



UTS TRAINING TIMES

First Steps

Volume 10 Issue 1

February 2014

First Steps Training News....

- ▶ The new ProKids website has launched. As expected with any technology change, there have been a few minor glitches—most involve problems with people using Internet Explorer and older versions of other browsers. A FAQ has been provided to answer many of your questions.
- ▶ For the past several months, the UTS staff have been working hard to bring you new online and face-to-face courses. We have listed these courses in this issue of the *Training Times* to help you better plan when and what course you wish to complete to complete your First Steps Core Training. All UTS-ProKids courses are now FSCT eligible. When you pay your Annual Training Fee, you are sent a coupon code for \$30 to be used towards any UTS-ProKids FSCT. This will cover most all online courses and all half day offerings. The coupon can also be applied as a \$30 credit to any full day UTS-ProKids conference. Please note that the ATF coupon codes expire on 12/31/14 and they cannot be used for any of the provider orientation courses (DSP101, 102 & 103).
- ▶ As in previous years, UTS-ProKids continues to collaborate with conferences hosted by other state approved agencies. These include: The Institute for Strengthening Families (DCS), Annual Early Childhood Conference (IAEYC), Infant Toddler Mental Health Conference (ITMHAI) and the Infant Toddler Specialists of Indiana Institute (BCC). Providers interested in attending any of these conferences, must register and pay through the conference sponsor. You cannot use your ATF credit for these conferences. You will need to complete the UTS-ProKids form so that your attendance can be entered in to your training profile. These forms are located on the UTS-ProKids website at <https://www.utsprokids.org/forms-resources/uts-forms/>. You must maintain documentation of attendance and a copy of the conference program identifying the sessions you attended. Please make sure that you attend at least 3 hours of infant/toddler content. If you have specific questions, you may email us at training@utsprokids.org.

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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)	*DSP 102 - within 60 days of enrollment (on-site) *DSP 103 - within 3-6 months of enrollment (on-site) 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 four quarterly *Training Times* assessments, as part of your mandatory training requirements for credentialing.

Your Annual Training Fee (ATF) pays for your *Training Times* subscription. To pay the ATF, log in to your account at www.utsprokids.org. Go to the menu bar at the top of the screen and select Newsletter. Click on the link under the graphic to pay the fee. The system will walk you through the rest of the registration and payment process.

Once your payment has been received you will be able to take the current and make-up *Training Times* assessments offered during the training year covered by the ATF. To access an assessment go to the Newsletter option described above. The link to the quiz can be found next to the newsletter's title.

Both the Annual Training Fee and the Training Times assessments may also be found in the Course Catalog which is included in the Training drop down menu. If you have any problems accessing either of these items contact the UTS Connect office at registration@utsprokids.org.

Indiana First Steps
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Web Address: <http://www.utsprokids.org>
Email: Training questions training@utsprokids.org
Registration questions: 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.

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.

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.

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
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 FEBRUARY 2014 TRAINING TIMES ASSESSMENT
DEADLINE IS
11:59 PM (EDT) ON APRIL 30, 2014**

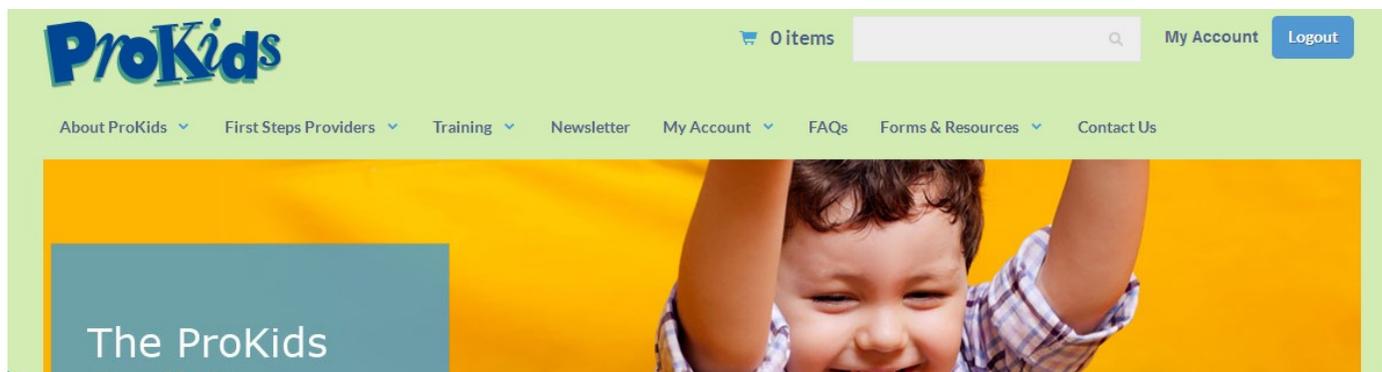


Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops outside of UTS-ProKids 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/workshops 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

ProKids New UTS Website



Have you visited the new UTS-ProKids website?

The new UTS-ProKids website has launched at 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.

[FAQs for Using the New Website](#)

1. **How to I pay for my 2014 Annual Training Fee?** You can register for your Annual Training on the UTS-ProKids website at <https://www.utsprokids.org/shop/newsletter/newsletter-subscription/>
2. **How do I access Training Times Assessments?** Training Times Assessment links are available on the [Newsletter page](#) as well as the [Online Trainings page](#).
3. **How to I access my previous completed courses?** All previous onsite courses will be listed [here](#), and all previous online courses and Training Times Assessment results will be listed [here](#) under the completed courses tab.
4. **I took an online course, but it still shows 0 modules completed. How do I get credit for my course?** Your online course will not be marked completed until we have reviewed your submitted materials for the course. Please allow 7 days for us to process your course completion.
5. **I'm taking an online training and the attachments for the training won't open, and I can't print them. What can I do?** More than likely, this is caused by the browser you are using. We have found that using Google Chrome as your browser allows you to open and print the attachments. Also, the training software works best in Chrome. You can download it for free from: google.com. Also, the training works well in Firefox and Safari. (For more information about browsers, read the answer to the question: Which browser should I use to view the training).
6. The training does work, though, with Internet Explorer. Please read the following notes to help you maximize the performance of your computer when you use Internet Explorer. The following reasons could be causing your attachments not to open, when:
 - Internet Explorer (browser) is older than version 8. To update your Internet Explorer browser, go to microsoft.com, then click on Downloads, then click on Internet Explorer. If your computer's operating system is XP or Vista, you won't be able to upgrade to Internet Explorer 8 or higher because these systems don't support the higher versions of IE (Internet Explorer).
 - Adobe Flash Player is older than version 8. To update your flash player, go to adobe.com and click on downloads. Then click on Adobe Flash Player.
 - Adobe Reader is older than version 8. To update your reader, go to adobe.com and click on downloads. Then click on Adobe Reader.
 - Security settings in your browser or on your computer could determine the attachments are unsafe.

