The 2nd ISEI Conference

THE INTERNATIONAL SOCIETY ON EARLY INTERVENTION

presented jointly with the
7th International Scientific Conference
Research in Education and Rehabilitation Sciences

University of Zagreb
Zagreb, Croatia
June 14-16, 2007

Final Program
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i
GENERAL INFORMATION

I. MAIN CONFERENCE - The 7th International Scientific Conference - Research in Education and Rehabilitation Sciences, University of Zagreb

EARLY INTERVENTION THEME SESSIONS, POSTERS, PLENARY

Thursday, June 14, 2007
Graduate School of Economics & Business
University of Zagreb
Trg J. F. Kennedy 6, Zagreb

II. THE 2nd ISEI CONFERENCE: INDIVIDUAL SESSIONS (held jointly with the 7th International Scientific Conference - Research in Education and Rehabilitation Sciences, University of Zagreb)

Friday, June 15, 2007
Faculty of Education and Rehabilitation Sciences
University of Zagreb
Kušlanova 59a, Zagreb

III. Reception (for members of the International Society on Early Intervention)

Thursday, June 14, 7 PM
Graduate School of Economics & Business
Transportation Map of Zagreb
see also www.zagreb-touristinfo.com
for helpful tourist information
ISEI CONFERENCE ROOM LOCATIONS

Individual Sessions

FRIDAY, JUNE 15, 2007

Faculty of Education and Rehabilitation Sciences
University of Zagreb

Ground Floor

1st Floor

2nd Floor

Welcome and Coffee
<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>12:00 – 1:30 pm</td>
<td>EARLY INTERVENTION THEME SESSION 1</td>
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<tr>
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<td>Maternal Adaptation to Fragile X Syndrome</td>
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<td>3:30 – 4:30 pm</td>
<td>EARLY INTERVENTION POSTER PRESENTATIONS (Rooms #1 and #2)</td>
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<tr>
<td>4:30 – 6:00 pm</td>
<td>EARLY INTERVENTION THEME SESSION 2</td>
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<td>Biological and Environmental Risk Factors for Neurodevelopment: Some Examples and How to Lessen their Impact</td>
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<tr>
<td>6:00 – 7:00 pm</td>
<td>EARLY INTERVENTION PLENARY SESSION</td>
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<td>Future Directions in Early Intervention</td>
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<td>7:00 PM</td>
<td>RECEPTION – 2nd ISEI CONFERENCE</td>
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<td>International Society on Early Intervention</td>
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## SCHEDULE AT-A-GLANCE – INDIVIDUAL SESSIONS
### FRIDAY, JUNE 15, 2007
**Faculty of Education and Rehabilitation Sciences**  
**University of Zagreb**

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Room #1</th>
<th>Room #2</th>
<th>Room #3</th>
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<tr>
<td>8:00 – 8:30 am</td>
<td>WELCOME AND COFFEE</td>
<td>Lobby and Terrace</td>
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<td>8:30 – 9:00 am</td>
<td>OPENING</td>
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<td>9:00 – 10:00 am</td>
<td>FAMILIES</td>
<td>ASSESSMENT</td>
<td>INCLUSION</td>
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<td>10:15 – 11:45 am</td>
<td>RELATIONSHIPS AND SOCIAL COMPETENCE</td>
<td>FAMILIES</td>
<td>SENSORY/MOTOR/MULTIPLE DISABILITIES</td>
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<td>11:45 – 12:15 am</td>
<td>COFFEE BREAK</td>
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<tr>
<td>12:15 – 1:30 pm</td>
<td>PROFESSIONAL TRAINING</td>
<td>EDUCATIONAL ENGAGEMENT</td>
<td>CONCEPTUAL APPROACHES</td>
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<tr>
<td>1:30 – 2:30 pm</td>
<td>LUNCH</td>
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<tr>
<td>2:45 – 4:15 pm</td>
<td>COUNTRY MODELS</td>
<td>PROFESSIONAL TRAINING</td>
<td>INTERVENTION MODELS</td>
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<tr>
<td>4:30 – 5:45 pm</td>
<td>INCLUSION</td>
<td>AT-RISK CHILDREN</td>
<td>COMPREHENSIVE MODEL: AUSTRALIA</td>
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<td>6:00 – 6:30 pm</td>
<td>Designing an Early Intervention International Professional Training</td>
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<tr>
<td>6:30 – 7:00 pm</td>
<td>CLOSING AND FUTURE CONFERENCE PLANS</td>
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**Main Conference Program**

**Early Intervention Theme Session 1**

*Graduate School of Economics & Business*
*University of Zagreb*

**Thursday, June 14, 2007**
**Room # 1**
**12:00 – 1:30 PM**

**Maternal Adaptation to Fragile X Syndrome**

*Session Chair: Don Bailey*

<table>
<thead>
<tr>
<th>Title</th>
<th>Presenting Author</th>
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<tbody>
<tr>
<td>The role of maternal responsivity in the development of young children with Fragile X Syndrome</td>
<td>Steve Warren (United States)</td>
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<tr>
<td>Family communications about Fragile X Syndrome</td>
<td>Debra Skinner (United States)</td>
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<tr>
<td>A multidimensional perspective on maternal adaptation to Fragile X syndrome</td>
<td>Don Bailey (United States)</td>
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</tbody>
</table>
### Biological and Environmental Risk Factors for Neurodevelopment: Some Examples and How to Lessen their Impact

**Session chair:** Jim Blackman

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<thead>
<tr>
<th>Title:</th>
<th>Presenting Author:</th>
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<tr>
<td>The role of early risk on adolescents born preterm</td>
<td>Michael Lewis <em>(United States)</em></td>
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<tr>
<td>Interventions for preschool children in the “grey-zone” of neurodevelopmental risk</td>
<td>Eva Björck-Åkesson <em>(Sweden)</em></td>
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<tr>
<td>Mental (psychiatric) disorders of parents and neurodevelopmental risks of children</td>
<td>Manfred Pretis and &amp; Aleksandra Dimova <em>(Austria)</em></td>
</tr>
<tr>
<td>Genetic determinants of neurodevelopmental risk</td>
<td>James Blackman <em>(United States)</em></td>
</tr>
</tbody>
</table>
EARLY INTERVENTION
PLENARY SESSION

THURSDAY, JUNE 14, 2007
ROOM # 1
6:00 – 7:00 PM

Future Directions in Early Intervention

Presenter: Michael Guralnick
Chair, ISEI (United States)

