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From the Editor

Guralnick, Michael J.

Infants & Young Children. 19(1):1, January-March 2006.

No abstract but Free

Children With Disabilities and Supplemental Security Income: Guidelines for Appropriate Access in Early
Childhood

Msall, Michael E.; Bobis, Fernando; Field, Shelly

Infants & Young Children. 19(1):2-15, January-March 2006.

Child disability includes physical, developmental, behavioral, and learning disorders in children. More than 1 in 8 children have a limitation in an essential activity such as moving, self-care, communicating, or learning, and almost 1 in 5 has a special healthcare need. Poverty, defined as gross income less than \$15,600 for a family of 3, increases the risks for suboptimal health, developmental, and behavioral outcomes for children, especially for preschoolers. We will provide a framework for health, developmental, and social service professionals to better understand Supplemental Security Income and thereby improve the chances that families in poverty with children with special healthcare needs and preschool developmental delays gain access to this valuable resource.

Families and Genetic Diagnoses in the Genomic and Internet Age

Skinner, Debra; Schaffer, Rebecca

Infants & Young Children. 19(1):16-24, January-March 2006.

The explosion of new knowledge and technologies stimulated by the Human Genome Project has ushered in the "genomic age," where genetic components of diseases and disorders, their links, and processes are increasingly being revealed and understood at the molecular level. The genomic age coupled with the Internet, which offers quick access and circulation of information as well as numerous sites in which "knowledge" can be recreated or disputed, is changing the contexts and experiences of early childhood disability. This article examines this transformation using data from an ethnographic, longitudinal study of parents of young children with suspected or known genetic disorders. Here we describe how genetic information and the Internet affect parents' search for and understandings of genetic diagnoses, and how these 2 cultural forces may be changing medical, early intervention, and special education practices.

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Prevention and Intervention for the Challenging Behaviors of Toddlers and Preschoolers

Powell, Diane; Dunlap, Glen; Fox, Lise

Infants & Young Children. 19(1):25-35, January-March 2006.

An early manifestation of atypical social-emotional development is the occurrence of challenging behaviors. While some challenging behaviors dissipate during and following the early years, others persist and even escalate, marking increasingly problematic developmental trajectories, school failure, and social maladjustment. Increasing attention has begun to focus on the early identification and prevention of challenging behaviors and on strategies for resolving such behaviors at their earliest appearance. In this article, the authors discuss what is known about challenging behaviors in the repertoires of toddlers and preschoolers, and present a model of prevention and intervention. Although research in this area is limited, there are encouraging signs that a coordinated adoption of validated practices could substantially reduce challenging behaviors and thereby enhance the social and emotional well-being of children in today's society.

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Facilitating Language Skills: Inservice Education for Early Childhood Educators and Preschool Teachers

Girolametto, Luigi; Weitzman, Elaine; Greenberg, Janice

Infants & Young Children. 19(1):36-46, January-March 2006.

Learning Language and Loving It is a well-known model of inservice education for early childhood educators and preschool teachers. Its objectives are to facilitate language learning, peer interaction, and literacy development in naturalistic classroom contexts. The inservice education program consists of 8 evening group sessions and 6 individual video feedback sessions. Early childhood educators are taught to use (a) child-centered strategies (eg,

follow the children's lead), (*b*) interaction-promoting strategies (eg, ask questions that continue the conversation, wait for the child to take a turn), and (*c*) language-modeling strategies (eg, label, expand, comment). Educators also learn strategies to facilitate peer interactions and early literacy skills. Investigations of the efficacy of this inservice program indicate that it effectively improves educators' language facilitation strategies and verbal supports for peer interaction. Typically developing children evidenced increased talkativeness, used a more diverse vocabulary, and increased their peer interactions. The program's use with children who have disabilities (eg, language disorders) and children who are learning English as a second language is beginning to be explored.

Early Intervention for Children With Down Syndrome in Southern Italy: The Role of Parent-implemented Developmental Training

Del Giudice, Ennio; Titomanlio, Luigi; Brogna, Giuseppe; Bonaccorso, Antonella; Romano, Alfonso; Mansi, Giuseppina; Paludetto, Roberto; Di Mita, Onorina; Toscano, Ennio; Andria, Generoso
Infants & Young Children. 19(1):50-58, January-March 2006.

The aim of this study was to assess whether parent-implemented developmental training—by means of the Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN)—could be of greater benefit to young children with Down syndrome (DS) than the standard therapist-implemented treatment provided by the National Health Service of the southern Italian region of Campania (NHST). A total of 47 children with DS were randomly assigned either to the experimental (CCITSN) or to the comparison (NHST) group. Children from both groups were tested periodically with the Brunet-Lézine Psychomotor Development Scale. After completion of the 12-month followup, children in the CCITSN group showed developmental gains over time while children in the comparison group showed a slight but not statistically significant improvement. Moreover, mean developmental quotient scores of the CCITSN group, over the entire study period, were significantly higher than those of the comparison group. A commitment to using parents as interventionists is not a common practice in Italy and many other countries, but may be the most effective and cost-efficient way of providing services to young children with DS and other developmental disabilities.

Universal Newborn Hearing Screening and Intervention: Assessing the Current Collaborative Environment in Service Provision

Gallagher, Peggy A.; Easterbrooks, Susan; Malone, Delia G.
Infants & Young Children. 19(1):59-71, January-March 2006.

Many states are implementing universal newborn hearing screening and intervention initiatives, also referred to as early hearing detection and intervention. Young children who are identified at birth, or soon thereafter, as having hearing loss are at a much greater advantage in reaching their full potential when programs and services are implemented during the infancy period. Most states do not have a full cadre of trained professionals knowledgeable and experienced in working with infants and toddlers with hearing loss and their families. This article provides an overview of the results of a statewide needs assessment to determine program priorities, training needs for the personnel who will work with these young children with hearing loss and their families, and the potential for increasing the level of collaboration among service providers. The needs assessment was conducted through 19 in-depth focus group interviews with 165 persons from a variety of disciplines, including family members. Suggestions are offered for expanding the traditional center-based approach to a collaborative model and for developing training and programming initiatives in other states.

Islands With Bridges: Using the Web to Enhance Ongoing Problem Solving Among Educators of Young Children With Special Needs

Stowitschek, Joseph J.; Guest, Mako A.
Infants & Young Children. 19(1):72-82, January-March 2006.

The article explores the use of a Web site to extend the reach of experience-based staff development in support of recommended practices for young children with special needs. The authors' experiences with the Early Childhood Solutions Link are used to illustrate an applied demonstration of the capabilities of Web-based problem solving to keep inservice trainers in communication with participants, and participants in touch with each other through crucial periods of initial tryout and implementation in regards to research-based practices.

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From the Editor

Guralnick, Michael J.
Infants & Young Children. 19(2):85, April-June 2006.
 No Abstract but Free

[Attention-Deficit/Hyperactivity Disorder: Can It be Recognized and Treated in Children Younger Than 5 Years?](#)

Wolraich, Mark L.

Infants & Young Children. 19(2):86-93, April-June 2006.

The article describes the history of attention-deficit/hyperactivity disorder (ADHD) from when it was described in characters in a children's book to the current definition and diagnostic criteria. Furthermore, it describes the history of therapeutic interventions including psychosocial interventions, medications and school interventions, and the evolution of thinking of the ADHD as a neurobiological condition. The information specific to children younger than 5 years, as well as the implications of the history of the condition on this age group, is discussed.

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[Neurobiology of Attention-Deficit/Hyperactivity Disorder in Preschoolers](#)

Valera, Eve M.; Seidman, Larry J.

Infants & Young Children. 19(2):94-108, April-June 2006.

There is abundant evidence that attention-deficit/hyperactivity disorder (ADHD) is a neurobiologic disorder. Yet, some of the most common methods for directly assessing neurobiologic substrates have not been used in 3- to 5-year-old preschoolers. Therefore, we must use other means to infer the neurobiology of ADHD in this young age group. In this review, we provide the following: (1) a brief review of neuropsychologic studies of preschoolers with ADHD; (2) a brief summary of structural and functional neuroimaging studies of ADHD in older children as they might relate to findings in preschoolers; (3) an empirically based theory of the neurologic substrate of ADHD, in particular, the cerebellar-prefrontal-striatal network; (4) an overview of the evidence for the etiology of ADHD; and (5) support for the idea that the neurobiology of ADHD is largely stable over time, such that we can infer abnormalities in preschoolers on the basis of data from older children with ADHD. We hope that this information can be used to guide our thinking and treatment approaches in these young children with ADHD.

[The Epidemiology and Diagnostic Issues in Preschool Attention-Deficit/Hyperactivity Disorder: A Review](#)

Egger, Helen Link; Kondo, Douglas; Angold, Adrian

Infants & Young Children. 19(2):109-122, April-June 2006.

This study aims to review the nosology and epidemiology of attention-deficit/hyperactivity disorder (ADHD) in children aged 2 through 5 years. Studies, primarily in community or pediatric clinic settings, were reviewed. In studies using *DSM* diagnostic criteria, the prevalence of ADHD in preschool children ranges from 2.0% to 7.9%, with hyperactive-impulsive type and combined type significantly more common than pure inattentive type ADHD. Boys and older preschoolers (4- and 5-year-olds vs 2- and 3-year-olds) are more likely to meet criteria for ADHD. Preschoolers with ADHD are significantly impaired in their relationships with adults and other children, in their functioning at home and outside the home, and in cognitive and academic performance. Preschoolers with ADHD are significantly more likely to meet criteria for other psychiatric disorders and those who do meet criteria for other psychiatric disorders are more severely impaired than preschoolers with ADHD alone. Despite the severity of impairment, only about a quarter of preschoolers with ADHD are referred for mental health evaluation or treatment. Preschool ADHD predicts future ADHD and persistent impairment. Preschoolers with ADHD look like older children with ADHD with similar symptom presentations, associated features, and prognosis. These findings suggest that *DSM-IV-TR* ADHD is a reliable and valid diagnosis for children aged 2 through 5 years.

[Difficult Child Temperament and Attention-Deficit/Hyperactivity Disorder in Preschool Children](#)

Bussing, Regina; Lehniger, Frank; Eyberg, Sheila

Infants & Young Children. 19(2):125-131, April-June 2006.

Increasing numbers of preschoolers with disruptive behavior are referred to mental health professionals for evaluations of hyperactivity, prompting concerns that young children with "difficult temperament" are being misdiagnosed with attention-deficit/hyperactivity disorder (ADHD). This article provides a context for understanding the difficulties associated with diagnosing ADHD in preschoolers, reviews contemporary concepts of temperament, and examines recent efforts to integrate research on temperament and ADHD, with particular focus on the problematic construct of difficult temperament. We conclude preschoolers whose disruptive behaviors cause concern require a multidimensional approach to evaluation and planning for appropriate preventive intervention, and that assigning a label of difficult temperament provides neither reassurance nor license to engage simply in watchful waiting.

[Evidence Base for the Use of Stimulant Medication in Preschool Children With ADHD](#)

Kollins, Scott H.; Greenhill, Laurence

Infants & Young Children. 19(2):132-141, April-June 2006.

Increasingly, attention-deficit/hyperactivity disorder (ADHD) is being recognized as a valid disorder in preschool-aged children. There are only limited data available, however, to provide useful guidelines for the pharmacological management of this impairing condition in this age range. This article (1) reviews the available studies on stimulant treatment in preschoolers with ADHD; (2) provides an overview of the recently completed National Institute of Mental Health-funded Preschool ADHD Treatment Study (PATs); (3) highlights special considerations in

conducting psychopharmacological research in this age range; and (4) provides clinical guidelines for managing the ADHD in preschoolers on the basis of available evidence.

[Nonpharmacological Interventions for Preschoolers With ADHD: The Case for Specialized Parent Training](#)

Sonuga-Barke, Edmund J. S.; Thompson, Margaret; Abikoff, Howard; Klein, Rachel; Brotman, Laurie Miller
Infants & Young Children. 19(2):142-153, April-June 2006.

The past decade witnessed an increased use of stimulants for the treatment of attention-deficit/hyperactivity disorder (ADHD) in preschool children. However, the reluctance of parents of preschoolers to place their young children on stimulants (S. H. Kollins, 2004) coupled with the paucity of information regarding the long-term effects of stimulants in preschoolers makes the development and testing of nonpharmacological treatments for preschoolers with ADHD a major public health priority. This article addresses this issue. First, we highlight issues relating to the existence of ADHD in preschoolers as a clinically significant condition and the need for effective treatment. Second, we examine issues related to the use of pharmacological therapies in this age group in terms of efficacy, side effects, and acceptability. Third, we discuss existing nonpharmacological interventions for preschoolers and highlight the potential value of parent training in particular. Finally, we introduce one candidate intervention, the New Forest Parenting Package, and present initial evidence for its clinical value as well as data on potential barriers and limitations.

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[Actual Psychotropic Medication Use in Preschool Children](#)

Rappley, Marsha D.

Infants & Young Children. 19(2):154-163, April-June 2006.

Preschool children who receive psychotropic medications are a special and vulnerable group of children. They have a wide range of mental health and other medical diagnoses. Their families face challenges in parenting as well as social and mental health issues. These children receive a very large spectrum of psychotropic medications. The issue of safe and appropriate use of such medication is of concern within the context of increased diagnosis of mental health conditions, especially attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorders, and the increased use of psychotropic medications for all children and adults. Stimulants, risperidone, and clonidine are the few medications studied in this age group. A national registry or other large-scale organized approach is likely the best method to gather information related to indications and long-term management of psychotropic medications for preschool-aged children. An approach is suggested to allow treatment while specific guidance is formulated at the national level to address the urgent and serious problems presented by preschool children and their families.

[The Identification of ADHD](#)

Ross, Elizabeth; Ross, E. Clarke

Infants & Young Children. 19(2):164-167, April-June 2006.

Beth and Clarke Ross reside in Crofton, Md. Their son has had the same pediatrician since birth. With excellent health insurance (Federal Employee Health Benefit Program) and some informed knowledge of special learning and attention-deficit/hyperactivity disorder issues, they are positioned to take advantage of the medical institutions in the Baltimore-Washington greater area. Their pediatrician has been excellent at referring to appropriate specialists when the need arises. Despite an excellent Individualized Education Program, Beth and Clarke are often frustrated with the school's inability to consistently implement the Individualized Education Program as written. Today, Andrew's friends all have the same social skills challenges. Like many parents, Beth and Clarke balance the emotions of uncertainty, frustration, and sadness. They also are currently focusing on reinforcing what Dr Robert Brooks calls "islands of competence"—building on Andrew's strengths to reinforce attitudes of self-confidence. Clarke Ross works as the Chief Executive Officer of CHADD (Children and Adults With Attention-Deficit/Hyperactivity Disorder).

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[From the Editor](#)

Guralnick, Michael J.

Infants & Young Children. 19(3):169, July-September 2006.

No abstract but free

[Critical Connections for Children Who are Abused and Neglected: Harnessing the New Federal Referral Provisions for Early Intervention](#)

Dicker, Sheryl; Gordon, Elysa

Infants & Young Children. 19(3):170-178, July-September 2006.

This article highlights strategies that link the child welfare, court, and Early Intervention systems to enhance the healthy development of young children in foster care. It spotlights the need for infants and young children in foster care to be referred to the Early Intervention Program (EIP) and outlines the importance of implementing the new Child Abuse Prevention and Treatment Act Part C referral provisions. It outlines the barriers to the EIP for maltreated children and identifies strategies to ensure referral and successful navigation of the EIP. The authors will describe several innovative, collaborative programs that link child protective services, health, mental health, and developmental services and provide cross-system training and funding to facilitate early intervention diagnosis and treatment for young children in foster care.

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Sound Beginnings: Supporting Families of Young Deaf Children With Cochlear Implants

DesJardin, Jean L.; Eisenberg, Laurie S.; Hodapp, Robert M.

Infants & Young Children. 19(3):179-189, July-September 2006.

For many families of young children who are deaf, a cochlear implant may be the most viable option for promoting spoken language development. Children may qualify for a cochlear implant as young as 12 months if they have demonstrated minimal benefit from conventional amplification. In order for oral language to occur, however, parents need to be fully involved in their children's early-intervention program. This article presents 2 family constructs that are associated with language learning in young children with cochlear implants: parental involvement and maternal self-efficacy. After reviewing the theoretical and clinical applications of these family constructs, we provide practical suggestions for professionals working with families who have young children with cochlear implants.

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Kinderling Center: A Comprehensive Early Intervention Community-based Program Model

Greenwald, Lisa; Siegel, Mimi; Greenwald, Ralf

Infants & Young Children. 19(3):190-202, July-September 2006.

Early intervention (EI) programs around the nation who serve infants and toddlers with developmental disabilities are varied in the types of services they provide, and many community programs have not fully incorporated evidence-based services into their programs. However, Kinderling Center is described as a comprehensive community EI program model in the hopes to provide other EI agencies with practical ideas for program implementation. This highly individualized, family-centered, interdisciplinary EI program is provided under Part C of the Individuals with Disabilities Education Act. Specifically, this article outlines Kinderling Center's EI program in terms of the Developmental Systems Approach and core principles of EI. The guiding philosophies and values of the Center's programs, as well as challenges encountered, are discussed. Furthermore, the article describes the comprehensive services that are in place to meet the many individual needs of children and families consistent with a developmental framework. Overall, the authors assert that it is both feasible and preferable to have such a highly integrated model program model.

Childcare for Children With Disabilities: Families Search for Specialized Care and Cooperative Childcare Partnerships

DeVore, Simone; Bowers, Barbara

Infants & Young Children. 19(3):203-212, July-September 2006.

At a time when the majority of families who raise children with disabilities rely on nonparental childcare, it is crucial to examine their childcare options. This study is based on in-depth interviews with 18 parents and 4 childcare providers, who provided at least 20 hours of care for children with disabilities aged 2 through 6 years. Grounded dimensional analysis was used to guide data collection and analysis. While one group of families cycled through multiple childcare placements, another group of families developed a successful childcare placement the first time. The authors found that these 2 groups were further distinguished by how they searched for care and partnered with providers. The first group sought providers who would provide specialized care for their child. The second group additionally emphasized the need to find a provider who would cooperatively partner with them to care for their child. Two important outcomes of building cooperative partnerships among the second group of parents were as follows: (1) parents and providers began building partnerships early on and (2) parents and providers were willing to raise and cooperatively solve problems, which further strengthened the childcare partnerships. Time, adult support, and economic stability proved to be crucial resources for families to engage in building successful cooperative childcare partnerships. Recommendations for facilitating such partnerships are outlined.

Issues in the Evaluation of Infants and Young Children Who Are Suspected of or Who Are Deaf-Blind

Holte, Lenore; Prickett, Jeanne Glidden; Van Dyke, Don C.; Olson, Richard J.; Lubrica, Pena; Knutson, Claudia L.; Knutson, John F.; Brennan, Susan

Infants & Young Children. 19(3):213-227, July-September 2006.

Young children who are deaf-blind have unique communication, developmental, emotional, and educational needs that require special knowledge, expertise, technology, and assistance far beyond that required by other children with

disabilities. The etiology of deaf-blindness is often multifactorial, with the most common causes being genetic and chromosomal syndromes, congenital infections, prenatal and postnatal environmental exposures, and postnatal trauma or diseases. Early identification is key, and begins with understanding the factors in medical and family histories that predispose a child to deaf-blindness. Assessment requires the skills of a team of clinicians. Coordinated early identification and intervention can ensure that the child who is deaf-blind receives the support needed to learn to communicate effectively with others and to develop conceptual skills necessary to support future learning. This article focuses on the evaluation of infants and young children who are suspected of being deaf-blind or who have already been determined to have this dual sensory impairment.

Preschool and Child Care Expulsion and Suspension: Rates and Predictors in One State

Gilliam, Walter S.; Shahar, Golan

Infants & Young Children. 19(3):228-245, July-September 2006.

Rates and predictors of preschool expulsion and suspension were examined in a randomly selected sample of Massachusetts preschool teachers ($N = 119$). During a 12-month period, 39% of teachers reported expelling at least one child, and 15% reported suspending. The preschool expulsion rate was 27.42 per 1000 enrollees, more than 34 times the Massachusetts K-12 rate and more than 13 times the national K-12 rate. Suspension rates for preschoolers were less than that for K-12. Larger classes, higher proportion of 3-year-olds in the class, and elevated teacher job stress predicted increased likelihood of expulsion. Location in a school or Head Start and teachers' positive feelings of job satisfaction predicted decreased likelihood of expulsion. Expulsion was relatively rare in classes where both class size and teacher job stress were low. A higher proportion of Latino children in the class and lower teacher job satisfaction predicted an increased likelihood of suspension. Implications are discussed regarding policy, prevention, and future research.

Prenatal Exposure to Stress and Stress Hormones Influences Child Development

Davis, Elysia Poggi; Sandman, Curt A.

Infants & Young Children. 19(3):246-259, July-September 2006.

Stress has significant consequences throughout the lifetime. However, when it occurs early in life, the implications may be particularly profound and long lasting. Evidence suggests that high levels of maternal stress during pregnancy are associated with alterations in the normal activity of the maternal hypothalamic-pituitary-adrenocortical (HPA) and placental axis. Increased activity of this system is related to shortened gestation and impaired fetal growth, factors that place infants at a greater risk for a wide variety of developmental problems. In addition to the implications for birth outcome, our findings suggest that prenatal exposure to stress and stress hormones directly influences development of the fetal central nervous system (CNS). Fetuses who are exposed to dysregulated production of stress hormones display impaired learning. Elevated levels of stress or stress hormones during pregnancy are also associated with more difficult infant temperament and disruption of infant HPA axis activity. These data suggest that prenatal experiences can have lasting implications for development.

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From the Editor

Guralnick, Michael J.

Infants & Young Children. 19(4):261, October-December 2006.

No abstract but free

Social-Emotional Development of Infants and Young Children With Orofacial Clefts

Collett, Brent R.; Speltz, Matthew L.

Infants & Young Children. 19(4):262-291, October-December 2006.

Children with orofacial clefts are believed to have distinctly elevated risk for a variety of adverse social-emotional outcomes including behavior problems, poor self-concept, and parent-child relationship difficulties. This assumption has been based primarily on theories of facial appearance and social bias, a handful of empirical studies, and clinical impressions. Studies of these children have been limited by methodological problems such as diagnostic heterogeneity, ascertainment bias, and absent or poorly matched control groups. In an attempt to address at least some of these methodological problems, the longitudinal research described in this article examined the developmental course of infants with unilateral cleft lip & palate (CLP) and cleft palate only (CPO). We followed these infants to age 7, with ongoing comparisons to a demographically matched group of typical children. Outcome measures targeted child attachment, maternal/child interaction during feeding and teaching tasks, parent satisfaction with surgical outcomes, parent and teacher behavior rating scales, and child self-concept and behavioral adaptation. Although our findings have provided limited support for the hypothesis that infants and young children with CLP/CPO are at greater risk for social-emotional problems than their peers, we have found that among infants with clefts, early assessment can predict subsequent social-emotional outcomes. In this article, we review theory and data

in this area of study, summarize our longitudinal findings, describe our success and failures with respect to methodological rigor, and discuss emerging research and areas for further inquiry.

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[Activity-focused Motor Interventions for Infants and Young Children With Neurological Conditions](#)

Valvano, Joanne; Rapport, Mary Jane

Infants & Young Children. 19(4):292-307, October-December 2006.

This article presents a model to guide activity-focused motor interventions as a component of early intervention services for physical and occupational therapists working with infants and young children with neurological conditions and other developmental disabilities. Activity-focused interventions involve structured practice and repetition of functional actions, and are directed toward the learning of motor tasks that will increase the child's participation in daily routines. According to this model, the pediatric physical therapist or occupational therapist, as a member of the intervention team, develops activity-related goals in collaboration with the child's family. The therapist plans activity-focused interventions by (1) using guidelines based on principles from motor learning and motor development, (2) adapting these guidelines, when necessary, to address the young child's individual strengths and needs, and (3) integrating impairment-focused interventions with activity-focused interventions, optimally within the context of everyday routines and activities. The elements of this model will be discussed through an example that is applicable to early intervention.

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[Promoting Mother-Child Relationships for Incarcerated Women and Their Children](#)

Bruns, Deborah A.

Infants & Young Children. 19(4):308-322, October-December 2006

According to recent data, approximately 70% of incarcerated women have at least one child younger than 18. In addition, nearly one quarter to one third of incarcerated mothers have children younger than 5. While in prison, female offenders desire to bond and sustain a relationship with their children. They also hope to resume their maternal responsibilities after release. Parenting education and opportunities for extended visits offer a means to this end. This literature review examines programs focusing on improved mother-child relationships through these means. Descriptive and empirical data are included. General findings and common themes are offered across studies. In addition, implications for practice, research, and policy are provided with an emphasis on their relevance to early intervention professionals, programs, and agencies.

[Issues in the Management of Infants and Young Children Who Are Deaf-Blind](#)

Holte, Lenore; Prickett, Jeanne Glidden; Van Dyke, Don C.; Olson, Richard J.; Lubrica, Pena; Knutson, Claudia L.; Knutson, John F.; Brennan, Susan; Berg, Wendy

Infants & Young Children. 19(4):323-337, October-December 2006.

Young children with major auditory and visual impairments are identified as "deaf-blind." They have unique communication, developmental, emotional, and educational needs that require special knowledge, expertise, technology, and assistance. Having a child with this dual sensory impairment can create emotional and financial stress on a family. Programs that provide consultative training and technical assistance for families, educators, and service providers are key in meeting the needs of such children and their families. Behavioral concerns, circadian rhythm disturbances, amplification, and special education needs all require expert and prompt attention. New research is adding to our knowledge of cochlear implants, cortical stimulators, and augmentative communication, which have the potential to improve the quality of life for the child who is deaf-blind. This article is intended to introduce professionals from a variety of disciplines to current practices and important considerations in intervention with infants and young children who are deaf-blind. It also includes discussion of the crucial role of family support in optimizing outcomes for these children. A companion article on evaluation of infants and young children who are suspected of or who are determined to be deaf-blind previously appeared in *Infant & Young Child*.

[Promoting Self-determination in Young Children With Disabilities: The Critical Role of Families](#)

Shogren, Karrie A.; Turnbull, Ann P.

Infants & Young Children. 19(4):338-352, October-December 2006.

The importance of promoting and enhancing the self-determination of children and youth with disabilities has received increased attention over the past 15 years. Although transition-aged students were the primary focus of early research on self-determination, more recently, increased attention has been directed toward understanding the development of self-determination in young children with disabilities. Families play a critical, yet understudied, role in this process. The purpose of this article is to explore what existing research suggests about the role of families in the development of self-determination in young children and, in doing so, provide direction for future efforts to support and involve families in self-determination research and practice.

[Tourette Syndrome in Infancy and Early Childhood](#)

Zinner, Samuel H.

Infants & Young Children. 19(4):353-370, October-December 2006.

Although it is the presence of motor and phonic tics that defines Tourette syndrome (TS), explorations over the past two decades have uncovered a complex and multidimensional nature of this genetic-based neurological disorder. Tics customarily first become apparent during the latter half of the first decade of life, although they may occur earlier, including during infancy. However, associated “comorbid” conditions, rather than tics, usually determine the functional and qualitative experiences for the child with TS. These conditions often become problematic prior to tic onset. Misconceptions regarding the nature of tics and the varied associated conditions are common, placing children with TS at significant risk for underdiagnosis, mismanagement, and missed opportunities for prevention. This article will consider risk factors and associated behaviors, both subtle and more obvious, that can alert the clinician to infants and young children with tics or who are at increased risk to develop TS. Themes in management strategies include interdisciplinary participation, “Medical Home” foundation, and ongoing monitoring and support.

[ChildServ: Lessons Learned From the Design and Implementation of a Community-based Developmental Surveillance Program](#)

McKay, Kathleen; Shannon, Amy; Vater, Susan; Dworkin, Paul H.

Infants & Young Children. 19(4):371-377, October-December 2006.

ChildServ, a coordinated, region-wide system of early detection and intervention for at-risk children, was implemented in Hartford, Conn, in 1998. In this article, we report our experience with the design and implementation of the program and describe lessons learned and implications for subsequent program expansion. From 1998 to 2001, 124 child health providers referred 358 children with 516 different needs. One third of referred children had multiple needs. Developmental assessment, speech and language services, parenting classes, and counseling were frequently recommended. Only 43% of referred children ultimately received services, despite an average of 6.9 contacts with the family following initial referral. Boys, Hispanic children, and children with private insurance were more likely to receive services. We believe that *ChildServ* helps to address a critical gap in service delivery to children at risk for poor developmental and behavioral outcomes. A system of triage, referral, and care coordination appears to facilitate access to program and services. However, additional strategies are necessary to more successfully reach and engage families. In our experience, outreach capacity and such financial barriers as lack of private insurance should be included in the design and implementation of early detection and intervention programs.

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[From the Editor](#)

Guralnick, Michael J.

Infants & Young Children. 20(1):1, January-March 2007.

No Abstract but free

[Developmental Outcomes of Children Born After Assisted Reproductive Technologies](#)

Squires, Jane; Kaplan, Paul

Infants & Young Children. 20(1):2-10, January-March 2007.

Since the birth of Louise Brown in England more than 25 years ago, an estimated 2 million children have been born worldwide through in vitro fertilization and related assisted reproduction technology (ART) procedures. Most children born after ART are healthy and develop without complications. Largely because of multiple births (twins, triplets, etc), however, some ART offspring experience developmental problems. In addition, recent studies suggest increased risk of prematurity and smaller birth weight after ART. Regular periodic screening and careful developmental follow-up of ART offspring are recommended as well as rigorous follow-up studies of children conceived after these procedures.

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[Providing Web-based Support for Families of Infants and Young Children With Established Disabilities](#)

Zaidman-Zait, Anat; Jamieson, Janet R.

Infants & Young Children. 20(1):11-25, January-March 2007. Infants and young children with established disabilities have significant problems across various domains of development. As a consequence, their parents may face various challenges and difficulties in parenting (M. J. Guralnick, 2004). During the years of infancy (or from the time of diagnosis) and throughout early childhood, parents often have continuing needs to obtain information, identify services for their child, and receive emotional support related to issues with which they are coping.

Recently, the Web has become a major source for obtaining information and support, and it has been suggested that the Internet may be utilized to provide information and support to families as a valuable and convenient supplement to face-to-face service provision. This article discusses the advantages and disadvantages of Internet use for parents of children with disabilities, the implications of parents' Internet use for early intervention professionals, and recommendations for professionals interested in developing Web sites to provide information and support to parents.

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[Early Intervention for Children Prenatally Exposed to Cocaine](#)

Bono, Katherine E.; Sheinberg, Nurit; Scott, Keith G.; Claussen, Angelika H.
Infants & Young Children. 20(1):26-37, January-March 2007.

This article brings together information from our experience of providing research-based intervention to more than 600 children who were prenatally exposed to cocaine and from the research literature on the effects of prenatal cocaine exposure. Based on our experience and this literature, it is now clear that there are no large negative independent effects of cocaine exposure and that there is no "crack baby" syndrome. However, many of these children who have been exposed to cocaine are at risk for poor developmental outcomes, particularly in the area of language development, primarily because of the environmental factors that are associated with parental substance abuse. As our intervention research shows, early intervention can be effective in ameliorating some of this risk. Suggestions are made regarding programmatic steps that should be taken next to further improve program effectiveness and enhance the knowledge base.

[Replicating a Parent-Child Group Model: Case Analysis of High- and Low-Fidelity Implementers](#)

McCollum, J. A.; Yates, T.; Laumann, B.; Hsieh, W.

Infants & Young Children. 20(1):38-54, January-March 2007.

This article explored factors related to whether early intervention programs were successful in adopting and implementing a specific approach to providing parent-child groups. Programs were given intensive training and then on-site support over 10 to 12 months. Observations of fidelity of implementation in each of 13 programs were used to select the 2 early intervention sites with the highest and lowest fidelity to the model. A case study approach was then used to examine features that distinguished between these 2 sets of programs. Potential adopters of this and other models, as well as those responsible for helping programs replicate early childhood models, will be able to use this information to make more informed judgments before undertaking replication.

[Restrictive Parenting Buffers Head Start Students From Stress](#)

Bhandari, Rashmi P.; Barnett, Douglas

Infants & Young Children. 20(1):55-63, January-March 2007.

Prior research suggests that relatively strict parenting is associated with positive outcomes for African American but not European American children. This study examined whether the parenting correlates for children from these two ethnic backgrounds are different, or whether other factors confounded with ethnic background such as stressful life events better account for these apparent differences. Thirty-one African American and 22 European American children were assessed longitudinally at ages 4 and 8 years. Both groups of children were from comparably economically impoverished backgrounds. Restrictive parenting was assessed through observation and caregivers' self-report. Parents completed ratings of child emotional and behavioral problems. Parental restrictiveness partially shielded both African American and European American children from the negative effects of stress. Findings suggest that stress rather than ethnic group per se may be key to understanding the differential effects of parental restrictiveness. Implications for practitioners concerning the distinction between strict parenting and abusive parenting are discussed.

[Caregiver Education as a Prevention Strategy for Communication Disorders in South Africa](#)

Popich, Elsa; Louw, Brenda; Eloff, Irma

Infants & Young Children. 20(1):64-81, January-March 2007.

Many early interventionists in clinical practice still do not appear to be wholeheartedly committed to participating in the prevention of communication disorders and the promotion of optimal development, which have been identified as primary roles for all professionals (ASHA, 1991). Owing to the prevalence of risk factors such as HIV/AIDS and poverty, infants and young children in developing countries such as South Africa are at an even higher risk for developing communication disorders, resulting in a greater need for early interventionists to focus on the prevention of communication disorders and the tools needed to achieve this. The purpose of this article is to (1) highlight the need for prevention of communication disorders and discuss the different types of prevention strategies used with special reference made to the needs within South Africa; (2) to highlight the potential benefits of caregiver education programs on communication development, including a discussion on a South African study that developed a tool that could be used for caregiver education; and (3) to encourage early interventionists to participate in prevention actions through the provision of practical guidelines and strategies.

Volume 20 - Issue 2

<https://journals.lww.com/ijcjournal/toc/2007/04000>

From the Editor

Guralnick, Michael J.

Infants & Young Children. 20(2):83, April-June 2007.

No abstract but free

Supporting Children to Participate Successfully in Everyday Life by Using Sensory Processing Knowledge

Dunn, Winnie

Infants & Young Children. 20(2):84-101, April-June 2007.

There is an accumulating literature describing sensory processing in young children and suggesting the importance of this knowledge for understanding the characteristics of vulnerable children. Professionals and families need a working knowledge about sensory processing because it enables them to understand and interpret children's behaviors and to tailor everyday life routines so that children may have successful and satisfying experiences. This article reviews Dunn's model of sensory processing, and summarizes both typical and special population evidences that demonstrate support for the model. The article also describes how the concepts in this model are reflected in everyday behaviors so that readers can link the concepts to their own knowledge about young children. Since processing concepts are based on evidence across the lifespan, this knowledge can also enable caregivers to understand their own responses as well. The article then discusses the application of sensory processing knowledge within natural contexts and routines, arguing that using sensory processing knowledge to analyze, adapt, and support the established routines is an effective application of knowledge. Finally, the article provides specific suggestions for adapting everyday life situations to meet the needs of children with different patterns of sensory processing, and illustrates how adults can manage their own sensory processing needs as they care for young children.

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MOVE: Systematic Programming for Early Motor Intervention

Whinnery, Keith W.; Whinnery, Stacie B.

Infants & Young Children. 20(2):102-108, April-June 2007.

Support for more functionally oriented programming for early motor intervention appears to be mounting as traditional, developmentally based practices continue to fall out of favor. This shift in perspective has prompted numerous calls for a change in programming for children with motor impairments. In spite of these calls for change, functional outcome programming and activity-based intervention have been slow in moving from theory to practice. It is hypothesized that this slow transition is due to a lack of systematic programming that would provide guidelines to help practitioners integrate these principles into service delivery. This article presents Mobility Opportunities Via Education, a structured process for planning and delivering motor intervention, based on functional outcomes and activity-based instruction, as one option to guide the transition from theory to practice. Brief examples of the application of Mobility Opportunities Via Education are presented along with current research findings.

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The Implications of "Working Alliance" for the Measurement and Evaluation of Family-centered Practice in Childhood Disability Services

Trute, Barry; Hiebert-Murphy, Diane

Infants & Young Children. 20(2):109-119, April-June 2007.

Family-centered practice in childhood disability services has been found to be positively related to consumer satisfaction. This study explores the relationship between family-centered practice and parental satisfaction with services, while controlling for the quality of the relational dimension or "working alliance" between professionals and parents. Mothers of young children who were 4 years of age on average and with developmental and cognitive disabilities were surveyed in 103 Canadian families after they had been receiving community-based services for approximately 18 months. Hierarchical regression analyses showed that family-centered practice continued to be strongly related to positive consumer satisfaction with child disability services, even when the influence of working alliance was controlled. This finding was consistently found when 2 well-established measures of "family-centeredness" (*Measure of Processes of Care-20* and *Family Centered Behavior Scale*) were independently utilized to evaluate the delivery of childhood disability services. Findings suggest that "working alliance" is a unique practice element that appears to operate in concert with family-centered methods in the achievement of positive consumer satisfaction when delivering family-centered childhood disability services.

Breastfeeding and Neurodevelopment: A Literature Review

Petryk, Andrea; Harris, Susan R.; Jongbloed, Lynette

Infants & Young Children. 20(2):120-134, April-June 2007.

Breastfeeding is thought to be associated with better neurologic outcomes in a person from infancy to adulthood. This article reviews the existing research on breastfeeding and neurodevelopment in areas of neuromotor development, visual development, cognitive development, educational achievement, and social adaptation, with an

emphasis on cognitive development. Existing theories (biochemical, behavioral, and genetic) used to explain the effect of breastfeeding on neurodevelopment are explained including the supporting research. The methodology of published studies is critiqued in the areas of classification of infant feeding, definition of outcomes, study design and statistical analysis, control of confounding variables, and interpretation of results. Taking a historical perspective, the aim of this review is to inform readers on past and current research and its applicability to the current perspective on the benefits of breastfeeding.

[The Transition Process for Young Children With Disabilities: A Conceptual Framework](#)

Rous, Beth; Hallam, Rena; Harbin, Gloria; McCormick, Katherine; Jung, Lee Ann
 Infants & Young Children. 20(2):135-148, April-June 2007.

Over the past 2 decades, the number and types of programs available for young children has increased. As a result, the transition of young children with disabilities has become more complex, resulting in an increasing need for improved transition processes for both children and their families. The literature in early childhood transition contains evidence of the organizational complexities and resulting problems experienced by children, families, and professionals who provide services. Recent research in transition has provided valuable information about the individual variables that impact this complex transition process. Given some of the distinguishing characteristics of the transition process for young children with disabilities and their families, there is a need for a conceptual framework that will guide new research, provide an organizational framework to integrate the current literature in transition, and begin to lay a foundation for improving transitions and the outcomes for children. This article presents a conceptual framework that describes how the complex interactions of multiple factors influence the transition process for young children with disabilities during the early childhood years. This ecological framework is based on the premise that the ultimate goal of a successful transition process is the child's entry and success in the primary school program.

[Promoting Interactions With Infants Who Have Complex Multiple Disabilities: Development and Field-testing of the PLAI Curriculum](#)

Chen, Deborah; Diane Klein, M.; Haney, Michele
 Infants & Young Children. 20(2):149-162, April-June 2007.

This article describes primary outcomes of the development and field-testing of a curriculum *Promoting learning through active interaction* with 27 infants and their caregivers and early interventionists in 2 different states. The curriculum was designed to provide a systematic approach to supporting interactions with infants who have sensory impairments and complex multiple disabilities and who are at the preintentional level of communication. Participating infants had both a visual impairment and hearing loss and additional disabilities. Their families represented diverse socioeconomic, educational, and cultural backgrounds, and participating early interventionists varied widely in their qualifications. Results indicate that a diverse group of families used the strategies successfully and found them to be helpful in supporting their children's interactions and communication development. The article outlines key components of the curriculum and discusses evaluation data on the basis of caregiver feedback on use of strategies and analysis of videotaped observations on the caregivers' use of sensory cues with their infants.

[Early Intervention in Neonatal Nurseries: The Promising Practice of Developmental Care](#)

Goldberg-Hamblin, S.; Singer, J.; Singer, G. H. S.; Denney, M. K.
 Infants & Young Children. 20(2):163-171, April-June 2007.

Infants born prematurely and with low birth weight are susceptible to a variety of developmental risks. The following literature review explores one promising practice, *developmental care*, and examines evidence regarding its efficacy. A case study documenting the positive effects of developmental care on a nurse and an infant in a community neonatal nursery is also presented. Implications for practice are discussed.

[Responding to the Challenge of Early Intervention for Fetal Alcohol Spectrum Disorders](#)

Olson, Heather Carmichael; Jirikowic, Tracy; Kartin, Deborah; Astley, Susan
 Infants & Young Children. 20(2):172-189, April-June 2007.

Prenatal alcohol exposure can lead to significant neurodevelopmental disabilities, now recognized as fetal alcohol spectrum disorders (FASD). This includes both fetal alcohol syndrome, a lifelong birth defect, and a wider range of enduring learning and behavior deficits often called alcohol-related neurodevelopmental disorder (ARND). Diagnostic classification systems have been developed to identify children with FASD, and early interventionists from multiple disciplines can be central in identification and referral for diagnosis, and in providing the known protective influence of intervention early in life. With the recent federal mandates to better address needs of children born prenatally affected by substances, or those impacted by abuse and/or neglect, by referring them for screening and possible early intervention services, there is heightened need for providers to understand FASD. There is a growing body of research data describing the teratogenic effects of alcohol on central nervous system function and physical development, the diversity of children with prenatal alcohol exposure and their families, and the developmental and behavioral characteristics of this clinical population. This article reviews the latest research evidence, bearing in mind what is important to early intervention. This article also gives practical guidance on

FASD prevention, methods for early screening, and referral of young children for diagnosis of FASD (and referral for needed services once diagnosed), and how to provide education, support, advocacy assistance, and anticipatory guidance for families raising children with FASD.

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From the Editor

Guralnick, Michael J.

Infants & Young Children. 20(3):191, July-September 2007.

No abstract but free

“Let Me Just Tell You What I Do All Day...”: The Family Story at the Center of Intervention Research and Practice

Bernheimer, Lucinda P.; Weisner, Thomas S.

Infants & Young Children. 20(3):192-201, July-September 2007.

Professionals who ask parents about everyday life with a child with disabilities can plan and implement interventions that will better support the family's daily routine. No intervention will have an impact if it cannot find a slot in the daily routines of an organization, family, or individual. We followed 102 families with children with disabilities for 15 years, listening to their descriptions of their daily lives. A major theme running through all the stories was accommodation—changes made or intentionally not made to the family's daily routine of activities due, at least in part, to their child with disabilities. Accommodations are usually adaptations to everyday routines, not responses to stress; are responsive to how children impact parents' daily routine, not to children's test scores; are related to parents' differing goals and values; do not fit a single script or model for what is good or bad parenting; and predict family sustainability of daily routines, rather than child outcomes. Accommodations can and do change—so interventions can indeed find their places. The practitioner participates in this “conversation” between the social structural constraints and opportunities of families and communities, the beliefs and values of parents, and the valuable contributions of the intervention.

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Children and Youth With Disabilities and Public Health: A Model Syllabus for Health Professionals

Noyes-Grosser, Donna M.

Infants & Young Children. 20(3):202-221, July-September 2007.

Programs and services traditionally included in the purview of public health—such as Medicaid and Title V of the Social Security Act—have an important role to play in services to people with disabilities. More recently, the educational system under the Individuals with Disabilities Education Act has emerged as the major service delivery system, including many healthcare services, for children and youth with disabilities. Public health professionals are often called upon by the special education system to support, evaluate, refer, or provide direct interventions for children and youth with disabilities as part of an early intervention or special education program. Yet many public health professionals have limited or no training in public policies related to children and youth with disabilities, service delivery models that have proven effective, or their role in support and providing family-centered, community-based care for children and youth with disabilities. This model syllabus is primarily designed as a survey course to provide students in schools of public health with a broad-based overview of public policies, service delivery systems, and family-centered approaches to care for children and youth with special healthcare needs. This model syllabus could also serve as a framework for a survey course for students in medical schools and schools of allied healthcare professionals, and other professional development programs for individuals in health, human service, and education professions—many of whom are also called upon to provide services to children and youth with special healthcare needs in conjunction with public systems.

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Access to a Medical Home for Infants and Young Children With Special Healthcare Needs

Nageswaran, Savithri; Farel, Anita

Infants & Young Children. 20(3):222-228, July-September 2007.

A medical home is a model of care to ensure the access to comprehensive, continuous, and family-centered services for children with special healthcare needs (CSHCN) and their families. The American Academy of Pediatrics and the Maternal and Child Health Bureau actively promote the medical home through grants to state health departments to develop medical home programs and to disseminate guidelines that describe best practices. However, until recently, there have been no population-based data about access to medical homes among infants and young CSHCN. Using data from the National Survey of Children with Special Health Care Needs, we report to what extent CSHCN younger than 3 years have a medical home. There were approximately 3 800 responses related to children between birth and 3 years. In the United States, 54% of CSHCN younger than 3 years have a medical home. Access

to a medical home is affected by income, mother's level of education, and the functional status of the child. In addition to describing access to a medical home among infants and young children, we also describe the characteristics of this population and the impact of infants and young children with special healthcare needs on their families.

Designing Effective Prevention Programs: How Good Science Makes Good Art

Borkowski, John G.; Smith, Leann E.; Akai, Carol E.

Infants & Young Children. 20(3):229-241, July-September 2007.

Effective prevention usually represents a combination of good science and good art, where *science* stands for a systematic, rigorous procedure for producing and evaluating a change following a treatment condition, and *art* is defined as the thoughtful and sensitive use of knowledge and skills in field settings. In this article, we present 10 scientific principles—clustered around the domains of treatment formation, procedural decisions, and interpretable designs—that are necessary to produce and document important behavioral outcomes. We show how and why each principle has importance for community and university partners as they implement early prevention programs. Our goal is to help practitioners and researchers work more closely together in designing preventions for young children and their families. The reciprocal relationships that tie good science to good art are highlighted as well as their inseparable influence on producing sustainable prevention programs.

