



# UTS TRAINING TIMES

First Steps

Volume 9 Issue 4

November 2013

## A quick look inside this issue....

- Leslie Jones, State First Steps Consultant has accepted another position and will be leaving First Steps on 11/8/13. While many providers may not recognize Leslie, by name, she has played an invaluable role to families with insurance issues. These experiences will serve her well as she takes on her new job in DDRS Provider Relations. We wish Leslie much success in her new position.
- The new AEPS online course is set to debut in December. This is a FSCT that is applicable to all First Steps providers and service coordinators.
- Special thanks to Sue Swindeman, OTR and CEO of Wee Care Therapy in Dyer Indiana for permission to reprint her article, "Top 10 Sensory Survival Tips for Holiday Shopping". Perhaps these will be helpful for the families you serve this Holiday Season.
- The Arc of Indiana recently published a story about their staff member's experience with First Steps. It is always nice to hear a First Steps success story.
- Winter will be here before you know it. You will find some safety and winter driving tips for home visitors. You can't be too careful.
- Page 9 and 10 you will find a listing of questions that providers and service coordinators can use to better identify family interests, priorities, concerns as they relate to the family's routines and activities. Developing outcomes and strategies to address these needs further engages families in the services they receive. When services provided relate directly to common everyday family routines, there are more opportunities for practice and for achievement of the outcomes.
- More and more children are receiving services in child care settings. The article *Preventing Challenging Behavior in Young Children: Effective Practices*, focuses on steps that will improve behavior through classroom environments, scheduling and routines. We hope this article will help you collaborate with child care providers and teachers as you work to address challenging behaviors in child care settings.

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INDIANA'S UNIFIED TRAINING SYSTEM

"Creating Learning Opportunities for Families and Providers Supporting Young Children"

## First Steps Enrollment and Credential Training Requirements

Provider Level - New	Training for Enrollment	Training for Initial Credential
Service Coordinator (Intake and Ongoing)	SC 101—SC Modules (self-study)	SC 102 within 3-6 months of employment date SC 103 within 6-9 months of employment date Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 15 points for initial credential
Direct Service Provider	First Steps Orientation or DSP 101—Provider Orientation Course (self-study)	<b>*DSP 102 - within 60 days of enrollment (on-site)</b> <b>*DSP 103 - within 3-6 months of enrollment (on-site)</b> Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential * timeline for completion has been revised, effective 07/12.
Provider Level - Credentialed	Training for Enrollment	Training for Annual Credential
Service Coordinator (Intake or Ongoing who has completed initial credential)	SC Orientation and Service Coordination Level 1 or SC 101 – SC Modules (self-study)	Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential
Direct Service Provider (who has completed initial credential)	First Steps Orientation (on-site or self-study) or DSP 101 - Provider Orientation Course (self-study)	Quarterly (4) – Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential

### Attention: New Providers and Service/Intake Coordinators

The Bureau of Child Development Services requires all providers and service coordinators to complete the quarterly *Training Times* assessment as part of your mandatory training requirements for credentialing.

New providers must establish an account on the UTS website (<http://www.utsprokids.org>) to register for UTS trainings. Obtaining an account is easy.

1. Click the Account Login in the upper right hand corner.
2. On the login page click on Create One Here
3. Enter your information (note that UTS Training Times is mailed to your primary address—you are encouraged to use your home address, especially if it is difficult to get personal mail at your workplace, e.g. hospital system). UTS does not give any of your training profile information to anyone outside of First Steps. The BCDS and UTS will periodically send you email updates regarding First Steps.
4. When all information has been entered click the Update Information.
5. Register for your annual training fee.

6. Once your payment has been posted, you can take the Training Times assessment, under My Quizzes.
7. If you have questions or encounter problems email Janice in the UTS Connect office at: [registration@utsprokids.org](mailto:registration@utsprokids.org)

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**Web Address:** <http://www.utsprokids.org>  
**Email:** Training questions [training@utsprokids.org](mailto:training@utsprokids.org)  
**Registration questions:** [registration@utsprokids.org](mailto:registration@utsprokids.org)

## Service Coordinator Training Dates for 2012-2013

**Service Coordination 102:** All service coordinators must enroll and complete SC 102 3- 6 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
2/11/14      5/13/14

**Service Coordination 103:** All service coordinators must complete SC103 6-9 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
3/11/14      6/10/14

All Service Coordinators must register online for SC 102 and SC 103 at [www.utsprokids.org](http://www.utsprokids.org).

## DSP 102 and DSP 103 Provider Follow Up Orientation

All newly enrolled direct service providers (DSP) must complete DSP 102 and 103 within the **first 6 months of their enrollment**. DSP 101 is required for provider enrollment. DSP 102 must be completed within 60 days of provider enrollment and DSP 103 must be completed three to six months following the enrollment date. Completion dates for these courses must be documented on the Annual Attestation Statement and initial credential. Training dates for DSP 102 & 103 are listed below. These trainings are held at ProKids Inc. Since there are specific timelines for completion of DSP 102 and DSP103 that allow time for experience in the First Steps System, providers may NOT take both courses on the same day.

DSP 102 Dates	Time	DSP 103 Dates	Time
January 7, 2014	1:00-4:00PM	January 7, 2014	9:00-12:00PM
February 4, 2014	1:00-4:00PM	February 4, 2014	9:00-12:00PM
March 4, 2014	1:00-4:00PM	March 4, 2014	9:00-12:00PM
April 8, 2014	1:00-4:00PM	April 8, 2014	9:00-12:00PM
May 6, 2014	1:00-4:00PM	May 6, 2014	9:00-12:00PM