UTS-ProKids Website FAQs (continued)

7. **Which browser should I use to view the online training?** We have found that using Google Chrome as your browser allows the training software to work at its best. You can download it for free from: google.com. The training also functions well with Firefox and Safari. Here's why these browsers works best:
- A browser is a software program that allows you to visit websites. When you want to visit a webpage, you click on your browser icon on your computer. The browser then takes over and does all of the work for you by fetching code from a web server, interpreting this code, and displaying it as a web page for you to view. Common browsers are Internet Explorer, Google Chrome, Firefox, and Safari. Each browser interprets the code in its own way. And, that's where issues occur. When you click on a training to view it, your browser has to read the code from the software that was used to create the training as well as read the code for the web page itself and make them work together. Lots of layers here. A browser may not be familiar with some of the code in either the web page or the training software and won't allow the training to work properly. For example, the attachments may not open. The good news is that Google, Firefox, and Safari are able to correctly interpret all of the codes and display the webpage and training course just as you need them.
- If you use Internet Explorer, you may experience issues with opening the attachments. If so, try updating your version of Internet Explorer to Version 8 or higher. Go to microsoft.com, then click on Downloads, then click on Internet Explorer. FYI: If your computer's operating system is XP or Vista, you won't be able to upgrade to Internet Explorer 8 or higher because these systems don't support the higher versions of IE (Internet Explorer).
8. **The course evaluation won't open.** This is more than likely caused by the browser, especially if you are using Internet Explorer. If you are using an older version of Internet Explorer, update your version to the latest. For a free update, go to microsoft.com then click on Downloads, then click on Internet Explorer If you are using another browser, update it as well.
9. **Can online trainings be viewed on my iPhone or iPad?** The AEPS Part 1 can be viewed from your mobile device. We are moving in the direction of mobile learning. As we develop future online trainings, they will be mobile-friendly.

Remembering Mindy Dunn

Melinda "Mindy" Ann (Cartwright) Dunn passed away Monday, November 4, 2013 after a long and courageous battle against melanoma cancer. She was 44 years old. Mindy is survived by her husband the Rev. Dr. James Dunn and her children, Caleb and Courtney.

Mindy had worked as a Social Worker for the Salvation Army - Indianapolis Division, and as a First Steps Service Coordinator at Shares, Inc. of Greenfield. For more than 10 years, Mindy worked training Service Coordinators and First Steps providers through Indiana's Unified Training System (UTS). She most recently served as field trainer and service coordinator for ProKids Inc. in Indianapolis. Mindy was a former president of the Greenfield Area Soccer Club, an active volunteer for FUSE, Inc., and a member of Harvest Wesleyan Church in McCordsville, Indiana

Mindy's memorial service was attended by many First Steps colleagues from across the state. Many who worked with Mindy, will remember her smile and positive outlook. She was a blessing to those who knew her and the families she served.

Memorial contributions may be made to FUSE Inc., P.O. Box 314, Greenfield, IN 46140 or Wesleyan Native American Ministries, P.O. Box 50434, Indianapolis, IN 46250.



FAQ:

What Is the Role of Occupational Therapy in Early Intervention?

In early intervention, occupational therapy practitioners promote the function and engagement of infants and toddlers, and their families, in everyday routines by addressing areas of occupation including activities of daily living, rest and sleep, play, education, and social participation. Practitioners enhance a family's capacity to care for their child and promote his or her development and participation in natural environments where the child and family live, work, and play.

Early intervention services and supports are typically provided to children under the age of 3 years, and their families, and may extend to children through 5 years of age. Occupational therapy services are most often provided through a federally funded state-wide program (under the Individuals with Disabilities Education Act [IDEA]) and may also be provided as medically-based services in hospitals and clinics. Federal and state laws, and third party payers may require occupational therapy practitioners to address different outcomes in early intervention programs.

1. What are the different settings, legislative mandates, and payment sources that affect occupational therapy in early intervention?

Services under IDEA Part C

Early intervention occupational therapy services and supports are typically provided to young children, their families, and other key caregivers in homes, childcare programs, Early Head Start programs, and other community settings. Children are eligible for Part C based on their state's criteria for disability, which is usually a delay in one or more of five developmental areas (cognitive, physical, communication, social or emotional, and adaptive) or by having a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. States may also choose to provide early intervention services and supports to children who are at-risk and to children who have disabilities but are not yet in kindergarten.

The IDEA Part C statute grants funds to states if they meet the requirements "to develop and implement a state-wide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families"

(1431(b)(1)). Fees, if any, are determined by the state's lead agency. Some states provide services at no cost; others have a sliding scale. Each state's lead agency is responsible for overseeing this program and the funds. Often, the lead agency is the state Department of Health or Department of Education, but this varies by jurisdiction.

Medically-Based Services

Occupational therapy services can also be offered in medical settings such as neonatal intensive care units, pediatric outpatient centers, hospitals, clinics, or home health agency. These services are supported through public and private health insurance, including Medicaid. Typically the child must have a medical condition or diagnosis that indicate medical necessity and result in the need for occupational therapy services.



2. What are the core principles of occupational therapy services provided within early intervention?

Regardless of the purposes and outcomes of the early intervention occupational therapy, there are core principles that guide all services and supports.

Occupation: A broad term signifying everyday life activity that is meaningful and purposeful. Practitioners must communicate with the family and other individuals who have knowledge of the child in order to identify that child's strengths and challenges. While practitioners and families focus on enhancing a child's occupational performance, *co-occupations* are also critical. Co-occupations are occupations or activities such as feeding and eating, caregiver-child play, dressing, bathing, and hygiene that are shared among children, family members, and peers and implicitly involve two or more individuals.

Family-Centered: A philosophical model whereby the family defines the priorities of the intervention. It is based on the premise that families know their children best, that optimal developmental outcomes occur within a supportive family and community environment, and that each family is unique. This model aligns well with the occupational therapy client-centered approach and the value that occupational therapy practitioners place on collaboration with families throughout the service delivery process (e.g., evaluation, intervention, progress monitoring).

Occupational therapy practitioners use strategies to enhance the *attachments* or the bonds that form between the infant and his or her caregivers (Bowlby, 1988). The quality of this bond has been found to influence developmental outcomes in infants and children (Cassidy, 1999). It is also important to assess and address aspects of the *infant's mental health* within the context of the primary caregiver relationship. Risk factors such as poverty and capacity for resiliency can influence mental health outcomes for both child and caregiver.

Family Capacity: The knowledge and skill the family has to meet their child's special needs. Capacity is the amount of physical, emotional, and spiritual energy necessary to support the development of a child, and it directly influences the sense of competency a family member experiences when caring for a young child with special needs.