A Functional Approach for Ameliorating Social Skills Deficits in Young Children With Autism Spectrum Disorders

Conroy, Maureen A.; Boyd, Brian A.; Asmus, Jennifer M.; Madera, Danielle

Infants & Young Children. 20(3):242-254, July-September 2007.

The number of children in school-based settings diagnosed with an autism spectrum disorder has been increasing, according to U.S. Department of Education (2002) statistics. Although many researchers have written extensively on the benefits of inclusion for children with autism spectrum disorder, social behavior idiosyncrasies exhibited by these children can limit its potential benefits. The purpose of this article is to describe a systematic, functional assessment approach for identifying environmental contextual factors related to the occurrence of peer-related social interactions and the outcomes (ie, functions) that maintain those behaviors. In particular, 2 descriptive assessment tools, the *Social Skills Interview* and the *Snapshot Assessment Tool*, both developed by the authors will be explained and illustrated. Both the tools were developed to be classroom-friendly instruments to assist with the objective description of environmental contextual factors that may influence the social behaviors of children with autism spectrum disorder. A case example is presented to demonstrate how the use of these 2 instruments led to the development of an assessment-based intervention to improve the social behaviors of a young child on the autism spectrum.

Building a System of Child Find Through a 3-Tiered Model of Follow-Up

Jackson, Barbara J.; Needelman, Howard

Infants & Young Children. 20(3):255-265, July-September 2007.

Developmental TIPS (Tracking Infants Progress Statewide) is a project that performs statewide developmental follow-up of infants from the major neonatal intensive care units throughout Nebraska. Developmental TIPS enrolls infants who were in the neonatal intensive care unit for at least 48 hours, regardless of the child's perceived risk for neurodevelopmental disability. The goals of this program of developmental tracking are to standardize the system of follow-up in the state and to gather outcome data on this population of young children. This project supports parent-child interactions and promotes the child's health and safety within the context of universal screening and monitoring. It is a collaborative project among hospitals, the Nebraska Department of Education, the Nebraska Health and Human Services Division, local health and education providers, and families. The results suggest a high rate of referrals for low-, moderate-, and high-risk infants. This follow-up system has helped to support the Child Find efforts of the state by providing ongoing screening that maximizes early identification of developmental problems. The purpose of this article is to describe this comprehensive follow-up model that is an integral part of the state Child Find system and to report on the children being followed.

Parents' Perceptions of Intervention Practices in Home Visiting Programs

Allen, Susan F.

Infants & Young Children. 20(3):266-281, July-September 2007.

This article describes a recent qualitative study of parents' perceptions of assets and barriers to intervention practices that are effective in meeting the needs of families of children who are at risk for developing delays or maltreatment. Research on programs for families whose infants and toddlers are at risk and qualitative studies on the intervention needs and desires of families with young children with disabilities provided the context for this study. The 90 respondents were served by home visiting programs in 2 Ohio counties. Parents interviewed value close parent-service provider relationships and ready accessibility of the home visitor to answer their questions and offer support. Parenting education, as well as an array of service coordination interventions, helps meet family needs. Although parents recognized that gaps in community services can affect service coordination interventions, they voiced particular concerns about lack of resources on the part of the home visiting program to help meet their material

needs and to link them with community agencies. This research adds parents' voices to attempts to understand how home visiting programs for young children who are at risk for developmental delays or maltreatment can meet family needs.

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From the Editor

Guralnick, Michael J.

Infants & Young Children. 20(4):283, October-December 2007.

No abstract But FREE

Family Routines and Rituals: A Context for Development in the Lives of Young Children

Spagnola, Mary; Fiese, Barbara H.

Infants & Young Children. 20(4):284-299, October-December 2007.

Naturally occurring family routines and meaningful rituals provide both a predictable structure that guides behavior and an emotional climate that supports early development. In this article, we highlight recent evidence that suggests that variations in the practice of family routines and the meaning connected to family rituals are associated with variations in socioemotional, language, academic, and social skill development. We offer definitions of routines and rituals and contrast their different elements. We briefly review how variations in routines have been found to be associated with variations in language development, academic achievement, and social skill development. We examine how variations in the emotional investment in family rituals are associated with variations in family relationship satisfaction. We place our review in the framework of the transactional model whereby characteristics of the child and parent affect each other in the creation and sustainability of routines over time. Potential mechanisms of effect (parental efficacy, behavior monitoring, family relationship coherence) are discussed. We conclude with a brief description of methods of assessment and intervention suitable for practitioners working with families of young children.

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Screening Infant Mental Health Indicators: An Early Head Start Initiative

Baggett, Kathleen M.; Warlen, Leslie; Hamilton, Jenny L.; Roberts, Jennifer L.; Staker, Martha [Less](#)

Infants & Young Children. 20(4):300-310, October-December 2007.

There is growing recognition of the multiple and complex needs of families who request services from early head start (EHS) programs. One of the challenges of EHS programs is to screen multiple risks more efficiently so that families can be referred for appropriate support services and so that families who are most in need of EHS services are able to receive them. Meeting this challenge has been cited as a priority for EHS programs and is central to better understanding and addressing infant mental health needs among families who come into contact with EHS programs. Community, state, and federal monitoring systems have been identified as an important mechanism for tracking and improving the well-being of America's children and adolescents. To the extent that predictors of infant mental health problems are known, communities can develop monitoring systems for the purposes of prevention and treatment. The purpose of this article is to identify common limitations of screening and referral approaches in EHS, to describe the process by which one EHS program has begun to address such limitations, and to highlight indications of system effectiveness as well as plans for future evaluation.

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Pivotal Behavior Model of Developmental Learning

Mahoney, Gerald; Kim, Jeong Mee; Lin, ChuSui

Infants & Young Children. 20(4):311-325, October-December 2007.

In this article, we discuss the concept of pivotal behavior and propose that this is a critical class of child behaviors that mediates the impact of parental responsiveness on children's development. To support this concept, we present data on 45 mother-child dyads which indicate that the level that children use pivotal behaviors is associated with the degree to which parents engage in responsive interactions with them. We also present data demonstrating several significant relationships between children's use of pivotal behaviors with their level of developmental functioning as assessed both by standardized assessments and play-based developmental observations. Finally, we propose the Pivotal Behavior Model of Developmental Learning. We argue that the impact that intervention has on children's development may be fundamentally dependent on whether procedures support and enhance key pivotal developmental behaviors.

Early Intervention Systems of Care for Latino Families and Their Young Children With Special Needs: Salient Themes and Guiding Implications

Denney, Maria K.; Itkonen, Tiina; Okamoto, Yukari
 Infants & Young Children. 20(4):326-335, October-December 2007.

There is growing interest in the experiences of ethnically and linguistically diverse families of young children with special needs and the myriad of early intervention systems of care they encounter in the United States. The research on Latino families and their young children with special health and developmental needs highlights critical issues of language, culture, and family adaptation to a myriad of service delivery systems. This emerging area of research reveals that ethnically and linguistically diverse families may view difficulties as not inherent in their young children with special needs; rather the locus of hassles and stressors may be mediated to some extent by unresponsive service delivery systems. To this regard, the objective of this literature review is to synthesize salient themes from the extant research about the experiences of Latino families and their young children with early intervention systems of care in order to illuminate guiding implications for policy, research, and practice.

System of Risk Triage: A Conceptual Framework to Guide Referral and Developmental Intervention Decisions in the NICU

Laadt, Virginia L.; Woodward, Barbara J.; Papile, Lu-Ann
 Infants & Young Children. 20(4):336-344, October-December 2007.

The identification of the types and intensity of services and community supports needed to promote optimal development in at-risk infants has received little attention. This gap has resulted in children and families that are over-, under-, or mis-served. We describe an innovative process, beginning within the first week of neonatal intensive care unit admission, for determining the types and intensity of developmental and family support services that may be indicated. The approach, referred to as SORT, the System of Risk Triage, juxtaposes an infant's biological-biomedical risk conditions with psychosocial-physical environment circumstances to determine the infant's risk for subsequent developmental delays/disabilities. The determination of each infant's risk profile implies a list of service options that may be shaped according to each infant's needs and each family's interests. Although the SORT has been used in neonatal intensive care units nationwide, the process and framework have potential for broader application.

Establishment of an Interdisciplinary Pediatric Oral-Motor-Sensory Feeding Clinic Team

Simonsmeier, Vicki; Rodríguez, Melanie Domenech
 Infants & Young Children. 20(4):345-354, October-December 2007

This article presents a description of a university-based Pediatric Oral-Motor Feeding Clinic established in response to concerns from parents in the local community regarding accessibility of resources and expertise in the area of pediatric feeding disorders. We outline how one group of professionals in a rural area, with limited resources, organized the interdisciplinary feeding clinic and discussed the process of creating the clinic, the administrative and personnel considerations, and training issues. The feeding clinic follows a model of interdisciplinary assessment, and culturally competent, family-centered, community-based practice and training. The development of this Clinic-facilitated care to community families who otherwise would have to travel more than 80 miles for an evaluation. The clinic team includes a developmental pediatrician, a nurse, an occupational therapist, a psychologist, a registered dietitian, and a speech-language pathologist. Families are the center of the evaluation. In addition to the formation of a clinic, changes in university curriculum in the departments Communicative Disorders and Deaf Education and Psychology have ensued. Involvement in the USU Feeding Clinic prepares students from a variety of disciplines to work with children who have oral-motor/sensory feeding difficulties.

Early Intervention for Children With Cleft Palate

Scherer, Nancy J.; Kaiser, Ann P.
 Infants & Young Children. 20(4):355-366, October-December 2007.

Clefts of the lip and palate are one of the most frequently occurring birth defects, affecting approximately 1 in 700 births in the United States. Early childhood special educators are often among the first professionals to provide intervention for children with cleft lip and palate. Early intervention for children with clefts often focuses on speech production skills; however, results of recent research suggest that early intervention in language skills including parent training is warranted. A model of early intervention that uses language intervention to facilitate vocabulary and speech sound development is described. This model has been successful in improving productive vocabulary use and speech sound repertoires and shows promising reduction in compensatory articulation errors. Developmentally appropriate application of the model includes provision of direct intervention to children and parent training to promote naturalistic intervention in everyday settings. Strategies for working collaboratively with speech-language pathologists and members of cleft palate and craniofacial multidisciplinary teams are also described. Finally, answers are provided to frequently occurring questions from parents about cleft palate.

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From the Editor

Guralnick, Michael J.

Infants & Young Children. 21(1):1, January-March 2008.

No Abstract but Free

Head Start's Evolving Model of Collaboration, Early Education, and Family Support: Comments From the Guest Editor

Gilliam, Walter S.

Infants & Young Children. 21(1):2-3, January-March 2008.

No abstract but buy

Issues for the Learning Community

Zaslow, Martha

Infants & Young Children. 21(1):4-17, January-March 2008.

The Head Start program has a history of using research to guide its efforts. In this way, Head Start practitioners, policy makers, and researchers comprise a "learning community." The release of the first-year results of the Head Start Impact Study provides an important opportunity for reflection by the learning community, and for identification of strategies to further strengthen the program. This article begins by illustrating how Head Start has responded to previous research. It then underscores some key features of the Head Start Impact Study that set it apart from other important evaluation studies. Within this framework, the article goes on to identify a set of key issues that the first-year results of the Head Start Impact Study pose for the learning community to consider in charting the future course of the program as well as to others focusing on strengthening young children's school readiness.

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Giving Infants and Toddlers a Head Start: Getting Policies in Sync With Knowledge

Knitzer, Jane

Infants & Young Children. 21(1):18-29, January-March 2008.

Drawing on the take-home messages from recent neuroscience and developmental research, this article focuses on the challenge of using that knowledge in the service of a more appropriate policy framework to support the healthy development of infants and toddlers and to better support their families and other caregivers. Using data from a recent 50 state study of current health, child care and family support policies, the article maps the current policy status against the research knowledge base, and finds the current framework wanting, particularly for the lack of policy attention to promoting health relationships right from the start. It then highlights 5 core policy challenges: enacting a national family leave, expanding access to child and family programs like Early Head Start, providing policy incentives and resources for high-quality infant and toddler child care, strengthening the early identification and treatment for infants and toddlers at risk of poor development, and building a policy framework to support, in every state, an infant and early childhood mental health infrastructure. The article concludes with a set of research-informed principles that could guide a next generation of targeted infant-toddler policies that address these critical challenges.

Head Start, Public School Prekindergarten, and a Collaborative Potential

Gilliam, Walter S.

Infants & Young Children. 21(1):30-44, January-March 2008.

Head Start likely will need to evolve in response to the dramatic growth of state-funded prekindergarten programs during the past two decades. A potential role for Head Start in the context of widespread public school involvement in prekindergarten would be to collaborate with state prekindergarten systems to provide the comprehensive services often missing from state early education models. Data from a nationally representative survey of lead teachers in a sample of 3898 randomly selected prekindergarten classrooms (81.0% response rate) are used to explore the strengths and challenges of implementation in Head Start, public school prekindergarten, and collaborative models. Although there exists considerable overlap in the quality of Head Start and public school prekindergarten classes, findings suggest that Head Start programs excel in providing comprehensive services and small class sizes and low student-teacher ratios; public school prekindergarten employs teachers with higher levels of education, and the collaborative model appears to represent most of the strengths and relatively few of the weaknesses of both models. Head Start and public school prekindergarten systems should explore creative ways to blend education and comprehensive services into a collaborative program greater than the sum of their respective components.

[A Strength-Based, Systemic Mental Health Approach to Support Children's Social and Emotional Development](#)

Lamb-Parker, Faith; LeBuffe, Paul; Powell, Gregg; Halpern, Ellen
 Infants & Young Children. 21(1):45-55, January-March 2008.

This article stresses the importance of using a strength-based, systemic mental health approach in early childhood settings, specifically in Head Start. Two programs are used as examples of this approach. The Devereux Early Childhood Assessment Program is a prevention/intervention that focuses on classroom and teacher strategies linked to an individual assessment tool, the Devereux Early Child Assessment. Relationships for Growth is a universal and targeted intervention that trains teachers to run peer playgroups with children who are exhibiting behavioral challenges to their teachers and/or parents. On-site mental health professionals support and supervise teachers to transfer their new knowledge and skills to their class and throughout the Head Start agency. Both programs emphasize resilience and protective factors over symptomatic behaviors. Both include staff and parent training, assessment strategies, class and individual intervention, and reflective practice, including reflective supervision. Systemic processes are infused in the interventions, providing benefits to children, parents, teachers, classrooms, and preschools. Discussion focuses on how these programs enhance the mandated Head Start Performance Standards for mental health service delivery.

[Head Start and Parent Involvement](#)

Henrich, Christopher C.; Gadaire, Dana M.
 Infants & Young Children. 21(1):56-69, January-March 2008.

Central to Head Start's 2-generational approach to early childhood education is the premise that parents are important partners in their children's education. This article defines parent involvement broadly and describes Head Start's policies and principles for involving parents. The research on parent involvement in Head Start is reviewed, and the impact of recent federal social policies pertaining to families in poverty, like welfare reform, on parent involvement in Head Start is discussed. In spite of these barriers, Head Start is evolving to maintain its commitment to encouraging parents' maximum feasible participation in their children's education.

[It's More Than a Measure: Reflections on a University-Early Head Start Partnership](#)

Condon, Marie-Celeste; Spieker, Susan
 Infants & Young Children. 21(1):70-81, January-March 2008.

We focus on the rationale, process, and outcomes of a project in which university researchers selected a measurement tool developed and used in research to assess the quality of parent-child attachment relationships, and collaborated with the staff of 2 early head start programs over a period of 3 years to evaluate its usefulness in home-based service delivery. The tool is the Toddler Attachment Sort-45 items. The aim was for the Toddler Attachment Sort-45 items to be used to assess outcomes and inform service delivery through ongoing cycles of assessment, reflection, planning, and support for the kinds parent-child interactions that are critical to toddlers' attachment-exploration security. The project applied a parallel process theory of change, which predicted that when early head start staff members were able to engage in reflective, relationship-focused service delivery in a supportive work environment, they would be more able to support sensitive responsiveness and reflective capacity in parents.

[Crossing Borders With Head Start: Commonalities and Differences Between Head Start and Early Childhood Programs in Developing Countries](#)

Britto, Pia Rebello; Gilliam, Walter S.
 Infants & Young Children. 21(1):82-91, January-March 2008.

Head Start has served as a model of comprehensive services for young children in both the United States and the world's developing countries. In this article, we compared Head Start with generally accepted principles underlying early childhood programs in developing countries. Comparisons revealed several areas of similarity, such as the historical backgrounds and rationales for the programs, a holistic approach to child development, and the comprehensive nature of early childhood services. Notwithstanding the similarities, a stark area of difference lay in the credence given to children's rights, as the basis of international early childhood programs, compared with a complete absence of such an acknowledgement nationally. Head Start's role as a national and world laboratory is discussed.

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[From the Editor](#)

Guralnick, Michael J.
 Infants & Young Children. 21(2):93, April-June 2008.
 No abstract but free

[Adaptation Interventions to Promote Participation in Natural Settings](#)

Campbell, Philippa H.; Milbourne, Suzanne; Wilcox, M. Jeanne
 Infants & Young Children. 21(2):94-106, April-June 2008.

Children's participation in everyday activities and routines in home and community settings is an important focus of services for infants and young children with disabilities. Data indicate that assistive technology (AT) is not widely used nor do early intervention service providers report frequent use of AT devices with infant-toddlers. Adaptation interventions combine environmental accommodations and AT in ways that promote children's participation in activities and routines and provide functional skill-building learning opportunities. A decision-making process for planning and implementing adaptation interventions is outlined with examples of strategies and formats that service providers can use to create successful interventions for infants and young children.

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[The Social Role of Imitation in Autism: Implications for the Treatment of Imitation Deficits](#)

Ingersoll, Brooke
 Infants & Young Children. 21(2):107-119, April-June 2008.

Individuals with autism exhibit significant deficits in imitation skills. This article reviews the importance of imitation in typical development, focusing on the social function of imitation and its role in the development of social communication skills. Second, it reviews evidence suggesting an association between imitation deficits and social communication impairments in children with autism. Third, it discusses limitations of the current method for teaching imitation that targets only the learning function of imitation. Finally, it describes a new imitation intervention designed to teach the social use of imitation in young children with autism.

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

[Online Professional Development for Early Interventionists: Learning a Systematic Approach to Promote Caregiver Interactions With Infants Who Have Multiple Disabilities](#)

Chen, Deborah; Klein, M. Diane; Minor, Lavada
 Infants & Young Children. 21(2):120-133, April-June 2008.

This article describes the development, implementation, and evaluation of an online course designed to train early interventionists to implement strategies with caregivers (parents) that promote interactions with infants who have multiple disabilities. The focus was on supporting caregivers to observe and understand their infants' states and cues, and to develop responsive interaction strategies that encourage their infants' development of intentional communicative behavior. Because infants with multiple disabilities represent a low-incidence and challenging population, there is a significant need for efficient inservice methods, such as online instruction. A total of 86 early interventionists in California completed the online course successfully and used the strategies effectively with caregivers and their infants. An overview of the course content, structure, assignments, and online instruction is provided. A discussion of outcomes includes feedback from students on (a) their perception of changes in their own professional competencies based on pre- and posttest data, (b) their satisfaction with the overall course design, (c) challenges and benefits of online instruction, and (d) the impact of what they learned on their professional practice. Course effectiveness was also measured through informal analyses of online discussions, course assignments, and instructor reflections. Implications for future professional development efforts are identified.

[Paternal Depression and Infant Cognitive Development: Implications for Research and Intervention](#)

Wanless, Shannon B.; Rosenkoetter, Sharon E.; McClelland, Megan M.
 Infants & Young Children. 21(2):134-141, April-June 2008.

Although the negative impact of maternal depression on infants' affective and cognitive development is well-documented, the contribution of paternal depression is often overlooked in the research literature and in early intervention practices. This review examines research on the link between paternal depression and infant cognitive outcomes. Although some disagreement exists, studies indicate that paternal depression limits father involvement, which, in turn, influences cognitive development. These findings have implications for research and early intervention programming that address fathers and young children. Further research on paternal depression is needed to understand how paternal depression specifically influences infant cognitive development and to clarify its implications for early intervention. The authors discuss ways that programs, including Early Head Start, have begun to address this issue, by intervening with fathers and children, building partnerships with mental health service agencies, and increasing staff members' abilities to identify and support parents who are experiencing depression. Finally, discussion focuses on directions for future research and ways to support fathers who struggle with depression.

[The Changing Landscape of Early Childhood Intervention in the United Kingdom: Strategy, Policy, and Practice](#)

Carpenter, Barry; Campbell, Lesley
 Infants & Young Children. 21(2):142-148, April-June 2008.

The UK context for early childhood intervention has changed substantially over the past 5 years. There is a new awareness of the vital role of these services in improving the life chances of a wide range of vulnerable children,

including children with disabilities. Within the changing landscape of services for young children, there is a growing recognition that needs of young children with disabilities and their families should be taken into account in all national strategies and local initiatives. There is a need for early childhood intervention services to respond positively to these changes. Major universal UK government programs, such as Sure Start and the Early Support Program, provide a positive base for developing local, family-focused early childhood intervention services. In this article, we discuss new national strategies in the United Kingdom that emphasize the crucial role of early childhood intervention.

[Health Care Utilization, Access, and Expenditures for Infants and Young Children With Special Health Care Needs](#)

Houtrow, Amy J.; Kim, Sue E.; Newacheck, Paul W.

Infants & Young Children. 21(2):149-159, April-June 2008.

Special health care needs in the very young are on the rise. Understanding how health care systems provide service for these children is essential. We report on the prevalence of infants and young children with special health care needs (IYCSHCN), and delineate their access to health care, utilization, expenditures, and the financial impact on families. Using data from the 2001 and 2002 Medical Expenditure Panel Survey, we performed statistical analysis on the prevalence, demographics, utilization rates, expenditures, and out-of-pocket expenses for IYCSHCN to determine the impact on families, medical systems, and health care providers. An estimated 2.6 million children younger than 6 in the United States have special health care needs. These children have greater health care service needs as demonstrated by significantly higher utilization rates for all services. Although IYCSHCN were more likely to have a usual source of care, they were more likely than other children to have access issues. As expected, health care expenditures were markedly higher for IYCSHCN (\$2923 per year) than those of their healthy peers (\$770 per year). Families of IYCSHCN disproportionately felt the financial burden of health care, with more than 10% of families reporting out-of-pocket health care expenditures above \$500 annually. The burden of disease and health care expenditures for families of IYCSHCN is substantial. Certain characteristics, such as having insurance, help protect families from high out-of-pocket expenses. Individuals who provide health care and educational services should be aware of the financial impact of service utilization and the issues faced by families in terms of access to care and out-of-pocket expenses. Health care policy changes may be necessary to ensure that needed care for IYCSHCN is accessible and affordable.

[Parent-Screener Discourse in a Newborn Hearing Screening Program: Implications for Professional Preparation and Practice](#)

Poon, Brenda T.; Jamieson, Janet R.; Buchanan, Marla; Brown, David K.

Infants & Young Children. 21(2):160-173, April-June 2008.

The purpose of this study was to examine how meanings of hearing screening results were constructed in a 2-stage universal newborn hearing-screening program. Four mothers of infants referred from stage 1 screening and 1 screener participated in 12 interactions. The language of the interactions was analyzed using a discourse-analytic approach. Findings included the following: (1) the screener's talk was predominant and included a preponderance of yes-no questions, requests, and declarative statements, (2) the parents initiated infrequently and asked few questions, and (3) the wait period during screening was constructed very differently by mothers and the screener. Findings are discussed in terms of examining discourse in a previously unstudied context and its implications for professional preparation and practice of screeners.

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[From the Editor](#)

Guralnick, Michael J.

Infants & Young Children. 21(3):175, July-September 2008.

No Abstract but Free

[Factors Related to the Scope of Early Intervention Service Coordinator Practices](#)

Bruder, Mary Beth; Dunst, Carl J.

Infants & Young Children. 21(3):176-185, July-September 2008.

Results from a study investigating the factors associated with variations in the reported use of service coordinator practices are presented. The study participants were parents and other primary caregivers of infants and toddlers with identified disabilities or developmental delays in Individuals with Disabilities Education Act Part C early intervention programs. Finding showed that different service coordination structural and process variables, but not child, parent, or family background variables, accounted for differences in the reported use of service coordinator practices. Among 3 sets of service coordination measures, the use of family-centered helping practices accounted for the largest percentage of variance in the dependent measures.

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

[Updating Hearing Screening Practices in Early Childhood Settings](#)

Eiserman, William D.; Shisler, Lenore; Foust, Terry; Buhrmann, Jan; Winston, Randi; White, Karl
Infants & Young Children. 21(3):186-193, July-September 2008. Each day in the life of a young child with an undetected hearing loss is a day without full access to language. When hearing loss goes undetected, the resulting language deficits can become overwhelming obstacles to literacy, educational achievement, socialization, and school readiness. Several programs, such as Head Start, Early and Periodic Screening, Diagnosis and Treatment, and Part C of the Individuals with Disabilities Education Act, are responsible for providing hearing screening to many young children nationwide. These programs have typically had to rely on subjective hearing screening methods. Otoacoustic emissions technology, used widely in hospital-based newborn screening programs, is beginning to be recognized as a more practical and effective alternative when screening children from birth to 3 years of age. Successful otoacoustic emissions screening in early childhood settings is dependent on consultation from an experienced pediatric audiologist, selection of appropriate equipment, adherence to an appropriate screening and follow-up protocol, and access to training and follow-up technical assistance. When these elements are present, children with a wide range of hearing health conditions can be identified in a timely manner.

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

[Measuring Family Outcomes: Considerations for Large-Scale Data Collection in Early Intervention](#)

Bailey, Donald B.; Hebbeler, Kathleen; Olmsted, Murrey G.; Raspa, Melissa; Bruder, Mary Beth
Infants & Young Children. 21(3):194-206, July-September 2008.
 Early-intervention programs for infants and toddlers are increasingly being asked to provide data showing that they are effective. Usually this means proving benefit for children, but here we argue that documenting benefit for families is also important. A recent national effort has led to the identification of 5 desired outcomes for families whose children participate in early-intervention programs. This article discusses issues and considerations in documenting family outcomes in the context of large-scale assessments involving many families and describes the initial development of a survey instrument that could be useful in such efforts.

[Emerging Social Strengths in Young Children With Down Syndrome](#)

Fidler, Deborah J.; Most, David E.; Booth-LaForce, Cathryn; Kelly, Jean F.
Infants & Young Children. 21(3):207-220, July-September 2008.
 Many individuals with Down syndrome show relative strengths in social functioning throughout childhood, and they may "overuse" their social skills to compensate for other weaker domains of functioning (C. Kasari & S. Freeman, 2001; J. G. Wishart, 1996). To intervene in this area, it is important to document the emergence of this social strength, and characterize those specific skills that develop with such competence. In this study, we present data from the Bayley Scales of Infant Development comparing early developmental functioning in young children with Down syndrome ($n = 23$) and a mental age-matched comparison group of children with idiopathic developmental delays ($n = 25$) at 12 and 30 months. Results suggest that early orienting and engagement behaviors in young children with Down syndrome may emerge with greater competence than other areas of development (eg, emotion regulation, motor functioning). We also discuss the implications of this study regarding early intervention planning that targets the emerging phenotype in young children with Down syndrome.

[Literacy-Related Activities Among Children With Special Healthcare Needs](#)

Zaslow, Tracy; Dorey, Frederick; Limbos, Mary Ann P.
Infants & Young Children. 21(3):221-229, July-September 2008.
 This study examines patterns of literacy-related activities in families with children with special healthcare needs (CSHCN) and factors associated with frequent book-sharing activities and obstacles to reading experienced by these families. Primary caretakers of CSHCN were interviewed to characterize book-sharing activities and to determine obstacles to reading. Parents were categorized as "reading frequently" on the basis of specific criteria. Factors associated with "reading frequently" were examined. We found that 90% of parents reported reading to their child at least once a week; 33% read daily. Parents reported spending as much time in medical-related activities as reading. Parents were more likely to read frequently to their child if their child was developing typically ($OR = 2.5$, $P = .03$) or if they had a greater number of books at home ($OR = 1.02$, $P = .04$). Of the 11% of parents who did not read to their child, almost 60% felt that their child would not enjoy being read to, and 21% felt that they did not know how to share books with a child with special needs. We conclude that although most parents of CSHCN share books with their children, some parents experience obstacles to reading that can be areas of intervention during primary care visits.

[Development of Everyday Activities: A Model for Occupation-Centered Therapy](#)

Humphry, Ruth; Wakeford, Linn
Infants & Young Children. 21(3):230-240, July-September 2008.
 Models of practice serve to organize a discipline's knowledge and conceptual explanations for how changes occur. This article presents a model of practice in occupational therapy for children and identifies the profession's area of interest as the development of everyday activities rather than child development. Changes in children's engagement

in activities are the product of the interdependent influences of a community's investment in childhood activities and cultural practices of adults, interpersonal interactions with other people during activities, and young children's effort to do the things that they find interesting or activities expected of them. Clinical reasoning and activity analysis focus on the children's activities in their natural environments and the quality of their engagement. A case example illustrates how the model generates occupational therapy services centered on an everyday activity and enables a young child's satisfactory engagement in drawing as part of his inclusive child care program.

[Using Individual Growth and Development Indicators to Measure Early Language and Literacy](#)

Missall, Kristen N.; Carta, Judith J.; McConnell, Scott R.; Walker, Dale; Greenwood, Charles R.
Infants & Young Children. 21(3):241-253, July-September 2008.

Learning to read is founded on the acquisition of oral language, phonological processing, print awareness, knowledge, and comprehension skills acquired before school entry. Practitioners who work with very young children have limited means of knowing whether interventions in these areas are helping children make progress toward important language and early literacy outcomes. As a result, reporting of child outcomes in these areas is usually insufficient at the program, state, and national levels. Child performance measures are needed that are easy and repeatable so that estimates of child growth can be obtained and used to inform intervention decisions. Individual Growth and Development Indicators are emerging as a robust approach to assessment particularly well suited to these challenges. This article describes 5 Individual Growth and Development Indicators for measuring progress in young children's early language and literacy. A brief overview of theoretical and empirical background information is provided demonstrating the reliability, validity, and feasibility of this approach for measuring growth in these critical areas of child development. Examples illustrate how these measures are used in early intervention programs for evaluating the progress of children as well as for program evaluation.

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[From the Editor](#)

Guralnick, Michael J.

Infants & Young Children. 21(4):255, October-December 2008.

No abstract but free

[Communicating About Autism: Decreasing Fears and Stresses Through Parent-Professional Partnerships](#)

Gray, Larry A.; Msall, Emily R.; Msall, Michael E.

Infants & Young Children. 21(4):256-271, October-December 2008.

There is increasing public and healthcare provider awareness about the early signs and developmental challenges of children with autistic spectrum disorders (ASDs). Healthcare professionals are guided by several major policy statements regarding the diagnosis and management of autism. There remain substantial gaps between these guidelines and families' needs during the diagnostic process. This article provides a developmental and behavioral perspective for the professionals who desire to find guideposts in task of supporting families throughout the diagnostic process of autism. We illustrate the diversity of the ASDs using the International Classification of Functioning, Disability and Health Model and describe developmental and behavioral perspectives about the autism diagnostic process. Our overall goal is to enhance parent and professional collaboration in promoting the establishment of medical homes, accessing the highest quality developmental assessments, and implementing comprehensive supports for parents of children with ASDs.

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

[Gathering and Giving Information With Families](#)

Woods, Juliann J.; Lindeman, David P.

Infants & Young Children. 21(4):272-284, October-December 2008.

The exchange of information between family members and service providers is a central feature of early intervention services and is integral to the development of an individual family service plan. Early intervention professionals pressured by timelines and documentation requirements either may resort to a directive style of communication that is not matched to the interaction or learning style of the family members or may ask general interview questions that do not provide sufficient information for effective intervention planning. Neither approach offers the family members a clear depiction of their role on the team. A framework and 5 strategies that support a reciprocal process for providing and receiving information while promoting family members' understanding of intervention in their everyday routines and activities are described. These strategies, developed and tested in the field within 5 federally funded research, demonstration, and outreach training projects, offer tools for service providers to gather and give information cognizant of different adult learning preferences. [Go to Full Text of this Article](#)

[Promoting First Relationships: A Relationship-Focused Early Intervention Approach](#)

Kelly, Jean F.; Zuckerman, Tracy; Rosenblatt, Shira

Infants & Young Children. 21(4):285-295, October-December 2008.

A young child's social and emotional development, which is a positive sense of self and of others, can only be developed in the context of relationships. The first purpose of this article is to describe a relationship-focused approach to early intervention, *Promoting First Relationship*. The second purpose is to present some encouraging initial results from a research and training project using the *Promoting First Relationship* approach to improve the relationship-focused skills of personnel serving young children, birth to 3, with disabilities and their families. Study results show an increase in relationship-focused staff practices as a result of training. In addition, results show an increase in parent sensitivity and responsiveness and a corresponding increase in child contingency and responsiveness during parent-child interactions from pre- to posttest.

[Errorless Remediation: A Success-Focused and Noncoercive Model for Managing Severe Problem Behavior in Children](#)

Ducharme, Joseph M.

Infants & Young Children. 21(4):296-305, October-December 2008.

Errorless remediation is a success-focused and noncoercive approach to treatment of severe problem behavior that provides an alternative to interventions that require punishment strategies such as time-out to reduce the frequency of problem responses. The errorless strategy has been demonstrated effective with a broad range of children with conduct difficulties, including children with developmental disabilities and child witnesses and victims of family violence. The approach comprises 3 main components that are discussed in detail as follows: pretreatment determination of probability levels, graduated introduction of demand, and reinforcement for prosocial responding. Potential benefits of this form of intervention are also considered.

[Three Complementary Community-Based Approaches to the Early Identification of Young Children at Risk for Developmental Delays/Disorders](#)

Goelman, Hillel; The CHILd Project

Infants & Young Children. 21(4):306-323, October-December 2008.

This article discusses 3 complementary approaches to the identification of young children at risk for developmental delays. The first is a longitudinal follow-up program that targets and tracks the development of infants admitted to neonatal intensive care units. The second approach is designed to identify children with neuromotor delays from birth to 36 months by testing the validity of a new screening measure and comparing traditional and online instructional techniques to teach professionals how to use the instrument. The third approach is a community-based, universal, developmental screening project that also examines the impact of this project on the community's capacity for early identification and intervention with young children. The article reports on the goals, objectives, research questions, methodology, and early results of these 3 approaches. These approaches are part of a larger collaborative interdisciplinary, ecological, community/university research initiative studying early child development in British Columbia, Canada. Drawing on a wide range of university-based health, medical, and social science researchers working in close collaboration with community-based early intervention programs, the article discusses the 3 approaches as points along a continuum of longitudinal follow-up, targeted, and universal screening early identification programs and also examines the "value added" of conducting these studies under the umbrella of one overall program of research. On the basis of the findings of the 3 studies, we propose an integrated framework for the surveillance, screening, and early identification of young children.

[Cross Referrals Between Programs for Infants and Toddlers With Disabilities: Perceptions of Part C and Early Head Start Providers](#)

Summers, Jean Ann; Wall, Shavaun

Infants & Young Children. 21(4):324-333, October-December 2008.

Early Head Start is a provider of comprehensive early intervention services to infants and toddlers and their families from low-income backgrounds. Early intervention for infants and toddlers with disabilities (Part C of Individuals with Disabilities Education Improvement Act) serves children and families of all income backgrounds. By law, a minimum of 10% of an Early Head Start program's enrollment must be children with disabilities; on the other hand, Part C is required to serve children with disabilities in the "natural environment" wherever possible. These overlapping mandates create a need for the 2 programs to collaborate in providing services to families of children with disabilities who are also from low-income backgrounds. This article explores collaboration between Part C and Early Head Start, with a focus on the processes of referral. It reports a qualitative study of the perceptions of healthcare providers in Part C and in Early Head Start about the other program, when they would refer, and their role in referring. Researchers interviewed healthcare providers in 6 sites, across 5 states, transcribed interviews, and applied computer software to code data and generate themes and categories. Early Head Start staff viewed monitoring children and helping families enter Part C programs as their responsibility. They described working intensively with families to overcome emotional and educational barriers to participation in Part C. Conversely, Part C providers were less well informed about the potential for their low-income families to benefit from Early Head

Start. Especially when children had more severe disabilities, Part C staff members were sometimes reluctant to refer them to Early Head Start. Implications for training and for policy are discussed.

[Valid Use of Clinical Judgment \(Informed Opinion\) for Early Intervention Eligibility: Evidence Base and Practice Characteristics](#)

Bagnato, Stephen J.; McKeating-Esterle, Eileen; Fevola, Antonio; Bortolamasi, Paola; Neisworth, John T.
Infants & Young Children. 21(4):334-349, October-December 2008.

Policy research acknowledges that traditional testing for detecting developmental delay fails to match the incidence rates of young children who need early intervention. Clinical judgement approaches are the primary alternatives for early identification supported by federal and state regulations; however, an absence of research and uniform methodologies for clinical judgment limit this approach. This article reviews the evidence-based and practice characteristics for valid use of clinical judgment in early intervention.

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[From the Editor](#)

Guralnick, Michael J.

Infants & Young Children. 22(1):1, January-March 2009.

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[Introduction](#)

Bruder, Mary Beth

Infants & Young Children. 22(1):2-3, January-March 2009.

No Abstract but Buy

[State Certification Requirements for Early Childhood Special Educators](#)

Stayton, Vicki D.; Dietrich, Sylvia L.; Smith, Barbara J.; Beth Bruder, Mary; Mogro-Wilson, Cristina; Swigart, Ashley

Infants & Young Children. 22(1):4-12, January-March 2009.

The Office of Special Education Programs funded Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education conducted a study to obtain current information about state certification requirements for early childhood special educators who work with preschool children with developmental delays and disabilities. Data were collected via Web searches and interviews. Part B 619 and other agency representatives provided information regarding the state's certification model, the rationale for developing that model, and certification content. Results indicated great variation in certification requirements across states and limited adherence to recommendations of professional associations.

[The National Status of In-Service Professional Development Systems for Early Intervention and Early Childhood Special Education Practitioners](#)

Bruder, Mary Beth; Mogro-Wilson, Cristina; Stayton, Vicki D.; Dietrich, Sylvia L.

Infants & Young Children. 22(1):13-20, January-March 2009.

Early intervention and preschool special education coordinators in the 50 states and territories were interviewed about the current status of professional development in-service systems in their state. A definition consisting of 8 components of an in-service professional development system was used to analyze the state systems. Twenty Part C early intervention systems had professional development in-service training models that met the definition, and 23 preschool special education in-service systems met the definition. Results on selected findings are presented and discussed within the context of developing effective in-service professional development systems for the early intervention and preschool special education workforce.

[Preparing Therapists as Effective Practitioners in Early Intervention](#)

Campbell, Philippa H.; Chiarello, Lisa; Wilcox, M. Jeanne; Milbourne, Suzanne

Infants & Young Children. 22(1):21-31, January-March 2009.

Occupational and physical therapists and speech language pathologists provide services for almost half of the children enrolled in early intervention programs nationally. Each professional association has adopted documents defining practice in early intervention that advocate for family-centered practices and interventions embedded in family activities and routines. However, educational programs preparing each of these disciplines offer little information in preprofessional programs about early intervention, and therapists working in early intervention self-report low levels of competence. Many practicing therapists are required to complete continuing education

requirements to maintain their licenses or certification, but less than a third of state Part C programs have adopted early intervention credentials or have annual professional development requirements. This combination of limited preprofessional preparation with minimal postgraduate professional development results in an early intervention therapy workforce with less than adequate preparation and necessitates a new look at therapists' preparation by their professional associations, educational programs, and State Part C agencies.

[Interdisciplinary Doctoral Leadership Training in Early Intervention: Considerations for Research and Practice in the 21st Century](#)

Woods, Juliann; Snyder, Patricia

Infants & Young Children. 22(1):32-43, January-March 2009.

This article examines issues associated with the preparation of doctoral-level personnel to assume interdisciplinary scholarship and leadership roles in early intervention (EI). Following a review of national reports focused on EI doctoral leadership training, the preparation of educational researchers, and interdisciplinary doctoral programs in rehabilitation sciences, we offer perspectives about interdisciplinary doctoral preparation in EI for the 21st century.

[Implications of Evidence-Based Practices for Personnel Preparation Development in Early Childhood Intervention](#)

Dunst, Carl J.

Infants & Young Children. 22(1):44-53, January-March 2009.

The article includes a practical definition of evidence-based practices, examples of different types of practice-based research syntheses, 3 models for conceptualizing evidence-based early childhood intervention, and a description of the implications of the definition, syntheses, and models of early childhood intervention for personnel preparation. A middle ground is proposed between staunch advocates of randomized-controlled trials as best evidence and those who claim that experience and professional wisdom should take precedence over research findings as the source of best practice. Suggestions for preparing students to understand and use evidence-based practices are offered.

[Fostering Wisdom-Based Action Through Web 2.0 Communities of Practice: An Example of the Early Childhood Family Support Community of Practice](#)

Turnbull, Ann P.; Summers, Jean Ann; Gotto, George; Stowe, Matt; Beauchamp, Donna; Klein, Samara; Kyzar, Kathleen; Turnbull, Rud; Zuna, Nina

Infants & Young Children. 22(1):54-62, January-March 2009.

This article discusses a new approach to knowledge translation using Web 2.0 technologies in an online Community of Practice (CoP). The purpose of the CoP is to promote wisdom-based action, a process that encourages people to engage with knowledge, match it to their own values, vision, and contexts, make a well-informed decision, and act on that decision. We use our own Early Childhood Family Support CoP as a case study.

[Statewide Efforts to Enhance Early Childhood Personnel Preparation Programs to Support Inclusion: Overview and Lessons Learned](#)

Winton, Pam; Catlett, Camille

Infants & Young Children. 22(1):63-70, January-March 2009.

Inclusion is a federal and state mandate, making it critical that early childhood teachers have adequate preparation in their preservice program for serving young children with disabilities. One of the challenges states face in increasing the availability of high-quality inclusive programs is ensuring adequate numbers of confident, competent personnel. This article provides an overview and lessons learned from Natural Allies, a national project focused on statewide efforts to enhance personnel preparation programs and support faculty who prepare practitioners for early childhood inclusion. The project was developed, implemented, and evaluated in 8 states. State goals set as a result of the project have resulted in some long-term systems level changes. Lessons learned about supporting the development of cross-sector professional development systems and practices include the following: (1) benefits can be accrued from a focused strategic process that includes an outside catalyst cofacilitating planning with a state insider; (2) faculty from 2- and 4-year institutions of higher education are enthusiastic about being part of statewide cross-sector planning to enhance professional development especially if it involves learning about new methods and resources that benefit their professional development efforts; and (3) collaboration takes time, focused attention and both formal and informal support structures. Project findings emphasize the need to provide incentives and supports for those who are willing to involve themselves in collaborative projects that take them away from agency or discipline-specific work.

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<https://journals.lww.com/ycjournal/toc/2009/04000>

[Introduction](#)

Bruder, Mary Beth

Infants & Young Children. 22(2):73-75, April-June 2009.

No Abstract but Buy

[Expenditures for Early Intervention Services](#)

Hebbeler, Kathleen; Levin, Jesse; Perez, Maria; Lam, Irene; Chambers, Jay G.

Infants & Young Children. 22(2):76-86, April-June 2009.

What does it cost to provide early intervention services? Data collected as part of the National Early Intervention Longitudinal Study were used to determine expenditures for infants, toddlers, and their families receiving services through Part C programs. The study found that the national average total expenditure for early intervention services in the late 1990s was \$15 740 and the average monthly expenditure was \$916. Both the total expenditure and the monthly expenditure differed for children with different reasons for eligibility for early intervention services. The expenditures for children with diagnosed conditions and developmental delays were higher than those for children with only communication delays or risk conditions, although there was substantial variation in monthly expenditure within each of the 4 categories. Expenditures also varied as a function of children's health with the highest average monthly expenditure for children in poor or fair health. The findings illustrate the kinds of questions that can be addressed with expenditure data and underscore the need for the regular collection of expenditure data at the state and national levels. Careful examination of outcomes experienced by children with various conditions who receive special collections of services at various costs will allow resources for early intervention to be allocated more equitably and efficiently.

[Infant-Toddler Early Learning Guidelines: The Content That States Have Addressed and Implications for Programs Serving Children With Disabilities](#)

Scott-Little, Catherine; Kagan, Sharon Lynn; Frelow, Victoria Stebbins; Reid, Jeanne

Infants & Young Children. 22(2):87-99, April-June 2009.

Early learning guidelines (ELGs)—documents that describe the skills, characteristics, and dispositions adults seek to foster in young children—are increasingly common. Although less prevalent than ELGs for 3- and 4-year-old children, ELGs for infants and toddlers have been developed in more than half of the 50 states. Given this momentum, a study was launched to examine the content of infant-toddler ELGs published as of July 2007 to determine what areas of development and learning the guidelines have addressed. On the basis of analyses of 21 sets of ELGs, the authors determined that the documents have most commonly addressed 4 developmental domains—physical development and motor skills, social and emotional development, language and communication development, and cognitive development and general knowledge—while far fewer ELG items have addressed children's approaches toward learning. The analyses also suggested that specific indicators within each of the domains have been addressed more often than others. Results from this study have important implications for programs serving children with disabilities. Early learning guidelines that address content related to the required Individuals with Disabilities Education Act child outcome areas can facilitate service providers' efforts to support children's progress on the Individuals with Disabilities Education Act outcome measures.

[Early Identification of Autism: Early Characteristics, Onset of Symptoms, and Diagnostic Stability](#)

Webb, Sara Jane; Jones, Emily J. H.