**THE November 2013 TRAINING TIMES ASSESSMENT  
DEADLINE IS  
11:59 PM (EDT) ON January 31, 2014**

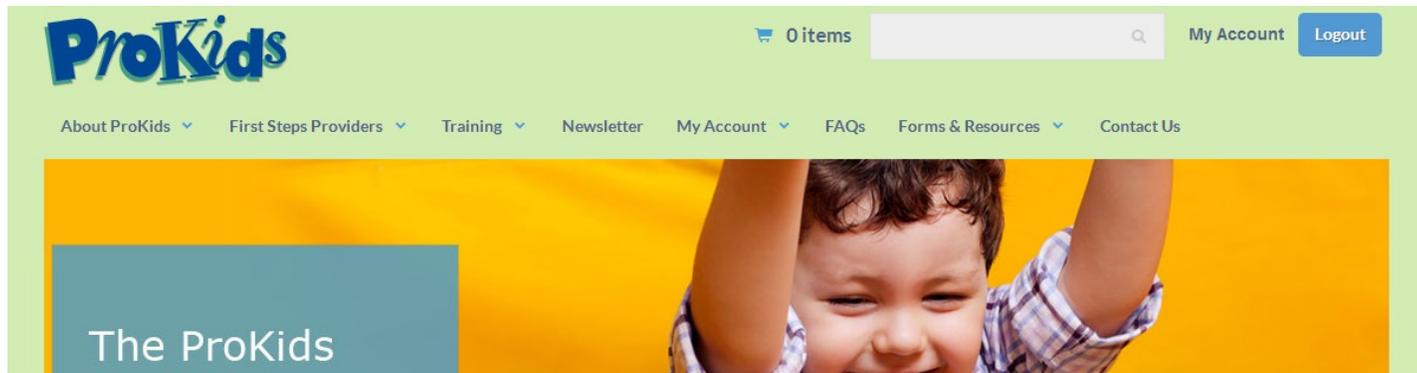


## Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops outside of UTS to meet their initial or annual credential points as long as the training is related to the First Step core competencies and it is relevant to infants through age 36 months. These may include training offered at the SPOE Provider Meetings, provider agency training, association conferences (APTA, ASHA, etc.), hospital based conferences or grand rounds, other local, regional and national conferences, and books, videos and online training. You must keep a copy of the agenda or brochure that includes date, speakers, an agenda/content information with the time spent in the sessions you attended or a one page summary of the self-study training in your credential file. **Recent changes to First Steps credentialing allow a maximum of 5 points for in-service training, while conferences/workshop taken outside of provider agencies is unlimited.** More information on credentialing can be found in the revised Personnel Guide (August 2012) at

[https://www.infirststeps.com/UI/pdfs/First\\_Steps\\_Personnel\\_GuideRevised\\_8-2012.pdf](https://www.infirststeps.com/UI/pdfs/First_Steps_Personnel_GuideRevised_8-2012.pdf)

# ProKids Launches New UTS Website



## ***We're launching our new site soon!***

The new UTS-ProKids website is set to launch the week of November 17<sup>th</sup>! The web address will remain the same, [www.utsprokids.org](http://www.utsprokids.org). We hope that you will find the new web portal easier to use to find what you're looking for and to maintain the record of your courses and trainings.

A few things you can look forward to include:

- Online registrations for all of the UTS online and onsite trainings
- A personal record of all of your trainings
- A training calendar
- Easy to use testing tools
- Expanded resources and links

The new website will be launched just in time for you to register for your annual training fee. Stay tuned for an email announcing when the site is live!

**Please note that registration for your 2014 Annual Training Fee will not open until after December 1, 2013. The deadline for payment of the ATF will remain January 31, 2014.**

**In an email sent to all providers the first of November, providers were instructed to print a copy of their My Training and My Quizzes before the switch to the new web portal. Once the new system is up, providers should check their training record to insure that all previously taken trainings and quizzes have successfully transferred. If you note any inconsistencies between your the old record and the new system, please email [training@utsprokids.org](mailto:training@utsprokids.org).**

## It's Not Too Late to Get Your Flu Shot

Getting a flu vaccine protects you, your family and the children and families you serve in First Steps. You can get a flu shot at most pharmacies and often your health insurance policy will cover all or part of the cost. You can learn more about the flu vaccine at [http://www.immunize.org/vis/flu\\_live.pdf](http://www.immunize.org/vis/flu_live.pdf)



## Safety Tips for Home Visitors

Home visitors face an array of safety risks -- follow these tips for staying safe and injury-free when you're making home visits.

- Confirm with clients by phone before you visit.
- Make sure you have detailed directions to a new client's home.
- Keep your car in good working order and the gas tank full.
- Pull onto the shoulder or into a parking lot rather than trying to simultaneously drive, talk on the phone and read directions.
- Keep your car windows closed and your doors locked.
- Lock your bag in the trunk.
- Have an extra set of keys in case you lock yours in the car.
- Most importantly, make sure someone knows where you are at all times.

**Trust Your Instincts:** If you are driving into a high-crime area and see activity near a client's home that scares you, drive a few blocks away, and then call your client and/or supervisor to find out how to proceed. If you have a bad feeling about a situation, call your supervisor or the police. Never go into a situation where you feel you'll be unsafe." If you feel threatened in a home, leave immediately.

**Don't Touch the Animals:** Even the friendliest pets can turn on you. Besides the potential threat, animals can distract you and interfere with your work. When you call to confirm your appointment with a client, ask that animals be kept away during your visit.

## Winter Driving Tips

First Steps Providers and Service Coordinators spend a large portion of their days driving. The AAA offers the following winter driving tips. Home visitors should carry a cell phone and always let someone know your appointment schedule. Here are some additional tips.



