



EBIFF

**Curriculum for the
professional training
in Early Childhood Intervention**



Draft version, Jan 2006

Manfred PRETIS

www.ebiff.org

This project is supported by the European Community within the framework of Leonardo da Vinci and BMBWK, Federal Ministry for Education, Science and Culture, Austria.

Acknowledgement

Working within a European context requires openness towards the diversity of ideas, respect concerning our dialogue and patience.

Working on our Leonardo da Vinci project is therefore comparable with Early Childhood Intervention:

- Dialogue with the family
- respect on behalf of values and believes
- patience that the family will find its own way of empowerment

As we are presenting our first draft product, as a coordinator of the project I wish to express my thanks to all partners and co-workers who – during the last year invested their energy and knowledge.

However, special thanks are given to Anneliese Uschnig MSc, the very busy heart of this project for her patience to collect all your ideas, sometimes to remind you kindly on behalf of specific tasks and to keep in touch with you.

This draft version can be regarded as a basis for a following dialogue. I am looking forward to it.

Manfred Pretis

Coordinator Leonardo da Vinci EBIFF

Graz, January 2006

Directory

1. Theoretical Approach

1.1. Background

1.2 Our focus on the issue of professional training

1.3. Basic hypothesis on behalf of the Curriculum

2. Key Areas

2.1. ECI-process-related key areas (1-4)

2.2. Key area 5: specific (functional) competencies

2.3. Key area 6: Personal competencies

3. Procedure

4. Description of Key Areas

4.1. Key area "Recognition/Detection"

4.2. Key area "Joining the Family"

4.3. Key area "Teamwork"

4.4. Key area "Individual intervention methods"

4.5. Key area "Specific (functional) Competencies"

4.6. Key area "Personal Competencies"

4.7 Key Area "Practice"

5. Future prospects

6. References

1. Theoretical Approach

1.1. Background

Based on previous attempts (Helios, Eurllyaid (www.eurllyaid.net, European Agency www.european-agency.org) the EBIFF-working group collected and summarized **key concepts relevant for professional training** in early childhood intervention (=ECI).

There is growing evidence and a broad consensus between the involved groups (parents, professionals, financial bodies, researcher) that despite the heterogeneity and diversity of ECI systems, screening methods, intake structures, interagency coordination, increasing numbers of attended children or centres etc. enormous challenges concerning comparable practices and standards are still open. Uniformity should not be expected (Guralnick 2005a) nor is it – in the European context - intended, but at least comparability should be given, especially on behalf of the major professional training challenges.

If we follow the Helios-report (1996) ECI can be described by subsequent challenges:

- working in and with different interacting systems (child, family, siblings, grandparents, involved professionals and significant others) in terms of human ecology (Bronfenbrenner 1979).
- centring on the families within a developmental perspective (Guralnick 2005a)
- Working with families with different values, be it with families from socially disadvantaged background or migrants.
- Working in and towards inclusive settings (Guralnick 2005b), especially taking into account peer-group inclusion of the disabled child.
- Working based on the relation and transactions between the key players (Sameroff & Chandler 1975)

- being on the one hand a “generalist” supporting families on behalf of different issues (information, coping, child care, financial aspects etc) and on the other hand “specialist” in terms of disabilities (e.g. 750 know genetic disorders associated with mental retardation or developmental disabilities; Bailey & Powell 2005, 170)
- working in transdisciplinary settings (Carpenter & Russell 2005, Pretis, 2001).

No wonder, that due to the complexity of professional challenges Guralnick (2005) warns, that the task of working in ECI can easily overwhelm even the most dedicated of professionals.

Discussion of quality and professional training emerged in Europe during the last years, after the implementation and institutionalisation of ECI: at least in Western Europe, following the key features of availability, proximity, affordability, interdisciplinarity and diversity of services (European Agency 2005). We observe, that ECI reaches between 2 and 7% of all children per birth year, even if the real intake rates might be lower due to coordination problems, fear of stigmatisation, or just “wait and see” (Gilliam et al. 2005).

We base our European efforts on the main hypothesis, that an improved (comparable) professional training situation shows positive impacts on the effects of Early Childhood Intervention.

1.2. Our focus on the issue of professional training

One of the thesis of Peterander (2005) is that a high degree of professionalism among specialists in individual and group therapy is vital for effective treatment. Pretis (1998) could show a significant correlation between the specificity of the training and perceived outcomes for children with Down`s Syndrome. On the other hand empirical data indicate, that the specific expertise of the experts shows considerable differences.

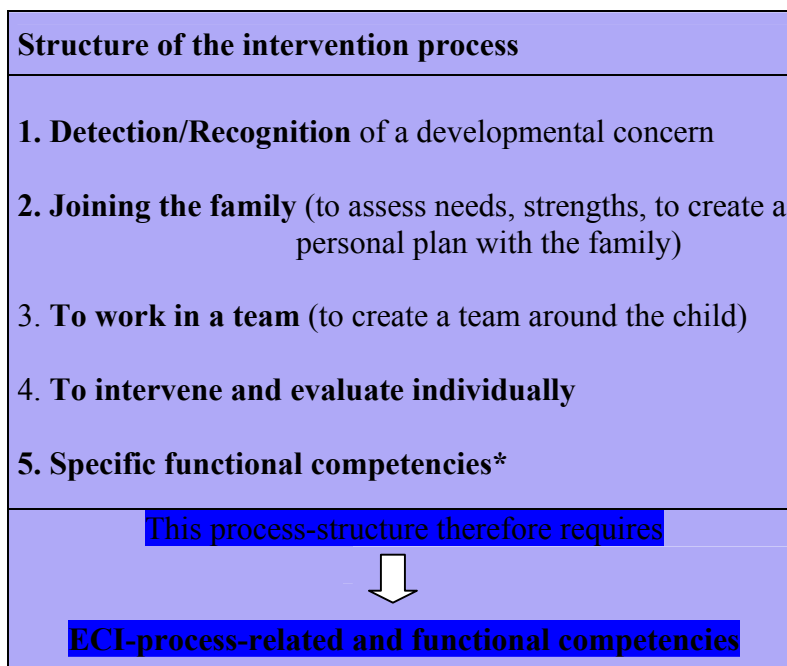
The double face of the new challenges of ECI is quite obvious: Better quality, more training, but less resources: on the one hand to increase the professionalism, on the other hand to decrease the price of the service for the financing bodies at the same time.

1.3. Basic hypothesis on behalf of the Curriculum

The draft version of the EBIFF-curriculum is based on 4 hypothesis:

Hypothesis 1: Process-related and (function)specific competencies

The structure of the curriculum might follow the structure of the ECI process (even though in reality processes might also take place parallel (Pretis 2006).





