Technology Assessment and Intervention Practices for Early Intervention](#)

Judge, Sharon

Infants & Young Children. 15(1):60-68, July 2002.

Assistive technology has the potential to bring about significant changes in the life of a young child with disabilities. However, for assistive technology to be utilized effectively, families must be involved in the assessment and intervention process. This article describes a family-centered assessment and intervention approach that empowers and enables families in the selection and use of assistive technology. Included in the discussion are key characteristics of parent/professional partnerships and effective help-giving practices that facilitate the child and family's level of involvement and interaction in the application of assistive technology in their natural environment.

#### Exemplary Practices

##### [Interagency Systems Development and Evaluation in the Pacific Islands: A Process Model for Rural Communities](#)

Sadao, Kathleen C.; Robinson, Nancy B.

Infants & Young Children. 15(1):69-84, July 2002.

This paper offers a historical perspective and evaluation approach for technical assistance efforts in the Pacific provided by U.S. based agencies and two studies of outcome evaluation at the regional and local level. The first study focuses on the evaluation of outcomes of the introduction of the interagency concept and annual conferences to assist six U.S. Pacific jurisdictions to develop and implement interagency systems development at the regional level. The application and outcomes of the interagency concept at the local level in the Republic of Palau is the focus of the second study. The Palau Interagency Model, in particular, is discussed in depth as a model for change and improved interagency coordination. An interagency survey that included Likert-type/open-ended formatted questions was used in both studies to identify interagency effectiveness and areas for improvement at the local and regional level. Evaluation studies were multilevel, including perspectives of administrators, providers, parents, and consumers in order to identify stages of interagency development that included building an infrastructure, systems design, staff training, and implementation of services for families and individuals with disabilities. A template of benchmarks for creating an effective interagency team system is offered for further study and replication.

## Volume 15 - Issue 2

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#### [From the Editor](#)

Blackman, James A.

Infants & Young Children. 15(2):iv, October 2002.

No abstract – free

#### [Information for Authors](#)

Infants & Young Children. 15(2):v, October 2002.

No abstract – buy

#### Applied Developmental Theory

##### [Animal Research on Effects of Experience on Brain and Behavior: Implications for Rehabilitation](#)

Rosenzweig, Mark R.

Infants & Young Children. 15(2):1-10, October 2002.

The author first considers how plasticity of the brain in response to differential experience was discovered in research with laboratory rats around 1960. Similar effects were then found in other species and in adults as well as in young animals. Animal research soon followed on effects of enriched experience as therapy for various kinds of brain dysfunction. Certain effects of environment or experience on brain development or rehabilitation are specific to particular aspects of brain growth, to kinds of disability, and to kinds of experience. Relations between animal research and some human therapies are considered.

#### Original Articles

##### [Early Intervention: A Global Perspective](#)

Blackman, James A.

Infants & Young Children. 15(2):11-19, October 2002.

Recognition of the importance of brain development in the early years of life has led to expanded early intervention programs for very young children with or at risk for developmental disabilities throughout the world. Recent developmental brain research suggests a plausible biological basis for early intervention. However, specific intervention practices must be judged on their efficacy, effectiveness, and cost justification. Early intervention has made important shifts in emphasizing social competence in the child and the essential role of the family and community.



### [Use of Melatonin in Young Children for Sleep Disorders](#)

Lin-Dyken, Deborah C.; Dyken, Mark Eric

Infants & Young Children. 15(2):20-37, October 2002.

Sleep problems may occur in up to 88% of visually impaired children with developmental disabilities. This can be due, in large part, to the significant role of visual cues, particularly of light/dark cycles, in the establishment of normal sleep patterns. Melatonin is a hormone secreted by the pineal gland in the brain. Its secretion is stimulated by darkness, and suppressed by light. The use of oral melatonin has recently been used for the management of sleep difficulties in both children with and without developmental disabilities. Promising results have occurred once an accurate diagnosis had been established after thorough history, examination, and (when indicated) a sleep study. The use of sustained-release melatonin may reduce nighttime awakenings and increase total sleep times in patients suffering from circadian rhythm sleep disorders. Therapy may improve cognition, socialization skills, and functioning of the patient's entire family unit.

### [Diagnosis and Evaluation of Children Who Are Not Talking](#)

Downey, Debora; Mraz, Royann; Knott, James; Knutson, Claudia; Holte, Lenore; Van Dyke, Don

Infants & Young Children. 15(2):38-48, October 2002.

"My child is not talking" is a concern voiced by many parents and families. Possible etiologies for developmental language disorders and articulation disorders are many: mental retardation, craniofacial disorders, cerebral palsy, autism, traumatic brain injury, hearing loss. Sometimes there will be a single etiology; however, most times there are multiple etiologies, mild in nature, that come together to produce speech and language delay. As health care providers, therapists, and educators it is essential that we assist the child's family in finding answers to their questions. We are wise to seek the advice of an interdisciplinary team of professionals to determine whether the child's communication abilities are developing normally or whether professional intervention is needed. It has been well documented that early diagnosis and treatment for speech and language problems greatly improve the child's overall prognosis, and can often prevent the development of additional disorders in the areas of behavior, learning, reading, and social development.

### [Relationships at Risk: The Policy Environment as a Context for Infant Development](#)

Fenichel, Emily

Infants & Young Children. 15(2):49-56, October 2002.

This article examines the policy environment as a context for infant development by drawing on the perspectives of Urie Bronfenbrenner, Arnold Sameroff, Desmond Runyan, Robert Hill, Alfred Kamerman, Sheila Kahn, and Eugene Steuerle and his colleagues. The author suggests that in the United States of America today, one of the greatest risks to the healthy development of young children may be the risk of the loss or disruption of important caregiving relationships. The concepts of social forces, social policies, and policy change are used as a framework to consider how the development of individual infants, within their caregiving relationships, may be shaped by the policy environment.

### [Inflicted Traumatic Brain Injury in Infants and Young Children](#)

Hymel, Kent P.

Infants & Young Children. 15(2):57-65, October 2002.

In recent years, there has been a substantial increase in the number of published reports in the medical literature that specifically describe outcomes after *inflicted* traumatic brain injury (TBI) during the first years of life. Though much more work is needed, these early reports are sobering. Inflicted cranial injuries have been linked to devastating morbidity and mortality in infants and young children. In this article, we will analyze this emerging body of literature and discuss the implications of these early studies for early intervention specialists.

Technology

### [Constipation in Young Children with Developmental Disabilities](#)

Bosch, Joni; Mraz, Royann; Masbruch, June; Tabor, Anne; Van Dyke, Don; McBrien, Dianne [Less](#)

Infants & Young Children. 15(2):66-77, October 2002.

Constipation is a common problem for children with disabilities. The inability of children with disabilities to communicate abdominal discomfort or pain with stooling may impair the ability to diagnose constipation. The causes of constipation may vary with the type of disability. The type and degree of disability also has an impact on treatment modalities. Constipation may have many adverse consequences, including behavioral problems, poor feeding, pain, rectal bleeding, the social stigma and emotional stress associated with incontinence, as well as potentially serious problems such as megacolon and bowel obstruction. Identification and treatment of constipation in children with disabilities is, therefore, of high importance.

### [The Natural Environment II: Uncovering Deeper Responsibilities within Relationship-Based Services](#)

Pilkington, Kristine Ovland; Malinowski, Marya

Infants & Young Children. 15(2):78-84, October 2002.

Providing a transdisciplinary early intervention program in natural environments through relationship-based services traverses a fluid and dynamic course. During the first phase of this process, programs integrate natural environment principles into service delivery. As this is accomplished, new responsibilities emerge through recognition that relationships exist beyond daily interactions with infants, toddlers, and their families. Identifying and exploring these relationships enables providers to support the new level of service delivery required in everyday routines, relationships, activities, places, and partnerships.



## Volume 16 - Issue 1

<https://journals.lww.com/ycjournal/toc/2003/01000>

A Tribute to Jim Blackman

Guralnick, Michael J.

Infants & Young Children. 16(1):5-6, January-February-March 2003.

No abstract – buy

From the Editor

Guralnick, Michael J.

Infants & Young Children. 16(1):7-8, January-February-March 2003.

No abstract – free

Teaching Parents New Skills to Support Their Young Children's Development

Kaiser, Ann P.; Hancock, Terry B.

Infants & Young Children. 16(1):9-21, January-February-March 2003.

Teaching parents new skills to support the development of their young children with developmental disabilities has been controversial in the field of early intervention even though there is considerable empirical evidence supporting this approach. We propose that teaching parents to implement family-centered interventions can be highly effective by: (a) allowing parents to choose when to learn new skills; (b) teaching parents strategies that are empirically based, well-matched to their child's developmental needs, and intended to be implemented in naturally occurring interactions between parents and children; and (c) teaching parents in a skillful and individualized manner. We outline the skills that parent educators need in order to be effective, then, we discuss a model for preparing professionals to teach parents. Throughout this article, we draw on empirical data and anecdotal examples from our ongoing research on teaching parents naturalistic language intervention strategies.

[Go to Full Text of this Article](#)

Parent-Child Interaction When Babies Have Down Syndrome: The Perceptions of Taiwanese Mothers

McCollum, Jeanette A.; Chen, Yu-Jun

Infants & Young Children. 16(1):22-32, January-February-March 2003.

This article explores Taiwanese mothers' descriptions of interactions with their babies with Down syndrome. Two themes emerging from transcripts of interviews with 16 mothers are described and illustrated. The first theme highlights the ways in which mothers talked about the abilities and limitations of their babies; the second describes what appear to be two distinct frames of reference (pessimistic and optimistic) with respect to having a baby with Down syndrome. The relationship between these two themes is explored as a potentially useful way to understand mothers' beliefs about their own roles in supporting their babies' development.

[Go to Full Text of this Article](#)

Coaching Families and Colleagues: A Process for Collaboration in Natural Settings

Rush, Dathan D.; Shelden, M'Lisa L.; Hanft, Barbara E.

Infants & Young Children. 16(1):33-47, January-February-March 2003.

Coaching in early childhood is an interactive process of observation and reflection in which the coach promotes a parent's or other care provider's ability to support a child's participation in everyday experiences and interactions with family members and peers across settings. Focusing on collaborative relationships, coaching provides a supportive structure for promoting conversations between family members, childcare providers, and early interventionists to select and implement meaningful strategies to achieve functional outcomes that focus on the child's participation in natural settings. This article provides guidelines for early childhood professionals serving young children with disabilities and their families regarding whom and when to coach, and includes examples to illustrate the five phases of the coaching process: initiation, observation or action, reflection, evaluation, and continuation or resolution.

Service Integration in Early Intervention: Determining Interpersonal and Structural Factors for Its Success

Park, Jiyeon; Turnbull, Ann P.

Infants & Young Children. 16(1):48-58, January-February-March 2003.

The provision of integrated services through partnerships among families, professionals, and agencies is vital in achieving the ultimate outcomes of early intervention. This review defines service integration and synthesizes the factors that determine its success as documented in the early intervention literature. Recommendations for practices are provided to propose future directions.

Clinical Implications of Temperamental Characteristics in Young Children with Developmental Disabilities

Hepburn, Susan L.

Infants & Young Children. 16(1):59-76, January-February-March 2003.