RECEPTION

for members of the
International Society on Early Intervention

7:00 PM
### EARLY INTERVENTION POSTER PRESENTATIONS

**Graduate School of Economics & Business, University of Zagreb**

**THURSDAY, JUNE 14, 2007, ROOMS #1 & #2**

**3:30 – 4:30 PM**

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title</th>
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<tbody>
<tr>
<td>Josipa Bašić (Croatia)</td>
<td>Review of the scientific project “Prevention of Behavior Disorders in the Local Community”</td>
</tr>
<tr>
<td>Marie Celeste (USA)</td>
<td>Social skills intervention for a child who is blind</td>
</tr>
<tr>
<td>Mats Granlund (Sweden)</td>
<td>Prevalence rates of children in need of special support in two Swedish counties</td>
</tr>
<tr>
<td>Eva Horn (USA)</td>
<td>Children’s school success: Treatment dosage and child outcomes</td>
</tr>
<tr>
<td>Christine Johnston</td>
<td>“I want my child to have the opportunity to join in”: The evaluation of a Mobile Supported Playgroup</td>
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<tr>
<td>(Australia)</td>
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<tr>
<td>N. Jovanović (Serbia)</td>
<td>Implementation of early intervention programmes in children with Down syndrome</td>
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<tr>
<td>Necdet Karasu (Turkey)</td>
<td>The effectiveness of treatments for improving social and communication skills for children with a developmental disability in early childhood: A meta-analysis of single-subject design intervention studies</td>
</tr>
<tr>
<td>Helen Lunn (Australia)</td>
<td>Does this child need help? Identification and early childhood intervention: A training package for all who work with young children</td>
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<tr>
<td>Ines Joković Oreb (Croatia)</td>
<td>Preoccupation of mothers and children with multiple problems in everyday activities</td>
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<tr>
<td>Ana-Marija Paklec (Croatia)</td>
<td>Teaching basic language and learning skills to preschool children with autism spectrum disorder: A case study</td>
</tr>
<tr>
<td>Renata Rade (Croatia)</td>
<td>The importance of giving information and education to caregivers and preschool teachers in Croatia about the benefits of early intervention for children with delayed speech and language</td>
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<tr>
<td>Judit Simo (Hungary)</td>
<td>A model program aiming at integrating preschool children living with autism</td>
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<td>Jasmina Stošić (Croatia)</td>
<td>Evaluation of a program based on the principles of applied behavioral analysis with preschool children with autism</td>
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| Friday, June 15, 2007 | ISEI PROGRAM  
*Faculty of Education and Rehabilitation Sciences*  
*University of Zagreb*  
**9:00 – 10:00 AM SESSIONS** |
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<td><strong>ROOM #1</strong></td>
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</table>
| **FAMILIES**  
Moderator: Barry Carpenter  
↓ | **ASSESSMENT**  
Moderator: Jim Blackman  
↓ | **INCLUSION**  
Moderator: Coral Kemp  
↓ |
<p>| <strong>Title:</strong> ‘Ask the Family’: Developing family participative research approaches | The use of the Assessment Evaluation Programming System (AEPS) in an inclusive early childhood model | A model of support for children with disabilities in inclusive childcare |
| <strong>Presenting Author:</strong> Barry Carpenter (United Kingdom) | Dawn Chadwick (Australia) | Coral Kemp (Australia) |
| <strong>Title:</strong> Acceptance of the child’s developmental diagnosis by the parents | Revision of the checklist of the Dutch version of the Portage Program and research into the item order of this revised checklist | How well the pedagogical community is prepared for the process of inclusion of disabled children: The situation in Russia |
| <strong>Presenting Author:</strong> R. Grigelioniene (Lithuania) | A.T. Hoekstra (The Netherlands) | Victoria Ryskina (Russia) |
| <strong>Title:</strong> A comparison of family concerns regarding language delays and behavior problems in young children: Results from the recent National Survey of Children’s Health | Development of an instrument for continuous screening of children by health care workers and of information from mothers during the first seven months | Preschool inclusion in Mauritius |
| <strong>Presenting Author:</strong> Carol Long (United States) | Anne Margrethe Rostad (Norway) | Ferozia Hosaneea (Mauritius) |</p>
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<th>Time</th>
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<tr>
<td>10:15 – 11:45 AM</td>
<td>Room #1</td>
<td>RELATIONSHIPS AND SOCIAL COMPETENCE</td>
<td>Moderator: Elena Kozhevnikova</td>
<td>Room #2: FAMILIES</td>
<td>Moderator: Malka Margalit</td>
<td>Moderator: Michael Brambring</td>
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<td>RELATIONSHIPS AND SOCIAL COMPETENCE</td>
<td>E. Kozhevnikova</td>
<td>FAMILIES</td>
<td>M. Margalit and M. Yagon</td>
<td>SENSORY/MOTOR/ MULTIPLE DISABILITIES</td>
<td>M. Brambring</td>
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<td>10:15 – 11:45 AM</td>
<td>Room #1</td>
<td>Patterns of social competence</td>
<td>Anne Lillvist (Sweden)</td>
<td>Comparisons between maternal stress, coherence, and coping at two developmental stages</td>
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<td>Divergent adaptive strategies in the acquisition of developmental skills in children who are blind</td>
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<td>M. Margalit and M. Yagon</td>
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<td>Room #1</td>
<td>The nature and role of relationships in early childhood intervention services</td>
<td>Tim Moore (Australia)</td>
<td>The strength of the family – to identify and encourage families’ coping strategies</td>
<td>Video Analysis and Special Education: An observation, description, and planning tool for children and young people with multiple disabilities without spoken language</td>
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<td>Room #1</td>
<td>The development of perspective-taking (Theory of Mind) in congenitally blind children</td>
<td>Doreen Stahn (Germany)</td>
<td>Early intervention for children with Down syndrome: Parents’ and professionals’ views</td>
<td>A study into the effectiveness of an early intervention programme for pre-school-aged children with motor disorders and their parents within two comparative schools in the United Kingdom</td>
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<td>12:15 – 1:30</td>
<td>Professional Training</td>
<td>Educational Engagement</td>
<td>Conceptual Approaches</td>
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<tr>
<td>PM SESSIONS</td>
<td>Moderator: Manfred Pretis</td>
<td>Moderator: Lena Almqvist</td>
<td>Moderator: Lia Kaderoglou</td>
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<tr>
<td>Title</td>
<td>The process of change during general in-service training</td>
<td>Pathways of engagement of young children with and without developmental delay</td>
<td>Partnership in early language intervention</td>
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<tr>
<td>Presenting Author</td>
<td>Maria Karlsson (Sweden)</td>
<td>Lena Almqvist (Sweden)</td>
<td>Irene Johansson (Sweden) and Monica Ingemarsson (Norway)</td>
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<tr>
<td>Title</td>
<td>Towards a common professional basis: A European training curriculum for professionals working in the field of early childhood intervention</td>
<td>Measuring the engagement of children with disabilities in inclusive childcare settings: A tool for practitioners</td>
<td>People first: A Rogerian perspective for early childhood intervention</td>
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<tr>
<td>Presenting Author</td>
<td>Manfred Pretis (Austria)</td>
<td>Yuriko Kishida (Australia)</td>
<td>Efthalia Kaderoglou (Greece)</td>
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<td>Title</td>
<td>The new Australian inclusion support facilitator’s role</td>
<td>The use of playthings in early intervention services with infants and toddlers with special needs</td>
<td>Parental perspective on the development of auditory skills in infants and toddlers with hearing loss</td>
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<tr>
<td>Presenting Author</td>
<td>John Forster (Australia)</td>
<td>Eva E. Nwokah (United States)</td>
<td>Drorit Ben-Itzhak (Israel)</td>
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**ROOM #1**
- **COUNTRY MODELS**
  - **Moderator:** Giorgio Albertini
  - **Title:** Early intervention: A new model in Roma
  - **Presenting Author:** Giorgio Albertini (Italy)

**ROOM #2**
- **PROFESSIONAL TRAINING**
  - **Moderator:** Mary Beth Bruder
  - **Title:** Child Find: The effectiveness of a train-the-trainer model
  - **Presenting Author:** Pamella McLeod (Australia)

**ROOM #3**
- **INTERVENTION MODELS**
  - **Moderator:** Franz Peterander
  - **Title:** Early childhood intervention for families with a young chronically ill child
  - **Presenting Author:** C.E. Oenema-Mostert (The Netherlands)

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<td><strong>Title:</strong> A case study of the infants and children in the Infant Development Programs of British Columbia, Canada</td>
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<td><strong>Presenting Author:</strong> Mari Pighini (Canada)</td>
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*Faculty of Education and Rehabilitation Sciences*  
*University of Zagreb*  
**4:30 – 5:45 PM SESSIONS** |
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| **INCLUSION**  
Moderator: *Michael Guralnick* | **AT-RISK CHILDREN**  
Moderator: *Michael Lewis* | **COMPREHENSIVE MODEL: AUSTRALIA**  
Moderator: *Tim Moore* |
| **Title:**  
| **Presenting Author:**  
*Agneta Lutropp (Sweden)* | **Sevda Bekman (Turkey)* | **Janene Swalwell (Australia)** |
| **Title:**  
Early childhood inclusion in Russia: Scientific basis and practice | **The design and implementation of a two-phase interdisciplinary study of the trajectories of at-risk children** | **Implementing an outcomes focused approach in a diverse organization: An Australian Model** |
| **Presenting Author**  
*Katarina A. Rodina (Norway)* | **Hillel Goelman (Canada)** | **Helen Lunn (Australia)** |
| **Title:**  
Which pedagogical support methods and programs are applied in preschool for children in need of special support and grey zone children? | **Occupational therapists' perceptions on the academic difficulties preterm children present with in their first years of mainstream schooling** | **Meeting the diverse needs of families with young children in Australia** |
| **Presenting Author**  
*Martina Norling (Sweden)* | **Maria Giatsi (United Kingdom)** | **June McLoughlin (Australia)** |
| **Title:**  
Setting events and social interaction between preschool children with disabilities and regular peers | | **Determining the place of early childhood intervention in the new early years landscape in Australia** |
| **Presenting Author**  
*Coralie Driscoll (Australia)* | | **Christine Johnston (Australia)** |
# CLOSING SESSIONS

**Room # 1**  
**Friday, June 15, 2007**

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| 6:00 – 6:30 PM | Designing an Early Intervention International Professional Training and Consultation Network  
ISEI COORDINATING COMMITTEE |
| 6:30 – 7:00 PM | Closing and Future Conference Plans  
Michael J. Guralnick, Chair ISEI |
ABSTRACTS

from the

MAIN CONFERENCE
The 7th International Scientific Conference-
Research in Education and Rehabilitation Sciences,
University of Zagreb

EARLY INTERVENTION
THEME SESSIONS AND PLENARY

Thursday, June 14, 2007

Graduate School of Economics & Business
University of Zagreb
Parenting style can have a profound impact on the development of young children. For example, stable differences in parental responsivity expressed over several years time have been found to affect children's cognitive, emotional, and language development. Parental responsivity in one of several variables likely to impact the long term outcomes of children with fragile X syndrome (FXS). This presentation will report the findings of an ongoing longitudinal study of 58 mother-FXS child dyads. The average age of the children in the study was 28 months at the time of the initial data collection. Results will be presented based on two data points taken 18 months apart. These results will focus on the impact of maternal characteristics on responsivity, the interaction of child characteristics and parental responsivity, and the relation of parental responsivity to changes in children's communication, social, and cognitive development from the first to the second data point. Results will be discussed on terms of implications understanding the nature of gene-environment interaction, assessment, and intervention.
An inherited genetic disorder does not reside in the individual alone. It reverberates within and across lineages—through kin related by generational, lateral, and distant consanguineal ties as well as those who are not blood-related. When a diagnosis of a genetic condition is found in one member of a family, decisions have to be made regarding who to tell, what to tell, when to tell, and who should do the telling. These patterns of disclosure can have significant consequences for relatives' mental and physical health as well as for family relationships and supports. This paper draws on in-depth interviews with 108 mothers of children with fragile X syndrome to examine how communicating with family members about FXS is related to the messengers' psychological states and is overlaid on a history of emotionally-imbued family relationships. We also examine the consequences of (non)communication for individuals' mental health and family supports and suggest how more effective strategies can be developed to help families deal with the issues they encounter when communicating genetic risk for intellectual disabilities.
To examine multiple dimensions of maternal adaptation, 108 mothers of a child with fragile X syndrome completed seven scales to assess maternal quality of life, stress, depression, anger, anxiety, hope, and optimism. Mothers also participated in a diagnostic interview to assess mood or anxiety disorders. A wide range of responses was found on each measure, with most mothers scoring in the non-clinical range on any individual measure. However, half of the mothers scored in the clinically significant range on at least one measure and 30% on two or more measures. High stress and low quality of life were most likely to be rated as areas of concern. Correlational analyses and exploratory factor analyses showed the measures to be significantly related to each other. Maternal adaptation appears to be a multidimensional phenomenon experienced in unique ways by each mother. Most mothers experience positive adaptation, but a subset of mothers appear to be more vulnerable. Future research needs to identify family, child, and support factors associated with maternal vulnerability and how adaptation changes over time in response to these factors.
In 15-16 year old adolescents born preterm, the relation between early medical risk and emotional risk to subsequent attentional control and brain activation during attentional control were explored. Functional magnetic resonance imaging found frontal, temporal, and parietal cortex activation during an attention task with greater activation of the left superior-temporal and left supramarginal gyri associated with better performance. Individual differences in early cumulative risk are related to patterns of brain activation such that medical risk is related to left parietal cortex activation and environmental risk is related to temporal lobe activation. The findings suggest that early risk is related to less mature patterns of brain activation, including reduced efficiency of processing and responding to stimuli, however the type of risk is important for subsequent development.
EARLY INTERVENTION THEME SESSION 2

Biological and Environmental Risk Factors for Neurodevelopment: Some Examples and How to Lessen their Impact

Thursday, June 14, 2007
Room #1, 4:30 – 6:00 pm

Author(s): Eva Björck-Åkesson
Presenting Author: Eva Björck-Åkesson
Title of Presentation: Interventions for preschool children in the “grey-zone” of neurodevelopmental risk
Institution and Mailing Address of Presenting Author: Jönköping University, School of Education and Communication, Jönköping, Sweden
E-mail Address of Presenting Author: eva.bjorck-akesson@mdh.se

The goal of early intervention in Sweden is to prevent or minimize developmental problems for children at risk and children with disabilities. Early intervention builds on a prevention perspective, an ecological framework, the child and the proximal environment as focus for intervention, the individualization of service and support, and the recognition that problems the child experiences cannot be addressed in isolation but must take into account the environmental context of the child. According to the national curricula, preschool shall offer support related to needs for development and learning in all children.