1. **A clear view:** Remove snow from all windows. Keep your headlights and tail lights clean and clear of snow. Keep windshield wiper reservoir full and your windshield clean.
2. **Tires:** The most important thing you can do is have good tires. If they're getting close to the wear bars, you should have them replaced. Make sure your tires are at the correct pressure; tires that were at the specified pressure in summer will probably be low with the colder temperatures experienced in winter.
3. **Brake earlier:** Most people think they have more grip than they actually do, which leads to sliding right through the intersection. If you're coming to a turn or a stop, start applying brake pressure twice as early as on dry roads.
4. **Let ABS work for you:** If your vehicle has an antilock braking system (ABS), you may feel a vibration in the brake pedal as the system prevents wheel lock up. Keep firm pressure on the brake pedal until your vehicle comes to a complete stop. Do not pump your brakes if your car has ABS.
5. **Unwind the steering wheel:** As the front tires begin to slip, most people tend to turn the wheel even more. However, the tires already can't cope with the current situation, so asking them to do more isn't the answer. Instead, turn the wheel back slightly and tap the brakes a little to put more weight on the front end to help the front tires regain traction.
6. **Be prepared:** Keep an emergency kit in your vehicle at all times. The kit should contain an ice scraper, cloth or roll of paper towels, battery starter cables, blanket, warning devices such as flares or triangles, window washing solvent, flashlight, snow brush, snow shovel, and a small bag of abrasive material like sand, salt or cat litter for traction.
7. **Seatbelts:** Always wear a seat belt. Keep it low across hips and on shoulders. Sit at least 10 inches away from steering wheel so you have room for emergency steering maneuvers and to give the airbag room to inflate.

Finally, don't let your guard down halfway through the season. According to Craig Layson, owner of Stony Creek Collision in Ypsilanti, Mich., the worst accidents usually happen later in the season: "For the first snow of the year, most people do slow down, and the majority of cars we see have simply slid off the road, with damage limited to their sides and suspension. It's the last snowfall of the season where we see the most damage. People are more comfortable driving in the snow, aren't slowing down like they should, and that usually results in more serious accidents."



## Outcomes for Children Served Through IDEA’s Early Childhood Programs: 2011–12



In 2011-12, children with delays or disabilities who received services under the Individuals with Disabilities Education Act (IDEA) showed greater than expected developmental progress. Many children exited the program functioning within age expectations, and most made progress.

States’ Part C and Part B preschool programs report data annually on three outcomes:

1. Social relationships, which includes getting along with other children and relating well with adults
2. Use of knowledge and skills, which refers to thinking, reasoning, problem solving, and early literacy and math skills
3. Taking action to meet needs, which includes feeding, dressing, self-care, and following rules related to health and safety.

In 2011-12, for Part C (birth through age 2),

- The percentage of children who showed greater than expected growth was between 66% and 73% across the three outcomes. These children were acquiring skills at a faster rate when they left the program than when they began it.
- The percentage of children who exited the program functioning within age expectations ranged from 52% for knowledge and skills to 60% for social relationships.

In 2011-12, for Part B-Preschool (ages 3 through 5),

- Across the three outcomes, 80-81% of children showed greater than expected growth.
- The percentage of children who exited within age expectations ranged from 53% for knowledge and skills to 66% for taking action to meet needs.

Outcomes for Children, 2011–12 (percent)

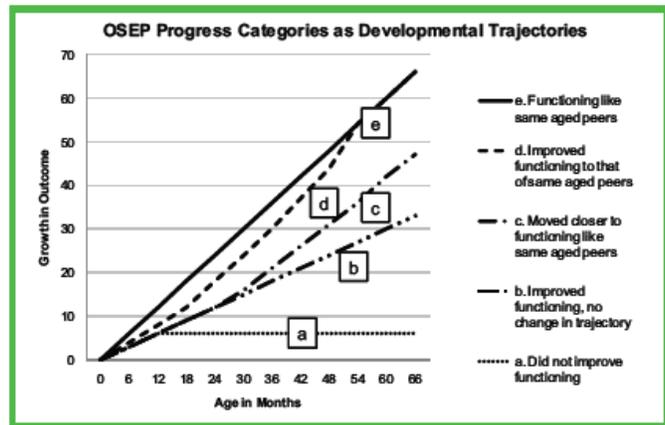
	Shown greater than expected growth	Exited the program within age expectations
<b>Part C—Early Intervention (birth through age 2)</b>		
Social relationships	66	60
Knowledge and skills	72	52
Action to meet needs	73	59
<b>Part B—Preschool (ages 3 through 5)</b>		
Social relationships	81	59
Knowledge and skills	81	53
Action to meet needs	80	66
Note: Data for Part C are based on 33 states weighted to represent the nation. Data for Part B Preschool are based on 39 states weighted to represent the nation.		



IDEA-funded programs serve young children with the full range of delays and disabilities including children with severe disabilities and degenerative conditions. Individualized goals are established for each child. Children with severe disabilities may acquire skills slowly, and some may even lose skills. For other children, interventions help them catch up with children their age. Until these data were collected, it was not known that such a high percentage of children in both programs were showing greater than expected growth during their time in the programs and that a substantial percentage were within age expectations when they left them. Additional data reported by states showed that nearly all children acquired new skills during their time in the programs (98% for all outcomes for both programs). As states increasingly use these child outcomes data to improve IDEA-funded programs, we can expect even better results.

## What Is Greater Than Expected Growth?

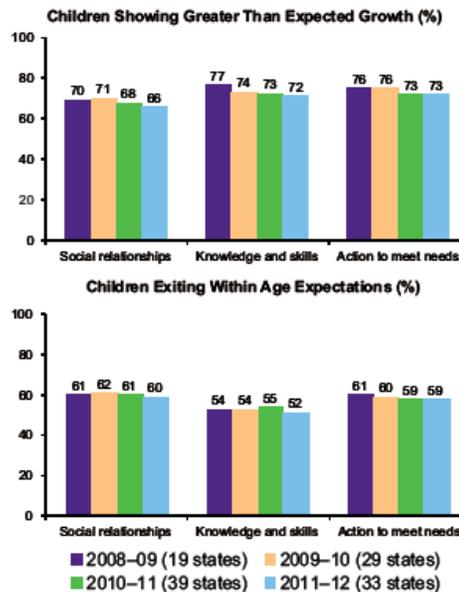
Developmental science has provided information about the skills children master at different ages. Knowledge of what is expected for each age enables us to identify children who are developing too slowly. Children who are substantially behind their peers are referred to as having a developmental delay. The solid line on the graph (line e) illustrates typical development. All the other lines represent some kind of delay in the early years. If Angela is 12 months old with the skills of a 6-month-old, without intervention it is likely that she will continue to grow at the same rate and have the skills of 9-month-old at 18 months. We provide intervention services because Angela is acquiring skills at about half the rate she should be and will continue to fall further behind her peers. This pattern of growth is illustrated in line b on the graph. The purpose of intervening is to change the child's rate of skill acquisition. Lines c and d illustrate children whose growth was greater than expected because their growth rate with intervention was greater than their growth rate before intervention. The children with growth pattern d catch up to what is expected for their age. States report the percentage of children in each of the five growth trajectories to the U.S. Department of Education. The percentages of children showing greater than expected growth and exiting within age expectations are computed from these five percentages.



