



UTS TRAINING TIMES

First Steps

Volume 10 Issue 2

May 2014

A Quick Look Inside....

- ▶ Special thanks to Drs. Marilyn Bull, Naomi Swiezy, Tiffany Neal and Angela Tomlin for their contributions to this edition of the *Training Times*. Be sure to check out the Special Needs section of the Automotive Safety website at www.preventinjury.org. Information is also provided on the upcoming HANDS in Autism® training opportunities. You will find many more resources on their website at <https://handsinautism.iupui.edu/index.htm>.
- ▶ Be sure to take time to view the 3-part video training on Routines-Based Approaches to Early Intervention. These short YouTube videos were produced by the Virginia Early Intervention System.
- ▶ In April, the State hosted a Provider Agency meeting. You will find a link to the State website where you can view the Power Points and the morning session. Agencies should be sharing this information with their providers.
- ▶ The *Training Times* assessment for the May edition will cover content from the 3-Part video series and the articles on pages 6 through 13. While providers are encouraged to review the training opportunities and Baby Talk resources, this content is not included in the *Training Times* Assessment.



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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
5/13/14 8/12/14

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
6/10/14 9/16/14

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
May 6, 2014	1:00-4:00PM	May 6, 2014	9:00-12:00PM
June 3, 2014	1:00-4:00PM	June 3, 2014	9:00-12:00PM
July 8, 2014	1:00-4:00PM	July 8, 2014	9:00-12:00PM
August 5, 2014	1:00-4:00PM	August 5, 2014	9:00-12:00PM
Sept. 9, 2014	1:00-4:00PM	Sept. 9, 2014	9:00-12:00PM

**THE MAY 2014 TRAINING TIMES ASSESSMENT
DEADLINE IS
11:59 PM (EDT) ON JULY 31, 2014**

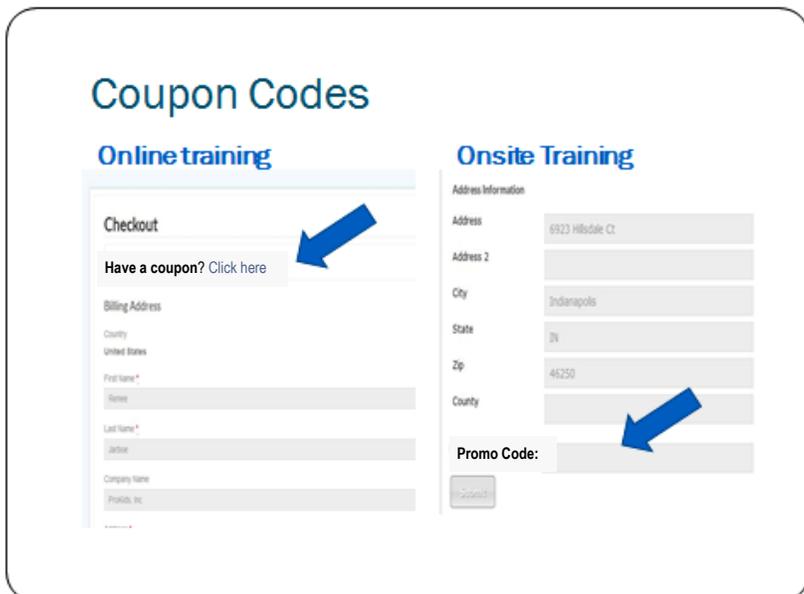


Additional Opportunities for Credential Points

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. **First Steps credentialing allows a maximum of 5 points for in-service training, while conferences/workshops taken outside of provider agencies are not limited.** 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

Having Trouble Applying Your Coupon/Promo Codes???



To use your coupon code to register for FSCT training, look for these options in the checkout process.

1. Online Trainings:

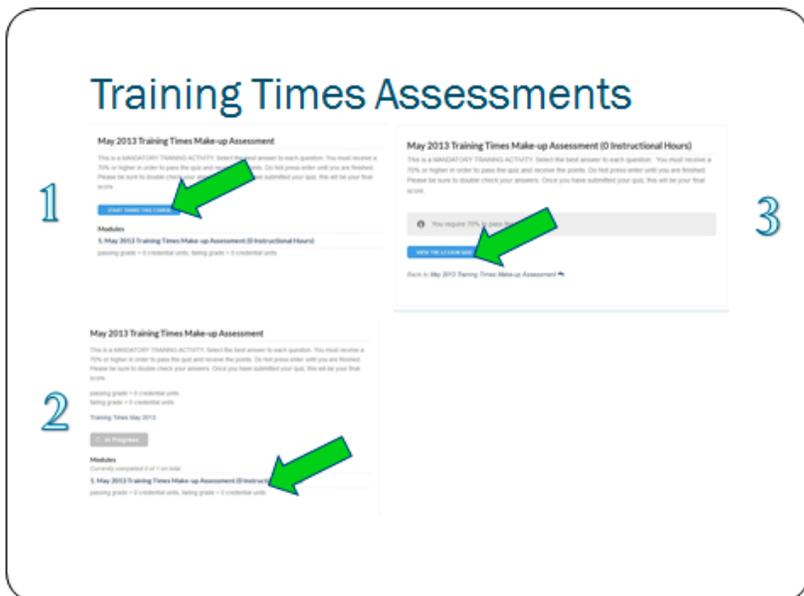
Click on the link at top of screen to enter your coupon code

2. Onsite Trainings:

Enter your code in the promo code box at the bottom of the screen.

(Please note, the coupon/promo code is **NOT** the confirmation code for your Annual Training Fee. Current coupon/promo codes begin with FSCT.)

Accessing the Training Times Assessment



1. From the menu bar at the top of the screen and click on **Newsletter**.
2. Locate the TT issue/quiz you wish to complete, then, click on the blue button “**Take ___ Assessment Here**”
3. Click on “**Start Taking This Course**” (#1 in the picture)
4. Under Modules, click the **title** of the Training Times you want to take. (#2 in the picture)
5. Click the blue button, “**View the lesson quiz**” (#3 in the picture)
6. When you have completed the quiz, click the “**Complete Quiz**” button, to score and save your quiz to your training profile.

UTS-ProKids Website Enhancements Continue

We appreciate your patience as we continue development of the new UTS-ProKids website. If you have questions regarding registration for online/on-site courses, assessments or your training profile information, please email registration@utsprokids.org or call 317-472-5602; toll free at 877-434-6085.

What's New in First Steps?