Temperament refers to the behavioral style of an individual, or the tendency to behave in a certain way in a certain situation. Although temperament has been studied extensively in typically developing children, relatively little research concerning individual differences in the behavioral styles of young children with developmental disabilities has been conducted. The purposes of this article are: (1) to provide a brief review of the literature with regard to temperament and outcomes for children with developmental disabilities and, (2) to explore methods for integrating temperament information into early intervention practice.

Consistent with the research on temperament and goodness of fit ( Chess & Thomas, 1996 ), this article proposes that children with developmental disabilities who present with extreme scores in specific domains of temperament may benefit from specific early intervention practices. Ideas for linking practice with child temperament are presented, particularly for children who are resistant to change, non-persistent, or difficult to distract.

[From Theory to Practice: A Contextual Framework for Understanding Self-Determination in Early Childhood Environments](#)

Erwin, Elizabeth J.; Brown, Fredda

Infants & Young Children. 16(1):77-87, January-February-March 2003.

Acquiring the skills and behaviors associated with self-determination is an important priority for young children with and without disabilities because these skills provide a foundation across the child's life span. These skills play an essential part in creating a high quality of life for a child as well as consistent opportunities to interact with the world in an active, meaningful, and highly personalized way. This article discusses the importance of self-determination for young children, and provides a framework for looking at self-determination across routines in a variety of early childhood settings. This framework is based on the idea that self-determination is a dynamic and contextually based concept. A self-monitoring set of questions is presented that can assist practitioners and families in examining contextual and multiple factors that can impact self-determination across early childhood environments. The questions are framed within three areas: (a) the child's current skills relevant to self-determination, (b) the adult's style and behavior, and (c) the immediate learning environment.

[The Early Interventionist and the Medical Problems of the Child with Down Syndrome](#)

Roizen, Nancy J.

Infants & Young Children. 16(1):88-95, January-February-March 2003.

Infants and young children with Down syndrome are frequently among the youngest children enrolled in early intervention programs, providing interventionists with experience with this population of children. Infants and children with Down syndrome have an increased incidence of a variety of medical problems. For optimal developmental progress and participation in early intervention, the child with Down syndrome must have any such problems identified early, and managed appropriately. Early intervention providers who are knowledgeable about the particular medical problems that occur more frequently in children with Down syndrome can be of great assistance to families. The provider may inquire as to whether screening for frequent problems has been completed. They may also bring evolving problems to the attention of families and encourage them to seek appropriate help through their primary care physician.

**Volume 16 - Issue 2**

<https://journals.lww.com/ycjournal/toc/2003/04000>

[From the Editor](#)

Guralnick, Michael J.

Infants & Young Children. 16(2):97, April-June 2003.

No abstract – free

[Conference Announcement: The International Society on Early Intervention \(ISEI\) Congress 2003](#)

Guralnick, Michael J.; Albertini, Giorgio

Infants & Young Children. 16(2):98, April-June 2003.

No abstract – buy

[Registry to Referral: A Promising Means for Identifying and Referring Infants and Toddlers for Early Intervention Services](#)

Farel, Anita M.; Meyer, Robert E.; Hicken, Margaret; Edmonds, Larry

Infants & Young Children. 16(2):99-105, April-June 2003.

Birth defects are the leading cause of death for infants in their first year of life and contribute substantially to childhood morbidity and long-term disability among survivors. Both the Centers for Disease Control and Prevention and the March of Dimes Birth Defects Foundation actively support birth defects monitoring programs across the United States. Currently, 33 states have some type of birth defects monitoring program and 16 more have programs in the planning stages. In general, these surveillance programs track birth defects to describe incidence and identify subpopulations for possible preventive interventions. The importance of early intervention in reducing or preventing secondary disabilities associated with a primary condition has been well documented. A birth defects registry, because of its ability to capture this information earlier than other data collection methods, is a potentially valuable source of information to use in referring families for services. In this paper, we describe the results of a survey to identify programs that are using, or are planning to use, their birth defects surveillance systems as a means of identifying and referring children and families for services. We report the level of interest and experience in developing such referral systems in state birth defect surveillance programs, provide 4 brief case examples, and recommend steps early intervention professionals can take to further discussion about using registries for making referrals.

[Otitis Media in Young Children With Disabilities](#)

Zeisel, Susan A.; Roberts, Joanne E.

Infants & Young Children. 16(2):106-119, April-June 2003.

Otitis media with effusion (OME) is one of the most common illnesses of early childhood. Children with many developmental disabilities (eg, Down syndrome, Williams syndrome, Apert syndrome, fragile X syndrome, Turner's syndrome, and cleft palate) are at increased risk for OME. Because OME is typically accompanied by a mild to moderate fluctuating hearing loss, children with disabilities who are already at risk for delays in language learning may be at an even greater risk for language learning

difficulties because of OME. The prevalence of OME was studied in 14 children between 8 and 66 months with developmental disabilities attending center-based childcare. The children were examined every other week using tympanometry for 7 months. Consistent with studies of typically developing children, younger children demonstrated more OME than did older children. Children with Down syndrome had the highest incidence of OME regardless of age. Early interventionists can be an important resource to families by sharing information about OME, and strategies for promoting healthy settings, encouraging children's listening, language learning, and early literacy skills in both home and classroom settings.

#### [Emotional Expressions of Young Infants and Children: A Practitioner's Primer](#)

Sullivan, Margaret Wolan; Lewis, Michael

Infants & Young Children. 16(2):120-142, April-June 2003.

Research on emotional development in infancy has benefited greatly from the use of videotape technology and coding systems that allow detailed coding of facial movements. Today we know that a core set of human facial expressions, composed of specific movements in the brow, eye/cheek, and mouth regions of the face, are probably innate. Theorists continue to debate the meaning of these expressions as well as how they are organized and become regulated over the first several years of life. Despite continuing debate and research on these issues, early facial expressions have practical, signal value for caregivers and practitioners alike. This article surveys what is known about the appearance and early normative, developmental course of emotional expressions, noting similarities and differences in special populations when available. Its goal is to provide practitioners with basic information to help them and the parents they serve become better able to recognize the expressive signals of the infants and young children in their care.

[Go to Full Text of this Article](#)

#### [Development and Standardization of the Harris Infant Neuromotor Test](#)

Harris, Susan R.; Megens, Antoinette M.; Backman, Catherine L.; Hayes, Virginia

Infants & Young Children. 16(2):143-151, April-June 2003.

Early identification of infants at risk for developmental delay allows for initiation of early intervention programs, in which early childhood professionals attempt to maximize the capabilities of infants with motor and/or cognitive delays. The Harris Infant Neuromotor Test (HINT) is a screening tool designed to identify neuromotor and/or cognitive/behavioral concerns in healthy or high-risk infants between the ages of 3 and 12 months. This review article describes the HINT, and reviews its development during the past 12 years. Published findings regarding the HINT are presented, and include investigation into its reliability and validity, as well as the sensitivity and specificity of parental opinions of their infants' movement and motor development as compared to scores on the Bayley Scales of Infant Development (BSID). Normative data for the HINT are currently being collected on 400 healthy, full-term infants in 4 provinces in Canada, and this process is described as well. The HINT is a quick, noninvasive screening tool that shows promise for the early identification of infants with motor delays and potential for the detection of early cognitive and behavioral deficits. The inclusion of a set of parent questions about their infant's movement and development validates the importance of parental input in the screening and diagnostic process.

#### [Genetic Syndromes of Mental Retardation: Should They Matter for the Early Interventionist?](#)

Hodapp, Robert M.; DesJardin, Jean L.; Ricci, Leila A.

Infants & Young Children. 16(2):152-160, April-June 2003.

Over the past 20 years, increasing numbers of studies have examined the etiology-related behaviors in children with genetic mental retardation syndromes. In this article, we focus on the clinical aspects of such behaviors for interventionists working with young children. After reviewing the concept of *behavioral phenotype*, we discuss how etiology-related strengths and weaknesses gradually emerge with age and, potentially, interact with environmental input (emergentism). Second, given that children with different genetic disorders show diverse profiles of strengths and weaknesses, this article discusses how interventionists can best provide more focused and more effective interventions.

[Go to Full Text of this Article](#)

#### [Early Identification of Children With Communication Disorders: Concurrent and Predictive Validity of the CSBS Developmental Profile](#)

Wetherby, Amy M.; Goldstein, Howard; Cleary, Julie; Allen, Lori; Kublin, Kary

Infants & Young Children. 16(2):161-174, April-June 2003

Communication disorders in infants and toddlers are significantly underidentified, prohibiting early intervention for many children and families who might benefit from services. Researchers have sought to identify earlier and more accurate predictors of later language development. This article describes the FIRST WORDS Project evaluation model for identifying children less than 24 months of age who are at risk for communication disorders by using the *CSBS Developmental Profile* (CSBS DP; A. Wetherby & B. Prizant. *Communication and Symbolic Behavior Scales Developmental Profile—First Normed Edition*. Baltimore, Md: Brookes Publishing Co; 2002). Children were first screened with a brief parent-report checklist distributed by healthcare and childcare providers and other community agencies serving families of young children. Children were followed up with a more in-depth parent report tool and face-to-face evaluation. This paper presents the results of 2 studies. The first study examined the concurrent validity of the CSBS DP based on screening and evaluation with the CSBS DP for 232 children between 12 and 24 months of age. The second study examined the predictive validity of the CSBS DP based on follow-up testing of receptive and expressive language for 246 children at 2 years of age and 108 children at 3 years of age. These findings support the use of prelinguistic predictors and the important role of the family in screening and evaluation to improve early identification.

#### [Factors Affecting Toddler Cognitive Development in Low-Income Families: Implications for Practitioners](#)

Wacharasin, Chintana; Barnard, Kathryn E.; Spieker, Susan J.

Infants & Young Children. 16(2):175-181, April-June 2003.

This article reviews the literature on factors affecting toddler cognitive development in low-income families. It discusses a model in which maternal factors, such as knowledge of child development, stress, and depression, influence the quality of mother–child interaction, which in turn influences the child's cognitive development. The results of a recent study of 84 low-income mothers and their toddlers are then summarized. This study both supported and contradicted the suggested model. As expected, observed maternal supportiveness of the child during mother–child interaction directly influenced child cognitive competence. Maternal knowledge of child development and maternal stress affected child cognitive competence indirectly, by influencing maternal supportiveness. Contrary to expectations, maternal depressive symptoms were not associated with maternal supportiveness or child cognitive development. The findings suggest that intervention programs with low-income families that improve maternal knowledge, reduce maternal stress, and promote maternal supportiveness of the infant during mother–child interaction, may improve child cognitive development. The lack of associations with maternal depression suggests that care providers may need to consider whether other attitudes and expectations of the mothers, perhaps learned in childhood, may influence both their reports of depressive symptoms specifically, and the quality of their parenting, more generally.

### Volume 16 - Issue 3

<https://journals.lww.com/ycjournal/toc/2003/07000>

#### From the Editor

Infants & Young Children. 16(3):183, July-September 2003.

No abstract but free

#### Building New Dreams: Supporting Parents' Adaptation to Their Child With Special Needs

Barnett, Douglas; Clements, Melissa; Kaplan-Estrin, Melissa; Fialka, Janice

Infants & Young Children. 16(3):184-200, July-September 2003.

No abstract – free

#### Toddlers With Autism: Developmental Perspectives

Watson, Linda R.; Baranek, Grace T.; DiLavore, Pamela C.

Infants & Young Children. 16(3):201-214, July-September 2003.