Natural Environment: Services under IDEA Part C must be provided in settings that are typical for the child's non-disabled peers of comparable age, to the extent practicable. Whenever possible for the child and family, services should be provided in a family and/or community setting. This requirement is comparable to occupational therapy's focus on context. Occupational therapists understand and analyze the interrelated conditions of the context and its influence on performance.

Family Routines and Rituals: The Occupational Therapy Practice Framework (AOTA 2008a) defines routines as

“patterns of behavior that are observable, regular, repetitive, and that provide structure for daily life.” A family's identity forms through negotiating and engaging in daily living experiences (Boyce, Jensen, James, & Peacock, 1983). Thus, how a family participates in daily routines defines who that family is and plays a key role in determining its health. Rituals preserve a sense of family meaningfulness (Schvaneveldt & Lee, 1983), create and maintain family cohesion (Wolin & Bennet, 1984), and provide a means for maintaining family contact (Meredith, 1985). Rituals add meaning and purpose and help families build strong relationships.

3. What types of services do occupational therapy practitioners provide in early intervention?

Occupational therapy practitioners can provide services as primary service providers, service coordinators, and multidisciplinary team evaluators.

Service Provider

Occupational therapy practitioners can provide services and supports to children and their families under a medically-based model or through an IDEA-funded early intervention program by:

- **Fostering the bond between an infant and his or her primary caregiver(s).** For example, an occupational therapy practitioner can recommend play strategies to promote successful interactions between a toddler and his older siblings or may assess how an infant's (or





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parent's) sensory processing affects parent-infant relationship during daily routines (Dunn, 2004).

- **Addressing families' capacity for parenting** by understanding the family's energy level for accomplishing everyday tasks and supporting all caregivers to help a child adapt and cope with everyday life. For example, a practitioner can help a caregiver clarify feelings and reactions, and identify which strategies have helped to ease these feelings in the past. Practitioners also help build a family's capacity to care for their child during everyday activities such as dressing, bathing, and feeding and eating. To enhance a child's ability to participate fully in daily routines, practitioners may suggest modifications to a car seat or high chair for proper positioning to maximize a child's ability to self-feed or engage in play.
- **Promoting children's growth and development, and participation in family and community life.** For example, an occupational therapy practitioner can help a parent identify learning opportunities for a child throughout the day that fit with daily routines, such as developing a bedtime routine for a child with poor sensory processing to ensure sound sleep for the entire family. A practitioner may also fabricate or issue a splint to prevent further disability or enhance a child's functioning to play successfully with friends at a birthday party.

Service Coordinator

Under IDEA, service coordinators guide families through the assessment and intervention process. They also assure that early intervention services and supports documented in the child and family's individualized family services plan (IFSP) result in adequate progress toward achieving the desired outcomes. Some states have professionals who provide only service coordination services. In other states, other providers may also serve as service coordinator, including the occupational therapist. In this role, the therapist would facilitate the team process for developing an IFSP for each eligible child.

Multidisciplinary Evaluator

Under IDEA, each child is entitled to receive a timely, multidisciplinary assessment, which determines a child and family's eligibility for early intervention services and supports. The role of the occupational therapist in this process is to assess the developmental skills of a child with suspected delays and/or to participate in the "family directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs" of their child [(1436(a)(2))].

4. How can occupational therapy services be delivered and how are practitioners qualified to offer services in early intervention?

Personnel

Occupational therapists and occupational therapy assistants have completed an accredited educational program curriculum, supervised fieldwork, and a national certification examination. Occupational therapists must meet state licensure or credentialing requirements. A few states require additional training to become service coordinators. Occupational therapy assistants are usually considered qualified if they are adequately supervised by occupational therapists.

Occupational therapists and occupational therapy assistants' work with children should always include support for and education of key caregivers on incorporating therapeutic activities within a child's daily routines. This includes ongoing monitoring of a child's progress, and collaboration with caregivers (i.e., families, child care providers, early childhood educators) who implement a child's IFSP or intervention plan.

Team models will influence service delivery, and vice versa. Both are typically determined by an agency, payment source, or legal requirements such as IDEA or Medicaid regulations. The team models are: multidisciplinary, interdisciplinary, and transdisciplinary.

- **Multidisciplinary model:** Each professional evaluates a child from his or her disciplinary expertise, and develops and implements an individual intervention program for a child separate from other services. This model of team functioning is no longer considered best practice. (Note: The IDEA's mandate for a multidisciplinary assessment refers only to how many professionals participate in a child's eligibility assessment.)
- **Interdisciplinary model:** Each professional collaborates with other disciplines during the evaluation and intervention processes. Family approval of the intervention plan is solicited, but each professional is responsible for the part of the plan related to his or her discipline. Interdisciplinary teams value communication and acceptance of each discipline's expertise.

- **Transdisciplinary model:** Team members jointly assess a child and plan intervention with family members who determine how they would like to participate on the team. The joint intervention plan is implemented by a primary provider, or coach, with the family. The transdisciplinary model may also be called Primary Provider or Coaching.

During assessment and intervention, coaching may be used by teams operating in any of the three models. This coaching approach focuses on building a partner's knowledge and skills to achieve family selected goals to ensure that young children participate in meaningful routines and settings (Hanft, Rush, & Shelden, 2004). Coaching supports each partner in a process of reflection that enhances their role performance in parenting or educating very young children.

Occupational therapy practitioners who engage in coaching use their professional expertise in activity analysis, client-centered care, environmental modifications, and occupational performance. They recognize the power and potential of activity and daily routines to enhance a partner's knowledge and skill development.

Transitions under IDEA

In most states, children transition out of Part C services when they turn 3 years of age. As service coordinators and providers, occupational therapists assist the Team to identify the appropriate programs and services, if needed. As service coordinators, occupational therapists are responsible for meeting federal and state mandates, including holding a transition meeting with the family and local school personnel to discuss options. Occupational therapy practitioners can enhance smooth transitions for children and their families by collaborating with other providers, promoting inter- and intra-agency coordination, and communicating across settings and systems.