More than 75% of young children (1-5 years) spend part of everyday-life in a preschool in Sweden. In most preschool units staff can identify children that they consider to be in need of special support. They provide support based on these identifications. Some children are formally entitled to special support, e.g., children with a disability (Down’s syndrome), a medical condition (e.g., asthma) or being at psychosocial risk as identified by social authorities. Other children are not formally identified as children in need of special support and are considered "grey zone" children of developmental risk.

In a study on general and specific interventions for pre-school children, preschool-teachers in 456 units identified 1493 of 8814 children (17%) in need of special support. Of these 4% were identified as children formally entitled to special support and 13% were identified as "grey-zone" children. The problems these children experienced were mainly in interaction, communication, attention and concentration. In an ongoing study, interventions for these children in preschool, both general (given to all children) and specific (focusing on a specific child’s needs), and outcomes of those interventions are studied. A special interest is interventions focusing on social competence of children in the "grey-zone" of neurodevelopmental risk.
Epidemiological data indicate an increase in the prevalence of psychiatric disorders or vulnerability in the general population. Hand-in-hand with current socio-demographic tendencies (increased mobility, single-parent families, etc.) are an increasing number of young children who must live in a stressful environment associated with the disorder of at least one parent. Even though a clear association (in terms of symptom lists) between parental disorders and developmental delays of children cannot be observed, vulnerable toddlers show signs of neurodevelopmental risks (attachment disorders, self-regulation, speech-delays, etc.) at the very beginning of their lives. Retrospective feelings of guilt, tabus, secrets in the family, helplessness, stress, and "parentification" together with unspecific neurodevelopmental delays create many difficulties for these vulnerable children. One-third of inpatients in child or adolescent-psychiatry have a parent suffering from a mental disorder. Another third of the children will obtain psychotherapy in adulthood. Genetic vulnerability and the tendency of social drift processes increase the risk.

Fostering processes of resilience for the child (e.g., self-efficacy, optimism), and the family (e.g., contacts with healthy adults), as well as implementing structures for non-stigmatising support for parents (e.g., Early Childhood Intervention) are presented as possible interventions for these approximately 2.000.000 mostly "forgotten children" within the EU.
There is great excitement and hopefulness regarding plasticity of the brain, especially in very young children. Yet, no one knows for certain whether the immature brain is more or less vulnerable to or resilient from brain injury. Many factors play a role in recovery from brain injury, but genetic traits have only recently begun to be studied.

The Apolipoprotein E (APOE) and Interleukin-6 (IL-6) promoter polymorphisms are two examples of genes that may have a significant role in response to brain injury and repair of damaged neurons. The APOE gene on chromosome 19 encodes for a 299 amino acid protein that serves as the major transport protein of cholesterol, cholesterol esters, and lipids in the central nervous system (CNS). Three common variants of the APOE gene exist: APOE 2, 3, and 4, which have allelic frequencies of approximately 10%, 75%, and 15%, respectively, in various human populations around the world. The APOE 4 allele is associated with worse outcome after brain injury in adults, but may be protective in children. Similarly, one form of the IL-6 promoter gene appears beneficial in adults, but harmful in infants. Increased levels of IL-6 associated with the CC genotype have been observed in preterm infants with periventricular leukomalacia and birth asphyxia. APOE and IL-6 may have a synergistic effect in response to brain injury.

An understanding of the genetic determinants of response to brain injury may explain why some children have better recovery than others, given an equivalent brain injury, and may lead to new preventive and therapeutic treatments.

This presentation will review the biology of these two genes and how they interact with other determinants of outcome after brain injury in young children.
A number of important future directions in the field of early intervention are discussed in this presentation. Three major accomplishments that have occurred in the past 20 years are first considered: (1) theoretical and conceptual advances, (2) scientific support for the effectiveness of model programs, and (3) consensus on principles that serve as a framework for the design and implementation of early intervention programs. Following this overview of accomplishments, four areas for future directions are considered: (1) specificity, (2) translational research, (3) socio-emotional development, and (4) community-level early intervention systems.
ABSTRACTS

ISEI INDIVIDUAL SESSIONS

Friday, June 15, 2007

Faculty of Education and Rehabilitation Sciences
University of Zagreb
Family-centred approaches are key to effective early childhood intervention. Families remain a major focus for research studies in the field, yet the methodology, whether qualitative or quantitative, often does not treat the family as equal participants.

With the rapid development of emancipatory research approaches is it not time to ‘ask the family’ what are the key issues that they would like answers to? Research skills and approaches could be used in a facilitative way to explore the family issues, inquire, seek answers, formulate solutions, give them answers, reasons, and explanations that enhance their lives. At the same time the researcher produces a quality piece of research that is truly family-focused.

This presentation describes a transdisciplinary research project with the families driving the research agenda. It builds upon the ‘parent as researcher’ paradigm. It shows that families not only contribute to the research process, but can lead (e.g., question formulation), analyze (e.g., transcript analysis) and evaluate (e.g., corroborating outcomes). They can be true and equal research partners. For too many years, families of children with disabilities have had research inflicted upon them. This approach is liberating; it enables their voice, their views, and their aspirations to be heard and listened to. Recommendations for future developments based on this will be made.
Early rehabilitation service in Lithuania is part of the larger health care system. Children’s developmental evaluations, diagnoses, and a wide range of therapies are provided by a multidisciplinary team with the developmental pediatrician as team leader/coordinator. Usually the diagnosis of the developmental disorder is presented to the family/parents of the child in the early rehabilitation setting. The aim of this study was to investigate parental acceptance of the developmental diagnosis of their child and their attitude to the presentation of the diagnosis.

The study was performed at the Vilnius University Child Development Centre which provides early rehabilitation services to approximately 400 children per year. One hundred families/parents were interviewed using a special questionnaire designed for the study.

Most of the parents stated that generally the developmental diagnosis of the child is difficult to accept, but it is more understandable and acceptable if the presenting team or person is attentive and supportive, provides as much time as needed for the parents to discuss all their concerns, informs the family about all developmental interventions available and accessible at the time, and encourages the family not to lose hope for improvement. All the parents noted that at the moment of the developmental diagnosis their main concerns are to know the possible clinical causes of the disorder and future prognosis. They also noted that the younger the age of the child, the easier it is to accept the diagnosis.

The acceptance of the developmental diagnosis by the family of the disabled child depends on the child’s age, developmental disorder itself, family educational level, and circumstances under which the diagnosis is presented.
This presentation describes the results of a study that examined the extent of family concerns regarding language delays and behavior problems in young children as compared to parental stress and coping using the data from the 2003 National Survey of Children’s Health (NSCH). The telephone survey included households in all 50 states with a total of 102,353 children ages 0-17 years. Data from families of children aged 6 years and younger were used for our study. Parental concern regarding possible language delays in their young children increased as the children became older and preschool-age. Children with language delays were also perceived to have significantly more behavior problems by their parents. Parents reported increased stress and more difficulty in coping and meeting the child’s needs when they were also concerned about language delays and behavior problems. There appears to be a need on the part of families to couple specific intervention services that increase functional communication skills and reduce behavioral problems in young children.
The STaR (Special Teaching and Research) Project was established with a grant from the Australian Government to investigate an effective and cost efficient method of supporting young children with disabilities or developmental delays in inclusive childcare settings. An important goal of the project was to provide the staff at the participating centers with the necessary skills to develop programs for children with disabilities within naturally occurring activities and routines, without the need for long-term input from “experts” external to the centers.

In order to provide the necessary structure for early childhood teachers with no qualifications in early childhood special education and, in many cases, with little or no experience in catering to the needs of children with significant developmental difficulties, a formal assessment and curriculum system was adopted. The Assessment Evaluation Programming System (AEPS), developed by Bricker and her colleagues, was selected because it: (a) was comprehensive, (b) was designed to be implemented within naturalistic settings, (c) was written in a style that could be easily understood by staff without the need for extensive background knowledge of assessment and systematic programming procedures, and (d) provided a monitoring system that was informative and motivating for the staff and could provide a basis for discussions with parents.

Although the project is only part way through its 3-year trial, the results to date indicate that the AEPS has proven to be extremely valuable in assisting childcare center staff to cater to the needs of children with disabilities/developmental delays in their centers. Further, the systematic and comprehensive nature of the system has meant that, following initial training in its use with identified children within the centers, AEPS has allowed early childhood trained staff from the participating centers to be more independent in assessing and programming for children with additional needs.
Research into the effectiveness of early intervention has shown more positive effects when the program was aimed both at the child and his environment. Research into the Portage Project Groningen has revealed variable results with regard to the development of the child. However, parents in home visiting programs are shown to feel supported in rearing their child. The revision of the Dutch version of the Portage Program focuses more on pedagogical and ecological variables (family-based), and less on isolated child behavior.

So far, an empirical check on the order of item difficulty of the checklist has never been carried out (to our knowledge). After the revision of the Checklist, we started our research in order to empirically assess the item difficulty. In a pilot study, we investigated 42 children with the Revised Checklist. After the pilot, we started our main research into the item order of the Revised Checklist (Dutch version). Based on these completed Checklists (1500), we want to reorder the items. In this presentation we will show you the results of this research.
This study identifies precursors at 0-7 months of age to developmental problems that are manifest at the age of four years. It is part of a larger longitudinal investigation of early development in a large group of children (n=1217/97.6%) followed from the mother’s pregnancy up to the age of four.