No abstract – free

#### Communication Intervention in Natural Learning Environments: Guidelines for Practice

Roper, Nicole; Dunst, Carl J.

Infants & Young Children. 16(3):215-226, July-September 2003.

No abstract – buy

#### Advocacy for Young Children Under IDEA: What Does It Mean for Early Childhood Educators?

Brown, Sharan E.

Infants & Young Children. 16(3):227-237, July-September 2003.

No abstract – buy

#### An International Outreach Model for Preparing Early Interventionists and Early Childhood Special Educators

Ludlow, Barbara L.

Infants & Young Children. 16(3):238-248, July-September 2003.

No abstract – buy

#### Newborn Hearing Screening: What It Means for Providers of Early Intervention Services

Widen, Judith E.; Bull, Warren R.; Folsom, Richard C.

Infants & Young Children. 16(3):249-257, July-September 2003.

No abstract – buy

#### The Dynamics of Emotional Availability in Childcare: How Infants Involve and Respond to Their Teen Mothers and Childcare Teachers

Zimmerman, Libby; Fassler, Irene

Infants & Young Children. 16(3):258-269, July-September 2003.

No abstract – buy

### Volume 16 - Issue 4

<https://journals.lww.com/ycjournal/toc/2003/10000>

#### From the Editor

Guralnick, Michael J.

Infants & Young Children. 16(4):271, October-November-December 2003.

No abstract but free



### [Integrating Assistive Technology Into an Outcome-Driven Model of Service Delivery](#)

Long, Toby; Huang, Larke; Woodbridge, Michelle; Woolverton, Maria; Minkel, Jean  
 Infants & Young Children. 16(4):272-283, October-November-December 2003.

Infants and toddlers with disabilities and special health care needs (SHCN) have complex habilitative and health care needs requiring multiple services throughout their lives. Providers of services to children underutilize assistive technology (AT) and AT services. This underutilization has a significant impact on how well and how easily the children are integrated in home, school, and community activities. The literature indicates that AT is appropriate when the device (a) is related to specific and clearly defined goals that are meaningful to the child and family; (b) takes into consideration practical constraints, such as the environment and funding resources; and (c) results in the child achieving desired outcomes. Using an outcome-driven model this article outlines a 10-step framework that can be used by service providers to guide them in determining the fit between the child's needs and AT and/or AT services. Components of the framework and critical information needed for decision-making at each step will be discussed. A family-centered, interdisciplinary team philosophy is promoted.

[Go to Full Text of this Article](#)

### [Using Case Method of Instruction Effectively in Early Intervention Personnel Preparation](#)

Snyder, Patricia; McWilliam, P J.

Infants & Young Children. 16(4):284-295, October-November-December 2003.

The case method of instruction (CMI) is a viable instructional strategy for use in early intervention personnel preparation, particularly when the focus of instruction is to enhance learners' application, synthesis, and evaluation skills. The case method of instruction promotes decision-making and self-reflection through use of case stories, which depict real-life dilemmas early interventionists encounter in their interactions with children and families. Learning to use CMI effectively is not self-evident or easily mastered without guidance and supportive resources. In this article, we present information related to selecting quality cases, preparing for case discussion, facilitating case discussion, and evaluating learner outcomes. Strategies described have been field-tested and validated with 128 early intervention instructors who participated in intensive training designed to increase their knowledge about and use of CMI.

### [The SCERTS Model: A Transactional, Family-Centered Approach to Enhancing Communication and Socioemotional Abilities of Children With Autism Spectrum Disorder](#)

Prizant, Barry M.; Wetherby, Amy M.; Rubin, Emily; Laurent, Amy C.

Infants & Young Children. 16(4):296-316, October-November-December 2003.

A range of educational/treatment approaches is currently available for young children with autism spectrum disorders (ASD). A recent comprehensive review by an expert panel on ASD ( National Research Council, 2001 ) concluded that a number of approaches have demonstrated positive outcomes, but nonetheless, not all children benefit equally from any one approach. Efforts to increase communicative and socioemotional abilities are widely regarded as among the most critical priorities, and growth in these areas is closely related to prognosis and long-term positive outcomes. However, some widely disseminated approaches are not based on the most contemporary developmental research on social and communication development in children with and without disabilities, nor do they draw from current understanding of the learning style of children with ASD. This article describes the SCERTS Model, which prioritizes Social Communication, Emotional Regulation, and Transactional Support as the primary developmental dimensions that must be addressed in a comprehensive program designed to support the development of young children with ASD and their families. The SCERTS Model has been derived from a theoretical as well as empirically based foundation and addresses core challenges of children with ASD as they relate to social communication, emotional regulation, and transactional support. The SCERTS Model also is consistent with empirically supported interventions and it reflects current and emerging "recommended practices" ( National Research Council, 2001 ).

[Go to Full Text of this Article](#)

### [Feeding Disorders in Children With Developmental Disabilities](#)

Schwarz, Steven M.

Infants & Young Children. 16(4):317-330, October-November-December 2003.

Children with cognitive and adaptive disabilities are at increased risk for developing feeding difficulties and secondary nutritional deficiencies. Problems such as poor oral-motor coordination, swallowing dysfunction, gastroesophageal reflux, and aversive feeding behaviors comprise significant obstacles to growth, prevent the achievement of developmental potential, and threaten clinical stability. Feeding and nutritional problems in patients with developmental disabilities have been well documented, and malnutrition has been reported in up to 90% of nonambulatory children with cerebral palsy. Although diverse factors certainly contribute to this startling and disturbing observation, feeding disorders have been observed in a high percentage of children with major motor and cognitive disabilities. Failure to assess and treat these problems in a timely fashion not only hastens the onset of significant nutrient deficits, but also heightens the incidence of complications, increases hospitalization rates, and results in impaired quality of life. This article describes an approach to evaluating and managing feeding disorders in children with developmental disabilities; and it examines effects of these management strategies on growth and clinical outcomes. The importance of a structured approach to these problems is discussed, and a diagnostic and treatment algorithm for addressing common feeding disorders is presented. Utilizing this approach in a group of 79 children with moderate-severe neurodevelopmental disabilities, 2-year follow-up data demonstrate that diagnosis-specific interventions significantly improve nutritional status and reduce clinical morbidity in these patients.

### [Building Medical Homes for Children With Special Health Care Needs](#)

Nickel, Robert E.; Cooley, W Carl; McAllister, Jeanne W.; Samson-Fang, Lisa

Infants & Young Children. 16(4):331-341, October-November-December 2003.



The medical home is an approach to providing high quality health care services to children in partnership with families and community professionals. The current focus on the medical home at national and state levels affords an opportunity for early intervention and early childhood special education providers to improve their collaboration with primary health care professionals and thus improve the system of care for children and families in their local communities.

#### Comprehensive Interdisciplinary Evaluation as Intervention for Young Children

Vig, Susan; Kaminer, Ruth

Infants & Young Children. 16(4):342-353, October-November-December 2003.

Comprehensive interdisciplinary, clinically oriented evaluation becomes an intervention by educating the parent (primary caregiver) about a child's development, providing a context for observation, confirming the parent's suspicions of developmental problems, identifying child and family strengths that can be capitalized on, and helping the parent to interpret the child's behavior and to interact in new ways. During the evaluation process, parents become more observant, gain understanding of the child's development and behavior, and on their own begin to develop strategies for dealing with developmental issues. During the evaluation process, clinicians and parents begin to build partnerships that will be important to further intervention and developmental follow-up.

#### Twenty-Five Years After Early Intervention: A Follow-Up of Children With Down Syndrome and Their Families

Hanson, Marci J.

Infants & Young Children. 16(4):354-365, October-November-December 2003.

Children with Down syndrome and their families who had participated in an early intervention program between 1974 and 1977 were interviewed 25 years later regarding family and child experiences; parents' hopes and dreams; perceptions of the supports and challenges; children's educational placements; and children's current social, vocational, and living situations as adults. Subjects were an individual cohort of children who were born just as the Education of All Handicapped Children Act (P.L. 94-142) was enacted in 1975. Consistent with this educational policy, the children received educational services in their neighborhood schools, many in inclusive placements. Their access to inclusive educational placements and services appropriate services, however, lessened as they neared and attained adulthood at age 21. With respect to parent perceptions and experiences, findings from this investigation disclosed the challenges faced by families such as medical complications, teasing or ostracism, disappointments in children's inability to achieve some adult milestones, and lack of adequate services and supports when the children reached adulthood. However, they also revealed the positive feelings and experiences in each family. All families described the contributions that their child with Down syndrome had made to the family and the joys and growth that the family had experienced.

## 2004

### Volume 17 - Issue 1

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#### From the Editor

Guralnick, Michael J.

Infants & Young Children. 17(1):1, January-February-March 2004.

No Abstract – free paper

#### Editor's Note: Family Stories

Guralnick, Michael J.

Infants & Young Children. 17(1):2, January-February-March 2004.

No Abstract – free paper

#### Family Story

Neuman, Pam

Infants & Young Children. 17(1):3-4, January-February-March 2004.

No Abstract – free paper

#### Childcare Patterns and Issues for Families of Preschool Children With Disabilities

Booth-LaForce, Cathryn; Kelly, Jean F.

Infants & Young Children. 17(1):5-16, January-February-March 2004.

A longitudinal investigation of childcare for children with developmental disabilities ( $N = 89$ ) was conducted, with in-person assessments at 12, 15, 30, and 45 months of age, and phone interviews with mothers at 14, 29, 37, and 44 months. When compared with typically developing children from another sample, and with census data, the participants entered childcare at an older age and for fewer hours; they were more likely to be in “informal” (father, relative, in-home nonrelative) care; and they were less likely to transition into more formal care (childcare center, childcare home) with increasing age. Finding good-quality care, the cost of care, distance/transportation issues, and integration with other services/special needs received the highest ratings for childcare issues. Children who were not in childcare had lower adaptive behavior scores if their mothers cited their child's special needs as an issue in keeping them out of care, compared with children whose mothers did not indicate that special needs were an issue. These 2 groups did not differ in their diagnoses, mental, or motor development scores. Results are discussed in the context of family leave policies and welfare work exemptions, and the need for high-quality caregiving options.

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### [Self-Directed Learning of Child-Care Skills by Parents With Intellectual Disabilities](#)

Feldman, Maurice A.

Infants & Young Children. 17(1):17-31, January-February-March 2004.

Children of parents with intellectual disabilities (ID) are at risk for neglectful care due to parenting skill deficiencies. This article describes the development, use, and evaluation of self-directed learning (via self-instructional audiovisual child-care materials) to teach basic child-care, health, and safety skills to parents with ID. We developed the materials based on input from pediatric health care professionals and research on how to present visual materials to persons with low literacy skills. The parents quickly learned how to use the pictorial manuals and accompanying audiocassette. Controlled field studies with 33 parents with ID (30 mothers, 3 fathers) found that 96% of the self-trained skills rapidly reached the same level seen in competent parents and maintained as long as 3.5 years. Consumer satisfaction ratings were uniformly high. Percentage correct performance was significantly related to the parents' reading abilities and initial acceptance of the materials. Overall, the results of these studies indicate that many parents with ID may improve their parenting skills with low cost, low tech, self-directed learning. Future research should evaluate the effects of mass dissemination of the self-instructional materials on the incidence of child neglect related to parental incompetence.

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### [Practices Across Disciplines in Early Intervention: The Research Base](#)

Rapport, Mary Jane K.; McWilliam, R. A.; Smith, Barbara J.