5. What are some available related resources and Web sites?

Resources from AOTA

Numerous AOTA resources and opportunities are available to advance the knowledge and skills of practitioners who practice in early intervention. These include Pediatric Board Certification; Special Interest Sections such as Early Intervention & School (EISSIS) and Developmental Disabilities (DDIS); OT Connections forums; professional newsletters and journals; the *Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc.* (13th ed.; AOTA, 2008b); Fact Sheets and a variety of continuing education products, including the following:

- **Occupational Therapy Services in Early Intervention and School-Based Programs**
American Occupational Therapy Association. (2004). *American Journal of Occupational Therapy*, 58, 681–685. Available

at <http://www1.aota.org/ajot/abstract.asp?IVol=58&INum=6&ArtID=17&Date=November/December%202004>

- **PowerPoint: Role of Occupational Therapy With Infants, Toddlers, and Families in Early Intervention**
American Occupational Therapy Association
<http://www.aota.org/practitioners/practiceareas/pediatrics/browse/EI/Role-of-OT.aspx>
- **Fact Sheet: Occupational Therapy: A Vital Role in Dysphagia Care**
American Occupational Therapy Association. (2006).
<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/38514.aspx>
- **Fact Sheet: Occupational Therapy for Children: Birth to 3 Years of Age**
American Occupational Therapy Association. (2004).
<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/38516.aspx>
- **Fact Sheet: Occupational Therapy in Preschool Settings**
American Occupational Therapy Association. (2006).
<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/38510.aspx>
- **Specialized Knowledge and Skills in Feeding, Eating, and Swallowing for Occupational Therapy Practice**
American Occupational Therapy Association. (2007).
<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/41258.aspx>
- **Specialized Knowledge and Skills for Occupational Therapy Practice in the Neonatal Intensive Care Unit**
American Occupational Therapy Association. (2006).
<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/39462.aspx>
- **Early Childhood Occupational Therapy: Services for Children Birth to Five**
Chandler, B. E. (in press). Bethesda, MD: American Occupational Therapy Association
- **Occupational Therapy Services for Children and Youth Under IDEA (3rd ed.)**
Jackson, L. (Ed.). (2007). Bethesda, MD: AOTA Press.
http://www1.aota.org/shop_aota/prodview.aspx?TYPE=D&PID=618&SKU=1177A
- **Practice Tips: Transforming Caseload to Workload in School-Based and Early Intervention Occupational Therapy Services**
American Occupational Therapy Association. (2006).
<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/School/38519.aspx>
- **AOTA's Societal Statement on Family Caregivers**
American Occupational Therapy Association. (2007).
<http://www.aota.org/Practitioners/PracticeAreas/Pediatrics/Browse/EI/40153.aspx>
- **Occupational Therapy Services in Early Intervention and School-Based Programs**
American Occupational Therapy Association. (2004).
<http://www.aota.org/Practitioners/Official/Statements/40881.aspx>
- **Online Course: Elective Session 2: Occupational Therapy for Infants and Toddlers With Disabilities Under IDEA 2004, Part C (rev.)**
Muhlenhaupt, M. (2009). In Y. Swinth, Occupational Therapy in School-Based Practice: Contemporary Issues and Trends. Bethesda, MD: American Occupational Therapy Association
http://www1.aota.org/shop_aota/prodview.aspx?TYPE=D&PID=885&SKU=OLSB2A

- **The New IDEA: An Occupational Therapy Toolkit 2008 Edition (CD-ROM)**
Jackson, L. (2006). Bethesda, MD: AOTA Press
http://www1.aota.org/shop_aota/prodview.aspx?TYPE=D&PID=323&SKU=4810
- **Center on the Social and Emotional Foundations for Early Learning**
<http://www.vanderbilt.edu/csefel/>
- **Early Head Start**
www.ehsnrc.org/
- **IDEA Data**
www.ideadata.org
- **Infant and Toddlers Coordinators Association**
www.ideainfanttoddler.org/partners.htm
www.ideainfanttoddler.org
- **Maryland State Department of Education: Early Childhood Tutorial**
www.mdecgateway.org/olms/output/page.php?id=8482
- **National Dissemination Center for Children with Disabilities**
www.nichcy.org/
- **National Early Childhood Technical Assistance Center**
www.nectac.org
- **Natural Resources Archives**
www.fpg.unc.edu/~scpp/nat_allies/na_archive.cfm
- **Puckett Institute and evidence based practices**
www.puckett.org/
- **Research and Training Center on Early Childhood Development**
www.researchtopractice.info/
- **Technical Assistance Center on Social-Emotional Intervention for Young Children**
www.challengingbehavior.org/
- **The Division of Early Childhood, part of the Council of Exceptional Children**
www.dec-sped.org/usefullinks.html
- **Tots N Tech Research Institute**
www.asu.edu/clas/tnt/
- **Zero to Three**
www.zerotothree.org/site/pageserver

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For more information, contact the American Occupational Therapy Association, the professional society of occupational therapy, representing 41,000 occupational therapists, occupational therapy assistants, and students working in practice, science, education, and research.

The American Occupational Therapy Association
4720 Montgomery Lane, Bethesda, MD 20814-3425
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Occupational Therapy: Living Life To Its Fullest

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Too Little 'Tummy Time' for Infants May Risk Development Delays

Infants who spend too much waking time on their back may have an increased risk of delayed motor development, a survey of pediatric therapists suggests. Two-thirds of the 409 physical, occupational, and speech therapists surveyed said they had seen an increased frequency of early motor delays in babies younger than six months.

More than 80% of respondents who noted increases in delayed early motor development cited a lack of "tummy time" while awake as the principal reason for the increase. "We have seen first-hand what the lack of tummy time can mean for a baby: developmental, cognitive, and organizational skills delays, eye-tracking problems, and behavioral issues, to name just some complications," said Judy Towne Jennings, a Fairfield, Ohio, physical therapist and spokesperson for the American Physical Therapy Association.



The American Academy of Pediatrics launched a campaign in 1992 to improve parents' awareness of the importance of putting infants to sleep on their backs to reduce the risk of sudden infant death syndrome. The physical therapy group supports that position, but as reflected in the survey, many therapists see a need to educate parents about the importance of tummy time.

Members of the group were among the participants in the survey, which was sponsored by Pathways Awareness, a Chicago-based nonprofit organization that focuses on issues of early developmental delay. According to a summary statement from Pathways Awareness, the survey was conducted earlier this year to "amass and quantify the observations of early motor delays, as well as identify causal factors."

In cooperation with the Neuro-Developmental Treatment Association and the Pediatric Section of the APTA, Pathways Awareness identified and surveyed therapists who specialize in working with children. The respondents averaged 20 years in practice. Among other opinions expressed by the survey participants:

- ▶ 61% said early motor delays can be caused or exacerbated by back-sleeping
- ▶ 77% had personally observed instances of early motor delay attributable to babies' spending too much time on their backs
- ▶ 66% said most parents have little or no understanding of tummy time
- ▶ 44% traced the association between tummy time and early motor delay back four to six years, and 34% said the association emerged within the past three years, "New parents are told of the importance of babies sleeping on their backs to avoid SIDS, but they are not always informed about the importance of tummy time," said Jennings.

Atlanta physical therapist Colleen Coulter-O'Berry said too much waking time on the back can lead to flattening and other deformities of an infant's skull. "Since the early 1990s, we have seen a significant decrease in SIDS cases, while simultaneously witnessing an alarming increase in skull deformation," she said.