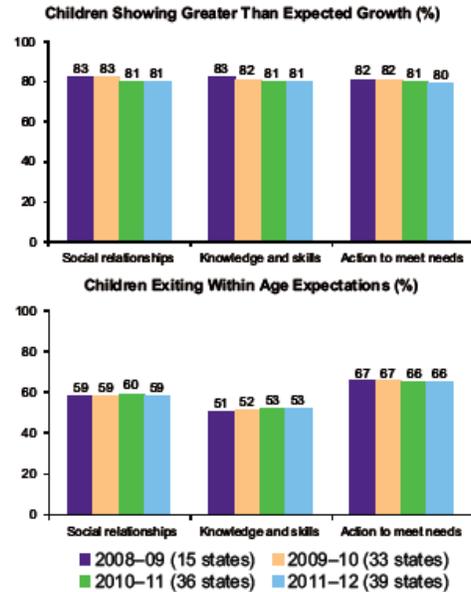
## Trends Over Time

The national data have shown slight year-to-year fluctuations. States are still building the capacity to collect valid and reliable data (see "Quality of Data"). Until all states have procedures in place for reporting accurate data, it will remain difficult to determine whether slight year-to-year changes are due to programmatic differences or higher quality data.

Part C—Early Intervention: Data Across Years



Part B—Preschool: Data Across Years



## Quality of Data

Collecting data on outcomes for young children with disabilities is a complex and relatively new activity for states. States are at various stages in implementing procedures for measuring child outcomes data. The first year that any state had child outcomes data for a full cohort of children was 2008-09. States have made varying degrees of progress toward having reliable statewide data and it takes several years for quality improvement practices to be reflected in outcomes data. Over time, the number of states that met the criteria for quality data for inclusion in these analyses generally has increased, as shown in the legend of the charts above. Fluctuation in the number of Part C states that met quality criteria for 2011-12 data resulted mostly from program decisions to shift state data collection approaches. Data quality is expected to continue to improve in future years because many states have initiatives under way to address quality issues. As individual states find increasing evidence of quality in their data, they are beginning to use these data for program improvement.



Additional information about the measurement of child outcomes is available from the Early Childhood Outcomes Center at [www.the-eco-center.org](http://www.the-eco-center.org).

## Family Data: Indicator C4 Highlights Results and State Approaches, FFY 2011

As part of their Part C annual performance report, states are required to report the percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn, effectively communicate their children's needs, and know their rights. For FFY 2011, all states used surveys to gather data for reporting on this indicator.



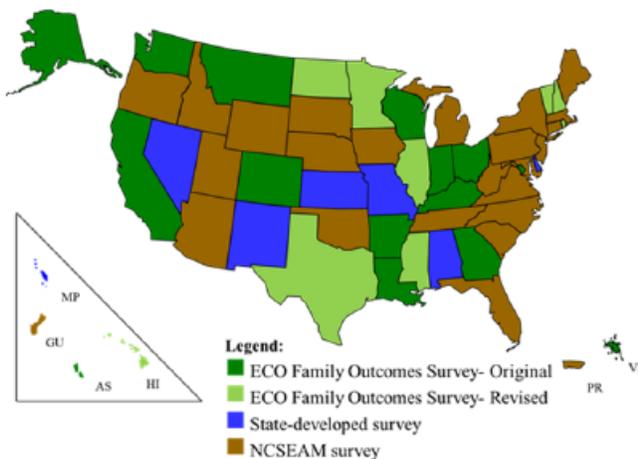
### Average Performance Reported by States

Percentage of families reporting that early intervention services have helped the family:

- A. Help their children develop and learn: **87%**
- B. Effectively communicate their children's needs: **88%**
- C. Know their rights: **91%**

### Survey Approaches to Measuring the Helpfulness of Early Intervention

#### Family Surveys Used



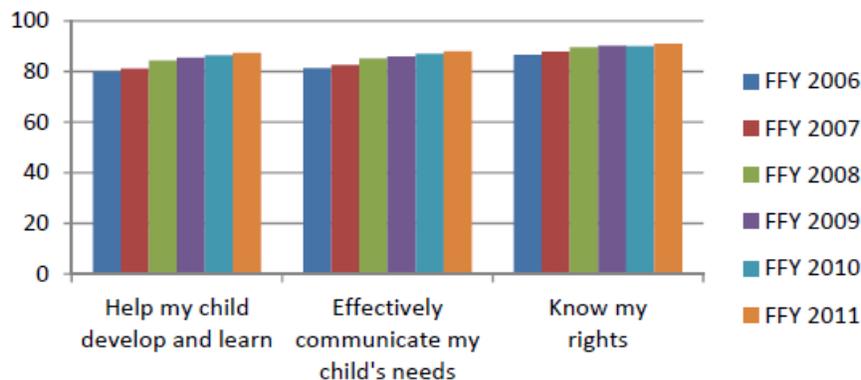
#### Response Rates by Survey Distribution and Return Methods\*

	<i>Response rate</i>	<i>States (n)</i>
<b>In-person Distribution</b>	<b>49.6%</b>	<b>17</b>
<i>With in-person return</i>	63.7%	5
<i>With multiple return methods**</i>	49.5%	5
<i>With mail return</i>	35.7%	6
<b>Multiple Distribution**</b>	<b>41.5%</b>	<b>9</b>
<i>With mail return</i>	47.2%	2
<i>With multiple return methods**</i>	39.9%	7
<b>Mailed Distribution</b>	<b>27.0%</b>	<b>23</b>
<i>With mail return</i>	24.4%	15
<i>With multiple return methods**</i>	31.8%	8

\* Forty-nine states reported response rates. Of those, not all states reported both distribution and return methods used for survey administration

\*\* "Multiple methods" includes mail, in-person, online, telephone, etc.