Cluster Changes: On May 1, Cluster C (Allen, Huntington, Wells, and Adams) and Cluster E (Starke, Marshall, Kosciusko, Pulaski, Fulton, Cass, Miami, Wabash, Howard, and Grant) will be served by 1st Kids and the SPOE office will be located at 201 E. Rudicill Blvd. Fort Wayne Indiana, IN. Cluster H (Jay, Blackford, Madison, Delaware, Randolph, Wayne and Henry counties) will be served by Thrive Alliance with a satellite office located at 1320 E. 53rd St. Anderson IN.

Agency Meeting: Below is a link to the tab on the Indiana First Steps' Webpage titled "Provider Agency Meeting." You will find information from the 4/10/14 Provider Agency morning session with Cathy Robinson, FS Director and Nicole Norvell, DDRS Director, as well as the PowerPoint Presentations from each of the four break-out sessions. <http://www.in.gov/fssa/ddrs/4884.htm>

DSP101 Application Station Requirements: In an effort to support Provider Agencies and streamline the enrollment process for providers, UTS and the state have reviewed the content of the DSP 101 training. The application station exercises are incorporated within each of the training modules. The State identified multiple exercises that they felt were the responsibility of the agency and likely already being addressed at the agency level. The DSP 101 course will still be awarded the same points/credits. Providers should contact their agency or UTS for any questions.

Still Struggling with Traditional Therapy Versus Routines-Based Approaches for Early Intervention? These Videos Can Help!

Kudos to the Virginia Early Intervention Comprehensive System for Professional Development for the production of this 3 part training series. These are truly a "must see" for all First Steps providers. Part 2 of this series was shown at the Agency Provider meeting in April. The running time for each video is noted. Content from these videos will be included in the Training Times Assessment.

Early Intervention: A Routines-Based Approach - Part 1: Traditional versus Routine

This is the first in a three part series of short videos featuring three current early intervention service providers sharing their insights into providing supports and services using a routines-based approach. Part 1 features an experienced interventionist sharing her personal journey from a clinical approach to one focusing on family routines and activities as the context for effective early intervention. (5:01)

<https://www.youtube.com/watch?v=OpxGC6G0HMY&list=UUDNrV5XsIRCWWN9n7FqGfpA>

Early Intervention: A Routines-based Approach - Part 2: What Intervention Can and Should Look Like

This is the second video in a three part series. Part 2 features three early interventionists discussing and demonstrating what intervention looks like when it is provided by collaborating with families during their natural routines and activities. (7:20)

https://www.youtube.com/watch?v=sL_WOCu3Ptg&list=UUDNrV5XsIRCWWN9n7FqGfpA

Early Intervention: A Routines-based Approach - Part 3: Changing the Mindset

This is the third video in a three part series. Part 3 features three early interventionists sharing their insights about how they evolved their practices towards a more effective, routines-based intervention approach. (4:47)

<https://www.youtube.com/watch?v=jA6IOF9A298&list=UUDNrV5XsIRCWWN9n7FqGfpA>

QUALITY REVIEW CORNER

How Can Providers Contribute to High Quality IFSP Outcomes?

As on-going providers, you are not generally present at IFSP meetings. For this reason, you may feel that the creation of IFSP outcomes is not relevant to you. This is not the case. There are many ways that you can contribute to high quality outcomes at six month and annual reviews for the children you serve. Before we talk about what a high quality IFSP outcome is and how you can contribute, let's talk about why you should care about high quality IFSP outcomes in the first place.

After all, the services are what matter, right? Who cares how an outcome on a child's plan is worded, right? Wrong. Language is a very powerful thing. The use of positive, strength-based language to describe a child and his/her functioning is very important for the family as well as the providers on the IFSP team. The language used influences how that child is perceived and the providers on the IFSP team owe it to the family to demonstrate how to highlight the child's functioning and ability and not the child's deficits. For an excellent article about the power of language, check out Kathie Snow's website, Disability is Natural, at <https://www.disabilityisnatural.com/explore/people-first-language>.

Okay, so language is important. But does it really matter how high quality a child's IFSP outcomes are as long as the child receives high quality intervention? Although there is no empirical data connecting high quality IFSP outcomes with improved long-term child and family functioning, we do know that high quality outcomes, like personal goals, focus our collective energies on achieving important milestones for children and families. High quality outcomes only come about when the IFSP team engages in in-depth and meaningful communication. When the family is given the opportunity to talk about their concerns and express how those concerns are manifested on a daily basis within the context of their daily life, family "buy-in" will increase. As a provider, you want families to value the services you are providing. A high quality outcome can help families connect what you are doing to something that is very important to them. This gives them an incentive to participate fully in the process. In addition to family buy-in, high quality outcomes may assist you, the provider, to understand more clearly the family's priorities. How many times have you received an outcome on an IFSP and you have not been at all sure how to proceed? A high quality outcome should give you a clear and positive vision of what the family is hoping their child will accomplish.

So what is a high quality outcome? There are many different definitions in the field, but when the Quality Review Team at the Early Childhood Center reviewed files last fall, we looked for four components: functional, real world, jargon-free, and discipline-free. More information about these components can be found at <http://ectacenter.org/knowledgepath/ifspoutcomes-iepgoals/ifspoutcomes-iepgoals.asp>.

A **functional outcome** is active and strength-based. It avoids words such as "improve", "age-appropriate", and "decrease" that imply a deficit. A non-functional outcome might read, "Tom will increase his independent feeding so that he can eat by himself at mealtime." Instead, a functional outcome states what the child will do. This can be tricky; using something called the Third Word Rule helps. Make sure that the third word in the outcome is an active verb. For example, "Tom will feed himself so that his mom can sit down with everyone at mealtime to eat and participate in the conversation instead of feeding Tom."

A **real world outcome** includes a "why". Why does mom want Sarah to walk? Why does the family want Tom to talk? When in the day is this a concern? Are there certain situations or people that are impacted more than others? The "why" will be different for every family. Perhaps one family is primarily concerned about Sarah walking because she has an older sibling and is frustrated that she can't keep up during play. Perhaps another family really wants Sarah to walk because the family has a new baby and the mom is struggling to carry both of them. The "why" is what makes the outcome real and relevant to the family.

A **jargon-free outcome** is written in understandable, family-friendly language without the terminology specific to a particular discipline. An example of an outcome with jargon is, "Sarah will decrease neck tilt and improve range of motion so that she can become more active in her environment." This could be re-worded to

say, “Sarah will play independently with a variety of toys using reaching and grasping in her home and at childcare.”

A **discipline-free outcome** is written without a particular discipline included in the outcome. High quality outcomes should be real and embedded in the child’s daily life, which should lead to multiple domains and disciplines being incorporated into one outcome.

