Supporting Children With Disabilities:
Resources for Engaging & Meeting Families Where They Are

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Presenter

Kristen Paul
Director of Early Childhood Programs

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Our Mission

Our mission is to empower families as advocates and partners in improving education and health outcomes for ALL children with disabilities and special healthcare needs.

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Who is PPMD?

- Maryland's Special Education and Health Information Center
- Established in 1990
- Governed by parents
- Our team is fully made up of parents and family members of children with disabilities and special healthcare needs
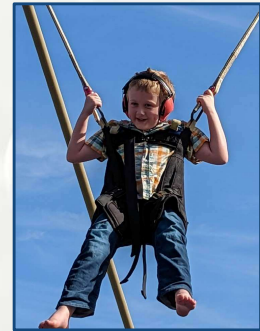

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Our Services

- One-on-one assistance to families
- Resource sharing
- Topical trainings
- Leadership trainings
- Military outreach

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We help families…

- Better understand their children's disabilities, education, and healthcare needs
- Communicate more effectively with school and health teams
- Understand their rights and responsibilities under special education law
- Understand their rights and benefits in healthcare systems
- Obtain services for their children
- Resolve disagreements with the school or other agencies
- Connect with other community resources

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Our Motivation

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Finding Your State's PTI(s)

• Visit https://www.parentcenterhub.org/find-your-center

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Objectives

- Increase knowledge of ASD
- Increase understanding of sensory processing challenges and how to support a child experiencing them
- Learn about resources to support children, families, and practitioners

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Autism Spectrum Disorder (ASD)

- In the US, about 1 in 31 children (3.2%) are estimated to have ASD*
  - Range: 9.7 per 1,000 TX, 53.1 per 1,000 CA
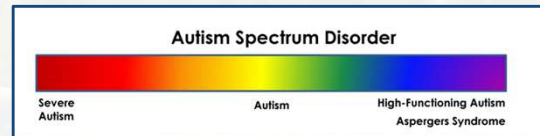- 3.4x more common in boys
- Can be diagnosed by age 2
- Average age of diagnosis: 5 (5.6 for girls)

*ADDM Surveillance Year: 2022

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Traditional ASD Model

Autism Spectrum Disorder

Severe Autism — Autism — High-Functioning Autism / Aspergers Syndrome

- Level 1: Requires support
  - Difficulty with social cues & nonverbal communication
  - May struggle with transitions & lack of routine
  - May focus intensely on specific interests & activities
- Level 2: Requires substantial support
  - Limited verbal skills, difficulty reading social cues
  - Strong preference for routine
  - May exhibit repetitive patterns of behavior that can disrupt routines & social interactions
- Level 3: Requires very substantial support
  - Nonverbal or limited communication
  - Extreme difficulty with transitions
  - Struggle with daily activities

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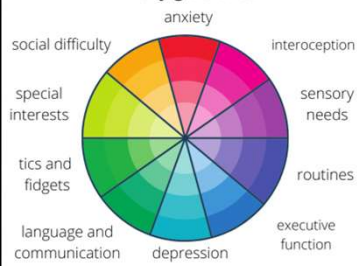
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What Is The Autism Spectrum?

Instead of thinking of autism as a line:

less autistic — more autistic

Think of autism as a color wheel with many gradients:

anxiety, interoception, sensory needs, routines, executive function, depression, language and communication, tics and fidgets, special interests, social difficulty

- No two people experience autism the same way

- On any given day, a person's "wheel" may look different

"If you've met a person with autism, you've met <u>a</u> person with autism"
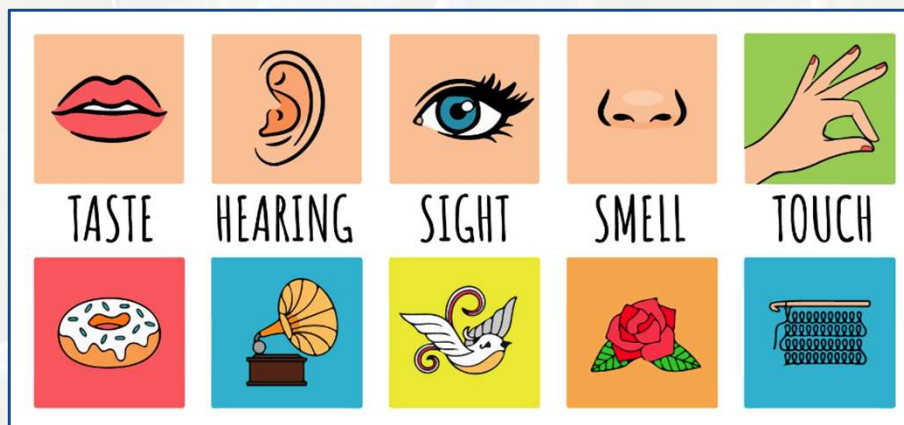
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Potential Signs of ASD