Infants & Young Children. 22(2):100-118, April-June 2009.

In the first year of life, infants who later go on to develop autistic spectrum disorders (ASD) may exhibit subtle disruptions in social interest and attention, communication, temperament, and head circumference growth that occur prior to the onset of clinical symptoms. These disruptions may reflect the early course of ASD development and may also contribute to the later development of clinical symptoms through alterations in the child's experience of his or her environment. By age 2, developmental precursors of autism symptoms can be used to diagnose children reliably, and by age 3, the diagnosis is thought to be relatively stable. The downward extension of the autism diagnosis poses important questions for therapists in designing interventions that are applicable for infants who demonstrate early risk factors. We review current knowledge of the early signs of ASD in the infancy period (0–12 months) and the manifestation of symptoms in toddlerhood (12–36 months), noting the importance of considering the variability in onset and trajectory of ASD. Finally, we consider the implications of this emerging research for those who work or interact with young children, including the importance of early monitoring and the development and evaluation of age-appropriate interventions.

[Providing Early Intervention Within Natural Environments: A Cross-cultural Comparison](#)

Rantala, Anja; Uotinen, Sanna; McWilliam, R. A.

Infants & Young Children. 22(2):119-131, April-June 2009.

The purposes of this study were to determine the state of current practice in early intervention in Finland and to compare them to American data. Professional women ($N = 52$), representing child care, elementary school, healthcare, and social work, completed the Families in Natural Environments Scale of Service Evaluation, a 34-item questionnaire about typical and ideal practices. Large differences between typical and ideal practices were found in all the 4 components of early intervention measured: first encounters, intervention planning, functionality, and service delivery. American typical-practice scores were more family-centered and in natural environments than Finnish scores, but some Finnish ideal-practice scores were higher than American scores. Implications for national administration of early intervention services, outcomes research, and more in-depth research are discussed.

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

[Enhancing Home Visitation Programs: Input From a Participatory Evaluation Using Photovoice](#)

Vaughn, Lisa M.; Forbes, Janet R.; Howell, Britteny
 Infants & Young Children. 22(2):132-145, April-June 2009.

The purpose of this study was to conduct a *pilot participatory evaluation* of Every Child Succeeds (ECS), a well-established home visitation program in Cincinnati and Northern Kentucky, using Photovoice methodology. Every Child Succeeds serves first-time, at-risk mothers and their infants. Seven ECS mothers participated in the Photovoice study and held a photo exhibition for the community to display their photographs and quotes from their discussions. Qualitative analysis of themes about their perceptions and experiences was conducted.

Results

Six combined qualitative themes emerged from the mothers' photos, discussions, and the researcher transcription coding: (1) overcoming challenges; (2) being grateful; (3) emphasizing the child; (4) needing support; (5) making the best of things; and (6) what goes around comes around. The comprehensive evaluation and research components of ECS offer extensive quantitative data and information that is useful in identifying outcomes relative to the success of ECS programming. However, as the ECS program has matured, it has become evident that there are barriers to families optimally benefiting from the service as provided. The empirical literature provides little guidance about how to adapt, modify, or augment home visitation services to meet the needs of families compromised by significant clinical and social problems. Through an in-depth, qualitative, and participatory action examination of the mothers' lived experience with ECS, we can inform engagement and retention within such programs and thereby inform and enhance educational and social services programming.

[Interdisciplinary Perspectives in Early Intervention: Professional Development in Multiple Disabilities Through Distance Education](#)

Chen, Deborah; Diane Klein, M.; Minor, Lavada
 Infants & Young Children. 22(2):146-158, April-June 2009.

This article describes the development, implementation, and evaluation of an online professional development course designed to develop an understanding of the foundations, perspectives, and strategies used by key disciplines (eg, occupational therapy, physical therapy, speech-language pathology, early childhood special education, visual impairment, and hearing loss) that provide services for infants with multiple disabilities and for their families. A total of 110 early interventionists in California completed the online course successfully. An overview of the course content, structure, assignments, and online instruction is provided. A discussion of outcomes includes feedback from participants on (1) their perception of changes in their own professional competencies based on pre- and posttest data, (2) their satisfaction with the overall course design, (3) challenges and benefits of online instruction, and (4) the impact of what they learned on their professional practice. Implications for future professional development efforts are identified.

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[Introduction](#)

Bruder, Mary Beth
 Infants & Young Children. 22(3):161-163, July-September 2009.
 No abstract only BUY

[Let's Be PALS: An Evidence-Based Approach to Professional Development](#)

Dunst, Carl J.; Trivette, Carol M.
 Infants & Young Children. 22(3):164-176, July-September 2009.

An evidence-based approach to professional development is described on the basis of the findings from a series of research syntheses and meta-analyses of adult learning methods and strategies. The approach, called PALS (Participatory Adult Learning Strategy), places major emphasis on both active learner involvement in all aspects of training opportunities and instructor/trainer-guided learner experiences. The use of PALS practices has been found to be associated with improved learner knowledge, use, and mastery of different types of intervention practices. Implications for in-service training are described.

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

[Mild and Unilateral Hearing Loss: Implications for Early Intervention](#)

Holstrum, W. June; Biernath, Krista; McKay, Sarah; Ross, Danielle S.
 Infants & Young Children. 22(3):177-187, July-September 2009.

Newborn hearing screening has become a standard practice in most birthing hospitals in the United States. Historically, the primary target for the identification of hearing loss has been infants with permanent bilateral loss of moderate degree or greater (ie, >40 dB). However, research indicates that without early identification and

intervention, children with mild bilateral hearing loss or unilateral hearing loss can have significant communication, academic, and behavioral difficulties (F. H. Bess, J. Dodd-Murphy, & R. A. Parker, 1998; R. Bovo et al., 1988). Communication between families and professionals is essential to develop intervention strategies that will optimize the outcome of such children. This article presents a brief review of the research and discusses issues related to mild bilateral hearing loss and unilateral hearing loss. Implications for early intervention services, including the importance of collaboration among professionals, are outlined. Suggestions for intervention activities are taken from professionals attending the 2005 National Workshop on Mild and Unilateral Hearing Loss, the Joint Committee on Infant Hearing (JCIH) 2007 position statement, and various early intervention Web sites.

[Embedding Sensory Preference Into Toys to Enhance Toy Play in Toddlers With Disabilities](#)

DiCarlo, Cynthia F.; Schepis, Maureen M.; Flynn, Linda
 Infants & Young Children. 22(3):188-200, July-September 2009.

Playing with toys as a means of environmental engagement has long been considered important in early child development (D. J. Messer, D. Rachford, M. E. McCarthy, & L. J. Yarrow, 1987 ; M. Wolery, M. G. Werts, & M. Holcombe, 1994). However, children with highly significant disabilities often engage in toy play less frequently than their peers without disabilities (P. M. Blasco, D. B. Bailey, & M. A. Burchinal, 1993 ; C. F. DiCarlo, D. H. Reid, & S. B. Stricklin, 2003 ; M. B. Langley, 1985) and frequently need specialized support to promote toy play (J. J. Ivory & J. A. McCollum, 1999 ; M. B. Langley, 1985 ; S. Sandall, 2003). In this study, preference assessment technology was used to identify preferred sensory attributes of very young children. Once identified, those attributes were embedded into a toy previously identified as nonpreferred. The initial paired-item presentation consisted of a rotation of 4 toys from the natural environment using a child-directed approach, which consisted of choice, prompting, and praise for completion of functional toy play. An additional condition added the child's preferred sensory attribute to a nonpreferred toy using the above-mentioned procedures. Results indicated that the addition of a preferred sensory attribute increased selection of that toy with 2 of 3 children and resulted in increased independent functional toy play for all 3 children.

[The Home Environments of Young Children With and Without Disabilities](#)

Kesiktas, Ayse Dolunay; Sucuoglu, Bulbin; Keceli-Kaysili, Bahar; Akalin, Selma; Gul, Gozde; Yildirim, Binnur
 Infants & Young Children. 22(3):201-210, July-September 2009.

This study was designed to investigate the differences between the home environments of children with and without disabilities in relation to certain child and family variables. The participants were mothers of children (aged 0–72 months) with and without disabilities living in Ankara, Turkey. The Home Screening Questionnaire was used to gather data on the home environments of the children. The *t* tests showed that home measures were related to disability status only for the 3- to 6-year age group, with the families of children with disabilities having lower scores. The home environment was also found to be closely linked to maternal age, educational level, work status, and the family's monthly income. Results are discussed in terms of the importance of maternal characteristics on the home environments of children with and without disabilities and in terms of implications regarding early intervention programs.

[The Application of a Transdisciplinary Model for Early Intervention Services](#)

King, Gillian; Strachan, Deborah; Tucker, Michelle; Duwyn, Betty; Desserud, Sharon; Shillington, Monique
 Infants & Young Children. 22(3):211-223, July-September 2009.

This article reviews the literature on the transdisciplinary approach to early intervention services and identifies the essential elements of this approach. A practice model describing the implementation of the approach is then presented, based on the experiences of staff members in a home visiting program for infants that has been in existence for over 30 years. The benefits and challenges experienced by therapists and managers of the program are considered, along with the unique aspects of the program and implications for program management. The managerial and team resources required to successfully implement a transdisciplinary model are high, but the potential payoffs for children, families, and therapists' development of expertise are considerable.

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[The Routines-Based Interview: A Method for Gathering Information and Assessing Needs](#)

McWilliam, R. A.; Casey, Amy M.; Sims, Jessica
 Infants & Young Children. 22(3):224-233, July-September 2009.

There are multiple ways to gather information from families receiving early intervention services (J. J. Woods & D. P. Lindeman, 2008). In this article, we discuss a specific strategy for doing this through information-gathering conversations with families. The routines-based interview (RBI; R. A. McWilliam, 1992, 2005a) was developed to meet a number of needs, including information gathering and planning interventions. A set of 6 steps and 10 quality indicators that comprise the RBI are described, as are findings from a preliminary study on RBI implementation. The discussion contains plans for further research and implementation fidelity criteria.

From the Editor

Bruder, Mary Beth

Infants & Young Children. 22(4):235-237, October-December 2009.

No abstract but free

Validating Family-Centeredness in Early Intervention Evaluation Reports

Farrell, Anne F.

Infants & Young Children. 22(4):238-252, October-December 2009.

This Internet-based study involved experimental manipulation of family-centeredness in written early intervention evaluation reports and employed a 3×4 -vignette factorial design with 1 participant variable (role: parent, professional, parent-professional) and 1 randomly assigned independent variable (level of family-centeredness in report passages). Dependent variables included ratings of the report's acceptability, accessibility, and overall family-centeredness and participants' estimates of the functioning of the child depicted. Results included main effects for pattern and role, with no interactions. Report passages higher in family-centered content were associated with higher ratings than passages low in family-centeredness content. Parents rated reports as more accessible and acceptable than did professionals and parent-professionals. Role and family-centeredness of passage also influenced participant estimations of child functioning. Parents generally viewed the child depicted as higher functioning than did professionals, especially when one of their children had significant impairment. Low in family-centeredness passages were associated with presumptions of greater functional impairment. This report makes an empirical connection between written portrayals of children and the impressions they create in readers' minds. Such impressions may play a role in affecting family optimism and in determining how team members approach planning and intervention. Implications for practice, training, and future research are discussed.

Identifying and Building on Family Strength: A Thematic Analysis

Ylvén, Regina; Granlund, Mats

Infants & Young Children. 22(4):253-263, October-December 2009.

In family-centered intervention, one important issue is to support families' different ways to manage stress. The purpose of this study was to investigate whether professionals encourage positive coping strategies in families of children with disabilities. Data (videotaped planning meetings and interviews) from 5 families enrolled in intervention programs were used. The data were analyzed deductively by applying theoretical concepts of 4 types of positive coping. Goal-directed problem-focused coping was the most frequently used type of coping, together with spiritual beliefs and practices. Professional encouragement of families' own strategy to solve problems occurring in everyday life must focus not only on explicit problem solving but also on the use of supplemental coping types.

The Meaning of Natural Environments for Parents and Professionals

Campbell, Philippa H.; Sawyer, L. Brook; Muhlenhaupt, Mary

Infants & Young Children. 22(4):264-278, October-December 2009.

A total of 75 individuals participated in 1 of either 5 parent or 4 early intervention therapist focus groups. Groups were held regionally in a large mid-Atlantic state to explore the ways in which each group interpreted the concept of natural environments and to identify any differences in perspectives among parents and therapists. Transcribed audiotapes of the groups were analyzed qualitatively. Seven major themes emerged from the comments of both groups: definition, descriptions of services, what children learn, therapist as teacher, collaboration, sensitivity and respect, and expectations and logistics. From the 7 themes emerged 24 subthemes identified by one or both of the groups. Just under a third of the subthemes were identified by both groups, although the meaning of same-labeled subthemes may have been understood differently by each group.

Opportunities for Young Children to Make Choices in a Model Interdisciplinary and Inclusive Preschool Program

Jolivet, Kristine; McCormick, Katherine; McLaren, Elizabeth; Steed, Elizabeth A.

Infants & Young Children. 22(4):279-289, October-December 2009.

The provision of choice making is frequently cited as an indicator of developmentally appropriate practice for young children with and without disabilities; however, there is little empirical evidence regarding the rate of delivery of choices within the preschool classroom. The delivery of intervention strategies by a classroom-based interdisciplinary team also is not well documented. This study provides a description of 804 observed choices provided to young children (2 and 3 years of age) in 2 inclusive preschool classrooms by interdisciplinary team members from the disciplines of education, speech and language pathology, occupational therapy, and physical therapy. Choices provided to children were analyzed by rate, type, presentation method, location in the classroom, and discipline of the staff member providing the choice. The discussion includes implications of the study for practice and future research.

[Why Screening Canadian Preschoolers for Language Delays Is More Difficult Than It Should Be](#)

Frisk, Virginia; Montgomery, Lorna; Boychyn, Ellen; Young, Roxanne; vanRyn, Elizabeth; McLachlan, Dorothy; Neufeld, Judi

Infants & Young Children. 22(4):290-308, October-December 2009.

We examined the ability of four American screening tests to identify preschool-age Canadian children with language delays. At 54 months, 110 children from five Ontario infant and child development programs completed the Ages and Stages Questionnaire, Battelle Developmental Inventory Screening Test, Brigance Preschool Screen, and Early Screening Profiles. Their results on the language measures were then compared with their performance on the Preschool Language Scales, 4th ed., and the Bracken Basic Concepts Scale—Revised at 5 years. None of the screening tests had adequate sensitivity (SN) *and* specificity (SP) when identifying receptive language delays; only one screen had adequate SN *and* SP for expressive language delays. Adjusting cutoffs based on ROC curve analyses improved the ability of *some* screens to identify language delays, but combining tests did not improve discriminability. Our results indicate that language screening measures are not interchangeable. We recommend the provision of detailed SN and SP information for each scale of screening tests so that early interventionists can evaluate the adequacy of each component of a screening test. When norming tests, appropriate analyses should be conducted to determine whether American norms are appropriate for use with Canadian children, given the differences in the demographics and educational systems of the two countries.

[Educating Pediatric Residents About Developmental and Social–Emotional Health](#)

Bauer, Sarah C.; Smith, Peter J.; Chien, Alyn T.; Berry, Anita D.; Msall, Michael

Infants & Young Children. 22(4):309-320, October-December 2009.

Enhancing Developmentally Oriented Primary Care (EDOPC) is a formal didactic curriculum based on Healthy Steps materials that is designed to improve practicing pediatricians' knowledge and confidence in developmental screening within the medical home. We modified the EDOPC program to provide a formal curriculum to pediatric residents serving children in distressed neighborhoods. Using a pre/post design, we evaluated whether the modified EDOPC program improved their knowledge and confidence regarding developmental screening and referrals to community supports. In particular, we assessed resident knowledge and confidence pertaining to 4 early child disorders: autism, social-emotional risk factors, postpartum depression, and developmental delays. Overall knowledge of development significantly increased, while self-rated confidence in the ability to refer and manage was not affected. Chart audits 1 year after the intervention demonstrated increased use of screening tools and more referrals to community services. This article will discuss lessons about facilitators and barriers to teaching residents about vulnerable preschool children.

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[Screening Practices of Family Physicians and Pediatricians in 2 Southern States](#)

Gillis, Jennifer M.

Infants & Young Children. 22(4):321-331, October-December 2009.

Since 2000, there has been an increasing emphasis on screening for autism spectrum disorders (ASD) during well-child visits (P. A. Filipek et al., 2000; C. P. Johnson & S. M. Myers, 2007). Pediatricians surveyed in 2 mid-Atlantic states reported extremely low rates of screening for ASD (8% of participants) in comparison with higher rates of general developmental screening (80%; S. dosReis, C. L. Weiner, L. Johnson, & C. J. Newschaffer, 2006). The current study was an extension of the study by S. dosReis et al and targeted a different geographic area (ie, southern states). Both pediatricians and family physicians were recruited to participate in the survey by using paper-pencil and online survey methods. Results revealed a high rate of general developmental screening for both pediatricians and family physicians. Despite participants' acknowledgment of increased prevalence rates of ASD, low rates of screening for ASD were reported (28%) and important barriers were identified. In light of these results, alternative and creative solutions to improve screening practices are discussed.

[The Feasibility of Virtual Home Visits to Provide Early Intervention: A Pilot Study](#)

Kelso, Ginger L.; Fiechtl, Barbara J.; Olsen, Susan T.; Rule, Sarah

Infants & Young Children. 22(4):332-340, October-December 2009.

Although videoconferencing has been used to deliver distance education, tutoring for children, and telemedicine observations, there is limited information on the efficacy of its use in delivering part C early intervention services. Four families receiving early intervention services in a rural program participated in a pilot study to test the feasibility of receiving intervention services over the Internet with a 2-way audio and video system. Satisfaction with this method of delivering services in a child's natural environment is reported from parents and early interventionists. Implications for early intervention programs are reported in savings in travel time and mileage costs.

From the Editor

Bruder, Mary Beth

Infants & Young Children. 23(1):1-2, January-March 2010.

No abstract but free

Response to Intervention and the Pyramid Model

Fox, Lise; Carta, Judith; Strain, Phillip S.; Dunlap, Glen; Hemmeter, Mary Louise

Infants & Young Children. 23(1):3-13, January-March 2010.

Response to Intervention (RtI) is a systematic decision-making process that has gained widespread popularity as a problem-solving framework for organizing hierarchies of evidence-based interventions in the context of ongoing progress monitoring. Initially applied to literacy instruction, RtI is being incorporated into an expanding breadth of domains, including early intervention and the prevention of social-emotional delays and the occurrence of challenging behaviors. In this article, we describe RtI and its relationship to the "Pyramid Model" (L. Fox, G. Dunlap, M. L. Hemmeter, G. Joseph, & P. Strain, 2003) for promoting social, emotional, and behavioral development of young children. The 2 approaches have close parallels and are considered to be highly compatible. The discussion examines this congruence, identifies challenges in need of resolution, and emphasizes the exciting promise offered by the emergence and implementation of the 2 problem-solving and decision-making frameworks.

[Go to Full Text of this Article](#)Developmental Screening Measures: Stretching the Use of the ASQ for Other Assessment Purposes

Bricker, Diane; Squires, Jane; Clifford, Jantina

Infants & Young Children. 23(1):14-22, January-March 2010.

The wide scale use of developmental screening measures in programs such as Head Start and Healthy Start has been accompanied by a range of questions about the application and potential functions of screening measures. While screening tests were designed to identify those children who should be seen for in-depth developmental assessment, practitioners are asking if these tests have broader applicability. Potential applications or "stretches" for one developmental screening measure, the Ages & Stages Questionnaires, are described.

The Apprenticeship Model: Assessing Competencies of Early Intervention Practitioners

Applequist, Karen L.; McLellan, Mary J.; McGrath, Eileen Romer

Infants & Young Children. 23(1):23-33, January-March 2010.

States and territories participating in Part C services under the Individuals with Disabilities Education Act (IDEA) are required to design and implement a comprehensive system of personnel development. In this article, an apprenticeship model used in one state will be described. The range of factors influencing how this model was implemented and reflections from participating professionals highlight its relative strengths and weaknesses. Specific challenges encountered during implementation and recommendations for the field will be discussed.

Classroom Quality and Social Acceptance of Preschoolers With Disabilities

Aguiar, Cecília; Moiteiro, Ana Rita; Pimentel, Júlia Serpa

Infants & Young Children. 23(1):34-41, January-March 2010.

This study was designed to investigate the association of quality of Portuguese inclusive preschool classrooms with the social acceptance of children with disabilities. Sixty-four inclusive preschool classrooms from 28 randomly selected school groups from the district of Lisbon participated in this study. Classroom quality was not associated with children's social acceptance peer ratings. Only target children's chronological age and severity of disability predicted social acceptance outcomes, with peers without disabilities attributing higher social acceptance scores to younger children and children with more severe limitations. Findings suggest the need to improve the quality of Portuguese preschool classrooms, namely, features of adult-child relationships and the degree of individualization, up to a level likely to exert a positive influence on children's social outcomes. Child predictors of social acceptance are discussed within a peer culture perspective.

Functional Health Literacy and Mental Health in Urban and Rural Mothers of Children Enrolled in Early Intervention ProgramsPizur-Barnekow, Kris; Doering, Jennifer; Cashin, Susan; Patrick, Timothy; Rhyner, Paula [Less](#)

Infants & Young Children. 23(1):42-51, January-March 2010.

Functional health literacy, a component of health literacy, refers to the ability to read and interpret medical information. The Short Test of Functional Health Literacy in Adults (S-TOFHLA) measures the ability to read and interpret medical information. The purpose of this pilot study was to assess and compare levels of maternal

functional health literacy using the S-TOFHLA and to determine whether a relationship exists between functional health literacy and symptoms of maternal mental health in a sample of mothers whose children were enrolled in early intervention programs in urban ($n = 25$) and suburban/rural ($n = 25$) Midwestern counties. Results showed that all mothers had adequate functional health literacy as determined by the S-TOFHLA. There were significant correlations between functional health literacy, annual income, and level of education, but not between functional health literacy, maternal depression, and posttraumatic stress symptom levels. Although mothers had adequate functional health literacy and their scores were not related to maternal mental health symptoms, previous research indicates that families have difficulty understanding and using early intervention program literature. The findings from the current study suggest that the difficulty parents have using early intervention program literature may not be isolated to the ability to read health-related information. Rather, the difficulty parents experience in using early intervention program literature may be due to a complex interaction between functional, interactive, and critical health literacy.

Parental Effects on Children's Emotional Development Over Time and Across Generations

Stack, Dale M.; Serbin, Lisa A.; Enns, Leah N.; Ruttle, Paula L.; Barrieau, Lindsey
 Infants & Young Children. 23(1):52-69, January-March 2010.

Principal tasks of the early childhood years, including attaining self-efficacy, self-control, social integration, and preparedness for education, require the development of adaptive and competent emotional development. Results from longitudinal and intergenerational studies examining the effect of parenting behaviors on children's emotional outcomes provide support for the importance of parenting style as a mechanism in the development of competent or problematic emotional functioning over time and across generations. Despite the critical role of emotional competence on lifelong development, little longitudinal research has assessed its effect on children's cognitive, social, behavioral, and academic competence over time, or how parenting affects the emotional functioning and later developmental outcomes in subsequent generations. The objectives of the present article were to (1) summarize and integrate longitudinal and intergenerational research on the emotional development of at-risk and typically developing children; (2) evaluate research examining the role that parenting behaviors play in the development of children's emotional competence; (3) highlight cross-sectional research investigating parental influences on the emotional development of children with disabilities; and (4) describe how adaptive and maladaptive emotional development affect the overall functioning of children with and without developmental disabilities. The importance of studying emotional development is underscored, as well as implications for social, educational, and health policy.

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From the Editor

Bruder, Mary Beth
 Infants & Young Children. 23(2):71-72, April-June 2010.
 No Abstract but Free

Early Intervention Approaches to Enhance the Peer-Related Social Competence of Young Children With Developmental Delays: A Historical Perspective

Guralnick, Michael J.
 Infants & Young Children. 23(2):73-83, April-June 2010.

This article presents a framework for future research and program development designed to support children's peer-related social competence. Intervention research is examined within a historical perspective culminating with a discussion of contemporary translational approaches capable of integrating models of normative development, developmental models of risk and disability, and intervention science.

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

Creating a Technology-Rich Learning Environment for Infants and Toddlers With Disabilities

Judge, Sharon; Floyd, Kim; Wood-Fields, Colleen
 Infants & Young Children. 23(2):84-92, April-June 2010.

Assistive technology offers infants and toddlers with disabilities a set of tools to assist in achieving developmental goals while interacting with objects, materials, adults, and other children in their environment. This article focuses on assistive technology devices that can promote young children's participation in activities and routines in everyday settings and offers strategies on how to infuse assistive technology and augmentative and alternative communication systems within natural routines for young children. A discussion of best practices in early intervention with specific ways to make infants' and toddlers' play activities accessible through the use of assistive technology, computers, and switches is provided.

Feeding Challenges in Young Children: Toward a Best Practices Model

Bruns, Deborah A.; Thompson, Stacy D.

Infants & Young Children. 23(2):93-102, April-June 2010.

Young children often encounter feeding challenges, such as food refusal, an inability to meet nutritional needs, and limited skills to self-feed. Further, overall development can be adversely affected when an infant or a toddler has difficulties with intake of fluid and solid foods. A variety of strategies are available to address these challenges and, collectively, inform a best practices model. Importantly, all require a team approach as well as use of individually and developmentally appropriate techniques. There is a concomitant need to provide strategies that match child and family preferences. Finally, all feeding experiences and interactions should be pleasurable and should promote relationships between children and their parent(s) and caregiver(s). Implications for clinicians are also presented.

Infusing Diversity Constructs in Preservice Teacher Preparation: The Impact of a Systematic Faculty Development Strategy

Maude, Susan P.; Catlett, Camille; Moore, Susan; Sánchez, Sylvia Y.; Thorp, Eva K.; Corso, Rob

Infants & Young Children. 23(2):103-121, April-June 2010.

This article provides an overview and the results of the Crosswalks Intervention, which was developed, implemented, and evaluated to support inclusive early childhood preservice programs to be more reflective of, and responsive to, cultural and linguistic diversity. The Crosswalks Intervention, funded by the US Department of Education, was a professional development model implemented across undergraduate programs in one eastern state. Strategies within the professional development model included a self-assessment and systematic planning process, a variety of professional development opportunities including workshops; ongoing coaching via onsite, phone, and electronic communication; electronic newsletter with instructional resources; a searchable database of evidence-based resources; and mini-grants. Evaluation dimensions included assessment of diversity within the content taught, diversity across the practica sites utilized, and overall program practices (eg, recruitment, mentoring) that supported diversity. Data included self-assessment protocols and were analyzed using a pretest and posttest analysis. Results indicated significant changes by intervention participants on the dimensions of knowledge, skills, and instructional strategies related to culture and language within their own coursework, and limited to no changes on dimensions of overall program coursework, practica, and university or department program practices.

Perceptions and Attitudes of Mothers About Child Neglect in Turkey

Polat, Selda; Tasar, Aysin; Ozkan, Secil; Yeltekin, Sevinc; Cakir, Bahar Cuhac; Akbaba, Sevil; Sahin, Figen; Camurdan, Aysu Duyan; Beyazova, Ufuk

Infants & Young Children. 23(2):122-131, April-June 2010.

The purpose of this study was to evaluate the perceptions and attitudes about child neglect of a group of mothers, in Ankara, Turkey, and to determine the factors affecting perception and attitudes of these mothers about child neglect. A questionnaire consisting of 15 scenarios about perception of child neglect and 12 behavioral descriptions about attitudes was given to the mothers of 513 children between 0 and 5 years who were followed in the Gazi University Well-Child Clinic. High scores indicated better perception and positive attitudes about child neglect. The scores revealed that child neglect perception scores of the mothers were lower when his or her spouse's education levels were 8 years or lower, the mother was not working, the family's monthly income was low, and the parents smoked at home. Child neglect attitude scores were low when the mother's or her spouse's education levels were 8 years or lower, the father was unoccupied, the family's monthly income was low, the parents smoked at home, the birth order of child was high, and the child's medical history revealed he or she had had previous accidents. For building effective preventive strategies, traditional community perspectives and cultural characteristics concerning child neglect should be understood.

Service Provider Combinations and the Delivery of Early Intervention Services to Children and Families

Raspa, Melissa; Hebbeler, Kathleen; Bailey, Donald B. Jr; Scarborough, Anita A.

Infants & Young Children. 23(2):132-144, April-June 2010.

Using data from the National Early Intervention Longitudinal Study, this study provides a framework for characterizing the delivery of early intervention services based on the combinations of service providers who work with infants and toddlers with disabilities and their families. Five groups of providers were identified. Results showed that the service provider groups worked with different types of children and families based on several demographic characteristics. Groups also differed on the basis of service delivery variables. Expected differences between the groups were found on the basis of age at entry, eligibility category, and intensity of services. Variation based on other characteristics, such as ethnicity, income, and maternal education, suggest that services may not always be provided on the basis of child or family need. Limitations and future research are discussed.

State Guidance Documents for Young Children With Autism Spectrum Disorders: Content and Comparison

Coakley, Tom

Infants & Young Children. 23(2):145-164, April-June 2010.

The dramatic increase in the identification of young children with autism spectrum disorders (ASD) beginning in the 1980s presented many challenges to State Education Agencies responsible for Special Education for school aged children and State Part C Lead Agencies responsible for Early Intervention services for infants and toddlers under the IDEA. This expanding population was being identified at younger ages and required intensive treatment by qualified personnel, straining system capacity. As part of their efforts to provide evidence based, comprehensive, accessible, and effective services for these children, many states have developed guidance documents about ASD for their early childhood systems. A review and comparison of nine of these documents shows them to have many differences in focus and content, even though they have similar intent. Further inquiry is required to understand the impact of these documents have had in meeting the needs of young children with ASD.

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From the Editor

Bruder, Mary Beth

Infants & Young Children. 23(3):167-168, July-September 2010.

Young Children With Physical Disabilities: Caregiver Perspectives About Assistive Technology

Kling, Adria; Campbell, Philippa H.; Wilcox, Jeanne

Infants & Young Children. 23(3):169-183, July-September 2010.

Measuring parent satisfaction with services is essential in the evaluation of early intervention programs. However, there is a paucity of satisfaction measures specifically developed for this purpose, and the psychometric properties of existing measures have not been widely examined. The aim of this study was to further investigate the internal consistency of 1 such measure, the European Parent Satisfaction Scale about Early Intervention (EPASSEI). A slightly modified version of the EPASSEI was completed by 112 carers (mainly mothers) of children with physical disabilities receiving early intervention services in Queensland, Australia. Internal consistency of the measure was examined using the Cronbach α . Internal consistency among items was very high (the Cronbach $\alpha = .98$), with little evidence of item redundancy. Individual subscales were also shown to have a high degree of internal consistency and internal consistency was similar across the 3 service provider organizations participating in this study. The present study examined the internal consistency of an instrument measuring parent satisfaction with early intervention services. While additional examination of the validity of the measure is required, this study lends further support to the use of this measure in evaluating early intervention services for children with physical disabilities.

Free

ISEI ARTICLE SELECTION

Extending the Reach of Early Intervention Training for Practitioners: A Preliminary Investigation of an Online Curriculum for Teaching Behavioral Intervention Knowledge in Autism to Families and Service Providers

Hamad, Charles D.; Serna, Richard W.; Morrison, Leslie; Fleming, Richard

Infants & Young Children. 23(3):195-208, July-September 2010.

Early behavioral intervention (BI), based on the methods of applied behavior analysis, has the strongest and most consistent scientific support as a means of teaching skills to young children with autism spectrum disorder and reducing their restricted and maladaptive behavior. Although individual applied behavior analysis (ABA)-based treatment plans are usually developed, designed, and supervised by a senior-level clinician, they are most often implemented by a practitioner, such as a parent, direct service provider, aide, or an early childhood professional from a related discipline. Unfortunately, few practitioner-orientated training programs are available to geographically disparate persons. Online distance-learning education offers a potential solution to this problem. Fifty-one individuals participated in an initial study of a short, 3-module online course. The results showed a highly statistically significant difference between the mean pretest and posttest scores. The outcomes suggest the feasibility and user satisfaction of teaching BI knowledge acquisition online and thus bolster confidence that future, larger-scale curricula aimed at teaching BI in a distance-learning format is warranted.

Examining Risk and Protective Factors in Head Start Populations Located in High- and Low-Violence Communities

Fedor, Megan C.; Bender, Stacy L.; Carlson, John S.

Infants & Young Children. 23(3):209-217, July-September 2010.

This study examined parental reports of children attending Head Start programs in high- (N = 200) and low- (N = 188) violence communities to determine whether differences existed in the level of risk and protective factors as measured by the Devereux Early Childhood Assessment (P. A. LeBuffe & J. A. Naglieri, 1999). Previous research has indicated that children exposed to community violence are at risk for the development of social and emotional problems (S. Overstreet, 2000). Results from this study contrast with expected results as children in low-violence communities exhibited greater parent-reported behavior concerns than children in high-violence communities and no significant differences were found on levels of protective factors. This is the first study to demonstrate that

protective factors are similar in an at-risk preschool population despite significant differences in the level of community violence.

[An Approach to Evaluating the Impact of Policy Changes in Early Intervention](#)

Conn-Powers, Michael C.; Piper, Amy W.; Traub, Elizabeth K.
 Infants & Young Children. 23(3):218-232, July-September 2010.

State early intervention programs face significant regulatory, accountability, and economic demands. As a result, major policy and programmatic changes are occurring that subsequently affect the design and delivery of services. The authors conducted an evaluation of one state and its policy changes affecting eligibility, family cost participation, and service delivery. This article provides an overview of the steps taken to (a) design and carry out an evaluation measuring the impact the policy changes had on children, families, and services, and (b) inform and engage the state's early intervention program constituencies, including families, providers, and advocacy organizations.

[Quality of Individualized Education Program Goals of Preschoolers With Disabilities](#)

Boavida, Tânia; Aguiar, Cecília; McWilliam, R. A.; Pimentel, Júlia Serpa
 Infants & Young Children. 23(3):233-243, July-September 2010.

Individualized education programs (IEPs) are a fundamental mechanism for making special education services unique for the child and for enhancing the developmental outcomes of children with disabilities. If written IEP goals diverge, however, from recommended practices, they might result in ineffective interventions. This study investigated the quality of Portuguese IEP goals written for 83 preschoolers with disabilities attending public preschool classrooms from 21 school groups from the District of Lisbon, Portugal. The quality of IEP goals was measured using the Goal Functionality Scale III (R. A. McWilliam, 2009) and the IEP/Individualized Family Service Plan Goals and Objectives Rating Instrument (A. R. Notari, 1988). Results showed that IEP goals were too broad, lacked functionality and measurability, and did not appropriately address skills within the context of natural routines and settings. Moreover, findings indicate that measurability was slightly higher the more severe the children's disabilities were and that autonomy (ie, self-help) goals were somewhat more functional and measurable than were social, language, cognitive, and motor goals. Findings raise concerns about the effectiveness of interventions based on such goals in enhancing children's developmental outcomes and suggest the need for clear guidelines on the development of effective IEPs and teacher training on developing high-quality goals.

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[From the Editor](#)

Bruder, Mary Beth
 Infants & Young Children. 23(4):245-246, October/December 2010.
 No Abstract but Free

[Development of a Taxonomy of Pretend Play for Children With Disabilities](#)

Barton, Erin E.
 Infants & Young Children. 23(4):247-261, October/December 2010.

The purpose of this article was to describe a taxonomy of pretend play for children with disabilities based on a systematic review of the literature to characterize pretend play. Thirty-seven studies were identified as measuring pretend play in children with disabilities. Several inconsistencies were found in the measurement of pretend play across these 37 studies. The taxonomy was developed to provide a precise, operationalized definition of pretend play for current and future analyses. Also, numerous implications for future research emerged from the analysis of this literature.

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

[An Exploratory Case Study of Providers' Collaborative Consultation Practices With Latina Mothers During Home Visits](#)

Cambray-Engstrom, Elizabeth; Salisbury, Christine
 Infants & Young Children. 23(4):262-274, October/December 2010.

In this exploratory case study, 4 early intervention providers' use of collaborative intervention strategies and everyday activities was examined in relation to the participation of a small group of Latina mothers (n = 10) during home visits over a 6-month period in an urban community. Videotapes (n = 40) of home visits were clustered into more and less active groups and analyzed using a structured, interval-based coding protocol that contained operationally defined coaching, teaching, and support behaviors, as well as definitions of typical activities/routines. Findings provide a description of collaborative strategy use in these 2 groups of home visits and reveal a significantly greater use of joint interaction, a specific coaching strategy, in sessions where there was more active

caregiver participation. In addition, more child-focused interactions by the provider led to significantly less active participation among these Latina mothers. Consistent with prior research, play-based routines dominated home-visiting sessions. The 2 groups did not differ significantly in their participation in different routines. Implications for research and practice are discussed.

[A Qualitative Study of Parental Experiences of Participation and Partnership in an Early Intervention Service](#)

James, Claire; Chard, Gill

Infants & Young Children. 23(4):275-285, October/December 2010.

Family-centered practice encompasses a philosophy and a method of service delivery that underpins early intervention services and is considered "best practice" in fields concerned with optimal child development. The aim of this study was to gain a critical understanding of parental experiences of an early intervention service that professionals believed was based on the principles of family-centered practice. Using qualitative inquiry, in-depth interviews were carried out with parents of 7 children with primary physical disabilities who attended a preschool program. Overall findings revealed that parents were relatively satisfied with the nature of the services they received but identified specific process elements that warranted further attention. These included lack of support at critical times, lack of information, and continuity of care not being adequately developed. Parents in this study felt that there was meaningful collaboration and partnership with individual professionals, but indicated that this was less likely at team level. They also believed that collaboration at a higher organizational level was limited. Parents clearly feel that relationships with professionals are important and perceive that they are in partnership with professionals, but in varying capacities over time. Parent expertise, knowledge, and support were identified as the valuable resources for other parents, professionals, and the organization as a whole, but were not effectively utilized by the service.

[Parental Reports of Perceived Assessment Utility: A Comparison of Authentic and Conventional Approaches](#)

Macy, Marisa; Thorndike-Christ, Tracy; Lin, Yu-Chu

Infants & Young Children. 23(4):286-302, October/December 2010

This study examined parent reports of 2 assessment approaches used for eligibility determination: conventional and authentic. Parents of children with and without disabilities completed a satisfaction survey following each of 2 assessments. Differences in how parents perceived the utility of developmental assessments based on the type of assessment approach (ie, either conventional or authentic), the setting in which the assessment occurred, and the child's eligibility status were examined. Results of this study have implications for conducting authentic, developmental assessments with children and families used for eligibility determination.

[Home Intervention: Validating the Item Order of a Developmental Checklist](#)

Hoekstra, A. T.; Jansen, G. G.; van der Meulen, B. F.; Oenema-Mostert, C. E.; Ruijsenaars, A. J.

Infants & Young Children. 23(4):303-311, October/December 2010.

To adapt home intervention processes to the needs of a child, a correct overview of skills that the child masters is necessary. The Portage Program, a home intervention program for families with children from 0 to 6 years of age with special educational needs, uses a checklist to assess the developmental skills that the child masters (S. M. Bluma, M. S. Shearer, A. H. Frohman, & J. M. Hilliard, 1976). Although a correct order of the items of the checklist is important for the planning of the home intervention process, the order of the items has never been empirically validated (B. F. Van der Meulen, W. G. Sipma, & C. E. J. Feenstra, 1993). This article describes a study on the scalability and item order of the revised checklist of the Dutch version of the Portage Program using Item Response Theory Modeling. The items of the checklist were administered to a sample of 736 families by using an incomplete data collection design. Results showed that it was possible to find a marginally or reasonably fitting scale for all areas of the checklist. Reordering of the items was necessary to get a correct overview of skills that the child masters. Our results have implications for future research into the use of the original checklist in other countries.

[The Effects of Child-Teacher Relationships on Interpersonal Problem-Solving Skills of Children](#)

Ocak, Sakire

Infants & Young Children. 23(4):312-322, October/December 2010.

Early positive relationships between children and adults are critical in the acquisition of children's problem-solving skills. The early teacher-child relationship has an important role in how a child negotiates the conflicts and manages relationships with peers. Our purpose was to evaluate the effect of the teacher-child relationship at kindergarten entry on the problem-solving skills of 5- and 6-year-old children. We examined how teachers' ratings of their relationships with their students had an impact on children's interpersonal problem-solving skills. We found that teachers perceive more conflicts with children who articulated either too few or too many problem-solving strategies. Teachers' perceptions of conflictual relationships with children were associated with the child's use of aggression during structured problem-solving interviews. Teachers' perceptions of conflicts were not, however, associated with children's prosocial problem-solving strategies. Our pilot results suggest that teachers may require different management strategies for children who demonstrate aggression and who are less likely to articulate positive alternatives.

[Early Identification of Developmental Delays Through Surveillance, Screening, and Diagnostic Evaluation](#)

Pizur-Barnekow, Kris; Erickson, Stephanie; Johnston, Mark; Bass, Tamicah; Lucinski, Loraine; Bleuel, Dan
Infants & Young Children. 23(4):323-330, October/December 2010.

Developmental and behavioral problems in young children are prevalent in the United States. While young children experience an increased prevalence of such problems, a lack of early identification services continues to exist. Not only are early identification services required under American law, such as the Individual with Disabilities Education Improvement Act, these services increase access to appropriate care and improve developmental outcomes. The purpose of this manuscript is to describe the range of early identification services available during early childhood. These services include surveillance, screening, and developmental and medical diagnostic evaluation. Findings from a web-based survey are summarized to illustrate screening practices of community health care providers in a Midwestern state. Recommendations to improve early identification practices on the basis of the literature and the findings from the survey are discussed.

2011

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[From the Editor](#)

Infants & Young Children. 24(1):1-5, January/March 2011.

No abstract but free

[Why Early Intervention Works: A Systems Perspective](#)

Guralnick, Michael J.

Infants & Young Children. 24(1):6-28, January/March 2011.

A systems perspective is put forward designed to place the many diverse conceptual and practice approaches and accomplishments in the early intervention field within a common framework. Complex reciprocal patterns of influence are described emphasizing risk and protective factors operating at 3 levels: child social and cognitive competence, family patterns of interaction, and family resources. It is argued that this framework can provide an understanding with respect to why early intervention works when it does as well as establish a new assessment and intervention approach firmly grounded in developmental science.

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

[Applying Contemporary Developmental and Movement Science Theories and Evidence to Early Intervention Practice](#)

Hickman, Robbin; McCoy, Sarah Westcott; Long, Toby M.; Rauh, Mitchell J. [Less](#)

Infants & Young Children. 24(1):29-41, January/March 2011.

Changes in early childhood science, theory, and best practices for improving outcomes of children with motor delay or dysfunction and their families have evolved rapidly since EI began. Changes in daily early intervention (EI) practice have been more elusive. Closing the gap between knowledge and practice requires EI providers to piece together information from a variety of knowledge streams including early childhood special education, pediatric rehabilitation, and cognitive psychology. The purpose of this article is to create a body of shared, evidence-based knowledge among providers responsible for addressing the needs of children with movement disorders and their families to effect changes in practice. This article discusses the evolution of EI practice models for children with motor concerns; examines related theories, interventions, and outcomes; and presents an alternative model based on contemporary evidence and grounded in dynamic systems theory. Researchers describe existing barriers to implementation of family-centered, support-based practices. Recommendations highlight the need for EI providers to collaborate with families to develop meaningful goals and to recognize and create opportunities for children to engage in high volumes of task-specific activity in a meaningful context. Continued research is required to verify effectiveness of this integrated model for improving child and family outcomes.

[Performance Feedback to Support Instruction with Speech-Language Pathology Students on a Family-Centered Interview Process](#)

Brown, Jennifer A.; Woods, Juliann J.

Infants & Young Children. 24(1):42-55, January/March 2011.

Gaining knowledge and skills in the practice of family-centered assessment procedures is an important component of the preservice education for early intervention providers. The purpose of this study was to examine the effectiveness of systematic instruction on speech-language pathology (SLP) practicum students' implementation of family-centered interview procedures guided by ethnographic principles. A single subject modified AB design with replication across participants was used to examine the effects of the instruction, including a didactic presentation, mock interviews, brief student reflection, and e-mailed graphic feedback with verbatim examples, on each student's use of ethnographic interview strategies. Results indicated a functional relationship between the instruction and the

students' implementation of the interview process. The largest gains in exemplar strategy use were demonstrated following performance feedback e-mails consisting of graphs and verbatim examples. Social validity measures were rated highly from both the student participants and the parents who were interviewed. Systematic instruction in ethnographic principles can increase students' competency in conducting family-centered, culturally responsive interviews. Additionally, the use of graphic performance feedback with verbatim examples shows promise as a way of increasing strategy use.

KIPS: An Evidence-Based Tool for Assessing Parenting Strengths and Needs in Diverse Families

Comfort, Marilee; Gordon, Philip R.; Naples, Denise

Infants & Young Children. 24(1):56-74, January/March 2011

The movement toward evidence-based practices has stimulated greater interest in assessing parenting outcomes. The purpose of these studies was to further validate the Keys to Interactive Parenting Scale (KIPS), a structured observational assessment of parenting quality, with 397 diverse families. Factor analysis demonstrated that the 12 KIPS items comprise one construct that explained 60% of the variance and showed high internal consistency (the Cronbach's $\alpha = 0.95$). Analyses of KIPS mean scores did not detect significant differences in *parenting* quality among African American, White, and Latino parents observed during parent-child play. Parents rated by home visitors as more engaged in services showed higher quality parenting ($r = 0.22, P < .0001$). KIPS scores correlated significantly with the Nursing Child Assessment Teaching Scale Caregiver Total ($r = 0.35, P = .0001$) and subscales (Response to Distress $r = 0.38, P < .0001$; Social-Emotional Growth Fostering $r = 0.29, P = .001$; Cognitive Growth Fostering $r = 0.19, P = .03$), and Home Observation for Measurement of the Environment subscales (Acceptance $r = 0.23, P = .01$; Responsivity $r = 0.19, P = .038$). These findings, together with previous research, demonstrate the reliability, validity, evaluative value, and clinical relevance of KIPS. KIPS offers a practical tool that providers can use in collaboration with families to tailor services to diverse families, track progress, and demonstrate outcomes.