A recent study by Children's Hospital and Regional Medical Center in Seattle showed that the frequency of referrals for misshapen heads has increased by as much as 600% since the early 1990s. Coulter-O'Berry is co-author of *Tummy Time Tools*, a guide for educating parents about techniques to increase the amount of

Tummy Time (continued)

wake time infants spend on their stomachs. The publication is available through the Alexandria, Va.-based physical therapy group (www.apta.org/consumers).

Pathways Awareness pointed out that "the survey does not definitively identify lack of tummy time as the cause of the increase in early motor delays. Rather, the survey quantifies experienced observations by qualified professionals, which may serve as a hypothesis for a future scientifically controlled study on the rate of increase and causes of early motor delays."

"In addition to back-sleeping and lack of tummy time," it pointed out, "the increase may also be caused by factors such as a higher survival rate of preterm babies, increased numbers of twins and triplets (who may be crowded in the uterus), and increased survival of children with cardiac, neurological, and genetic disorders."

By [Charles Bankhead](#) , Staff Writer, MedPage Today; Reviewed by [Zalman S. Agus, MD](#); Emeritus Professor, University of Pennsylvania School of Medicine

Lack of 'Tummy Time' Leads to Motor Delays in Infants, PTs Say

APTA Recommendations In Line with National Survey Findings

The American Physical Therapy Association (APTA) is urging parents and caregivers to ensure that babies get enough "tummy time" throughout the day while they are awake and supervised, in light of a recent survey of therapists who say they've noticed an increase in motor delays in infants who spend too much time on their backs while awake.

In the national survey of 400 pediatric physical and occupational therapists, conducted on behalf of Pathways Awareness, a non-profit group dedicated to early detection of motor delays in children, two-thirds of those surveyed say they've seen an increase in early motor delays in infants over the past six years. The survey was conducted with the assistance of APTA's Section on Pediatrics and the Neuro-Development Treatment Association (NDTA).

Those physical therapists who saw an increase in motor delays said that the lack of "tummy time," or the amount of time infants spend lying on their stomachs while awake, is the number one contributor to the escalation in cases.

APTA spokesperson Judy Towne Jennings, PT, MA, a physical therapist and researcher from Fairfield, Ohio, said, "We have seen first-hand what the lack of tummy time can mean for a baby: developmental, cognitive, and organizational skills delays, eye-tracking problems, and behavioral issues, to name just some complications." She added, "New parents are told of the importance of babies sleeping on their backs to avoid SIDS, but they are not always informed about the importance of tummy time."

Jennings explains that because new parents now use car seats that also serve as infant carriers - many of which fasten directly into strollers and swings without having to remove the baby from the seat — this generation of babies spends prolonged periods of time in one position. She recommends that awake babies be placed in a variety of positions, including on their tummies, as soon as they return home from the hospital. "Ideally, babies should be placed on their tummies after every nap, diaper change and feeding, starting with 1 -2 minutes," she said. Jennings is co-author of the research, "Conveying the Message about Optimal Infant Positions," *Physical and Occupational Therapy in Pediatrics*, Volume 25, Number 3, 2005.

In 1992, the American Academy of Pediatrics launched its successful "Back to Sleep" campaign, which helped reduce the number of sudden infant death syndrome (SIDS) cases by educating parents on the importance of putting infants to sleep on their backs, rather than on their stomachs. While putting infants to sleep on their backs is still vitally important in reducing infant deaths, according to APTA, many physical therapists believe that there should be more education to parents on the importance of "tummy time" while babies are

awake and supervised.

APTA spokesperson Colleen Coulter-O'Berry, PT, MS, PCS, a physical therapist at Children's Healthcare of Atlanta, said flattening of the baby's skull is another side effect of too much time spent on the back. "Since the early 1990s, we have seen a significant decrease in SIDS cases, while simultaneously witnessing an alarming increase in skull deformation," she said. Coulter-O'Berry cites a recent study published in *Cleft Palate-Craniofacial Journal* 45(2): 208-16, in which it was reported that several risk factors for misshapen heads were more common among babies born after the "Back to Sleep" initiative. The study, which took place at Children's Hospital and Regional Medical Center in Seattle, Washington, found that prior to 1992, the prevalence of misshapen heads among infants was reportedly 5 percent. In recent years, craniofacial centers and primary care providers reported a dramatic increase of up to 600 percent in referrals for misshapen heads.

She also points out that the combination of babies sleeping on their backs, as well as spending an inordinate amount of time in infant carriers that double as car seats, puts pressure on the head which can create a flattening of the skull. In extreme cases, babies are fitted with a custom-molded band that gently guides the baby's head into a more normal shape.

According to Coulter-O'Berry, parents can increase tummy time by incorporating exercises into routine activities such as carrying, diapering, feeding, and playing with baby. "Increasing the amount of time your baby lies on his or her tummy promotes muscle development in the neck and shoulders; helps prevent tight neck muscles and the development of flat areas on the back of the baby's head; and helps build the muscles baby needs to roll, sit and crawl," she said. Coulter-O'Berry is co-author of *Tummy Time Tools*, an informative brochure that provides caregivers ideas and activities to ensure that babies get enough tummy time throughout the day. The brochure is now offered on the APTA Web site, www.moveforwardpt.com.

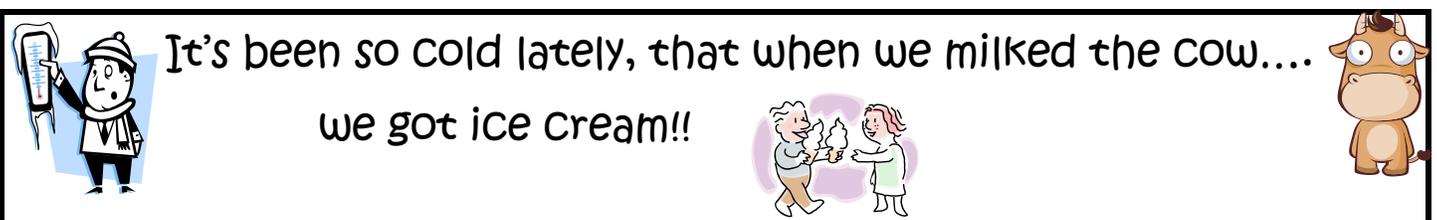
Karen Karmel-Ross, PT, PCS, LMT, pediatric clinical specialist at University Hospitals Case Medical Center, Rainbow Babies and Children's Hospital in Cleveland, Ohio and national lecturer on muscular torticollis (neck muscle imbalance), says that one way to engage in tummy time is to spend time during each diaper change encouraging the infant to find, focus and follow the caregiver's face or a toy with their eyes looking up, down, left and right. "It's important to get our infants out of devices that constrain mobility and onto their tummies so they can focus on neck muscle balance as they interact with their caregivers," she said.