A population of children (n=1217) aged 0-4 years was studied. Information from screening and observations by health care workers and from parents was collected for the infants on five different occasions, from the neonatal period through seven months of age. At the age of four, five clinical subgroups could be identified: Disability, Developmental Delay, Anxiety, Overactivity, and Language Problems. Eight dimensions of information concerning the child and family were included in the instrument. Three-hundred-and-thirty-nine items applying to the child’s first seven months were tested by logistic regression analyses to detect risk factors. Results of the study revealed that twenty-one precursors of developmental problems could be identified. Children who develop clinical problems were correctly predicted in about 50 to 80% of the cases. The best predictions were for the Anxious children (76.9%), the children with Disability (66.7%), and the Overactive children (50%). A total sensitivity of 56.1% and a specificity of 98.8% were obtained. Mothers and health visitors provided correct predictions of subgroup membership for 56.1% of the children in the clinical groups. The presentation will focus on the clinical meaning of the predictors identified.
Research into the inclusion of children with disabilities and delays in early childhood settings in Australia has indicated that the majority of children who are included in such settings are enrolled in preschools, with only a small percentage included in long day care and occasional care. Explanations for this have centered on problems related to funding for additional support and lack of appropriate training for childcare staff to accommodate the needs of children with disabilities. The Special Teaching and Research (STaR) project has been funded by the Australian government and is jointly managed by Macquarie University and a community organization. The approach taken to service delivery is to support childcare staff, using a combination of formal training and on-site coaching, so that they can provide an appropriate program for children with a range of disabilities. An integration of service delivery, staff and student training, and research is central to the model as is the commitment to evidence-based practice and family support. In addition to the external evaluation currently underway, additional funding has been secured for the investigation of the engagement of children with disabilities in activities and routines typically found in childcare centers.

Survey data, child progress data, and engagement data are currently being collected in 10 childcare centers and there is the potential to include other, more focused, investigations within the larger project. This project, which exemplifies a collaborative relationship that includes government organizations (federal, state, and local), community organizations, and a university research center, is being funded and evaluated over a 3-year period. The funding of this project reflects a renewed interest in the early years, a recognition of children as social capital, and an acknowledgement of the importance of early education. An overview of the project, including the critical project components and some preliminary findings, will be provided.
In Russia, it is a significant fact that educators as a professional group have a very conservative attitude towards inclusion. There are a number of reasons for this, including fall-out from the rigid “defectological” approach of years past; a wish to group children together according to learning ability to make teaching easier; the existing negative experiences of trying to educate children together who are at varying levels of development; anticipation of what typically developing children’s parents might say; personal fears and anxieties aroused by the presence of ill-health, misery, or failure; a very narrow understanding of the term education as such, etc. An educator in the Russian educational system is mainly oriented towards results; i.e., the amount of information the child has taken in.

For this particular group of educators, we have created a questionnaire not so much to gain information as to influence peoples’ attitudes. The questionnaire introduces the educator or member of one of the other helping professions to different points of view regarding inclusion, then helps them to review their own experiences and those of other people to possibly give them insight as to the underlying causes of their various professional tenets. Since we see the process as valuable in itself, the analysis of the data acquired is not of primary importance. However, some of the results of the 122 questionnaires are very interesting and will be reported here.

Fifty-five percent of respondents believe that inclusion already exists in society and only needs to be supported by the educational community. Regarding barriers to inclusion, 35% think the main barrier is the emotions the educator has to overcome; 55% indicate the insufficient flexibility and professionalism of teachers; 20% also name fear and distaste of the parents of normally developing children; 20% believe that children with problems in development may receive insufficient special aid; another 20% are afraid the ordinary children will not be getting sufficient attention from the teacher. Results and analysis of this work will be presented in detail.
In the presentation, I will discuss the inclusion of preschool children with disabilities in Mauritius. A brief history will be provided along with a description of the process of the integration of children with disabilities into preschool and kindergarten. Support provided to children with disabilities in their schools includes the involvement of parents, school visitations, teacher training, and workshops. A discussion of the benefits to children and families will also be presented concluding that inclusion in preschools is a true reality in Mauritius.
This study is based on a third data collection within a research project on children in need of special support in the preschool. Problems related to interaction and social competence are common for young children. Further, children with disabilities seem to be less engaged in peer interactions than typically developing children and may therefore not have the same opportunities as other children to practise their social skills. It is however, unclear to what extent the degree of engagement and peer interaction of children with disabilities are dependent on the type of activities performed in the preschool.

The aim of this study is to compare profiles of social competence for children with established disabilities, so called grey-zone children and typically developing children. The operationalization of social competence is based on preschool teachers’ definitions derived from a previous study within the same project and current research in the area.

A total of 111 children from 38 preschools participated in the study. The age of the children ranged from 18 to 108 months. Data was collected through preschool observations and questionnaires to the preschool teachers concerning areas like engagement, type of activity, type of interaction, proximity to other persons, and what kind of materials the child used.

The results shows similarities and differences in the way children with established disabilities, grey zone children and typically developing children were rated. For example, grey zone children engage more in unsocial play behaviors such as being unoccupied, alone, or an onlooker, than typically developing children. Further, children with established disabilities were rated more often as low in their engagement than were typically developing children.

Social competence is a multidimensional construct, dependent on more factors than type and degree of disability. Therefore, results from person-oriented analyses will be presented at the conference, showing different profiles of social competence for young children.
As our understanding of the nature and neurobiology of early childhood development continues to deepen, the vital role played by relationships has become increasingly apparent. What has also become clear is that, not only do children develop through their relationships with parents and caregivers, but relationships continue to be of central importance to people's ongoing development and well-being. Therefore, the relationships that parents have with others, including professionals, have a significant effect on their ability to function well as parents.

This new understanding has profound implications for human services. It means that relationships are both a focus of intervention and the means through which intervention is delivered. Thus, the relationships between parent and child or caregiver and child are an important focus of intervention, while the relationship between service provider and parent or service provider and child are the means through which change occurs. This paper explores what this relationship-based approach to service delivery involves, what the key features of effective relationships are, and why parallel processes (and the cascade of parallel processes) are important. The paper concludes with a consideration of the implications of this new understanding for early childhood intervention services. There are implications for service delivery (there needs to be a focus on the parent/child relationship as well as on the service provider/parent relationship); for staff support (there is a role for mental health specialists as consultants, and for staff managers); for training (staff need training in helping / counseling skills, family-centred practice, and relationship-based practice); and for research (to assess the efficacy of early childhood intervention services, we need to monitor the quality of relationships between service providers and parents, as well as the impact of intervention on parent/child relationships and on child behaviour and functioning).
When developing a Theory of Mind (ToM), congenitally blind children take different paths than sighted children. For example, because they cannot draw on another person's facial expression to gain information of her feelings and thoughts, they have to use mostly verbal cues. Several studies have examined the effects of these developmental constraints on the acquisition of ToM abilities (particularly perspective-taking) in blind children. Their results unanimously confirm a developmental delay of about 4-5 years compared with sighted peers. In other words, sighted children solve classical false-belief tasks (e.g., the Smarties task) reliably at an age of 4-5 years, whereas congenitally blind children do not achieve this until the age of 9-11 years. However, there are serious doubts about the validity of these findings, because they are based on inappropriate test items. The main criticism is that all previous research has used tasks developed with reference to visual experience.

To overcome this disadvantage for congenitally blind children, special blind-specific tasks were designed in the present study. These use test items relating exclusively to tactile or auditory experience. Several such new tasks designed to assess different ToM abilities were applied in a longitudinal study of 40 congenitally blind children from the ages of 4-9 years.

Results showed clearly that blind children can solve these tasks reliably at an age of 7 years, thus indicating that they can take the perspective of others and consider their thoughts and feelings at a much earlier age than previous research assumed. It is concluded that this shows the importance of developing specific tasks for children with impairments if one wants to make reliable statements on their abilities. There are also important implications for the practice of early intervention with blind children.
Comparisons between maternal stress, coherence, and coping at two developmental stages

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Comparisons between parental stresses, personal and systemic resources, as well as coping strategies at different age stages may help clarify what factors empower families to meet their needs and promote their struggling resilience. The goals of the current study were to compare self perceptions between mothers whose infants participated in an early intervention program and mothers of children and adolescents who participated in a respite and afternoon leisure program. The study was performed at the Shalva-Center for Intellectually Challenged Children in Jerusalem whose effort are focused at empowering families through programs for promoting the life quality of individuals with developmental disabilities.

The sample consisted of 204 families: 142 mothers whose infants (aged 2-39 months; mean age 20.0 months, SD = 15.6) were diagnosed as at risk children and 62 mothers of children and adolescents who were diagnosed as individuals with intellectual disabilities (aged 96-252 months). The research instruments consisted of the Sense of Coherence scale, family Climate Mood and Coping and Parenting Stress Index. The MANOVA comparisons with the program and gender as independent variables revealed that mothers whose infants participated in the early intervention program experienced higher levels of stress (stress related to depressive affect and frustrations related to interactions with infants). No differences in stress related to their sons’ and daughters’ problems were found. The differences in family climate revealed that mothers viewed family systems as less flexible. Regardless of the increased stress experiences, mothers of infants reported higher levels of personal coherence and positive mood. The expectations that gender and Down syndrome would contribute to the differences were not validated. At the presentation, methodological limitations and implications for planning programs to empower families at the different age groups will pinpoint the life-long needs of these families.
Families of children with disability do experience extraordinary stressors in everyday life, which may influence the family system and family functioning. There is a need to increase the knowledge concerning how families in these circumstances manage the challenges in everyday life. Coping strategies may function as a buffer to stress factors within or outside the family. In family-centred intervention, identifying families’ strengths and further building upon them is intended to empower the family.