Parents' Experiences in Role Negotiation Within an Infant Services Program

Hurtubise, Karen; Carpenter, Christine

Infants & Young Children. 24(1):75-86, January/March 2011.

Effective partnerships between families and health providers have been identified as the cornerstone of family-centered care. Role negotiation between parents and rehabilitation professionals is recognized as a key component to developing this effective partnership. The purpose of this study was to explore perceptions of the role-negotiation process among parents of young children. An exploratory qualitative research approach was used and in-depth interviews were conducted with 11 parents of children under the age of 3 years who were receiving services through an early intervention rehabilitation program. A 6-phase interpretive thematic framework guided the data analysis. Two major themes emerged from the data: (1) roles and expectations, and (2) the evolution of a symbiotic relationship. Parents recognized and defined the roles they assumed in their child's care and had distinct expectations of the roles attributed to rehabilitation professionals. No formalized role-negotiation process was identified. Instead, the evolution of a symbiotic parent-professional relationship was described, in which dependency on professionals to meet parent specific needs subsequently fostered their assumption of primary responsibility. This relationship appeared to be the precursor to the development of effective parent-professional collaboration and key to parent satisfaction with rehabilitation services.

Neighborhood Community Risk Influences on Preschool Children's Development and School Readiness

Hanson, Marci J.; Miller, Angela D.; Diamond, Karen; Odom, Samuel; Lieber, Joan; Butera, Gretchen; Horn, Eva; Palmer, Susan; Fleming, Kandace [Less](#)

Infants & Young Children. 24(1):87-100, January/March 2011. The effects of economic hardship and language isolation in children's neighborhood communities were examined to determine their influence on young children's developmental outcomes on measures of academic and social skills above and beyond child and family characteristics that included home language, disability, gender, and mother's education level. An ethnically and geographically diverse sample of 1006 four-year-old children was studied. Three groups of preschoolers considered at risk for poor school performance participated in this study: children living in poverty, children with identified disabilities, and children whose families spoke a primary home language other than English (English Language Learners). Child disability status was associated with lower achievement on all academic and social variables. Status as an English Language Learner also was associated with lower performance on vocabulary and mathematics measures; few differences were found on social variables. Maternal education level predicted child outcomes in all academic areas and most social variables. However, findings indicated that neighborhood community variables did explain child outcome differences beyond those contributed by child/family characteristics. Neighborhood economic hardship was a significant predictor of children's lower mathematics and letter knowledge academic outcomes and one social skills outcome. Children's residence in primarily English-speaking neighborhoods was associated with higher levels of social participation.

The Cost of Serving Infants and Toddlers Under Part C

Johnson, Jean L.; Brown, Susan; Chang, Chuan; Nelson, Dawna; Mrazek, Susan
Infants & Young Children. 24(1):101-113, January/March 2011.

To identify the per-child cost of providing Part C services, the authors analyzed extensive statewide expenditure data in Hawai'i to determine the monthly and annual costs of providing early intervention services to infants and toddlers and their families. Identified were the costs of serving children with various numbers and percentages of delay, the cost of providing care-coordination services, and the administrative costs for local- and state-level providers of Part C services. Furthermore, the data provided an opportunity to identify the cost of transportation in providing Part C services. The authors also analyzed the cost of serving 2 special populations of children: (1) children receiving Medicaid and (2) children with an autism-spectrum diagnosis. In addition to findings on costs, other significant findings emerged from the study. Two-thirds of the enrolled children had 3 or more significant delays. The cost of transportation consumed more than one-fourth of service expenditures. Children received on the average fewer than 3 hours of service per month. Overall administrative costs amounted to 41.4% of total program expenditures. Most surprising was that the state was spending less per child than it was a decade ago. The study provides previously unavailable information on the cost of early intervention services.

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From the Editor

Infants & Young Children. 24(2):115-116, April/June 2011.
 No abstract but free

"Dosage" Effects on Developmental Progress During Early Childhood Intervention: Accessible Metrics for Real-Life Research and Advocacy

Bagnato, Stephen J.; Suen, Hoi K.; Fevola, Antonio V.
Infants & Young Children. 24(2):117-132, April/June 2011.

The accountability movement in education, in general, and early childhood intervention (ECI), specifically, have fueled the debate about the quality, benefits, and limitations of various types of publicly funded ECI and human service programs (PEW Charitable Trusts, 2008; National Research Council/National Academy of Sciences, 2009) not only in the United States but also internationally. However, policymakers, government regulatory bodies, and philanthropies are confused often by the complexity of our research methods and have proposed the concept of "dosage" (time-in-program) as a simpler way to depict child progress during program participation as an accountability model. Despite its technical and programmatic limitations, the dosage concept can be made uniform and rigorous to inform and to advocate. We have proposed and field-validated an "ECI minimum dosage" methodology that uses performance (ie, effect size) criteria from national ECI studies and regression metrics to establish a minimum comparative standard for state and national accountability and real-life program evaluation research efforts and advocacy in ECI for children at developmental risk. Practitioners and researchers can access a Web site to employ an excel program to input and analyze their data. In this article, we present dosage and progress data on n = 1350 children in a high-profile ECI initiative in the Pennsylvania to demonstrate the effectiveness of the proposed minimum-dosage metrics. Implications and lessons learned for practitioners, researchers, and policymakers are presented. Guide points to help programs to conduct applied research in real-life community settings to show "how good they are at what they do" are offered. With more accessible metrics, we can be more persuasive to advocate and influence public policy in ECI in desired directions for the benefits of all children, families, and programs—especially our most vulnerable ones.

Using Survival Analysis to Describe Developmental Achievements of Early Intervention Recipients at Kindergarten

Scarborough, Anita A.; Hebbeler, Kathleen M.; Spiker, Donna; Simeonsson, Rune J.
Infants & Young Children. 24(2):133-152, April/June 2011.

Survival analysis was used to document the developmental achievements of 2298 kindergarten children who participated in the National Early Intervention Longitudinal Study, a study that followed children from entry to Part C early intervention (EI) through kindergarten. Survival functions were produced depicting the percentage of children at kindergarten who attained age-grouped developmental milestones ranging from 1 to 12 months through over 60 months. Survival functions were compared on the basis of disability characteristics at entry to EI and kindergarten disability and special education status. Larger percentages of former EI recipients receiving special education in kindergarten and those entering EI with a diagnosed condition failed to achieve early milestones. The utility of survival analysis in presenting diverse developmental achievements is discussed.

Caregiver Perspectives About Assistive Technology Use With Their Young Children With Autism Spectrum Disorders

Cardon, Teresa A.; Wilcox, M. Jeanne; Campbell, Philippa H.
 Infants & Young Children. 24(2):153-173, April/June 2011.

The purpose was to examine how caregivers of infants and toddlers with autism spectrum disorder view their daily activities/routines and in what way, if any, assistive technology (AT) acts as a support. A total of 134 families who reported their child's disability as autism spectrum disorder/pervasive developmental disorder completed a survey designed to gain information about activities/routines (eg, bath time, mealtime, etc) and potential use of AT to support a child's participation in the routine. Frequency counts were utilized to determine the percentage of caregiver responses in each activity/routine category. Responses to open-ended questions were examined and coded to supplement the information gained through the forced-choice questions. Results indicated that caregivers reported difficulties with all sampled activities/routine. The problem reported most frequently (39.9%) was a child's inability to participate in the routine. Less than half of the caregivers reported being able to find solutions that incorporated the use of AT. Although some caregivers reported using AT, actual use of AT was minimal. In addition, caregivers reported limited support and training on the use of AT. Assistive technology has been established as an effective means of providing intervention during daily activities/routines. Research indicates caregivers have large misconceptions about what AT is and receive minimal support from their early intervention providers in understanding AT.

Teaching Children With Autism to Ask "What's That?" Using a Picture Communication With Vocal Results

Ostry, Cheryl; Wolfe, Pamela S.
 Infants & Young Children. 24(2):174-192, April/June 2011.

Being a competent communicator is complex and goes beyond expressing simple needs and wants to include having the ability to ask and respond to wh-questions. For individuals with autism spectrum disorders who use pictures to communicate, initiating communications such as questions can be difficult and it has been shown that some picture systems do not include question asking in the curriculum, such as the Picture Exchange Communication System. This study attempted to address this lack of question asking in teaching communication with pictures. The current study investigated how augmentative and alternative communication users learn to communicate, with methods of how vocal individuals with autism spectrum disorders have been taught to ask wh-questions, to teach nonvocal individuals with autism spectrum disorders to ask the question "What's that?" using a picture communication. The results showed that all 3 participants learned to vocally ask "What's that?" without requiring the communication picture, and the training for all participants was completed within 1 to 2 days. Secondary findings included the successful generalization of this question to nontrained settings, communicative partners, and stimuli. This study extends the limited literature on teaching wh-questions to individuals with autism spectrum disorders and supports findings of vocal outcomes with individuals who use picture systems to communicate.

The Feasibility of Screening for Fetal Alcohol Spectrum Disorders Risk in Early Intervention Settings: A Pilot Study of Systems Change

Watson, Enid; Finkelstein, Norma; Gurewicz, Deborah; Morse, Barbara
 Infants & Young Children. 24(2):193-206, April/June 2011.

Prenatal alcohol exposure can result in fetal alcohol spectrum disorders (FASD), which can include physical and neurobehavioral disorders, including cognitive, social, language, and motor impairments that can persist throughout life. In order for children with FASD to receive the full benefit of services, recognition of their disability needs to be made earlier and more accurately than is common today. Early identification of an FASD helps to focus targeted treatments, reduce unnecessary medical steps and redundancy in medical care, and increase the likelihood of efficacious interventions. This article describes an innovative, brief screening tool designed to test the feasibility of screening for FASD risk in early intervention (EI) settings. Feasibility was demonstrated by a screening rate of 1161 (61%) of the 1896 available children. The primary resources needed for implementing FASD screening in EI programs are a brief FASD Screening Tool, an FASD trainer, and training time. Replication efforts would benefit from cost-free cross-training between EI sites and designated pediatricians/diagnosticians who are interested in improving their skills around FASD, and development of linkages with alcohol use disorder outpatient/assessment programs for possible referrals for birth mothers. The authors assert that it is practical and feasible to screen children for FASD in EI settings.

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Evaluation of the Turkish Version of the "Ages and Stages Questionnaires: Social-Emotional" in Identifying Children With Social-Emotional Problems

Kucuker, Sevgi; Kapci, Emine Gul; Uslu, Runa Idil
 Infants & Young Children. 24(2):207-220, April/June 2011.

The applicability of the Age and Stages Questionnaires: Social Emotional (ASQ-SE; J. Squires, D. Bricker & E. Twombly, 2003) for Turkish children was examined. A total of 608 mothers completed the ASQ-SE's. Overall

sensitivity and overall specificity were 83.7% and 89.9%, respectively. Test-retest reliability, assessed by classifying children as “at risk” or “not at risk” for social-emotional development, was 87%. The interrater reliability between mothers' and teachers' classifications was 83.6%. The results revealed that the psychometric properties of the ASQ-SE in Turkish children are comparable to those reported in Squires et al. Low levels of mothers' education, but not of the family income, were found to be linked to social-emotional problems. In the light of the findings it is concluded that the ASQ-SE can be utilized to screen the social emotional competencies and problems of Turkish children and to identify various risk and protective factors that affect social emotional development.

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From the Editor

Infants & Young Children. 24(3):223-224, July/September 2011.

No abstract but free

Overview of Play: Its Uses and Importance in Early Intervention/Early Childhood Special Education

Lifter, Karin; Foster-Sanda, Suzanne; Arzamarski, Caley; Briesch, Jacquelyn; McClure, Ellen *Less*

Infants & Young Children. 24(3):225-245, July/September 2011. Play is a natural activity of early childhood, which has great relevance to the fields of early intervention, early childhood special education, and early childhood education. Within these fields, ongoing tensions persist in how play is described and used. These tensions compromise activities of assessment, intervention, and curriculum development and their connections to research and practice. This article presents a review about the importance of play in early intervention, early childhood special education and early childhood education and how play is regarded and used within these contexts. In an attempt to clarify the literature on play in early intervention and early childhood special education, particular emphasis is placed on distinguishing 2 divergent uses of play: (*a*) play as a developmental domain and (*b*) play as an activity base in the service of other goals. Recommendations, implications, and future directions are discussed with respect to practitioners, policymakers, and researchers.

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Risk Factors for Gross Motor Dysfunction in Infants With Congenital Heart Disease

Long, Suzanne H.; Eldridge, Bev J.; Galea, Mary P.; Harris, Susan R.

Infants & Young Children. 24(3):246-258, July/September 2011.

Infants with congenital heart disease (CHD) that is severe enough to require early surgery are at risk for cognitive and motor delays, as well as musculoskeletal impairments, and are best managed by an interdisciplinary team during their hospital stay and after discharge. The purpose of this article is to review some of the risk factors associated specifically with motor delays and musculoskeletal impairments in infants with CHD. These concerns are then embedded into 2 clinical case examples of infants with CHD who required surgery. Following a description of each infant's hospital course, we describe the members and roles of an appropriate early intervention team. Then, in conjunction with the parents' priorities and concerns, and the results of developmental motor assessments, we develop individualized physical therapy outcomes, in keeping with an Individualized Family Service Plan. The role and importance of an interdisciplinary team perspective is highlighted in these case examples, as is the transactional model of development.

A Study of Maternal Attachment Among Mothers of Infants With Congenital Anomalies in Turkey

Ylmaz, Hatice Bal; Kavlak, Oya; Isler, Aysegul; Liman, Tülin; Van Sell, Sharon L.

Infants & Young Children. 24(3):259-266, July/September 2011.

The purpose of this study was to investigate the factors that affect maternal attachment among mothers whose infants were born with congenital anomalies. A questionnaire was used to collect individual sociodemographic data, and the Maternal Attachment Inventory was used to collect information about the emotional attachment of mothers to infants with congenital anomalies. This descriptive and cross-sectional study was performed at Ege University Children's Hospital in Izmir, Turkey. The study sample comprised 70 mothers with infants ranging from 1 to 8 months of age with congenital anomalies. We found a meaningful statistical difference between the Maternal Attachment Inventory point averages of mothers with infants with congenital anomalies and no chance for a cure and the economic conditions of mothers, and we also found correlations with problems during the pregnancy ($P < .05$). Even though the average maternal attachment of mothers who held their infants just after birth was higher than for mothers who held their infants many hours later, there was no statistically meaningful difference ($P > .05$). This study demonstrated that maternal attachment is lower in mothers with infants who have congenital anomalies that cannot be cured. Given that mothers of infants with congenital anomalies that cannot be cured have the highest risk for maternal detachment, nurses should plan treatment carefully.

[Resilience in Vulnerable and At-Risk Latino Families](#)

Mogro-Wilson, Cristina

Infants & Young Children. 24(3):267-279, July/September 2011.

The purpose of this article is to provide information about the strengths of Latino families to provide a knowledge base for providers in order to utilize the natural resiliency of Latinos in their practice and interventions. This article will review the literature and the most prominent theoretical models on the resiliency of Latino families and young children with disabilities. This information is used to create a conceptual model to describe how resilience factors for Latinos can be used by professionals. The conceptual model is a combination of cultural, community, family, and individual factors that produce protective mechanisms inherent to the Latino community and offer areas of resiliency. The article details these 4 domains of resiliency among Latino children and families with disabilities. A clearer understanding of the protective mechanisms for Latino families will increase cultural competence in the areas of policy, research, and practice.

[A Pilot Evaluation of the Test-Retest Score Reliability of the Dimensions of Mastery Questionnaire in Preschool-Aged Children](#)

Igoe, Deirdre; Peralta, Christopher; Jean, Lindsey; Vo, Sandra; Yep, Linda Ngan; Zabjek, Karl; Wright, F. Virginia

Infants & Young Children. 24(3):280-291, July/September 2011.

Preschool-aged children continually learn new skills and perfect existing ones. "Mastery motivation" is theorized to be a personality trait linked to skill learning. The Dimensions of Mastery Questionnaire (DMQ) quantifies mastery motivation. This pilot study evaluated DMQ test-retest score reliability (preschool-version) and included exploratory analysis of test-retest score reliability with a subgroup of children with a physical disability. The child's parent completed the DMQ twice (30-day mean retest interval) and rated DMQ for ease of use. Test-retest score reliability was estimated for DMQ Total, aspect and scale scores using intraclass correlation coefficients (ICCs). Thirty-three mothers participated (children's mean age = 4 years 1 month, SD = 1 year 2 months). Total score and expressive aspect test-retest score reliability were good (ICCs 0.76 and 0.70, respectively) and instrumental aspect test-retest score reliability was excellent (ICC = 0.87). Five of the 7 scales had ICCs > 0.74. The mastery pleasure scale scored lowest in test-retest score reliability (ICC = 0.35). Total score test-retest reliability was good for children who have a disability (n = 12) and in children typically developing (n = 21): ICCs 0.71 and 0.79, respectively. The DMQ was found to be easy to complete using a 5-point scale with "1" being "very difficult" and "5" being "very easy." The mothers' mean score was 4.4/5. This pilot work indicated

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[From the Editor](#)

Infants & Young Children. 24(4):293-294, October/December 2011.

No abstract but free

[Screening for Sleep Problems in Early Intervention and Early Childhood Special Education: A Systematic Review of Screening and Assessment Instruments](#)

Bonuck, Karen A.; Hyden, Christel; Ury, Guenn; Barnett, Josephine; Ashkinaze, Hannah; Briggs, Rahil D.

Infants & Young Children. 24(4):295-308, October/December 2011.

Behavioral insomnias of childhood (BIC) and sleep disordered breathing (SDB) disorders cause disrupted and/or inefficient sleep. Left untreated in early childhood, both conditions increase the risk of compromised development, particularly in the areas of behavior, cognition, and growth. This systematic review determined whether and how current developmental screening and assessment instruments ("instruments") used in Part C Early Intervention (EI) and Part B Early Childhood Special Education (ECSE) programs of the Individuals with Disabilities and Education Act assess BIC and/or SDB. Independent abstracting teams reviewed 47 unique and 67 total (ie, includes multiple-age versions of unique) instruments. Overall, 47% of unique and 38% of total instruments contained no sleep-related items. None (0%) included any SDB items. "Resistance to bedtime," "night waking," and "parental concerns regarding the child's sleep" were the most frequently asked types of items. Yet, fewer than 20% of instruments addressed even these items. Among the 10 most often used instruments in EI and ECSE programs, only 40% contained BIC-type items—none asked about SDB. Given the symptom overlap between sleep problems and developmental disorders, early detection is critical. Yet, current instruments used in EI and ECSE do not adequately assess either behavioral or respiratory-related sleep disorders. Individuals with Disabilities and Education Act early childhood and related programs could serve as a portal for identifying sleep disorders.

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[Development and Initial Validation of a Professional Development Intervention to Enhance the Quality of Individualized Family Service Plans](#)

Ridgley, Robyn; Snyder, Patricia A.; McWilliam, R. A.; Davis, Jacqueline E.

Infants & Young Children. 24(4):309-328, October/December 2011.

We describe a targeted professional development (PD) intervention designed to improve the quality of individualized family service plans (IFSPs) and to support IFSP planning, development, and decision making. The theoretical and empirical foundations for the PD intervention and its key components are reviewed. Building on an established online IFSP data collection system, we describe how the system was enhanced as part of the PD intervention. We discuss the iterative processes used to develop and validate the intervention and present preliminary findings from a pilot study focused on examining the feasibility and acceptability of implementing the intervention in an authentic Part C setting.

[The Experience of Parents of Toddlers Diagnosed With Autism Spectrum Disorder in the More Than Words Parent Education Program](#)

Patterson, Stephanie Y.; Smith, Veronica

Infants & Young Children. 24(4):329-343, October/December 2011.

A variety of parent-mediated communication intervention programs are available to families of young children with autism spectrum disorder including Hanen's *More Than Words* (MTW). Although the program is widely used, researchers understand little about parents' grasp of the information presented. Through a multiple case study, the unique learning experiences of 4 families who participated in MTW were examined and 6 themes emerged. Caregivers viewed MTW as a good starting point but expressed a need for explicit child and parent program expectations and that the program be sensitive to the emotional and information needs of families of newly diagnosed children including working parents. Furthermore, suggestions regarding the delivery of the program including a desire for more individualized one-on-one modeling and parent-to-parent contact to navigate the overwhelming content also emerged.

[Parent and Multidisciplinary Provider Perspectives on Earliest Intervention for Children at Risk for Autism Spectrum Disorders](#)

Stahmer, Aubyn C.; Brookman-Frazee, Lauren; Lee, Ember; Searcy, Karyn; Reed, Sarah

Infants & Young Children. 24(4):344-363, October/December 2011.

Early identification and treatment of Autism Spectrum Disorder (ASD) in children younger than age 3 years is becoming an increasingly common area of concern and study. Research suggests that systematic, early intervention can significantly improve outcomes and reduce the cost of caring for children with ASD through the lifespan. Therefore, it is imperative that evidence-based practices (EBPs) for this young age group are translated effectively into community settings. One method of promoting EBPs and developing capacity for implementation is active collaboration between researchers and community stakeholders. This requires a precise understanding of the perspectives of stakeholders regarding the benefits and barriers of specific practices and early intervention in general. In the current study, we gathered feedback from families and a multidisciplinary group of community providers regarding early intervention values for infants/toddlers at risk for ASD and their families through focus groups. The opinions and values of the community sample were examined using mixed qualitative and quantitative methods to facilitate efforts to build long-term capacity for implementing efficacious ASD intervention for children younger than 3 years. Results indicated that, the values of community providers and parents were highly similar and were aligned with EBP strategies. Recommendations for translating EBPs for this population into community settings are discussed.

[Early Intervention Services for Children With Physical Disability: Parents' Perceptions of Family-Centeredness and Service Satisfaction](#)

Ziviani, Jenny; Feeney, Rachel; Khan, Asad

Infants & Young Children. 24(4):364-382, October/December 2011.

Family-centered early childhood services for children with physical disability and their families can afford developmental advantage for children and avert unnecessary stress for families. This study aimed to determine how characteristics of children and families and perceptions of family-centered practice (FCP) relate to satisfaction with early childhood services. Participants comprised parents or carers of children up to 9 years with a physical disability who were accessing early childhood services. Participants completed The European Parent Satisfaction Scale about Early Intervention, Functional Independence Measure for Children, Measure of Processes of Care, and a sociodemographic parent survey. Overall, families ($n = 112$) reported being relatively satisfied with early childhood services. There was a significant positive relationship between parent perceptions of FCP (coordinated and comprehensive care and providing general information) and satisfaction ($\beta = 3.13$ and 1.75 , respectively). These aspects of FCP accounted for 68% of the variance in satisfaction scores. Children's level of disability and families' sociodemographic characteristics were not related to satisfaction ratings. These findings suggest that not all aspects of FCP contribute equally to overall satisfaction. Service providers need to pay particular attention to the information needs of families and ensuring that services are well-coordinated and appropriate.

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From the Editor

Infants & Young Children. 25(1):1-2, January/March 2012.

No abstract but free

Early Intervention and Maltreated Children: A Current Look at the Child Abuse Prevention and Treatment Act and Part C

Moxley, Kathleen M.; Squires, Jane; Lindstrom, Lauren

Infants & Young Children. 25(1):3-18, January/March 2012.

Current literature regarding the prevalence of child abuse and neglect, resulting developmental impacts on children, and early intervention services for children and families involved in the child welfare system is summarized. While early intervention eligibility referrals are mandated for this population under the Child Abuse Prevention and Treatment Act of 2003, Part C, maltreated children remain underrepresented and services remain underutilized. Reasons for this underutilization and weak links in service provisions for families involved in child welfare are examined. In addition, barriers for service provision of children and families involved in the welfare system and recommendations for improving outcomes, including enhanced professional development, are presented.

The Evidence Behind Developmental Screening Instruments

Macy, Marisa

Infants & Young Children. 25(1):19-61, January/March 2012.

This research synthesis is a review of the literature on developmental screening measures used to identify young children with delays. Research on 14 commonly used tools to screen infants, toddlers, and preschoolers was examined. Findings may assist users and consumers in identifying developmental screening measures that have a body of evidence.

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Caregiver Coaching Strategies for Early Intervention Providers: Moving Toward Operational Definitions

Friedman, Mollie; Woods, Juliann; Salisbury, Christine

Infants & Young Children. 25(1):62-82, January/March 2012.

Early intervention (EI) providers increasingly coach and collaborate with caregivers to strengthen and support caregiver-child interactions. The EI providers learning to coach other adults benefit from knowing what, exactly, they should do to support caregivers. This article serves two purposes. First, it proposes an operationally defined, theoretically based, and reliably used set of definitions (behaviors) that describe coaching strategies that providers can use to support caregiver learning. Second, it suggests possible applications of these definitions for EI providers, administrators, and researchers. We discuss underlying theories of adult learning and the process by which the definitions were developed. Preliminary evidence regarding the utility of these definitions is presented by using videotape data of provider coaching practices in home visits from three different studies. Descriptive data from these programs and home visits illustrate how the coaching definitions can be used to distinguish implementation differences and how they could be used to support professional development efforts for EI coaching and consultation.

Velocardiofacial Syndrome and Early Intervention Providers: Recommendations for Intervention

Boyer, Valerie E.; Fullman, Leah I.; Bruns, Deborah A.

Infants & Young Children. 25(1):83-94, January/March 2012.

Velocardiofacial syndrome (VCFS), the most common microdeletion syndrome, is increasingly diagnosed in young children because of advances in diagnostic testing. The result is an increase in the number of young children with VCFS referred for early intervention (EI) services. We describe early development of children with VCFS and strategies to guide EI services. Effective outcomes and preparation for school require an integration of strategies specific to the needs of the young child with VCFS within the guiding principles of EI.

Making Best Practice Our Practice: Reflections on Our Journey Into Natural Environments

Moore, Lydia; Koger, Dawn; Blomberg, Susan; Legg, Lynn; McConahy, Renee; Wit, Susan; Gatmaitan, Michelle

Infants & Young Children. 25(1):95-105, January/March 2012.

This article focuses on one early intervention team's transition from a multidisciplinary center-based model to a transdisciplinary, natural environment service delivery model. The team consisted of an occupational therapist, physical therapist, speech and language pathologist, and early intervention teacher. Each team member began with different backgrounds, skill sets, and beliefs about how early intervention services should look. The team agreed upon basic principles of best practice for early intervention, but the level of comfort for implementation varied

greatly among team members. Over the last 2 years, the team has learned about themselves and the art of delivering family-centered practice to families with young children with disabilities. This is a reflection on 6 lessons learned as they moved out of the classroom where equipment, materials, and physical surroundings defined services and determined roles, and moved into the homes of the families where services and roles were ever-changing and unpredictable. Finally, implications for personnel preparation, including professional development and preservice training programs, are discussed.

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From the Editor

Infants & Young Children. 25(2):107-108, April/June 2012.

No abstract but free

Professional Development Through Reflective Consultation in Early Intervention

Watson, Christopher; Gatti, Shelley Neilsen

Infants & Young Children. 25(2):109-121, April/June 2012.

The fields of special education/early intervention and infant mental health are moving closer, as practitioners find common ground in understanding and intervening to support vulnerable infants and toddlers. The importance of the impact of relationships on all developmental domains has been brought to the foreground. This includes relationships between parent and interventionist, as well as parent and child. Ongoing professional development in the form of reflective consultation supports the work of interventionists by fostering reflective functioning and facilitating a greater understanding of the impact of interactions and emotions in their work with families. This may lead to a broader and deeper range of intervention approaches and a better choice of intervention based on a better understanding of individual and family needs. This article describes a collaborative pilot project that integrates an infant mental health approach to support early interventionists within a special education system. The project supported the services of an infant mental health consultant to facilitate ongoing reflective consultation for 2 home-based school district teams working in an urban community. Data were collected to explore the effects of reflective consultation in supporting early interventionists, decreasing burnout, and increasing skills needed to work with diverse families. As a result of this project, the participants advocated for use of district professional development funds to continue reflective consultation with the consultant.

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Contributions of Incidental Teaching, Developmental Quotient, and Peer Interactions to Child Engagement

Casey, Amy M.; McWilliam, R. A.; Sims, Jessica

Infants & Young Children. 25(2):122-135, April/June 2012.

The purpose of the analysis reported in this article was to determine to what extent child and classroom characteristics were associated with the amount of time children with disabilities spent displaying each of 5 categories of engagement. Predictors consisted of children's receipt of incidental teaching, developmental quotient, and quality of peer interactions. Data were compiled from repeated observations of 61 preschoolers with disabilities who attended 31 early childhood classrooms. All regression analyses showed noteworthy effects: Although the model accounted for the most variance when predicting the most extreme forms of engagement, time spent in each of the 5 categories of engagement could be successfully predicted using the variables of interest. Developmental quotient and the quality of children's peer interactions accounted for a large percentage of the unique variance across engagement categories; incidental teaching was, however, a particularly strong predictor of the time children spent displaying sophisticated engagement.

Self-regulation in Children Born With Extremely Low Birth Weight at 2 Years Old: A Comparison Study

Lynn, Lisa N.; Cuskelly, Monica; Gray, Peter H.; O'Callaghan, Michael J.

Infants & Young Children. 25(2):136-148, April/June 2012.

Survival rates for children born with extremely low birth weight (ELBW) are increasing; however, many of these children experience later problems with learning. This study adopted an integrated approach to these problems, involving the self-regulatory tasks of inhibition and delay of gratification and relevant individual factors including cognitive and language skills. Thirty children born with ELBW and 36 full-term children at 2 years of age completed the self-regulatory tasks. Results indicated no differences between groups for the inhibition task; however, comparison children were better able to delay gratification than children with ELBW. Performance on both self-regulatory tasks improved as cognitive and language abilities increased and all self-regulatory tasks were correlated with cognitive and language abilities. Performance on the inhibition task was predicted by cognitive ability and language abilities, and all variables were approaching significance for predicting performance on the delay of gratification task. It is expected that the small sample size and wide variations in the developmental progression of self-regulation and associated factors at 2 years of age may have limited the strength of relationships found in this study.

Impact of Ages and Stages Questionnaire Scores on Pediatrician Referral Patterns

Roane, Brandy Michelle; Valleley, Rachel J.; Allen, Keith D.

Infants & Young Children. 25(2):149-157, April/June 2012.

The American Academy of Pediatrics has recommended an algorithm for identifying children with potential developmental delays. It includes a recommendation that positive screening should result in referral for additional evaluation or intervention. Yet, it is not known whether positive screens do, in fact, influence physician referrals. The primary aim of this study was to evaluate whether positive screens from an Ages and Stages Questionnaire would prompt physicians to refer for additional evaluation or intervention as recommended by the American Academy of Pediatrics algorithm. A sample of 207 physicians read one of three hypothetical clinical vignettes describing an 18-month-old child with ambiguous language development. Vignettes differed on the presence or absence of an Ages and Stages Questionnaire score and, if a score was present, on whether the Ages and Stages Questionnaire score was positive or negative. Physicians indicated what actions they would take including whether they would refer for evaluation or intervention. Multinomial regression analyses showed physicians referred more often for further evaluation or intervention if the hypothetical Ages and Stages Questionnaire score was positive. Likewise, physicians referred less often if the Ages and Stages Questionnaire score was negative. Physicians without the Ages and Stages Questionnaire scores did not choose one action more frequently over another. In this initial investigation, the data show that physicians do refer, as recommended, when presented with positive Ages and Stages Questionnaire screens. This is important because it lends support to one critical component of the American Academy of Pediatrics developmental screening algorithm. Given the use of hypothetical vignettes in this study, it will be important to investigate whether positive Ages and Stages Questionnaire screens impact actual referrals in clinical practice.

Factors Associated With Expressive and Receptive Language in French-Speaking Toddlers Clinically Diagnosed With Language Delay

Sylvestre, Audette; Desmarais, Chantal; Meyer, François; Bairati, Isabelle; Rouleau, Nancie; Mérette, Chantal

Infants & Young Children. 25(2):158-171, April/June 2012.

The purpose of this exploratory study was to examine child and environmental factors known to be associated to language development and how they relate to results in expressive vocabulary, expressive language, and receptive language in language-delayed toddlers. The cross-sectional data on 96 French-speaking children aged 18–36 months were gathered at the point of entry into a longitudinal study of 2-year-old children displaying language delay. Measures of language, child development, and child and environmental factors were administered. When several factors individually associated with language development were considered concurrently, cognitive development was consistently associated with the outcomes. Other child factors, such as male gender and age, were also retained in the regression model explaining expressive vocabulary, whereas only age was added in the model explaining expressive language. Two environmental factors were involved in receptive language; that is, parental education and parental stress accounted for 8% of the variance. Factors linked to development varied across language modalities such that parental education and parental stress were related to comprehension but not to production. The findings suggest a strong biological trajectory for expressive language development and vocabulary production, which are not affected by environmental factors.

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From the Editor

Infants & Young Children. 25(3):173-174, July/September 2012.

No abstract but free

Developmental and Autism Screening: A Survey Across Six States

Arunyanart, Wirongrong; Fenick, Ada; Ukritchon, Supak; Imjaijitt, Worarachanee; Northrup, Veronika; Weitzman, Carol

Infants & Young Children. 25(3):175-187, July/September 2012.

The American Academy of Pediatrics (AAP) recommends screening children for developmental delay and autism. Studies of current screening practice to date have been limited in scope and primarily focused on small, local samples. This study is designed to determine compliance with AAP screening recommendations: (1) developmental screening at 9, 18, and 24 or 30 months; (2) screening when concerns are raised at a surveillance visit; and (3) autism screening at 18 and 24 months and to examine pediatrician and practice characteristics associated with compliance. Pediatricians from 6 states completed a 38-item web-based questionnaire (N = 406) regarding compliance with recommendations, screening implementation, changes in screening practice since the publication of guidelines, and pediatrician and practice demographics. Overall, 17.8% of pediatricians were compliant with all 3 screening recommendations. A total of 41.6% of pediatricians screened for development at the 9-month visit, 58% at the 18-month visit, and 52% at the 24- or 30-month visit. A total of 59.8% of physicians screened for autism at the

18-month visit and 50.2% at 24-month visit. As compared with 5 years ago, 44.8% of pediatricians currently screen for development more often and 72.2% screen for autism more often. Pediatricians with 10%–50% of patients of non-White race/ethnicity in their practice were significantly less likely to screen for developmental delay than pediatricians with more than 50% of patients (odds ratio [OR] = 0.30; 95% confidence interval [CI] = 0.13, 0.69; $p = .004$). Similarly, pediatricians with 10%–30% of Medicaid-insured patients were less likely to screen for developmental delay than pediatricians with more than 30% of patients (OR = 0.45; 95% CI = 0.25, 0.80; $p = .0007$). In contrast, pediatricians with 10%–30% of Medicaid-insured patients were significantly more likely to screen patients for autism than pediatricians with more than 30% of patients (OR = 2.46; 95% CI = 1.38, 4.40; $p = .0002$). Increasing numbers of pediatricians are screening children for developmental delays and autism. Economically disadvantaged children are significantly more likely to be screened for developmental delay but less likely to be screened for autism than do less disadvantaged children.

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[Characterizing Key Features of the Early Childhood Professional Development Literature](#)

Snyder, Patricia; Hemmeter, Mary Louise; Meeker, Kathleen Artman; Kinder, Kiersten; Pasia, Cathleen; McLaughlin, Tara

Infants & Young Children. 25(3):188-212, July/September 2012.

Professional development (PD) has been defined as facilitated teaching and learning experiences designed to enhance practitioners' knowledge, skills, and dispositions as well as their capacity to provide high-quality early learning experiences for young children. The purpose of this study was to use a framework from the National Professional Development Center on Inclusion (2008) to characterize key components of early childhood PD by conducting a descriptive systematic review of empirical literature. Two hundred fifty-six studies were identified that met specified inclusion criteria: (a) described a type of PD, (b) involved early childhood practitioners who were working with children birth through the age of 5 years, and (c) reported empirical evidence about PD outcomes for either early childhood practitioners or children. Findings revealed that studies typically included information about PD recipients, the topic or content focus of the PD, and the type of facilitated teaching and learning experiences provided. Seventy-four percent of the reviewed studies included systematic follow-up as a component of the facilitated teaching and learning experiences but limited information was provided about dose and fidelity of implementation of the follow-up. The review provides a descriptive characterization of the who, what, and how of early childhood PD. These data complement an emerging experimental intervention literature focused on second-generation PD research questions. We discuss the need to reach consensus about reporting key components of PD interventions to facilitate interpretations of relationships among PD interventions, improvements in practice, and desired child outcomes.

[Capturing the Complexity of Parent–Provider Relationships in Early Intervention: The Association With Maternal Responsivity and Children's Social–Emotional Development](#)

Popp, Tierney K.; Wilcox, M. Jeanne

Infants & Young Children. 25(3):213-231, July/September 2012.

This investigation focused on the quality of parent–provider relationships in a Part C early intervention program. An observational coding system was developed as an exploratory tool to describe aspects of the parent–provider relationship over a 1-year period. In particular, we were interested in the extent to which the quality of the parent–provider relationship was related to maternal responsivity and children's social–emotional functioning. Participants included toddlers with developmental disabilities, aged 11–36 months, their mothers ($n = 37$), and their early intervention practitioners ($n = 29$). Observational coding was conducted at 3 intervals, with initial evidence supporting the use of the observational coding system. Composite scores of relationship quality were not significantly associated with parent or child outcomes, but more dynamic measures were. More specifically, attunement between the parent and provider on dimensions such as warmth and positive regard was associated with fewer child-internalizing behaviors. Change in mother behavior over time was related to higher levels of maternal responsivity. Findings are discussed in terms of the importance of examining the dynamic and transactional nature of parent–provider interactions over the course of an intervention.

[Learning Family-Centered Practices Through a Parent–Child Playgroup Practicum](#)

Appl, Dolores J.; Farrar, Katelyn Longstreet; Smith, Karen G.

Infants & Young Children. 25(3):232-243, July/September 2012.

The mentor of a parent–child playgroup, an experienced student playgroup facilitator, and a faculty member teaching a family–professional collaboration course describe opportunities for preservice student facilitators to learn about and implement family-centered practices. The experiences of one student facilitator are used to explain the information gathering, reflection, action, and evaluation process of the playgroup practicum. We focus on how she used this process to explore parents' perspectives about family-centered practices within a playgroup that they attended and how her inquiry impacted future student facilitators. The inclusive playgroup for families with infants and toddlers is a university field site for early childhood special education majors and follows an interdisciplinary model, called Parents Interacting with Infants. The authors also describe skills and dispositions related to family-

centered practices that the student facilitator developed across the semester in which she was enrolled in the playgroup practicum and the parent–professional collaboration course. These skills and dispositions reflect desired outcomes for all students serving as playgroup facilitators.

[Predictors of Developmental Outcomes of High-Risk and Developmentally Delayed Infants and Children Enrolled in a State Early Childhood Intervention Program](#)

Giannoni, Peggy P.; Kass, Philip H.

Infants & Young Children. 25(3):244-264, July/September 2012.

A retrospective cohort study was conducted to identify child, maternal, family, and community factors associated with rate of developmental disability among children enrolled in the California Early Start Program. The cohort included 8,987 children considered at high risk for developmental disability due to medical risks and/or developmental delay. Analyses examined risk factors within a system hierarchy; levels included child's condition and qualifying risk factors, maternal characteristics, family qualities, and risk scores for residential county. Each level had factors predictive of developmental disability. Age at entry into the Early Start Program was the strongest determinant of outcome. Age at entry interacting with gender and developmental delays in physical, communication, and social/emotional developmental areas were strongly related to a shorter time to disability.

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[From the Editor](#)

Infants & Young Children. 25(4):267-269, October/December 2012.

No abstract but free

[International Human Rights to Early Intervention for Infants and Young Children With Disabilities: Tools for Global Advocacy](#)

Brown, Sharan E.; Guralnick, Michael J.

Infants & Young Children. 25(4):270-285, October/December 2012.

With almost universal ratification of the Convention on the Rights of the Child and the growing number of States Parties that have signed or ratified the Convention on the Rights of Persons with Disabilities, the majority of countries in the world have now committed to implementing the human rights articulated in these treaties. In this article, first, we provide an overview of both Conventions, highlight the articles in the treaties that are relevant to early intervention for infants and young children with disabilities, and describe the specific duties required of States Parties to ensure compliance including international cooperation. Second, a series of early intervention action principles is put forward that can help States Parties translate the underlying values of the Conventions into practice.

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[The Developmental Systems Approach to Early Intervention in Canada](#)

Underwood, Kathryn; Frankel, Elaine B.

Infants & Young Children. 25(4):286-296, October/December 2012.

This article examines current policies and early intervention services for children with disabilities and their families in Canada within the principles of the Developmental Systems Approach (M. J. Guralnick, 2005 , 2011). The article considers the sociopolitical context of Canada, especially with respect to diversity and equity. Applying the components of the Developmental Systems Approach as a framework, the authors compare aspects of services for children with disabilities by region across Canada that illustrate systemic strengths and weaknesses. The authors note policy trends that may affect the future delivery and efficacy of early intervention services, specifically those that build on existing strengths and support the continued dialogue between provinces, territories, and the federal government to develop a national agenda for early intervention.

[Young Children With Disabilities in Israel: System of Early Intervention Service Delivery](#)

Shulman, Cory; Meadan, Hedda; Sandhaus, Yoram

Infants & Young Children. 25(4):297-309, October/December 2012.

This article aims to analyze early intervention programs in Israel according to the Developmental Systems Model (Guralnick, 2001), in an attempt to identify strengths and areas for further development for service delivery for young children with disabilities in Israel. Early intervention in Israel is part of a comprehensive healthcare model developed when the state was established in 1948 and is under the auspices of four different ministries.

Developmental screening and early identification of developmental problems occur at community Well Baby Centers. If further assessment is necessary, the children and their families are referred to Child and Family Developmental Centers, where a multidisciplinary evaluation is performed to ascertain eligibility for service allocation. The range of programs for young children with disabilities includes the family as an essential participant in the development of systematic and comprehensive intervention programs. Early intervention services for children

with developmental disabilities in Israel are particularly noteworthy, as its heterogeneous population includes different immigrant and national cultures. It is imperative to understand early childhood service provision within the developmental model, with consideration given to cultural and ecological influences. Analysis of the early intervention model in Israel revealed a need for establishment of a governmental authority responsible for the well-being of young children with disabilities and their families, which will regulate and integrate all the service needs during early childhood.

[Early Childhood Intervention in Portugal: An Overview Based on the Developmental Systems Model](#)

Pinto, Ana Isabel; Grande, Catarina; Aguiar, Cecília; de Almeida, Isabel Chaves; Felgueiras, Isabel; Pimentel, Júlia Serpa; Serrano, Ana Maria; Carvalho, Leonor; Brandão, Maria Teresa; Boavida, Tânia; Santos, Paula; Lopes-dos-Santos, Pedro

Infants & Young Children. 25(4):310-322, October/December 2012.

Research studies on early childhood intervention (ECI) in Portugal are diffuse regarding both program components and the geographical area under scrutiny. Since the 1990s, a growing body of knowledge and evidence in ECI is being gathered, based on postgraduate teaching, in-service training, and research. This article draws on the systems theory perspective outlined in the Developmental Systems Approach to Early Intervention (M. J. Guralnick, 2001, 2005a, 2011) to (a) depict paradigmatic shifts and scientific evidence, as well as social and political factors, setting the framework for the development of ECI policies and services in Portugal; (b) describe recent Portuguese legislation that established a national ECI system, and deductively analyze its content regarding the structural components of Guralnick's Model; (c) examine the current status of ECI services according to the core principles and components of the Developmental Systems Model. Inspired by M. J. Guralnick's suggestion (2000), the discussion addresses problems at different levels of the system, proposing an agenda for change in ECI in Portugal, underlining the need for the co-construction of a new culture, based on scientific evidence and on in-depth dialogues between researchers, practitioners, and communities.

[Current Provision, Recent Developments, and Future Directions for Early Childhood Intervention in Singapore](#)

Poon, Kenneth K.; Lim, Ai-Keow

Infants & Young Children. 25(4):323-333, October/December 2012.

Singapore is a young island nation with a diverse population. Its support for young children at risk has its roots in the 1950s, but early childhood intervention (ECI) programs for young children with disabilities emerged only in the 1980s. ECI programs have proliferated in the subsequent years, offering an increasing range of service delivery models. The current provision of ECI services for young children in Singapore with identified disabilities and those at risk is described and evaluated using the Developmental Systems Approach to Early Intervention of M. J. Guralnick (2005) as an analytical framework. The impact and recommendations of recent developments in the field such as the Enabling Masterplan for the Disability Sector 2012–2016 is also discussed. Finally, future directions for the provision of ECI services in Singapore is considered.

[Early Childhood Intervention in South Africa in Relation to the Developmental Systems Model](#)

Samuels, Alecia; Slemming, Wiedaad; Balton, Sadna

Infants & Young Children. 25(4):334-345, October/December 2012.

As highlighted in recent series in *The Lancet* (2007, 2011), children from low and middle income countries are more likely to be adversely affected by early biological and psychosocial experiences that have their origins in environments characterized by poverty, violence, nutritional deficiencies, HIV infections, substance abuse, and inadequate learning opportunities. Due in part to discriminatory legacies of the past, these risks are all still highly prevalent in South Africa even after almost 20 years of democracy, creating a situation where a significant number of young children grow up at risk for developmental delay in comparison with those born with established risk. Thus, in a country where resources are scarce and where early intervention starts too late and ends too early for most children, it is vital that protective factors at various levels of the ecology be mobilized at the earliest opportunity to prevent the accumulation of risk factors as well as balance inequalities where risks are already established. Using Guralnick's developmental systems model as a framework, this article first reviews the current situation of young children in South Africa by focusing on policies, programs, and service provisioning that provide the impetus for early childhood intervention. On the basis of the model, its overarching framework, as well as typical case studies encountered in this context, the authors propose improvements toward a more cohesive and coordinated early intervention system in this country by highlighting efforts at advancing early screening and referral, interdisciplinary assessment, and family-focused community models of intervention.