Physical therapists are highly-educated, licensed health care professionals who can help patients reduce pain and improve or restore mobility — in many cases without expensive surgery or the side effects of prescription medications. APTA represents more than 70,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Its purpose is to improve the health and quality of life of individuals through the advancement of physical therapist practice. In most states, patients can make an appointment directly with a physical therapist, without a physician referral. Learn more about conditions physical therapists can treat and find a physical therapist in your area at www.moveforwardpt.com.

Established in 1988, Pathways Awareness is a national, non-profit organization dedicated to raising awareness about the benefits of detecting early motor delays and encouraging physical therapy in very young children. Pathways' critical infant milestones literature has been recognized and endorsed by the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners as the definitive resource concerning early motor delays. For more information, visit www.pathwaysawareness.org.

Last Updated: 6/3/2013. Contact: public-relations@apta.org

Ed. Note: UTS-ProKids will soon be offering the previously cited, Pathway 2, 4, 6 Month Motor Course. The online course includes videos of typical and atypical motor development, detailed handouts and parent training materials. This course will be available to all First Steps providers and can be used as a FSCT. See page 15 for more information.



Tummy Time Resources for Families

Providers can download a pdf copy of the brochure below from:

http://pathways.org/images/random_pdfs/TT_Brochure_Larger_v_web-fnl.pdf

As your baby grows:

1. Monitor signs of typical development
2. Keep a notebook of your observations
3. Share with your child's doctor or health care professional

By 3 months of age, your baby should reach the following milestones:

- Typical Speech Development ***
- Sucks and swallows well during feeding
 - Quiets or smiles in response to sound or voice
 - Coos or vocalizes other than crying
 - Turns head toward direction of sound

Typical Play Development *

- While lying on their back...
- Visually tracks a moving toy from side to side
- Attempts to reach for a rattle held above their chest
- Keeps head in the middle to watch faces or toys

Typical Physical Development *

- 
- While lying on their tummy...
 - Pushes up on Arms
 - Lifts and holds head up

By 6 months of age, your baby should reach the following milestones:

- Typical Speech Development ***
- Begins to use consonant sounds in babbling, e.g. "tada"
 - Uses babbling to get attention
 - Begins to eat cereals and pureed foods

Typical Play Development *

- Reaches for a nearby toy while on their tummy
- While lying on their back...
- Transfers a toy from one hand to the other
- Reaches both hands to play with feet

Typical Physical Development *

- 
- Uses hands to support self in sitting
 - Rolls from back to tummy
 - While standing with support, accepts entire weight with legs

*Correct your child's age for prematurity. If you have concerns, consult your pediatrician or health care professional.

Did You Know?

Tummy Time should begin as soon as you come home from the hospital.

Tummy Time is essential for infants for core motor and sensory development and achievement of milestones.

- Helps improve neck and head control, and strengthens back, shoulder muscles and core
- Prevents flat spots on your baby's head
- Promotes motor and sensory development

Babies will grow to like Tummy Time.

- Make it fun by using mirrors and toys to play after diapering
- Don't be discouraged if baby doesn't like Tummy Time
- Start off with small spurts and gradually work up to an hour per day in several shorter increments by the time your baby is 3 months old
- With practice, your baby will have a strong core and you will both become Tummy Time pros!



For more information and resources on Tummy Time, visit www.pathways.org, select the "For Parents" tab, and click on "Tummy Time"

You can also call Pathways at 800-955-CHILD (2445) or e-mail us at friends@pathways.org



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Pathways.org

4b Tummy Time For Baby's Core Strength



Activities to Help Strengthen Your Baby

Since 1985, Pathways.org has used outcome-based research and multimedia as tools to promote each child's fullest inclusion. We strive to empower health professionals and parents with knowledge of the benefit of early detection and early intervention for children's sensory, motor, and communication development. Pathways.org is a 501(c)(3) Not-For-Profit

The American Academy of Pediatrics recommends placing babies on their back to sleep ...and on their tummy to play, for stronger babies. Infant games to encourage Tummy Time:

Is your baby meeting milestones for his age group? What can you do together to help his development?

To get a personalized calendar for your baby to track his milestones, helpful weekly games and activities go online to Pathways.org: Under parents tab, click new parents Enter your baby's name and date of birth

BIRTH TO 3 MONTHS

At this age, focus on getting your baby used to Tummy Time. Make Tummy Time part of your routine—a few minutes, a few times a day—by using these ideas.



Soothe baby on your lap:

Rather than holding or burping your baby in an upright position facing your shoulder, place him face-down across your lap. A hand on baby's bottom will help steady and calm him.



Lay baby on your chest:

Lie down on the floor or a bed, flat or propped up on pillows. Place baby on your chest or tummy, so that you're face-to-face. Hold firmly so that he will not roll off.



Get down to baby's level:

While baby is on his tummy, get down to his level to encourage eye contact. A blanket can be rolled up and placed under his chest and upper arms for added support.



Carry baby tummy down:

When carrying baby, slide one hand between his legs under his stomach. Use your other hand to support his head and shoulders. Nestle the baby close to your body; this offers comfort and support.

3 MONTHS

By three months, your baby should be getting an hour of Tummy Time, not all at once, but in spurts throughout the day.



Make it fun with a toy:

As your baby begins to reach for things, move toys away from baby or lift them higher, so she must look up to see them. In addition, toys can be used to encourage head turning. Make sure to switch sides often, so baby learns to look to both sides.

6 MONTHS

As your baby continues to grow and develop neck and trunk strength, challenge him and keep him interested with some new moves.



Promote baby push-ups:

Capture baby's attention with a toy and use your fingers under her tummy to provide gentle lifting cues. Have baby push herself up on her hands and hold position for a short while before sinking back down to the surface.



Reach 'n roll play:

Encourage your baby to practice repeated rolling from her back to her tummy to reach a toy. Baby is ready to start moving on her tummy. Place toys in a circle around baby to encourage her to pivot and reach while playing on her tummy.

Tips: Make it fun

Sing song: Play on the floor with your baby, tummy down. Place toys in front, sing songs. Your baby loves your face and voice!

Peek-a-boo: Play it with your baby while he's on his tummy. Put a blanket over your head or just cover your face with your hands. Surprise your baby when you appear again!

Toy circle: Put your baby's favorite toys in a large circle on the floor. Place him on a blanket in the middle - tummy down. Watch him reach and rotate to play with his toys.

Sneak in some Tummy Time games after diapering. Every bit helps to strengthen baby's core.