Although SPOEs and service coordinators have been talking about high quality outcomes for a long time, this particular approach is relatively new, so you shouldn’t expect that all the IFSP outcomes you receive will meet the criteria described above. You *should*, however, expect to hear more discussion about high quality outcomes within the system.

So, how can *you* impact the quality of IFSP outcomes for the children you serve?

Have those in-depth conversations with parents. You can’t really impact the initial IFSP outcomes that you start with, but from that point on, you are seeing that family regularly and are in a perfect position to gather the information needed to write a high quality outcome. If a family mentions a concern, find out more about when it is happening, why it is such a problem, what it prevents the family from doing, etc. Check out the Routine Based Interview (<http://www.eicolorado.org/index.cfm?fuseaction=Training.content&linkid=883>) for examples of good follow-up questions to ask. This is a long protocol; you wouldn’t ever do this entire interview with a family. However, reading over the questions is a good way to get some useful ideas for probing more deeply when talking with parents.

When you are preparing your progress reports, consider whether or not you think the child needs a new IFSP outcome. If you think a new outcome would be appropriate, take a few minutes to think about how you would word it. Think about what you’ve discussed with the family and think about the components listed above and take a stab at it. The service coordinator is usually creating outcomes alone with the family and having your suggestion on the progress report would be tremendously helpful. You aren’t writing the final outcome, because that is something that requires collaboration among the entire team, but if you consider the criteria in this article, your input would contribute to the quality of the final IFSP outcomes that are created.

Think about these criteria when you are writing your short and long term goals. Concepts such as using strength-based, positive language and including specific and relevant contextual family information are not only useful for writing IFSP outcomes. The components discussed above could help you to write better short and long term goals as well.

--Your First Steps Quality Review Team

News from the Quality Review Team

The Early Childhood Center (ECC) at the Indiana Institute on Disability and Community (IIDC) has been awarded the grant for quality review for the First Steps program. The Quality Review Team is based in Bloomington and consists of Michael Conn-Powers, Janet Ballard, and Katie Herron. We have been enjoying getting familiar with the review process and we are excited to move forward with a focus on quality improvement.

Every year the SPOEs submit quarterly plans describing strategies they will use to meet compliance with federal and state indicators. This year, the State and the Quality Review Team implemented a new quarterly reporting process with an emphasis on in-depth explanations of data and clear ties between explanations and detailed, measurable strategies. These new plans will be posted each quarter on the Indiana Institute on Disability and Community (IIDC) website on the Early Childhood Center (ECC) page at: <http://www.iidc.indiana.edu/index.php?pagelid=3661>.

Please consider looking at the plans for the clusters you serve to see what is happening in your area and to offer feedback.

Car Safety Seats and the First Steps Provider

*By Marilyn J. Bull, MD, FAAP
Riley Hospital for Children at IU Health*

The First Steps provider is often in the ideal position to provide important and helpful advice about many child care issues. One of these issues with which parents frequently need help relates to use of car safety seats. Selection of the best seat for the child, correct positioning of the child in the seat and correct installation in the vehicle is essential for protection of the child in a crash. Car safety seats reduce the risk of death in a crash by 50-70 %.

The role of the First Steps therapist, however, should follow specific guidelines. Only a Child Passenger Safety Technician (CPST) with current certification, should instruct the parents how to use the seat. Do provide information for locating a car safety seat inspection station in their community where they can be seen for expert assistance. This is important to ensure they have an appropriate seat for the age and size of their child and that it is used correctly in their vehicle. In Indiana, caregivers can at contact www.preventinjury.org or call 1 800 KidNCar for information by county. They can also find a certified technician by zip code at www.seatcheck.org.



If the child has special needs, there may be unique considerations for transportation. Rarely if ever is selection of a “Special Needs Seat” appropriate for a child before he is over the age of three. In most cases a regular or conventional seat will work best if properly selected. More and more seats accommodate children rear facing and forward facing to higher weights. Children can ride reclined in seats rear-facing to 35-50 pounds In the second year of life children are 5 times less likely to die or have serious injury in a crash rear facing than forward facing. Children also can ride in seats with a full harness to higher weights and be better protected. With special attention to the specific needs of the child, the right seat can be selected. One exception is if the child has surgery and needs special positioning post-operatively in which case the hospital should make the necessary arrangements. Parents should be encouraged to inquire well in advance of the procedure if special arrangements will be needed.

Important information for the parent is that a “Special Needs Seat” can only be procured through insurance about every five years and that seats also have expiration dates. If the special seat is obtained too early the child’s needs may change before the five years or the seat may expire before the child outgrows the need for the seat. To ensure the seat is the best resource for the child, it is important that a therapist trained in the both positioning and child passenger safety or that the child’s therapist work directly with a CPST with enhanced training in special needs and the family with their vehicle as a team. Most vendors are not trained in child passenger safety and are not able to consider the alternatives for the child from which the family can choose. They are also not trained in installing the restraint when procured. Many errors occur without this service which can be dangerous for the child. The vendor, when provided with the team’s decision, is an important resource for procuring the restraint but it should be installed upon delivery by the trained CPST with the family.

Many children with special needs are “required” to have a mobility device as they are enrolled in school. The same issues for wheel chair positioning and durability are needed. Best selection can only occur with a trained team that included a CPST with enhanced training working with the family.

First Steps providers also can advise families about other important good practices with car seats. The American Academy of Pediatrics specifically recommends that **“Car seats are only for travel”** and **“No child should ever be left unattended in a car seat in or out of the car.”**

Serious injuries including respiratory compromise when positioned upright for too long, strangulation on harness straps and falls for example can easily occur. Children who spend many hours in car seats also are more prone to plagiocephaly and positioning in car seats makes gastroesophageal reflux (GER) worse. Children with GER need to be positioned with their legs stretched out to provide more intrabdominal space for the stomach. All children need to be removed from their car seats and placed in a stroller when traveling or in a bouncy seat or crib in the house to allow them to move and stretch.

The concern about leaving a child unattended in the vehicle is especially true as we approach warmer weather to prevent hyperthermia deaths and injury.

For additional information parents can be referred to www.healthychildren.org and search “Car seats” or to the Automotive Safety Program at www.preventinjury.org. First Steps providers may also use these resources and for more detailed information refer to the American Academy of Pediatrics Policy statements and technical reports at www.aap.org.