*The process itself might require some specific competencies, which are not directly related to the ECI-process, but might be useful in some situations (e.g. due to the own function in a team or due to the target groups of the ECI-process)

Hypothesis 1 implicates two key-areas of the training:

- a) **process-related competencies** (recognition/detection; joining the family, teamwork, intervention methods)
- b) **specific (functional) competencies** due to the function of the professional or due to the target group

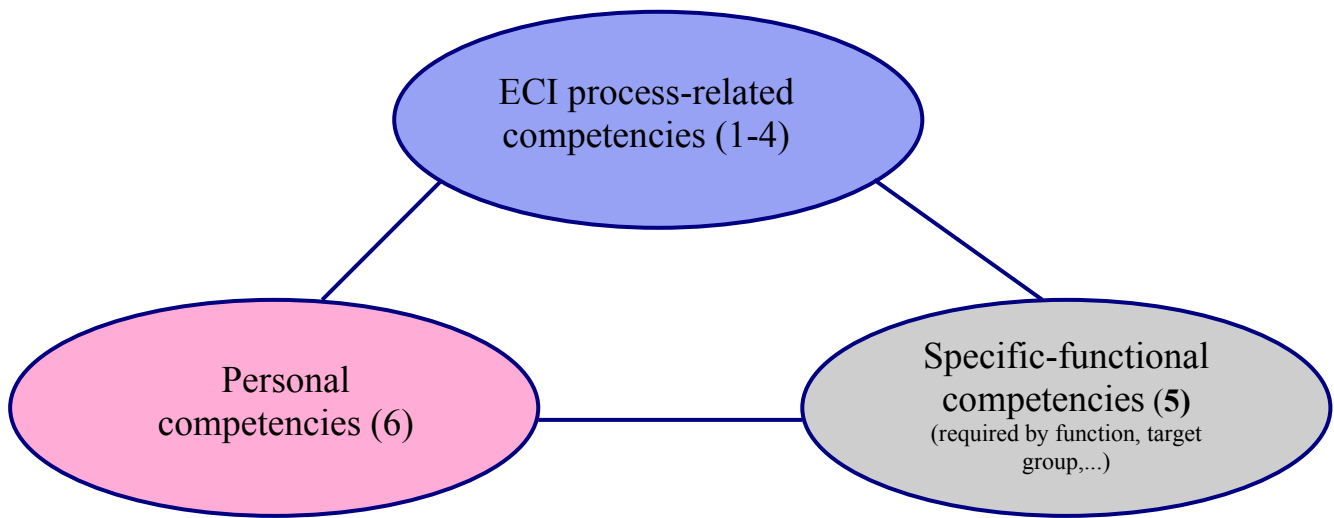
Hypothesis 2: Personal competencies

Due to the challenges ECI faces a curriculum might put an emphasis on “Personal Competences” (Pretis 2006), e.g. self reflection, communication skills, personal stability

<p>Personal Competences</p> <p>Can be regarded as the basis of work, as the personal relationship to the professional is assessed as crucial.</p> <p>Due to the interaction between other skills it is supposed that ECI related personal competences highly correlate with the personality of a professional</p> <div style="text-align: center; margin-top: 20px;">  </div> <p style="text-align: center; background-color: yellow;">Personal Competences (6)</p>	<p>Structure of the intervention process</p> <ol style="list-style-type: none"> 1. Detection/Recognition of a developmental concern 2. Joining the family (to assess needs, strengths, to create a personal plan with the family) 3. To work in a team (to create a team around the child) 4. To intervene and evaluate individually 5. Specific functional competencies* <div style="text-align: center; margin-top: 20px;"> <p style="background-color: blue; color: white; padding: 2px;">This process-structure therefore requires</p>  <p style="background-color: blue; color: white; padding: 2px;">ECI-process-related (1-4)</p> <p style="background-color: blue; color: white; padding: 2px;">and functional competencies (5)</p> </div>
---	--

Hypothesis 2 implicates the training within the key-area of **personal competencies**.

Graph 1: Relevant **key areas** for the training of professionals in ECI



Hypothesis 3: Practical Transfer

Within the professional training situation ECI requires “practical transfer”, therefore practice within the training is regarded as a *conditio sine qua non*.

Personal Competences	Structure of the intervention process	Practice
Can be regarded as the basis of work , as the personal relationship to the professional is assessed as crucial.	<ol style="list-style-type: none"> 1. Detection/Recognition of a developmental concern 2. Joining the family (to assess needs, strengths, to create a personal plan with the family) 3. To work in a team (to create a team around the child) 4. To intervene and evaluate individually 5. Specific functional competencies 	ECI process-related competencies and personal competencies have to be acquired validated by practical training.
↓ <b style="background-color: yellow;">Personal Competences	<b style="background-color: blue; color: white;">This process-structure therefore requires ↓ <b style="background-color: blue; color: white;">ECI-process-related competencies	↓ <b style="background-color: green; color: white;">Practical Training

Hypothesis 4: Comparability of the Curriculum

The EBIFF curriculum should be based on current European mainstream tendencies and should allow comparability (within the European Union, to existing structure or similar professional trainings)

To allow comparability of the curriculum within the European Context a system within the **European Quality Framework (EQF)** is applied, which follows broader tendencies within the European Union.

This concept focuses on “**Learning outcomes**”: Learning outcome is seen as a Statement, of what a learner is expected to know, understand and/or be able to demonstrate after completion of any learning process or at the end of a period of learning”.

This includes (**K-S-C-model**)

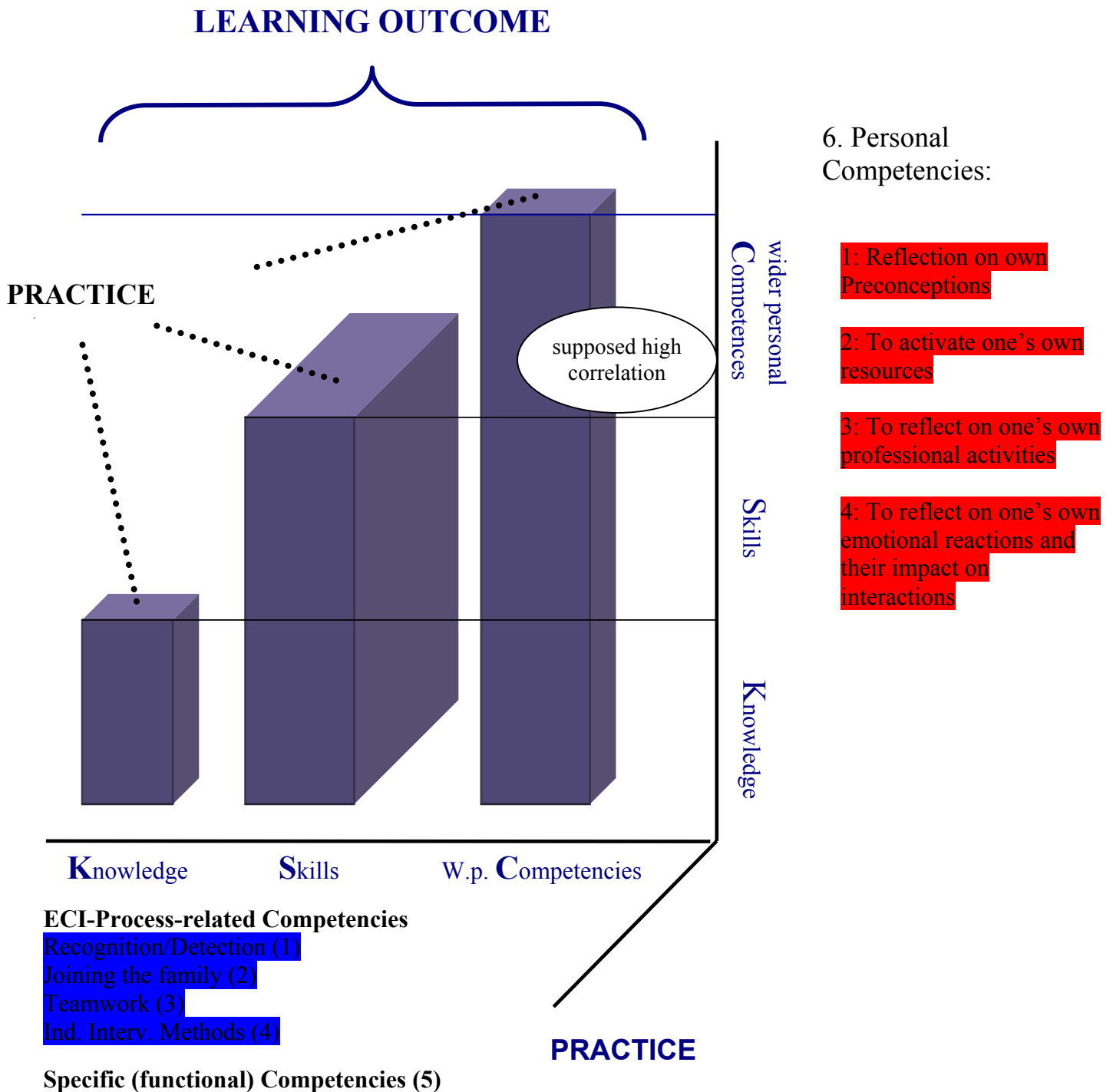
- **knowledge** (to know about and to know how), in terms of cognitive competence involving the use of theory and concepts, as well as informal tacit knowledge gained experientially
- **skills** (to be able to actually do) in terms of functional competence, those things that persons should be able to do, when they are functioning in a given area of work, learning or social activity and
- **wider personal competencies** (knowing how to conduct oneself in a specific situation and ethical competence involving the possession of certain personal and professional values).