#### Trends over time: Early Intervention has helped me...



**Coming Soon:**  
Check the ECO website for details on a national webinar highlighting additional family data analyses. Coming in fall 2013



## Questions for Eliciting Family Interests, Priorities, Concerns, and Everyday Routines and Activities<sup>1</sup>

Gathering information from families regarding their interests, priorities, concerns and everyday routines and activities is best accomplished through conversations with families rather than through a formal interview or solely by the family completing out a needs assessment form. Gathering this information is critical in order to develop meaningful child and family outcomes/goals and to design intervention strategies that build on family strengths and capacity. The following questions are the kinds of questions that can be used in conversations to elicit family responses:

- Can you tell me about your day?
- What happens most mornings? Afternoons? Nights? Weekends?
- Where do you and your child spend time?
- What activities do you and your child like to do (e.g., hiking, going on picnics, playing games at home)?
- What activities do you and your child have to do on a regular basis (e.g., go to the store, give kids a bath, feed the horses, prepare meals, walk the dog)?
- What are activities that you and your child have to do?
- What are your child's interests?
- What does your child enjoy and what holds your child's attention? (e.g., people, places, things such as toys, dog, being outside)
- What makes your child happy, laugh and/or smile?
- What routines and/or activities does your child not like? What makes this routine and/or activity difficult and uncomfortable for your child? What does your child usually do during the routine/activity?
- Who are key family members, other caregivers, or important people who spend time with your child and in what settings does this occur?
- Are there activities that you used to do before your child was born that you would like to do again?
- Are there new activities that you and your child would like to try?

The focus of intervention has been shifting from the practitioner as the expert with the toy bag as the means for enhancing the child's learning and development. Intervention strategies now focuses on enhancing family/caregiver capacity and competence in facilitating their child's learning through naturally occurring learning opportunities and participation in routines and activities that families "need and want to do". Strategies used in

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<sup>1</sup> Questions were compiled from resource materials by Robin McWilliams, Juliann Woods, Barbara Hanft, M'Lisa Shelden and Dathan Rush by NECTAC 2005

Continued on Page 10

intervention should build on the strengths and interests of both the child and family/caregivers. Intervention sessions incorporate opportunities to reflect with the family/caregivers on what is working and where additional problem solving may be needed. As a result, conversations with families and caregivers need to occur during each session in order to provide appropriate support and enhance family/caregiver capacity. The following questions are the kinds of questions that can be used in conversations to elicit family/caregiver responses during intervention sessions:

- How have things been going since my last visit?
- Do you have anything new you want to ask about?
- Is there a time of day that's not going well for you?
- What would like help with? What supports would be helpful for you and your child?
- What have you thought about doing or trying?

When families/caregivers identify a specific challenge, the following questions can be used to facilitate problem specific with them:

- What have you tried?
- What has worked for you in the past? What hasn't worked?
- When does this behavior occur?
- Who is involved?
- What happened when . . . ?
- What do you mean by . . . .?
- What do you want to see happen?
- I remember when you did . . . . for . . . ., do you think something like that might work for . . . .?

The following general statements can promote discussion and more information:

- Tell me more . . .
- Tell me more about . . .

## Maintaining Professional Boundaries during the Holidays



Sometimes during the Holiday Season, family members will offer gifts to their therapy providers and service coordinators as a “thank-you” for their services. These gifts may be purchased or home made. As providers, you do not want to offend the family or appear ungrateful by refusing a small token gift. However, gifts of money or purchased items are **NEVER** allowed and gifts should never be solicited. Providers can always respond “Your thanks is enough – this is my job.” This response clearly denotes the proper professional relationship and is in line with the First Steps Professional Conduct policy. It is equally inappropriate for providers to purchase gifts for the children and families they serve. Even simple Holiday greeting cards can be a source of offense if they are not in line with the family’s culture and beliefs.

Providers can review the First Steps Professional Conduct policy at <http://www.in.gov/fssa/3405.htm>.



 Center for Evidence-Based Practice:  
Young Children  
with Challenging Behavior  
[www.challengingbehavior.org](http://www.challengingbehavior.org)

# Recommended Practices

## *Preventing Challenging Behavior in Young Children: Effective Practices*

Peter J. Alter & Maureen A. Conroy

*“An ounce of prevention is worth a pound of cure.” Benjamin Franklin*

The single best way to address challenging behaviors in young children today is to take steps to make sure that they never occur. While there is no universal panacea for preventing challenging behaviors, there are several broad-based early intervention strategies that researchers suggest to prevent challenging behaviors. These strategies include: (a) arranging of the classroom environment, (b) scheduling, and (c) implementing rules, rituals, and routines. In the following section, a brief overview of each of these prevention strategies is provided.

### Effective Classroom Environments

Effective classroom environments begin with a well-organized and engaging classroom that includes developmentally appropriate practices (DAP), activities, and materials. For instance, if the children in a classroom are engaged with interesting activities and materials that are appropriate for their developmental levels, they will be less likely to engage in challenging behaviors. On the other hand, if the activities and materials are too difficult or too easy, challenging behavior is more likely to occur. Consider the following points when designing a well-organized and effective classroom environment.

- ① Designing effective classroom environments includes structuring the physical arrangement of the classroom to increase appropriate behaviors, such as engagement, and decrease the probability of challenging behaviors. Several strategies for structuring the physical classroom include: arranging the classroom to ensure visual monitoring of children, arranging activity centers to support children's appropriate behaviors (e.g., limiting the number of children in a center) and facilitating smooth transitions among activities (e.g., organizing the location of materials on shelves), and arranging materials in the classroom to promote engagement, mastery, and independence. Increasing the accessibility, appropriateness, and availability of toys and materials can facilitate children's independence, thus, decreasing the likelihood of challenging behaviors. In addition, attending to details, such as the lighting, temperature, and noise levels, can reduce the probability of children who engage in problem behaviors due to sensitivity to these environmental factors (e.g., children with autism).