The present study is focusing on which coping strategies families use in relation to stressors encountered in everyday life, and in relation to intervention activities. The aim of the present study is to investigate if the professionals at the Child and Youth Habilitation Centre (CHC) encourage families’ positive coping strategies and which coping strategies families experience that the professionals encourage. The study is a longitudinal, explorative observation study. The sample was selected through a purposeful sampling procedure and consists of five families of children with disabilities and their habilitation team. Data was collected from videotaped intervention planning meetings, and interviews in which the family was requested to identify specifically curative occasions in the planning meetings. Transcribed data was analyzed deductively according to the four types of positive coping strategies; *positive appraisal*, *problem-focused coping*, *spiritual beliefs*, and *positive events* identified by Folkman (1997). Findings indicate that families use several coping strategies related to the four types and that professionals encourage only some of them. An important issue in family-centered intervention is professionals’ awareness of individual differences within and between families with respect to how they manage stress and what strengths the family has. Supporting families in identifying and recognizing their own coping strategies facilitates and promotes the families’ adaptation to new situations and challenges.
Early intervention is a rather new field for Russia, so there are many questions about how better to serve families with young children with special needs. In Russia, even several years ago, most of the children with Down syndrome were placed in institutions. Now, more and more families with children with Down syndrome get services at early intervention centres, although intensiveness and content of these programs can be different, depending on the professionalism of service providers, parent involvement, etc. Usually, specialists build an individual program for the child using the elements of different programs for children with Down syndrome or methods for stimulation and development of young children with special needs. However, it seems that there is no general understanding of what the needs are of families of children with Down syndrome and how such families should be served in early intervention programs.

The aim of this study was to describe and analyze how parents of children with Down syndrome see the role of early intervention programs in light of their support system, and how professionals who provide early intervention services for families who have children with Down syndrome see the role of early intervention programs in light of the available support system. The following questions were raised: (1) What kinds of services do families of children with Down syndrome receive? (2) How do parents describe their needs in early intervention programs? (3) How do specialists define the priorities in early intervention programs – as support to parents or as efforts to ameliorate development of the children? (4) Do parents and professionals have the same views of needs and priorities in early intervention programs? The main method of research was interviews with families who have children with Down syndrome and have participated in early intervention programs, as well as with specialists working at early intervention services. The results of the study will be presented at the Conference.
This lecture will present findings from a longitudinal study of four children with congenital blindness. Medical and psychological records confirmed that they had no additional impairments and at least average intelligence scores. The average ages at which they acquired 107 developmental skills between the ages of 10 and 60 months were compared with age norms for sighted children. These 107 developmental skills covered four different developmental domains: manual/daily living skills, gross-motor skills, social-interactive skills, and verbal skills. Data were subjected to three different methods of analysis: categorical, relative, and regression. Results confirmed that the developmental trajectories of the blind children in all four domains diverged from those in sighted children. Major differences were found in manual/daily living skills, but only slight differences in verbal skills. However, even more importantly, the age of acquisition varied greatly within each developmental domain as well.

The lecture will show that this variability reflects adaptive strategies to compensate for the loss of vision in children who are blind. This knowledge can be used to formulate more blind-adequate early interventions exercises for blind children.
This paper will introduce the tool *Video Analysis and Special Education*. The tool addresses professionals who are working with children and young people with multiple disabilities who are without the means of communication through spoken language. It is a tool which describes and illustrates how video analysis in cross disciplinary reflecting teams can support the special education work with children with multiple disabilities, when establishment of meaningful interactions and interpersonal relations is the focus of the intervention.

The tool provides knowledge that can support caretakers and other close professionals in improving their understanding of how they can be part of developing interactions with children with multiple disabilities – when having multiple disabilities means that the person is experiencing and understanding the world in a different way and at the same time is forming his own expressions in the world differently. These differences makes it challenging for interaction partners to interpret the expressions in meaningful ways in the situation and to answer them in a way which the person will understand as an answer connected to his own expression. The tool can help clarify that children with multiple disabilities like all of us try to create a meaning in their life based on their own situation and on their possibilities to act in the world, to influence their environment, and to share their experiences and perspectives with others.

The tool consists of a guiding manual and a DVD with video clips of interactions with children and young people with multiple disabilities. It has been developed through a process based on theoretical assumptions and practical field testing in close collaboration with a group of skilled practitioners and researchers in VIKOM’s network. A brief example of how the tool can be used will be presented.
Early intervention is a critical factor in providing effective support to children identified as having special educational needs and their families. Coordinated approaches to the provision of support and development of early learning programmes have been identified as essential elements of good practice in enabling parents to come to terms with the disability of their children, and in promoting good learning attitudes in the children themselves. Sharing knowledge from the school context and collaboration with parents/caregivers is at the heart of the research. A central issue is the sharing of professional knowledge between contexts and how this assists in shaping new meaning for parents/carers in developing learning opportunities for their children. The school in question is establishing a new early intervention programme which will aim to afford support to children between the ages of four months and two years and their families providing realistic expectation and achievable learning goals. This is built upon an established record of working with families through the ‘School for Parents’ located within the school. This research will focus upon the efficacy of the new initiatives being implemented. The research will also include a comparison of findings with an earlier research project on early intervention with a similar school, completed in May 2003.

The research questions will examine how well informed and supported are parents/caregivers of children with motor-disorders through the early intervention programme? It will discuss how effective they perceive the early interventions to be in supporting the needs of their children and themselves and what further steps might be taken to improve an effective early intervention programme. It will also consider the views of the professionals working within the early intervention project.
For a long time in Russia, it was common for multiply disabled children not to survive or to be put in state residential institutions soon after birth. Only recently have early intervention programs for these children started to be developed in this country. However, specialists working with these children and their families in community-based early intervention programs are lacking the time, tools, and knowledge necessary to build programs. Research indicates that programs of support should be focused on the child and the family as a whole.

The aim of our research study was to identify the needs of those families who take care of a multiply disabled child. The research was based on interviews with the families receiving support at St. Petersburg Early Intervention Institute. The study was designed to (1) understand the needs of the child and the family, (2) understand the family context of such needs, (3) understand how the family constitutes the ecological context in which the child functions, (4) motivate the family to be engaged in the intervention, and (5) help clinicians to involve parents in early intervention programs as equal partners. The analyses of interviews with the parents shows that differences between the families depend on the degree of disability of the child, but that in spite of these differences, families still have similar types of difficulties.
In order to facilitate interventions that are working, the knowledge and skills of the professionals are important. One way of improving knowledge and skills is through in-service training. General in-service training is given to all staff within an organization. Specific in-service training is the opposite; the employee develops profession-based knowledge and skills. Both perspectives of in-service training are complementary. The same experiences are often perceived differently.

This research project focuses on patterns of change in study groups during in-service training. The organization that was studied serves children with disabilities and their families and consists of four sectors: therapy, healthcare, education and management. All employees participated in the in-service training (n=104) and half a day’s work was within study groups, e.g., discussions every study day. Every group was to discuss the same questions and a protocol was written by one of the members in each study group and handed in to one of the course leaders. All of the protocols (n=82) are being content analyzed, with statements in the protocols being categorized. A co-examiner is used. In the next step of the analysis work, the categories are referred back to the study groups and time points. This gives patterns of what has been discussed in the different study groups during the in-service training. In the next step of the analysis, the relation between meaning units and content of the in-service training will be analyzed. Preliminary results will be given.
There is a high consensus within the scientific community that Early Childhood Intervention (ECI) faces multiple professional challenges which require a common professional basis. A European Leonardo da Vinci Project (www.ebiff.org) created a framework of a Master curriculum (130 ECTS points) which aims to manage European diversity and individual training portfolios. The curriculum consists of 8 key areas (recognition/detection; joining the family; teamwork; individual intervention strategies; personal competences; specific functional competences; internship; and master thesis) including a personal screening process of already acquired competences. Based on the individual training portfolio, professionals are able to assess their individual training needs, which might be covered by an ODL-based European course or by local in-service training facilities. Based on the individual assessment and completed complementary training modules, the professionals are certified with an European Passport on Training in Early Childhood Intervention.
This paper will report on an evaluation of the first twelve months of operation of the Inclusion Support Facilitator, a key component of the new Australian Government Child Care Support Program. The Inclusion Support Facilitators support services to include children with disabilities, indigenous children, and children from culturally and linguistically diverse backgrounds across the range of Child Care programs, including long day care, occasional care, family day care, out of school hours, vacation care and indigenous specific services.

The role of the Inclusion Support Facilitator represents a significant development. The new role is focused on service readiness for inclusion, capacity building, and the development of the children’s program to meets the individual needs of all children. It links child care services to specialist supports, such as early childhood intervention and multi-cultural resource centres. Within this role, there is a major emphasis on consultation, collaboration, and coaching.

Our organization, Noah’s Ark Inc. played a major role in the development of this new initiative. It managed a national project, involving peak disability and indigenous and ethnic community child care organizations, which recommended on the nature of the role. Noah’s Ark has subsequently become a significant service provider, managing Facilitators in 7 regions out of 15 in Victoria.

The methodology for this evaluation will involve a survey of stakeholders. Surveys will be based on a framework that identifies barriers to inclusion in relation to attitudes and beliefs of families and professionals; flexibility of children’s services programs; effectiveness of consultancy; and availability and access to funding and resources.

Stakeholders include families, child care staff, administrators, and early childhood intervention and relevant community organizations. The focus will be on Victorian regions, but may include other regions nationally. Surveys will be developed in collaboration with the Centre for Community Child Health at the Royal Children’s Hospital, Melbourne.
Children’s engagement over time was investigated in this longitudinal study. The aim was to investigate whether pathways of engagement of children with developmental delay differed from those of typically developing children and what patterns of factors influence stability or change in engagement over time. A representative sample of 595 children aged 1-3 were followed during two years. About 13% of the children were assessed by their preschool teachers as developmentally delayed, most of them in areas of speech and language. A person-oriented approach was conducted with cluster analysis of child-peer interaction, participation in every-day activities, differentiated play, and attention. The analyses at the different time points were linked to investigate stability and change in engagement over time. The cluster groups were then validated against environmental and demographic characteristics. The children were also compared in problem solving and persistence, representing an outcome of high level engagement behavior.