It is noteworthy (see graph 2) that there is a high correlation between

- a) the **key area** “personal competencies” and
- b) the aspect of promoting **wider personal competencies within the KSC-model**.

This means that you will find aspects of **wider personal competence-promotion** in every key area and teaching unit and there is a defined key area, which specifically deals with this issue – even if the contents sometimes might correlate highly.

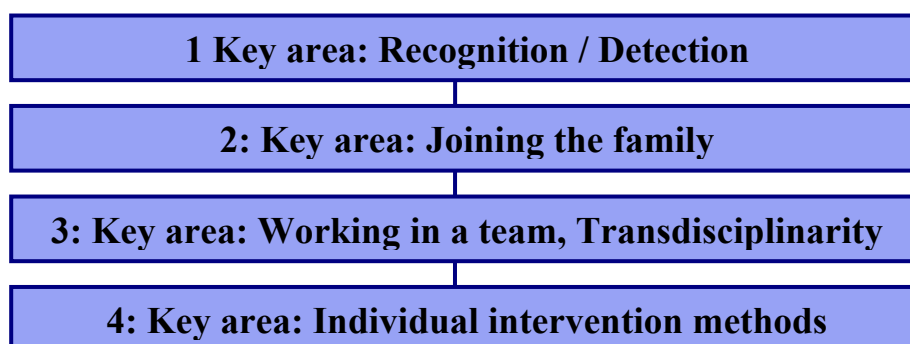
Graph 2: Connection of key area 'Personal Competencies' to other key areas including the concept of knowledge, skills and wider personal competencies.



2. Key Areas

2.1. ECI-process-related key areas (1-4)

The required competencies follow the logical process in early childhood intervention:



2.2. Key area 5: specific (functional) competencies:

Key area: Specific Competencies	e.g dependent on personal professional education
	e.g dependent on function, e.g.: manager, ...
	e.g dependent on target groups, e.g.: migrants, social disadvantaged,...
	e.g dependent on institutional requirements, e.g. specialized knowledge
	e.g dependent on e.g. legal requirements of ECI

2.3. Key area 6: Personal competencies:

Key area: Personal Competencies	▪ reflecting on one's own preconceptions
	▪ activating one's own resources
	▪ reflecting on one's own professional activities
	▪ reflecting on one's own emotional reactions and their impact on interactions

3. Procedure

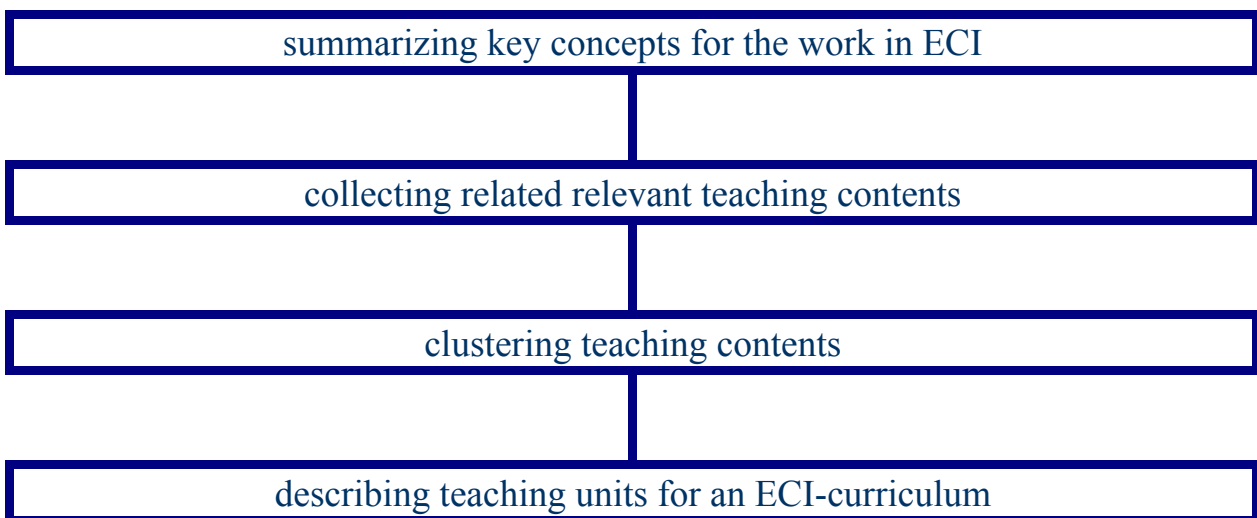
In order to collect deep information about which kind of training requirements are regarded as relevant and about which kind of skills should be trained for professionals working in **early childhood intervention**, a guideline for an qualitative interview has been produced.

With this guideline professionals, teachers and parents in the field of early childhood intervention in our partners countries have been interviewed in order to draw a common picture of necessary knowledge and necessary competencies an ‘early childhood interventionist’ should have.

The interviewees have been asked to take some time for reflection on the issues to judge them as relevant or not relevant, to think of additional issues, which he/she considers as relevant and to add related teaching contents.

Frequencies of given answers have been analysed. Related teaching contents have been clustered.

A draft version of a curriculum – including all relevant issues of early intervention – has been produced.



4. Description of Key Areas

The draft version of the curriculum follows a logic (numeric) structure within 3 numeric steps for the numbering of the teaching units:

1 st number:	2 nd number:	Additional information (X):	3 rd number:	Text:
Number of Key area	Number of Cluster	Name of Heurism	Number of Teaching unit	Name of the teaching unit

((X): in some cases – if the clusters are very big)

Example: 1.3.7:

Key area 1: = Recognition/Detection

Cluster 3: = to know about related domains

Teaching unit 7: = orthopaedics

Preliminary remarks

- a) It is noteworthy, that issues of **practical transfer** (cluster 4.7) are highly correlated with the acquisition of skills within the KSC-model. It means that – especially on behalf of skills you will find links to the practical transfer (key area 4.7)
- b) There is a supposed high correlation between the aspect of “**wider personal competencies**” within the K-S-C model and the key area “Personal competencies”. However it seems evident, that personal competencies play a key role within most of the stages of an ECI-process. Acquired knowledge and skills can only be transferred into evidenced based practice, if this process is guided by a reflection of the own personality. Therefore we clearly insist, that the key area “Personal competencies” has to be a well-defined part of the curriculum and cannot be reduced to a “appendix” of the K-S-C model.