## References

Bovey, T. & Strain, P. (2003). Using environmental strategies to promote social interactions. Center on the Social and Emotional Foundations for Early Learning. Retrieved September 6, 2005, from [www.csefel.uiuc.edu/what works.html](http://www.csefel.uiuc.edu/what works.html).

Brown, W.H., Odom, S.L., & Conroy, M.A. (2001). An intervention hierarchy for promoting preschool children's peer interactions in natural environments. *Topics in Early Childhood Special Education*, 21, 90 – 134.

Center for Evidence-Based Practice website at <http://www.challengingbehavior.org>

Center on the Social and Emotional Foundations for Early Learning website at

<http://www.csefel.uiuc.edu>

Del'Homme, M., Kasari, C., Forness, S. R., & Bagley, R. (1996). Prereferral intervention and students at risk for emotional and behavioral disorders. *Education and Treatment of Children*, 19, 221-232.

Gable, R. A. (2004). School-wide positive discipline. Richmond, VA: Virginia Department of Education.

Hester, P.P., Baltodano, H.M., Hendrickson, J.M. Tonelson, S.W., Conroy, M.A., Gable, R.A. (2004). Lessons learned from research on early intervention: What teachers can do to prevent children's behavior problems. *Preventing School Failure*, 49, 5-11.

Kauffman, J. M. (1999). How we prevent prevention of emotional and behavioral disorders. *Exceptional Children*, 65, 448-468.

Lawry, J., Danko, C., & Strain, P. (1999). Examining the role of the classroom environment in the prevention of problem behaviors. In S. Sandall & M. Ostrosky, (Eds.), *Young exceptional children: Practical ideas for addressing challenging behaviors* (pp. 49-62). Longmont, CO: Sopris West and Denver, CO: DEC.

Massey, G.N. & Wheeler, J. J. (2000). Acquisition and generalization of activity schedules and their effects on task engagement in a young child with autism in an inclusive pre-school classroom. *Education & Training in Mental Retardation & Developmental Disabilities*, 35, 326-335.

*Continued on page 3...*

- ④ Designing effective classroom environments also includes structuring the interpersonal climate of the classroom. When teachers attend to children's appropriate behaviors and provide assistance as they need help, children are less likely to engage in challenging behaviors. Developing a positive interpersonal climate begins with implementing engaging activities that are developmentally and individually appropriate for all children. In addition, the use of positive attention and positive feedback with children who are engaging appropriately in activities and playing with their peers will increase appropriate behaviors. Remember, "catch them being good" and acknowledge them for it!

## Scheduling

Children like predictability! Creating and teaching the daily schedule helps communicate to the children the organization of daily activities and events. Providing a predictable daily schedule helps prevent the occurrence of challenging behavior. Therefore, designing effective classroom environments involves implementing consistent daily schedules. When implementing a daily schedule, consider the following points.

- ④ Young children in particular may benefit from the use of photographic or picture schedules that provide concrete, visual cues of the scheduled activities and routines. In fact, children who are just beginning to learn language may actually need to have real objects included in their schedules.
- ④ When organizing a daily schedule, teachers may want to consider rotating large and small group activities, varying active and quiet activities, structuring a transition time in the activity, and placing the most difficult activity at a time when the children are most alert and attentive. It can also help to include a schedule within activities as well as across activities. For instance, if the activity has several components, the teacher may want to communicate to the children what will come first, next, and so forth by showing the child a sequence of visual cues (e.g., photographs, line drawings) that represent the different components of the activity. Again, this will communicate to the child what to expect.
- ④ Embedding choices within the schedule, in which children have an opportunity to decide between one activity and another (e.g., blocks center or dress up center) also will increase the rate of child engagement and decrease the likelihood of challenging behaviors.

## Rules, Rituals, and Routines

A critical component of the environment that decreases the likelihood of challenging behaviors is providing rules, rituals, and routines. Rules are most appropriate for preschool age children; whereas, rituals and routines are more applicable to younger children. Providing rules, rituals, and routines helps provide structure for everyone in the classroom, including the adults. A ritual may be a song, a rhyme, a game, kinesthetic movement or any other activity that is used in a predictable and repeated pattern over time to communicate values, foster community, or remind children

of behavioral expectations. When implementing rules, rituals, and routines, consider the following points.

- ② Rules provide preschoolers with the structure to teach them which behaviors are appropriate and which behaviors are not appropriate in the classroom setting.
- ② For younger children especially, rituals and routines provide verbal and non-verbal cues and prompts that help them learn appropriate behaviors. For example, a bell that signals the end of play time provides children with a cue about a schedule change and allows them to initiate the change without verbal prompting from the teacher.
- ② Rituals and routines may include songs, rhymes, games, and kinesthetic movement that can be used to foster community and serve as rule reminders. These activities taught over time and embedded as part of a daily schedule serve as reminders to children about appropriate behaviors in different classroom contexts.
- ② Rituals and routines provide stability and consistency and can communicate values such as friendship, caring, or responsibility. For instance, the teacher may teach a set of songs about these values that children sing at the end of circle time, or the class may always review the expectations when walking in a line to go from place to place.
- ② In addition, rituals can be an effective way to ease transitions, reducing the occurrence of challenging behavior that often happens when

children transition from one activity to another. An example of a ritual that may help ease transitions and serve as a rule reminder when children are going to a place where they need to be quiet, such as the library, or when they are starting a quiet activity, such as naptime, is for the teacher to say to the class “Zip it, lock it, and put it in your pocket. “ The actions that accompany this request is for the children to zip an imaginary zipper over their lips (zip it); act as though they are turning a key at the end of the zipper (lock it), and put the imaginary key in their pocket (put it in your pocket).

- ② When implementing rules, rituals, and routines, teachers will typically need to teach them to the children in their class using small steps, paired with positive, specific feedback and repeated over time until all the children understand and are able to engage in the appropriate behaviors.