Infants & Young Children. 17(1):32-44, January-February-March 2004.

The most recent compilation of *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (S. Sandall, M. E. McLean, & B. J. Smith, 2000) contains 240 recommended practices across 7 strands. The recommended practices evolved from a process involving input from literature reviews, scientific experts, 9 stakeholder focus groups, and field validation of the synthesized practices (Sandall, McLean, & Smith, 2000). One of the 7 strands addresses recommended practices in interdisciplinary models. The 19 practices in this strand emphasize teamwork, loose boundaries between disciplines, functional intervention, and support to caregivers. The article briefly describes the process used to identify these 19 recommended practices and focuses on the literature base of 30 articles that supports the interdisciplinary models strand. An analysis of the literature was undertaken to better understand the types of research (eg, qualitative or quantitative) and the elements (eg, study setting, study participants) used to support this group of practices as well as gaps currently existing in the research and literature base lending support to these practices. The article suggests the importance of using these recommended practices as the foundation by which practitioners in early intervention/early childhood special education go about their daily routines and practices. By examining the empirical base in the published literature, it is possible to suggest modifications that could help a team move toward meeting recommended practices and suggest future research endeavors to strengthen the empirical support available in this field. [Go to Full Text of this Article](#)

### [Down Syndrome: Genetic Insights and Thoughts on Early Intervention](#)

Capone, George T.

Infants & Young Children. 17(1):45-58, January-February-March 2004.

The neurobiological consequences of trisomy 21 remain incompletely understood. Considered as a syndrome-complex of chromosomal (genetic) origin with multiple neurodevelopmental and neuropsychological manifestations it will be a very long time before a complete understanding of this condition emerges based upon molecular, genetic, and neurobiological principles. The construct of Down syndrome (DS) as a developmental disorder is, by itself, incomplete and most unsatisfactory based upon emerging biological concepts. However discussions of DS as a developmental disorder characterized primarily by developmental delay, does permit highly complex biological events to be easily conceptualized in terms of the whole child. Our current models of child development and the interventions designed to support neuromaturation in young children with DS will require further integration with emerging genetic, neurobiological, neuropsychological, and pharmacological paradigms. A cogent framework for successful pharmacological treatment of certain aspects of cognitive and behavioral dysfunction is beginning to emerge. At the same time, a growing number of untested, nutrition- and development-based therapies are continually offered to the families of young children. The need for well-designed studies to measure the effects of early, focused clinical intervention of any kind is obvious. Our ability to competently serve young children with DS will advance once a commitment to clinical trials is recognized and acted upon.

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### [Motivating Students to Learn: Application of Solution-Focused Learning to Interdisciplinary Training](#)

Eaton, Beth; Gangluff, Deborah; Deere, David

Infants & Young Children. 17(1):59-68, January-February-March 2004.

Partners for Inclusive Communities (Partners) coordinates an interdisciplinary training program for graduate students (trainees) in 11 health-related disciplines. A Problem-Based Learning (PBL) curricula is incorporated using children with neurodevelopmental disabilities and their families. This type of curriculum in which trainees are presented with and find solutions to real life problems has proven to be a successful model of learning for all participating disciplines. The benefits of a PBL model for interdisciplinary training are numerous. Trainees gain a greater depth of knowledge regarding interdisciplinary training and, as a result, form more cohesive interdisciplinary relationships. They also develop a keener sense of issues surrounding children with disabilities and their families, become actively engaged in and develop ownership of the learning process, and approach learning as a lifelong process.

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### [Auditory Neuropathy: Evaluation and Habilitation of a Hearing Disability](#)

Cone-Wesson, Barbara

Infants & Young Children. 17(1):69-81, January-February-March 2004.

Auditory neuropathy (AN) is a type of hearing loss that can be present from birth or acquired postnatally. AN results in a loss of sensitivity for pure tones and very poor speech perception abilities, disproportionate to the degree of pure tone sensitivity impairment. A deficit in the timing of neural signals transmitted by the auditory nerve appears to underlie the significant speech perception disability. AN is diagnosed by considering the results of electrodiagnostic tests of auditory function in conjunction with pure tone and speech perception tests. This article will review the methods used to assess AN, the audiometric and speech perception findings for infants and children with AN, and the habilitation methods that are recommended. The etiologies and pathophysiologic processes of AN will also be discussed.

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#### Interdisciplinary Personnel Preparation: Graduates' Use of Targeted Practices

Crais, Elizabeth R.; Boone, Harriet Able; Harrison, Melody; Freund, Peggy; Downing, Kelly; West, Tracey  
 Infants & Young Children. 17(1):82-92, January-February-March 2004.

Interdisciplinary personnel preparation in early intervention is viewed by many as critical to the implementation of the Individuals with Disabilities Education Act (IDEA) and to providing exemplary services to children with special needs and their families. Recent work has shown that the extent to which students take part in interdisciplinary *preservice* preparation predicts the degree to which they will provide interdisciplinary, collaborative services once they graduate. Despite the fact that the early intervention literature provides various descriptions of interdisciplinary personnel preparation programs, little information is available documenting the extent to which program graduates utilize the interdisciplinary practices targeted in these programs. The current study used a self-evaluation methodology to survey graduates of 2 interdisciplinary early intervention specialization programs at the University of North Carolina at Chapel Hill. The results indicated that the graduates were utilizing most of the targeted practices in their current job settings and did so on a fairly frequent basis. In addition, when the graduates were asked about the extent to which they were exposed to specific interdisciplinary practices (eg, interacting with students from other disciplines during coursework), the opportunities within their *specialization program* were rated as occurring much more frequently than within their *traditional program*. The results have implications for programs offering (or seeking to offer) interdisciplinary specializations. The follow-up methodology may be beneficial as a model for documenting the use of specific interdisciplinary practices by graduates.

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### **Volume 17 - Issue 2**

<https://journals.lww.com/iyjournal/toc/2004/04000>

#### From the Editor

Guralnick, Michael J.

Infants & Young Children. 17(2):95, April-May-June 2004.

No Abstract but Free

#### Strengthening Social and Emotional Competence in Young Children—The Foundation for Early School Readiness and Success: Incredible Years Classroom Social Skills and Problem-Solving Curriculum

Webster-Stratton, Carolyn; Reid, M Jamila

Infants & Young Children. 17(2):96-113, April-May-June 2004.

The ability of young children to manage their emotions and behaviors and to make meaningful friendships is an important prerequisite for school readiness and academic success. Socially competent children are also more academically successful and poor social skills are a strong predictor of academic failure. This article describes The Incredible Years Dinosaur Social Skills and Problem-Solving Child Training Program, which teaches skills such as emotional literacy, empathy or perspective taking, friendship and communication skills, anger management, interpersonal problem solving, and how to be successful at school. The program was first evaluated as a small group treatment program for young children who were diagnosed with oppositional defiant and conduct disorders. More recently the program has been adapted for use by preschool and elementary teachers as a prevention curriculum designed to increase the social, emotional, and academic competence, and decrease problem behaviors of all children in the classroom. The content, methods, and teaching processes of this classroom curriculum are discussed.

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#### Detecting and Managing Developmental and Behavioral Problems in Infants and Young Children: The Potential Role of the DSM-PC

Drotar, Dennis

Infants & Young Children. 17(2):114-124, April-May-June 2004.

The *Diagnostic and Statistical Manual for Primary Care* (DSM-PC), Child and Adolescent Version, provides a comprehensive method to facilitate professional recognition, management, and referral of a wide spectrum of children's behavioral and developmental problems, as well as stressful situations. This article describes the utility of the DSM-PC for a multidisciplinary group of practitioners who work with infants and young children. Four areas of potential application of the DSM-PC are described: (1) diagnosis and management of problems that are specific to infants and young children; (2) description of environmental stressors; (3) description of developmental variation and change in infant problem behaviors; and (4) implications for research concerning infants' behavioral and developmental problems.

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#### Use of the DSM-PC in the Primary Care Setting

Sices, Laura

Infants & Young Children. 17(2):125-128, April-May-June 2004.

The *Diagnostic and Statistical Manual for Primary Care* (DSM-PC), Child and Adolescent Version, is a valuable tool in the diagnosis and management of developmental, behavioral, and psychosocial issues affecting infants, children, and adolescents. Certain features of the DSM-PC may limit its widespread acceptance and use in primary care practice.

#### Mental Health Screening in Young Children

Bricker, Diane; Davis, Maura Schoen; Squires, Jane

Infants & Young Children. 17(2):129-144, April-May-June 2004.

The numbers of young children who display mental health problems are on the rise. Recent surveys suggest that anywhere from 10% to 25% of young children may have mild to serious social-emotional disorders. In populations of children with disabilities and children at risk the probability of having significant mental health problems is even greater. Accumulating evidence suggests that when left untreated, mental health problems in very young children can grow in severity and require costly, long-term intervention that may or may not be successful. Evidence also suggests that a more effective and less costly approach is prevention and early identification and intervention. The development and establishment of prevention and early identification strategies has been inhibited by a number of serious barriers. However, the advent of family friendly first-level screening measures now permits the establishment of effective and economical early screening programs. Early screening programs are enhanced if they are linked directly to other critical services such as eligibility determination, intervention, and evaluation.

#### Mother-Infant Skin-to-Skin Contact (Kangaroo Care): Theoretical, Clinical, and Empirical Aspects

Feldman, Ruth

Infants & Young Children. 17(2):145-161, April-May-June 2004.

Parent-infant skin-to-skin contact (Kangaroo Care, KC) has recently become a method of choice in several Neonatal Infant Care Units (NICUs), where parents and preterm infants in stable condition spend a portion of their day in the kangaroo position. This article reviews research on the benefits of the KC intervention in stabilizing the infant's physiological systems, increasing lactation, and promoting parent-infant attachment. Data from our longitudinal KC project are reviewed in relation to 4 topics: effects of maternal proximity on infant self-regulation, the role of mother-infant contact in accelerating neuromaturation, KC effects on maternal mood and perceptions, and the contribution of KC to the mother-infant, father-infant, and family relationship. Findings demonstrate the positive effect of KC on infants' cognitive development across infancy. In addition to its clinical significance, the kangaroo intervention provides a unique research paradigm into central issues in early development, including maternal proximity and separation, brain-behavior relationship, the centrality of early experience, and the reversibility of early trauma. Clinical implications and directions for future research are also discussed.

#### Special Instruction and Natural Environments: Best Practices in Early Intervention

Childress, Dana C.

Infants & Young Children. 17(2):162-170, April-May-June 2004.

Special instruction is one of many services available to families whose children qualify for early intervention under Part C of the Individuals with Disabilities Education Act (IDEA). IDEA (1997) emphasizes the provision of these services in natural environments, as well as the importance of fully involving families in all aspects of intervention. A review of the literature suggests that special instruction, as with other services, may be most effective when provided within the context of natural environments, using a team approach among professionals and collaboration with parents. Providing services in this manner can be a challenge for many early intervention personnel. Guidance for personnel who provide motor and speech/language therapy is present in the literature; guidance for early intervention staff who provide special instruction is needed. This article discusses best practices for special instruction provided in the context of natural environments, and includes practical strategies for special instructors to bridge the gap between best practice and actual work in the field.

#### Training to Make and Sustain Change: The Hilton/Early Head Start Program

Knapp-Philo, Joanne; Corso, Robert M.; Brekken, Linda J.; Heal, Helen Bair

Infants & Young Children. 17(2):171-183, April-May-June 2004.