There was some discussion in the group about the status of the key-area “Personal competencies”: whether this aspects can be regarded as an autonomous key-area or if it is only a self-reflective part of “knowledge and skills” in terms of wider personal competencies. Due to empirical data (Pretis 1998) we suppose that a well-defined self-reflection process (in terms of units) with external supervisors or within the professional peer-group is able to increase the quality of the service. Therefore – in comparison to Austrian Training Programs (Vienna, Graz) the key area “Personal Competencies” is regarded as a own independent area, even if you will find numerous links to the aspect of wider personal competencies.

Table 1: Overview of the curriculum

Key area	Cluster	heurism	units
Recognition/ Detection	1 Normal development	- Biological development - Psychological development/Learning -Social emotional development	1-7 8-11 12-16
	2 Various disabilities	- General and specific contents - Causes of disability - Psycho-social emotional area - Detection/Diagnosis	1-11 12-15 16-21 22-24 1-15
	3 Related domains (genetics. Neurology...)		
	4 Assessment tools for young age	- assessment tools (general) -Different assessment tools (application)	1-6 7-13
	5 The impact of the environment		1-7
Joining the family	1 Functioning of family systems		1
	2 Various challenges families encounter		1
	3 Family systems coping with disability		1
	4 Various challenges professionals encounter in communication and interaction with the family system		1
	5 To approach to the family system in a holistic way		1
	6 To co-construct a plan of intervention with the family		1
Teamwork	1 General aspects of team work		1-6
	2 Team work in early childhood intervention centres		1-4
	3 Ethics in ECI		1-3
	4 Assessment of (quality) of services		1-3
	5 Research findings in ECI		1-3
Individual intervention methods	1 Key concepts and philosophies in ECI	-History and general knowledge - Models of ECI	1-2 3
	2 Planning the intervention		1-4
	3 Evidence based intervention methods	- child centred intervention methods - family centred methods - system centred methods - Family counselling - Documentation	1 2 3 4-5 6
	4 Evaluation		1-3
Specific functional competencies	1 Due to the function in an ECI team	- Management function - Other function	1-6 7
	2 Due to the target groups		1-4
	3 Due to institutional requirements		1-3
	4 Due to legal frameworks		1-2
Personal Competencies	1 Reflection of the own Preconceptions		1-3
	2 To activate one's own resources		
	3 To reflect on one's own professional activities		
	4 To reflect on one's own emotional reactions and their impact on interactions		
Prac tice	1 Practice		1

4.1 KEY AREA: RECOGNITION / DETECTION

CLUSTER 1: Normal development (biological, psychological and social development)

Heurism: Biological development

related knowledge	related skills	wider <u>Personal Competencies</u>
<p>Knowledge about the normal , subnormal and pathological/ development in terms of a bio-psycho-social model of health and disease</p> <p>including <u>biological psychological</u> and <u>social-emotional</u> development, <u>classification systems</u>: and <u>learning</u></p>	<p>The learner should be able to recognize the individual's bio-psycho-socio/emotional stage of development according to a certain theory of reference</p>	<p>Competence to distinguish between the individual's evaluation and the theory of reference (e.g. being able to have an operative model of reference, but not being overwhelmed by it).</p> <p>Being able to communicate about owns theory of reference</p>

Teaching unit 1.1.1.: Fundamentals of neuroanatomy and neurophysiology of child development

Teaching unit 1.1.2.: Developmental Neuropsychology (Cognitive development, Psychomotor development, Language development)

Teaching unit 1.1.3.:Brain Plasticity theories

Teaching unit 1.1.4.:Scientific Studies on Child Personality (biological bases)

Teaching unit 1.1.5.:Theories of child physical development

Teaching unit 1.1.6.: Theories of child functional development

Teaching unit 1.1.7.: Classification Systems (ICD, DSM, ICF)

Heurism: Psychological development: Learning

related knowledge	related skills	wider <u>Personal Competencies</u>
<p>Knowledge about normal, subnormal and pathological psychological development</p>	<p>Ability to apply theories and derived methods of diagnosis or intervention</p>	<p>Competence to integrate knowledge from different sources</p>

Psychological development	<u>Teaching unit 1.1.8.: Theories of child psychological development</u>
	<u>Teaching unit 1.1.9.: Developmental Psychology (birth to aging)</u>
	<u>Teaching unit 1.1.10.: Child Psychopathology</u>

Learning	<u>Teaching unit 1.1.11.: Learning theories</u>
-----------------	--

Heurism: Social emotional development

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about normal, subnormal and pathological social emotional development	Ability to apply theories and derived methods of diagnosis or intervention	Competence to integrate knowledge from different sources

Teaching unit 1.1.12.: <u>System theory</u>
Teaching unit 1.1.13.: <u>Theories of child socio/adaptive development</u>
Teaching unit 1.1.14.: <u>Psychology of the cultural differences in development</u>
Teaching unit 1.1.15.: <u>Scientific Studies on Child Personality (environmental bases)</u>
Teaching unit 1.1.16.: <u>Theories of psycho-socio-emotional development</u>

CLUSTER 2: Various disabilities

Heurism: General and specific contents

related knowledge	related skills	wider <u>Personal Competencies</u>
To know about various forms of disability, their medical, psychological and sociological implication.	To be able to assess the importance of various forms of disability concerning the intervention methods and goals.	To be able to communicate with parents about causes, status quo and possible prognosis concerning various forms of disability. See also <u>4.6 Personal Competencies</u>

<u>Teaching unit 1.2.1.: General theories about disability: definition, updated theories, epidemiology, models of reference (what is a disability, etc...)Disability/handicap</u>
<u>Teaching unit 1.2.2.: Intellectual Disability</u>
<u>Teaching unit 1.2.3.: Physical disability</u>
<u>Teaching unit 1.2.4.: Generalized developmental disabilities including Developmental disorders of unknown etiology</u>
<u>Teaching unit 1.2.5.: Neuromotor deficiencies or disorders</u>
<u>Teaching unit 1.2.6.: Multi developmental disorders</u>
<u>Teaching unit 1.2.7.: Most common syndromes (down syndrome, fragile X, prader willi, including Fundamentals of Medical complications connected to disability : most common syndromes and Fundamentals of biological parameters of most common syndromes</u>
<u>Teaching unit 1.2.8.: Sensorial deficiencies, hearing and vision problems, including audiology (developmental and pathology),</u>
<u>Teaching unit 1.2.9.: Behavioural problems including Social adaptation problems and theories of behavioural disorders</u>
<u>Teaching unit 1.2.10.: Autism</u>
<u>Teaching unit 1.2.11.: Minority syndromes</u>

Heurism: Causes of disability

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about different causes of disability	Ability to communicate chances and limits	Reflexion on ethical issues (Prenatal Screening...). See also <u>4.6 Personal Competencies</u>