[Early Childhood Intervention and Early Childhood Special Education in Turkey Within the Scope of the Developmental System Approach](#)

Diken, Ibrahim H.; Bayhan, Pinar; Turan, Figen; Sipal, R. Firat; Sucuoglu, Bulbin; Ceber-Bakkaloglu, Hatice; Gunel, Mintaze Kerem; Kara, Ozgun Kaya

Infants & Young Children. 25(4):346-353, October/December 2012.

The purpose of this article was to provide an overview of early childhood intervention and early childhood special education (ECI/ECSE) services and practices in Turkey by using the Developmental System Approach (M. J. Guralnick, 2001). After pointing out the history of early childhood and ECI/ECSE services and current legislations with regard to ECI/ECSE in Turkey, the article focuses on ECI/ECSE practices in Turkey. Although ECI/ECSE legislative acts have been in place since 1980s, there are critical issues regarding the provision of systematic ECI/ECSE both to young children with developmental delays or at risk for developmental delays and to their families. These issues include lack of a model system approach, lack of assessment tools and curricula, and lack of qualified personnel. Future recommendations for ECI/ECSE are provided.

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From the Editor

Infants & Young Children. 26(1):1-3, January/March 2013.

No abstract but free

Early Intervention Practices in China: Present Situation and Future Directions

Hu, Xiaoyi; Yang, Xijie

Infants & Young Children. 26(1):4-16, January/March 2013.

Early intervention services to young children with developmental delays in China have experienced significant growth since 1978, the beginning of the period of Reform and Opening. This article described the present situation of early intervention practices in mainland China, framed around the key components and guiding principles of Guralnick's Developmental Systems Approach (DSA). The overarching purpose of this to overview is to develop a nationwide, integrated, and coordinated early intervention system, one that will develop in spite of the diversity inherent in the current practices and the dominant tradition of professionals as authority around the country. Extensive evidence demonstrates that early intervention practices in China have addressed some of the guiding principles of DSA and made significant progress in developing some components of DSA. Nevertheless, there still remains a great deal of work to be done to bring China's practices for the care and intervention of families and children up to the quality standards of the DSA for early intervention. Implications within the Chinese context for incorporating the key elements of DSA with strong connections between research, policy, and practices to further develop and strengthen early intervention system are discussed.

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The Progression of Early Intervention Disability Services in Ireland

Carroll, Clare; Murphy, Geraldine; Sixsmith, Jane

Infants & Young Children. 26(1):17-27, January/March 2013.

The Republic of Ireland is an island situated in north-west Europe inhabited by 4.6 million people, with 2.8% between 0 and 4 years of age with a disability (Central Statistics Office, 2012). The Irish Government funds the Irish health services, which, in turn, directly and indirectly funds disability services. Education and Disability legislation have developed in parallel, with an apparent increasing congruence with both moving toward a rights-based approach. Today, early intervention disability services are delivered by both statutory and nongovernmental agencies with wide variation and no national consistency in service provision. Some components of the Developmental Systems Approach can be discerned in Irish service provision, and these include screening, access, comprehensive interdisciplinary assessment, and early childhood programs. However, assessment of families, development and implementation, monitoring and outcome evaluation, and transition planning are not as identifiable. Guided by legislation and organizational restructuring, early intervention provision in Ireland is in a state of flux with an emphasis on developing national uniformity of family-centered early intervention services.

Comparison of Triadic and Provider-Led Intervention Practices in Early Intervention Home Visits

Salisbury, Christine L.; Cushing, Lisa S.

Infants & Young Children. 26(1):28-41, January/March 2013

Despite calls for adoption and use of triadic early intervention practices, remarkably little research has prospectively compared this approach with traditional, provider-led service delivery. The aim of this study was to compare the actions of providers and caregivers within triadic and provider-led interactions with regard to the following: (1) Who was in the lead? (2) What intervention practices were used most often? and (3) Who did adults focus on? A diverse sample of 17 caregivers of infants/toddlers with identified disabilities and their early intervention providers (n = 6) participated in this study. Children were randomly assigned to either the triadic or provider-led condition. Videotape data were collected during regularly scheduled home visits over the course of 4 months. A total of 71 home visit sessions were analyzed using a 30-s interval coding procedure and a structured protocol that assessed 11 different

variables. Within- and between-group differences were compared using paired and independent t tests, as well as effect size calculations. Results of analyses revealed significant differences between triadic and provider-led sessions. In triadic intervention sessions, caregivers were far more likely to act as session leader and engage in joint interaction with the provider and providers were far more likely to engage in direct teaching of the caregiver. Provider-led sessions were characterized by significantly more focus solely on the child, comparatively little attention to the caregiver, and significantly less use of joint interaction and child-focused discussion. Implications for research and practice are described.

[Emergent Literacy Skills of Children With and Without Hearing Loss in India](#)

Gathoo, Varsha; Kulkarni, Kasturi

Infants & Young Children. 26(1):42-56, January/March 2013.

The world cannot reach its goal of "Education for All" without showing improvement in developing nations, such as India. Despite the political will and legal protections in India, nearly 50% of children drop out of school before eighth grade (MHRD Annual Report, 2008). Learning assessments in Indian schools indicate that children who do remain in school are not learning the basics of literacy and numeracy (S. Verma, 2007). Because of the policy of inclusive education, increasing numbers of children with disabilities attend mainstream schools. Although inclusion is often beneficial, children who are deaf find it difficult to compete in academics when compared with children who can hear because of their literacy skills. This study investigates whether differences in literacy skills exist between children with and without hearing loss prior to school. Thirty-four children with and without hearing loss between the ages of 5 and 6 were administered the Test of School Readiness to study the differential script and nonscript literacy skills. Results indicate that the children with hearing loss perform similarly to children with normal hearing on nonscript-related items; however, they lag behind on script-related items.

[Collaborative Practice in Early Childhood Intervention From the Perspectives of Service Providers](#)

Yang, Chih-Hung; Hossain, Syeda Zakia; Sitharthan, Gomathi

Infants & Young Children. 26(1):57-73, January/March 2013.

Effective early childhood intervention (ECI) relies on collaboration among agencies, service providers, and families. Although previous literature has primarily focused on segments of collaboration within ECI service delivery, the actual process and how the adult stakeholders perceive and engage in collaborative practice have important implications for and effects on the service delivery system. This article investigates service providers' understanding of and reflections on their actual experiences of being engaged in collaborative service delivery. A survey approach was used to assess 75 service providers on their experience of collaborative ECI practice. The findings explain the practices and emphasize the value of working together with families to achieve effective collaborative ECI. Furthermore, the results show the value of working with families to be a significant predictor of service providers' satisfaction with provider-family collaboration, interagency collaboration, and their own time devoted to collaborative practice.

[Autism Screening Practices Among Early Intervention Providers in Indiana](#)

Tomlin, Angela; Koch, Steven M.; Raches, Christine; Minshawi, Noha F.; Swiezy, Naomi B.

Infants & Young Children. 26(1):74-88, January/March 2013.

The purpose of this study was to identify current practices in autism spectrum disorder (ASD) screening among early intervention and care providers in Indiana. Participants were asked about their ASD screening practices within the context of overall screening for developmental delays. Results indicated that providers conduct ASD screening less often than developmental screening, do not use formal screening tools when doing so, and feel unprepared to talk with families about concerns related to ASD. Providers reported that they feel inadequately prepared to perform ASD screening and are eager to receive training. Results will assist in identifying training needs of early intervention and care providers.

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[From the Editor](#)

Infants & Young Children. 26(2):91-93, April/June 2013.

No abstract but free

[Early Childhood Intervention: An Australian Perspective](#)

Sukkar, Hanan

Infants & Young Children. 26(2):94-110, April/June 2013.

This article uses the developmental systems approach, an approach developed by M. Guralnick (2001) , with an aim to assess and evaluate early childhood intervention (ECI) practices in Australia. The author explores the Australian national context of ECI and its complexities and conclude with recommendations to address (a) the possibility of a

national policy and practice framework specifically developed for ECI, (b) information and knowledge supports available for families and communities caring for a child with disability or developmental delay, and (c) inclusion strategies that would impact on the quality of children and families' experiences in mainstream settings.

[Early Intervention for Children With Autism Spectrum Disorders in China: A Family Perspective](#)

Su, Xueyun; Long, Toby; Chen, Lianjun; Fang, Junming
Infants & Young Children. 26(2):111-125, April/June 2013.

Autism spectrum disorders (ASD) were first reported in China in 1982. Since then, autism and other related disorders have been recognized by both the public and professionals. The importance of early intervention for children with ASD is becoming more accepted throughout China. A survey was designed to investigate the status of early intervention for children with ASD in China from a family system perspective. One hundred fifty-six parents of children with ASD from Shanghai, Beijing, and Shandong completed the survey. Results found that 93.2% (n = 141) of the children were identified with symptoms of ASD before age 3. There was a sizable delay between the time when symptoms were first identified and the families sought a diagnosis and the time when the diagnosis was made. Annual family income and age of the child when symptoms were first identified contributed to the delay in diagnosis. It was also found that more than half of the participants had positive beliefs related to ASD and more than 99% of the participants held positive attitudes toward early intervention. Almost 90% (89.7%) of the participants reported needing more financial support, and 100% indicated the need for appropriate services for their children with ASD. Family income level and maternal education level significantly influence family resources. Seventy-five percent of the families reported that intervention expenses and lack of social acceptance contributed to stress. Thirty percent of the participants reported that disagreements among family members about the child with ASD further contribute to the stress experienced. Implications of the findings are discussed in relationship to the evolving Chinese early intervention system of care.

[Providing Early Intervention Services to Diverse Populations: Are Speech–Language Pathologists Prepared?](#)

Caesar, Lena G.
Infants & Young Children. 26(2):126-146, April/June 2013.

This study used a survey approach to investigate the current state of speech–language preservice academic and clinical preparation for providing early intervention (EI) services to culturally and linguistically diverse (CLD) populations. Information was obtained from speech–language pathologists (SLPs) employed in EI settings regarding their perceptions of (a) second language proficiency, (b) academic and clinical preparation in CLD issues, (c) access to continuing education regarding CLD populations, and (d) confidence levels in providing services to CLD families. In addition, information was obtained from university personnel regarding their perceptions of the adequacy of students' academic preparation for working with CLD families and the availability of specific coursework in the areas of CLD and EI. Results from the 189 responding SLPs in the state of Michigan indicated that more than half considered their graduate education to be less than adequate. However, more than two-thirds (67%) indicated that they felt qualified and competent to provide speech–language pathology services to CLD families. In contrast, the majority of university personnel felt that their graduate programs adequately prepared students for serving CLD infants, toddlers, and their families. Implications of the mismatch between SLPs' perceptions of inadequate preparation and university personnel's view of training adequacy are discussed.

[Service Delivery Complexities: Early Intervention for Children With Physical Disabilities](#)

Ziviani, Jenny; Darlington, Yvonne; Feeney, Rachel; Rodger, Sylvia; Watter, Pauline
Infants & Young Children. 26(2):147-163, April/June 2013.

Early intervention (EI) for children with physical disabilities is advocated as a means of enhancing child outcomes and family functioning. The issues confronted by service providers in delivering this support have received relatively little attention. The purpose of this study was to gain an understanding of the experiences of frontline EI staff delivering services to children with physical disabilities and their families. Researchers sought views about the ways in which EI programs provide services, how programs build and maintain relationships with families and team members, the prevalence of changing and unmet family needs, the presence of barriers to optimal service delivery, and recommendations for service improvement. Qualitative interviews with 10 staff members highlighted both positive aspects of service quality and issues encountered in the provision of services. Staff commented favorably on family-centered practice; aspects of service structure/delivery, including offering a wide range of supports, flexible service provision, and the focus on intervening early; and provider-related aspects including teamwork and interagency coordination and appropriate personal qualities and skills. Despite the strong endorsement of EI, participants also identified several challenges: meeting the high demand for services, under and unmet needs, and inadequate funding and staffing.

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[Enhancing Service Coordination Knowledge Through Professional Development](#)

Childress, Dana C.; Raver, Sharon A.; Michalek, Anne M. P.; Wilson, Corinne L.
Infants & Young Children. 26(2):164-176, April/June 2013.

All eligible infants and toddlers who receive early intervention services under Part C of Individuals with Disabilities Education Act are entitled to service coordination. To examine the effectiveness of one state's service coordination training and its impact on knowledge and skill development, a pretest–posttest design with follow-up survey was employed. Thirty-nine service coordinators and other early intervention practitioners participated in the 2-day Kaleidoscope, New Perspectives in Service Coordination—Level I training. Participation in training resulted in significant increases in knowledge about service coordination practices. Survey respondents reported that they perceived the training to be useful and that their knowledge related to what they learned had improved. Respondents also indicated needs for further resources and training in providing effective service coordination to children and families. Implications for professional development in service coordination are discussed.

[The Interaction Effect of Gender and Socioeconomic Status on Development of Preschool-Aged Children in Greece](#)

Giagazoglou, Paraskevi

Infants & Young Children. 26(2):177-186, April/June 2013.

The aim of this study was to examine and describe the effect of gender and socioeconomic status (SES) on preschool-aged children's overall development. Two hundred fifty-five preschoolers (125 boys and 130 girls), with a mean age of 56 ± 9 months, were randomly selected from day care centers and kindergartens of different areas of Northern Greece. In terms of SES, the sample was divided to 3 groups (75 children coming from high-SES, 110 mid-SES, and 70 low-SES families) according to parental education, occupational status, and family income, which have been suggested as stable measures of SES. The overall development of children was assessed using the 6 scales of the Griffiths Test No. II. Two-way analysis of variance designs demonstrated no significant Group \times Gender interaction ($p > .05$), whereas a post hoc analysis revealed that children coming from high-SES families had better scores on all domains of development examined than children of the other 2 SES groups ($p < .001$). With respect to gender differences, no significant main effect on the General Developmental Quotient and on the Performance subscale ($p > .05$) was noticed, whereas there was a significant main effect noted in the remaining 5 scales. The findings of this study suggest that the related factors of SES and gender should be considered in the interpretation of Griffiths scales' performance, because they could prove to be important aspects that affect young children's general functioning.

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[From the Editor](#)

Infants & Young Children. 26(3):189-191, July/September 2013.

No abstract but free

[Entering the Spectrum: The Challenge of Early Intervention Law for Children With Autism Spectrum Disorders](#)

Dicker, Sheryl

Infants & Young Children. 26(3):192-203, July/September 2013.

In the past decade, autism spectrum disorders (ASD) have received enormous media attention because of the growing prevalence of ASD. In 2011, the Centers for Disease Control and Prevalence estimated that 1 in 88 children has ASD as compared with an estimated prevalence of 1 in 2,000 children 40 years ago. This growing prevalence has bred enormous controversy involving a host of issues in the research, advocacy, and legal arenas. No issue has received more attention in the field than the belief that vaccinations are the cause of the growth in ASD. In all instances, the millions of dollars in research and the more than 5,000 lawsuits have failed to find such a link. This has led the research, advocacy, and fund-raising efforts to appear to be focused on the “cause or cure” of ASD related more to the fight against polio or childhood cancers than at the treatment of a developmental disability. Even with all of this controversy, however, one issue seems to bridge the gap among researchers, parents, advocates, health care and educational professionals, and policy makers—that evidence has demonstrated that early intervention (EI; Part C of the Individuals with Disabilities in Education Act) for infants and toddlers with ASD works and provides the best pathway to address or ameliorate ASD. Although there is a consensus, EI, too, is rife with debate reflected in the growing case law. This article explores the legal issues raised for infants and toddlers with ASD and their families struggling to receive appropriate EI services. It also discusses a variety of issues that raise legal problems for those children, including eligibility for EI services such as the potential impact of the proposed changes to the Diagnostic and Statistical Manual for Mental Disorders ; the nature, frequency, and duration of EI services; the payment of those services; and the dilemmas faced by transition from EI to preschool special education.

[Resources and Services for Children With Autism Spectrum Disorders and Their Families in China](#)

Song, Zheng; Giannotti, Tierney; Reichow, Brian

Infants & Young Children. 26(3):204-212, July/September 2013.

Although there is growing recognition of the global impact of autism spectrum disorders, much less is known about the condition outside of North America and Western Europe. In this study, we surveyed 49 parents who had a child with an autism spectrum disorder in China and about their experiences with diagnosis, intervention, and resource support. Our results showed that although parents first noticed signs of autism in the second year of life, diagnosis was delayed almost 1 year, with early intervention services delayed, on average, by an additional 6 months. Furthermore, we found that parents reported receiving the greatest amount of support from family and friends, with little to no governmental support.

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[Screening for Dysregulation Among Toddlers Born Very Low Birth Weight](#)

Erickson, Sarah J.; MacLean, Peggy; Duvall, Susanne Woolsey; Lowe, Jean R.

Infants & Young Children. 26(3):213-224, July/September 2013.

Background:

Children born very low birth weight (VLBW) are at increased risk for regulatory difficulties. However, identifying toddlers at risk has been impeded by a lack of screening measures appropriate for this population.

Methods:

We studied the nature of dysregulation in toddlers born VLBW (N = 32) using the Infant-Toddler Social and Emotional Assessment (ITSEA) Dysregulation Domain, a multiscale (including negative emotionality, sleep, eating, and sensory sensitivity) screening assessment of regulatory abilities.

Results:

As evidence of construct validity for this population, ITSEA scores for toddlers born VLBW showed greater overall dysregulation, as well as sensory sensitivity, compared with an ITSEA manual-based premature/LBW sample. This was seen both by higher overall Dysregulation Domain scores and higher percentages of toddlers exceeding the clinical cutoff levels. Furthermore, compared with age- and gender-matched full-term toddlers, the VLBW toddlers displayed gender-specific dysregulation profiles.

Conclusions:

The greater overall dysregulation in VLBW toddlers compared with premature/LBW toddlers suggests that early screening for such difficulties among VLBW toddlers is warranted, and this study provides preliminary evidence that the ITSEA Dysregulation Domain may be an appropriate screening measure.

[Designing a Clinical Framework to Guide Gross Motor Intervention Decisions for Infants and Young Children With Hypotonia](#)

Darrah, Johanna; O'Donnell, Maureen; Lam, Joyce; Story, Maureen; Wickenheiser, Diane; Xu, Kaishou; Jin, Xiaokun

Infants & Young Children. 26(3):225-234, July/September 2013.

Clinical practice frameworks are a valuable component of clinical education, promoting informed clinical decision making based on the best available evidence and/or clinical experience. They encourage standardized intervention approaches and evaluation of practice. Based on an international project to support the development of an enhanced service system for infants and young children with neuromotor disabilities in Guangzhou, China, this article describes the processes used to develop a practice framework to guide therapists' intervention choices to encourage the gross motor abilities of infants and children (0–3 years of age) exhibiting hypotonia and gross motor delays. The goal was to provide a practice framework that aligns with contemporary interest in activity-focused intervention approaches and that considers both a child's abilities and the influence of environmental context in the achievement of gross motor skills. The final product, the Hypotonia Wheel, is presented. It may be useful for therapists and early intervention providers who work with infants and young children with hypotonia. The process used to design the Hypotonia Wheel also could be used as a template to develop intervention guidelines for other clinical conditions.

[Early Intervention Provider Use of Child Caregiver–Teaching Strategies](#)

Campbell, Philippa H.; Coletti, Catherine Ehret

Infants & Young Children. 26(3):235-248, July/September 2013.

The purpose of this study was to identify the extent to which multidiscipline early intervention providers identified and demonstrated caregiver-teaching strategies. A total of 78 providers submitted 205 videotaped segments to illustrate 1 of 5 caregiver-teaching strategies (i.e., demonstration; caregiver practice with feedback; guided practice; conversation; and problem-oriented reflection). For each submitted segment, the provider identified the type of teaching strategy being illustrated. Segments were then viewed and coded as 1 of the 5 caregiver-teaching types by an independent rater who was blind to the provider-identified strategy. The rater identified caregiver-teaching strategies in 168 segments. Agreement on the identified caregiver-teaching strategy between the providers and the rater was 85%, indicating that providers were able to illustrate and correctly label strategies. Caregiver practice with feedback and conversation were the most frequently illustrated strategies. Play, particularly play with toys, was the most frequently illustrated teaching context. Strategies providing opportunities for caregivers to practice were significantly more associated with play than nonplay activities. Discussion (e.g., conversation and problem-oriented reflection) was significantly associated with nonplay activities. Communication was the most frequently addressed functional skill and was significantly more associated with play than with nonplay activities.

[Parents' Perspectives of Early Childhood Special Education, Engagement in Everyday Learning Activities, and Kindergarten Performance of Children With Disabilities](#)

Epley, Pamela H.

Infants & Young Children. 26(3):249-264, July/September 2013.

This study examined the relationship between parents' perspectives of early childhood special education (ECSE) and their engagement in everyday learning activities with kindergarten performance of children with disabilities in one Midwestern state. Findings show that although parents' perspective of ECSE and their engagement in everyday learning activities significantly predicted children's academic and social-behavioral skills, the strength of the relationships were limited. Engagement in everyday learning activities accounted for 4% of the variance in academic and social-behavioral skills. Parents' perspectives of ECSE also accounted for 4% of the variance in academic skills. Parents' perspective of ECSE was more strongly associated with children's social-behavioral skills and accounted for 9% of the variance in social-behavioral scores. Implications for policy and practice are discussed.

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[From the Editor](#)

Infants & Young Children. 26(4):267-270, October/December 2013.

No abstract but free

[Developmental Science and Preventive Interventions for Children at Environmental Risk](#)

Guralnick, Michael J.

Infants & Young Children. 26(4):270-285, October/December 2013.

The current status of preventive intervention programs designed to reduce the school readiness gap for young children at environmental risk is examined in the context of developmental science. A review of program effectiveness suggests that future progress in this area should be grounded in a knowledge base that adopts the framework of developmental science and establishes unambiguous goals and implementation strategies as a foundation for program development. The Developmental Systems Approach is suggested as such a model, as it is consistent with developmental and existing intervention science, and it emphasizes program continuity, relationships, and comprehensiveness. A long-term plan for community-based systems development is presented.

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[Computer Decision Support to Improve Autism Screening and Care in Community Pediatric Clinics](#)

Bauer, Nerissa S.; Sturm, Lynne A.; Carroll, Aaron E.; Downs, Stephen M.

Infants & Young Children. 26(4):306-317, October/December 2013.

An autism module was added to an existing computer decision support system (CDSS) to facilitate adherence to recommended guidelines for screening for autism spectrum disorders in primary care pediatric clinics. User satisfaction was assessed by survey and informal feedback at monthly meetings between clinical staff and the software team. To assess outcomes, such as changes in identification and referrals, we reviewed data captured from the CDSS. Between November 15, 2010 and July 26, 2012, 857 patients were eligible for screening. Of these, 66% (567/857) were screened as determined by the number of forms scanned into the system, of which 30% (171/567) had concerning Modified Checklist for Autism in Toddlers. However, pediatricians failed to respond to alerts for 73 children. Of the remaining 98 children, pediatricians felt 50 (68%) did not have an Autism spectrum disorder, 23 (32%) were referred for autism evaluation, eight (11%) were suspected but not referred and two (3%) were referred for audiology. Seventy percent of all users agreed that automation of the screening process helped them to adhere to recommended guidelines. Automating autism care into a CDSS resulted in moderate adherence to guidelines. Health information technology can facilitate the implementation of autism guidelines in busy pediatric clinics.

[Adaptation From Paper-Pencil to Web-Based Administration of a Parent-Completed Developmental Questionnaire for Young Children](#)

Yovanoff, Paul; Squires, Jane; McManus, Suzanne

Infants & Young Children. 26(4):318-332, October/December 2013.

Adapting traditional paper-pencil instruments to computer-based environments has received considerable attention from the research community due to the possible administration mode effects on obtained measures. When differences due to mode of completion (i.e., paper-pencil, computer-based) are present, threats to measurement validity are posed. In this research, administration mode effects of web-based and conventional paper-pencil versions of a parent-completed developmental questionnaire, the Ages & Stages Questionnaires (ASQ), were estimated. Setting this study apart from similar studies reported in the literature, the ASQ requires parents to observe and rate their children's behavior. Most measures adapted for web-based administration are not observational. Using item response model invariance testing procedures, analyses tested whether ASQ items administered via the Internet

function differently from corresponding traditional paper–pencil items. Analyzing the 4-, 12-, and 24-month ASQ intervals, statistically significant differences (i.e., DIF , or differential item functioning) were obtained on 10 of the 90 items examined in this study. Although DIF was observed for some items, the overall DIF model was rejected for all domains. On the basis of these results, the paper–pencil and web-based measures can be considered equivalent and the mode effect is not present; ASQ measures obtained from either mode are therefore interchangeable. Noteworthy remedies are considered for web-based administration of the 10 specific items lacking invariance.

[Effects of Video-Modeling on the Interaction Skills of First-Time Fathers of Late Preterm Infants](#)

Benzies, Karen Marie; Magill-Evans, Joyce; Kurilova, Jana; Nettel-Aguirre, Alberto; Blahitka, Laurie; Lacaze-Masmonteil, Thierry

Infants & Young Children. 26(4):333-348, October/December 2013.

This study evaluated the effects of an innovative educational–behavioral intervention for first-time fathers of late preterm (34–36 weeks' gestation) infants, with the aim of enhancing the infant's environment through strengthening fathers' skills in interaction with their young infant. Using a randomized controlled trial, fathers of 111 late preterm infants were assigned to 1 of 3 groups: 2 home visits intervention (n = 46), 4 home visits intervention (n = 23), or comparison (n = 42). Baseline visits occurred when the infant was 4 months old corrected age, with outcome visits at 8 months corrected age. Intervention consisted of video-recording a father–infant play interaction and providing positive feedback and suggestions to enhance the interaction and language development. Fathers in the 4-visit group scored significantly higher than fathers in the comparison group as measured by the Parent Child Interaction Teaching Scale, Parent Total score. There were no differences between groups for scores on the Parenting Stress Index-3 or What Being the Parent of a Baby Is Like—Evaluation subscale. The video self-modeling intervention has promise for enhancing the skills of fathers of late preterm infants. Further research is needed to determine the long-term effects for the father and the child.

[“More Time. More Showing. More Helping. That's How It Sticks”: The Perspectives of Early Childhood Coachees](#)

Knoche, Lisa L.; Kuhn, Miriam; Eum, Jungwon

Infants & Young Children. 26(4):349-365, October/December 2013.

Coaching is used in early childhood settings to support positive outcomes for young children and families. Although some research shows the effectiveness of coaching on practice and outcomes, little information is available on the experiences and perspectives of “coachees” as recipients of coaching support. The purpose of this in-depth, qualitative study was to understand, from the coachees' point of view, the benefits and challenges of participating in an early childhood coaching relationship. Twenty-one parents, preschool teachers, and child care providers who had engaged in coaching relationships participated in interviews and completed surveys regarding their experiences and perspectives. Data were thematically analyzed. Five overall themes and 16 subthemes emerged as salient to the experiences of these coachees: (a) qualities of the coach, (b) resources provided by the coach, (c) qualities of the coach–coachee relationship, (d) coachee transformation, and (e) challenges to the coaching process. The study identifies strengths and limitations of coaching and contributes to the understanding of essential characteristics and the implementation of coaching as a practice for supporting adult learning. The study has implications for the hiring of early childhood coaches and design of coach professional development activities.

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[From the Editor](#)

Infants & Young Children. 27(1):1-2, January/March 2014.

No abstract but free

[An Analysis of Classroom-Based and Parent-Focused Social–Emotional Programs for Young Children](#)

Barton, Erin E.; Steed, Elizabeth A.; Strain, Phillip; Dunlap, Glen; Powell, Diane; Payne, Crystal J.

Infants & Young Children. 27(1):3-29, January/March 2014.

The purpose of this article was to describe a comprehensive and updated review of available classroom and parenting social–emotional programs for young children. The review analyzed 10 classroom curricula and 8 parenting interventions focused on social–emotional development and the research associated with each. The efficacious adoption criteria introduced by Joseph and Strain (2003) were used to analyze the evidence for each program. Most (i.e., 12 of 18, 67%) of the programs received medium or high ratings. Results of this analysis and implications for practice and future research are discussed.

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

[A Cross-Cultural Comparison of Positive Behavioral Interventions and Supports in Early Childhood Classrooms in the United States and South Korea](#)

Steed, Elizabeth A.; Noh, Jina; Heo, Kay H.

Infants & Young Children. 27(1):30-42, January/March 2014.

This study examined the implementation of critical features associated with positive behavioral interventions and supports (PBIS) in early childhood classrooms in the United States and South Korea. Each country has a distinct approach to providing early education for young children. There is some evidence that preschool teachers' approaches to managing young children's challenging behavior are influenced by cultural and contextual factors unique to each country. Differences in implementation status were measured using the Preschool-wide Evaluation Tool (PreSET) in early childhood classrooms in both countries. Preschool teachers in the United States used significantly more features of universal tier and program-wide PBIS related to defining and teaching behavioral expectations, responding to appropriate and challenging behavior, providing an organized and predictable environment, and having a leadership team and program support. South Korean teachers collaborated with families significantly more than teachers in the United States. Factors related to cultural variance in PBIS implementation are discussed.

[Training Needs of Early Childhood Professionals Who Work With Children and Families Who Are Culturally and Linguistically Diverse](#)

Banerjee, Rashida; Luckner, John

Infants & Young Children. 27(1):43-59, January/March 2014.

The increase in numbers of children and families who are culturally and linguistically diverse served in early intervention and early childhood special education requires greater awareness and use of family-centered and culturally responsive practices. The purpose of this study was to identify the training needs, challenges, and level of preparation received by early childhood special education professionals working with children and families who are culturally and linguistically diverse. Five hundred seventy-four early childhood professionals responded to a comprehensive electronic survey. Identifying appropriate assessment instruments for assessing children who are culturally and linguistically diverse and working collaboratively with families who are culturally and linguistically diverse were reported as the most important training needs. The recommendations for preservice and inservice training programs are reported.

[Mission I'm Possible: Effects of a Community-Based Project on the Basic Literacy Skills of At-Risk Kindergarteners](#)

Chong, Wan Har; Moore, Dennis W.; Nonis, Karen P.; Tang, Hui Nee; Koh, Patricia; Wee, Sharon

Infants & Young Children. 27(1):60-73, January/March 2014.

This study used a nonequivalent group design to evaluate the impact of an emergent literacy intervention on preschool children identified with early reading difficulties. Thirty-five children were compared with 39 typically developing classroom peers on various reading measures in a community-based project—"Mission I'm Possible" (MIP), instigated by a major children's hospital for children with developmental delays. A unique and key feature of MIP is the anchor of a learning support educator to support the child and the teacher in the classroom after completion of a one-on-one pullout literacy intervention conducted over 10 weekly sessions. At pretest, these children lagged behind their peers in most emergent reading tasks. At posttest, they made a mean gain of 11 months across various tasks that involved vocabulary, prereading and reading performances, and written language. No significant differences were found in aspects of their receptive and expressive language. Parents reported significant improvement in their children's prosocial behavior but not in other aspects of social and behavioral functioning. The findings reiterated that of early intervention programs in the West, demonstrating the malleability of young children's learning capacities despite developmental delays. Implications of the findings on the literacy development of such children are discussed.

[Early Mental Development As a Predictor of Preschool Cognitive and Behavioral Development in South Africa: The Moderating Role of Maternal Education in the Birth to Twenty Cohort](#)

Hsiao, Celia; Richter, Linda M.

Infants & Young Children. 27(1):74-87, January/March 2014.

This article examines the influence of early development on preschool cognitive and behavioral outcomes in South Africa, as well as the role of family factors such as maternal education in moderating this association. The study involved 167 Black South African children (89 boys and 78 girls) from the Birth to Twenty study during their first 5 years of development. Results indicated that mental development assessed when children were 1 year of age significantly predicted preschool outcomes when children were 5 years of age, over and above the contributions of maternal education. Children with the poorest mental development at 1 year of age also had the poorest cognitive and behavioral development at 5 years of age. However, higher levels of maternal education attenuated the negative impacts of early developmental delay on preschool cognitive and behavioral outcomes. These findings are discussed in light of their implications for early childhood intervention. We conclude that favorable socioeconomic and child care conditions indexed by maternal education compensate for poor infant development.

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From the Editor

Bruder, Mary Beth

Infants & Young Children. 27(2):89-91, April/June 2014.

No abstract but free

Integrative Consensus: A Systematic Approach to Integrating Comprehensive Assessment Data for Young Children With Behavior Problems

Shernoff, Elisa S.; Hill, Carri; Danis, Barbara; Leventhal, Bennett L.; Wakschlag, Lauren S.

Infants & Young Children. 27(2):92-110, April/June 2014.

Comprehensive assessments that include parents and teachers are essential when assessing young children vulnerable to emotional and behavioral problems given the multiple systems and contexts that influence and support optimal development (U. Bronfenbrenner & P. A. Morris, 2006 ; M. J. Guralnick, 2011). However, more data complicate clinical and educational decision making given the challenge of integrating comprehensive data. We report on initial efforts to develop and apply Integrative Consensus procedures designed to synthesize comprehensive assessment data using developmentally informed guidelines. Mother-teacher dyads (N = 295) reported on disruptive behavior in a sample of 295 low-income 3- to 5-year-olds; one-third referred for disruptive behaviors, one-third nonreferred with behavioral concerns, and one-third nonreferred. Two clinicians trained in Integrative Consensus procedures independently applied the framework, with findings highlighting that children identified as disruptive by Integrative Consensus ratings plus mother or teacher ratings significantly predicted behavior problems and impaired social skills. Children identified as disruptive via Integrative Consensus were 4 times more likely to be rated as impaired by their mother at follow-up than by mother or teacher report. Reliability estimates were high ($\kappa = 0.84$), suggesting that the method has promise for identifying young children with behavior problems while systematically integrating comprehensive data.

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

Developmental Screening Using the Ages and Stages Questionnaire: Standardized Versus Real-World Conditions

San Antonio, Marianne C.; Fenick, Ada M.; Shabanova, Veronika; Leventhal, John M.; Weitzman, Carol C.

Infants & Young Children. 27(2):111-119, April/June 2014.

Developmental screens are often used in nonstandardized conditions, such as pediatric waiting rooms, despite validation under standardized conditions. We examined the reproducibility of the Ages and Stages Questionnaire (ASQ), a developmental screening instrument commonly used in pediatric practices, under standardized versus nonstandardized conditions in an underserved population. English- or Spanish-speaking parents of 18- or 30-month-old children completed the ASQ in the waiting room and then were randomized to repeat the ASQ in waiting room (W-W) or standardized (W-S) conditions. We calculated ASQ fail rates and intraclass correlation coefficient, a measure of reliability, for each of the 5 domains of the ASQ. We hypothesized that intraclass correlation coefficients in the W-W condition would demonstrate greater reliability than in the W-S condition. A total of 131 parents were randomized (66 W-W, 65 W-S). Parents were mostly minority. Of the entire sample, 25.8% failed the first ASQ screen completed in the waiting room before randomization. There was no statistically significant difference in fail rates between study arms on the first or second screen. Intraclass correlation coefficient for W-W in the 5 domains ranged from 0.66 to 0.95, and for W-S from 0.73 to 0.92. There were no statistically significant differences between intraclass correlation coefficients in W-W versus W-S in any domain. In an underserved population, 25.8% of children failed the ASQ. The ASQ, when completed in the waiting room, is reliable compared with standardized conditions, indicating that the ASQ can be used to screen children for developmental delay in the waiting room of pediatric practices.

Evaluation of Follow-Up Effects of the International Child Development Programme on Caregivers in Mozambique

Skar, Ane-Marthe Solheim; Sherr, Lorraine; Lucas, Claudine; von Tetzchner, Stephen

Infants & Young Children. 27(2):120-135, April/June 2014.

Parenting programs have been used to good effect in many settings, yet few are systematically introduced and evaluated in developing countries. This study explores the relative long-term effect of participation in the International Child Development Programme (ICDP) in a group of caregivers in Mozambique. A quasi-experimental design was used to compare caregivers who had completed an ICDP course (n = 75) with a sociogeographically matched comparison group (n = 62) who had not followed any parenting program. Both groups completed a questionnaire about parenting, attitudes toward the child and the child's behavior, self-efficacy, life quality, and mental health. The ICDP group reported better parenting skills, fewer conduct problems in their children, and better child adjustment than the comparison group, as well as a shift in physical punishment away from hitting. The ICDP group had higher self-efficacy scores, better health and life quality, and lower scores on mental health difficulties. The follow-up differences between caregivers who had and had not attended the ICDP course indicate that course attendance may result in observable benefits in parenting and mental health scores. The data are cross-sectional and the caregivers were interviewed postintervention only, and more research is therefore needed.

Effects of Instructional Condition on Preschool Children's Novel Word Learning

Bass, Lori A.; Barron, Eunice V.

Infants & Young Children. 27(2):136-161, April/June 2014.

Converging evidence suggests that children's exposure to complex vocabulary during the preschool years has an impact on their later reading achievement. Yet, the most efficient way to incorporate vocabulary instruction into preschool classrooms remains an open question. The purpose of this preliminary study was to investigate effects of instructional condition on novel word learning. Four 4-year-old children participated in an adapted alternating treatments design for a total of 12 weeks. One storybook with embedded vocabulary instruction was presented each week; children either listened to a prerecorded narration under headphones (automated condition) or listened to the instructor read aloud (instructionist-led condition). Thirty-six novel words were taught through robust vocabulary instruction, 18 in each condition. Improvement rate difference (R. I. Parker, K. J. Vannest, & L. Brown, 2009) was used as a measure of effect size. The number of words and depth to which they were learned varied considerably from participant to participant; however, consistent patterns emerged. Despite children's stated preference for the automated condition, participants generally learned more words to a greater depth in the instructionist-led condition.

A Behavior Analytic Approach to Exploratory Motor Behavior: How Can Caregivers Teach EM Behavior to Infants With Down Syndrome?

Bauer, Sara M.; Jones, Emily A.

Infants & Young Children. 27(2):162-173, April/June 2014.

Impairment in exploratory motor (EM) behavior is part of the Down syndrome behavioral phenotype. Exploratory motor behavior may be a pivotal skill for early intervention with infants with Down syndrome. Exploratory motor impairments are often attributed to general delays in motor development in infants with Down syndrome. A behavior analytic perspective suggests a model that integrates environmental and biological variables in explaining EM development. We propose that Down syndrome is a setting event that changes the value of consequences associated with EM behavior and the likelihood that an infant with Down syndrome will engage in EM behavior. On the basis of this approach, we then outline intervention strategies that caregivers can use to improve EM behavior in infants with Down syndrome.

Feasibility of an Online Professional Development Program for Early Intervention Practitioners

Kyzar, Kathleen B.; Chiu, Caya; Kemp, Peggy; Aldersey, Heather Michelle; Turnbull, Ann P.; Lindeman, David P.

Infants & Young Children. 27(2):174-191, April/June 2014.

This article reports findings from 2 studies situated within a larger scope of design research on a professional development program, Early Years , for Part C early intervention practitioners, working with families in home and community settings. Early Years includes online modules and on-site mentor coaching, and its development has been grounded in principles of adult learning, evidence-based e-learning practices, and regulations for Web accessibility. The studies presented in this article focused on evaluating feasibility of the first online module within the Early Years program, Evidence-Based Practice, and its accompanying on-site mentor coaching component. Participants found most instructional elements to be helpful whereas rating the length of online sessions as less practical. Salient interview findings regarding the mentor coaching component included the importance of orientation and reference materials and incentivized professional development. This study contributes to the literature on early childhood professional development that includes a strong family-focused component.

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Road to Readiness: Pathways From Low-Income Children's Early Interactions to School Readiness Skills

Martoccio, Tiffany L.; Brophy-Herb, Holly E.; Onaga, Esther E.

Infants & Young Children. 27(3):193-206, July/September 2014.

This study utilized data from the Michigan component of the National Early Head Start Research and Evaluation study to examine toddlers' joint attention at 14 months (parent report measure of toddlers' initiating behaviors, e.g., extends arm to show you something he or she is holding, reaches out and gives you a toy he or she has been holding, and points at something interesting) as a mediator of the relations between early mother–child interactions (e.g., mother and child behaviors in response to one another's cues) and later school readiness skills in a low-income sample (N = 127 mother–child dyads). Understanding relations between early parent–child interactions, joint attention, and later school readiness skills is critical to identifying developmental paths of economically at-risk children. Results showed that toddlers' joint attention behaviors at 14 months partially mediated the path between mother–child interaction at 14 months and later school readiness, measured by children's emotion regulation, social-cognition, language development, and literacy and mathematics academic outcomes, at approximately 5 years of age. Results suggest the important roles of early mother–child interactions in low-income families and joint attention in promoting school readiness skills.

[Everyday Child Language Learning Early Intervention Practices](#)

Dunst, Carl J.; Trivette, Carol M.; Raab, Melinda

Infants & Young Children. 27(3):207-219, July/September 2014.

The language intervention model developed and evaluated at the Center on Everyday Child Language Learning (CECLL) is described. The model includes 4 components: interest-based child learning opportunities, the everyday family and community activities that are sources of interest-based child learning, the methods for increasing child participation in the everyday learning activities, and the use of responsive teaching for promoting child communication and language learning while children are engaged in the activities. Results from the evaluation of the relationship between fidelity of practitioners' use of an evidence-based coaching practice and the fidelity of parents' use of the CECLL intervention practices are presented. Implications for considering factors that influence the use of the CECLL intervention practices with fidelity are described.

[Parent Educators in Early Intervention: Insights From Evaluations](#)

Edwards, Nicole Megan; Gallagher, Peggy A.

Infants & Young Children. 27(3):220-240, July/September 2014.

In 1 state's Part C early intervention (EI) program, families are afforded a unique opportunity to connect with parent educators (PEs), parents of children who have received EI services, and who are trained to support EI families and staff with a range of tailored duties. In an effort to continually reflect and improve upon the role of PEs, the authors conduct an annual PE program evaluation with input from 4 groups of stakeholders including EI coordinators, service coordinators, parents in EI, and the PEs themselves. Findings from 3 consecutive annual evaluations are presented in this article. Although there continues to be primarily positive feedback and appreciation for the PE model, the evaluation process allows certain areas in need of improvement to be acknowledged and subsequently addressed. Considerations for evaluating a statewide initiative as well as incorporating a PE model are discussed.

[Child Care Teachers' Perspectives on Including Children With Challenging Behavior in Child Care Settings](#)

Quesenberry, Amanda C.; Hemmeter, Mary Louise; Ostrosky, Michaelene M.; Hamann, Kira

Infants & Young Children. 27(3):241-258, July/September 2014.

In this study, 9 teachers from 5 child care centers were interviewed to examine their perceptions on including children with challenging behavior in their classrooms. The findings provide a firsthand view into how child care teachers support children's social and emotional development and address challenging behavior. Results confirm previous research that suggests that challenging behavior is a significant issue for teachers in child care programs. Participating teachers discussed numerous strategies that they used to address challenging behavior; however, few strategies were implemented in an intentional and/or individualized manner. These findings highlight the need for increased professional development for child care teachers to support young children's social and emotional development and effectively prevent and address children's challenging behavior.

[Young Children and Families Experiencing Homelessness](#)

Wilson, Allison B.; Squires, Jane

Infants & Young Children. 27(3):259-271, July/September 2014.

The increasing prevalence of homelessness among young children and families in the United States is described, as is the developmental impact on young children and cost to society. Although services are mandated for this population under the McKinney-Vento Act, Education of Homeless Children and Youth Program, and the Individuals With Disabilities Education Improvement Act of 2004, barriers continue to exist for young children related to identification and access to quality early intervention services and supports. These barriers, as well as a collaborative approach to the identification and delivery of early intervention services, are discussed. In addition, recommendations for future practice and research are provided.

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Bruder, Mary Beth

Infants & Young Children. 27(4):273-275, October/December 2014.

No abstract but free

[Following Up on Community-Based Developmental Screening: Do Young Children Get the Services They Need?](#)

Marshall, Jennifer; Raffaele Mendez, Linda M.

Infants & Young Children. 27(4):276-291, October/December 2014.

Community-based efforts to identify young children with developmental delays have shown promise, yet little is known about what happens after screening. In this study, parents of 57 children between the ages of 3 and 5 years participated in a telephone survey that occurred 6–18 months after participation in a community-based screening program. Survey questions asked about whether parents had linked to recommended services, barriers to linkages, satisfaction with services, and continued unmet service needs. Although 70% of participants reported connecting to

recommended services, only 54% reported that the service(s) met their child's needs. Continuing unmet needs included emotional-behavioral services; occupational therapy; child care and therapy for preschoolers; and more private or alternative options, particularly during after school hours and in rural areas. Implications for improving community-based services for children are discussed.

[Effects of an Infant-Focused Relationship-Based Hospital and Home Visiting Intervention on Reducing Symptoms of Postpartum Maternal Depression: A Pilot Study](#)

Nugent, J. Kevin; Bartlett, Jessica Dym; Valim, Clarissa

Infants & Young Children. 27(4):292-304, October/December 2014.

Relationship-based interventions are an effective means for reducing postpartum depression (PPD), but few cost-effective tools that can be administered efficiently in medical and home settings are available or well-studied. This study examines the efficacy of the Newborn Behavioral Observations (NBO), an infant-centered relationship-based intervention, in reducing levels of postnatal maternal depression. First-time mothers and their infants were recruited in the postpartum units of 2 New England hospitals and randomized into intervention and control groups. A total of 106 mothers participated in this study. At 1 month postpartum, symptoms of PPD were assessed using the Edinburgh Postnatal Depression Scale (EPDS). Ten of the 106 mothers reported elevated levels of depressive symptoms (EPDS score >12), with 4% in the intervention group and 16% in the control group. Results indicated that the NBO was associated with lowering the odds of depressive symptomatology by approximately 75%. These findings suggest that the NBO conducted in hospital and home settings may be an efficient, cost-effective, relationship-based method for reducing the likelihood of PPD.