This article outlines a new, 3-pronged training model that has supported changes in practice (ie, attitudes, concepts, and skills). A large-scale, national training program designed this model to promote the inclusion of infants and toddlers in natural environments. The theoretical and empirical base for each of the elements in the model is discussed and is followed by the specific training strategies that were drawn from each literature base. The authors outline a package of training elements that may be utilized in in-service training programs for diverse groups of early interventionists, early childhood providers, and family members.

#### Linking Infant/Family Mental Health Services: Revisiting Ohio's Experience

Thomasgard, Michael; Merrilees, Kate

Infants & Young Children. 17(2):184-195, April-May-June 2004.

This article traces Ohio's progress since 1994 toward integrating an Infant Mental Health (IMH) perspective into its early intervention and mental health service programs for families with very young children. An Infant/Family Mental Health Subcommittee was formed to accomplish this mission and to promote collaborative relationship-based services, teaching, and research across disciplines serving families with young children. This article traces the path our subcommittee has taken across these 8 years; discusses the means by which we have continued to foster advocacy, research, service, and training in IMH; and describes our ultimate transformation into an independent not-for-profit organization, the Ohio Association for Infant Mental Health (OAIMH). The advantages and disadvantages of working with those in state and local government, whose policies and programs directly impact families with young children, are considered.



[From the Editor](#)

Guralnick, Michael J.

Infants &amp; Young Children. 17(3):197, July-August-September 2004.

No Abstract but free

[The MisMeasure of Young Children: The Authentic Assessment Alternative](#)

Neisworth, John T.; Bagnato, Stephen J.

Infants &amp; Young Children. 17(3):198-212, July-August-September 2004.

Measurement in early care and education, and early intervention, particularly, continues to be dominated by the use of conventional, norm-referenced testing practices to the detriment of young children. Conventional tests have been neither developed for nor field-validated on infants, toddlers, and preschoolers with developmental disabilities. Thus, contrary to professional wisdom in the fields, conventional tests have no evidence-base for use in early childhood intervention. Nevertheless, the accountability movement in education embodied in No Child Left Behind legislation continues to promote the use of conventional tests, which yield distorted results for young children with special needs. It is long overdue for our interdisciplinary fields to *abandon decontextualized testing practices* and to champion the use of measurement techniques that capture authentic portraits of the naturally occurring competencies of young exceptional children in everyday settings and routines—the natural developmental ecology for children. In this article, we present the “authentic assessment alternative” to the mismeasure of young children. We review the purposes for assessment in early childhood intervention; issues related to conventional testing; 8 standards for professional “best practices”; a rationale and examples of the process and methods for authentic assessment; and guidepoints for implementing authentic assessment in action.

[Building a System of Care for Children With Special Healthcare Needs](#)

Roberts, Richard N.; Behl, Diane D.; Akers, Adrienne L.

Infants &amp; Young Children. 17(3):213-222, July-August-September 2004.

This article describes current efforts to ( a ) define best practices and desired systems-level outcomes for a system of care for Children with Special Health Care Needs (CSHCN) and their families; ( b ) describe the interconnections between Part C early intervention programs and those for CSHCN; and ( c ) develop measuring and monitoring strategies for implementing a state-level system for all CSHCN. The importance of working in partnership with states and family representatives with respect to defining, measuring, and monitoring progress toward a system of care will be illustrated through a description of a federally funded Participatory Action Research project. Results of the project include the development of national indicators for the 6 performance measures to guide states in their efforts to achieve a system of care.

[Go to Full Text of this Article](#)[Understanding the Emergence of Behavior Problems in Young Children With Developmental Delays](#)

Crnic, Keith; Hoffman, Casey; Gaze, Catherine; Edelbrock, Craig

Infants &amp; Young Children. 17(3):223-235, July-August-September 2004.

Children with developmental delays have a much higher incidence of behavior problems than do children who are typically developing. This article reviews the current research on the occurrence and nature of behavior problems in these children, with particular attention to issues relevant to young children and the type and severity of problems that have been observed at ages as young as 2 years. Evidence in support of a conceptual framework for understanding how such behavior problems may develop is presented, with a particular focus on early biological or constitutional factors, family stress, and children's developing self-regulatory capacities. Implications for practice are discussed.

[Go to Full Text of this Article](#)[Early Intervention Services Assessment Scale \(EISAS\)—Conceptualization and Development of a Program Quality Self-Assessment Instrument](#)

Aytch, Lynette S.; Castro, Dina C.; Selz-Campbell, Laurie

Infants &amp; Young Children. 17(3):236-246, July-August-September 2004.

Quality practices in early intervention services for infants and toddlers with disabilities and their families are presently the focus of considerable attention in the field. This article details the conceptualization and development of the *Early Intervention Services Assessment Scale (EISAS)*, a comprehensive self-assessment instrument designed for use by early intervention programs to assess the quality of services provided to infants and young children with disabilities and their families. The EISAS consists of 2 conceptually congruent components: the program self-assessment and the parent survey. The instrument is developed to reflect core values and principles of early intervention practice, it is strongly informed by the DEC Recommended Practices, and benefited from broad-based constituent input. Potential strengths and limitations of the EISAS are discussed as well as next steps in exploring the feasibility and utility of this measure as an assessment of early intervention program quality.

[Early Intervention in Spain: Some Directions for Future Development](#)

Giné, Climent; Vilaseca, Rosa; Gràcia, Marta; García-Dié, Maria Teresa

Infants &amp; Young Children. 17(3):247-257, July-August-September 2004.

This article presents an overview of the state of early intervention in Spain after 30 years of work with families and children with developmental disorders or at risk of suffering from such disorders. The organisation and conceptual base of early intervention in Spain have gradually evolved over the past few decades. This field is still in the midst of a transformation process, moving toward



an intervention model that is more family-focused and more integrated into the community's services network. However, administrative, financial, and professional training difficulties still remain. This emerging intervention model is described in detail in this article and, as much as possible, illustrated within the framework of the Developmental Systems Model put forward by Guralnick. Results of a pilot study at 4 early intervention centres in Catalonia (Spain) are discussed, including the current state of early intervention and needed improvements. Further discussion of progress in the field of early intervention in Spain and future directions follows.

#### Early Concerns of Parents of Children With Autistic and Nonautistic Disorders

Coonrod, Elaine E.; Stone, Wendy L.

Infants & Young Children. 17(3):258-268, July-August-September 2004.

The purpose of this study was to extend previous research on the early concerns of parents of children with autism by ( *a* ) obtaining information from parents of very young children who have not yet received a diagnosis; ( *b* ) including a developmentally matched comparison sample; and ( *c* ) querying about first concerns as well as current concerns and behaviors. During their child's initial diagnostic evaluation, parents of 44 two-year-old children (22 with autism, 22 with developmental delay) responded to open-ended questions regarding their early concerns about their child's development as well as specific questions about social-communicative behaviors. The age of children when parents first became concerned and the specific nature of first concerns were similar for both groups, with the most frequent concerns related to children's language development. When asked specific questions about *current* social and communicative behaviors, parents of children with autism reported more deficits in both areas than did parents in the comparison group. These results suggest that specific questions about children's social-communicative behaviors may have more utility than open-ended questions in identifying young children who are at risk for an autism diagnosis.

#### Joint Attention Skills and Language Development in Special Needs Populations: Translating Research to Practice

Paparella, Tanya; Kasari, Connie

Infants & Young Children. 17(3):269-280, July-August-September 2004.

Recent research has documented the importance of joint attention skills to language development in young typical children. A number of studies have also examined joint attention skills in children with different disabilities. This article reviews the literature concerning joint attention skills in children with specific language difficulties—children with Down syndrome, deafness, and autism. Our review focuses on joint attention that is conceptualized both as a state and as declarative gestures, and covers issues related to topic control in mother-child interactions, proportion of time spent in joint attention, caregiver strategies within episodes of joint attention, and child contributions to joint attention. Research findings are then discussed in terms of translating these findings to intervention practice.

### **Volume 17 - Issue 4**

<https://journals.lww.com/iyjournal/toc/2004/10000>

#### From the Editor

Guralnick, Michael J.

Infants & Young Children. 17(4):283, October-November-December 2004.

No abstract but free

#### Early Intervention in Deafness and Autism: One Family's Experiences, Reflections, and Recommendations

Beals, Katharine

Infants & Young Children. 17(4):284-290, October-November-December 2004.

This article describes one family's experiences with the early intervention system in its treatment of their son, first diagnosed as deaf, later as autistic. Parents in both deafness and autism quickly find themselves mired in bitter disagreements, whether between sign language and speech advocates, or between believers in developmental versus behavioral approaches to autism. Experts in deafness, for all their squabbling, agree on early intervention's top priority: language. Specific methods and materials abound for teaching both sign and spoken language to deaf people. Autism intervention, dominated as it is by psychology/psychiatry gurus rather than educators, offers only the vaguest and the most schematic of intervention strategies. While often passed off as comprehensive curricula, these strategies fall far short of the specificity, practicability, and effectiveness of intervention materials for deaf children. Ultimately, parents realize that it is up to them to devise specific lessons for their children, and that it is up to all of us who work with autistic children directly—parents, teachers, and therapists—to compile, collectively, the truly comprehensive autism curriculum that we all so desperately need.

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#### Early Motor Intervention: The Need for New Treatment Paradigms

Mahoney, Gerald; Robinson, Cordelia; Perales, Frida

Infants & Young Children. 17(4):291-300, October-November-December 2004.

Results from a recent study indicated that neither of the 2 treatment models that are commonly used with young children with motor impairment was effective in enhancing children's rate of motor development or quality of movement, at least over a 1-year time period. These findings add to an increasing body of literature indicating that contemporary motor intervention procedures are not adequately meeting the hopes and vision for motor intervention. These findings also serve as a call for the field to explore alternative treatment methods for providing services. In particular, there is a need for greater involvement of parents in intervention. There is also a need for a renewed research agenda that explores issues related to the intensity of services and

dynamic motor theory. Funding models need to be modified to encourage recommended and innovative motor intervention practices.

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#### [Developmental Healthcare Partnerships in Inclusive Early Childhood Intervention Settings: The HealthyCHILD Model](#)

Bagnato, Stephen J.; Blair, Kim; Slater, Julia; McNally, Rhonda; Mathews, Jan; Minzenberg, Barbara

Infants & Young Children. 17(4):301-317, October-November-December 2004.

Increasing numbers of children with a broad range of developmental healthcare problems are being educated in regular classroom settings. *Developmental healthcare problems* refer to a constellation of acute and chronic physical (eg, seizures, asthma, tracheostomy, diabetes), behavioral (eg, aggression, overactivity, atypical behaviors), and developmental needs of young children and their functional implications for learning, adjustment, and wellness in natural, everyday settings. Teachers, especially in early childhood settings (ie, early intervention, Head Start, early care, and education), require collaborative supports from nurses, psychologists, physicians, and inclusion consultants to manage these problems and to help children adjust and progress. Few evidence-based models for partnerships among healthcare providers, such as hospitals, early childhood programs, and schools, exist to guide systems reform efforts to provide such supports. We present a description of a 5-year, federally funded and field-validated model for collaborative developmental healthcare support in education, HealthyCHILD (Collaborative Health Interventions for Learners with Differences). This article overviews the rationale and need for such support, the evidence-based features of the HealthyCHILD model, brief case vignettes illustrating its operation, and implications and recommendations for interdisciplinary practice.

