



First Steps

*The Newsletter for
Indiana Early Intervention*



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In this issue:

EHDI Pediatric Audiology Conference	2
ICC Update	2
State Profile Report	3
Training Information	4
Newsletter Quiz	4
Self-Regulation Snap Shot	5
IN Best Practice: Involving Siblings in Early Intervention . . .	7
DEC Recommended Practices	8

Letter from Christina

Thanks for making the conference a success!

First Steps Colleagues,

The arrival of summer brought our much anticipated inaugural First Steps Conference in Bloomington on June 14-15. The attendance was more than we could have anticipated with about 475 registering. Our early intervention professionals are a dedicated group of professionals who deserve not only recognition for a job well done, but the opportunity to gather and support one another. It was wonderful to see the smiles and conversations buzzing throughout the Monroe Convention Center.

Our two national keynote speakers, Dr. Dipesh Navsaria and Dr. Rosemarie Allen, were incredible. Dr. Navsaria presented on how trauma in early childhood influences brain development with implications extending across the life course. Dr. Allen gave us important information and understanding into implicit bias and has inspired many to take a slightly different approach with our family engagement in early intervention. Many of our First Steps colleagues as well as various early childhood partners from around the state, prepared and presented

over 30 breakout sessions on a variety of topics. Dr. Jennifer Walthall, secretary of FSSA, and Kylee Hope, director of DDDRS, were also speakers but managed to make time to observe and mingle with First Steps personnel. We are so fortunate to have thoughtful and engaged leaders supporting our efforts to serve children and their families in Indiana.

Thank you to everyone who attended and participated as conference committee volunteers, and to our partners at Indiana University for exceeding our expectations in planning and bringing our vision for this event to fruition. We look forward to seeing you at our next big event!

Have a wonderful summer.

Best, Christina





ICC Update

The Interagency Coordinating Council members are First Steps stakeholders appointed by the Governor. The role of the ICC and its subcommittees is to advise the First Steps office on the state's early intervention system. We believe that adopting a shared vision and shared goals is essential to working together to improve services and outcomes for the children and families we serve.

All ICC meeting dates and minutes are posted on our website: [http://www.in.gov/fssa/ddrs/3355.htm#Interagency Coordinating Council](http://www.in.gov/fssa/ddrs/3355.htm#Interagency%20Coordinating%20Council).

The next meeting of the ICC is Aug. 8, 2018, from 10 a.m. to 2:30 p.m. EDT at:

Choices Coordinated Care Solutions
7941 Castleway Drive
Indianapolis, IN 46250



SAVE THE DATE EHDI PEDIATRIC AUDIOLOGY CONFERENCE

Featuring Tina Childress, M.A., CCC-A
Educational Audiologist and National Speaker

JULY 20, 2018
INDIANAPOLIS, IN
COST \$45

Conference Focus:

- Technology options for hard-of-hearing students
- How clinical audiologists can collaborate on educational issues related to hard-of-hearing children

Registration information will be available
June 2018 at www.hearing.in.gov

DDRS—First Steps Indiana Statewide Profile Report

Reporting Period: 04/01/2017–03/31/2018

I. Population Information

Population (U.S. Census Bureau)	6,376,792
Population Growth Percentage (U.S. Census Bureau)	4.0%

II. Child Enrollment & Referral

	Number of Children	Percentage of Children
One-day Count w/ IFSP –0 to 1 year old	1,510	
One-day Count w/ IFSP –All Children	10,926	
Annual Count of Children w/ IFSP	21,442	
Annual Count of Children Served (regardless of IFSP)	26,074	
Average Age at Referral (months)	14	
New IFSP, 01/01/2018–03/31/2018	2,847	
Children with Referral to IFSP 45+ Days, 01/01/2018–03/31/2018	116	

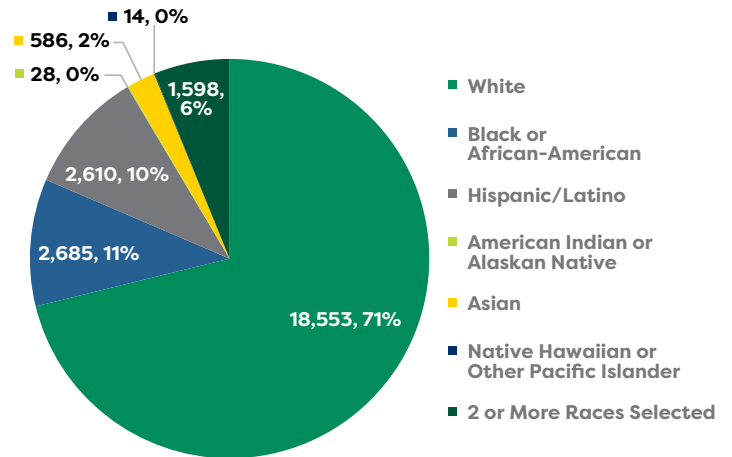
III. Exits

	Number of Children	Percentage of Children
Children Moving to Preschool Special Education	4,518	45%
Children Under 3, Services No Longer Needed	240	2%
Eligible Children Who Declined Services	1,170	12%