<u>Teaching unit 1.2.12.: Fundamentals of genetics</u>
<u>Teaching unit 1.2.13.: Fundamentals of toxic agents in disabilities</u>
<u>Teaching unit 1.2.14.: Main studies in Disability Causes (be it peri/post/pre natal causes)</u>
<u>Teaching unit 1.2.15.: Fundamentals of metabolic disorders</u>

Heurism: Psycho-social emotional area of disability

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about the Psycho-social emotional area of disability.	Ability to identify emotional disorders, Knowledge about related disciplines.	e.g. being aware of the psycho-social issues implicated in disability. See also 4.3. <u>Ethics in ECI</u>

Teaching unit 1.2.16.: Dual Diagnosis theories and Classification

Teaching unit 1.2.17.: Theories of personality disorders

Teaching unit 1.2.18.: Theories of behavioural disorders

Teaching unit 1.2.19.: Studies on psychosocial aspects of disability

Teaching unit 1.2.20.: Theories on Special Education

Teaching unit 1.2.21.: Main theories on Clinical Psychology

Heurism: Detection/Diagnosis

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about Detection and Diagnosis	The person should be able to recognize the individual's disability according to precise tools for assessment.	Ethic guidelines for assessment processes and results communication See also 4.3 <u>Teamwork</u>

Teaching unit 1.2.22.: Models of assessment for disability

Teaching unit 1.2.23.: Models of assessment for personality/emotional disorders

Teaching unit 1.2.24: Other relevant

CLUSTER 3: Related domains (genetics, neurology, speech therapy,...)

related knowledge	related skills	wider <u>Personal Competencies</u>
To know about basic domains of related areas in the medical, psychological, pedagogical and rehabilitative field.	<p>To be able to recognise main concepts of related areas, To identify areas of possible intervention or assessment.</p> <p>To understand the language and concepts of related scientific areas.</p>	<p>Capacity of acquainting standards of practice and the ethical guidelines for working within the developmental disability field.</p> <p>Capacity of collaborating with other professionals in the same or other areas of specialization.</p> <p>See also 4.3 <u>Teamwork</u></p>

<u>Teaching unit 1.3.1.: audiology and ophthalmology (development and pathology)</u>
<u>Teaching unit 1.3.2.: Neurology including neurophysiology (development and pathology)</u>
<u>Teaching unit 1.3.3.: biochemistry (development and pathology)</u>
<u>Teaching unit 1.3.4.: neonatology</u>
<u>Teaching unit 1.3.5.: neuropaediatrics (development and pathology)</u>
<u>Teaching unit 1.3.6.: neurology (brain development and pathology)</u>
<u>Teaching unit 1.3.7.: orthopaedics (development and pathology)</u>
<u>Teaching unit 1.3.8.: (General) Psychology</u>
<u>Teaching unit 1.3.9: Physiotherapy (rehabilitation)</u>
<u>Teaching unit 1.3.10: Speech therapy</u>
<u>Teaching unit 1.3.11: Social work</u>
<u>Teaching unit 1.3.12: Education (special and social education)</u>
<u>Teaching unit 1.3.13: Psychotherapy</u>
<u>Teaching unit 1.3.14: Occupational therapy</u>
<u>Teaching unit 1.3.15: Other relevant</u>

CLUSTER 4: Assessment tools for young age

Heurism: Assessment tools (general)

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge in assessment instruments and assessment methods (tests, observation etc.).	Capacity of selecting, using and interpreting an appropriate tool for assessment referring to an appropriate knowledge of tests theory and techniques. Co construction of an assessment-reality.	Skill to communicate results and methods. See also <u>4.6 Personal Competencies</u>

<u>Teaching unit 1.4.1.: Fundamentals of descriptive and inferential statistics</u>
<u>Teaching unit 1.4.2.: Fundamentals of psychometrics</u>
<u>Teaching unit 1.4.3.: Fundamentals of standardized evaluation tests including Training in assessment tools according to discipline (psychometrics, bio-medical parameters, etc..)</u>
<u>Teaching unit 1.4.4.: Assessment techniques (psychological, pedagogical, family-system-oriented including Knowledge of structured scheme/instrument how to assess environmental influence to a child and his/her development</u>
<u>Teaching unit 1.4.5.: Fundamentals of diagnosis tests including assessment tools for different developmental domains and early assessment</u>
<u>Teaching unit 1.4.6.: Quantitative and Qualitative interpretation of assessment processes</u>

Heurism: Different assessment tools (application)

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge in assessment instruments and assessment methods (tests, observation etc.).	Co-construction of an assessment-reality Ability of detecting the same aspect using different assessment tools (and ability to know when changing tool according to the individual's needs)	Skill to communicate results and methods. See also 4.6 Personal Competencies in terms of the impact of own professional activities
	Importance of practical transfer (see 4.7)	

<u>Teaching unit 1.4.7.: Baby observation techniques</u>
<u>Teaching unit 1.4.8.: Psychological tests</u>
<u>Teaching unit 1.4.9.: Play time techniques</u>
<u>Teaching unit 1.4.10.: Functional Tests (cognitive tests, movement tests, etc...)</u>
<u>Teaching unit 1.4.11.: Developmental Checklists</u>
<u>Teaching unit 1.4.12.: Observation methods</u>
<u>Teaching unit 1.4.13.: Other relevant</u>

CLUSTER 5: The impact of the environment

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about environmental impacts	To be able to deal with different life or society contexts	knowing how to conduct oneself in a specific situation and ethical competence. See also <u>4.6 Personal Competencies</u>

<u>Teaching unit 1.5.1.: Family Psychology</u>
<u>Teaching unit 1.5.2.: Ecological Theories [Knowledge about life contexts and society contexts</u>
<u>Teaching unit 1.5.3.: Theories of religions differences (in coping with disability)</u>
<u>Teaching unit 1.5.4.: Fundaments of Sociology (family sociology, cultural sociology, sociology of pathological situations</u>
<u>Teaching unit 1.5.5.: Fundamentals of Civil Right/Social Rights of Persons (especially Persons with DD)</u>
<u>Teaching unit 1.5.6.: Knowledge of structured scheme/instrument how to assess environmental influence to a child and his/her development</u>
<u>Teaching unit 1.5.7.: Other relevant</u>

4.2. KEY AREA: JOINING THE FAMILY

CLUSTER 1: Functioning of family systems

related knowledge	related skills	wider <u>Personal Competencies</u>
Family systems theory and systemic approach, Theoretical frameworks.	Evaluation/ Assessment of the family as a system.	Developmental approach to the family as a system. Tolerance to social diversity of families. Recognition of need of changes. Reflections on own (as a professional and as a human being) attitudes accepting family as system. See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

Teaching unit :2.1.1 System theory

CLUSTER 2: Various challenges families encounter

related knowledge	related skills	wider <u>Personal Competencies</u>
Developmental phases/stages of the family; Family needs and personal needs; Strategies to approach family problems	Evaluation/assessment of family (family member) needs Appropriate style of communication (talking/listening) with family regarding the disability of the child	Positive attitudes towards families in complicated situations (because of child disability etc.) Emotional stability and self-controlling in critical situations Critical thinking (reflectivity ...) See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

Teaching unit: 2.2.1 Family circles and crisis

CLUSTER 3: Family-systems coping with disability

related knowledge	related skills	wider <u>Personal Competencies</u>
Theories and models of adaptation and adjustment to disability.	Recognition and Identification of resources (internal and external) and using them.	Professional ethics in terms of positive attitudes towards disability. Empathy, Reflectivity, Critical thinking/Revision on own (as a human being and as a professional) values, attitudes. Revision on own professional identity (functions and roles working the families in complicated situations). See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