[Coaching With Parents in Early Intervention: An Interdisciplinary Research Synthesis](#)

Kemp, Peggy; Turnbull, Ann P.

Infants & Young Children. 27(4):305-324, October/December 2014.

The purpose of this article was to synthesize intervention studies using coaching with parents in early intervention with a focus on (a) definitions and descriptions of coaching with parents; (b) characteristics of families and coaches; (c) parameters such as settings, contexts, dosage, and professional development related to coaching; and (d) child and family outcomes. Through a search of articles from 2011 to 2013, the authors identified 8 studies that met search criteria. Results indicate that there is no common definition/description for the term "coaching with parents in early intervention." Furthermore, the use of the term "coaching with parents" spans a continuum that on the one end can best be described as relationship-directed process and on the other end an intervenor-directed process. This continuum continues to create confusion for practitioners in appropriate use of coaching with parents. In addition, although positive outcomes are noted for infants and toddler who experience disabilities and their families, it is difficult to discern the direct impact of coaching with parents. The studies, as a whole, tend to give broad descriptions for the use of coaching but little information on how to individualize given specific child and family outcomes. Finally, the intended outcomes of coaching with parents are not fully articulated. Given these results, this synthesis has found the need for increased research efforts in the area of coaching with parents with focus on clarification of the term "coaching" and the parameters that affect its effectiveness.

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

[Effects of Distance Coaching on Teachers' Use of Pyramid Model Practices: A Pilot Study](#)

Artman-Meeker, Kathleen; Hemmeter, Mary Louise; Snyder, Patricia

Infants & Young Children. 27(4):325-344, October/December 2014.

The purpose of this pilot study was to compare the effects of 2 professional development approaches on teachers' implementation of the Pyramid model, a classroom-wide approach for fostering social-emotional development and addressing challenging behavior. The study had 2 goals: (a) to examine the differential effects of workshop training plus distance coaching versus workshop training alone on teachers' implementation of Pyramid model practices and (b) to examine factors related to teachers' participation in distance coaching. Participants were 33 Head Start teachers from 9 centers. All teachers participated in workshop training on the Pyramid model and created individualized action plans to support their implementation of the Pyramid model practices. Following workshop training, the workshop plus distance coaching group (n = 16) received weekly distance coaching on their individualized action plans. The workshop only group (n = 17) did not receive follow-up support on its plans. Workshop training plus distance coaching was associated with small but statistically significant improvements in emotional, organizational, and instructional classroom interactions. Evidence from this study suggests that implementation outcomes were influenced by differential participation in distance coaching. This study provides preliminary support for coaching as a part of professional development and describes the impact of participation in one form of coaching on teacher implementation outcomes.

[Exploring Type and Amount of Parent Talk During Individualized Family Service Plan Meetings](#)

Ridgley, Robyn; Snyder, Patricia; McWilliam, R. A.

Infants & Young Children. 27(4):345-358, October/December 2014.

We discuss the utility of a coding system designed to evaluate the amount and type of parent talk during individualized family service plan (IFSP) meetings. The iterative processes used to develop the Parent Communication Coding System (PCCS) and its associated codes are described. In addition, we explored whether

PCCS codes could be applied reliably to evaluate the type and amount of active versus passive talk by parents during IFSP meetings. We examined whether differences in the type and amount of parent talk during IFSP meetings would be evident based on child characteristics (i.e., eligibility category, age) as well as IFSP meeting characteristics (i.e., routines-based interview [RBI] conducted, type of IFSP meeting). Data from this study suggest that adequate levels of interobserver agreement were obtained and communication could be categorized as active, passive, and other. In addition, exploratory statistical analyses suggest that the PCCS might be useful for characterizing differences in the type and amount of parent talk during IFSP meetings based on meeting characteristics (e.g., initial or review meeting; RBI used). The PCCS holds promise as a system for addressing one dimension of IFSP meeting quality.

[Preschool-Age Male Psychiatric Patients With Specific Developmental Disorders and Those Without: Do They Differ in Behavior Problems and Treatment Outcome?](#)

Achtergarde, Sandra; Becke, Johanna; Beyer, Thomas; Postert, Christian; Romer, Georg; Müller, Jörg Michael
Infants & Young Children. 27(4):359-377, October/December 2014.

Specific developmental disorders of speech, language, and motor function in children are associated with a wide range of mental health problems. We examined whether preschool-age psychiatric patients with specific developmental disorders and those without differed in the severity of emotional and behavior problems. In addition, we examined whether the 2 groups differentially benefited from child psychiatric family day hospital treatment. Data from (N = 78) preschool-age boys (27 with a developmental disorder and 51 without) were analyzed. Before and after treatment, child emotional and behavior problems were rated by parents on the German version of the Child Behavior Checklist for Ages 1.5–5 (T. M. Achenbach & L. A. Rescorla, 2000; Arbeitsgruppe Deutsche Child Behavior Checklist, 2002) and by therapists on the German version of the Caregiver-Teacher Report Form for Ages 1.5–5 (T. M. Achenbach & L. A. Rescorla, 2000; Arbeitsgruppe Deutsche Child Behavior Checklist, 2002). Results indicated small-to-moderate differences between groups in the severity of specific emotional and behavior problems, and there were hints that children without developmental disorders benefited more from treatment than those with developmental disorders. However, results depended clearly on the perspective of the informant, with mothers generally perceiving more treatment benefit and less group differences than therapists. Child psychiatric patients with additional developmental disorders differ slightly from children without additional developmental disorders in the severity of emotional and behavior problems. The evaluation of treatment appears to be more strongly influenced by the informant's perspective than by pretreatment group differences. Reasons for informant differences, especially the observed maternal optimism, may include treatment-related changes in maternal mood, increased parenting skills, and improvement of the mother–child interaction.

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[From the Editor](#)

Bruder, Mary Beth

Infants & Young Children. 28(1):1-2, January/March 2015.

No Abstract but Free

[A Model for Increasing the Fidelity and Effectiveness of Interventions for Challenging Behaviors: Prevent–Teach–Reinforce for Young Children](#)

Dunlap, Glen; Lee, Janice K.; Joseph, Jaclyn D.; Strain, Phillip

Infants & Young Children. 28(1):3-17, January/March 2015.

A need exists for intervention strategies that are both effective in reducing challenging behaviors and practical for use by typical practitioners of early childhood care and education. In this article, we describe a model, Prevent–Teach–Reinforce for Young Children, which is based on extensive research and includes features designed to enhance fidelity of implementation by teachers and child care staff of toddlers and preschoolers. The article includes descriptions of the steps in the model and case stories that illustrate the model's implementation.

[Using Signs to Facilitate Vocabulary in Children With Language Delays](#)

Lederer, Susan Hendler; Battaglia, Dana

Infants & Young Children. 28(1):18-31, January/March 2015.

The purpose of this article is to explore recommended practices in choosing and using key word signs (i.e., simple single-word gestures for communication) to facilitate first spoken words in hearing children with language delays. Developmental, theoretical, and empirical supports for this practice are discussed. Practical recommendations for choosing first word–sign pairs from both functional communication and developmental lexical perspectives are

provided. A critical reflection of existing word–sign recommendations is undertaken to sharpen clinical decision-making skills. Implementation strategies from language and sign intervention literature are included with examples.
[Go to Full Text of this Article](#)

[Achievement Together: The Development of an Intervention Using Relationship-Based Strategies to Promote Positive Learning Habits](#)

Earhart, James; Zamora, Irina

Infants & Young Children. 28(1):32-45, January/March 2015.

This pilot study describes the development and initial implementation of a treatment program that uses relationship-based techniques as a basis for promoting characteristics important in learning and emotional regulation. A case example has been included as an illustration of the theoretical framework of this intervention, along with preliminary results of therapy outcomes. This pilot intervention was designed to address the needs of diverse families in a community mental health setting. The main purpose of this intervention was to promote school readiness and adaptive characteristics in a child by improving parent–child interaction patterns during play and learning activities. These day-to-day experiences between the parent and the child were seen as part of the foundation for how a child will approach forming relationships and managing challenges in the future. Intervention methods targeted the relationship, individual child and parent factors, and the home environment. Data were collected on the parent–child relationship during play and learning activities, child behaviors observed in the home during play and learning activities, reported parental stress, and reported child behaviors. Preliminary results from this case implementation indicate that integrating relationship-based methods in the contexts of play and challenging learning activities may be an effective way to foster emotional and behavioral regulation and promote characteristics important in learning and future success.

[An Integrated Literature Review of the Knowledge Needs of Parents With Children With Special Health Care Needs and of Instruments to Assess These Needs](#)

Adler, Kristin; Salanterä, Sanna; Leino-Kilpi, Helena; Grädel, Barbara

Infants & Young Children. 28(1):46-71, January/March 2015.

The purpose of this integrative (including both quantitative and qualitative studies) literature review was to identify knowledge needs of parents of a child with special health care needs and to evaluate instruments to assess these needs. The content analysis of 48 publications revealed a vast amount of knowledge needs that were categorized into 9 categories: (a) knowledge about the condition or illness, (b) support, (c) treatment, (d) everyday care of the child, (f) the future, (g) how to explain the illness to others, (h) equipment, (i) organizational issues, and (j) the effect of the illness on the family. Several instruments to assess these needs are described. There is evidence that parents have various knowledge needs at different times of their children's life and it is important that these needs are assessed systematically. Professionals have many possibilities to provide information and education as it is needed by these parents.

[Maternal Depression and Early Intervention: A Call for an Integration of Services](#)

Alvarez, Shanna L.; Meltzer-Brody, Samantha; Mandel, Marcia; Beeber, Linda

Infants & Young Children. 28(1):72-87, January/March 2015.

Depression is a serious disorder with severe and far-reaching consequences. Two decades of observational research have shown robust associations between maternal depression and adverse consequences on offspring (S. Campbell et al., 2004 ; S. Campbell, P. Matestic, C. von Stauffenberg, R. Mohan, & T. Kirchner, 2007 ; S. Campbell, A. Morgan-Lopez, M. Cox, & V. McLoyd, 2009 ; National Research Council and Institute of Medicine, 2009). Depressive symptoms may pose particular risk to infants and toddlers with neurodevelopmental disabilities, whose long-term outcomes depend heavily on the provision of early intervention (EI). EI is most effective with active parental engagement. Maternal depressive symptoms may reduce parental engagement, thereby limiting EI benefits to the child (B. N. Gaynes et al., 2005 ; O'Hara & Swain, 1996). At present, maternal mental health is not directly addressed in EI. The purpose of this article is to discuss the literature and significance of maternal depression and apply that evidence to mothers of children with developmental delays and disabilities. We conclude that maternal mental health and well-being are currently insufficiently addressed in the EI population. An increased integration of mental health and EI services is needed to serve the unique needs of families who face an increased risk of stress and depression, while coping with their child's special needs.

[Teachers' Perception of Children's Behavioral Adjustment in Tanzanian Preprimary Schools and Their Relationship to Teachers' Cultural Beliefs Regarding Obedience, Cooperation, and Play](#)

Shavega, Theresia Julius; van Tuijl, Cathy; Brugman, Daniel

Infants & Young Children. 28(1):88-108, January/March 2015.

This article addresses teachers' perception of behavioral adjustment in preprimary school children and how they relate to teachers' cultural beliefs and to the behavioral management strategies used by the teachers. The sample consisted of 120 preprimary teachers from 60 schools in 3 regions of the mainland of Tanzania. Teachers' perception of children's behavioral adjustment and teachers' behavioral management strategies were reported by teachers

through interviews, whereas teachers' cultural beliefs were measured by questionnaires. About 70% of the teachers perceived children to display externalizing behaviors in class, which ranged from moderate (13%) to high (60%) proportions of children, and teachers reported applying supportive and restrictive behavioral management strategies to stimulate behavioral adjustment in children. Teachers' use of a restrictive behavioral management strategy was positively related to teachers' perception of children's externalizing behaviors. Furthermore, children in urban schools were perceived to display more externalizing behaviors than children in rural schools. It is argued that current urbanization processes are affecting traditional, collectivist educational strategies in Tanzania. Implications for future research and educational policy are discussed.

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<https://journals.lww.com/ycjournal/toc/2015/04000>

From the Editor

Bruder, Mary Beth

Infants & Young Children. 28(2):111-112, April/June 2015.

No abstract but free

Preparation of Early Childhood Special Educators for Inclusive and Interdisciplinary Settings

Stayton, Vicki D.

Infants & Young Children. 28(2):113-122, April/June 2015.

Both the Council for Exceptional Children (CEC) and its Division for Early Childhood (DEC) recognize that one of the critical factors in the provision of evidence-based practices for children with special needs and their families is a well-prepared workforce. Therefore, CEC has developed initial and advanced personnel standards to be used to design, implement, and evaluate preservice and advanced programs within colleges and universities and for national accreditation of those programs. They should also guide the development of in-service content and state certification policies. DEC's initial and advanced specialty sets include knowledge and skill statements that inform the CEC standards. Similarly, the National Association for the Education of Young Children and related services professional associations have promulgated personnel standards. With the trend toward inclusive and interdisciplinary service delivery for young children with special needs and their families, collaborations have developed across associations to align their standards for greater ease of use by relevant stakeholder groups. The development of these alignments and their potential application by higher education faculty, in-service providers, state policy makers, and researchers is discussed within the context of what the current research suggests regarding inclusive and interdisciplinary practices.

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Occupational Therapy Contributions in Early Intervention: Implications for Personnel Preparation and Interprofessional Practice

Muhlenhaupt, Mary; Pizur-Barnekow, Kris; Scheffkind, Sandra; Chandler, Barbara; Harvison, Neil

Occupational therapy provides a unique contribution in early intervention programs for families and their children from birth to 3 years old who are at risk for, or who have, identified disabilities. This article describes occupational therapy's distinct value and presents the profession's perspective on services to enhance families' caregiving capacity and increase their young children's participation in home and community settings where all children typically grow, learn, and develop. Preservice education preparation that equips graduates to contribute as members of the collaborative team in infant and toddler programs addresses discipline-specific competencies, together with competencies that are shared among early intervention professionals. Interprofessional practice competencies that can inform thinking about these distinct and overlapping competencies among early intervention professions are discussed. Implications for entry-level education and continuing professional and interprofessional development are highlighted to suggest recommendations for competent occupational therapy practitioners who provide services in Part C early intervention programs. Additional research is needed to examine family and child outcomes associated with various team practices and service delivery models.

Promoting Professional Development for Physical Therapists in Early Intervention

Catalino, Tricia; Chiarello, Lisa A.; Long, Toby; Weaver, Priscilla

Infants & Young Children. 28(2):133-149, April/June

Early intervention service providers are expected to form cohesive teams to build the capacity of a family to promote their child's development. Given the differences in personnel preparation across disciplines of service providers, the Early Childhood Personnel Center is creating integrated and comprehensive professional development models for those who provide services for young children with disabilities and their families. To help guide this process, it is important to identify interdisciplinary competencies as well as the unique knowledge and skills that each discipline contributes to the development and implementation of effective intervention plans. This article

describes personnel preparation of pediatric physical therapists from entry level to ongoing professional development. Topics include licensure requirements, specialist certification, and early intervention competencies. This article explains the unique knowledge and skills that pediatric physical therapists offer to the team as movement specialists. It also highlights particular challenges to professional development faced by novice and experienced physical therapists who work in natural environments. Finally, recommendations for personnel development, including structured mentorship, interdisciplinary and team-based learning, and strategies for knowledge translation, are suggested.

[Speech–Language Pathology: Preparing Early Interventionists](#)

Prelock, Patricia A.; Deppe, Janet

Infants & Young Children. 28(2):150-164, April/June 2015.

The purpose of this article is to explain the role of speech–language pathology in early intervention. The expected credentials of professionals in the field are described, and the current numbers of practitioners serving young children are identified. Several resource documents available from the American Speech-Language Hearing Association are used to highlight guidelines for practice in early intervention. The roles and responsibilities of speech–language pathologists in early intervention are outlined including the knowledge and skills expected for practice. Shared practice competencies with other organizations focused on early intervention are presented. A case is made for interprofessional education (IPE) at both preservice and in-service levels to facilitate best practice in early intervention across disciplines. While preservice education with a specialty focus in early intervention is limited, IPE is offered as one option for preparing collaborative practitioners who can share responsibility for addressing the critical needs of young children and their families.

[Experiences of Early Transdisciplinary Teams in Pediatric Community Rehabilitation](#)

Aubin, Tamie; Mortenson, Patricia

Infants & Young Children. 28(2):165-181, April/June 2015

Although a transdisciplinary approach (TA) is considered best practice for children aged 0–3 years, there is limited information for professionals on how to successfully implement TA services. Using qualitative inquiry, in-depth interviews were conducted to explore the experiences of 6 service providers and managers who took part in early implementation of 2 pilot transdisciplinary teams. Although sought, no parents were recruited. Data were condensed by a system of coding and developed into inductive themes. The study findings reveal 3 main themes that captured the experiences of stakeholders. The primary theme is ensuring alignment with organizational values when guiding teams through change. The second theme is the awareness that is needed for managing change when an organization is going through a transformation. The third theme is valuable learning occurs throughout the change process. For early intervention service providers and managers, the study findings emphasize the importance of ensuring participants' awareness of change management processes while staying true to organization values when developing new team structures. Balancing theoretical knowledge acquisition and practical learning opportunities is essential when learning a new service delivery approach. Further attempts to explore the involvement of parents within collaborative teams are recommended.

[Conventional Tests and Testing for Early Intervention Eligibility: Is There an Evidence Base?](#)

Macy, Marisa; Bagnato, Stephen J.; Macy, Robert S.; Salaway, Jen

Infants & Young Children. 28(2):182-204, April/June 2015.

Conventional tests and testing procedures are used predominately to determine eligibility for early intervention and early childhood special education programs and services. Such traditional tests must have critical attributes to ensure accurate and representative measurements of the capabilities of infants, toddlers, and preschool children who have developmental delays and disabilities. Researchers and critics have questioned the presumption that conventional tests have the requisite practice-based evidence to justify their use for early intervention eligibility. In this updated research synthesis, we reviewed the available research literature on the most frequently used conventional tests and found 44 studies exploring their technical adequacy related to eligibility determination; then, we identified and applied well-known early childhood professional standards for developmentally appropriate assessment to the research literature on these conventional tests/editions to determine their fit with early childhood intervention philosophy, purpose, and practices. The results of our qualitative study and research synthesis raise serious questions about the lack of critical qualities, field validation, and evidence base of conventional tests and testing to fulfill the purpose of early intervention eligibility determination. Implications for professional practices in early childhood intervention, particularly eligibility determination, are discussed with relevant perspectives on policy and research issues.

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From the Editor

Bruder, Mary Beth

Infants & Young Children. 28(3):207-209, July/September 2015.

No abstract but free

Improving the Design and Implementation of In-Service Professional Development in Early Childhood Intervention

Dunst, Carl J.

Infants & Young Children. 28(3):210-219, July/September 2015. A model for designing and implementing evidence-based in-service professional development in early childhood intervention as well as the key features of the model are described. The key features include professional development specialist (PDS) description and demonstration of an intervention practice, active and authentic job-embedded practitioner opportunities to learn to use the practice, opportunities for practitioner reflection on the understanding and mastery of the practice, PDS coaching, mentoring, or performance feedback during in-service sessions, PDS follow-up supports to reinforce initial practitioner in-service learning, in-service training and follow-up of sufficient dosage to produce sustainable change, and the inclusion of as many key features as possible as part of the provision of in-service training afforded early childhood practitioners. The need for systematic reviews and meta-analysis of early childhood in-service professional development studies is noted to identify which key features in which combinations under which conditions are most effective.

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Group Parent Training Combined With Follow-Up Coaching for Parents of Children With Developmental Delays

Barton, Erin E.; Lissman, Dana Cohen

Infants & Young Children. 28(3):220-236, July/September 2015.

The purpose of this study was to examine the relation between group training using an abbreviated version of the Incredible Years parent training with family coaching and positive parenting practices. Two at-risk mothers and their young children with disabilities participated in the study. Both mothers were enrolled in a group parent training program through their local early intervention agency. This study extends the research on parent training by examining the relation between group training with individualized, evidence-based coaching and positive parenting practices for parents of children with developmental disabilities. Results suggest coaching combined with group training is related to low to moderate increases in positive parenting practices. More intensive, individualized coaching for at-risk parents might maximize treatment outcomes of group parent training programs.

Rasch Analysis of the Routines-Based Interview Implementation Checklist

Boavida, Tânia; Akers, Kate; McWilliam, R. A.; Jung, Lee Ann

Infants & Young Children. 28(3):237-247, July/September 2015.

The Routines-Based Interview (RBI) is useful for developing functional outcomes/goals, for establishing strong relationships with families, and for assessing the family's true needs. In this study, the authors investigated the psychometric properties of the RBI Implementation Checklist, conducted by 120 early intervention professionals, specifically looking at the probability of correct responses on the items as a logistic function of the difference between the person and the item parameters. We selected Rasch analysis (Rasch, 1980) for this study so we could answer questions about both how the measure performed and how the interviewers performed and we related these performances to one another. Results indicate that scores on the RBI Implementation Checklist were reliable. The checklist could possibly benefit from more difficult items to measure the true performance of the few people who had scores higher than the most difficult items and also from additional items that focus on the family.

Assessing Adaptive Functioning in Preschoolers Referred for Diagnosis of Developmental Disabilities

Milne, Susan; McDonald, Jenny

Infants & Young Children. 28(3):248-261, July/September 2015.

Adaptive function is an essential dimension in the diagnosis of neurodevelopmental conditions in young children, assisting in determining the pattern of intellectual function and the amount and type of support required. Yet, little information is available on the accuracy of currently used adaptive function assessments for preschool children. This study compares the results of 2 commonly used assessments, the Adaptive Behavior Assessment System (ABAS-II) and the Vineland Adaptive Behavior Scales, Second Edition (Vineland-II), on a group of 52 preschoolers referred for investigation of delays in development. Standard scores on the Vineland-II were significantly higher than those on the ABAS-II, but both assessment scores could be used to identify patterns of adaptive functioning that would require support. The amount and type of support required could not be determined by standard scores on either assessment. Greater consistency between scales and grading the level of support required was achieved using age equivalent scores. Age equivalent scores on individual subscales showed motor and preacademic skills that were consistent with developmental level; performance on all other subscales was lower than developmental level. This

study supports the use of standard scores to identify significant impairment in adaptive function and age equivalent quotient scores to describe the amount and area of support required.

[Using Repeated Reading and Explicit Instruction to Teach Vocabulary to Preschoolers With Hearing Loss](#)

Bobzien, Jonna L.; Richels, Corrin; Schwartz, Kathryn; Raver, Sharon A.; Hester, Peggy; Morin, Lisa
Infants & Young Children. 28(3):262-280, July/September 2015.

Children with hearing loss often experience communication and language delays that result in difficulties acquiring novel vocabulary and literacy skills. This research examined the effectiveness of using repeated storybook reading paired with explicit teacher instruction to teach novel vocabulary to young children with hearing loss who were receiving instruction with an oral approach. Data from a multiple baseline design across 4 children demonstrated that all children acquired the instructional vocabulary words, demonstrated generalization of the words in a novel situation, and maintained vocabulary for 2–4 weeks following intervention. Vocabulary that had not been explicitly taught was learned at a low rate across the 5 books. Implications for teaching young children with hearing loss and communication delays are discussed.

[Children's Initiations and Teachers' Responses in Regular Preschool Classrooms in Taiwan](#)

Tseng, Shu hsien

Infants & Young Children. 28(3):281-291, July/September 2015.

This study investigates teacher responses in Taiwan to children's initiations in regular classrooms and the differences between children with and without developmental delays. The sample consisted of 107 teacher–child dyads, including 53 children with developmental delays and 54 typically developing peers. Teacher–child interactions were videotaped during group activities. The results indicated that children with developmental delays initiated interactions as much as their typical peers and that teachers reciprocated to both groups with similar degrees of responsiveness. Children's initiations were positively and significantly associated with teachers' responses, regardless of the presence of the social intent. Based on the multiple regression analysis, 23.1% of the initiation variance was accounted for, which was statistically significant. This study provides evidence of the impact of teachers' responsiveness on children's initiations and suggests the need for early childhood teachers to increase their levels of responsiveness to children's initiations.

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<https://journals.lww.com/ycjournal/toc/2015/10000>

[From the Editor](#)

Infants & Young Children. 28(4):293, October/December 2015.

No abstract but free

[State Licensure/Certification Requirements for Personnel Serving Infants and Young Children With Special Needs and Their Families](#)

Chen, Ching-I; Mickelson, Ann M.

Infants & Young Children. 28(4):294-307, October/December 2015.

The trend toward inclusive and interdisciplinary service delivery in early intervention and early childhood special education has propelled collaboration focused on aligning respective standards for personnel preparation across professional organizations (V. D. Stayton, 2015). Representing what a state deems to be the minimum parameters necessary to ensure a licensee is ready to practice, licensure requirements have historically been seen as a conduit for ensuring the availability of competent professionals (W. Geiger et al., 2014). Advocacy has focused on increasing congruence across competencies and licensure requirements to reflect the commonalities required of practice for all providers of services to young children with disabilities and their families. In an effort to document the current status of national licensure/certification requirements for professionals working in early childhood, the Early Childhood Personnel Center investigated state licensure parameters for 13 professional disciplines across all 50 states and the District of Columbia. Results indicate historic variance in licensure requirements persists within and between disciplines involved in the delivery of services to young children with disabilities and their families. Detailed findings and implications are discussed.

[Coaching Teachers to Support Child Communication Across Daily Routines in Early Head Start Classrooms](#)

Friedman, Mollie; Woods, Juliann

Infants & Young Children. 28(4):308-322, October/December 2015.

This study investigates the use of a situated coaching protocol in Early Head Start (EHS) classrooms to increase teachers' use of communication facilitation strategies with children identified with delays during typical play and caregiving routines. A single-case, multiple baseline design across 3 EHS teachers and children with communication delays was used to examine the effectiveness of coaching on teacher strategy use and child outcomes. A situated coaching approach that included directly teaching naturalistic communication strategies, demonstrating, observing,

offering feedback, and facilitating teacher reflection, was implemented with fidelity in the classroom. The teachers increased their use of the communication facilitation strategies in both types of routines, although rates of implementation were higher in play than in caregiving activities. The child participants increased their rates of communication during the 6-week intervention. Teachers maintained strategy use in a follow-up 3 months after the study.

[Coaching Conversations in Early Childhood Programs: The Contributions of Coach and Coachee](#)

Jayaraman, Gayatri; Marvin, Christine; Knoche, Lisa; Bainter, Sue

Infants & Young Children. 28(4):323-336, October/December 2015.

Studies to date have linked early childhood (EC) coaching to child, family, and teacher outcomes but have not investigated “what” is happening in a coaching conversation. This exploratory study specifically unpacks nuances associated with the coaching conversation process and associations between the EC coaches' behaviors and coachees' participation during conversations. The results highlight conversation behaviors used by both EC coaches and coachees and how these behaviors may be associated with each other in building partnerships and promoting collaborative practices. The conversational behaviors of 24 EC coach–coachee dyads were investigated by reviewing videotaped sessions of their meetings using a reliable Early Childhood Coaching Conversations coding system. Results indicated much variability in the use of conversation behaviors. Bivariate correlations provided a hint of possible conversation behaviors associated with relationship building and a “shared ownership” process during coaching conversations. Implications for future work in research and practice are discussed.

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

[Effects of the Project Approach on Preschoolers With Diverse Abilities](#)

Beneke, Sallee; Ostrosky, Michaelene M.

Infants & Young Children. 28(4):355-369, October/December 2015.

Mixed methods were used to study the impact of the Project Approach, a curriculum component that can engage and motivate children to participate in learning activities, on the play behaviors and language development of preschoolers. Participants included 4 children with disabilities and 4 children identified as at-risk. Six adults received support to implement the Project Approach. Choice time was videotaped over 14 weeks to assess the impact of the Project Approach on play levels and MLU m. Results showed that play behavior and language development were positively affected following implementation of the Project Approach. In addition, adults perceived the Project Approach as having a positive impact on children's vocabulary development and play behavior. Limitations and suggestions for research and practice are discussed.

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[From the Editor](#)

Infants & Young Children. 29(1):1-2, January/March 2016.

No abstract but free

[Policy Statement on Inclusion of Children With Disabilities in Early Childhood Programs: September 14, 2015](#)

U.S. Department of Health and Human Services U.S. Department of Education

Infants & Young Children. 29(1):3-24, January/March 2016.

No abstract but free

[South Korean Early Childhood Education Teachers' Perceptions of Program-Wide Positive Behavior Support](#)

Noh, Jina; Steed, Elizabeth A.; Kim, Kyungmin

Infants & Young Children. 29(1):25-36, January/March 2016.

The authors conducted a survey of 169 South Korean early childhood education teachers regarding the importance and implementation of strategies associated with the Program-Wide Positive Behavior Support (PWPBS) framework (L. Fox & M. L. Hemmeter, 2009) to support social competence and prevent young children's challenging behavior. Analyses revealed that South Korean early childhood teachers considered the strategies associated with PWPBS to be important; however, they implemented few universal tier practices in their classrooms and reported the presence of few program-wide supports in their early childhood programs. Based on these results, suggestions for the adoption of PWPBS in South Korea and other countries outside of the United States are presented.

[Supporting Family Engagement in Home Visiting With the Family Map Inventories](#)

Kyzer, Angela; Whiteside-Mansell, Leanne; McKelvey, Lorraine; Swindle, Taren

Infants & Young Children. 29(1):37-52, January/March 2016.

The purpose of this study was to examine the feasibility and usefulness of a universal screening tool, the Family Map Inventory (FMI), to assess family strengths and needs in a home visiting program. The FMI has been used successfully by center-based early childcare programs to tailor services to family needs and build on existing strengths. Home visiting coordinators (N = 39) indicated that the FMI would provide useful information, and that they had the capacity to implement. In total, 70 families who enrolled in a Home Instruction for Parents of Preschool Youngsters (HIPPY) program were screened by the coordinator. The results of the FMI provided meaningful information about the home and parenting environment. Overall, most caregivers provided high levels of school readiness and parental warmth and low levels of family conflict and parenting stress. On the contrary, many families did not provide adequate food quality, exhibited chaotic home environments, and practiced negative discipline. This study demonstrated that the FMI is a feasible and useful option to assess comprehensive family needs in home visiting programs. It also demonstrated that the FMI provided home visiting coordinators a system to measure family strengths and needs. This could provide an assessment of program effectiveness and changes in the family's environment.

[The Effectiveness of an Emergent Literacy Intervention for Teenage Parents](#)

Scott, Amy; van Bysterveldt, Anne; McNeill, Brigid

Infants & Young Children. 29(1):53-70, January/March 2016.

This study determined the effectiveness of an experimental emergent literacy intervention, targeting teenage mothers attending an educational facility. Using a pretest/posttest research design, 27 participants completed a 7-week intervention based in the classroom, targeting a range of emergent literacy skills that they could utilize when reading with their children. Assessment tracked changes in the type and frequency of participants' reading behaviors demonstrated during videoed shared reading interactions with their young children, as well as changes to aspects of the home literacy environment. Data analysis was completed by an independent coder who was blinded to the group (research or comparison) and time point (pre or post) allocation. Results indicated significantly greater frequency of vocabulary, questioning, and book/print features-focused reading behaviors from pretest to posttest. No changes were observed in reading behaviors relating to letter/sound features. The data provide evidence to support the efficacy of an emergent literacy intervention in changing the shared reading behaviors of teenage mothers.

[Understanding the Initial Impact of Early Support and Key Working Training Through the Voices of Trainers, Training Participants, and Families](#)

Brito, Ana Teresa; Lindsay, Geoff

Infants & Young Children. 29(1):71-88, January/March 2016.

An exploratory study is reported of the delivery of the Early Support and Key Working (ES&KW) training program in England for multiagency professionals and parents. This qualitative study examined how ES&KW training principles and content relate to contemporary pillars in early childhood intervention; how this training is structured to meet the program's principles and desired outcomes; and its impact on training participants' competences to fulfill the key working functions in partnership with parents/carers and families they work with. The study involved, throughout its different phases, 42 participants, comprising trainers, training participants, mostly working with small children (aged 0–8 years), and families. On the basis of document analysis, training observations, focus groups, reflective practice, and semistructured interviews, results show that overwhelmingly participants found ES&KW training very significant to their work with children, families, and other professionals but some gaps between the program's intentions and reality emerged. We explore the reasons for the program's success and the implications for its further development.

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<https://journals.lww.com/iyjournal/toc/2016/04000>

[From the Editor](#)

Infants & Young Children. 29(2):89-90, April/June 2016.

No abstract but free

[Developmental Surveillance and Screening Practices by Pediatric Primary Care Providers: Implications for Early Intervention Professionals](#)

Porter, Sallie; Qureshi, Rubab; Caldwell, Barbara Ann; Echevarria, Mercedes; Dubbs, William B.; Sullivan, Margaret W. Less

Infants & Young Children. 29(2):91-101, April/June 2016.

This study used a survey approach to investigate current developmental surveillance and developmental screening practices by pediatric primary care providers in a diverse New Jersey county. A total of 217 providers were contacted with a final sample size of 57 pediatric primary care respondents from 13 different municipalities. Most providers (73.7%) began developmental surveillance at the first nonhospital health supervision visit, usually at 3–5 days of life. About half of responding providers (51.8%) did surveillance and/or screening at all health encounters,

whereas the remaining providers (48.2%) did surveillance and/or screening at only well child visits. The majority of providers (63.6%) report using a formal tool for developmental screening. There was variation in the particular developmental tool used for screening that included the use of both standardized formal and nonstandardized informal tools. Disparities in practice were associated with the patient's type of insurance, age at surveillance and/or screening initiation, and the time frame of surveillance and screening. Implications for early intervention practice are discussed.

[Parent Recognition and Responses to Developmental Concerns in Young Children](#)

Marshall, Jennifer; Coulter, Martha L.; Gorski, Peter A.; Ewing, Aldenise
Infants & Young Children. 29(2):102-115, April/June 2016.

This mixed-methods study examined influences, factors, and processes associated with parental recognition and appraisal of developmental concerns among 23 English- and Spanish-speaking parents of young children with signs of developmental or behavioral problems. Participants shared their experiences through in-depth interviews or focus groups and also completed questionnaires assessing children's developmental status and parental knowledge of infant and child development and other demographics. Half of the participants reported behavior, social, or speech concerns; more than a third had academic, receptive language, or self-help concerns; and roughly 15% reported fine or gross motor concerns. Although parent knowledge of child development was low (average 50%–65% correct), level of concern was consistent with referral for services. Parents clearly engaged in a sophisticated process of observing their children over time and across settings, comparing the index child with peers or to siblings when they were of the same age. In addition, parents considered the child's temperament, health status, and environment as part of the appraisal process. These findings suggest that parents and caregivers of young children may benefit from shared knowledge and information about typical and atypical child development behaviors and that their concerns should be considered as sophisticated responses indicating the need for referral.

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

[Connecting Vulnerable Children and Families to Community-Based Programs Strengthens Parents' Perceptions of Protective Factors](#)

Hughes, Marcia; Joslyn, Allison; Wojton, Morella; O'Reilly, Mairead; Dworkin, Paul H.
Infants & Young Children. 29(2):116-129, April/June 2016.

We employed principles from a nationally recognized prevention model on family support to investigate whether connecting vulnerable children to community-based programs and services through a statewide intervention system, the Help Me Grow program, strengthens parents' perceptions of protective factors. We used a parent survey modeled on 5 protective factors and related theoretical underpinnings of the Strengthening Families Protective Factors Framework to assess the impact of Help Me Grow on parents' perceptions of family circumstances and children's development. In addition, we coded and analyzed case notes completed by care coordinators to examine strategies for promoting protective factors. Parents reported a positive change in their family circumstances and a strengthening of protective factors. Parents' responses were positive despite differences in presenting issues. Help Me Grow support to families and their connection to programs and services enhanced parents' perceptions of protective factors even among families with differing needs. Our analyses support the practical utility of the Strengthening Families approach as a tool for engaging parents and assessing parents' perceptions of the effectiveness of interventions. A positive shift in parents' attitudes, knowledge, and behaviors contributes to engaged, supported, and educated parents who are better equipped to meet their children's needs and foster healthy developmental outcomes.

[Using e-Coaching to Support an Early Intervention Provider's Implementation of a Functional Assessment-Based Intervention](#)

Fettig, Angel; Barton, Erin E.; Carter, Alice S.; Eisenhower, Abbey S.
Infants & Young Children. 29(2):130-147, April/June 2016.

This study examined the effects of e-coaching on the implementation of a functional assessment-based intervention delivered by an early intervention provider in reducing challenging behaviors during home visits. A multiple baseline design across behavior support plan components was used with a provider-child dyad. The e-coaching intervention consisted of weekly training and support delivered via video conferencing software. Results demonstrated a functional relation between e-coaching and early intervention provider implementation of targeted behavior support plan strategies. Furthermore, the child's challenging behaviors decreased over the course of the study. Contributions to the literature, implications for practice, and future directions are discussed.

[Examining Engagement and Interaction of Children With Disabilities in Inclusive Kindergartens in China](#)

Hu, Bi Ying; Lim, Chih-Ing; Boyd, Brian
Infants & Young Children. 29(2):148-163, April/June 2016.

Quality engagement in early childhood programs is critical to the development and learning of young children, particularly those with disabilities. The purpose of this study was to examine the quality of engagement and interaction of children with disabilities in inclusive kindergartens in China. Specifically, the study aimed to examine

the engagement and interaction levels children with disabilities had across 5 types of activities (i.e., group teaching, mealtime, self-care, play, outdoor activities) and subject matter for whole-group lessons (i.e., music, storytelling, art, language art, math and science, and general knowledge or life skills). Participants in this study included 13 children with varying disabilities from 5 inclusive kindergarten programs in Beijing. A total of 127 observation sessions were collected across the 5 activities, with a mean of 104.27 min of observation per child. The sessions were then analyzed using the Individual Child Engagement Record (Y., Kishida; C. R., Kemp, & M., Carter, 2008). Results indicate that there were differences in the level of engagement and interaction for children with disabilities across activities and subject areas. Implications for practice and future research are discussed.

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From the Editor

Bruder, Mary Beth

Infants & Young Children. 29(3):165, July/September 2016.

No abstract but free

Early Childhood Inclusion in the United States: Goals, Current Status, and Future Directions

Guralnick, Michael J.; Bruder, Mary Beth

Infants & Young Children. 29(3):166-177, July/September 2016.

The current status and future directions of early childhood inclusion in the United States are discussed from the perspective of 4 key goals: access, accommodations and feasibility, developmental progress, and social integration. Recommendations are put forward to promote inclusion goals emphasizing administrative structures, personnel preparation, licensing and national standards, team processes, and expansion of inclusive practices beyond school settings. These recommendations are discussed within the context of an early childhood systems framework that encompasses all children.

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

Early Childhood Inclusion in Australia

Kemp, Coral R.

Infants & Young Children. 29(3):178-187, July/September 2016.

From the introduction of early intervention services in Australian in the mid-1970s, the families of children with intellectual and multiple disabilities have been encouraged to enroll their children in local preschools and childcare centers. Children with disabilities have also accessed a range of alternatives to full inclusion, such as reverse inclusion and partial inclusion; however, the availability of the range of inclusive options has been limited. Although federal and state governments provide funding to support inclusion, the value of the support has been diminished by difficulties associated with the funding application processes and the lack of skills of early childhood staff and supporting specialists. Recent changes to early childhood provision in Australia have increased the potential of early childhood services to better provide for children with a range of disabilities. The barrier of specialist staff inadequately prepared to support early childhood professionals to promote full participation in center activities remains.

Early Childhood Intervention and Inclusion in Austria

Pretis, Manfred

Infants & Young Children. 29(3):188-194, July/September 2016.

This article assesses the situation of preschool children in Austria facing the need to implement the UN Convention on the Rights of Persons with Disability. Eligibility criteria for preventive preschool services and the necessary labeling of children as “disabled” or “at risk” are assessed as inhibiting factors within educational systems that ostensibly facilitate “education” for all. On the operative level, existing support systems across Austria differ in their level of inclusiveness. The kindergarten system can be seen to offer a more inclusive service for children aged 0–3 years. Nurseries and child minder services particularly lack inclusive strategies or resources. Because of economic restrictions and the persistence of ambivalent attitudes among mainstream teachers, the school system faces major obstacles, including initiatives of parents to opt for special schools to ensure social integration and specific (therapeutic) resources. This article emphasizes the need for concrete methods, exchange, and resources for people working with children with special needs and reflects on the partial paradox of current parallel developments.

Early Childhood Inclusion in Croatia

Ljubešić, Marta; Šimleša, Sanja

Infants & Young Children. 29(3):195-204, July/September 2016.

This article explains early childhood inclusion in Croatia from its beginnings up to challenges in current policy and practice. The first preschool education for children with disabilities dates back to the 1980s and was provided in special institutions. In the last 10 years, mainstream kindergartens have been enrolling children with disabilities but unevenly in different Croatian regions and also with a different quality of support. The lower economic potential of the rural and smaller local communities adversely influence the possibility of organizing support for children with disabilities in general, especially in an inclusive setting. The great challenge in analyzing the quality of early childhood inclusion in educational settings is the lack of reliable sources of data and evaluation research. Main challenges in early childhood inclusion and future directions are discussed.

[Early Childhood Inclusion in Israel](#)

Al-Yagon, Michal; Aram, Dorit; Margalit, Malka

Infants & Young Children. 29(3):205-213, July/September 2016.

This article describes conceptual aspects, current policies and practices, and research representing the Israeli perspective regarding early childhood inclusion (ECI) at preschool ages (3–6 years). We review legislative, historical, attitudinal, philosophical, practical, empirical, and cultural issues regarding ECI in Israel. Finally, we focus on several major topics and challenges that call for further discussion and intervention, along with suggestions for future directions to enhance ECI in educational settings with regard to policies, research, training, and practices.

[Early Childhood Inclusion in Aotearoa New Zealand](#)

Foster-Cohen, Susan H.; van Bysterveldt, Anne K.

Infants & Young Children. 29(3):214-222, July/September 2016.

Early childhood education is encouraged for all 3- to 5-year-old children in New Zealand (known in the Māori language as Aotearoa) and is supported by a well-constructed bicultural curriculum (Te Whāriki) and reasonably generous government funding. However, a number of factors mitigate against inclusion of children with developmental delays and disabilities. These include a lack of training for early childhood teachers; no requirement for Early Childhood Centers to have policies of inclusion; funding and support arrangements based on age rather than developmental stage; a lack of sufficient specialist and paraprofessional support; and a strong sociocultural approach to early childhood education that is often at odds with the need for active support of child development. These barriers to inclusion are surprising, given the quality of the curriculum, the government-supported levels of oversight and quality assessment, and the strong rights-driven research tradition across the nation's universities. The most pressing need is for significant changes to the preservice and in-service teacher education programs to ensure that the responsibility for inclusion is shouldered by the whole profession and the potential of Te Whāriki can be realized.

[Early Childhood Inclusion in Spain](#)

Giné, Climent; Balcells-Balcells, Anna; Cañadas, Margarita; Paniagua, Gema

Infants & Young Children. 29(3):223-230, July/September 2016.

This article describes early childhood inclusion in educational settings in Spain. First, we address the legislative framework of preschool education in Spain and offer a brief analysis of some relevant issues, including the current situation of early childhood education and inclusion at this stage. Second, current policies and practices relating to the inclusion of students with special needs in early childhood education are analyzed. Issues such as staff characteristics and training, the ratio of children with special needs to children without special needs, forms of schooling, curriculum, and available supports are covered. Third, we present a brief summary of the evaluation and research on early childhood inclusion. Despite the limited availability of data, we present some results from a recent study that includes aspects such as the facilitators and barriers to inclusion, development of the student, participation and acceptance, and the ongoing process of inclusion. Finally, the main challenges that we face in our country and the next steps regarding the learning and development of students, participation of families, teacher training, working conditions, and future research are addressed.

[Early Childhood Inclusion in Turkey](#)

Diken, Ibrahim H.; Rakap, Salih; Diken, Ozlem; Tomris, Gozde; Celik, Secil

Infants & Young Children. 29(3):231-238, July/September 2016.

Inclusion of young children with disabilities into regular preschool classrooms is a common practice that has been implemented for several decades in industrialized nations around the world, and many developing countries including Turkey have been developing and implementing laws, regulation, and services to support inclusion and teaching in natural environments. The current definition of inclusion provided in special education laws developed in Turkey aligns with the definition of inclusion provided in the contemporary literature. However, implementation of inclusive practices in early years is still in its early stages and baby steps are taken to develop more comprehensive system of special education and inclusive practices. The purpose of this article is 4-fold: (a) to describe Turkish special education laws and regulations that support inclusive education and teaching in natural environment; (b) to summarize current inclusive practices in early childhood in Turkey; (c) to summarize and

synthesize the available research on early childhood inclusion in Turkey; and (d) to discuss challenges and suggestions for future directions to enhance early childhood inclusion in Turkey.

Early Childhood Inclusion in the United Kingdom

Blackburn, Carolyn

Infants & Young Children. 29(3):239-246, July/September 2016.

A policy-to-practice paper is presented of early childhood inclusion in England. The article aims to report the benefits of early intervention services and early childhood inclusion for children with special educational needs and disabilities (SEND), document the chronology of policy development, and discuss research evidence about policy-to-practice considerations for early childhood inclusion. Policy development for children with SEND in England has been informed by international human rights and European inclusion agendas and has been significantly revised and reformed recently with a new Children and Families Act (2014), which places families at the center of individual education, health, and care plans for children SEND. The article discusses the practicalities of delivering policy initiatives for children with SEND in a diverse and fragmented early childhood market and suggests possible future directions for policy and practice.