In summary, preventing challenging behaviors before they occur is part of an effective early childhood classroom. Creating a well-designed classroom that is engaging and developmentally appropriate and implementing schedules, rules, rituals, and routines can help create a positive classroom communicating to children how to act appropriately. When children understand what is expected and are provided the opportunity and support to engage in appropriate behaviors, they are more likely to choose this behavior, reducing the likelihood of using challenging behaviors. Remember, “An ounce of prevention is worth a pound of cure.”

## References (continued)

McCormick, L., Noonan, M., Ogata, V. & Heck, R. (2001). Co-teacher relationship and program quality: Implications for preparing teachers for inclusive preschool settings. *Education & Training in Mental Retardation & Developmental Disabilities*, 36, 119-132.

Murdick, N. L. Petch-Hogan, B. (1996). Inclusive classroom management: Using pre-intervention strategies. *Intervention in School & Clinic*, 31, 172-177.

NICHD Early Child Care Research Network (July, 1999). Child outcomes when child care classes meet recommended standards for quality. *American Journal of Public Health*, 89, 1072-1077.

Nordquist, V. M., Twardosz, S., & McEvoy, M. A. (1991). Effects of environmental reorganization in classrooms for children with autism. *Journal of Early Intervention*, 15 (2), 135-152.

Odom, S.L., McConnell, S.R., & McEvoy, M.A. (1992) (Eds.), *Social competence of young children with disabilities: Issues and strategies for intervention*. Baltimore: Brookes.

Ostrosky, M.M., Jung, E.Y., Hemmeter, M.L., Thomas, D. (2003). Helping children make transitions between activities. Center on the Social and Emotional Foundations for Early Learning. Retrieved September 6, 2005, from [www.csefel.uiuc.edu/what works.html](http://www.csefel.uiuc.edu/what works.html).

Ostrosky, M.M., Jung, E.Y., Hemmeter, M.L., Thomas, D. (2003). Helping children understand routines and schedules. Center on the Social and Emotional Foundations for Early Learning. Retrieved September 6, 2005, from [www.csefel.uiuc.edu/what works.html](http://www.csefel.uiuc.edu/what works.html).

Ratcliff, N. (2001). Use the environment to prevent discipline problems and support learning. *Young Children*, 56 (5), 84-87.

Serna, L., Nielsen, E., Lambros, K., & Forness, S. (2000). Primary prevention with children at risk for emotional or behavioral disorders: Data on a universal intervention for Head Start classrooms. *Behavioral Disorders*, 26, 70-84.

## A Mom's First Steps Experience

*Brandi Davis, The Arc Master Trust Assistant Director*

*How do I capture the feeling I got the first time she said "mommy" at 26 months? Or the first time she said "love you?" How do I capture the gratitude for the speech therapist who put up with toddler tantrums out of the frustration of not being able to communicate so my baby could tell me when she wants a drink? I am not sure I have the words – but here they are.*

Grace is an adorable two and a half year old (one could say I'm biased) who has speech delays caused by temporary hearing loss due to build up in her ears and repeated ear infections. At two years old, after two sets of tubes, her hearing was finally in normal range. However, she could not say any words, only babble. The lack of communication was frustrating to her and caused her to have tantrums when she couldn't get me to understand what she needed or wanted.



Carolyn, a First Steps Speech Therapist, has helped Grace improve her speech by leaps and bounds.

I have worked in the field of developmental disabilities for almost 10 years, five of which have been at The Arc of Indiana, so I was familiar with First Steps, Indiana's early intervention program for infants and toddlers, and requested a referral from our doctor. First, they sent someone to our home to collect all our information and discuss how the program works. Then a two person team came to our home and did an overall developmental assessment of Grace. They verified she had reached all the milestones she should have reached for a two year old, except for verbal communication and that Grace did indeed need speech therapy. I was assigned a case manager who supplied me with several choices of speech therapists in my area – including information about their education, experience and area of expertise. I chose Carolyn, because of the length of her experience and success with young children. (Continued on the next page.)

Reprinted with permission from The Arc of Indiana. You can access the full Arc News in Indiana at:

[http://www.arcind.org/uploads/2013/09/Fal.Newsletter\\_2013.pdf](http://www.arcind.org/uploads/2013/09/Fal.Newsletter_2013.pdf)

Carolyn has been our therapist for several months now. Grace has improved by leaps and bounds. At first, it was a chore just to get her to participate in a therapeutic way, but Carolyn stuck it out. The she started saying words, and more words. They weren't always clear but she could get her point across.

Today, Grace's tantrums have all but disappeared due to being able to ask for things she needs and wants. She eagerly awaits every visit for Carolyn to "pway wif her." Grace still has a way to go. Her vowels, which should have been easy for her to learn, are still quite a challenge; and sometimes she confuses words that she should know. But the therapy is working. She can even tell me she loves me now, and that right there, is worth it all.

To learn more about First Steps call 800-545-7763 or visit: [www.in.gov/fssa/4655.htm](http://www.in.gov/fssa/4655.htm).

## The Arc of Indiana

**The Arc of Indiana was established in 1956 by parents of children with intellectual and developmental disabilities who joined together to build a better and more accepting world for their children. Today, The Arc works to:**

- Empower families with information and resources to assist them in their journey of raising a child with a disability to lead a full and meaningful life.
- Empower people with intellectual and other developmental disabilities to be self sufficient and independent to the greatest extent possible.
- Inspire positive change in public policy and public attitudes.
- Prevent disabilities through education about the dangers of drugs and alcohol while pregnant and advocating for all women to have quality prenatal care.
- Serve as a spokesperson and advocate for families and their loved ones.