#### [Strategic Community and State Action to Promote the Well-being of Infants and Toddlers: Lessons From the Real World](#)

Knitzer, Jane; Kreader, J. Lee

Infants & Young Children. 17(4):318-326, October-November-December 2004.

Emerging and powerful research finds that babies' earliest experiences have a lasting influence on their development. This article, drawing on several research projects conducted by the National Center for Children in Poverty, identifies emerging state and community approaches to translate these scientific findings into the real world of services and policies, particularly for infants and toddlers whose development may be compromised by poverty and other risk factors. The focus is on 3 strategies: (1) using federal programs, such as Women, Infants and Children Program (WIC) and Early Head Start, to deliver enhanced services; (2) implementing new approaches to serve more vulnerable families; and (3) creating infrastructure mechanisms to plan, manage, fund, deliver, and monitor services that are consistent with emerging developmental knowledge. For each of the overarching strategies, specific innovative examples are provided. The article concludes with a discussion of 3 critical implications and lessons for others: promote partnerships both within and across jurisdictions (including federal and state); consider how federal programs might be used as the basis for more efficient and family-responsive services; and infuse sustained best-practice activities into ongoing planning and implementation activities at both the state and local levels.

#### [Regulatory Disorder Identification, Diagnosis, and Intervention Planning: Untapped Resources for Facilitating Development](#)

Gomez, Caroline R.; Baird, Samera; Jung, Lee Ann

Infants & Young Children. 17(4):327-339, October-November-December 2004.

Many infants have problems with self-regulation (ie, the ability to regulate emotional state and organize a response to the environment) that resolve with maturity (eg, sleep disturbances, colic). In approximately 7% of infants, however, such problems persist beyond 6 months of age and are then considered to be maladaptive and may be representative of a regulatory disorder. Infants and young children with regulatory disorders have persistent behaviors (eg, irritability, impulsivity) that interfere with adaptive functioning and put them at an increased risk for a number of problems (eg, developmental delays). The task of identifying regulatory disorders and considering implications for intervention remains challenging. This article describes the current knowledge on regulatory disorder identification, diagnosis, and intervention planning.

#### [Interaction-oriented Early Intervention in Ethiopia: The MISC Approach](#)

Klein, Pnina S.; Rye, Henning

Infants & Young Children. 17(4):340-354, October-November-December 2004.

Basic principles of developmentally appropriate parental behavior in Western cultures were integrated within the framework of indigenous practices of childrearing in Ethiopia as part of the interaction-oriented early intervention project in Addis Ababa. The Mediational Intervention for Sensitizing Caregivers (MISC) was chosen to improve the quality of adult-child interactions and consequently, to promote children's learning potential. Families with infants and very young children living in 2 of the poorest communities in Addis Ababa participated in the study and were randomly assigned to the intervention and comparison groups. The indigenous childrearing practices and philosophies of parents, their needs and expectations from their children, and children's language, motor, and socioemotional development were examined. Parent-child interactions were videotaped and analyzed. These measures served as the basis for the intervention in each family. One year following the intervention, mothers in the intervention group were more sensitive, responsive, and optimistic about their potential to affect their child's development than were the mothers in the comparison group. Parent-child interactions included less harsh commands and fewer orders. Six years following the intervention, significant changes were still noted in the quality of adult-child interactions and in developmental measures of the children. The findings confirmed that an increase in age-appropriate, sensitive and affective interactions had positive effects on children's cognitive and socioemotional development.

#### [Family-centered and Culturally Responsive Assistive Technology Decision Making](#)

Parette, Howard Phil; Brotherson, Mary Jane

Infants & Young Children. 17(4):355-367, October-November-December 2004.

A family-centered approach is recommended practice for assistive technology (AT) decision making with families who have infants and toddlers with disabilities. Involving families in AT decision making involves careful gathering of information needed to address the family strengths, needs, and priorities, and to match the AT decision-making process with the family's culture. It also involves matching the infant or toddler with a disability to AT and the natural environments and activities where the devices and services will be used. Assistive technology can also enhance opportunities for infants and toddlers to develop early skills of self-determination when this is consistent with a family's cultural values. The article discusses ( *a* ) the role of AT in the service planning process; ( *b* ) issues related to working with families across cultures; ( *c* ) issues related to effective AT decision making when working with culturally and linguistically diverse families who have infants and toddlers with disabilities; and ( *d* ) a process of cultural reciprocity for meaningful information gathering during the AT decision-making process. Future issues for family-centered research and personnel preparation training are discussed for infants and toddlers with AT needs and their families.

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## Volume 18 - Issue 1

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### From the Editor

Guralnick, Michael J.

Infants & Young Children. 18(1):1, January-February-March 2005.

No abstract but Free

### Spectrum of Early Intervention Services for Children With Intrauterine Drug Exposure

Belcher, Harolyn M. E.; Butz, Arlene M.; Wallace, Pamela; Hoon, Alexander H.; Reinhardt, Elsie; Reeves, Sharon A.; Pulsifer, Margaret B.

Infants & Young Children. 18(1):2-15, January-February-March 2005.

Intrauterine illicit drug exposure may lead to a variety of adverse neurobehavioral and neurodevelopmental outcomes. Providing early intervention to reduce the impact of maternal substance abuse on the developing fetus may have significant benefits for the child and family. In this article, we report on 3 promising intervention programs designed to improve the well-being of parents with drug dependence and their children. The initiation of these programs spans from pregnancy through early childhood. All 3 programs are community-based, using comprehensive culturally relevant developmental models. The first program was developed to provide comprehensive care for pregnant women with drug dependence and their newborns. Project STRIVE (Support, Trust, Rehabilitation, Initiative, Values, and Education) provided substance abuse treatment, intensive center- and home-based social work, and parent education onsite at a high-risk obstetric and pediatric clinic. The second program, the Early Infant Transition Center, enrolled newborns with a history of neonatal abstinence syndrome and their mothers. Based in a renovated rowhouse in East Baltimore, one block away from a major urban hospital, the Early Infant Transition Center provided 24-hour nursing care, oncall physicians and nurse practitioners, social workers, parent education, and onsite sleeping accommodation for parents during their infant's recovery. The third program, Home-U-Go Safely, used community-based nurses to give home-based health monitoring, education, and support to new mothers with a history of cocaine and/or opiate dependence.

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### Head Start's Lasting Benefits

Barnett, W. Steven; Hustedt, Jason T.

Infants & Young Children. 18(1):16-24, January-February-March 2005.

The benefits of Head Start are under increased scrutiny as Congress debates its reauthorization. How effective is Head Start, and how can it be improved? We provide a current overview and critical evaluation of Head Start research and discuss implications of this research with an eye toward informing debate. There has been a good deal of controversy over whether Head Start produces lasting benefits, dating back to its early years. Our review finds mixed, but generally positive, evidence regarding Head Start's long-term benefits. Although studies typically find that increases in IQ fade out over time, many other studies also find decreases in grade retention and special education placements. Sustained increases in school achievement are sometimes found, but in other cases flawed research methods produce results that mimic fade-out. In recent years, the federal government has funded large-scale evaluations of Head Start and Early Head Start. Results from the Early Head Start evaluation are particularly informative, as study participants were randomly assigned to either the Early Head Start group or a control group. Early Head Start demonstrated modest improvements in children's development and parent beliefs and behavior. The ongoing National Head Start Impact Study, which is also using random assignment, should yield additional insight into Head Start's effectiveness. We conclude with suggestions for future research.

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### Healthcare and Early Intervention Collaborative Supports for Families and Young Children

Freund, Peggy J.; Boone, Harriet A.; Barlow, Jane H.; Lim, Chih Ing

Infants & Young Children. 18(1):25-36, January-February-March 2005.

Children who had a prolonged hospital stay are often at risk for developmental disabilities or delays by nature of their illnesses and diagnoses. The hospitalization also can significantly disrupt the developing infant-parent relationship. This article describes an innovative intervention model providing interagency and interdisciplinary supports for preterm infants and sick young children between birth and 3 years of age and their families in a hospital-based setting. Model components are outlined according to the

sources of support provided to families and children such as social-emotional, resource-material, and informational supports. Program evaluation data are shared on the basis of interviews with the models' major stakeholders—parents, healthcare providers, and early interventionists. Suggestions for replication and improvement of the model toward the realization of a seamless system of supports for infants and toddlers in hospital-based settings and during their transition to community-based early intervention services are provided.

#### Preschoolers' Ideas About Disabilities

Diamond, Karen E.; Huang, Hsin-Hui

Each year in the United States, more than 2.5 million typically developing 3- to 5-year-old children are enrolled in early childhood classes that include at least one child with an identified disability. This article examines what we know about typically developing children's ideas about age mates with disabilities and how experiences in inclusive programs may influence children's ideas and attitudes. We focus on young children's understanding of different disabilities, the ways that parents and teachers can influence children's ideas, and relations between children's ideas, interactions, and experiences in settings that include peers with disabilities. Finally, we offer suggestions of ways that teachers can support preschool children's interactions and help them to understand what it means to have a disability. *Infants & Young Children*. 18(1):37-46, January-February-March 2005.

#### Indirect Genetic Effects and the Early Language Development of Children With Genetic Mental Retardation Syndromes: The Role of Joint Attention

Murphy, Melissa M.; Abbeduto, Leonard

*Infants & Young Children*. 18(1):47-59, January-February-March 2005.

Mental retardation is typically associated with substantial delays in language. Researchers have been interested in the possible differences in the extent or nature of these delays across genetic syndromes, such as fragile X, Down, and Williams syndromes. This article addresses how genetic factors and environmental characteristics interact to produce specific language outcomes. We suggest that episodes of joint attention provide a means by which genetic anomalies can have indirect effects on some facets of language development. In doing so, we explain the nature of indirect effects and their influence on development; illustrate the link between joint attention and later language ability; discuss how joint attention may account for the characteristics associated with genetic syndromes, with special attention on fragile X syndrome; and consider implications for intervention.

#### A Leadership Training Model to Enhance Private and Public Service Partnerships for Children With Special Healthcare Needs

Magyary, Diane L.; Brandt, Patricia

*Infants & Young Children*. 18(1):60-71, January-February-March 2005.

Healthcare in this nation and the nature of the workforce are experiencing the most dramatic transformation in history. With healthcare reform, health professionals are increasingly being called upon to be leaders in creating a wide variety of community partnerships to influence and document accessible, high-quality, cost-effective service systems. In particular, community partnerships between private and public sectors of society need to be coordinated to achieve optimal health for children with special healthcare needs, and their families and communities. Healthy People 2010 objectives encourage new partnership development between the private–public sectors of healthcare in collaboration with families and communities. The reformulation of healthcare and the workforce likewise calls for a revision of professional education to produce leaders who have the competency to create and engage in partnerships on behalf of children with special healthcare needs. In this article, a nursing training grant's model of leadership is discussed that encompasses the full spectrum of private-public partnerships using the Maternal Child Healthcare Service Pyramid model, with particular emphasis on the interface among 4 service levels: (1) direct healthcare services, (2) enabling/advocacy services, (3) population-based services, and (4) infrastructure-building services. An additional leadership dimension, cultural competency, is identified as an essential aspect of leaders who engage in partnership building with diverse communities. Finally, the training grant's formative and summative evaluation process is discussed, and illustrated by presenting data that illustrate culturally competent leadership.