First Steps Online Core Trainings for 2014

You asked for it and UTS-ProKids is working hard to bring you more online courses. We are pleased to announce the development of several **new online courses** for 2014. The catalog of all online courses can be found at <https://www.utsprokids.org/training/course-catalog/>

- ▶ **FSCT: AEPS, Part 1 - Currently available on-line.** This online course provides an overview of the Assessment, Evaluation, Programming System for Infant and Toddlers (AEPS). It is open to all providers. The course covers the mechanics of the AEPS, scoring criteria and guidelines and discusses the use of observation, direct test and parent report. Providers will have a better understanding of the tool and can use it for progress monitoring. This course is required for all Assessment Team Members who have not previously completed the AEPS 2 day course. AT members must also complete the AEPS Part 2 - Using the AEPS for First Steps eligibility. The face-to-face course will be available in March 2014.
- ▶ **FSCT: Pathways - Course to Go: 2, 4, 6 Month Motor Course - Coming in late February.** Established in 1988, Pathways Awareness is a national, non-profit organization dedicated to raising awareness about the benefits of detecting early motor delays and encouraging physical therapy in very young children. Pathways' critical infant milestones literature has been recognized and endorsed by the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners as the definitive resource concerning early motor delays
- ▶ **FSCT: Infant Brain Development – Coming in March...** This Award winning video from the Professional Development Center, Rockefeller College, University of Albany, SUNY provides information on the structure of the human brain and how an infant's brain develops through the use of computer animations, graphics and interviews with a scientist, pediatrician and experts in the early childhood field. Chapters include information on Factors that Influence Brain Development, the Structure of the Brain, How the Brain Develops, Windows of Opportunity, Impact of Early Experiences on Brain Development, and Resources.
- ▶ **FSCT: Physical Therapy: Ethics and Jurisprudence - Coming in April.** All PTs in Indiana are now required to complete an ethics and jurisprudence course every 2 years. This introductory online course is designed to meet the CEU licensing requirements for PTs and PTAs.
- ▶ **FSCT: Early Intervention in Child Care: The IACCRR Inclusion Specialists Can Help! - Coming in June.** This course reviews state and federal regulations pertaining to child care inclusion and the role of the Child Care Resources & Referral Inclusion Specialist. If you serve children in child care settings, this training is for you.

Be sure to check the UTS website and emails for updates for both online and face-to-face course information and availability.

2014 FSCT Conferences and Workshops

In addition the new online courses, UTS-ProKids also has many new face-to-face courses in development. You can view all posted trainings in the Training Calendar at <https://www.utsprokids.org/training/calendar/>. In order to effectively plan you FSCT for 2014, we have listed many of our courses for you.

2/21/14 - FSCT: Child Abuse 101: Understand the indicators of child maltreatment, the risk factors for maltreatment, and reporting laws and responsibilities. Presented by Prevent Child Abuse Indiana Sandy Runkle, MSW and Carol Poole, MSW

3/6/14 - FSCT: Hey Kids Let's Play: From the authors of "Mommy the T.V.'s Off...Now What?" This training targets Service Coordinators and Developmental Therapists new to early intervention, highlighting infant and toddler development, atypical development, and activities and strategies in providing First Steps services.

3/27, 28 & 29/2014 The Early Childhood Conference (see page 18 for more information.) (FSCT eligible)

4/7/14 - FSCT: Enhancing Communication through Everyday Routines, Indianapolis.

Also in Lafayette on 5/8/14 Language stimulation strategies for toddlers with language delay. Learn about language stimulation strategies that can be used in everyday routines by parents and caregivers. Techniques to increase parent involvement will be discussed.

4/10/14 FSCT: Home Visiting: Home visiting strategies in early intervention. This session (continued—>)

First Steps Core Trainings for 2014

presents strategies early interventionists can use to carry out the IFSP in the natural home setting. The session will focus on the audience's relationships with families, parent-child interactional techniques, and intervention with high-risk families. Participants will engage in observation and discussion of effective strategies that promote the ongoing relationship of the family with their child and the child's development

4/11/14 FSCT: Literacy into Therapy in Fort Wayne: All early interventionists play a vital role in the development of the infants and children we service. As providers, we not only affect a child's current development, we also have the ability to shape a child's future academic and social success. Incorporating literacy into therapy goals allows us as providers to meet the developmental needs, abilities and interests of the children we serve. This training session is an interactive look for all disciplines on why and how literacy can be incorporated into oral language, gross and fine motor and social activities

5/9/14 FSCT: Grief Facilitating Acceptance: This three-hour seminar will focus on the stages of grieving, nature of the loss, effects on the family dynamics and facilitating acceptance- a holistic model for grieving while working with families in the early intervention system. Lara has a unique role as a parent of a child with special needs and provider of rehabilitation services in the Early Intervention system. The seminar will include personal and situational examples of grief. Additionally, support resources will be provided to be shared with families that providers are working with directly

Coming Later This Year

FSCT: Feeding Intervention and Family Support - Feeding infants is a complex process. Some children need more support and assistance gaining the feeding skills necessary. Therapists will learn strategies to assist families in developing a consistent plan for feeding skills and texture progression, setting up mealtime environments and managing difficult behaviors that contribute to struggles at mealtime.

FSCT: Life with Cerebral Palsy—A Parent and Therapist View - This half-day seminar will educate practitioners about cerebral palsy and its impact on the family.

FSCT: Sensory Implications on Motor Movement - This half-day seminar will educate practitioners on development of the sensory system, sensory dysfunction, neuroplasticity, and treatment modalities.

FSCT: Analyzing Behavior Challenges and Intervention Strategies - Through this interactive course participants will use case studies to learn to identify misbehaviors and decipher between behavior or sensory response. Behavior strategies will also be discussed.

Spanish II for FS Providers- Spanish Level II will provide a brief review of Level I and build on the vocabulary that is useful to therapists working with Latino families. The course will focus on the use of verbs in the present, past and future tenses in order to properly communicate with families about each therapy session and be able to write and review reports with families. The course will offer hands-on practice to enable therapists to write and review reports, as well as role playing of therapy sessions. (Level I is not a prerequisite to attend Level II).



SAVE THE DATE * APRIL 25, 2014**

HILTON NORTH INDIANAPOLIS

ALL ABOUT PREMATURE & MEDICALLY FRAGILE INFANTS

In the continuing All About Series, UTS-ProKids has invited Dr. Lucille Papile, Neonatal Medicine at Riley Hospital for Children to speak on premature and medically fragile infants. The afternoon session will feature a therapist panel with PT, OT, SLP, and nutrition to discuss the latest in assessment and therapeutic interventions. This course is specifically designed for DTs who work on Assessment Teams and who care for infants and toddlers.



Kristen Birkmeier, MS, PT is Coming to Indy....

May 15, 16 & 17, 2014

Kristen will present 3 days with a different focus for each day.



5/15/14 –An Introduction to Therapeutic Handling. This one-day workshop is designed for the early intervention specialist who currently works in the *First Steps* program or would like to, and seeks to enhance their skills with identification, interaction and therapeutic handling of infants and young children with developmental delay and neuromotor dysfunction. This course is designed as **entry level** and is suitable for new PTs, OTs and all DTs.