- Challenges in social communication and interaction

- Restricted or repetitive behaviors or interests

- Other characteristics

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Examples of Social Communication Challenges

- Avoids or does not maintain eye contact

- Does not respond to name (9 mo)

- Does not show facial expressions like happy, sad, angry, and surprised (9 mo)

- Does not play simple interactive games like pat-a-cake (12 mo)

- Uses few or no gestures (12 mo)

- Does not share interests with others (15 mo)

- Does not point to show you something interesting (18 mo)

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Examples of Restricted or Repetitive Behaviors

- Lines up toys or other objects and gets upset when order is changed

- Repeats words or phrases over and over (echolalia)

- Plays with toys the same way every time

- Is focused on parts of objects (for example, wheels)

- Gets upset by minor changes

- Has obsessive interests

- Must follow certain routines

- Flaps hands, rocks body, or spins self in circles

- Has unusual reactions to the way things sound, smell, taste, look, or feel

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Other Possible Characteristics

- Delayed language, movement, cognitive, and/or learning skills

- Hyperactive, impulsive, and/or inattentive behavior

- Epilepsy or seizure disorder

- Unusual eating and sleeping habits

- Gastrointestinal issues (for example, constipation)

- Unusual mood or emotional reactions

- Anxiety, stress, or excessive worry

- Lack of fear or more fear than expected

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ASD and Sensory Processing Challenges

- Between 69 and 95 percent of children with autism also experience sensory processing difficulties.

- Occurs frequently enough for it to be included as part of the diagnostic criteria in the DSM-5

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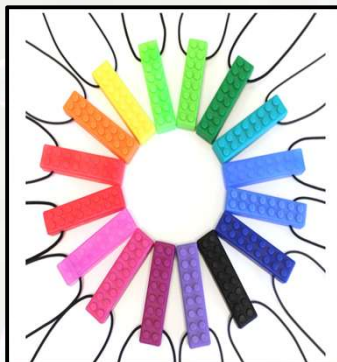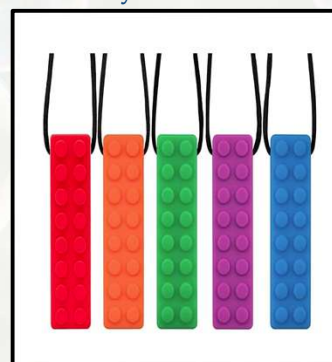
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The Senses (What We're Typically Taught)

TASTE   HEARING   SIGHT   SMELL   TOUCH

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But what about these senses?

Proprioception: Your body's ability to sense movement, action, and location

Interoception: Your body's ability to sense, interpret, integrate, and regulate its internal state

Vestibular: Your body's perception of position and motion

In other words: Proprioception is sensing **where** your body **is** in space, interoception is sensing **how** your body **feels**, and vestibular is the ability of your body to **sense and maintain** posture and balance

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Auditory and Gustatory

Examples of Auditory Sensory Triggers
- Loud sounds
- Sirens or alarms
- Traffic sounds
- Flushing toilets
- Fireworks
- Music
- Singing or whistling
- Barking
- Clapping or cheering
- Food related noises like chewing or slurping
- Too many sounds at once
- Hum of fluorescent lights or electronics

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Examples of Gustatory Sensory Triggers
- **Specific flavors**
- **Temperature of food**
- **Specific textures**

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Auditory Tools: Rain Sticks

Focusing on the movement and sound of the jar can boost concentration. Can also be used to learn about cause and effect; when moved in different ways, it sounds like rain.

Rain Stick

Rain Stick

DIY Rain Stick

Paper towel tube, duct tape, tin foil, small items that make noise like popcorn kernels or rice

$240.00

Approx. $15

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Auditory Tools: Noise Meters

Helps children (and adults) use an appropriate volume when speaking

Voice Meter Pro (App)

Pool Noodle Phone

App is $4.99; requires having a smart device such as an iPad or iPhone.

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Auditory Tools: Piano Mats

Stimulates three different senses in the child's sensory system: visual, auditory, and tactile.

Piano Mat

$109.00

Piano Mat

$21.99

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Gustatory Tools: "Chewelry"

Provide oral sensory input

Brick Stick Chew Necklace

$16.99 each

Sensory Chew Necklace

$9.98 for pack of 5

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Gustatory Tools: Vibratory Tools

Vibratory oral motor tools can help build oral tone and improve a variety of speech, feeding, and sensory skills.