The Arc of Indiana is also home to The Arc Master Trust, the nation's premier special needs trust, serving people of all disabilities for over 25 years. **Learn more about The Arc of Indiana at [www.arcind.org](http://www.arcind.org) and The Arc Master Trust by visiting: [www.thearcctrust.org](http://www.thearcctrust.org)**

### Do You Have a First Steps Success Story to Share?



Perhaps you have read an article in a local newspaper or on a website about the positive effects of First Steps. We would love to share it. Send a copy of the article or a link to the website and we will secure reprint permission. You can fax articles to (317) 284-6208 or email them to [training@utsprokids.org](mailto:training@utsprokids.org)

# Top 10 Sensory Survival Tips for Holiday Shopping



Imagine how you feel when you shop in a hot, loud, over-crowded, not so nice smelling mall, while wearing an itchy wool coat at the end of preparing for and hosting a busy holiday party. That is how day to day activities for some children with sensory processing disorder feel. So when they are exposed to the same stimuli that would overload just about anyone, the effects are compounded. This can be lead to 'sensory overload.' It is no wonder that temper tantrums, emotional outbursts, difficulty with self calming, distractibility, and an inability to stand in lines are common scenes with many children at malls.

When the question is asked, is it sensory or is it behavior? Reframe the question by asking are there sensory issues driving the behavior? However, use caution, because some behaviors may be learned as a way to avoid or get something, or communicate wants and needs. It is important to learn how to be proactive when offering calming strategies (e.g. giving bear hugs when your child begins to look dysregulated) as opposed to reinforcing negative behavior (e.g. offering a bear hug after he or she hits you).

Keep these strategies in mind when shopping this holiday season, but use them only as tolerated by your child:

1. Find spots in the mall where you and your child can regroup (e.g. quiet hallways without a lot of decorations).
2. Incorporate some deep pressure hugs throughout your shopping day.
3. Have some calming 'mouth tools' available (e.g. grab a snack or meal, sip on a water bottle, bring a child safe chew toy)
4. Take time to smell the flowers...I mean candles in the quiet candle stores with soft music.
5. Give your child some closely supervised movement breaks out of the shopping cart. Even when you are in a hurry and don't feel you have the time, you may save time in the long run by preventing an outburst later.
6. Give your child some safe 'hand fidgets' to fiddle with while riding in a cart or waiting. If they are old enough and able to do so, or allow your child to help you push the cart or carry bags.
7. Put on some snug fitting under garments that offer firm, maintained touch pressure and 'breathe' with your child.
8. Shop at less crowded times of the day or season as you are able, and take several short shopping trips over several days, rather than trying to squeeze it all into a couple of long trips.
9. Allow your child to choose and where his or her favorite comfortable clothes and socks.
10. If you are fortunate enough to have some help, bring along an extra hand. Your child may be held by grandma or walk around with her while looking at some pretty decorations, while you stand in the long check out line.

Happy Holidays!  
Susan Swindeman, OTR  
CEO Wee Care Therapy, Ltd.

Adapted from... Tools for Tots: Sensory Strategies for Toddlers and Preschoolers  
Henry, Kane-Wineland, Swindeman, 2009



## RESOURCE ROUND-UP

These links are offered for those who wish to delve deeper into related IDEA, Part C and other infant-toddler resources. Their content is **NOT** included in the Training Times Assessment.



### Baby Talk: Resources to Support the People Who Work With Infants and Toddlers

Issue No. 29 October 2013

#### Math Talk With Infants and Toddlers

Children develop math concepts and skills very early in life. From the moment they are born, babies begin to form ideas about math through everyday experiences and, most importantly, through interactions with trusted adults. This NAEYC article highlights activities and interactions that can build early math concepts and capabilities.

<http://families.naeyc.org/learning-and-development/music-math-more/math-talk-infants-and-toddlers#sthash.0j6cim1n.dpuf>

#### Creating Healthy Attachments to Babies in Your Care

This 2011 *Young Children* article by Linda Gillespie and Amy Hunter explains the importance of very young children's attachments to caregivers. The authors share strategies for how infant/toddler teachers can create healthy attachments with the children in their care as well as support the attachments those children have with their families. A companion resource from *NEXT for Young Children* offers ideas for how to explore these topics as part of professional development or reflective practice.

[http://www.naeyc.org/files/yc/file/201109/Rocking%20and%20Rolling\\_Online\\_0911.pdf](http://www.naeyc.org/files/yc/file/201109/Rocking%20and%20Rolling_Online_0911.pdf) (article)

<http://www.naeyc.org/files/yc/file/201109/NEXT%20YC0911.pdf> (*NEXT for Young Children*)

#### What's the Link Between Breastfeeding and Cognition?

While previous studies have drawn a link between breastfeeding and cognition, it's never been absolutely clear whether the connection was due to 1) the breast milk, 2) the bond that the practice builds between mom and child, which can itself enhance brain development, 3) each mom's (or dad's) education and social status, as filtered through in their parenting, or 4) something else entirely. To learn more about the latest thinking on this topic, go to

<http://healthland.time.com/2013/07/30/breastfeeding-and-other-early-influencers-on-childrens-iq/#ixzz2cXyc5xg9>

#### Are There Significant Differences Between Segregated and Integrated Infant and Toddler Child Care?

To learn about environments that are more conducive to the needs of very young children, researchers in South Australia replaced some segregated age groupings (infants with infants, toddlers with toddlers) with integrated groupings (infants and toddlers together). The aim of the study was to evaluate the impact of the change by comparing the two types of infant and toddler groupings. The evaluation focused on three areas considered to have most impact on children's development: the overall length of time educators and children spend together, the depth of documentation and assessment of children's learning as evident in learning stories, and the quality of interactions between educators and families during drop-off and pick-up times. Statistically significant differences were found for the first two areas and higher frequencies in the third area, showing overall improvement in the integrated groupings. Family members' and educators' perceptions about the advantages and challenges of integrated infant-toddler programs were also included in the study. Additional details may be found in the published study: Rutherford, L., & Whittington, V. (2013). A comparison of segregated and integrated infant and toddler programs in one childcare center. *Australasian Journal of Early Childhood*, 38(2).

Baby Talk is a free, one-way listserv that is distributed monthly. Each issue features resources that are high quality, readily available and free. To join the listserv, send an email **with no message** to

[subscribe-babytalk@listserv.unc.edu](mailto:subscribe-babytalk@listserv.unc.edu) To suggest resources, please contact Camille Catlett at [camille.catlett@unc.edu](mailto:camille.catlett@unc.edu) or (919) 966-6635