IV. Paid Services

Children w/IFSP Served Primarily in the Natural Environment	20,571	96%
Total Amount Paid on Behalf of Children Served	\$42,813,223.21	
Average Paid on Behalf of Each Child Served	\$1,641.99	

V. Race Information



VI. Children Receiving Each Service Type

Service Type	Number of Children Served	Percent Receiving Service
Assistive Technology	187	1%
Audiology	1,017	4%
Developmental Therapy	13,731	53%
Health Services	0	0%
Interpreter Services	295	1%
Medical	0	0%
Nursing	0	0%
Nutrition	399	2%
Occupational Therapy	13,675	52%
Other Services	52	0%
Physical Therapy	12,824	49%
Psychology	140	1%
Social Work	45	0%
Speech Therapy	17,965	69%
Vision	0	0%

Source: First SideHatch Database



Support of self-regulation is critical at each stage of development from birth through young adulthood.

Self-regulation is the act of managing thoughts and feelings to enable goal-directed actions.

Self-regulation develops through interaction with caregivers and the broader environment over an extended period from birth through young adulthood (and beyond).

Caregivers support self-regulation development by using three strategies in a process called “co-regulation.” Caregivers include parents, teachers, afterschool care providers, extended family members, and others.

Self-regulation includes cognitive, emotional, and behavioral skills and processes that support children in coping with strong feelings, controlling impulses, learning, and getting along with others.

Self-regulation is important because it promotes wellbeing across the lifespan, including physical, emotional, social and economic health and educational achievement.

Self-Regulation Snap Shot #1: A Focus on Infants and Toddlers



UNC
FPG CHILD DEVELOPMENT INSTITUTE



Self-Regulation Skills Developing in Infants:

- Shifting attention or averting gaze when overwhelmed
- Self-soothing by sucking fingers or a pacifier

Developing in Toddlers:

- Focusing attention for short periods
- Adjusting behavior to achieve goals
- Briefly delaying gratification
- Beginning to label feelings
- Turning to adults for help with strong feelings



Self-regulation is influenced by stress and adversity in the environment as well as caregiving supports and children’s own biology, skills, and motivation.

Coach Self-Regulation Skills

- teach clear, basic rules and expectations
- label emotions
- model self-calming strategies
- redirect child attention

Build Warm, Responsive Relationships

- nurturing care
- comfort in times of distress
- quick and sensitive response to needs

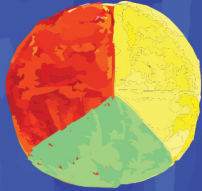
Structure the Environment

- consistent routine
- predictable environment
- safe space to explore

Three components of co-regulation for infants and toddlers



78% of the children lived in adversity or were at-risk



The majority of the children were minority (36% African-American, 29% Hispanic)



More than half of the interventions were provided by clinicians



44% of studies targeted children;

96% targeted parents;
4% targeted teachers/
child care staff

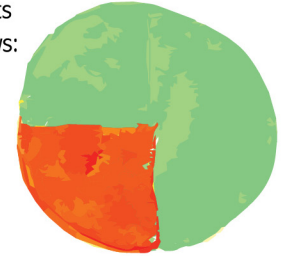
Project Officer: Aleta Meyer, Ph.D. OPRE

This snap shot summarizes key concepts about self-regulation development and intervention for infants and toddlers for practitioners and educators interested in promoting self-regulation for this age group. It is based on a series of four reports on Self-Regulation and Toxic Stress prepared for the Administration for Children and Families (ACF). For more information, visit: <https://www.acf.hhs.gov/opre/research/project/toxic-stress-and-self-regulation-reports>

Lessons Learned About Interventions to Promote Self-Regulation in Infants and Toddlers

Across the lifespan, there are two intervention approaches that support development of self-regulation: skills instruction and co-regulation support. The combination of these approaches is believed to be most effective, regardless of the child's age. For infants and toddlers, existing interventions utilize these approaches as follows:

- 0% of studies focused on skills instruction alone;
- 70% focused on co-regulation alone;
- 30% combined both;
- 0% used other approaches



Based on a review of preventive interventions published between 1989 and 2013, 27 studies with comparison groups were found that targeted self-regulation development for infants and toddlers (ages birth through 2 years), with the characteristics described here.