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From the Editor

Bruder, Mary Beth

Infants & Young Children. 29(4):247-248, October/December 2016.

No abstract but free

Engaging Preschool Children With Severe and Multiple Disabilities Using Books and iPad Apps

Kemp, Coral; Stephenson, Jennifer; Cooper, Megan; Hodge, Kerry

Infants & Young Children. 29(4):249-266, October/December 2016.

A single subject multiple treatment design was used to compare the engagement of 3 preschool children with severe and multiple disabilities, using 2 different stimuli: picture books and iPad apps matched for theme and content. Two of the 3 children had diagnoses of autism spectrum disorder in addition to their other disabilities. Sessions for each child were guided by trained facilitators who were staff working in the inclusive childcare settings attended by the children. Sessions were video recorded and later coded using a 5-second interval recording system. Visual inspection of the data indicated that 1 child was equally engaged with both media, while the 2 with diagnosed autism spectrum disorders were better engaged with the iPad apps. These results are discussed in relation to the potential of technology to engage children with high support needs and autism spectrum disorder with a view to enhancing their engagement in inclusive early childhood settings.

Autism Identification Policies and Practices in Early Childhood: A Preliminary Investigation From One State

Barton, Erin E.; Harris, Bryn; Leech, Nancy

Infants & Young Children. 29(4):267-289, October/December 2016.

Autism spectrum disorder (ASD) occurs in all racial, ethnic, and socioeconomic groups; however, children from culturally and linguistically diverse groups are, on average, misdiagnosed more often and identified later than White children. Understanding current practices and procedures is important for ensuring the use of evidence-based identification practices and the early and appropriate identification of culturally and linguistically diverse children with ASD. The purpose of this article is to describe the results of a survey regarding the early identification and intervention practices of professionals working with young children with ASD in one state in the United States. Results indicated that practitioners did not use practices that align with professional guidelines to identify young culturally and linguistically diverse children with ASD and that the requirements/standards for the ASD identification evaluation process varied across programs/agencies within the state. Also, most practitioners reported using non-evidence-based practices within the identification evaluation process.

The Quick Peek Program: A Model for Developmental Screening Within Underserved Communities

Harris, Jill; Norton, Amy

Infants & Young Children. 29(4):290-298, October/December 2016.

Developmental screening of young children is important in all populations, especially underserved communities with known health care disparities. The American Academy of Pediatrics created guidelines and a toolkit for pediatricians to conduct developmental surveillance and screening, yet these guidelines are not uniformly implemented within pediatric health care settings. This results in missed opportunities to identify young children with developmental issues, delaying enrollment in early intervention and affecting child outcome. A community-based developmental screening program was designed to address this need and to reduce barriers to developmental screening. Free, bilingual clinics were provided within underserved communities, targeting children between 1 and 5

years old. These brief screenings consisted of an Ages and Stages Questionnaire—Third Edition conducted interactively with the child, parent/guardian, and screener, as well as the Modified Checklist for Autism in Toddlers—Revised (MCHAT-R) when applicable for child's age. In the first 3 years of the program, 1,150 children were screened and 51% were found to be “at risk.” Twenty-seven percent of at-risk children were lost to follow-up at 1 month. Of those at-risk children reached at 1 month follow-up, 88% had arranged recommended evaluations and services. Implications of this model for improving access to care are discussed.

[Early Intervention Special Instructors and Service Coordinators in One State: Characteristics, Professional Development, and Needed Lines of Inquiry](#)

Edwards, Nicole Megan; Gallagher, Peggy A.

Infants & Young Children. 29(4):299-311, October/December 2016.

The success of Early Intervention (EI) programs (Part C, IDEA [Individuals with Disabilities Education Improvement Act of 2004]) for infants and toddlers with special needs (birth to 36 months) is largely influenced by the quality of direct service providers. Little is known, however, about characteristics of providers or involvement in training initiatives to inform practice. As a rare glimpse into a state's EI personnel system, the authors examined cross-sectional information from a Professional Development database in one state's home-based Part C program. Trainees (N = 425) included primarily those who were in a sole or combined position as special instructor and/or service coordinator. Key insights and needed lines of inquiry to inform national Part C professional development initiatives are discussed.

[Practitioner Research in Early Childhood Education and Care: A 21-Year Review of the Literature](#)

Shannon, Darbianne; Smith, Sara; Dana, Nancy

Infants & Young Children. 29(4):312-334, October/December 2016.

Practitioner research has the potential to facilitate the ongoing knowledge and skill development of preservice and in-service early childhood education and care teachers. The purpose of this systematic literature review is to describe the landscape of practitioner research conducted in the United States. This study synthesizes more than 20 years of practitioner research conducted by practitioners in the “birth to five” context. Critical components that help understand (a) who engages in practitioner research, (b) under what structural conditions practitioner research occurs, and (c) how practitioner researchers actively query their context and collect and analyze data are described. Following the review of the literature, a summary of what is known and implications for expanded understanding are discussed.

[The Adaptation Process of Families With Children With Intellectual Disabilities in Catalonia](#)

Mas, Joana Maria; Giné, Climent; McWilliam, Robin A.

Infants & Young Children. 29(4):335-351, October/December 2016.

The most important adaptation task that all families must undertake is the construction of a sustainable, meaningful, and congruent daily routine of family life (R. Gallimore, T. Weisner, L. Bernheimer, D. Guthrie, & K. Nihira, 1993). The aim of this mixed-method study was to understand, from the perspective of parents, how families adapt their family routines to rearing a 3- to 5-year-old child with intellectual or developmental disabilities to guarantee a sustainable family routine. Accordingly, this study focused on accommodations—changes that parents make or do not make because of the child's disabilities; ecological and cultural elements explaining why parents make or do not make a specific accommodation; and the sustainability of the family routine. Eighteen families with a preschooler who attended an early intervention center in Catalonia, Spain, participated in interviews and completed a series of questionnaires. The main instrument used was the Ecocultural Family Interview adapted for the Catalanian context. Results show the importance of different cultural and ecological elements in the family's accommodation processes, such as parents' jobs, services for the child, perceived support, information, and—especially—the need for professionals (and researchers) to understand family adaptation in terms of the importance of building a sustainable family routine.

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[From the Editor](#)

Infants & Young Children. 30(1):1-2, January/March 2017.

No abstract but free

[Effects of a Dialogue-Based Program to Improve Emotion Knowledge in Spanish Roma Preschoolers](#)

Giménez-Dasí, Marta; Quintanilla, Laura; Ojeda, Vanesa; Lucas-Molina, Beatriz Less
 Infants & Young Children. 30(1):3-16, January/March 2017.

Romas are one of the largest minority groups in Spain and Europe, but no specific data on children's socioemotional learning are available. Our goal was to determine the level of socioemotional knowledge of a group of 4- and 5-year-old Roma children and to implement an intervention program at school. Forty-three Roma children participated (experimental: N = 21; control: N = 22). We implemented the intervention program Thinking emotions (M. Giménez-Dasí, M. Fernández-Sánchez, & M.-F. Daniel, 2013a). This program is based on Philosophy for Children (M. Lipman, A. M. Sharp, & F. S. Oscanyan, 1980) and aims to promote emotion knowledge, regulation strategies, and social competencies through peer-to-peer dialogue. Pre- and posttest measures were taken. Results showed low levels of initial knowledge and a clear pattern of improvement after the intervention.

[Infants With Congenital Zika Virus Infection: A New Challenge for Early Intervention Professionals](#)

Porter, Sallie; Mimm, Nancy

Infants & Young Children. 30(1):17-27, January/March 2017.

Zika virus infection-associated microcephaly has generated public health and media concern. Unsettling images emerging from Brazil of infants with abnormally small heads have raised concern among women of childbearing age, international travelers, government officials, and health care professionals. The World Health Organization declared the most recent, ongoing Zika virus infection outbreak a “public health emergency of international concern.” The Centers for Disease Control and Prevention is working to understand the impact of Zika virus infection in the United States and elsewhere. Zika virus is a mosquito-transmitted Flavivirus that can also be transmitted through sexual contact. Congenital Zika virus infection is a cause of microcephaly and other serious neurological harm to the fetus. The early intervention professional should understand Zika virus infection including the geographical risk, etiology, epidemiology, and potential developmental impact. Still evolving clinical, policy, and research implications for early intervention professionals need to be based on the context of emerging scientific information. It is important for early intervention professionals to remain attentive, as scientific knowledge concerning the impact of congenital Zika virus infection in infants and families will be evolving for years to come.

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

[How Does the Narrowing of Eligibility Criteria Affect Enrollment in Part C Early Intervention?](#)

Elbaum, Batya; Celimli-Aksoy, Seniz; Marshall, Jennifer T.; Berkovits, Michelle D.

Infants & Young Children. 30(1):28-40, January/March 2017.

In recent years, many states have narrowed their eligibility criteria for participation in the IDEA Part C early intervention (EI) program for infants and toddlers with or at risk for developmental delays. However, there is scant research on the effects of such a policy change on the population of children served or on the timing of children's access to EI services. Using data from an EI program serving a diverse, urban population in a large southeastern state, we compared characteristics of children who enrolled in EI the year before (n = 432) and the year after (n = 399), the state adopted more restrictive eligibility criteria for its EI program. Results indicated that following the policy change, children served in the program represented a smaller percentage of the resident birth-to-3 population; a smaller proportion of children enrolling in EI had mild delays; and children were 1.5 months older, on average, when they enrolled in services. The findings not only provide evidence that the narrowing of eligibility criteria achieved the intended effect of reducing EI enrollment but also raise concerns that the new policy may delay access to needed services for children with emergent developmental delays.

[Child Care Providers' Competence and Confidence in Referring Children at Risk for Developmental Delays](#)

Branson, Diane; Bingham, Ann

Infants & Young Children. 30(1):41-57, January/March 2017.

Despite the benefits of early intervention for children, the majority of children with developmental delays are not identified prior to the age of 5 years. Child care providers could aid in recognition of children at risk for developmental delays; however, there is little research on this topic. This article reports on a qualitative research study used to investigate child care providers' ability to accurately assess child development and make appropriate referrals to Child Find agencies. Initial data analysis suggested that child care providers were able to recognize children at risk for developmental delays with or without using a standardized screening tool. The child care participants did not, however, always indicate that they would refer those children with whom they were concerned. Qualitative interview results revealed important supports that aid in child care providers identifying children at risk for developmental delays, as well as barriers that interfere with child care providers making appropriate referrals to Child Find agencies.

[eCoaching to Enhance Special Educator Practice and Child Outcomes](#)

Coogle, Christan Grygas; Ottley, Jennifer R.; Storie, Sloan; Rahn, Naomi L.; Burt, Amy Kurowski

Infants & Young Children. 30(1):58-75, January/March 2017.

Research suggests that there is a gap in what we know is best practice and what is taking place in inclusive early childhood classrooms for children identified with autism spectrum disorder. The purpose of this single-case design study was to examine the effect of eCoaching on (a) a preschool special educator's use of embedded learning opportunities, (b) children's responses to target embedded learning opportunities, and (c) children's expressive communication. Results suggest positive effects on the teacher's use of embedded learning opportunities, increases in child opportunities to practice communication, and variable effects on child communicative outcomes. Implications for practice and future research are discussed.

[Influence of a Parent–Child Interaction Focused Bookmaking Approach on Maternal Parenting Self-Efficacy](#)

Boyce, Lisa K.; Seedall, Ryan B.; Innocenti, Mark S.; Roggman, Lori A.; Cook, Gina A.; Hagman, Amanda M.; Jump Norman, Vonda K.

Infants & Young Children. 30(1):76-93, January/March 2017.

We examined the effects of our parent-child interaction focused bookmaking intervention with 89 families and their toddlers receiving early intervention services. Participating early intervention providers (N = 24) were assigned to either continue providing services as usual or participate in training to implement the bookmaking approach in their home visits. Compared with those receiving services as usual, the mothers in the treatment group showed greater maternal parenting self-efficacy, which in turn, predicted better child language development and fewer behavior problems. A significant interaction of treatment with maternal depression suggests that being in the treatment group reduced the association of depression with parenting self-efficacy. These findings suggest that early intervention approaches focused on parent–child interaction and other family-centered practices may be effective at increasing parenting self-efficacy, buffering against the potential deleterious effects of depression on parenting self-efficacy, and strengthening parents' confidence in their own ability to promote their children's development, resulting in gains in social–emotional and language domains.

[Increasing Participation and Improving Engagement in Home Visitation: A Qualitative Study of Early Head Start Parent Perspectives](#)

Hubel, Grace S.; Schreier, Alayna; Wilcox, Brian L.; Flood, Mary Fran; Hansen, David J.

Infants & Young Children. 30(1):94-107, January/March 2017.

Home visitation programs are designed to provide comprehensive services that promote parent's abilities to create stable, nurturing care environments for their children. In order for program goals to be met, parents must participate actively and be engaged with the programs' mission. However, promoting engagement and participation are complex processes that have been understudied in research on home visitation. The current qualitative study examined how a national, federally funded home visitation program, Early Head Start (EHS), engaged and retained families so that potentially helpful preventative interventions could be delivered. The study also identified barriers to active engagement. Semistructured interviews were conducted with 10 parents of children enrolled in EHS. Findings suggest that engagement increased when EHS reduced social isolation by forming connections among parents and when the program focused on involving parents in fostering their children's meeting of important developmental milestones. Barriers to engagement identified included logistical and organizational challenges, as well as parental biases and differences in values and attitudes. Practice and policy recommendations for improving EHS and other programs that serve similar populations to increase engagement are discussed.

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[From the Editor](#)

Infants & Young Children. 30(2):109-110, April/June 2017.

No abstract but free

[Adapting a Developmental Screening Measure: Exploring the Effects of Language and Culture on a Parent-Completed Social–Emotional Screening Test](#)

Chen, Chieh-Yu; Chen, Ching-I; Squires, Jane; Bian, Xiaoyan; Heo, Kay H.; Filgueiras, Alberto; Kalinina, Svetlana; Samarina, Larissa; Ermolaeva, Evgeniya; Xie, Huichao; Yu, Ting-Ying; Wu, Pei-Fang; Landeira-Fernandez, Jesus

Infants & Young Children. 30(2):111-123, April/June 2017.

Ages & Stages Questionnaires: Social–Emotional (ASQ:SE) is a widely used screening instrument for detecting social–emotional difficulties in infants and young children. To use a screening instrument across cultures and countries, it is necessary to identify potential item-level biases and ensure item equivalence. This study investigated the cultural equity of the 60-month interval of the ASQ:SE by examining whether the items functioned differently in the original English version compared with 5 adapted translated versions (i.e., Korean, Portuguese, Russian, Simplified Chinese, and Traditional Chinese), as well as exploring cultural considerations resulting from identified differences. The research team analyzed differential item functioning (DIF) in a total of 25,042 sixty-month

ASQ:SE questionnaires drawn from extant data sets of 6 different language versions. Results indicated that a large portion of items were identified with DIF, suggesting that when participating parents/caregivers rated the social-emotional competence of their children, diverse cultural values, beliefs, and expectations affected their responses. This study provides implications for professionals and developers when using translated/adapted instruments in diverse cultures.

[Measuring Maternal Behaviors in the Neonatal Intensive Care Unit](#)

Lakes, Kimberley D.; Guo, Yuqing; Taylor Lucas, Candice; Cooper, Dan
Infants & Young Children. 30(2):124-132, April/June 2017.

One of the most important considerations in designing clinical infant research studies is the selection of reliable and valid measurement procedures. Few measures of caregiver-child interactions have been studied with newborns, particularly premature infants. The main objective of this study was to examine psychometric properties of the National Institute of Child Health and Human Development (NICHD) Mother-Child Interaction Qualitative Ratings in a sample of premature infants and their mothers to evaluate its use in the neonatal intensive care unit. Mother-baby dyads (N = 24) were videotaped in a 10-min interaction in the NICU. Nine raters independently assessed dyadic interactions using the NICHD Mother-Child Interaction Qualitative Ratings in a fully crossed research design. Rater reliability was strong for mother and infant ratings (.76-.94). Scores yielded normal distributions for maternal sensitivity, positive regard, and flatness of affect and skewed distributions for maternal intrusiveness, detachment, negative regard, and all child ratings. Positive maternal behaviors correlated positively with one another and negatively with negative maternal behaviors. Thus, preliminary analyses suggest that scores obtained using the NICHD Mother-Child Interaction Qualitative Ratings with premature babies and their mothers in the neonatal intensive care unit demonstrate adequate interrater reliability, and distributional properties provide preliminary evidence of face validity.

[The Use of Descriptive Praise to Increase Diversity During Easel Painting](#)

Lopez, Kristina; Dewey, Andrea; Barton, Erin E.; Hemmeter, Mary Louise
Infants & Young Children. 30(2):133-146, April/June 2017.

The purpose of this article was to describe 2 studies that examined the relation between descriptive praise and generalized diversity of forms and colors used during art activities in young children. Study I used a true reversal design to examine the relation between descriptive praise and diversity during art activities. All 4 children had small increases with descriptive praise, but there was considerable variability across children and conditions. In Study II, a multiple probe design was employed across 3 children to examine the relation between descriptive praise and diversity of forms and colors used in art activities. All 3 children used more diverse forms and colors with descriptive praise, although increases were small.

[A Multisite Study Evaluating the Benefits of Early Intervention via Telepractice](#)

Behl, Diane D.; Blaiser, Kristina; Cook, Gina; Barrett, Tyson; Callow-Heusser, Catherine; Brooks, Betsy Moog; Dawson, Pamela; Quigley, Suzanne; White, Karl R.
Infants & Young Children. 30(2):147-161, April/June 2017.

This study sought to determine the effectiveness of telepractice as a method of delivering early intervention services to families of infants and toddlers who are deaf or hard of hearing. A comparison group design was applied to ascertain the child, family, and provider outcomes via telepractice compared with traditional in-person home visits. A total of 48 children and their families, along with 15 providers from 5 early intervention programs, across the country participated. Children in the telepractice group received more intervention, although the number of prescribed sessions was equal across groups. Analyses of covariance demonstrated that children in the telepractice group scored statistically significantly higher than children in the in-person group on the PLS-5 Receptive Language subscale and PLS-5 Total Language standard scores, and the groups scored similarly on other language measures. There were no statistically significant differences between groups in regard to family outcomes of support, knowledge, and community involvement. Analysis of video recordings of telepractice versus in-person home visits resulted in higher scores for provider responsiveness and parent engagement. This study supports the effectiveness of telepractice in delivering early intervention services to families of children who are deaf or hard of hearing. Further research involving randomized trials with larger, more diverse populations is warranted.

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

[Childcare Providers' Use of Practices to Promote Young Children's Social-Emotional Competence](#)

Steed, Elizabeth A.; Roach, Andrew T.
Infants & Young Children. 30(2):162-171, April/June 2017.

Findings are presented regarding childcare providers' use of evidence-based strategies to promote preschoolers' social-emotional competence in 38 urban childcare classrooms. Descriptive results from classroom observations and childcare teachers' interviews indicated that in the absence of training, childcare teaching staff implemented few of these strategies. Teachers also reported a lack of infrastructure elements such as professional development, a

leadership team, data-based tools for decision making, and monetary resources that are associated with the adoption and sustained use of strategies. Findings are described and recommendations are presented to support implementation of practices associated with young children's social-emotional competence in childcare settings.

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From the Editor

Infants & Young Children. 30(3):173-174, July/September 2017.

No abstract but free

Teaching Caregivers in Early Intervention

Sawyer, Brook E.; Campbell, Philippa H.

Infants & Young Children. 30(3):175-189, July/September 2017.

The overarching research aim of this study was to examine learning opportunities available for caregivers during early intervention sessions. Of specific interest were providers' purposeful (i.e., explicit) teaching behaviors and opportunities from which caregivers might learn incidentally. Relations between teaching behaviors, caregiver characteristics (i.e., education and level of engagement during early intervention visit), child disability type, and provider demographic characteristics (i.e., discipline, years of experience) were also investigated. A sample of 265 videotaped early intervention home visits conducted by multidisciplinary providers were rated using the Natural Environments Rating Scale-Revised. Incidental learning opportunities were frequently available, but provider use of purposeful teaching strategies was infrequent. Differences in teaching behavior were associated with caregiver level of engagement, caregiver education, child disability type, and provider discipline. No differences in teaching behavior were found for providers' years of experience.

Are We Missing a Vulnerable Population in Early Intervention?

Blasco, Patricia M.; Guy, Sybille; Saxton, Sage N.; Duvall, Susanne W.

Infants & Young Children. 30(3):190-203, July/September 2017.

Infants with low birth weight (LBW \leq 2,500 g) are at high risk for developmental delays, including cognitive impairments. Retrospective studies have shown that these children often have learning and/or behavioral difficulties at school age. Early evaluation and enrollment in early intervention (EI) programs may reduce the impact of these difficulties; however, many children who would benefit from such programs may not receive EI services. This study provides information on 279 children born LBW and includes information on developmental capability and EI enrollment. Results indicate that children born LBW in EI services had lower overall developmental standard scores than those not in EI. However, it is concerning that almost an equal number of children across all categories of birth weight are not in services.

Ethical Issues in Early Intervention: Voices From the Field

Able, Harriet; West, Tracey A.; Lim, Chih Ing

Infants & Young Children. 30(3):204-220, July/September 2017.

Ethical considerations are integral to our professional lives when we are faced with difficult choices regarding services and supports for children and families. Often, the right choice in service delivery for young children with disabilities ages birth to 5 years is unclear due to a myriad of factors potentially creating ethical dilemmas. This article reports the results of a focus group study with 82 early intervention (EI) professionals serving young children ages birth to 5 years designed to determine EI practitioners' ethical concerns in daily practice and how they are resolved. Professionals shared dilemmas they have experienced related to family-professional and interprofessional conflicts as well as those related to policy and programmatic issues. In addition, resolution strategies used by EI practitioners are highlighted. Guidelines for systematic ethical reflection and problem solving are recommended on the basis of professional Codes of Ethics.

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Preschool Teachers' Use of Pyramid Model Practices in Mainland China

Luo, Li; Snyder, Patricia; Clark, Cinda L.; Hong, Xiumin

Infants & Young Children. 30(3):221-237, July/September 2017.

The social domain is 1 of 5 preschool curricular domains in mainland China. Chinese preschool teachers are expected to use teaching practices that foster young children's social competence. The purpose of this study was to explore a small sample of Chinese preschool teachers' use of teaching and behavior support practices associated with the Pyramid Model. Twenty preschool classrooms in mainland China were observed using the prepublication version of the Teaching Pyramid Observation Tool for Preschool Classrooms (L. Fox, M. L. Hemmeter, & P. Snyder, 2008). In addition, each teacher completed a social-emotional teaching practices survey. Results indicated

that Chinese teachers were observed to use, on average, about 31% of key teaching practices associated with the Pyramid Model. They were implementing more universal promotion practices than targeted social-emotional teaching practices. Chinese teachers generally were not observed to be teaching behavior expectations and social problem solving, nor were they developing individualized interventions for children with the most persistent challenging behavior. Correlational analyses suggested that observed implementation of Pyramid Model practices generally was not related to self-reported use of these practices. Limitations and implications of the present study along with considerations for future research are discussed.

[Collaboration in Early Childhood Intervention Services in Gauteng: Caregiver Perspectives](#)

Kyarkanaye, Thilendree; Dada, Shakila; Samuels, Alecia E.

Infants & Young Children. 30(3):238-254, July/September 2017.

A central tenant of early childhood intervention (ECI) is collaboration between professionals and the caregivers of children receiving these services. There are limited studies on caregiver perceptions of collaboration in ECI teams particularly in resource-limited countries. Sixty-four caregivers participated in this study by completing a questionnaire on their perceptions of collaboration in ECI services in South Africa. The questionnaire survey was administered in a group setting by a trained research assistant who was proficient in the Setswana language. The results revealed that caregivers have a good understanding of collaboration in ECI services. However, collaboration, in relation to family-centered practices, appeared to be undervalued by caregivers. These results are discussed and the limitations of the study as well as future recommendations are outlined.

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<https://journals.lww.com/ycjournal/toc/2017/10000>

[From the Editor](#)

Infants & Young Children. 30(4):255-256, October/December 2017.

No abstract but free

[The Effects of the Newborn Behavioral Observations \(NBO\) System on Sensitivity in Mother–Infant Interactions](#)

Nugent, J. Kevin; Bartlett, Jessica Dym; Von Ende, Adam; Valim, Clarissa

Infants & Young Children. 30(4):257-268, October/December 2017.

The Newborn Behavioral Observations (NBO) system is a neurobehavioral observation tool designed to sensitize parents to infants' capacities and individuality and to enhance the parent–infant relationship by strengthening parents' confidence and practical skills in caring for their children. The NBO's focus on relationship building is intended for infant mental health professionals who strive for a relational, family-centered model of care versus a pathology-based model. This study assessed the impact of the NBO on the sensitivity of mother–infant interaction in the first 4 months of life. Primiparous mothers and their full-term infants were randomized into experimental and control groups. The intervention group participated in the NBO in the hospital within 2 days of birth and again at home at 1 month postpartum. At 4 months, dyads (n = 35) were videotaped during semistructured play episodes, which were coded to assess parent–child sensitivity in interactions with one another. Intervention infants were 2.8 times more likely to be classified as “cooperative” (sensitive) than control group infants. Intervention mothers were 2.5 times more likely to be classified as sensitive than control mothers. These findings highlight the potential of the NBO to promote positive maternal–infant relations by influencing newborn behavior and suggest that the NBO is an effective, time-limited intervention for strengthening relationships between parents and infants.

[Enhancing Infant Mental Health Using a Capacity-Building Model: A Case Study of a Process Evaluation of the Ready, Steady, Grow Initiative](#)

O'Farrelly, Christine; Lovett, Judy; Guerin, Suzanne; Doyle, Orla; Victory, Gerard

Infants & Young Children. 30(4):269-287, October/December 2017.

Infant mental health (IMH) is best promoted through a continuum of services underpinned by strong service capacity. However, service providers often lack fundamental IMH knowledge and skills. Using the Ready, Steady, Grow (RSG) initiative as a case study of a capacity-building model (P., Hawe, L., King, M., Noort, C., Jordens, & B., Llyod, 2000), this article contributes to the field by investigating the facilitators and challenges to IMH promotion in a disadvantaged community in Ireland. A mixed-methods study assessed the degree to which RSG has developed the local service community capacity. Data included semistructured interviews (n = 23) and a survey with service stakeholders from nursing, speech and language, early childhood care and education, social work, family support, physiotherapy, and youth work (n = 40). The findings indicated that RSG has enhanced IMH capacity among service stakeholders by establishing a strong groundwork and enthusiasm for IMH, in addition to building preliminary IMH skills, although scope remains for further engagement and training. Ongoing barriers to capacity building include a dearth of resources and concern about sustainability. This case study offers theoretical and practical insights to those interested in promoting child health using a capacity-building model.

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[Online Parent Training to Support Children With Complex Communication Needs](#)

Douglas, Sarah N.; Nordquist, Erica; Kammes, Rebecca; Gerde, Hope
Infants & Young Children. 30(4):288-303, October/December 2017.

Parent training can help support the development of communication skills for young children with complex communication needs (CCN). Online delivery of such training may alleviate some of the burden on families, thereby increasing participation and outcomes. To determine the effectiveness of online parent training in communication partner strategies, a single-subject, multiple-probe design study was conducted with four parents and their children with developmental disabilities and CCN. Parents completed an interactive online training and then participated in live sessions to demonstrate trained skills. Results indicate that online parent training resulted in higher levels of communication opportunities provided by parents to their children with CCN. Increases were also noted for child communication and responses provided by parents to child communication. Results varied for participants. Parent evaluations of the training, limitations, and future research directions are discussed.

[Leadership Competencies in U.S. Early Intervention/Early Childhood Special Education Service Systems: A National Survey](#)

Bruns, Deborah A.; LaRocco, Diana J.; Sharp, Olga L.; Sopko, Kim Moherek
Infants & Young Children. 30(4):304-319, October/December 2017.

In 2015, the Division for Early Childhood of the Council for Exceptional Children released a position statement on leadership in early intervention and early childhood special education (EI/ECSE). Division for Early Childhood emphasized the importance of developing and supporting high-quality leadership within and across all levels of EI/ECSE service systems. Moreover, there was a call for related research because of the paucity of related research in the field. This cross-sectional survey was designed to address this call. The study expands on an earlier investigation designed to gain an understanding of the competencies needed to be an effective leader at any level of the EI service system under the Individuals with Disabilities Education Act (IDEA), Part C. Using a network-sampling approach, participants in the study described here were recruited from the population of individuals who were engaged, at any level in the EI/ECSE service delivery systems under the IDEA (Part B-619 and Part C). A sample of 820 individuals completed an Internet-based questionnaire. A factor analysis yielded 6 knowledge areas and 5 competency areas considered necessary for effective EI/ECSE leadership. The 6 knowledge areas comprised child development, evidence-based practices, state laws and regulations, family-centered approaches, federal laws and regulations, and group processes. The 5 competency areas comprised Professional Learning, Effective Relationships, Shared Responsibility, Data Use, and Effective Communication. The study results suggest avenues for further examinations of leadership within the EI/ECSE service systems.

https://journals.lww.com/iyecjournal/Abstract/2017/10000/Early_Childhood_Inclusion_in_Taiwan.6.aspx/
[Early Childhood Inclusion in Taiwan](#)

Liao, Hua-Fang; Wu, Pei-Fang

Infants & Young Children. 30(4):320-327, October/December 2017.

In accordance with the Special Education Act that indicates that young children with special needs must have individualized educational plans and receive education with their typically developing peers in the general education setting, Taiwan implemented an experimental preschool inclusion program in 1989. Subsequently, during the 1990s, there was an emphasis on the importance of early intervention for children with special needs from birth to 6 years of age. The use of the International Classification of Functioning, Disability, and Health (ICF) and its Children and Youth version (ICF-CY) has also influenced views on early childhood inclusion in educational settings. This article describes the relevant legislation, current early childhood inclusion practices in different forms, relevant research, challenges, and future directions of early childhood inclusion at the governmental, community, institutional, and individual levels in Taiwan.

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[From the Editor](#)

Infants & Young Children. 31(1):1-2, January/March 2018.

No abstract but free

[Families as Partners: Supporting Family Resiliency Through Early Intervention](#)

Frantz, Rebecca; Hansen, Sarah Grace; Squires, Jane; Machalicek, Wendy

Infants & Young Children. 31(1):3-19, January/March 2018.

Child development occurs within the context of the child's family, neighborhood, and community environment. Early childhood providers support positive outcomes, not only for the children with whom they directly work with but also for their families. Families of children with developmental delays often experience unique challenges. A family resiliency framework addresses how families confronting these challenges can experience positive outcomes. Family resiliency is strengthened by protective factors, which augment outcomes for the child and the family. A family resiliency framework is described and protective factors known to strengthen family resiliency are discussed. Strategies for enhancing family protective factors through early intervention and related services are presented.

[Early Intervention for Families and Children Experiencing Homelessness](#)

Hurley, Jennifer J.; Looby, Winnie; Goodrum, Ashley R.; Campbell, Elizabeth M.; Bonti, Gregg K.; Raymon, Becca A.; Condon, Rebecca; Schwaebler, Sami E.; Mauceri, Melina E.; Bourne, Erin M.; Callahan, Elizabeth D.; Hardy, Danielle L.; Mathews, Pamela

Infants & Young Children. 31(1):20-36, January/March 2018.

Early intervention (EI) services are provided for families and children at risk for or with developmental delays. Early intervention includes services that are provided in the natural environment as mandated by the Individuals with Disabilities Education Act (IDEA; 2004). The natural environment is where children and families would naturally spend their time and for most families, the natural environment is their home (S. A. Raver & D. C. Childress, 2015). There is an upward trend in the number of young children and families who are experiencing homelessness (National Center on Family Homelessness, 2016) and as a result, EI providers are providing services with families who do not have homes. The purpose of this qualitative study was to interview EI providers to highlight the conditions and characteristics of the natural environments where EI services are provided for families that are experiencing homelessness and to gather information about the barriers and beneficial practices for providing EI services with families that are experiencing homelessness. Implications for leaders in the field of EI, service delivery, systems change, and professional development are discussed.

[The Effect of a Social–Emotional Intervention on the Development of Preterm Infants in Institutions](#)

Chernego, Daria I.; McCall, Robert B.; Wanless, Shannon B.; Groark, Christina J.; Vasilyeva, Marina J.; Palmov, Oleg I.; Nikiforova, Natalia V.; Muhamedrahimov, Rifkat J.

Infants & Young Children. 31(1):37-52, January/March 2018.

This study examined the effect of a social–emotional intervention implemented in one St. Petersburg (Russian Federation) institution (called a Baby Home, BH) on the general behavioral development of preterm children (gestational ages of 30–36 weeks) during their first 2 years of life. The intervention consisted of training caregivers and implementing structural changes to create a more family-like environment. The study included preterm (N = 56) and full-term (N = 93) children from one BH that implemented the intervention and from another BH with no intervention. Children were assessed at 3, 6, 9, 12, 18, and 24 months of age with the Battelle Development Inventory (LINC Associates, 1988). The results showed that the intervention positively influenced the general behavioral development of BH preterm children throughout their first 2 years of life compared with preterm children from the no intervention BH. Also, results indicated that the intervention effect was developmentally similar for preterm and for full-term children, but preterm children consistently scored lower than full-term children during their first 2 years living in the BH. In general, our research emphasizes the crucial role of warm, sensitive, and responsive interactions with a constant and emotionally available caregiver for healthy child development for both term and preterm children.

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[Assessing Early Intervention Provider Needs: Insights From One State](#)

Spence, Christine M.; Connor, Susan M.; Burke, Ted; Cheema, Jehanzeb R.; Ostrosky, Michaelene M.

Infants & Young Children. 31(1):53-68, January/March 2018.

A statewide needs assessment was conducted with early interventionists to gather information on perceived professional development (PD) needs. Across 3 years, 4,455 early interventionists responded to an online survey. Data were analyzed for reported needs on PD topics in seven broad areas related to early intervention processes and content. Differences were found on the basis of participants' geographical location, years of experience working in early intervention, and professional discipline. Results revealed that respondents in one geographical location of the state, and respondents with fewer years of early intervention experience, reported statistically significant higher PD needs for six of the seven topical areas. Implications for future needs assessments, PD, and research are discussed.

[Developmental Assessment With Young Children: A Systematic Review of Battelle Studies](#)

Cunha, Ana C. B.; Berkovits, Michelle D.; Albuquerque, Karolina A.

Infants & Young Children. 31(1):69-90, January/March 2018.

Developmental assessment scales are important tools for determining developmental delays and planning preventive interventions. One broad assessment scale used to evaluate child development is the Battelle Developmental Inventories (BDIs). The BDI-2 has a standardized version in English with good psychometric properties and a

translated version in Spanish; however, despite widespread clinical use, there has been limited early childhood development research focused on this assessment tool in the past 10 years. The purpose of this systematic review was to evaluate the literature about the BDIs and their screening test and analyze their use for child assessment. Seven databases were used to retrieve articles in English, Portuguese, and Spanish. Overall, 34 articles were evaluated for general features, salient findings, and key methodological issues, such as target population, objectives, research design, and main results. Authors' considerations about the psychometric properties and utility of the BDIs were also examined. Results indicated that 41.17% of studies with the BDIs were from the United States, and the most common target population was children with autism spectrum disorders. Generally, the articles highlighted the broad applications of this measure and robust psychometric properties cited in the BDIs examiner's manual as reasons for their use. This review suggests that it is important to conduct independent analyses of the psychometric properties of the BDIs as well as validation studies to ensure appropriate applications of the BDI, including for use with non-American populations.

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<https://journals.lww.com/iyjournal/toc/2018/04000>

From the Editor

Infants & Young Children. 31(2):91-92, April/June 2018.

No abstract but free

Teacher Decision Factors That Lead to Preschool Expulsion: Scale Development and Preliminary Validation of the Preschool Expulsion Risk Measure

Gilliam, Walter S.; Reyes, Chin R.

Infants & Young Children. 31(2):93-108, April/June 2018.

Preschool expulsion is a trending social problem. To date, this is the first study that examines the teacher decision factors behind preschool expulsions. This article presents results of the development and validation of the Preschool Expulsion Risk Measure (PERM). In a 2-phase analysis of the study, we provide evidence for the PERM's reliability and validity in a sample of 352 preschoolers from 88 sites in a New England state. The PERM yielded 4 factors (classroom disruption, fear of accountability, hopelessness, and teacher stress) and demonstrated good internal consistency. The PERM correlated with standardized assessments of children's behavior problems and predicted intervention status (target child vs. random peer) and the probability of expulsion (child considered for expulsion vs. child never considered for expulsion). Classroom disruption predicted intervention status whereas accountability predicted consideration for expulsion. Results support the PERM as a viable tool for assessing the propensity to be expelled. Findings shed light into the decision factors that propel teachers to consider expulsion of a child, which can inform early education programs and policies to address this issue.

Childcare Type and Quality Among Subsidy Recipients With and Without Special Needs

Sullivan, Amanda L.; Farnsworth, Elyse M.; Susman-Stillman, Amy

Infants & Young Children. 31(2):109-127, April/June 2018.

Low-income children, particularly those with special needs, may have limited access to high-quality early care experiences. Childcare subsidies are intended to increase families' access to quality care, but little is known about subsidy use by children with special needs. Using a nationally representative sample of 4,000 young children who participated in the Early Childhood Longitudinal Study—Birth Cohort, we examined the types and quality of childcare received by children with and without special needs who came from subsidy eligible families. We also investigated the extent to which subsidy use and child and family sociodemographic characteristics predicted care type and quality among young children with special needs who used childcare subsidies at 9 months, 2 years, and 4 years. Findings indicated that subsidies increased the use of nonparental care, mainly center-based care, as well as home-based care to a lesser extent among children with special needs relative to peers without special needs and relative to peers with special needs who did not use subsidies. However, use of subsidy did not consistently result in families with children with special needs accessing higher quality care. Sociodemographic characteristics of children, families, and their context were differentially predictive of type and quality care. We discuss implications for practice and policy to foster quality early care and education of young children with special needs who are receiving subsidies.

Parent and Professional Perceptions of Inclusion in Childcare: A Literature Review

Weglarz-Ward, Jenna M.; Santos, Rosa Milagros

Infants & Young Children. 31(2):128-143, April/June 2018.

Many families seek quality, inclusive care for their young children with disabilities. A key to successful inclusion is understanding the needs of families and professionals who serve them. This review examined literature about the inclusion of young children with disabilities in childcare programs and collaboration among early childhood professionals from the perspectives of parents and professionals. Twenty-five studies were selected through searches of online databases, leading researchers, and journals on the topic. Study participants included childcare providers

across all program types, special educators, specialized therapists, and parents. Topics addressed included professionals' experiences of inclusion and collaboration, factors that influenced these experiences, quality of care for young children with disabilities, and parental decisions regarding childcare. The results indicated that more research is needed specific to infants and toddlers with disabilities in childcare settings as well as the experiences of parents and providers. This greater understanding would bridge the gaps between policy, research, and practice.

[Knowledge Translation: Supports, Challenges, and Opportunities for Change in Early Intervention](#)

Rabinowicz, Susan; Ray, Sharon

Infants & Young Children. 31(2):144-156, April/June 2018.

Knowledge translation (KT) provides a lens to examine the process of moving research-informed knowledge into early intervention practice (P. Sudsawad, 2007). The process of KT entails cognitive, affective, and behavioral stages that are mediated by factors intrinsic and extrinsic to the practitioner. Facilitators and barriers to this process may exist at the level of the practitioner, practice environment, or research evidence (P. J. Manns, A. V. Norton, & J. Darrah, 2015). The conceptual framework described in this article utilized the Diffusions of Innovations Theory and the Ottawa Model of Research Use concurrently to examine factors that influence the process of KT for the early intervention (EI) workforce (J. Logan & I. D. Graham, 1998 ; E. M. Rogers, 1983 , 2003b). The information gathered from the utilization of KT frameworks can generate recommendations for change and tailor KT initiatives to meet the professional development needs of EI providers (B. J. Cunningham, P. Rosenbaum, & M. Hidecker, 2016 ; A. Hudon, M. Gervais, & M. S. Hunt., 2015 ; D. Levac, S. M. N. Clegg, C. Camden, L. M. Rivard, & C. Missiuna, 2015).

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[A Parent-to-Parent Program in Taiwan](#)

Liu, Kae

Infants & Young Children. 31(2):157-174, April/June 2018.

Parent-to-parent programs provide emotional and informational support to parents of children with special needs by matching trained and experienced parents with parents needing support. This study examined the implementation and effects of a Parent-to-Parent Program in Taiwan that supported 3 families of youngsters with special needs. Based on the individual family's needs and the availability of local resources, these families were supported by 2 trained and experienced mothers of children with special needs, the staff of the family-centered early intervention center as well as the self-help parent group, and a researcher. Notwithstanding the myriad of criteria considered when matching the families before the program implementation, the fitness of the match would ultimately be determined on the basis of the initial contact or subsequent interactions between families. During the program implementation, this study found the following: (1) "natural" and well-prepared initial contact facilitated subsequent relationships; (2) understanding real needs was the key; (3) "being present" was a form of support; and (4) experienced parents could help "translate" professionals' recommendations. After the program was implemented, experienced parents needed support, too. This study concludes that "localization" is the key in implementing parent-to-parent programs. Furthermore, with more people involved in the program, trained professionals will no longer exert a dominant influence and more members of the families' informal support network can be empowered.

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[From the Editor](#)

Infants & Young Children. 31(3):175-176, July/September 2018.

No abstract but free

[Early Intervention Outcomes for Toddlers With Autism Spectrum Disorder and Their Families](#)

Noyes-Grosser, Donna M.; Elbaum, Batya; Wu, Yan; Siegenthaler, Kirsten M.; Cavalari, Rachel S.; Gillis, Jennifer M.; Romanczyk, Raymond G.

Infants & Young Children. 31(3):177-199, July/September 2018.

Autism spectrum disorder (ASD) can be diagnosed as early as 18 months of age. State Early Intervention (EI) programs under Part C of the Individuals with Disabilities Education Act (IDEA) are serving increasing numbers of children with ASD; however, little is known about outcomes of these services. This study evaluated the impact of EI for toddlers with ASD (n = 193) and other disabilities (n = 129) and their families, using measures that included federal Part C outcome indicators. Children with ASD showed reduced maladaptive behaviors and improved social and communication skills on the PDD Behavior Inventory; some also made progress on the Part C child outcome indicators. Families of children with ASD reported that EI helped them achieve many outcomes identified as important to families participating in EI. Results provide a rich description of outcomes experienced by children with ASD and their families in one of the largest EI programs in the United States. Implications for results-driven accountability and future research are discussed.

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[‘I’m a Different Coach With Every Family’: Early Interventionists’ Beliefs and Practices](#)

Meadan, Hedda; Douglas, Sarah N.; Kammes, Rebecca; Schraml-Block, Kristen
Infants & Young Children. 31(3):200-214, July/September 2018.

Early intervention (EI) service providers working with young children with developmental disabilities and delays and their families often utilize coaching practices to engage caregivers in the EI process. Within the literature, the usefulness of coaching has been identified. However, little is known about how coaching practices look in naturalistic settings and service providers' perceptions of these practices. Through the use of an online survey, this study examined beliefs and reported practices of EI service providers. The findings indicated that EI providers considered coaching to be meaningful and offered several benefits to both caregivers and children. Some of the perceived advantages included engaging and empowering caregivers and increased opportunities for children to practice and master skills. Most coaching practices were ranked as highly important and were reportedly utilized frequently by service providers in the sample. However, some coaching practices, such as reflection and feedback, were not implemented as often as joint planning, observation, and action. In addition, the participants identified challenges and facilitators for using coaching as a style of interacting with caregivers. Discussion of EI provider perceptions, limitations, recommendations, implications, and future research directions are presented.

[Using Practice-Based Coaching to Increase Use of Language Facilitation Strategies in Early Head Start and Community Partners](#)

Donegan-Ritter, Mary; Van Meeteren, Beth
Infants & Young Children. 31(3):215-230, July/September 2018.

This article describes how practice-based coaching was used with Early Head Start infant and toddler teachers to support their use of evidence-based language facilitation strategies. Video-based self-reflection and focused feedback allowed teachers to recognize what they were already doing well and increased the fidelity of evidence-based practices. Observational data show changes that took place over the course of the 3 monthly coaching cycles and 6-month follow-up. Teachers increased their use of encouraging back-and-forth exchanges and parallel talk to varying extents. Goal setting was associated with infant–toddler teachers increasing their use of specific strategies. Coach use of nonjudgmental “I notice” statements contributed to a safe and supportive experience. In this pilot study, infant–toddler teachers benefitted from video-based self-reflection and coaching to transfer the use of language facilitation strategies. Focusing on teacher strengths and creating opportunities for skill development through goal setting, individualized support and performance-based feedback facilitated the use of language facilitation strategies in infant–toddler care settings.

[The Outcomes of Professional Development on AAC Use in Preschool Classrooms: A Qualitative Investigation](#)

Hanline, Mary Frances; Dennis, Lindsay R.; Warren, Amy W.
Infants & Young Children. 31(3):231-245, July/September 2018.

The purpose of this qualitative study was to describe early childhood special education service providers' perceptions of the use of alternative and augmentative communication (AAC) in their preschool classrooms as a result of participation in MELD (Multimodal Early Language Development) AAC professional development. MELD is a multicounty project that provides professional development to support service providers to meet the needs of preschool children with complex communication needs. Results indicate, in general, that the service providers felt the professional development met their individual needs to be successful in embedding the use of AAC in each of their preschool special education classrooms. The study extends past research about the components needed in effective early childhood professional development that results in teacher implementation of new instructional strategies to include the use of AAC strategies and adds new information about the context that may be needed. That context includes a positive and supportive relationship between coaches and service providers and a recognition of positive changes in the behavior of children by service providers. Implications for providing professional development and for future research are discussed.