Results revealed that children with developmental delay to a larger extent than typically developing children showed low levels of engagement, but only in combination with behavior problems. Typically developing children without behavior problems were over time met with greater responsiveness by their teachers. Teacher responsiveness was highly predictive of children’s stability in or change to high level engagement behavior. Child-peer interaction was a salient factor of high level engagement over time. Results were discussed in terms of variability in both processes and outcomes of engagement of children with and without developmental delay.
Engagement in appropriate activities can provide opportunities for learning. Increasing engagement in early childhood centre activities is essential for successful inclusion in those settings. Although measuring engagement has the potential to inform program development, especially in relation to children with disabilities included in early childhood settings, the use of such measures by teachers and other professionals in these settings is not common practice. Further, while there appears to be an abundance of research targeting engagement in early childhood settings, few studies have focused on practitioners as observers of child engagement. This may be because the measures used in research are generally complex, and require a large amount of time for training or need technical tools that are not easily accessed by practitioners.

The Individual Child Engagement Record has been designed to provide practitioners with a measurement tool that will assist them with program development for children with disabilities in inclusive settings. The measure was developed, trialed, and later revised (ICER-R) based on measures included in research published in peer-reviewed journals and the results of a pilot study. Subsequently a training package for the ICER-R has been designed and implemented with practitioners working with children with disabilities in inclusive childcare centres. The purpose of this presentation is to report on the implementation of the engagement measure by practitioners and the extent to which practitioners were able to use observations of engagement to assist with program development.
The material culture of playthings may function in many different ways within service delivery models. How early intervention providers utilize and support play and playthings in their intervention will impact the type of service provided. Toys are one type of plaything that is part of the everyday lives of children. Best practice approaches to home-based and community-based services suggest not taking toys into the home or daycare but rather utilizing whatever materials are available. The primary emphasis is on a context that supports a routines-based approach to intervention.

This paper examines the results of a survey of providers in three states in the US with over 400 responses. The survey questioned the providers’ current attitudes and actual practices. The respondents consisted of 19% occupational therapists, 33% speech-language pathologists, 32% developmental therapists and 16% physical therapists. About half of the providers still used their own toys for more than 50% of a session and carried these toys in many different types of containers. 93% of providers took toys with them but 98% reported that they also used playthings in the home and these included games, outdoor play equipment, kitchen items, and the child’s own toys. 66% had purchased all the playthings they used from their own funds. Over 50% sometimes lent or gave toys to families and 39% reported that the families they served had a toy lending library near them. This paper analyzes and compares the attitudes, practices, and concerns of the different types of providers, providers in different states, and those who did not take toys with them and those who did. Detailed comments and opinions are summarized and related to the implications for changing approaches to the use of playthings in service delivery.
The purpose of this study was to examine the effectiveness of an activity-based intervention program on the transition skills of young children with developmental delays. The participants in this program were seven children with developmental disabilities, ages 3-6 years. A quasi-experimental research design was used. The implementation process contained a “before instruction phase,” “instruction phase,” and “after instruction phase,” each lasting 6 weeks, and a “generalization phase” which took four weeks. In this study, four skills (following directions, lining up, working independently, collecting materials) were taught by using an activity-based intervention approach. Two types of measurements were used to examine the effectiveness of the activity-based intervention program. First, transition skills of the children were assessed two times before and after the instruction by using The Transition Skills Assessment Scale (TSAS) developed by the researchers. Second, children were assessed for the four skills three times before and after the instruction by implementing task analysis and whole interval recording. At the generalization phase, children were assessed one more time by using task analysis. The Friedman two-way analysis of variance by ranks and the Wilcoxon signed-rank test were used to analyze the data.

The results indicated that significant differences were found for the “before” and “after” instruction phases on the children’s TSAS scores. Also, significant differences were found at the “after” and “generalization” phases compared to the “before instruction phase” in the percentage of their correct responses related to the four skills. Finally, the findings showed that the four skills taught in the study were learned and generalized to different situations by the children with developmental disabilities.
In the late 1980s, a model of partnership in early language intervention was elaborated in Sweden. The model has been implemented in Norway and other countries. The structure and the realization of the model are done within the framework of empowerment. The social network of the child/family is used not only as a social support system but also as a pedagogical tool. The theoretical model proposes that language development is a life-long creative process included in other activities and governed by social, cultural and historic factors. The child is the director of his own development but significant others be good teachers and give vital support and mediate processes in everyday settings. The social network group grows into an intentional system of communication and an organization of problem-solving that creates knowledge and skills relevant to the child/family. The key concepts are child and family focus, short- and long-term continuity, participatory processes, and change of power structures within the field of early language intervention. Evaluations of the model make it plain that families are strengthened in their power. However, there are variations between families due to demographic factors, social support systems, and the various types of disabilities of the children.
This paper is about a life journey of three families, their children who have been diagnosed with ASD, and their interventionist. The families received tailor-made family-centered ECI with quite promising results as described in previous research. Their family life changed dramatically throughout the years as family stressors became more difficult, and in the absence of a formal family support network and suitable resources, friendship and sharing became a cornerstone between all involved: between mothers and interventionist, between the three mothers, and between the three children. Previous research has outlined the children’s profiles at the point of entry into compulsory schooling. After that, ECI provision stopped but the friendships among all parties did not.

This study presents a follow-up of these families ten years after they received ECI services. The children are now in their teen years. Informal interviews with the mothers and a questionnaire answered by the children reflect a new understanding that could affect ECI provision. Can human bonds, on-going support, and acceptance become more important than programs, curriculum, and teaching techniques? Is the professional detachment still taught in some academic courses a “must” for the EC interventionist or are emotional bonding, empathy, and trust the fundamental but often neglected qualities that can make a difference in people’s lives, especially when no other resources are available?
The aim of this study was to investigate the relations among aided hearing levels, hearing age, and early auditory skills development in infants and toddlers via parental assessments. There is little, if any, such information about infants and toddlers who use hearing aids. This study aims to fill that gap in order to detect progress. 106 infants and toddlers with hearing loss participated in this study. Their mean chronological age was 19.02 months with a mean hearing age of 8.06 months. Mothers had intact hearing and had completed 13.17 years of schooling on average. The auditory skills were assessed using the Hebrew adaptation of the Infant-Toddler Meaningful Auditory Integration Scale, IT-MAIS (Robbins, Koch, Osberger, Zimmerman-Phillips, & Kishon-Rabin, 2004). Results of this study indicate that infants and toddlers wearing hearing aids are capable of acquiring early auditory skills along the same hierarchical steps as documented among hearing infants or among infants with cochlear implantation, but there is a delay in emergence and it occurs less frequently. Infants and toddlers whose aided hearing levels are up to 70 dB achieved better results than did infants and toddlers whose aided hearing levels were severe or profound.

In a multiple stepwise regression analysis, the aided hearing level accounted for 50.3% of the variance, the unaided hearing level added another 6.4% of the variance, and hearing age added another 6.2%, for a total of 62.9% variance in auditory skills development. The results substantiate the necessity of early diagnosis and early experience with amplification. Results confirm the importance of partnership with parents in evaluating auditory skills within the natural environment.
Many studies and research projects on brain plasticity have been carried out in the last 30 years. At the same time, in the area of developmental disabilities, many research projects and many curricula in the field of early intervention were developed according to the principles and evidence of brain plasticity. The goal of our program is to improve the motor, fine motor, social, communication and language, and cognitive aspects of development and to do so with a long term perspective that helps us understand the plasticity of brain systems. Accordingly, we present a new model that considers Quality of Life the end point of early intervention. To reach this important goal we have identified 8 domains that permit us to develop programs/curricula/instruments to make evaluation more specific. The domains are: biomedical; motor, fine motor and praxia; communication and language; cognition; mental health; adaptive skills, socio-environmental; and behaviour. To evaluate long-term plasticity, a multidisciplinary approach in a longitudinal framework is required. We discuss programs and curricula designed with a life-span perspective that permits us to see what happens in adulthood and then to go back and see connections to help us improve the quality of the early intervention program.
This qualitative study looks into the life experiences of children with identified special needs and their families from the child’s birth to their entry into school. The participants in this case study have been followed up by early intervention consultants in the Infant Development Programs (IDP) of British Columbia, a home-based, family-centered program serving families with children ages 0 - 3 years identified as at-risk for, or diagnosed with, developmental disabilities.

The study used a sample of four families whose children were diagnosed with medical conditions associated with moderate to severe developmental delays soon after birth. The participating parents in this study took part in two focus groups and in three-to-four individual open-ended interviews that included questions about their experiences throughout their years with IDP, the child’s transitions through preschool, daycare, and additional support programs, and their child’s entry into kindergarten. The study used thematic and semantic content analysis to interpret the identified themes that were preceded by a rigorous process of inter-coded reliability and member-checks by participants.

This presentation will include a description of the methodology of the study and a discussion of its findings through the interpretation of major themes. The importance of the IDP during the early years is highlighted in this study, with parents advocating for a continuum of centralized early intervention services from birth to school entrance and for the need to build a seamless system of inclusive early intervention services from birth to kindergarten. The presentation will conclude with recommendations for further research and practice in this area. Future research will include families with children with a wide range of both subtle and more pronounced disabilities, including those “unlabelled” children who do not qualify for “special needs” funding.
Early Intervention, the first step towards giving children with special needs the crucial platform to have the best chance of leading fulfilling lives, is unfortunately not a right that is accessible to many in Malaysia. Much of this has to do with a lack of a uniform and standardized early detection and diagnosis framework, a shortage of qualified professionals and allied health workers, and a glaring absence of follow-up case management. A lot of initiative has been undertaken by non-governmental organizations and community-based Rehabilitation Centers to address this problem, but not enough is being done.

In order to help my child, I set up a private early intervention centre in June 2004 working with an occupational therapist, 3 part-time speech therapists, and a music therapist. As the Program Coordinator, I used a model loosely based on the United States model. All children referred to our centre have to undergo a psychological assessment. A speech and occupational assessment is also carried out to determine the functioning level of the child. After perusing the individual reports and recommendations, a meeting with the parents is arranged to advise them on the next course of action. Those families in need of counseling will be referred to that service. Those children who start therapy have their first Individual Education Plan drawn up in consultation with the parents and an Initial Review one month after therapy commences. Thereafter a review is done once every three months.