### **Volume 18 - Issue 2**

<https://journals.lww.com/ycjournal/toc/2005/04000>

#### From the Editor

Guralnick, Michael J.

*Infants & Young Children*. 18(2):73, April-June 2005.

No abstract but Free

#### Early Intervention in Autism

Corsello, Christina M.

*Infants & Young Children*. 18(2):74-85, April-June 2005.

We now know that professionals can diagnose children with autism when they are as young as 2 years of age ( Lord, 1995 ). Screening and the role of the pediatrician have become even more critical as we have recognized the stability of early diagnosis over time and the importance of early intervention. At this point, experts working with children with autism agree that early intervention is critical. There is professional consensus about certain crucial aspects of treatment (intensity, family involvement, focus on generalization) and empirical evidence for certain intervention strategies. However, there are many programs developed for children with autism that differ in philosophy and a lack of research comparing the various intervention programs. Most of the programs for children with autism that exist are designed for children of preschool age, and not all are widely known or available. While outcome data are published for some of these programs, empirical studies comparing intervention programs are lacking. In



this review, existing intervention programs and empirical studies on these programs will be reviewed, with a particular emphasis on the birth to 3 age group.

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#### [The Emerging Down Syndrome Behavioral Phenotype in Early Childhood: Implications for Practice](#)

Fidler, Deborah J.

Infants & Young Children. 18(2):86-103, April-June 2005.

Previous studies have reported a specific behavioral phenotype, or a distinct profile of behavioral outcomes, associated with Down syndrome. Until recently, however, there has been little attention given to how this behavioral profile emerges and develops over time. It is argued here that some aspects of the Down syndrome behavioral phenotype are already emerging in infants and toddlers, including emerging relative strengths in some aspects of visual processing, receptive language and nonverbal social functioning, and relative weaknesses in gross motor skills and expressive language skills. Research on the early developmental trajectory associated with Down syndrome (and other genetic disorders) is important because it can help researchers and practitioners formulate interventions that are time-sensitive, and that prevent or offset potential future negative outcomes. This article reviews evidence for the emerging Down syndrome behavioral phenotype in infants, toddlers, and preschoolers. This is followed by a discussion of intervention approaches that specifically target this developing profile, with a focus on language, preliteracy skills, and personality motivation.

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#### [Priorities for a New Century of Early Childhood Programs](#)

Reynolds, Arthur J.; Temple, Judy A.

Infants & Young Children. 18(2):104-118, April-June 2005.

We highlight emerging directions in early childhood programs that establish them as one of the nation's most important priorities. We first discuss the status of investments in early childhood programs and then review patterns of participation in early childhood programs. Finally, we review advances in knowledge about the effectiveness of early childhood programs and their implications for practice. These advances include ( *a* ) increasing evidence for the positive effects of model and large-scale programs, ( *b* ) the significance of timing and length of participation, ( *c* ) the identification of cognitive, family, and school-related mechanisms by which participation leads to long-term beneficial effects, and ( *d* ) evidence of high economic returns from program participation. We illustrate the state of knowledge and practice with research on the Child-Parent Centers and other early education projects.

#### [Rationale and Methodology for Developing Guidelines for Early Intervention Services for Young Children With Developmental Disabilities](#)

Noyes-Grosser, Donna M.; Holland, John P.; Lyons, Demie; Holland, Carole L.; Romanczyk, Raymond G.; Gillis, Jennifer M.

Infants & Young Children. 18(2):119-135, April-June 2005.

Professionals providing early intervention services are increasingly asked to provide scientific evidence that the clinical methods they use will lead to positive functional outcomes for children with developmental disabilities. To address the need for such evidence, the New York State Department of Health sponsored the development of 6 science-based clinical practice guidelines for children younger than 3 years with those developmental conditions most often seen in the state's Early Intervention Program. Separate guidelines were developed for autism/pervasive developmental disorders, communication disorders, Down syndrome, hearing impairment, motor disorders, and vision impairment. Consensus panels were convened to develop the guidelines. Each panel helped define the scope of the guideline and specific clinical questions to be addressed to ensure that the guideline would be useful to the intended target audiences of parents, professionals providing early intervention services, local Early Intervention Program administrators, and primary healthcare professionals. Each of the guidelines provides evidence-based and consensus recommendations about assessment and intervention methods and explicitly states the strength of evidence for each recommendation. It is hoped that these clinical practice guidelines will contribute to improved functional outcomes for young children with developmental conditions, both directly through improved knowledge and better communication among parents and professionals and indirectly by fostering program improvements and research.

#### [Parental Beliefs and Practices Around Early Self-regulation: The Impact of Culture and Immigration](#)

Meléndez, Luisiana

Infants & Young Children. 18(2):136-146, April-June 2005.

Birth marks the beginning of the transition from external to internal self-regulation for infants. Acquiring regular sleep patterns, regulating crying and later, emotions are universal developmental tasks. Nevertheless, the values, beliefs, and parenting practices prevalent in different cultures both determine and mediate how these important self-regulatory tasks are accomplished. This article examines the impact that culture in general and immigration in particular can have on parental practices and beliefs, and the implications of a possible mismatch between the beliefs and practices of immigrant families and the developmental expectations of the host culture, particularly around infants' self-regulatory tasks. Implications for practitioners working with immigrant families and their infants are also considered.

#### [Young Children in Foster Care: Multiple Vulnerabilities and Complex Service Needs](#)

Vig, Susan; Chinitz, Susan; Shulman, Lisa

Infants & Young Children. 18(2):147-160, April-June 2005.

Young children who have been removed from their biological families and placed in foster care are at significant risk for poor developmental outcomes. Their vulnerability is often the result of adverse biological and psychosocial influences: prenatal exposure to alcohol and other drugs, premature birth, abuse and neglect leading to foster placement, and failure to form adequate attachments to their primary caregivers. Children younger than 6 years form the largest group entering foster care, and remain longest in care. Meeting the complex needs of this vulnerable group of young children and their families presents extensive



challenges for early intervention service systems. The purpose of the following discussion is to describe the foster care population and the kinds of medical conditions, mental health problems, and developmental disabilities experienced by young children in foster care, and to explore implications for intervention. By increasing their understanding of risk factors, vulnerabilities, and complex service needs, early childhood professionals can become effective advocates and provide services that ameliorate risk and optimize outcomes for these children and their families.

#### [Service Coordination for Children With Complex Healthcare Needs in an Early Intervention Program](#)

Nolan, Karen W.; Young, Edna Carter; Hebert, Elizabeth Baltus; Wilding, Gregory E.

Infants & Young Children. 18(2):161-170, April-June 2005.

The number of children with complex healthcare needs (CHCN) is growing at an unprecedented rate. Multiple systems of care are in place to address the relevant needs of these children. Ambulatory healthcare has become an accepted method for delivering therapeutic interventions through home- and community-based systems of care such as early intervention (EI). This study examined reports of EI service coordinators regarding the expected type and amount of service provided for children with CHCN, collaboration and communication between providers of medical care and EI services, and adequacy of the service coordinators' training to work effectively with this population. Despite the overall rate of growth of the population of children with CHCN, our results indicated that the relative number of children with CHCN (reported by service coordinators in our sample) remains small. Although children with CHCN reportedly required more time for care coordination, respondents indicated that these children would not be higher users of EI resources compared to children with uncomplicated developmental delays. In terms of level of comfort for working with children with CHCN, training was found to be a better predictor of comfort than experience. Furthermore, primary care physicians were reported to have a low level of involvement in development of outcomes on Individualized Family Service Plans for all children within this EI system of care.

### **Volume 18 - Issue 3**

<https://journals.lww.com/iyjournal/toc/2005/07000>

#### [From the Editor](#)

Guralnick, Michael J.

Infants & Young Children. 18(3):173, July-September 2005.

No abstract but Free

#### [Augmentative Communication and Early Intervention: Myths and Realities](#)

Romski, MaryAnn; Sevcik, Rose A.

Infants & Young Children. 18(3):174-185, July-September 2005.

The use of augmentative and alternative communication (AAC) services and supports with infants and young children has been limited, owing to a number of myths about the appropriateness of AAC use with this population. This article will provide an overview of some of the myths that have hampered the inclusion of AAC into early intervention service delivery and refutes them. It will then examine some of the realities that must be considered when delivering AAC services and supports to young children.

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#### [Exploring Mental Health Outcomes for Low-income Mothers of Children With Special Needs: Implications for Policy and Practice](#)

Lloyd, Chrishana M.; Rosman, Elisa

Infants & Young Children. 18(3):186-199, July-September 2005.

Research has indicated that there is a heightened risk for the occurrence of childhood disabilities in single-parent-female-headed households that are living at or below the poverty line. Research also demonstrates increased levels of parenting stress and parenting depression among mothers who have children with special needs. However, very little is currently known about mental health outcomes among women who are poor and raising children with disabilities. To work effectively with these caregivers, human service professionals must utilize multifaceted approaches based on an ecological framework to address the multitude of challenges that these families face. This article draws upon ecological theory and a case study to examine the ways that having a child with special needs impacts women's emotional well-being and their ability to function in roles they deem appropriate for their children. The case study highlights current policies and the ways in which they may exacerbate caretakers' mental health issues. It also provides a framework to identify and demonstrate the ways in which an ecological approach is useful in looking outside the individual and the family to understand the processes through which other systems may interact with the family to affect maternal mental health. Finally, specific links are drawn to both policies and practice.

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#### [A Model of Early Detection and Diagnosis of Autism Spectrum Disorder in Young Children](#)

Chakrabarti, Suniti; Haubus, Christine; Dugmore, Sally; Orgill, Gill; Devine, Frank

Infants & Young Children. 18(3):200-211, July-September 2005.

Autism and autism spectrum disorder (ASD) are a group of severe developmental disorders that are characterized by 3 core sets of developmental abnormalities: impairment of social interaction, verbal and nonverbal communication, and restricted, repetitive patterns of behavior. The disorder is far more common than previously thought. There is no cure for autism but it is apparent that early detection followed by early intervention is likely to provide the best chance of long-term beneficial outcome in this condition. Unfortunately, until recently, there had been no validated method of comprehensive early detection of ASD, nor a tool with adequate sensitivity and specificity to be recommended for universal screening of preschool children with ASD. We describe a

model of comprehensive early detection and diagnosis of ASD that is achieved by using the resources of primary care workers and a multidisciplinary team with skill and experience in assessing developmental problems in young children and specific expertise in ASD. Both early detection and diagnosis may be carried out by this team in collaboration with parents and primary care professionals and can result in high rates of detection and diagnosis of ASD.

#### Clinical Clues, Developmental Milestones, and Early Identification/Assessment of Children With Disabilities: Practical Applications and Conceptual Considerations

Romanczyk, Raymond G.; Gillis, Jennifer M.; Noyes-Grosser, Donna M.; Holland, John P.; Holland, Carole L.; Lyons, Demie  
*Infants & Young Children*. 18(3):212-221, July-September 2005.