In summary, First Steps providers should advise every family to:

- ▶ See a CPST at a car seat inspection station for assistance with their car seat.
- ▶ Never use the car seat in the house for feeding, time out, sleep or positioning of any kind.
- ▶ Use car seats only for travel, never leave a child unattended in a car seat in or out of the car and remove the child from the seat as soon as they are out of the vehicle.
- ▶ Involve a CPST who has had special training for selection, fitting and installation of every special needs restraint and wheelchair. CPSTs with this training can be located at <http://cert.safekids.org> under “Find a technician” and “Special training.”

Information about Child Passenger Safety training in Indiana is available at www.preventinjury.org and 800 Kid-N-Car.

Any additional questions or concerns may be directed to the Automotive Safety Program at Riley Hospital for Children; 1120 South Drive, Fesler Hall Room 207; Indianapolis, IN 46202; Phone: 317-274-2977 or toll free 800-543-6227.

Behavioral Considerations in Autism Spectrum Disorders: Impact on the Individual and the Caregiver

N. Swiezy, Ph.D., T. Neal, Ph.D., A. Tomlin, Ph.D., & M. Bull, M.D.

With Autism Spectrum Disorder (ASD) prevalence most recently reported as 1 in 68, it is the fastest-growing developmental disability in the United States (Centers for Disease Control and Prevention [CDC], 2014). Further, an estimated 50 to 70% of individuals with ASD have co-occurring behavioral or emotional problems (Gadow, Devincent, Pomeroy, & Azizian, 2004; Tonge & Einfeld, 2003; Gadow, DeVincent, & Drabick, 2008) which can present as challenging behaviors such as self-injury, tantrums, ritualistic behavior, and social interaction deficits that are difficult to manage. The co-occurrence of these problems is significantly higher than that within the intellectually disabled population (Brereton, Tonge, & Einfeld, 2006) and 2-3 times greater than estimates in the general population (Einfeld & Tonge, 1996).

Such behavioral problems have substantial impacts across the family. They may interfere with daily activities, limit participation in outside activities, and increase burden and stress of the families. Several studies have shown that raising a child with ASD is more stressful than parenting a child with other chronic disabilities. Poverty, delay between the parents first noticing of symptoms and the final diagnosis, and barriers in accessing services are additional stressors. Major stressors such as those noted are associated with an increased risk for depression among vulnerable individuals; in fact, around 41% to 45% of mothers of children with ASD suffer from symptoms of depression. When mothers are depressed they are more likely to use passive and avoidance coping mechanisms, to feel less competent (low self-efficacy) or assume a passive role in problem solving, thus reducing the likelihood of seeking care. In addition, behavioral problems further render the child less able to benefit from interventions and can contribute to negative outcomes resistant to intervention (Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Hamre & Pianta, 2001; Marchant, Young, & West, 2004; Patterson, Reid, & Eddy, 2002).

However, First Steps providers engaging in regular and home-based services are in unique positions to collaborate and influence outcomes for families with children with ASD. There are a number of well-recognized interventions documented as evidence-based practices in the field of ASD (National Autism Center [NAC], 2009) that can be successful in mini-

mizing behaviors and increasing skills for individuals with ASD. Many of these strategies are based on Applied Behavior Analysis (ABA) and are ultimately effective as the basis for early intervention programs. Knowledgeable First Steps providers can introduce and model these strategies during the early years when development is critical and fast paced, setting the trajectory towards successful outcomes. Only interventions performed with fidelity of implementation will lead to such outcomes. As such, "education, both directly of children, and of parents and teachers, is currently the primary form of treatment in autism" (Lord & McGee, 2001).

Further, consistent application of strategies likewise leads to positive outcomes for individuals with ASD (Horner, Carr, Strain, Todd, & Reed, 2002; Matson, Benavidez, Compton, Paclawskyj, & Baglio, 1996). Such consistency results from shared collaboration, understanding and knowledge regarding the practices known to have evidence to support them (e.g., National Professional Development Center on Autism Spectrum Disorders [NPDC], 2008; National Autism Center [NAC], 2009). Further, when strategies and practices are taught in practical terms, the transportability and effective use of the strategies can be increased, limiting the potential for regression in skills and behaviors that often result with children with ASD across settings when there is a lack of knowledge and coordination regarding evidence-based strategies and/or of easily transportable strategies and practices (Vaughn & Dammann, 2001).

There are some basic principles related to the evidence-based strategies that can be fostered by First Steps providers and are key to setting families up for success, minimizing behaviors and increasing skills with their young child with ASD as well as those with other special needs. First, it is important that families and caregivers understand that "behavior is communication". That is, behavior is the child's most basic and natural form of communicating their likes and dislikes. If the behavior works to convey their needs, then they will continue to engage in this behavior again when similar wants arise. Learning to minimize response to the negative behaviors and exaggerate the response to positive behaviors is not natural for most caregivers. However, it can be the most foundational and useful strategy for caregivers to utilize to minimize negative behaviors and increase functional skills to replace the negative behaviors.

Specifically, the most minimally intrusive behavioral consequences (e.g., rewarding good behavior [positive attention] and minimizing responses to negative behaviors [planned ignoring] can have a significant positive impact on behaviors. Though seemingly simplistic in approach, these strategies can be some of the most powerful, particularly if applied in combination with one another and if performed correctly.

Important and practical pointers in effectively utilizing these approaches include (HANDS, 2014):

- Use attention that your child enjoys
- Make attention obvious—positive attention for positive behavior must be much more fun than not getting this attention
- Pair the attention with a specific label for what is being praised (e.g., “that’s good sitting still”, “good working”)
- Find frequent opportunities to provide attention
- Planned ignoring for negative behaviors is much more effective when it occurs along with positive attention for positive behaviors in that the child then learns not only what not to do but also what to do instead
- Caregivers should ignore only the negative behavior, not the child; safety must be ensured while limiting responses to negative behaviors
- Child behavior may escalate first before it gets better in that the child will test the limits

Other common strategies (HANDS, 2014) important in supporting families in supporting their child with ASD and other DD (i.e., minimizing negative behaviors and increasing positive skills) include:

- Use visual supports (e.g., cue cards, pictures) and modeling to ensure understanding and time to process expectations
- Prepare the child ahead for transitions and changes to allow for time to adjust
- Realize that behaviors are only communication and not personal attacks
- Use simple and brief language (i.e., avoid figurative language, slang expressions, or sarcasm)
- Provide realistic expectations (i.e., consistent with the child’s current level)
- Use motivation and reward to encourage positive behaviors
- Allow multiple options to enable choice

and prevent satiation

- State rules positively (i.e., state what to do rather than what the individual shouldn’t do; e.g., “Keep feet on the floor,” instead of “No climbing on the seats.”)
- Remain aware of possible high or low tolerance to sensory experiences such as smell, touch, noise or lights.
- Rule out injury, illness, or seizure activity as a contributor to behaviors

Ultimately, the success of families and their young children on the autism spectrum require shared responsibility for outcomes. Despite an increased tendency towards behavior, through collaboration and support with their caregivers, both child and family can achieve positive outcomes. Collaboration can include sharing of information and resources. As experts with their children, the family should be involved in informing any interventions. Further, successful collaborations will involve attending to family requests, taking time to explain, providing evidence of improvement, linking to resources, and utilizing similar evidence-based strategies across settings. With support of the First Steps provider, families of children with a range of disabilities can support their child in reaching their potential and having positive outcomes through reducing challenging behaviors and increasing skills, within the home and other settings.