Teaching unit.: 2.3.1 Models of adaptation to disability

CLUSTER 4: Various challenges professionals encounter in communication and interaction with the family system

related knowledge	related skills	wider <u>Personal Competencies</u>
Communication theories and strategies; Professionals and family relations.	Using the strategies for understanding of the family	Accept the responsibility of own activity (either positive or negative) Self-reflections in order to recognise own reactions in complicated situations Predisposition of exchange own knowledge and attitudes with others, striving for consensus See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

Teaching unit 2.4.1.: Professional and family relations

CLUSTER 5: To approach the family system in a holistic way (always dealing with the background, network and traditions)

related knowledge	related skills	wider <u>Personal Competencies</u>
Ecological approach; Cultural anthropology/intercultural relations; Family psychology; Family intervention.	Evaluation/ assessment of a child (family) in a wider social context.	Tolerance of the diversity of family social-cultural characteristics Respect of family values Revision on own attitudes towards the disability Self-confidence, trust to own abilities, self-respect. See also 4.6 Personal Competencies
Importance of practical transfer (see 4.7)		

Teaching unit: 2.5.1 Ecology of ECI

CLUSTER 6: To co-construct a plan of intervention with the family (empowerment, resilience) and to know about the concept of partnership

related knowledge	related skills	wider <u>Personal Competencies</u>
Intervention planning; Models and experiences of intervention; Cooperation with the family in EI.	Using main principles and instruments of identification of family needs and wishes related to the education of the child; Using the main strategies of intervention planning involving the families into the process	Appreciation of equality in the team (among the members including families); Positive professional attitudes/capacities in order to be able to work with the family; Reflections on various ways a family can act and show some behaviour (overprotective). See also <u>4.4 Individual Intervention Methods</u> and <u>4.6 Personal Competencies</u>
Importance of practical transfer (see 4.7)		

Teaching unit: 2.6.1 Intervention/Cooperation in EI

4.3. KEY AREA: TEAMWORK

CLUSTER 1: GENERAL ASPECTS OF TEAM WORK

related knowledge	related skills	wider <u>Personal Competencies</u>
General theoretical knowledge on the issue “Teamwork”.	Students have to show competence when directing, leading and organising groups. Applying and putting into context techniques and strategies of team work. Using communicative skills and competences.	Values: commitment, respect and non-invasion Attitudes of active listening, empathy, active participation, positive attitude to learn and work in group Knowing how to transmit their knowledge and ideas clearly and respectfully. See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7) in terms of e.g team supervision	

Teaching unit 3.1.1.: What is team work?

Teaching unit 3.1.2.: Theoretical basis of team work

Teaching unit 3.1.3.: Leadership

Teaching unit 3.1.4.: Motivation

Teaching unit 3.1.5.: Techniques and strategies of team work

Teaching unit 3.1.6.: Attitudes in team work

CLUSTER 2: Team work in early childhood intervention centres

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge on requirements, basic dimensions and coordination of teamwork.	Use of main techniques, recordings... helpful when planning in group. Applying and putting into context protocols to promote interdisciplinary aspects. Being competent in leadership and use of strategies /protocols to coordinate groups. Being competent when applying working methodology that allows families to participate in their child's program	Awareness of working in networks. Collaboration to make efficient coordination of the team feasible. Valuing and respecting customs and performance of other professionals, families and external services. See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7) in terms of reflection and feedback processes	

Teaching unit 3.2.1.: Requirements to team work in ECI

Teaching unit 3.2.2.: Basics dimensions of team work in ECI

Teaching unit 3.2.3.: Coordination of team work

Teaching unit 3.2.4.: Coordination with the family

CLUSTER 3: Ethics in ECI

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge on ethical aspects in EI	Being competent when applying and putting into context protocols and assessment tools. Use of motivational strategies in order to involve all the professionals in the centre.	Commitment. Respect. Interest to carry out assessment. Self-reflection, reflection. Rigour. See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

Teaching unit 3.3.1.: Ethical principles: Confidentiality, privacy, data protection, etc

Teaching unit 3.3.2.: Ethical aspects in ECI

Teaching unit 3.3.3.: Adjustment of practices in EI to values, beliefs and cultural practices of each family

CLUSTER 4: Assessment (of quality) of service

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge on Assessment of Quality of the service provided	Students will have to be competent when ensuring confidentiality, privacy and data protection of the families and the children in the early intervention centre. When adjusting their professional practice to the beliefs, values and rearing practice of the families they attend to.	Respect, positive assessment and non-intrusion towards the different cultures of families and professionals in the centre. Commitment with ethical aspects. See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

Teaching unit 3.4.1.: Dimensions, sub dimensions and indicators of Q in ECI centres

Teaching unit 3.4.2.: Models, systems, protocols and assessment tools

Teaching unit 3.4.3.: Participation of all agents when assessing the service

CLUSTER 5: Research findings in ECI

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge on Research issues in ECI.	Students should be competent when using databases, searching and getting documentation, and using resources. Designing and carrying out a research project in their centre (i.e., being able to detect and define needs or problems, define objectives, propose the most suitable methodology, etc.) with the support from a person with expertise in projects.	Commitment, respect, rigour, interest, and self-reflection.

Teaching unit 3.5.1.: Introduction to research

Teaching unit 3.5.2.: Current research in ECI

Teaching unit 5.3.: Project management

4.4. KEY AREA: INDIVIDUAL INTERVENTION METHODS

CLUSTER 1: Key concepts and philosophies in ECI

Heurism: History and general knowledge

related knowledge	related skills	wider <u>Personal Competencies</u>
historical development of ECI including development of different key concepts (prevention, family-orientation, needs-orientation...)	Being aware of the connection between ECI practice and theoretical and historical background	Reflection about own motivation to work in Early childhood intervention See also <u>4.6 Personal Competencies</u>

Teaching unit 4.1.1.: History of ECI

Teaching unit 4.1.2.:General knowledge of key concepts

Heurism: Models of ECI

related knowledge	related skills	wider <u>Personal Competencies</u>
Theoretical knowledge and principles for practice. E.g. expert model, co-therapist-model, partnership model, consumer model..	to reflect impacts according to a theoretical and work model. To be able to use models in a dynamic way	Reflection on own experience concerning different working models See also <u>4.6 Personal Competencies</u>

Teaching unit 4.1.3.: Models of ECI

CLUSTER 2: Planning the intervention

related knowledge	related skills	wider <u>Personal Competencies</u>
knowledge about how to link assessment and intervention (resource-oriented), Knowledge how to use hypothesis and relate them to models. Knowledge how to define functional and realistic goals based on person centred planning. Knowledge about working contracts	to be able to interpret results based on multidimensional assessments. To be able to extract personal hypothesis-oriented working models (why are we doing what with which purpose) To be able to write a multidimensional personal centred plan	To work and share experience and/or hypothesis in a team. To be flexible concerning working models. To be able to communicate own hypothesis. To be able to assess and exchange realistic goals. To deal with unrealistic expectations. See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

<u>Teaching unit 4.2.1.: To link multidimensional assessment with a goal-defining process within a transdisciplinary process</u>
<u>Teaching unit 4.2.2.: To create and exchange model</u>
<u>Teaching unit 4.2.3.: To create and exchange functional and realistic goals based on existing resources</u>
<u>Teaching unit 4.2.4: To define hypothesis based on empirically observable working methods</u>
<u>Teaching unit 4.2.4.: To communicate and contract defined goals with the parents and/or other involved partners.</u>