My son, now 7, attends a mainstream school with a teachers aide under a Smart Partnership Pilot Project (2006) with the Special Education Department, Ministry of Education. I count myself very lucky to be able to provide a meaningful platform for my child, though it may not be an ideal situation.
The Early Intervention Centre in Budapest, established 15 years ago, will be introduced in this lecture. This centre was the first one in the country, founded 3 years after the change of political regime in Hungary, and still is one of the leading institutions in the field. The Centre gives individual and multiple focused services in the medical, pedagogical, psychological, and social fields for children aged 0-6 with developmental delays of different origin. The members of the EI Center team have grown from 6 to 40 during this period of time, and the array of services has become more and more varied and comprehensive. Complex diagnostic work, special pedagogy adapted for the early years, different therapies, and also graduate and post-graduate training of special teachers, physical therapists, and psychologists can be found in our day-to-day practice. There are pediatricians, special teachers, psychologists, physical therapists, and a music therapist all working together in close co-operation. At present, we have 200 families visiting the Center regularly (at least once a week), and we have 400 children seeking diagnosis (or for control assessment) per year.

The lecture will end with a discussion of the difficulties this field faces in the Hungarian legislature and also problems of financing the centre.
The early identification of children with additional needs is complicated both by the diverse range of workers involved with young children and by their frequent lack of knowledge of child development and of how best to communicate with families. While train-the-trainer models of professional development have had wide currency, their value in increasing early child find has not been sufficiently explored. The Does This Child Need Help? Identification and Early Childhood Intervention package employs this model and therefore provides a case study to explore its effectiveness.

A state-wide evaluation of the package is currently being conducted using both quantitative and qualitative methods. Preliminary analyses have shown the benefits of the approach which includes the creation of a large pool of trainers (more than 80 to date) drawn from specialized early childhood intervention services and embedded in the communities where the training occurs, geographic reach, networking opportunities within the training environment, multi-disciplinary training groups, and low training costs. Challenges, however, remain with trainers reporting difficulty in reaching some target groups. Chief among these are medical practitioners in private practice who have multiple calls on their training time, private childcare providers, and those working with vulnerable families including those coming from Indigenous, Culturally and Linguistically Diverse (CALD) communities and young parents. Most difficult to establish is the direct impact of the training package itself on the referral rate of those trained, since other factors such as the networking opportunities gained have also been found to have an effect. The findings of the evaluation point to the need for further enhancement of the train-the-trainer program which will include the development of a self-paced package and ongoing mentoring and support for new trainers.
Early intervention service delivery within the South African context faces challenges to its effective implementation due to manpower and resource constraints. Thus, available resources need to be channeled in the most effective manner possible. The transdisciplinary approach to early intervention has received much recognition as the teaming model of choice in early intervention service delivery, especially in resource impoverished environments. Within the South African context, however, professionals have traditionally not been trained within this model at a pre-service level.

The multiprofessional Masters in Early Childhood Intervention (MECI) training programme at the University of Pretoria aims to address this deficit by providing professionals from a variety of backgrounds with knowledge and competencies regarding a transdisciplinary, family focused, community approach to early intervention within a web-based on-line learning environment. Developed by the Centre for Augmentative and Alternative Communication, the MECI programme has been running for the past 5 years with over 60 graduates since its inception in 2001. Research is needed, however, to ascertain whether these graduates have been able to implement transdisciplinary services within their own contexts, as the literature suggests that bridging the gap from theory to practice has not been without challenges. This paper thus aims to report on the results of a survey undertaken with graduates of the MECI programme regarding their implementation of transdisciplinary early intervention as well as the current challenges, opportunities, and variables influencing transdisciplinary team development and functioning within their work environments. The implications for early childhood intervention in South Africa, as well as recommendations for supporting graduates after completion of the programme, will be shared.
There have been longstanding shortages of professionals working in Early Intervention (EI) and Early Childhood Special Education (ECSE). The Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education (Birth to 5), funded by the Office of Special Education Programs, U.S. Department of Education, is conducting research relating to current personnel preparation issues. The Center is conducting a series of national studies with various participants including early intervention and preschool state coordinators and higher education programs. Interviews with early intervention and preschool state coordinators have provided an updated portrait of states’ personnel preparation systems (both preservice and in-service), standards and competencies and supply and demand of all disciplines. State coordinators also have shared strategies to overcome barriers and promote the numbers and quality of service providers.

The Center has also collected comprehensive information from higher education programs preparing professionals and paraprofessionals in all disciplines providing services required in EI and ECSE. A higher education survey also provided insight into recruitment strategies, instructional methods, and alignment of preservice preparation with state standards and with principles of IDEA and NCLB. This study also examined preparation of doctoral candidates. A synthesis of the information provided by these studies will be presented to provide the U.S. perspective of current personnel preparation issues faced by the field of early intervention and preschool special education.
Since 2001 at the Faculty of Psychological, Pedagogical and Social Sciences, Department of Orthopedagogy, University of Groningen, the Netherlands, research has been conducted to establish the effectiveness of a home-based Early Childhood Intervention program, the Portage Program, which is a goal-oriented and systematic approach to the developmental delays, developmental restrictions, or behavioral problems of the child within the family, based on the Transactional Model.

The target population of the research is the young chronically ill child (zero till six years old), enrolled by physicians of two University Medical Centers in the Netherlands, and by a special education school for chronically ill children, or by parents themselves. This population is considered to be at-risk for developmental delay in the areas of Language, Motor, Social, Cognitive, and Self Help development. The main objective of the research project is to prevent, reduce, or solve the problems of raising a chronically ill child.

By a quasi-experimental, time-series experiment (two pre- and one posttest and an intervention period of six months), the research questions are examined. They cover the (probable) changes in development of the child and are examined by the BSID-II-NL and the McCarthy Ontwikkelingsschalen 2½ - 8½. The (probable) changes such as raising the competence of parents are examined by a translation of the Home Inventory and the Nijmeegse Vragenlijst voor de opvoedingssituatie. At the conference, we will present a set of results.
Early Childhood Intervention (ECI) is a globally recognised support system for children with disabilities and developmental delays. Also, it seems to be the most important common feature in effective public policies to build human assets. However, there are no new theoretical concepts on the horizon for progress in ECI to innovatively influence professional approaches. The on-going discussion about the quality of ECI only makes a first contribution in this field. A change of perspective from quality, evaluation, and effectiveness to the question of the value of ECI is important. This is necessary to emphasise on two levels: First, make the multidimensionality of ECI value apparent by focusing on the value of ECI for children, families, and society. For instance, the question in the context of a child-oriented value-analysis is: does the ECI process support the child’s quality of life, motivation, autonomy, self-efficiency, social skills, etc., in a way that conducive developmental pathways can be opened and the integration of children with disabilities into mainstream society can be sustained? Second, a system of value-analysis needs to be developed in order to determine a key figure system to analyse the multidimensional value of ECI. A concept of value-analysis will be presented and the results of a pilot study discussed.
One of the hardest problems for modern Russia is the vast number of children in institutional care. During the last fifteen years, there have been two concurrent trends: a continued decrease in the birth rate in Russia and a continued increase in the number of children being placed in different types of institutions and orphanages. The two main groups of children in institutions are children with disabilities and children from socially at-risk families. The generally accepted explanations for this are (1) poverty, i.e., family poverty and lack of government resources, and (2) the “moral crisis” of families who for reasons other than poverty are leaving their children in institutions.

Our research shows that reallocation of resources and changes in professionals’ belief systems can prevent child institutionalization. This data as well as information about developing two types of early intervention programs, one for families with children with disabilities and one for disadvantaged mothers, will be presented at the conference.
A comparative study was made focusing on children with and without intellectual disability and their participation and interaction in preschool activities. It asks if there are any differences in participation for children with intellectual disability in preschool activities compared with non-disabled peers and how children with intellectual disability interact compared with non-disabled peers.

Twenty children (CA 2-6 years) are involved in the study, ten children with intellectual disability and a comparison group with ten non-disabled children (same gender and same age). For the quantitative study, an observation form, the Child Observation in Preschools (COP), was used. COP is a system for observing children’s behavior, engagement, activity, and interaction. The COP is based on a series of snapshots. Together with the Ability Index, the teachers answered different questionnaires about interaction, engagement, behavior, activity, and the children’s environment in preschool.

Results of this study indicate that children with intellectual disability are more included if they are forthcoming and active; children with intellectual disability are more included in structured time like meals, outdoor activity, and circle time; teachers don’t experience any differences in the preschool environment between children who have a disability and those who do not; the non-disabled children have more interactions with their peers than children with an intellectual disability.
This paper analyzes contemporary stages in the development, scientific basis, and implementation of inclusive preschool education in Russia (St. Petersburg). The analysis is illustrated with reference to qualitative case studies, methodologically represented by structured interviews, and video observations applied at the Centre for Inclusion in St. Petersburg (2003-2004).

Through a short presentation of contemporary inclusive preschool education in Russia, I will be looking into the main concepts of the Social Constructionist Paradigm of Disability – Lev Vygotsky’s dysontogenesis theory. This theory is the cultural-historical theoretical basis of the Russian model of inclusive preschool education. According to Vygotsky’s dysontogenesis theory, a resource oriented approach implies a socio-cultural view of children with disabilities, not focusing on disorders (pathogenesis), but rather on empowerment of individual skills and developmental possibilities (salutogenesis). The key concept of the dysontogenesis theory is the concept of primary and secondary “defects”, and their dialectical interaction. According to Vygotsky’s socio-cultural theory of dysontogenesis, disabled children’s development is largely mediated by the social implications of their organic impairment. This enables new perspectives on the socialization of children with special needs. The main principles of remedial-educational work in inclusive kindergartens, based on the methodology of inclusive developmental education, will also be analyzed.
The aim of this study was to investigate, identify, and describe different types of pedagogic support, methods, and programs that children in need of special support obtain in preschool today, and if the support matches the individual child's needs. In Sweden, most children spend time at preschools from an early age. About 76% of Swedish children in the age range of 1-5 years spend several hours at preschool or in family child care every weekday. Also the majority of young children in need of special support spend several hours every weekday in preschools. Thus, besides the family setting, preschools are the natural environment in which most early intervention services to children in need of special support are provided. Preschool includes both general early childhood education provided to all children, and special interventions provided to children in need of special support. By law, the preschool has a special responsibility for children in need of special support. The community should offer the child a placement in a preschool and adapt the education to all children in the preschool. The number of children in need of special support has increased in Sweden since 1999. With only 55% of the communities in Sweden responding to them, the support to those children is not sufficient.