Strengths:

- All studies were rigorous randomized controlled trials
- Racially/ethnically diverse samples with a focus on families most in need of support

Limitations:

- Relatively small number of studies
- Majority of child outcomes were based on parent report and may reflect changes in parent perceptions, attitudes, or skills rather than changes in child self-regulation

Conclusions:

- Broad meaningful effects seen on parenting skills and attitudes may translate into better parent-child relationships and long-term benefits for young children
- Considerable variability in findings suggests need for careful selection of programs
- Room for enhancement exists with greater involvement of parents and teachers

Key considerations for promoting self-regulation in infants and toddlers:

- Train teachers and child care staff in co-regulation skills, particularly warm interaction, responsivity to child cues, and environmental structure
- Identify ways to support school and child care staff's own self-regulation capacity
- Share self-regulation information, ideas, and classroom approaches with parents/caregivers to support their co-regulation and promote consistency across environments

Outcome Assessed	# Findings	Average Effect Size*	% with Positive Effects*
Child Outcomes: Core Self-Regulation			
Cognitive	4	Medium	100%
Emotional	8	Medium	63%
Behavioral	22	Small to Medium	55%
Stress	6	Small to Medium	83%
Child Outcomes: Other Functional Domains			
Language/Learning	4	Medium to Large	100%
Interpersonal	20	Small to Medium	65%
Mental Health	6	Small	33%
Parent Outcomes			
Co-regulation	12	Medium	83%
Parenting Skills	14	Medium	100%
Parenting Attitudes	10	Medium	90%
Parent Mental Health	9	Small	44%

*Reported only if findings are based on at least two studies



Involving Siblings in Early Intervention

The early intervention program is all about families!

Siblings are important members of a child's family and can contribute significantly to your child's success in early intervention. By including siblings in your child's

everyday routines and EI visits, you are reinforcing positive relationships that will encourage lifelong supports not only for your children but your whole family.



Here's How My Older Siblings Can Be Involved.

- Give me a hint to find the right puzzle piece.
- Practice taking turns in a pretend tea party.
- Roll a ball back and forth with me.
- Help me practice introducing myself to new friends.
- Show me how to climb and jump.
- Draw a picture that I can color.

Here's How My Younger Siblings Can Be Involved.

- Knock blocks down after I build a tower.
- Play peek-a-boo with me.
- Wave bye-bye or copy words that I say.
- Ride in the stroller while I push you.
- Watch me while I sing and dance.
- Laugh at my silly faces.



Some Siblings Feel Jealous or Left Out When Another Child Receives EI Services.

- Create a "Sibling Treasure Box" to help siblings know that EI sessions can also be fun for them. (A treasure box can include stickers, activity books, puzzles, or age-appropriate items that are special and fun.)
- Try to find a balance in spending time with siblings together and apart. Parents and caregivers should plan ahead to ensure each child has times to play and connect with parents alone and as a group.
- Ask your EI Team members for other ways to include the whole family in early intervention.

 For more information, visit the Illinois Early Intervention Clearinghouse at <http://eiclearinghouse.org>

Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Illinois Department of Human Services, Bureau of Early Intervention.

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Intervention
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**Division of Disability and
Rehabilitative Services**

**Indiana Family and Social Services
Administration**

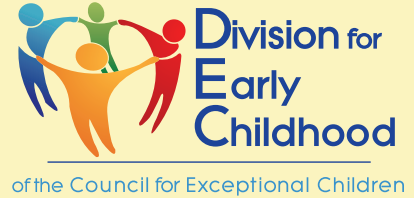
Bureau of Child Development Services
402 W. Washington Street, W453
Indianapolis, IN 46204

Please send your suggestions and feedback to FirstStepsweb.fssa@fssa.in.gov.

We would like to include ideas from First Steps providers in upcoming newsletters! If you have an idea that works well with families or an article to share, please submit to: firststepsweb.fssa@fssa.in.gov. Thank you Autumn Fletcher, Cluster J service coordinator, for sending professional journal articles for this newsletter!

DEC Recommended Practices

As we update our credential process, First Steps is aligning professional competency areas with DEC Recommended Practices. Please take a moment to read through them! Follow the link: <https://divisionearlychildhood.egnyte.com/dl/tgv6GUXhVo>.



Infancy Onward Conference

The annual Conference on Infant Mental Health will be held on August 17, 2018 at Wyndham Indianapolis West, 2544 Executive Drive, Indianapolis, IN 46241. The theme is Ethics In Home Visiting, presented by Christine Raches, PsyD, HSPP, BCBA, IMH-E® and Elesia Hines, PsyD, HSPP. To register, visit: <https://interland3.donorperfect.net/weblink/weblink.aspx?name=E165284&id=5>.



Institute For Strengthening Families Fall Conference

The Institute For Strengthening Families 2018 Fall Conference will be held from Sept.

24-26, 2018 at the Monroe Convention Center, 302 S. College Ave., Bloomington, IN 47403. Registration opens July 30. For information, contact isfc@mail.com.