For more information related to the principles and strategies above, please contact HANDS in Autism® at hands@iupui.edu or view information online at handsinautism.iupui.edu. In addition, information pertaining to ASD, early intervention and screening may be acquired through the Riley Child Development Center at Riley Hospital for Children at IU Health.

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(See Behavioral on page 12)

(Behavioral, from Page 11)

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Riley Child Development Center
- Marilyn Bull, M.D.
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Riley Hospital for Children at IU Health and IU School of Medicine

There is an App for That!!

New Parenting App - Let's Play! is a free parenting app from ZERO TO THREE with fun activities, organized by age and routine, for parents to use to support their young child's early learning - Download from [iTunes](#) or [Google Play Store](#)



Communication Delays: Common Misconceptions

By Pathways.org

Popular misconceptions regarding communication delays in boys, bilingual children, and younger siblings may prevent these groups from getting the help they need. All children who show early warning signs of a delay should immediately be referred for a developmental screening by a speech-language pathologist. Developmental screenings are typically free and last approximately 15 minutes. Early detection and treatment give children with communication delays a greater chance of improving with speech therapy.

Misconception #1: *It is normal for boys to show delays in speech and language.* While boys tend to acquire communication skills at a slower rate than girls, they should still fall within the typical age range for major milestones. Any signs of a communication delay in both boys and girls should be addressed in a timely manner.

Misconception #2: *Bilingual children talk later than monolingual children.* Bilingual children will reach communication milestones at the same pace as their monolingual peers, with first words appearing around 11 to 14 months. Total vocabulary growth is the same between typically developing bilingual and monolingual children when **every** language is taken into account.

Misconception #3: *Younger siblings talk later because their older siblings talk for them.* All children are motivated to communicate their own needs and wants as soon as they can. Studies have shown that there are no differences in general communication development between first-born children and later-born children.

Communication delays, ranging from hearing and oral-motor issues to difficulties with language comprehension and production, can be detected within the first year. If an infant does not seem to respond to sounds or faces, or is not producing age-appropriate coos, babbles, or words, refer him or her for a screening. Pediatric therapy clinics typically offer free developmental screenings to help all children reach their fullest potential. For additional information on early communication development, please visit Pathways.org.

References:

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Pathways.org is a national not-for-profit organization dedicated to providing free resources and information for health professionals and families on children's motor, sensory, and communication development. The Pathways.org [Baby Growth and Development Chart](#) has been recognized and endorsed by the American Academy of Pediatrics, and additional educational materials are available online to download, copy, and share freely. For more information, please visit Pathways.org, email friends@pathways.org, or call our toll-free parent-answered hotline at 1-800-955-CHILD (2445).

Save the Date!! Indiana Infant-Toddler Institute



Plan to join infant-toddler professionals from all sectors of
infant-toddler care (early intervention, child care and education)

at the Indiana Infant-Toddler Institute

October 6 & 7, 2014

Sheraton - Keystone at the Crossing in Indianapolis

2 Keynote Presentations * 16 Concurrent Sessions

Exhibitors * Networking * First Steps Core Training

In June, you will find more information and online registration at the UTS-ProKids website www.utsprokids.org



SAVE THE DATE

HANDS in Autism[®] Model in Practice

Intensive 3-Day Workshop

**Early Childhood
Development**

November 19-21, 2014, 8am-4pm EST

**Transition & Vocational
Programming**

October 14-16, 2014, 8am-4pm EST

Join the HANDS in Autism[®] Team for an intensive training that focuses on providing hands-on experience and coaching in a simulated classroom/work environment. Individuals on the spectrum participate, facilitating a rich learning environment for all. While the program includes traditional instructional methods such as lectures and discussion, the emphasis of training is building increased knowledge and skill of the process of making appropriate programming decisions for each student, classroom, workplace, and/or intervention team through hands-on application and learning.

Registration available at :

See reverse for more information!



HANDSinAutism.iupui.edu/handsIntensive.html

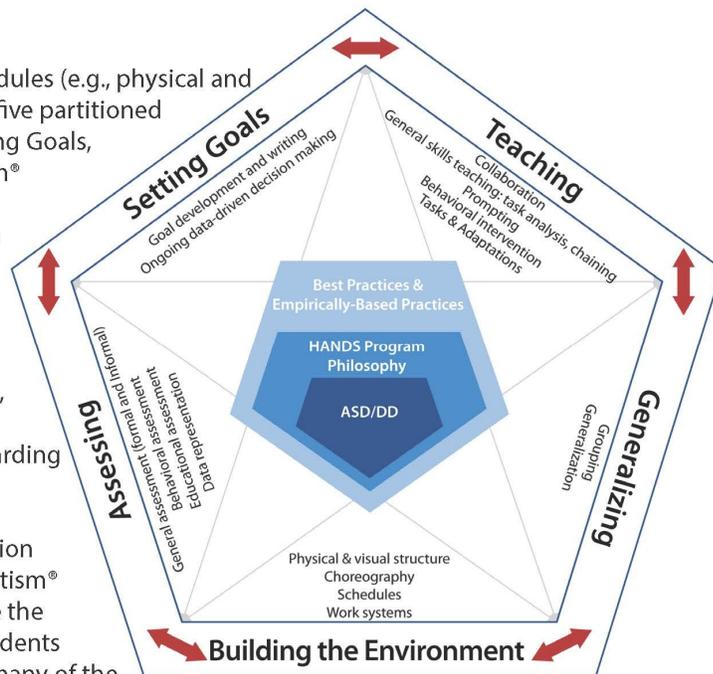
Hosted by the HANDS in Autism[®] Interdisciplinary Training & Resource Center



About HANDS in Autism® Training Model

The HANDS in Autism® Training Model is composed of modules (e.g., physical and visual structure, schedules) embedded within each of the five partitioned categories (i.e., Building the Environment, Assessing, Setting Goals, Teaching, Generalizing) that make up the HANDS in Autism® framework and curriculum. Modules reflect a hierarchy of implementation with each module systematically building upon the next module within each category. The training will progress by successively working through the modules. Following introduction of the concepts by module, concepts initially introduced through the web-modules will be further trained onsite through (1) didactic, interactive materials, (2) observation, (3) modeling, (4) coaching and structured feedback, and (5) mentoring regarding module content.