5/16/14 - Focus on Treatment. This one-day **advanced level** workshop is designed for the pediatric PT, OT, and SLP who currently provide intervention services for the infant and toddler with neurological involvement (e.g. hypertonicity, hypotonicity, or dystonia) and wish to improve their assessment and intervention skills so as to more efficiently and effectively treat this young population.

5/17/14 - Optimizing Treatment for Infants and Toddlers. This one-day **advanced level** workshop is designed for the PT, PTA, OT, COTA, and SLP who treat infants and toddlers with neuromotor dysfunction and other neurological based movement disorders. The instructor will present a highly effective process for assessment, treatment planning, and treatment strategies for these young clients. Through video presentations, workshop participants will learn how to plan effective treatment, set appropriate functional goals and utilize specific treatment strategies to efficiently assist the infant and toddler and their caregivers in achieving positive functional outcomes.

Providers will have an opportunity to sign up for one, two or three days! More info will be posted on the UTS-ProKids website and in ProKids provider emails.

ICC Completes Assessment Team Survey

The ICC Quality & Consistency committee surveyed Assessment Team members across the state. The survey was sent out through the SPOE and results have been tabulated. Due to the length of the report, it has been posted on the UTS-ProKids website. You may view the complete report with all respondent comments at <https://www.utsprokids.org/wp-content/uploads/2013/07/AssessmentTeamSurveyResponseCompilation-2-14.pdf>



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

Indiana Association for Infant Toddler Mental Health - Infant Mental Health Endorsement

The Indiana Association for Infant and Toddler Mental Health is pleased to offer a unique opportunity for early intervention providers to achieve their Infant Mental Health Endorsement! Application for the Endorsement can be completed online. Your involvement as an IMH endorsed early intervention provider has important benefit to young children and their families.

Benefits of the IMH Endorsement are numerous for children and families, providers, agencies, and systems of care. Individuals who earn the Endorsement cite the program as leading to improved early intervention outcomes. Families benefit from greater access to well-trained providers whether their family is in need of high quality child care or the services of a mental health professional. Agencies have found the Endorsement helpful in structuring training and ensuring a well-prepared early care and intervention workforce. Finally, systems have realized improvements in agreement about best practices, increased workforce capacity, and even cost savings because prevention and promotion of behavioral health by workers at Levels I and II reduces the need for services at more costly levels.

One of the requirements for a Level 2 endorsement is reflective supervision /consultation. At present there are limited opportunities to access this type of supervision /consultation. However providers consistently agree that reflective supervision /consultation really enhances their practice regardless of their specialty. To make this opportunity more readily available, we are offering several reflective supervision /consultation groups that will meet ONLINE and at convenient times of the day. This format will allow providers from all areas of the state to participate and complete this requirement for their endorsement portfolio.

Online groups (limited to 8 to 10 participants) will convene two times a month for a nine month period and be offered at three different convenient times: 7:30 to 9:00 AM; 12:00 to 1:30 PM and 4:30 to 6:00 PM

Participation in one of these reflective supervision /consultation groups will provide up to 27 hours of reflective supervision /consultation which will provide the hours necessary for the Level 2 Endorsement. In addition you will benefit from the wisdom of the group process as you enhance your practice with young children and their families. The best part is that this opportunity is available to you at no cost thanks to a grant from HRSA/MCHB to the Indiana State Department of Health, Maternal and Child Health Division. To sign up and get more information please contact Steve Viehweg with the Riley Child Development Center at sviehweg@iu.edu or by phone at 317-944-0361. To learn more about the IMH Endorsement and application visit www.iaitmh.org.



The 2014 Indiana Early Childhood Conference

Early years are learning years

PRE-CONFERENCE SESSIONS
Thursday, March 27th

CONFERENCE & EXHIBITION
Friday, March 28th & Saturday, March 29th

Indiana Convention Center
100 South Capitol Avenue
Indianapolis 46225

Registration is now open!

The Annual Early Childhood Conference is an approved FSCT. First Steps providers wanting FSCT must attend at least 3 hours of sessions in Infant/Toddler and/or Exceptional Children related to 0-3 years. All tracks are clearly labeled in the conference program. To obtain FSCT you must registration and pay for the conference on the IAIEYC website at <http://secure.iaeyc.org/conferences-events/2014-indiana-early-childhood-conference/> and then submit the [FSCT form](#) to UTS-ProKids. The Annual Training Fee coupon cannot be used for this conference, but you may apply it to another UTS-ProKids course.

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 May Training Times Assessment.



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

Issue No. 32 January 2014

Who's Good at Math?

If a 6-month-old can distinguish between 20 dots and 10 dots, he or she is more likely to be a good at math in preschool. That's the conclusion of a new study, which finds that part of our proficiency at addition and subtraction may simply be something we're born with. Learn more at <http://news.sciencemag.org/brain-behavior/2013/10/babies-are-born-some-math-skills>

Early Childhood Intervention: The Power of Family

This free video highlights the benefits of early childhood intervention to children of diverse abilities and their families. <http://www.opensocietyfoundations.org/multimedia/early-childhood-intervention-power-family>

Simple Ways to Support Talking, Reading, and Writing

Talking and reading together each day lays the foundation for babies to become readers and writers. Here are some fun and simple ways for babies and caregivers to enjoy talking, reading, and writing as they go about their daily activities. http://www.sesamestreet.org/cms_services/services?action=download&uid=74c91916-9e85-4289-a539-33429f78877e

Supporting Babies Through QRIS (Quality Rating and Improvement Systems)

These documents aim to help ensure that QRISs are supporting the unique developmental needs of infants and toddlers. Current titles in the series include:

- *Implementation Status and Tools in US States and Other Jurisdictions*- A national scan of the operational status of U.S. states' and jurisdictions' QRIS, as well as links to their QRIS standards and tools
- *Inclusion of Infant and Toddler Quality Standards*- Examples of QRIS standards that have been included in statewide QRISs and intentionally help programs promote the healthy development and learning of infants and toddlers

A self-assessment tool for states and jurisdictions to use to identify the strengths, opportunities, and gaps in their coordinated system of quality improvement for programs serving infants and toddlers will be coming in the spring of 2014.

www.zerotothree.org/qrisc

Tummy Time

Here's a great video about why tummy time is important and how to do it, even for very young infants or for babies who dislike it. It covers how, when, what and why in clear and easily understandable words and images.

https://www.youtube.com/watch?v=A49xH_9x5ts&list=PL_cZR66Kfa2inexq9H8Xmh9CaKYJ1CNUk&index=6.

Additional videos on related topics are available from <http://carolinakinderdevelopment.com/shop/>

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 To suggest resources, please contact Camille Catlett at camille.catlett@unc.edu or (919) 966-6635.