The data collection consists of interviews from 34 preschools teachers. The study consists of both qualitative and quantitative analyses. The data suggest that pedagogical support includes five categories related to direct and indirect support: attitudes, language support, physical support, child support, and support in the environment. Six categories of methods were found: language, motor activities, more preschool teachers time, expression activities, professional, and pedagogical programs.
The effect of setting events on social interaction between preschool children with disabilities and regular peers will be offered in this paper. The findings of a series of four small n investigations and the results of data on idiosyncratic patterns of interaction associated with particular toys will be presented. The major research questions were whether varying (a) the availability of social and isolate toys, (b) spatial density, and (c) the range and quantity of equipment, affected variables related to social interaction of children with disabilities in typical inclusive settings. Secondary questions addressed (a) whether teachers found the interventions acceptable and feasible, and (b) whether social interaction was differentially associated with particular activities and if any differences were idiosyncratic for given individuals. The studies were conducted in three inclusive preschools and a childcare centre in metropolitan NSW, Australia.

These interventions are easily implemented and extant research is encouraging. Nevertheless, existing research has been conducted almost exclusively under highly artificial conditions that do not approximate a regular inclusive preschool setting. Further, many of the studies had major methodological flaws and most of the children with special needs had relatively mild disabilities or delays. Thus, it was of interest to evaluate the effectiveness of these interventions in inclusive preschool settings with children who had significant disabilities.

Despite demonstration of good procedural reliability, the findings of the studies were modest and contrary to the positive findings of most of the extant research, suggesting the interventions may not translate to children with more significant disabilities in typical inclusive settings. Analysis of data also indicated that specific and idiosyncratic activities might be associated with higher levels of social interaction for individual children. A number of possible directions for future research and practical implications will be considered.
This paper presents results from center- vs. home-based intervention programs for 5-6-year olds from disadvantaged socio-economic conditions. The Home Intervention Model developed in 1982 is now a nation wide program. Its evaluation research compared children from educational preschools, custodial preschools, and home-care without preschool attendance. In each group half of the mothers attended a training program and the other half did not. There were 102 experimental and 115 control mother-child pairs. Two follow-up studies were conducted between 1982-2004, the first 6 years, and the second 22 years later. In addition, a quantitative and a qualitative evaluation study were carried out with different samples after the program went on-scale nationwide. These studies revealed optimal outcomes for those children who attended educational preschool centers and whose mothers received mother training.

The Summer-School Intervention Model is multi-dimensional. It combines a center-based model with family focus, provides an accelerated curriculum of 10 weeks, and has a language component devised for bilingual and monolingual children from under-resourced environments. The evaluation research of the first implementation with bilingual children (pre-post control group quasi-experimental design, 92 in experimental and 93 in control group) revealed significant effects of the program on pre-literacy, pre-numeracy, and linguistic (syntactic and narrative) skills.

Although there are as yet no follow-up results for the summer-school model, the comparison of the two models suggests that a viable intervention model for children from low socio-educational backgrounds is a combination of center-based and parent focused approaches where the center supports the child with a structured program to develop preschool skills, and parent-training sets the home context for the effective appropriation and sustenance of these skills.
This paper discusses a population-based, longitudinal project that draws upon the interdisciplinary collaboration of developmental psychologists, neonatologists, developmental pediatricians, early childhood educators, early interventionists, and epidemiologists in a study of the developmental trajectories of at-risk children. Using a cohort of children born in 1996-97, and followed until 2004, this project uses universal linked databases and examines the trajectories of a population of high-risk infants who were treated in Neonatal Intensive Care Units (NICUs).

The main objective of this study is to compare the medical histories, developmental trajectories, and longer-term educational outcomes of the at-risk NICU children with a matched, non-risk comparison group. In this presentation, researchers will describe Phase I of this project, which provides population-based health data on the diagnoses, procedures, and medical interventions the children received from birth to age 9. An overview of Phase II of this study will follow, with preliminary findings in the linked data with health and educational outcomes of at-risk children compared to the same comparison group of non-risk children.

Educational outcomes include the assignment of psychoeducational and/or medical classifications that at-risk children receive in the education system, and scores on standardized measures of academic achievement in the 4th and 7th grades. The current project, one of the first of its kind in North America, has the advantage of studying an entire population by linking data from Canada’s universal health care system and the province of British Columbia’s universal educational system. The data will also permit researchers to explore the impact of various socio-demographic neighborhood features (e.g., income, poverty, employment variables) on the children’s health and development through the use of additional educational and mapping data sources.
This paper summarizes the findings of a UK-based survey on the views of occupational therapists who work with preterm children in various pediatric settings. Given the medical and technological advances that lead to the survival of many preterm infants and consequently to the increasing number of difficulties these children tend to present with, the survey’s purpose was (1) To map the field of pediatric services in the UK and monitor how many and what type of occupational therapists (OTs) work with preterm children who attend mainstream schooling and present with specific learning difficulties; (2) To investigate what the nature of these children’s difficulties are both in terms of specific developmental components and areas of academic performance; and (3) To highlight the main factors reported to inform pediatric OTs’ clinical decision-making in everyday practice given the limited OT-specific evidence in this clinical field. The survey was the first stage of a mixed-method design study, which has also employed online discussion groups and interviews.

Findings of this survey, including the different types of preterm children’s difficulties and justification of the use of OT in early intervention services, will be discussed.
For early childhood intervention services to be effective, it is essential that there is agreement about what they are trying to achieve and what the desired outcomes are. However, shifts in early intervention philosophy and practice have been accompanied by changes in how we conceptualize what outcomes we are seeking for children and families. The result is that there may no longer be a clear consensus in the early childhood intervention field as to what the desired outcomes are.

This paper explores why we should be interested in outcomes, and what outcomes parents and human service providers are seeking for children with and without developmental disabilities. A set of outcomes for early childhood intervention services will be presented, and the commonalities and differences between these outcomes and those we might seek for all children will be explored. The paper will also outline a step-by-step process for achieving outcome-based service delivery in early childhood intervention services. This is based on the importance of starting with the end in mind, and clearly distinguishing between means and ends at all times.
Mission Australia is a large national agency with multiple service streams which include homelessness, youth, and mental health, as well as child and family services. Within the child and family stream, the organization provides mainstream early childhood and specialist early childhood intervention services in disadvantaged communities. The early intervention services target a range of vulnerabilities including disability and delay. Like many human service organizations there has been a move away from solely reporting on inputs, activities, and outputs to measuring outcomes. Given the diversity of client groups, program types and communities served, it was recognized that no single outcome measurement tool would be appropriate to all services. This fact, together with the diversity of staff roles and training backgrounds and their varying degrees of knowledge of outcome measurement, led to the development of an Outcomes Measurement Tool Kit as a resource for services. The kit includes definitions, a rationale for outcomes measurement, and information on outcomes hierarchies and the program logic model. It also includes sample outcomes measurement tools with supporting Excel forms and worksheets to aggregate data, factors to consider in the choice of an appropriate tool, and advantages and disadvantages of the different approaches.

This paper will demonstrate the kit and present data from the use of outcomes-focused approaches in different early childhood and early intervention services, such as an inclusive preschool and an itinerant consultancy service to mainstream early childhood settings. It will examine approaches to measuring outcomes for child, family, and community level interventions.
Recent research has demonstrated that the rapidly developing brain of the infant and young child is extremely vulnerable to adverse environmental inputs. These can impact on the structure of the brain and have social emotional consequences throughout the life course. We now understand that the pathways to many problems later in life – obesity and its medical and psychosocial consequences, aggression and violent behaviour and criminality, welfare dependency, mental health problems, poor school achievement, and illiteracy – often have their origins in pathways that begin much earlier in life, often in early childhood. A child’s developmental trajectory and life course is heavily influenced by events and circumstances in the early years.

Australia has a strong tradition of providing community-based health, education, and family support services that are accessible, affordable, and generally of high quality. These have evolved over many years; from a strong universal base, with a variety of secondary and tertiary services having been added and designed to address the particular issues of each time period. However, there is increasing evidence that the present service system is not always able to address the contemporary needs of children and their families. Major changes to the demographics and circumstances of families, with their associated changing issues and needs, have posed particular challenges for these services. Everywhere we look we see a service system under considerable stress, with often long waiting lists and client dissatisfaction, and with some children and families still falling between the cracks of the service system that has been designed to support them. In addition to creating pressure on professionals who work in the system and families who utilize the services, we are missing opportunities to intervene effectively early in the developmental pathways of many ‘at risk’ children, with subsequent human and financial costs.
Throughout its history in Australia, early childhood intervention has sought to balance two seemingly contradictory aims: to differentiate itself as a separate system from mainstream early childhood services, and to work towards the inclusion of its client group (young children with disabilities and their families) within their local communities. The first was seen as necessary to ensure both a clear funding base for service delivery and recognition of the professional expertise needed for effective intervention. A separate, specialized system does, however, have its disadvantages. Issues related to identification, referral, effective collaboration with generic services and, not least, establishing the efficacy of early childhood intervention remain problematic. Indeed, it may be that the attempts to differentiate have resulted in early childhood intervention being marginalized within a landscape which seeks to assist all families deemed to be vulnerable. In this view, the needs of families who have young children with disabilities and the professionals who work with them may not be well-served. Since policy aimed at differentiating the needs of particular groups may act against inclusion. A redefinition of the boundaries of the field and a rethinking of its relationship to mainstream services are therefore needed.

The current dialogue on the primacy of the early years thus presents both a challenge and an opportunity for those concerned with meeting the needs of young children with disabilities and their families. This paper will analyze the philosophies and policies underlying current notions of vulnerability and their implications for service provision to argue for a synthesis that acknowledges the uniqueness of the role of early childhood intervention while placing it firmly within the early years agenda.
## ISEI Participants

**The 2nd ISEI Conference**  
**Zagreb, Croatia, June 14-15, 2007**

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