HANDS in Autism® Training Model: Individualizing Instruction
This diagram is a visual representation of the HANDS in Autism® framework and curriculum. It does not completely capture the complexities or depth of individualizing instruction for students with Autism Spectrum Disorder, but it does demonstrate many of the elements which we feel are key to this process.



What to Expect

A range of instructional methods are included to provide optimal learning and application, including: online modules, traditional didactic instruction, small and large group discussions, and observation of HANDS in Autism® team interaction with a range of individuals representing varying functional abilities. The training environment will provide exposure to a variety of associated behavioral, educational, and topic-specific examples with live observation, video samples, and scenario-based discussions and activities.

Intended Audience

Early Childhood Development: early childhood service providers, service coordinators, preschool teachers, primary special educators, daycare employees, administrators, and other professionals working with students with developmental disabilities.

Transition & Vocational Issues: vocational rehabilitation counselors; regional managers; employment service provider, employment service manager, vocational rehabilitation supervisor, BDDS counselors, job coaches, transition educators, secondary special educators, administrators, and other professionals working with students with developmental disabilities.

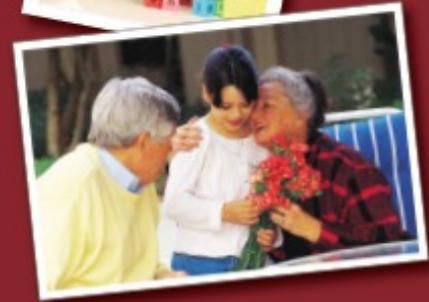
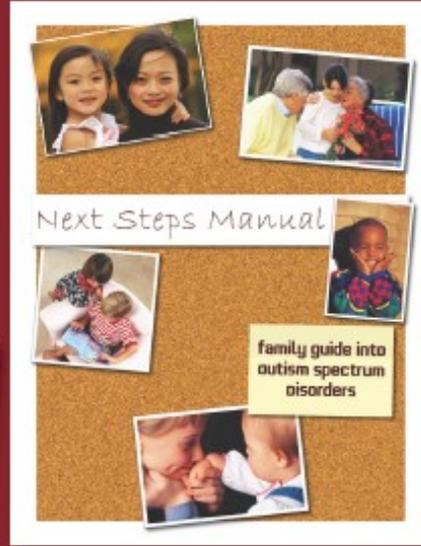
Continuing Education

Approximately, 24 contact hours will be awarded to those participants who attend 3 days of training.

Total Cost

The total cost is \$750 and covers 3 days of training, materials and publications, lunch, and parking.

HANDSInAutism.iupui.edu/handsIntensive.html | hands@iupui.edu | 317.274.2675



September 11-12, 2014, 9am-3pm EDT

HANDS in Autism[®] Next Steps[™] Facilitator Certification Training

Join the HANDS in Autism[®] Team for an intensive training to begin the process to becoming a Next Steps[™] facilitator in your community. Making Next Steps[™] workshops available through your school, organization, or community will help raise the level of support provided to caregivers, providers, and individuals with Autism Spectrum Disorder (ASD) and related developmental disabilities.

See reverse for more information!

Registration available at:

HANDSinAutism.iupui.edu/nextsteps.html

Hosted by the HANDS in Autism[®] Interdisciplinary Training & Resource Center



About HANDS in Autism® Next Steps™

With the mission of the HANDS in Autism® Center focusing upon the development of local capacity and bridging of systems across medical providers, school professionals, community members, and families, the HANDS in Autism® Next Steps™ workshop serves as an effective platform for sharing dialogue and setting a foundation for the use of common language, awareness of resources, and collaboration across systems within communities. In striving to continue the missions of the HANDS in Autism® Center and to foster greater local capacity, the HANDS in Autism® Next Steps™ Facilitator Certification process has been established. This process is generally reflected below as the "Pathway to becoming a certified HANDS in Autism® Next Steps™ Facilitator." The current program is the first step in this pathway. Interested persons may contact the HANDS in Autism® team directly at hands@iupui.edu for further information.

Pathway to becoming a certified HANDS in Autism® Next Steps™ Facilitator:

- ❑ **Instruction:** Attendance at a scheduled HANDS in Autism® Next Steps™ Facilitator Training as offered here. This training currently occurs one time a year.
- ❑ **Shadowing & Modeling:** Attendance at a scheduled HANDS in Autism® Next Steps™ workshop or hosting* a HANDS in Autism® Next Steps™ workshop led by HANDS in Autism® staff
- ❑ **Coaching & Mentoring:** Hosting* a HANDS in Autism® Next Steps™ workshop in partnership with HANDS in Autism® to arrange, advertise and co-lead the Next Steps™ workshop
- ❑ **Leading:** Independently leading a HANDS in Autism® Next Steps™ workshop with submission of an audio or video recording of the workshop for the HANDS in Autism® staff to complete a fidelity check** on components associated with leading a Next Steps™ workshop
- ❑ **Maintenance:** Completion of live or web-based booster sessions as warranted given content updates within 90 days from the time the sessions are distributed, recertification quizzes completed biannually within a 90-day time period from the time of notification, electronic submission of satisfactions and sign-in/registration data for program reporting

**Additional fees associated with hosting a HANDS in Autism® Next Steps™ Workshop*

***Fidelity checks have a nominal fee associated with their completion at the time of certification and recertification*

Intended Audience

Providers, educators, and outreach program representatives, who have background, knowledge, and experience in serving individuals with ASD and related developmental disabilities.

As a certified HANDS in Autism® Next Steps™ Facilitator, you will be highlighted on the HANDS in Autism® website which has greater than 40,000 visitors annually. Further notation will be included within the Next Steps™ Facilitator roster on the HANDS in Autism® website where persons will be able to gather information regarding the Next Steps™ workshops, certification process, and directions to connect with a certified HANDS in Autism® Next Steps™ Facilitator in their area.

Total Cost

One day only (includes training on Next Steps™ content delivery and format): \$175. Full training (content, delivery, logistics, and participation in a live Next Steps™ event): \$350. Payment may be made with credit card at time of registration or via invoice with 60 days to pay following event.