CLUSTER 3: Evidenced based intervention methods

Heurism: Child-centred interventions methods

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about hypothesis-based empowerment and developmental stimulation methods on diverse developmental domains of the child: e.g. motor behaviour, cognition, perception, language and communication, social-emotional development, play...)	To be able to integrate knowledge and skills concerning normal development, disability and therapeutic/stimulation techniques within a meaningful way into the world of the child.	To empower children and follow the way, children create their world. To motivate, reinforce and initiate new hypothesis-based experience for the child
Importance of practical transfer (see 4.7)		

Teaching unit 4.3.1: to know about child-centred interventions methods

Heurism: Family-centred interventions methods

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about hypothesis-based empowerment techniques of families (including siblings and grandparents), , including parent-guidance support of siblings, working with grief...	To be able to integrate knowledge and skills concerning family systems, systems within a meaningful way into the world of the family and create possibilities for change	To empower parents and differentiate between own role-models and the target systems. To communicate with adults in a respectful way. See also 4.6 Personal Competencies
Importance of practical transfer (see 4.7)		

Teaching unit 4.3.2: to know about family-centred interventions methods

Heurism: System-centred interventions methods

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about hypothesis-based empowerment techniques in broader ecological relevant settings	To be able to work in different ecological relevant settings (e.g. kindergarten...)	To be able to understand different social codes, to respect values and to adapt owns behaviour to different norms See also 4.6 Personal Competencies
	Importance of practical transfer (see 4.7)	

Teaching unit 4.3.3: to know about system-centred interventions methods

Heurism: Family counselling

related knowledge	related skills	wider <u>Personal Competencies</u>
Knowledge about how to welcome the family, how to listen to families, needs-assessment, crisis intervention, empathetic understanding...	counselling as a sharing of experience and values and initiating change processes in families	To be interested in communication and perceive one owns role as a counsellor.
	Importance of practical transfer (see 4.7)	

Teaching unit 4.3.4.: Theories for family counselling

Teaching unit 4.3.5: Communication techniques

Heurism: Documentation

related knowledge	related skills	wider <u>Personal Competencies</u>
To know about documentation standards and diverse documentation systems	To be able to apply relevant documentation systems and exchange relevant documentation data	To communicate about challenging contents (disability, prognosis....) See also <u>4.6 Personal Competencies</u>
	Importance of practical transfer (see 4.7)	

Teaching unit 4.3.6: Documentation of the intervention process.

CLUSTER 4: Evaluation

related knowledge	related skills	wider <u>Personal Competencies</u>
<p>To know about evaluation diverse systems, levels (conceptual, structural, formative, result-oriented) and tools</p> <p>To know about self evaluation, internal and external evaluation</p> <p>To know about the link between goal-definition process, intervention, documentation and evaluation</p>	<p>To determine a transparent evaluation strategy</p> <p>To be able to differentiate diverse evaluation strategies and to assess the feasibility of a strategy</p> <p>To link the individual goal definition process with interventions and evaluation by means predefined observable criteria</p>	<p>To be interested in the results of own work and initiate changes based on feedback</p> <p>To be able to assess, which method could answer which question</p> <p>Self criticism and ability to exchange about the own behaviour</p>
<p>Importance of practical transfer (see 4.7)</p>		

Teaching unit 4.4.1.: General issues on Evaluation

Teaching unit 4.4.2.: to know about diverse forms of evaluation

Teaching unit 4.4.3.: defining criteria for evaluation

4.5. KEY AREA: SPECIFIC (FUNCTIONAL) COMPETENCIES

CLUSTER 1: Due to the function in an ECI team

Heurism: Management function and other functions

related knowledge	related skills	wider <u>Personal Competencies</u>
To know about management techniques, public relations and networking, quality management, etc.	To lead the team following management techniques, considering human resource management, public relation and networking, quality management, etc.	Transparent and respectful <u>communication</u> , ability to listen, to use monitoring instruments
Importance of practical transfer (see 4.7)		

Management function	<u>Teaching unit 5.1.1.: leadership/team leading</u>
	<u>Teaching unit 5.1.2.: human resource management</u>
	<u>Teaching unit 5.1.3.: monitoring and controlling</u>
	<u>Teaching unit 5.1.4.: public relation and networking</u>
	<u>Teaching unit 5.1.5.: quality management</u>
	<u>Teaching unit 5.1.6.: Other management related issues</u>

other function	<u>Teaching unit 5.1.7.: issues related to other functions, e.g. case manager, ICT-expert, quality manager</u>
-----------------------	---

CLUSTER 2: Due to the target groups

related knowledge	related skills	wider <u>Personal Competencies</u>
<p>Knowledge about cultural, linguistic and social economic differences including knowledge about the social construction of disability and the development of social attitudes towards different groups of people.</p> <p>Knowledge about Intervention strategies which are fitting to the needs of the target group (e.g. issues like Compliance, voluntariness..)</p> <p>Knowledge on different systems of ethical values.</p> <p>Knowledge about Intervention strategies which are fitting to the needs of the target group</p>	<p>Ability to act and communicate in the context of different ethical values.</p> <p>Dealing with different systems of ethical qualities</p>	<p>See also 4.6 Personal Competencies</p>
<p><u>Very high importance of practical transfer and reflection!</u></p>		

Teaching unit 5.2.1: Families with the background of migration

Teaching unit 5.2.2.: Social disadvantaged families

Teaching unit 5.2.3: Target groups which do not fit into the classic labels of disability (e.g. children with ADHD, children with a background of a psychiatric disorder of the parents...)

Teaching unit 5.2.4: Other

CLUSTER 3: Due to institutional requirements

related knowledge	related skills	wider <u>Personal Competencies</u>
<p>Knowledge on how to design ECI programs</p> <p>Research methods, educational programmes, development, financing</p>	<p>ability to apply knowledge and realise it</p>	<p>To identify key issues of a ECI-centres (e.g. Corporate Identity), to follow innovative ideas</p>

Teaching unit 5.3.1: e.g. To design ECI programs

Teaching unit 5.3.2.: e.g. To work in research groups and apply for grants

Teaching unit 5.3.3: other relevant

CLUSTER 4: Due to legal frameworks

related knowledge	related skills	wider <u>Personal Competencies</u>
relevant legislation, rights of children and families with special needs including those of different backgrounds and the legal system of own country	Ability to communicate relevant legislation but also ability to propose changes in legislation regarding ECI and provisions for parents and their children.	being aware of the code of ethics of different professions related to the disabled and to ECI

Teaching unit 5.4.1: major acts in relation to disability

Teaching unit 5.4.2.: other relevant

4.6. KEY AREA: PERSONAL COMPETENCIES

CLUSTER 1: Reflection on own Preconceptions

related knowledge	related skills
Knowledge how to make use of resources within and outside of one self	Competence to make use of resources within and outside of one self

CLUSTER 2: to activate one's own resources

related knowledge	related skills
Knowledge about how affective experiences can influence the creation and development of interactions and situations	competence to be aware of influences from own experiences

CLUSTER 3: reflect on one's own professional activities

related knowledge	related skills
To know how to describe activities and inner processes.	To talk about and receive feedback within supervised or peer-reviewed reflection units

CLUSTER 4: to reflect on one's own emotional reactions and their impact on interactions

related knowledge	related skills
Knowledge about preconceptions and clichés and perception of disability and handicap	to be able to deal with different preconceptions of disability and make them transparent.