The New York State Department of Health initiated the development of 6 clinical practice guidelines for children under 3 years of age with those developmental conditions most often seen in the state's Early Intervention Program. Separate guidelines were developed for autism/pervasive developmental disorders, communication disorders, Down syndrome, hearing impairment, motor disorders, and vision impairment. Professionals providing early intervention services are confronted with complex issues regarding service provision. This article focuses upon identification and assessment methods recommended by these 6 guidelines. The guidelines specifically emphasize the importance of routine developmental surveillance where primary healthcare providers use both clinical clues and developmental milestones, as signals for further focused screening and in-depth assessment to detect possible developmental conditions. Given the wide variation in timing for reaching specific milestones seen among typically developing children, the use of developmental milestone tables alone may miss opportunities for early identification, which may result in unnecessary "wait and see" recommendations to parents. The use of disorder-specific clinical clues may offer a more efficient and accurate method of developmental surveillance that facilitates earlier identification of infants and young children with developmental disabilities who may benefit from early intervention services.

#### An Evaluation of Family-centered Care in a Level III NICU

Bruns, Deborah A.; Klein, Sharon  
*Infants & Young Children*. 18(3):222-233, July-September 2005.

Family-centered care is critical to successful experiences for infants and their families in the neonatal intensive care unit (NICU). This article describes a retrospective evaluation survey of family-centered practices in an urban, Level III NICU. Evaluation questions focused on parent satisfaction with unit practices in 4 areas: ( a ) NICU environment, ( b ) caregiving practices, ( c ) communication opportunities, and ( d ) relationships with nursing staff. Quantitative and qualitative data indicated overall parent satisfaction along with suggestions for improvement of unit practices. Specifically, the need for redesign of the NICU environment (eg, increased space at infant's bedside), caregiving practices (eg, increased hands-on practice), communication opportunities (eg, convenient times for care conferences), and relationships with nursing staff (eg, development of parent-professional relationships) are highlighted as avenues for improving NICU practices. Recommendations for family-centered practices are provided.

#### A Case Study of Early Development in Williams Syndrome: Implications for Early Intervention

Hepburn, Susan; Philofsky, Amy; John, Angela; Fidler, Deborah J.  
*Infants & Young Children*. 18(3):234-244, July-September 2005.

The aim of this article is to provide an in-depth description of the behavioral phenotype of Williams syndrome in a preschool-aged child. Williams syndrome is a neurodevelopmental, multisystem genetic disorder associated with mental retardation that predisposes individuals to a characteristic pattern of strengths and weaknesses in neuropsychological functioning. While much is known about functioning in adults, very few descriptions of early development are available in the literature. Implications for designing early intervention programs for children with this debilitating disorder are discussed.

#### Interdisciplinary Preservice Specialization Project: A Model for Early Intervention Personnel Preparation

Malone, D. Michael; Straka, Elizabeth  
*Infants & Young Children*. 18(3):245-260, July-September 2005.

The purpose of this article is to describe the Interdisciplinary Preservice Specialization Project (IPSP), an early intervention personnel preparation project funded by the US Department of Education, and the utility of the model to promoting student knowledge and skill. The Interdisciplinary Preservice Specialization Project was designed to prepare master's-level students to assume roles as early intervention practitioners (both direct service and program administration). The efficacy of the model was documented through change in level of student competency in 7 targeted areas with 66 competencies as well as through perceptions of students, university faculty members, and community agency personnel regarding the distinct contribution of the project to early intervention personnel preparation at the university and in the State.

The number of children with complex healthcare needs (CHCN) is growing at an unprecedented rate. Multiple systems of care are in place to address the relevant needs of these children. Ambulatory healthcare has become an accepted method for delivering therapeutic interventions through home- and community-based systems of care such as early intervention (EI). This study examined reports of EI service coordinators regarding the expected type and amount of service provided for children with CHCN, collaboration and communication between providers of medical care and EI services, and adequacy of the service coordinators' training to work effectively with this population. Despite the overall rate of growth of the population of children with CHCN, our results indicated that the relative number of children with CHCN (reported by service coordinators in our sample) remains small. Although children with CHCN reportedly required more time for care coordination, respondents indicated that these children would not be higher users of EI resources compared to children with uncomplicated developmental delays. In terms of level of comfort for working with children with CHCN, training was found to be a better predictor of comfort than experience. Furthermore, primary care physicians were reported to have a low level of involvement in development of outcomes on Individualized Family Service Plans for all children within this EI system of care.

From the Editor

Guralnick, Michael J.

Infants & Young Children. 18(4):263, October-December 2005.

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From the Special Issue Editor

Weston, Donna R.

Infants & Young Children. 18(4):264-265, October-December 2005.

No abstract but buy

Professional Training in Infant Mental Health: Introductory Overview

Osofsky, Joy D.

Infants & Young Children. 18(4):266-268, October-December 2005.

No abstract but buy

Integrating and Adapting Infant Mental Health Principles in the Training of Consultants to Childcare

Johnston, Kadija; Brinamen, Charles

Infants & Young Children. 18(4):269-281, October-December 2005.

Infant mental health develops through relationships with primary caregivers. With the increasing number and proportion of children in child care, these salient relationships are occurring more regularly with child care providers. The principles of infant-parent psychotherapy have been expanded to include consultation to child care providers to meet this growing need. Consultation focuses on the relationships between caregiver and child and between caregivers (teacher-teacher and teacher-parent) as they impact a child's development. Consultation services to early childhood programs requires knowledge of child development, therapy, and child care, understanding of a system's functioning and influence on development, organizational psychology and case management, and a willingness and ability to recognize countertransference and to acknowledge one's role in the system. Neither traditional clinical or social work training nor preschool experience fully prepares consultants to approach these many facets, requiring additional training. Training and supervision focus on developing a stance of collaboration and wondering with child care providers and on recognizing the many levels of influence on child care providers. The pitfalls of early consultation are also addressed: assuming an expert stance, expecting knowledge to immediately remedy problems, difficulties balancing consultation with therapy, and a lack of knowledge of child care and the demands of group care.

Multiple Births: The Experience of Learning in Infant-Parent Psychotherapy

Birch, Marian; Mennet, Lisa; Zorrah, Quen

Infants & Young Children. 18(4):282-294, October-December 2005.

Two clinical training cases, both beginning in pregnancy, are used to illustrate how infant-parent psychotherapy can positively influence the emerging self-representations of all 3 members of the therapeutic triad: infant, new mother, and therapist-in-training. Within the training program, emphasis is placed on developing capacities for the regulation of intense emotion, integration of affects, cognitions, and memory, and increased reflective function. Supervisory support is critical as it expands these capacities in the clinician, who can in turn support the growth of the parent and the infant.

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Training in the 7 Languages of Infant Mental Health: The Graduate Certificate Program at Wayne State University's Merrill-Palmer Institute

Kaplan-Estrin, Melissa; Weatherston, Deborah J.

Infants & Young Children. 18(4):295-307, October-December 2005.

Training for infant mental health specialists involves unusual requirements for depth and breadth as it seeks to address 7 languages: the languages of the infant, the parent, the parent-infant relationship, the family, infant mental health specialists, collaboration, and self-reflection. The training approach in the Graduate Certificate Program in Infant Mental Health at Merrill-Palmer Institute, Wayne State University, built upon the training and intervention legacy of Selma Fraiberg (1980), includes graduate coursework, direct observational and clinical experience, reflective supervision, and a yearlong clinical seminar. The program's history, orientation, structure, resources, and outcomes are described. Essential aspects of the program include its focus on observational skills, knowledge of normative development in infancy, understanding of early relationship development, understanding of the family and cultural context of development, and clinical assessment and intervention skills. Since 1988, more than 75 graduate trainees have completed the program's special blend of interdisciplinary study and supervised clinical practice, earning their graduate certificates, and making important contributions to the field of infant mental health.

Keeping Our Balance on a Slippery Slope: Training and Supporting Infant/Family Specialists Within an Organizational Context

Norman-Murch, Trudi

Infants & Young Children. 18(4):308-322, October-December 2005.

There is an emerging concept of the "infant/family" field and an understanding of the core knowledge, principles, and practices that are shared by a broad range of professionals who work with young children and their families. In particular, there is an awareness of the critical importance of early social and emotional development as an organizer of overall development, and a focus on the tremendous impact that caregiver-child relationships have on child development. There is also an appreciation of the ways in which the caregiver-professional relationships can either support or interfere with effective service delivery and the ways in which that relationship actually is a form of intervention. For many practitioners, these trends represent a change in their scope

of practice, and in the way they do their work. This article is an account of an organizational approach to the ongoing professional development of infant-family professionals, as implemented in a large, nonprofit, human services agency. Core training content is outlined, along with the organization's staff development plan. Primary emphasis is placed on supervision as the vehicle for staff development, along with the role of leadership and the use of in-service training and consultative support.

#### [Finding an Authentic Voice—Use of Self: Essential Learning Processes for Relationship-based Work](#)

Heffron, Mary Claire; Ivins, Barbara; Weston, Donna R.

Infants & Young Children. 18(4):323-336, October-December 2005.

This article articulates and defines the *use of self* construct in relationship-based intervention in the infant and family field. A set of descriptors is introduced that can be used in supervision with trainees and new practitioners to help operationalize clinical processes and the concepts inherent in developing reflective practice skills. Particular emphasis is given to discussing Schön's distinction of *reflection in action* and *reflection on action*. Examples derived from supervision and consultation dialogues are given to illustrate opportunities for enhancing clinical process and reflective practice skills, and concepts that can confuse practitioners are discussed. It is suggested that the practitioner's greater understanding of, and comfort with, how internal experience impacts intervention in relationship-based work allows for the development of a unique and effective "authentic voice."

#### [Training in Infant Mental Health: Educating the Reflective Practitioner](#)

Weston, Donna R.

Infants & Young Children. 18(4):337-348, October-December 2005.

Training approaches in the arena of infant mental health are evolving, demand for training experiences is growing, and recognition of challenges to building the infant-family workforce is improving understanding of training needs. The diversity in the prospective workforce creates challenges for training programs, for example, how to clearly define appropriate training objectives, how to define relevant knowledge base and skills, how to structure training approaches for such a heterogeneous population as the infant-family workforce, and how to provide training experiences that facilitate ongoing professional development for individual practitioners. Workforce diversity is not the only or even the most important challenge however. Work with infants, toddlers, and their families is made up of a great variety of problematic situations, each unique to a baby and its family, each requiring *naming and framing*. Thus, the complexity of training in infant mental health can be construed as the twin challenges of acquiring needed knowledge bases and also gaining the skills of naming and framing, or of problem setting, which are necessary for effective and reflective practice. The challenges for educators in infant mental health are not only to transmit appropriate knowledge bases in the training process but also to prepare the trainee to work within an ongoing relationship with each family. These training issues will be addressed through an attempt to characterize the work of infant mental health using Schön's framework of reflective practice to further develop the tasks of problem setting in the indeterminate swampy zone of infant mental health practice.

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#### [Relationship-based Systems Change: Illinois' Model for Promoting Social-Emotional Development in Part C Early Intervention](#)

Gilkerson, Linda; Kopel, Carolyn Cochran

Infants & Young Children. 18(4):349-365, October-December 2005.

This article describes the rationale, philosophy, and implementation of a relationship-based model for promoting social-emotional (SE) development in Part C early intervention (EI). The goal is to support SE development for all children in EI and to more effectively identify and serve children with SE concerns and their families. The comprehensive approach provides relationship-based training, addition of a SE specialist to the EI entry points, reflective consultation for managers, reflective supervision and case consultation for service coordinators, and professional development and networking for providers. Evaluation results indicate that this is a cost-effective approach that produces positive changes in staff knowledge, practice, and role satisfaction, and increases the early identification of SE concerns and provision of appropriate services. The Illinois Bureau of Early Intervention is funding the rollout of the pilot model statewide.