Location

Goodman Hall, Room 1030, 355 W. 16th Street, Indianapolis, IN 46202

HANDSinAutism.iupui.edu/nextsteps.html | hands@iupui.edu | 317.274.2675

**Early Childhood Special Education
Summer Classes 2014**

Ball State University will be offering SPCE 612, 613, 614 and SPCE 616 in the summer of 2014. All four courses are required for Early Childhood Special Education certification and can be applied toward masters/doctoral degrees or for renewal of your teaching license in Special Education.



First semester: you can take 612 & 613 concurrently
Second semester: you can take 614 & 616 concurrently

SPCED 612 (online)

Theory and Practice in Early Childhood Special Education

Examines the sociological, political, historical, and educational perspectives related to education of infants, toddlers, and preschoolers with exceptional needs, and their families.

Date: 5/12- 6/13

SPCED 613 (Hybrid)

Assessment Strategies in Early Childhood Special Education (3)

Examines different techniques for identification and assessment of infants, toddlers, and preschoolers with special needs. Covers widely used norm and criterion-referenced tests, trans-disciplinary play based assessment, family assessment, and writing reports.

Dates: 5/12-6/13. Face to face class on two Saturdays. (5/31, 6/ 7 from 8:30-4:30)

Location: 13578 E. 131st Street, Suite 240 Fishers, IN

SPCED 614 (Online)

Developmental Methods for Preschool Children with Special Needs (3)

Examines developmental strategies and curricular practices for providing services to infants & toddlers with exceptional needs, and their families. Current research and best practices will be disseminated throughout. This course will have emphasis on parent-child interaction and infant mental health.

Date: 6/16 -7/18

SPCED 616 (Online)

Developmental Methods for Preschool Children with Special Needs (3)

Examines instructional methodology and curricular practices for serving preschoolers with special needs and their families. Best practices are presented within the context of recent research.

Date: 6/16 -7/18

***Please verify the time/date and the location of classes on BSU website. Also you may contact Distance Ed at distance@bsu.edu or call 800-872-0369.**



Professional Development Opportunity
Two IU-ECE SUMMER 2014 ONLINE COURSE OFFERINGS

E508/F401: Infant Toddler Care & Education Environments (3 credits)

2nd 6 Week Summer Session – June 23-August 1

Taught via Distance (online) by Mary McMullen, Ph.D.
Professor of Early Childhood Education, IU-Bloomington

In this online course we will explore optimal care and education environments for infants and toddlers. The two major themes are 1) the physical aspects of environments for infants and toddlers and 2) the human relationship elements of the environment. Elements necessary for the promotion of overall healthy growth, learning and well-being in infants and toddlers will be examined through lecture, readings, discussion, and individual projects. Analysis of relevant readings, resources, and research will help participants improve their current practices and/or engage in further professional development and learning about infants and toddlers.

K549/F401: Early Childhood Special Education (3 credits)

2nd 6 Week Summer Education Session – June 23 to August 1

Taught via Distance (online) by Cary Buzzelli, Ph.D.
Professor of Early Childhood Education, IU-Bloomington

The purpose of this online course is to examine the ways teachers can implement developmentally appropriate practices for *all* children in early childhood settings. The course will have two major foci: 1) Students will develop the knowledge, skills, and dispositions to design and adapt learning environments to support children's optimal development; 2) Students will develop the knowledge, skills, and dispositions to adapt curricular activities and materials in that will enable the active and full participation of all children in early childhood programs. Those students focusing on birth to 3 will focus projects and assignments that relate specifically to that developmental period.

For **non-currently enrolled students who already have an undergraduate degree** who would like to register for one of these courses at the graduate level, register for E508 or K549 using the following link: <http://iuconnected.iu.edu>. For **all others including undergraduate students currently enrolled at IU, undergraduate level students not currently enrolled at IU, and graduate students who are currently enrolled IU students** and want to sign up: please contact the Distance Education and Professional Development office at deregstr@indiana.edu. They will help you enroll.

For E508 and K549 (graduate credit), enrolling as an in-state resident: \$404.47 per credit hour for tuition and \$39 per credit hour for Distance Education fee. The total per credit hour is \$443.47; total cost for 3 credits is \$1330.41.

For F401 (undergraduate credit), enrolling as an in-state resident: \$278.67 per credit hour for tuition and \$39 per credit hour for Distance Education fee. The total per credit hour is \$317.67; total cost for 3 credits is \$953.01.

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 is offered quarterly.
- ▶ **FSCT: Pathways - Course to Go: 2, 4, 6 Month Motor Course - Now available on-line.** 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 May...**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: Early Intervention in Child Care - Coming this Summer.** 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.
- ▶ **FSCT: Physical Therapy: Ethics and Jurisprudence for Home & Community-Based Settings - Coming in the Fall.** 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.

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.

5/8/14 in Lafayette, FSCT: Enhancing Communication through Everyday Routines - 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.

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.

First Steps Core Trainings for 2014

7/11/14 FSCT Getting a Handle on Difficult Behavior: Research, Relationships and Reflective Strategies You Can Use - The skills in self-regulation young children need to develop appropriate behavior grow through consistent and sensitive adult support and scaffolding. This session will present methods of coordinating with families to promote positive behaviors and reduce difficult behaviors that can interfere with both early intervention activities and home life.

7/18/14 FSCT Understanding Diversity Within Families - Participants will engage in guided learning opportunities that will demonstrate how culture, values and beliefs influence all of us. Participants will discuss how their own perceptions and experiences impact their daily interactions and those with the children and families they serve.

7/22/14 in Evansville and 7/29/14 in Valparaiso 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.

8/15/14 FSCT It's Online, But Can I Trust It? Who do you trust? Find out how to identify authoritative sources while developing a toolkit of go-to resources for education and health information.

8/22/14 - 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

8/29/14 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.

9/15/14 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.

10/17/14 FSCT: Literacy into Therapy: All early interventionists play a vital role in the development of the infants and children we serve. 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

10/24/14 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.



Used with permission of Management Pocketbooks

Family Centered Care: Engaging and Empowering the Families We Serve

July 15, 2014 * 8:30am-3:30pm * Hilton North Hotel, Indianapolis, IN * \$75 (Cont. breakfast & lunch, included)



Building the Capacity of Families: Let's See What it Looks Like **Carol Trivette, PhD**

This presentation will help participants understand why it is important to build the capacity of parents to promote the development of young children and the strategies that are useful to accomplish this outcome. Discussion and illustrations of evidence based practices that are used while working with families will serve to promote interest-based, positive interactions between parents and their young children.