Due to different forms of organisation of this self-reflective key area we cannot define specific teaching units, as in some cases these units are connected with issues of practice.

However we think, that

- supervision of practical transfer units
- self-reflection in terms of a guided reflection process
- guidance during practical transfer by means of a senior professional

could represent defined teaching units.

4.7. KEY AREA: PRACTICAL TRANSFER

Early Childhood Intervention cannot be taught only within a theoretical context. It needs practice, experience in the field and certain guidance and supervision. Therefore most of the existing European curricula focus on the practical transfer of acquired knowledge and skills.

The goal of practical transfer units consists

- a) to experience daily routine in an Early Intervention Centre
- b) to exercise and experience acquired knowledge and skills within a real work-setting
- c) to reflect on one's own activities within families
- d) to receive feedback from an experienced professional in the field

Practice in the field of ECI means entering into a dialogue with the families, with other professionals and also with the own preconceptions and feelings, when we work in challenged families. For this issue we need training. Listening to and working with families can be trained!

5. Future prospects

This draft version of the curriculum can be regarded as a first product of the working group EBIFF. Some aspects might be overlapping, other might not be represented as the authors proposed.

The project is a dialogue and by means of this tool we will discuss further steps:

- does the curriculum represent all relevant areas?
- Is it necessary and/or possible to define basic contents (in terms of teaching units or ECTS-points)
- How do we “weight” the diversity of teaching units, as there can be observed a strong emphasis on recognition/detection?
- How can we operationalise these units to allow self-evaluation of the professionals and/or students on behalf of their individual training situation.

However, we reached a first milestone of our project, which is also recognized within the Scientific Community as the publication of an associated article in the *Journal of Policy and Practice in Intellectual Disabilities* (1/2006) shows.

I hope that this draft version will stimulate a vivid discussion within our EBIFF-partnership but also from outside: professionals, parents, researchers in the field of Early Childhood Intervention are invited.

6. References

- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by nature and design*. Cambridge MA: Harvard University Press.
- European Agency for the Development in Special Needs Education (2005). *Early Childhood Intervention in Europe. Brussels: in press*
- Bailey, D.B.; Powell, T. (2005). *Assessing the information needs of families in early intervention*. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 151-183
- Carpenter, B.; Russell, P. (2005). *Early intervention in the United Kingdom*. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 455-480.
- Gilliam, S. W.; Meisels, S. J.; Mayes, L. C. (2005). *Screening and surveillance in early intervention systems*. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 73-98.
- Giné, C.; Garcia-Dié, M., T.; Garcia, M.G.; Momplet, R. V. (2005). *Early Intervention in Spain*. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 543-570.
- Guralnick, M. (1997). *The effectiveness of Early Intervention*. Brookes, Baltimore
- Guralnick, M. (2005a): An overview of the developmental systems model for early intervention. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 3-29.
- Guralnick, M. (2005b), Inclusion as a core principle in the early intervention system. An overview of the developmental systems model for early intervention. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 59-69
- Harbin, G.L. (2005). Designing an integrated point of access in the early intervention system. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 99-131
- Helios II (1996): Final Report of the thematic group 1 "Early Intervention" of the HELIOS II programme of the European Commission DG V and DG XXII, Brussels*
- Peterander, F. (2004), Indikatoren einer qualitaetvollen und effektiven Fruehfoerderung - Evaluationsstudie aus Bayern. In: Astegger K., Cee, G. (eds), *Qualität in der Fruehfoerderung*. Salzburg, Lebenshilfe, 21-26 (Indicators of effective and high quality early childhood intervention, German)
- Peterander, F.; Speck, O. (2004): *Qualitaetsmanagement in sozialen Einrichtungen*. Muenchen: Reinhardt (Quality management in social services, German)
- Peterander, F. (2004c), *Neue Technologien und Qualitätentwicklung in sozialen Einrichtungen*. In: F. Peterander, F.; O Speck (eds) *Qualitaetsmanagement in sozialen Einrichtungen*. Muenchen: Reinhardt, 311-325 (New technologies and quality development in social services, German)
- Peterander, F.(2004) *The future of Early Intervention – quality and professionalism*. Paper presented at the IX Reunion Interdisciplinar sobre Poblaciones de Alto Riesgo de Deficiencias. Madrid, retrieved www. , 20.4.2005
- Pretis, M. (1998a). Evaluation interdisziplinärer Frühförderung und Familienbegleitung bei Kindern mit Down-Syndrom. Bedingungs- und Wirkfaktoren, kovariierende Variablen. *Frühförderung interdisziplinär*, 17, 49-64.[Evaluation of Early Intervention in Children with Down's Syndrome, German]
- Pretis, M. (1998b). Das Modell "Steiermark". *Frühförderung interdisziplinär*, 17, 177-183. [The Styrian/Austrian model of Early Intervention]
- Pretis, M. (1999). Zwischen Lust und Frust: Erlebter Therapiedruck in der Frühförderung. *Frühförderung interdisziplinär*, 18, 109-116.[Delightment frustration and expactations in Early Intervention, German]
- Pretis, M. (2000). From Evaluation to Methodology. *Early intervention in children with Down's syndrome. Children and young infants*. 23-31
- Pretis, M. (2001). *Frühförderung planen, durchführen und evaluieren*. München: Reinhardt. (Planing, performing and evaluation early childhood intervention, German)
- Pretis, M. (2005)-. A Developmental Communications Model Within the Early Intervention System in Austria. In: M. J. Guralnick (ed), *The developmental systems approach to Early Intervention*. Baltimore: Brookes, 425-438
- Pretis, M (2006). Professional Training in Early Intervention, an European Perspective. *Journal of Policy and Practice in Intellectual Disabilities*, 1 (in press)
- Sameroff, A.J.; Chandler M.J. (1975). Reproductive Risk and the Continuum of Caretaking Causality. In *Review of Child Development Research*, Vol. 4, Chicago: University of Chicago Press.

- Schlack, H. G. (1991). Die Auswirkung der Frühbehandlung des behinderten Kindes auf seine Familie. *Frühförderung interdisziplinär*, 10, 37-41. (The effects of early childhood intervention for the child with disability and the family, German)
- Sheehan H., Snyder S., Sheehan, R. (2004): *Qualitätsmanagement in sozialen Einrichtungen in den USA*. In: F. Peterander, O. Speck (eds), *Qualitätsmanagement in sozialen Einrichtungen*, 114-129. München: Reinhardt (*Quality management in social services, German*)
- Shonkoff, J.P.; Hauser-Cram, P., WyngaardenKrauss, M.; Christoph-Upshur, C. (1992). *Development of infants with disabilities and their families, implication for theory and service delivery*. Monographs of the Society for Research in Child Deveolpment 57.
- Speck, O. (2004). Offene Perspektiven in der Fruehfoerderung. *Frühförderung interdisziplinär*, 23, 1, 16-25.[Perspectives in Early Childhood Intervention, German]
- Weiss, H.; Neuhäuser, G.; Sohns, A. (2004): *Soziale Arbeit in der Frühförderung und Sozialpädiatrie*. Weinheim: Beltz. (Social work in the field of Early Childhood intervention and social peditry, German)
- www.ebiff.org retrieved october ,2004