[Internal Consistency and Factor Structure of the 3M Preschool Routines Functioning Scale](#)

Morales Murillo, Catalina Patricia; McWilliam, R. A.; Grau Sevilla, María Dolores; García Grau, Pau
Infants & Young Children. 31(3):246-257, July/September 2018.

This article presents a pilot study of the 3M Preschool Routines Functioning Scale (3M) with Spanish children. Twenty teachers and 285 children, from 6 early childhood education centers in Valencia, Spain, participated. The teachers completed one 3M scale on each child in their classrooms. We studied the internal consistency of the scores of the scale items, the factor structure, and the sensitivity of the scale to identify differences on children's functioning level in relationship to their age. The 3M produced scores with strong internal consistency and an exploratory factor analysis resulted in 4 factors: Sophisticated Engagement, Personal–Social, Average Engagement, and Independence. The 3M total score had strong internal consistency, and the strong correlations among the factors and with the 3M total score suggested that the scale measured 1 dimension of child functioning, which we identified as participation.

[From the Editor](#)

Infants & Young Children. 31(4):259-260, October/December 2018.

No abstract but free

[Physical Therapists' Perspectives on Importance of the Early Intervention Competencies to Physical Therapy Practice](#)

Weaver, Priscilla; Cothran, Donetta; Dickinson, Stephanie; Frey, Georgia

Infants & Young Children. 31(4):261-274, October/December 2018.

The purpose of this study was to examine perspectives of physical therapists on the level of importance of the early intervention competencies to practice in early intervention and differences in perspectives based on demographic factors. A web-based survey was disseminated to physical therapists who worked in early intervention or with children birth to 3 years of age by nonprobability sampling techniques. Of 288 surveys, 80.4% of responses on the importance level of the early intervention competencies were within “extremely important (5.0)” or “very important (4.0)” categories, with a mean score of 4.18. Thirteen competencies received greater than 60% of responses within the “extremely important” category, with no significant differences among therapists based on demographic factors. Physical therapists rated all early intervention competencies on the positive side of the importance scale, with certain competencies rated as more important than others. Competencies with highest ratings should be emphasized at all levels of physical therapy professional development.

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[Acceptability and Cost Comparison of a Telehealth Intervention for Families of Children With Autism](#)

Little, Lauren M.; Wallisch, Anna; Pope, Ellen; Dunn, Winnie

Infants & Young Children. 31(4):275-286, October/December 2018.

Intervention services positively impact outcomes of children with autism spectrum disorder (ASD) and their families. However, families face many burdens when accessing high-quality intervention services such as availability of providers, time, and cost; these burdens are often magnified for underserved families. Therefore, the purpose of this study was to investigate the acceptability (n = 17) and cost-effectiveness (n = 18) of a 12-week telehealth intervention among families of young children with ASD. To understand the acceptability of the intervention, caregivers completed a questionnaire about the process and content of the intervention. We then used descriptive statistics to calculate estimated cost differences between a Clinic-based Model, an In-Home Model, and a Telehealth Model. Results suggest that families found the intervention highly acceptable and effective, and telehealth would result in exponential savings for both families and providers. Telehealth provides a promising method for serving an increased number of families, particularly those in underserved and rural areas.

[Understanding Congenital Syphilis](#)

Porter, Sallie; Qureshi, Rubab; Benenson, Irina

Infants & Young Children. 31(4):287-296, October/December 2018.

The incidence of infants with congenital syphilis (CS) has been accelerating in the United States and remains an issue of global concern. Infants with CS often experience poor birth, health, and developmental outcomes. These poor outcomes (e.g., prematurity, bone changes, neurodevelopmental impairment) may be exacerbated by social vulnerabilities (e.g., housing instability, incarceration) experienced by their mothers and families. As such, infants with CS may benefit from neurodevelopmental assessments offered early in life, comprehensive in scope, and repeated over time; developmental intervention, as well as family support services that acknowledge the co-occurring health, developmental, and social challenges they may face.

[Changes in Symptoms of Problematic Eating Over 6 Months in Infants and Young Children](#)

Park, Jinhee; McComish, Cara; Pados, Britt Frisk; Estrem, Hayley H.; Thoyre, Suzanne M.

Infants & Young Children. 31(4):297-309,

The purpose of this article is to describe changes in problematic eating symptoms across 6 months in children seen in an outpatient feeding clinic and explore child characteristics associated with symptom changes. Participants were 58 parents of children aged 6 months to 7 years of age who were seen in an outpatient feeding clinic. Parents completed an online survey at 3 time points: enrollment and 3 and 6 months later. The survey consisted of the Pediatric Eating Assessment Tool (PediEAT) and a set of questions assessing demographic information, child's medical and feeding history, medical diagnoses, gastrointestinal function, and medications. Linear mixed modeling was used to examine changes in PediEAT total and subscale scores over time and explore associated child characteristics. The PediEAT total score significantly decreased over time with the greatest change in the Physiologic Symptoms subscale. Several child characteristics were associated with more severe symptoms of problematic feeding: older child age, more symptoms of constipation, and diagnoses of speech-language delay, developmental delay, food allergy, and/or genetic disorder. Parent report of child symptoms of problematic eating decreased across 6 months. Associations with child characteristics highlight the complexity of pediatric eating problems and the need for more research on potential factors influencing symptoms of eating problems.

[Examining the Technical Adequacy of the Ages & Stages Questionnaires: INVENTORY](#)

Clifford, Jantina; Chen, Ching-I; Xie, Huichao; Chen, Chieh-Yu; Murphy, Kimberly; Ascetta, Kate; Frantz, Rebecca; Hansen, Sarah

Infants & Young Children. 31(4):310-325, October/December 2018.

Although many children live in healthy, supportive environments, far too many are exposed to or experience biological and/or psychosocial risk factors (e.g., infectious diseases, maternal depression). To evaluate the effectiveness of early childhood programs that are established to support these vulnerable children, funding agencies and nongovernmental organizations are increasing their focus on the development and implementation of interventions aimed at supporting the development of infants and toddlers and need a means for evaluating the effectiveness of the programs. However, there is a lack of psychometrically sound, easy-to-administer, change-sensitive measurement tools to assess the developmental outcomes of children from birth to 3 years. The Ages & Stages Questionnaires: INVENTORY (ASQ:I) is a new measure that was designed to meet this need. The ASQ:I is a continuous measure that was developed by combining items from the Ages & Stages Questionnaires. The ASQ:I is intended to be used for evaluating and monitoring the development of children from 1 to 36 months of age using naturalistic methods that incorporate and capitalize on parent participation. This study presents preliminary evidence for the technical adequacy of the ASQ:I.

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[From the Editor](#)

Infants & Young Children. 32(1):1-2, January/March 2019.

No abstract but free

[Early Childhood Special Education Teachers' Use of Embedded Learning Opportunities Within Classroom Routines and Activities](#)

Rahn, Naomi L.; Coogle, Christan Grygas; Ottley, Jennifer R.

Infants & Young Children. 32(1):3-19, January/March 2019.

Embedded learning opportunities are one evidence-based practice for addressing individualized education program goals for young children with special needs. In this study, we used quantitative and qualitative methods to analyze 8 early childhood special education teachers' use of embedded learning opportunities during the usual conditions of typical classroom activities. We analyzed video-recorded 10-min segments of adult-directed, child-directed, and routine activities for each teacher's use of embedded learning opportunities to address their children's individualized education plan goals. In addition, we gathered qualitative data on teachers' perceptions, barriers, and needed supports regarding embedded learning opportunities. Teachers used embedded learning opportunities infrequently, but there was significant variation among teachers. Teachers used verbal antecedents (e.g., directives, questions, and models) most frequently and were most likely to address children's communication goals. There were no differences in the rate of teachers' use of embedded learning opportunities across activity types. Teachers reported needing supports such as training and additional staff to implement embedded learning opportunities. Implications for teacher training and research are discussed.

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[Factors Influencing Acceptance Into Part C Early Intervention Among Low-Risk Graduates of Neonatal Intensive Care Units](#)

Miller, Kerry; Marvin, Christine; Lambert, Matthew

Infants & Young Children. 32(1):20-32, January/March 2019.

Low-risk infants discharged from a neonatal intensive care unit (NICU) can include infants whose stay was due to late-term prematurity, suspicion of sepsis, breathing issues, and/or feeding challenges. This study aimed to identify the degree to which sociodemographic and medical factors contribute to low-risk NICU graduates being accepted into Part C early intervention services. Family sociodemographic and child medical factors were examined for 3,826 low-risk graduates of NICUs in 1 Midwestern state. These NICU graduates were compared with the general population of children birth to age 3 years in the state for rates of enrollment in Part C programs. Low-risk NICU graduates had significantly higher early intervention acceptance rates than children in the general population. Neonatal intensive care unit graduates residing in an urban area were more likely to be accepted into early intervention services than those residing in a rural area. The length of NICU stay also predicted acceptance into services; the likelihood of acceptance into early intervention programs increased for each additional day a child stayed in the NICU. Low-risk NICU graduates should be monitored routinely after discharge for developmental delays and the need for referral to Part C early intervention programs any time in the children's first 3 years of life.

[Sensory-Processing Patterns of Preterm Children at 6 Years of Age](#)

Pekçetin, Serkan; Saridas, Bagdagül; Üstünyurt, Zeynep; Kayihan, Hülya
 Infants & Young Children. 32(1):33-42, January/March 2019.

The purpose of this study was to compare the sensory-processing patterns of preterm and term children at 6 years of age. The sensory profile (SP; W. Dunn, 1999) was used to evaluate sensory-processing patterns. We compared the section and factor SP scores of 118 preterm children with those of 158 term children at 6 years of age. Preterm children were significantly different from their term peers in all section and factor scores except the sedentary factor. Birth weight, gestational age, and days spent in the neonatal intensive care unit were correlated with sensory-processing issues. The sensory-processing abilities of preterm children should be evaluated at the age of 6 years and occupational therapy interventions should be implemented when necessary.

[Integrating Connection: A Mixed-Methods Exploration of Sensory Processing and Attachment](#)

Walbam, Katherine M.

Infants & Young Children. 32(1):43-59, January/March 2019.

Attachment is considered a fundamental aspect of social and emotional development in children. Attachment is established, in part, through sensory processes, yet many children have unique sensory needs. The present study explores the association between sensory processing disorder and attachment by examining primary caregivers' perception of the attachment relationship with their children with SPD. Following a mixed-methods design, 24 self-identified primary caregivers completed 3 questionnaires: a demographic profile, a sensory processing profile, and an attachment-related questionnaire. Of those 24, 12 also completed a semistructured interview. The findings of this study suggest that a correlation exists between sensory processing and attachment measurement scores and specifically with 3 subscales of sensory processing: tactile sensitivity, auditory filtering, and responsiveness to stimuli. This correlation, however, appears to exist despite the fact that none of the children met the full criteria for insecure attachment, according to the attachment measure.

[Exploring Continuities Between Family Engagement and Well-Being in Aboriginal Head Start Programs in Canada: A Qualitative Inquiry](#)

Gerlach, Alison J.; Gignac, Joan

Infants & Young Children. 32(1):60-74, January/March 2019.

Children and families receive maximum benefits from early childhood programs when families are actively engaged. "Parental involvement" is an established feature of Aboriginal Head Start in Urban and Northern Communities (AHSUNC) in Canada, and there is interest in increasing the knowledge on how AHSUNC sites engage with parents and families. This qualitative study generated knowledge and insights into the nature of family engagement in AHSUNC programs. From May to November 2016, semistructured interviews were undertaken with 26 participants in AHSUNC programs across British Columbia. Participants included parents (n = 10); Elders (n = 6), and AHSUNC program coordinators and family workers (n = 10). Findings illustrate a nuanced, relational, and strengths-based approach to family engagement that included AHSUNC program staff being responsive to the influence of broader social and structural factors on families' everyday lives and program engagement. Findings highlight how family engagement practices in AHSUNC are interdependent and continuous with practices aimed at supporting family well-being. The implications of reframing family engagement from a relational perspective are discussed. These findings have relevancy beyond Indigenous contexts to all early childhood and child health programs that are questioning how to engage with families who experience multifaceted forms of social disadvantage and marginalization.

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[From the Editor](#)

Infants & Young Children. 32(2):75-76, April/June 2019.

No abstract but free

[Factors Predicting the Development of Children With Mild Disabilities in Inclusive Preschools](#)

Sucuoglu, Bülbin; Bakkaloglu, Hatice; Demir, Seyda; Atalan, Derya Less

Infants & Young Children. 32(2):77-98, April/June 2019.

This study compared the developmental gains of preschool children with disabilities (CWD) and children without disabilities (CWOD) during a year they spent in preschools and examined the predictors of development in both groups (60 CWD and 57 CWOD) of children. Data on the social skills, problem behaviors, school adjustment level, student–teacher relationship, and the developmental functions of children were collected from the mothers and teachers, whereas trained assistants assessed the development of children. Analyses indicated that although all of the children made developmental gains, the psychomotor, language, and socioemotional developmental gains were greater for CWD than those for CWOD. Furthermore, social skills and school adjustment levels were found to be

significant predictors of developmental gains of CWD. Implications of these findings were discussed in terms of the content of preschool curriculums, teacher preparedness related to inclusive practices, and the importance of and teaching social skills to CWD.

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

[Assessing Toddlers and Preschool Children Using the Checklist for Autism Spectrum Disorder](#)

Mayes, Susan D.

Infants & Young Children. 32(2):99-106, April/June 2019.

Brief, clinically feasible instruments are needed to assess autism spectrum disorder (ASD) in toddlers and preschoolers so that children can access early evidence-based intervention. Study purposes were to (1) compare scores on the 30-item Checklist for Autism Spectrum Disorder (CASD) and 6-item CASD-Short Form (CASD-SF) for toddlers and preschoolers and older children with ASD to determine whether scores differed by age and (2) establish sensitivity and specificity for the CASD and CASD-SF for toddlers and preschoolers. Samples were 1,266 children with ASD 1–17 years of age, 97 toddlers and preschoolers with diagnoses other than ASD, and 65 typical toddlers and preschoolers. CASD and CASD-SF scores were somewhat higher for toddlers and preschoolers than for older children with ASD, indicating that young children were not at increased risk for being missed. All toddlers and preschoolers with ASD had CASD scores in the autism range, and 99.7% had CASD-SF scores in the autism range. CASD and CASD-SF scores correctly identified 100% and 96.9% of typical toddlers and preschoolers and 100% and 96.2% of toddlers and preschoolers with disorders other than ASD, respectively, as not having ASD. Results demonstrate high CASD and CASD-SF sensitivity and specificity for toddlers and preschoolers.

[Effects of Cumulative Adversity on Preschool Self-Regulation and Student–Teacher Relationships in a Highly Dense Hispanic Community: A Pilot Study](#)

Loomis, Alysse M.; Mogro-Wilson, Cristina

Infants & Young Children. 32(2):107-122, April/June 2019.

Young Hispanic children make up an increasing percentage of children enrolled in preschools; however, little is known about the effects of adversity on their preschool outcomes. This pilot study uses descriptive, correlational, and hierarchical multiple regression analyses to explore the relationship between cumulative adversity, teacher-rated and observed measures of self-regulation, and student–teacher conflict in a predominately Hispanic preschool sample. More than 50% of preschoolers in the study had experienced at least one type of adversity. Results suggest that preschooler's exposure to cumulative adversities may negatively predict both teacher-rated child self-regulation and the student–teacher relationship, indicating that early adversity negatively impacts children's socioemotional skills as well as their relationships with their teachers. This pilot study supports the need for future research expanding on the role of adversity in the preschool context, particularly for Hispanic children.

[Parent–Child Relationships and Preschoolers' Social-Emotional Functioning Among Low-Income Families: The Moderating Role of Parental Nativity](#)

Ren, Lixin; Garcia, Aileen S.; Esteraich, Jan M.; Encinger, Amy; Raikes, Helen H.; Acar, Ibrahim H.

Infants & Young Children. 32(2):123-138, April/June 2019.

The demographic composition in the United States has undergone shifts due to increasing immigration. This may change the way we think about families and children in the United States, and it is important to include immigrant families in parenting research. This study examined the relations between parent–child relationships and preschool-aged children's social-emotional functioning in the context of low-income families in the United States. We also explored how the relations between the two were moderated by parental nativity, specifically focusing on parents born in the United States and those who were born in Mexico and emigrated to the United States. The sample included 199 preschool children enrolled in Educare/Head Start programs and their parents, with 134 of the parents born in the United States and 65 born in Mexico. Parents reported parent–child closeness and conflict. Teachers reported children's social-emotional strengths and behavioral concerns. Assessors evaluated children's executive function and behavior regulation using structured tasks. The results showed that more parent–child conflict was related to more behavioral concerns and lower levels of executive function among children with U.S.-born parents but not among those with Mexico-born parents. The study suggests that the role of parenting in child social-emotional functioning may vary depending on cultural backgrounds among low-income families.

[Strengths and Challenges of Service Coordination in Eight States](#)

Childress, Dana C.; Nichols, Sarah; Schnurr, Melissa

Infants & Young Children. 32(2):139-148, April/June 2019.

A survey was distributed in 8 states to learn about perceived strengths and challenges of service coordination from those working in early intervention (EI) programs under Part C of the Individuals with Disabilities Education Act. Survey responses from 769 service coordinators and other EI personnel in 8 states provide an overview of state systems and the implementation of service coordination activities within these state EI systems. Respondents suggested that service coordinators experience the following needs: (1) balancing the workload by reducing the number of families served per service coordinator and decreasing the amount of paperwork; (2) improved

compensation and funding; and (3) better and more frequent training opportunities. Findings from this survey were analyzed and used by representatives from participating states to determine state and national action plans for improving the professional development and identity of service coordinators, with the goal of prioritizing support for this important part of the early childhood intervention workforce.

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From the Editor

Infants & Young Children. 32(3):149-150, July/September 2019.

No abstract but free

https://journals.lww.com/ycjournal/Fulltext/2019/07000/The_Use_of_Peer_Mediation_and_Educator.2.aspx

The Use of Peer Mediation and Educator Facilitation to Promote Turn Taking in Young Children With Autism Spectrum Disorder in Inclusive Childcare

Kemp, Coral; Stephenson, Jennifer; Cooper, Megan; Hodge, Kerry

Infants & Young Children. 32(3):151-171, July/September 2019.

A multiple-probe design across participants was used to investigate the effect of a peer-mediated intervention on the turn-taking behavior of 3 children with autism spectrum disorder (ASD) attending inclusive childcare centers. An educator trained peers to support the child with a disability to take turns playing a game on an iPad. The educator was also available to provide coaching for the peer when needed. An intervention effect was demonstrated for each of the children, and 2 were able to demonstrate maintenance of the skill when the training and coaching procedures were not implemented by the educator. Although some elements of the treatment procedures were not consistently applied by the educators or typical peers, the intervention was sufficiently robust to enable the children with ASD to improve their turn-taking skills.

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“We Weren't Prepared for This”: Parents' Experiences of Information and Support Following the Premature Birth of Their Infant

Blackburn, Carolyn; Harvey, Merryl

Infants & Young Children. 32(3):172-185, July/September 2019.

Having a child born prematurely can plunge parents into an unknown and sometimes frightening situation, where they experience a loss of control over events and reduced decision-making capacity. Preterm birth sometimes results in posttraumatic stress disorder for parents and negatively impacts on parent-child interactional patterns, especially if parents were unprepared for this eventuality. The role of information, support, and early intervention in parents' coping capacity in this situation has been noted in developmental systems theory to contribute to family interactional patterns. This article reports on a mixed-methods study that explored the information and support needed by and available to parents following preterm birth in England and the effect of this on their emotional well-being. The findings suggest that support systems do not always provide timely or helpful emotional or practical support to parents, and this has the potential to place additional stress on family interactional patterns, especially where parents were unprepared for the possibility of preterm birth.

Family Outcomes for Families of 4–5-Year-Old Children on the Autism Spectrum Who Have Received Early Childhood Intervention in Australia

Adams, Dawn; Keen, Deb; Heussler, Helen S.; Wicks, Rachelle; Roberts, Jacqueline

Infants & Young Children. 32(3):186-200, July/September 2019.

Early childhood intervention (ECI) services for children on the autism spectrum commonly espouse a family-centered approach but outcomes studies often focus solely upon the child. Mothers of 96 children on the spectrum (aged 4–5 years) completed a measure of access to ECI and the Family Outcomes Survey—Revised. Family outcomes after ECI were generally positive, although a notable proportion of mothers rated that their child still did not participate in social, recreational, or religious activities that they would want to (15.6%) and that as parents, they did not know about post-ECI options (14.6%). Family outcomes and perceived helpfulness of ECI did not differ with demographic data with the exception of Accessing the community subscale, which was significantly higher in families with incomes above AUD\$80,000.

Construct, Convergent, and Discriminant Validity of the Beach Center Family Quality of Life Scale for Singapore

Waschl, Nicolette; Xie, Huichao; Chen, Mo; Poon, Kenneth K.

Infants & Young Children. 32(3):201-214, July/September 2019.

Family quality of life (FQoL) constitutes an important aspect of early intervention. However, the culture bound nature of this construct necessitates validation of FQoL measures when being used in a culture different from the one in which they were developed. This study sought to understand the psychometric properties and construct validity of the Beach Center FQoL (BCFQoL) scale in Singapore. Data from 307 caregivers of children in an early intervention program were used. These caregivers completed the BCFQoL scale and external validity measures of family outcomes, psychological distress, and life situation. Confirmatory factor analysis and correlations were used to examine the factor structure and convergent and discriminant validity of the BCFQoL scale. Results indicated support for 5 FQoL dimensions and a higher-order FQoL factor. External convergent and discriminant validity, as well as internal statistical discriminant validity of the individual BCFQoL dimensions were supported. Despite evidence of internal statistical discriminant validity, there was little variation in the strength of the relationships between individual BCFQoL dimensions and the various external validity measures. Overall, the results of this study support the use of the BCFQoL scale as a valid measure of FQoL in Singapore.

[Utility of the Early Delay and Disabilities Code Set for Exploring the Linkage Between ICF-CY and Assessment Reports for Children With Developmental Delay](#)

Pan, Yi-Ling; Hwang, Ai-Wen; Simeonsson, Rune J.; Lu, Lu; Liao, Hua-Fang
Infants & Young Children. 32(3):215-227, July/September 2019.

The International Classification of Functioning, Disability and Health (ICF) offers a universal language of codes to document childhood functioning. The ICF-CY Code Set for Infants with Early Delay and Disabilities (EDD Code Set) has been developed to facilitate the practical application of the ICF for children. The purpose of this study was to examine the utility of the EDD Code Set by exploring the linkage between ICF and children's assessment reports. We reviewed 30 Comprehensive Assessment Reports (CAR) for children with developmental delay (DD), aged 9–34 months in a joint evaluation center. Meaningful concepts in compulsory and supplementary sections of the CAR were identified and linked to the EDD Code Set. Linkage was measured by (a) number of linked codes and (b) average of code-only and code-with-qualifier percentages. Content in the CAR was linked to 72 of the 82 EDD codes with more codes linked from the supplementary (71) than the compulsory section (58). The largest proportion of linked codes was activities and participation (85%). The EDD Code Set can be used to examine the ICF linkage of pediatric assessment reports and guide future development or revision of pediatric documentation and participation-based intervention.

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https://journals.lww.com/ycjournal/Fulltext/2019/10000/From_the_Editor.1.aspx

[From the Editor](#)

Infants & Young Children. 32(4):229-230, October/December 2019.

No abstract but Free

[State Variability in Diagnosed Conditions for IDEA Part C Eligibility](#)

Barger, Brian; Squires, Jane; Greer, Maureen; Noyes-Grosser, Donna; Martin Eile, Julia; Rice, Catherine; Shaw, Evelyn; Surprenant, Kala Shah; Twombly, Elizabeth; London, Sarah; Zubler, Jennifer; Wolf, Rebecca B.

Infants & Young Children. 32(4):231-244, October/December 2019.

An infant or toddler can begin the process of receiving Part C early intervention services by having a diagnosed condition with a high probability of developmental delay (Individuals with Disabilities Education Improvement Act, 2004). How states define those diagnosed conditions that begin the initiation process varies widely. Lists of diagnosed conditions were collected from state Part C websites and Part C coordinators for a descriptive analysis. Across 49 states, the District of Columbia, and 4 territories, a final list of 620 unique conditions was compiled. No single condition was listed by all jurisdictions. Hearing impairment was the condition listed by the most states (n = 38), followed by fetal alcohol syndrome (n = 34). Of the 620 conditions, 168 (27%) were listed by only 1 state, 554 (89%) were listed by fewer than 10 states, and 66 (11%) were listed by 10 or more states. Of these 66 conditions, 47 (71%) were listed by fewer than 20 states. Most of these 66 conditions (n = 48; 72.7%) had a prevalence of “very rare or rare,” 8 (12%) were “common,” 6 (9%) were “very common,” and 4 (6.1%) were “unknown.” The wide heterogeneity in the number and type of diagnostic conditions listed across states should be further investigated as it may represent imbalances in children with diagnosed conditions gaining access to Part C evaluations and individualized family service plans and potentially the services themselves across states. In addition, providing ready access to lists of diagnosed conditions is a simple step that could help states and Part C programs facilitate access to services.

[Building Professional Capacity to Strengthen Parent/Professional Relationships in Early Intervention: The FAN Approach](#)

Cosgrove, Kimberly; Gilkerson, Linda; Leviton, Audrey; Mueller, Mary; Norris-Shortle, Carole; Gouvêa, Marcia
Infants & Young Children. 32(4):245-254, October/December 2019.

A strong relationship between parents and professionals is essential to successful early intervention. Yet, programs struggle to engage families in services. This article describes a successful pilot project to strengthen parent/professional relationships for families with children with disabilities living in a high-poverty urban area. Early intervention (EI) providers were trained to use the FAN (Facilitating Attuned Interactions) approach to increase their attunement to parent concerns and capacity to collaborate with parents during early intervention therapy sessions. Over the pilot project, the providers felt more empathic with parents, more collaborative, and more effective and satisfied in their roles. FAN is a promising approach and practical tool to strengthen relationships between parents and professionals in EI.

["The Constant by Our Side"—Mothers' Experiences of Early Intervention Therapy Services for Infants With Emerging Signs of Complex Neurodevelopmental Difficulties](#)

Gibbs, Deanna; Harniess, Phillip; Crossley, Siew-Lian
Infants & Young Children. 32(4):255-269, October/December 2019.

Infants who require admission to a neonatal unit and who ultimately present with complex neurodevelopmental difficulties often require more sustained engagement with early intervention services during admission and beyond. However, there is little research exploring families' experiences of early intervention (EI) therapy received throughout a neonatal unit admission and continuing through transition into the community setting. This study was designed to explore parents' perceptions of EI therapy for infants with complex emerging neurodevelopmental difficulties. Using a descriptive qualitative approach, interviews were conducted with 6 mothers whose infants had been admitted to a neonatal unit and were receiving EI therapy services for their child. Interviews were audio-recorded and transcribed and then thematically analyzed. Four key themes emerged articulating the parent experiences during their evolving relationship with therapy providers in the neonatal unit and following discharge: (a) a vulnerable start—adjusting to the unexpected; (b) becoming a mother—becoming a family; (c) the therapy journey; and (d) a new reality. Attributes that enhanced the developing parent-provider relationship were identified including the importance of developing collaborative communication styles, supporting families in developing their expectations of the parent-provider relationship, and ensuring clarity in the nature, scope, and contribution of EI therapy to their child and overall family development. Early introduction of EI therapists during an infant's admission to a neonatal unit can serve to strengthen the parent-provider relationship by offering a support continuum during a vulnerable time.

[Preparing Occupational Therapists for Effective Family-Centered Best Practice in Early Intervention](#)

Elenko, Beth
Infants & Young Children. 32(4):270-279, October/December 2019.

The State University of New York (SUNY) Downstate's occupational therapy (OT) Program has worked over the last decade and a half providing advanced training in early intervention (EI) through 3 OT programs for practicing and preservice occupational therapists. There are many challenges in the preparation of entry-level practitioners to work effectively using family-centered best practices. This article describes a family partnership experience (FPE), which is part of SUNY Downstate's advanced training in EI. This article outlines the evolution of our FPE through 3 advanced training programs. In these FPEs, the OT students spend time with families who receive EI during their daily lives. Students complete assignments to identify the families' priorities and concerns, understand roles and routines, and assist families to access community resources. Through this FPE, students learn about the family's perspective. This article presents quantitative and qualitative data of the FPE through students' report in course evaluations, pre- and post-self-assessed competency, and informal interviews over the 3 higher education OT programs.

[Finding a Common Lens: Competencies Across Professional Disciplines Providing Early Childhood Intervention](#)

Bruder, Mary Beth; Catalino, Tricia; Chiarello, Lisa A.; Mitchell, Marica Cox; Deppe, Janet; Gundler, Darla; Kemp, Peggy; LeMoine, Sarah; Long, Toby; Muhlenhaupt, Mary; Prelock, Patricia; Schefkind, Sandra; Stayton, Vicki; Ziegler, Deborah

Infants & Young Children. 32(4):280-293, October/December 2019.

The Early Childhood Personnel Center (ECPC) was funded by the Office of Special Education Programs at the U.S. Department of Education to provide technical assistance to State Systems of Early Childhood Intervention and Institutions of Higher Education on issues related to personnel development. One initiative of the ECPC has been to collaborate with professional organizations to identify core cross-disciplinary competencies for all personnel serving infants and young children aged birth through 5 years with disabilities and their families. Seven national organizations representing disciplines providing services in early childhood intervention have been participating in this initiative: the American Occupational Therapy Association; the American Physical Therapy Association; the American Speech-Language-Hearing Association; the Council for Exceptional Children and the Division for Early

Childhood; the National Association for the Education of Young Children; and Zero to Three. Alignments of personnel standards, practice guidelines, and competencies yielded 4 areas of competence that are common across service providers serving infants and young children with disabilities and their families. These are: Collaboration and Coordination; Family-Centered Practice; Evidence-Based Practice; and Professionalism.

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[From the Editor](#)

Infants & Young Children. 33(1):1-2, January/March 202.

No abstract but free

[Developmental Outcomes of Preschool Special Education](#)

Elbaum, Batya

Infants & Young Children. 33(1):3-20, January/March 2020.

The purpose of this secondary analysis of state-collected data was to investigate developmental outcomes of preschool special education (PSE) services in a statewide cohort of participating children (n = 17,828). In line with federal performance indicators for Individuals with Disabilities Education Act early childhood programs, the outcome of interest in this study was the percentage of children who demonstrated age-expected functioning in all 5 major domains of development—communication, cognitive, motor, personal-social, and adaptive—at the time they exited the PSE program. The study also investigated the extent to which this outcome varied, depending on the severity and complexity of children's delays when they began PSE services. Overall, 38.2% of children exited the program within age norms in all 5 domains; percentages for subgroups of children ranged from 77% for children with no measured delay on entry to 23% for children demonstrating severe delay in 1 or more developmental areas. Holding delay severity constant, each additional domain of delay on entry was associated with a decrease in the percentage of children exiting within age norms. Findings of the study problematize the application of a single definition of “expected progress” for all participating children and underscore the utility of examining and reporting program outcomes for subgroups of children.

[Implementation of Developmental Screening by Childcare Providers](#)

Shahidullah, Jeffrey D.; Forman, Susan G.; Norton, Amy M.; Harris, Jill F.; Palejwala, Mohammed H.; Chaudhuri, Anindita

Infants & Young Children. 33(1):21-34, January/March 2020.

Early identification of young children at developmental risk is important for linkage to needed services. Yet, despite guidelines for developmental screening, many pediatricians do not systematically use screening tools. Because many young children spend time in childcare settings, conducting screening in these settings may improve rates of early identification. Surveys were sent to 356 childcare providers who attended brief developmental screening training to determine practices and perceptions related to implementation of screening in the childcare setting. A 51.7% useable response rate was obtained. A majority of respondents strongly agreed that developmental screening should be conducted in childcare centers, that it is important for staff to discuss developmental concerns with parents and to link children with concerns to resources, and that their center director supported use of the screening tool. Several attitudes both about developmental screening and about organizational support had a positive and significant relationship with current use and intended future use of developmental screening tools. Findings suggest that even brief staff training may positively impact screening attitudes and practices, although follow-up technical assistance may result in fuller, more effective implementation.

[A Review of Problem Solving and Reflection as Caregiver Coaching Strategies in Early Intervention](#)

Lorio, Ciera M.; Romano, Mollie; Woods, Juliann J.; Brown, Jennifer

Infants & Young Children. 33(1):35-70, January/March 2020.

An increasing number of researchers are examining the benefits and outcomes of caregiver-implemented interventions for young children with delays or disabilities. Most report the incorporation of multiple coaching strategies within their approach; however, definitions and descriptions of coaching strategies and processes continue to be limited. This scoping review examined the use of various coaching strategies across models of caregiver coaching in early intervention, with a specific focus on problem solving and reflection coaching strategies occurring in the literature between 2011 and 2018. Problem solving and reflection are 2 coaching strategies incorporated into coaching approaches to build caregiver competency, confidence, and independence within intervention implementation. The results of this review may guide the field in further defining caregiver coaching as well as specific coaching strategies, such as problem solving and reflection.

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[Impact of Child Characteristics and Mother's Educational Level on Child Engagement Levels](#)

Morales-Murillo, Catalina P.; García-Grau, Pau; Grau-Sevilla, María Dolores; Soucase-Lozano, Beatriz
Infants & Young Children. 33(1):71-83, January/March 2020.

This study looked at the effect of mother's educational level, child emotional difficulties, peer interactions, age, and gender on children's sophistication level of engagement. Eighty-six randomly selected children, aged between 36 and 72 months, and 20 teachers from 5 early childhood education centers in Valencia, Spain, participated in the study. Teachers reported on children's sophistication levels of engagement, interaction with peers, and emotional difficulties. Mothers reported on their highest educational level. The results indicated a direct effect of age, emotional difficulties, peer interactions, and mother's educational level on sophistication level of engagement. Emotional difficulties mediated the relation between mother's educational level and children's sophistication level of engagement, and peer interactions mediated the relation between sophistication level of engagement and age. Our results and those of other studies suggest promoting children's interactions with peers and emotionally secure environments as best practices for supporting children's higher sophistication levels of engagement in early childhood education routines.

[Overimitation of Children With Cochlear Implants or Hearing Aids in Comparison With Children With Normal Hearing](#)

Wang, Zhidan; Zhu, Xiaoyu; Fong, Frankie T. K.; Meng, Jing; Wang, Haijing
Infants & Young Children. 33(1):84-92, January/March 2020.

Our proclivity toward high-fidelity transmission of knowledge is one of the key mechanisms that underpins our success as a species. This study evaluated overimitation within children with hearing impairments (who had either a cochlear implant or a hearing aid) in relation to those with normal hearing. A total of seventy-two 4-year-old children were shown how to operate novel objects using a series of causally irrelevant actions, followed by causally relevant action. We measured the degree to which children reproduced the irrelevant actions as an indicator of imitative fidelity. Children with either hearing impairments or normal hearing replicated the irrelevant actions at rates above the baseline. However, imitative fidelity of the former group was significantly lower. In addition, children with hearing impairments were also less likely to identify and achieve the outcome by performing the relevant act. This study advances our understanding of social learning in children with hearing impairments and proposes potential weakness of social-cognitive skills within this population.

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<https://journals.lww.com/iyjournal/pages/currenttoc.aspx>

[From the Editor](#)

Infants & Young Children. 33(2):93-94, April/June 2020.
 No Abstract but free

[Adapting the Ages and Stages Questionnaire to Identify and Quantify Development Among Children With Evidence of Zika Infection](#)

Attell, Jacob E.; Rose, Charles; Bertolli, Jeanne; Kotzky, Kim; Squires, Jane; Krishna, Nevin K.; Satterfield-Nash, Ashley; Peacock, Georgina; Ornelas Pereira, Isabela; Faria E. Silva Santelli, Ana Carolina; Smith, Camille
Infants & Young Children. 33(2):95-107, April/June 2020.

This article describes novel methods of applying the Ages and Stages Questionnaire—3rd edition (ASQ-3) to assess and quantify developmental delay among children following the 2015–2016 Zika virus outbreak in Brazil. Many of the children with Zika virus infection were expected to have severe developmental delay. However, administering the ASQ-3 to caregivers of these children according to standard protocol would have screened for the overall presence of delay but not the severity of delay. We adopted an amended protocol for administration of the ASQ-3 to quantify the developmental functioning of children severely affected by Zika virus infection in this investigation. Protocols for administering the ASQ-3 among this population were drafted in consultation with developmental measurement experts and are presented here. Specific developmental estimates are discussed, including developmental age equivalents, developmental quotients, and developmental quotient z scores. The calculations of these estimates are presented with examples in the context of the 2015–2016 Zika virus outbreak and associated microcephaly among prenatally infected children from 2 states in northeastern Brazil. Potential applications of these methods for estimating developmental ability among similar pediatric populations are discussed.

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[Improving Developmental Abilities in Infants With Tuberous Sclerosis Complex: A Pilot Behavioral Intervention Study](#)

McDonald, Nicole M.; Hyde, Carly; Choi, April Boin; Gulsrud, Amanda C.; Kasari, Connie; Nelson, Charles A. III; Jeste, Shafali S.
Infants & Young Children. 33(2):108-118, April/June 2020.

Tuberous sclerosis complex (TSC) is a rare genetic syndrome that confers risk for neurodevelopmental disorders, including autism spectrum disorder and intellectual disability. Delays in social communication and early cognitive abilities are observable as early as 9 months of age in children with TSC; however, there have been no studies of early behavioral intervention in TSC. We conducted a pilot study of an evidence-based, parent-mediated behavioral intervention focused on improving early social communication and play skills in 5 children with TSC (aged 1–3 years). Participants showed maintenance and sometimes gains in developmental abilities, relative to peers, following intervention. Parents generally found the intervention to be helpful and were able to administer the intervention with fidelity. Preliminary results demonstrate initial feasibility of an early play-based, parent-mediated intervention and support the need for a large-scale, randomized clinical trial in TSC.

[A Comparison of Dialogic Reading, Modeling, and Dialogic Reading Plus Modeling](#)

Coogle, Christan Grygas; Parsons, Allison Ward; La Croix, Leslie; Ottley, Jennifer R.
Infants & Young Children. 33(2):119-131, April/June 2020.

The authors used an alternating treatment, single-case design to determine the effect of dialogic reading, modeling, and dialogic reading plus modeling on the expressive vocabulary identification of 2 preschool children identified with autism spectrum disorder. Their preschool teacher implemented each of the conditions within the daily routines of the classroom. Each condition demonstrated effectiveness; however, the dialogic reading condition had the most robust effect on both of the children's labeling of target vocabulary words.

[Predictors of Parental Premature Exiting From Early Intervention Services](#)

Barnard-Brak, Lucy; Stevens, Tara; Yang, Zhanxia
Infants & Young Children. 33(2):132-141, April/June 2020.

The current study examined 2 sets of variables associated with parents prematurely exiting early intervention services for their child. The first set consisted of the variables predictive of premature parent withdrawal, and the second set consisted of variables predictive of a parent and child being dismissed from early intervention services because of failure in being able to contact them. This study represents the first empirical examination of variables associated with parents prematurely exiting early intervention services despite having children who continued to qualify for services.

[Evaluating the Dimensionality and Psychometric Properties of a Social–Emotional Screening Instrument for Young Children](#)

Chen, Chieh-Yu; Squires, Jane; Scalise, Kathleen
Infants & Young Children. 33(2):142-159, April/June 2020.

Social–emotional competence is important for children's lifelong positive developmental outcomes. The dimensionality and psychometric properties of a widely used social–emotional assessment, the Ages & Stages Questionnaires: Social–Emotional Second Edition (ASQ:SE-2), were investigated in this study using item response theory models. A comparison was conducted between a unidimensional model, reflecting a compound construct—social–emotional competence, and a multidimensional model, based on the theoretical framework that posits that social competence and emotional competence are highly related but different constructs. The result indicated that the multidimensional structure presented a better fit for the ASQ:SE-2 sample across most intervals (i.e., 6, 12, 18, 24, 30, 36, 48, and 60 months). The psychometric properties estimated by the multidimensional model reflected congruence between the levels of item difficulty and the design of the ASQ:SE-2 and indicated a high quality of items based on the fit item statistics. However, the expected a posteriori/plausible value reliability estimates for several younger age intervals (i.e., 6, 12, 18, and 24 months) did not meet the 0.70 benchmark. The relationship between the 2 dimensions presented a moderate correlation during infancy ($r = .43-.56$) and a stronger relationship in older ages ($r = .71-.83$).

[Overimitation of Children With Cochlear Implants or Hearing Aids in Comparison With Children With Normal Hearing](#)

Infants & Young Children. 33(2):118, April/June 2020.

No abstract but free (this is not a paper just correction of previous paper published in *Infants & Young Children*. 33(1)

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July/September 2020 – Volume 33 - Issue 3

Младенцы и Маленькие Дети. Интердисциплинарный Журнал по Раннему Детскому Вмешательству. Июль / Сентябрь 2020 — Том 33 — Номер 3)

[Research Informing Practice in Early Childhood Intervention: How Hard Can It Be?](#)

Kemp, Coral

Infants & Young Children. 33(3):163-172, July /September 2020.

The adoption of interventions for infants and young children with disabilities/delays or at risk of disability/delay is likely to be influenced by sources other than research evidence. Where the available research evidence does influence the choice of intervention, there may be difficulties translating research that has been implemented in a controlled environment to an intervention that can be successfully applied in natural settings. Such settings include the family home as well as early childhood education and care centers. Incentives for the use of evidence-based interventions in early intervention settings include improved outcomes for infants and young children, service credibility, and program accountability. Barriers to using evidence-based practice (EBP) in natural settings include difficulties with identifying EBP and in reliably implementing evidence-based interventions. Lack of quality professional training and absence of support from competent coaches/mentors can also compromise the adoption and effective implementation of EBP. Collaborative partnerships between researchers and practitioners, where the goals of both parties have equal value, may assist with bridging the research-to-practice gap. Incentives, barriers, and opportunities are explored in this article.

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перевод:

[Исследования Информрующие Практику в Раннем Детском Вмешательстве: Как Трудно Это Может Быть ?](#)

Младенцы и Маленькие Дети. 33(3):163-172, Июль / Сентябрь 2020

Освоение вмешательства для младенцев и детей раннего возраста с инвалидностью / задержками развития или с риском инвалидности / задержки развития, скорее всего будет зависеть от других источников, чем научные данные. В тех случаях, когда имеющиеся научные данные действительно влияют на выбор вмешательства, могут возникнуть трудности с переводом исследований, которые были проведены в контролируемой среде, в вмешательство, которое может быть успешно применено в естественных условиях. Такие условия включают в себя дом, где живет семья, а также центры дошкольного образования и ухода за детьми. Стимулы для использования научно обоснованных вмешательств в условиях раннего вмешательства включают улучшение результатов для младенцев и детей раннего возраста, доверие к услугам и подотчетность программ. Барьеры на пути использования научно обоснованной практики (НОП) в естественных условиях включают трудности с выявлением НОП и надежным осуществлением научно обоснованных мероприятий. Отсутствие качественной профессиональной подготовки и отсутствие поддержки со стороны компетентных тренеров/наставников также может поставить под угрозу принятие и эффективное внедрение НОП. Совместные партнерские отношения между исследователями и практиками, в которых цели обеих сторон имеют равную ценность, могут способствовать преодолению разрыва между исследованиями и практикой. В этой статье рассматриваются стимулы, барьеры и возможности.

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[Adapting the Ages and Stages Questionnaire to Identify and Quantify Development Among Children With Evidence of Zika Infection](#)

Attell, Jacob E.; Rose, Charles; Bertolli, Jeanne; Kotzky, Kim; Squires, Jane; Krishna, Nevin K.; Satterfield-Nash, Ashley; Peacock, Georgina; Ornelas Pereira, Isabela; Faria E. Silva Santelli, Ana Carolina; Smith, Camille
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microcephaly among prenatally infected children from 2 states in northeastern Brazil. Potential applications of these methods for estimating developmental ability among similar pediatric populations are discussed.

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перевод:

Адаптация Вопросника Годы и Стадии к Идентификации и Количественной Оценке Развития Среди Детей со Свидетельством Инфекции Зика

Аттелл, Якоб Е. ; Розе, Чарльз; Бертолли, Жанне; Котцкий, Ким; Сквайерс, Джейн; Кришна, Невин К.; Саттерфилд -Наш, Ашлей; Пикок, Джоджина; Орнелас Перейра, Изабела; Фариа Е. Сильва Сантелли, Ана Каролина; Смит, Камилле

Младенцы и Маленькие Дети. 33(2):95-107, Апрель/Июнь 2020.

В данной статье описываются новые методы использования Вопросника Годы и Стадии -3-е издание (ASQ-3) для оценки и количественного определения задержки развития у детей после вспышки вируса Зика в Бразилии в 2015-2016 годах. Предполагалось, что многие дети с инфекцией, вызванной вирусом Зика, имеют серьезные задержки в развитии. Однако использование ASQ-3 лицами, осуществляющими уход за этими детьми в соответствии со стандартным протоколом, позволило бы провести скрининг на общее наличие задержки, но не на тяжесть задержки. Мы приняли измененный протокол для использования ASQ-3 для количественной оценки функционирования развития детей, серьезно пострадавших от инфекции вируса Зика в этом исследовании. Протоколы для ведения ASQ-3 среди этой популяции были разработаны в консультации с экспертами по измерению развития и представлены здесь. Обсуждаются конкретные оценки развития, включая возрастные эквиваленты развития, коэффициенты развития и Z-баллы коэффициента развития. Расчеты этих оценок представлены на примерах в контексте вспышки вируса Зика в 2015-2016 годах и связанной с ней микроцефалии среди пренатально инфицированных детей из 2 Штатов на северо-востоке Бразилии. Обсуждаются потенциальные возможности применения этих методов для оценки способности к развитию среди аналогичных педиатрических популяций.

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