Carol Trivette, PhD is a Research Scientist and Co-Director of the Orelena Hawks Puckett Institute and DEC Board President. With her colleague, Carl Dunst, PhD, she has spent many years investigating capacity-building practices that are effective when working with parents of young children. These strategies have been used in a variety of applied research settings helping practitioners to engage parents to support their child's learning.

There will be two concurrent sessions. Participant will select one topic per session. Session topics include:

► ***Making Conversations Real Between Families and Professionals*** - Carol Trivette, Orelena Hawks Puckett Institute

Words make a difference! This facilitated discussion will focus on challenges and solutions frequently encountered as professionals and families share "real" information with each other.

► ***What Makes Grandparenting "Grand"? Exploring Grandparent Relationships*** - Dreama (Dee) Love, Purdue University Extension

This session will consider challenges and opportunities for grandparents to make a positive difference in the lives of their grandchildren (whether raising them or not). Resources will be shared to help bridge generational differences and create positive healthy relationships to celebrate all that grandparents have to offer.

► ***Fatherhood and Cultural Differences*** - Stephan Viehweg, Riley Child Development Center

Families bring all kinds of challenges to us when we partner to support their children's developmental goals. Some challenges for us might include fathers, parents with mental health issues, families in poverty, parents with differing values and beliefs, and others. This workshop will identify these challenges and discuss strategies to support optimal outcomes.

► ***You and Your Military Families*** - Jillian Lain, Indiana Alliance for Military Families.

Military youth face unique challenges, learn tangible ways to create a safe environment for the military families you serve. This session also presents an opportunity to learn about the military and the many free resources available to service members and their families.



Closing Session

Intimate Partner Violence: Prevention and Intervention - Caryn C Burton and Colleen Yeakle, Indiana Coalition Against Domestic Violence. Intimate partner violence is a serious public health and child welfare issue. Understanding how to work with families experiencing violence, as well as prevent the perpetuation of the cycle of violence is critical to creating a peaceful and healthy world for children.

- Participants will have increased knowledge of strategies and resources for promoting healthy relationships among the families they serve.
- Participants will have increased understanding of the general dynamics of intimate partner violence.
- Participants will gain new understanding of the resources and referrals for families where intimate partner violence is an issue.

Presented by UTS-ProKids with sponsorship from the Indiana Head Start Collaboration Office

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. 33 February 2014

Are Messy Kids Fast Learners?

Do you constantly find yourself wiping food off the high chair, the table, the walls, the ceiling, and even the dog after a meal? A new study suggests that in making all that mess, young children are learning. Researchers from the University of Iowa studies how 16-month-olds learn the words for non-solid objects – things such as oatmeal or applesauce or milk – that infants generally take longer to learn, and found that those who messed with the substances the most learned the words for them more quickly.

<http://healthland.time.com/2013/12/02/let-them-throw-cake-messy-kids-may-be-faster-learners/>

15 Multicultural Books to Explore

Explore and celebrate the many experiences of our world by selecting books for very young children that feature different cultures, languages, and world views. Here's one list to try.

http://www.babyzone.com/products/15-multicultural-childrens-books-for-babys-worldly-library_12907656

Long Term Benefits of Early Art and Music

According to new Michigan State University research there are strong links from early childhood participation in arts and crafts activities to patents generated and businesses launched as adults.

<http://www.sciencedaily.com/releases/2013/10/131023112724.htm>

Use of Motherese (or Fatherese) Key to Early Language Development

The more parents exaggerate vowels and raise the pitch of their voices (known as motherese), the more babies babble, new research shows. Common advice to new parents is that the more words babies hear the faster their vocabulary grows. The new findings show that what spurs early language development isn't so much quantity of words as the style of speech and social context in which speech occurs.

<http://www.futurity.org/one-one-baby-talk-spurs-language/>

Understanding and Responding to Children Who Bite

Biting is a typical behavior often seen in infants, toddlers, and 2-year olds. As children mature, gain self-control, and develop problem-solving skills, they usually outgrow this behavior. While not uncommon, biting can be an upsetting and potentially harmful behavior. This column offers information about the behavior and what to do when it occurs, along with additional resources for families and professionals.

<http://families.naeyc.org/learning-and-development/child-development/understanding-and-responding-children-who-bite>

A Year of Play

This resource from ZERO TO THREE offers playful ways to support learning and development for each month of the year. This is a great tool for reinforcing ways for young children to learn through play.

<http://www.zerotothree.org/child-development/play/play-year.html>

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.



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

Issue No. 34 March 2014

Great Resources from ZERO TO THREE

Your Child's Development is a set of nine age-based handouts that includes a "what to expect" chart for each age range, suggestions for supporting healthy development, and information about common parenting challenges. Learn more, download, or share these resources in both English and Spanish.

<http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/age-based-handouts.html> (English)

<http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/age-based-handouts.html> (Spanish)

All About Learning to Use the Toilet offers questions and guidance for this area of development, with emphasis on different cultural views on the topic.

<http://www.zerotothree.org/child-development/early-development/all-about-potty-training.html>

Using Questions to Support Your Child's Learning provides ideas and strategies for building your child's thinking skills by using questions throughout your daily interactions together.

<http://www.zerotothree.org/child-development/school-readiness/using-questions-to-support.html>

Long Term Benefits of Early Art and Music

According to new Michigan State University research there are strong links from early childhood participation in arts and crafts activities to patents generated and businesses launched as adults.

<http://www.sciencedaily.com/releases/2013/10/131023112724.htm>

Maternal Conversations Yield Benefits for Premature Babies

Researchers at Brown University found that premature babies in the neonatal intensive care unit (NICU) benefited when their mothers spoke to them in attempts to engage them in conversation rather than stroking them, or if the babies were primarily around nurses who talked about or around them but didn't address the babies directly.

<http://healthland.time.com/2014/02/10/language-skills-improve-when-parents-talk-to-their-preemies/>

Obesity Gains Hold in Early Years

Experts say the results of a major new study may reshape approaches to combating the nation's obesity epidemic, suggesting that efforts must start much earlier and focus more on the children at greatest risk. For many obese adults, the die was cast by the time they were 5 years old. A major new study of more than 7,000 children has found that a third of children who were overweight in kindergarten were obese by eighth grade. And almost every child who was very obese remained that way.

http://www.nytimes.com/2014/01/30/science/obesity-takes-hold-early-in-life-study-finds.html?_r=0

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