Z-Vibe Travel Kit

$62.99

Vibrating Toothbrush
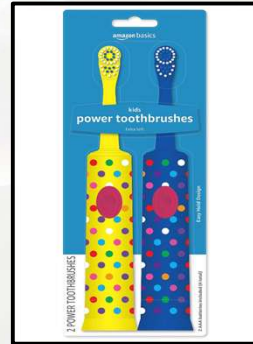
$8.67

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Gustatory Tools: Honey Bear Straw Cup

Strengthen tongue, cheek, and lip muscles that aid in eating and drinking skills

Honey Bear Straw Cup

$15.99

DIY Honey Bear Straw Cup

Honey bottle, flexible tubing

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Olfactory and Tactile

Example Olfactory Sensory Triggers in the Classroom
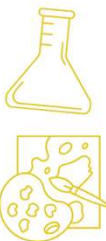
- Food smells from child's lunch, another child's lunch, or the teacher's cup of coffee
- Personal hygiene scents
- Perfumes or colognes
- Scents of soap or shampoo
- Smells of chemicals used in science labs
- Smells from craft supplies
- Smells from disinfectants & cleaning supplies

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Example Tactile Sensory Triggers in the Classroom

- Feel of the school uniform
- Clothing tags or seams
- Messy or dirty hands
- Touching something sticky
- Wet or dirty clothes
- Unexpected touches
- Light touch
- Feel of the chair
- Feel or texture of the carpet or floor
- Feel of craft materials
- Students bumping each other in the hallway
- Juice getting on hands when inserting straw into juice boxes

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Olfactory Tools: Aromatherapy

Aromatherapy may help calm a child who is anxious or under stress, reduce nausea, discomfort and pain, and promote healthy sleep.

Sensory Room Aromatherapy Kit

$260.00

Smelling Bottles

Small containers with cotton balls scented with inexpensive oils, household scents

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Other Olfactory Tools

Scratch-n-Sniff stickers engage multiple senses: Use your nose to smell, eyes to observe the design, ears to hear the rubbing sound, and your finger to feel the rough texture of the sticker.

Scented bubbles also engage multiple senses – sight, smell and touch – while encouraging the development of oral motor skills.

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Tactile Tools: Sensory Bins/Table

Container filled with materials chosen to stimulate the senses, allowing the child to explore and interact with the items as they choose. Sensory play is a great way to expose your child to a variety of textures, facilitate communication, and actively engage with your child.

See Through Sensory Table

Sensory Table

DIY Sensory Bins

$587.00

$25.00

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Tactile Tools: Sensory Bags

Help children develop their sense of touch and fine motor skills as they manipulate the small objects around the bags.

Sensory Bags

DIY Sensory Bags

$25.00

Hair gel or dish soap, glitter, plastic bag, duct tape, small objects (beads, sequins, google eyes, etc.)

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DIY Tactile Tool

Exposure to bubble/foam texture stimulates the senses as the child explores and interacts with it.

Rainbow Soap Foam Bubbles

Dish soap, water, whisk, food coloring

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Visual

Example Visual Sensory Triggers in the Classroom

- Clutter
- Bright or flickering lights
- Decorative displays & busy decor
- Glare from lighting or computer screens
- Busy carpet patterns or designs
- Too much natural light from windows
- Dark or poorly lit rooms
- Able to see things outside the classroom window

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Visual Tools: Sensory Mediums

Sensory tubes/bottles are filled with objects and liquids to create an engaging visual, auditory and tactile sensory experience.

Bubble Tube

Approx. $1,200

Lava Lamp

Approx. $35

Sensory Bottle

Fill an empty bottle with water, coloring, beads, glitter (etc.)

You could also add cooking oil or other liquids

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Visual Tools: Visual Projections

Provide visual stimulation and can improve a child's focus and attention to detail while in a fun, relaxing, and safe space.

Sensory Projector

Star Lamp Projector

DIY Light Box

Approx. $1,400

Approx. $35

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Visual Tools: Sensory Floor Tiles

Often used in sensory rooms because they are visually stimulating, touchable, and encourage movement by providing a colorful display as a reward.
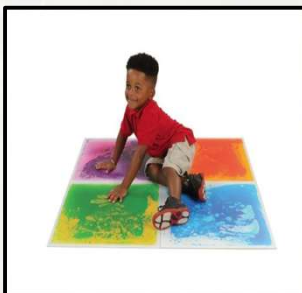
DIY Sensory Floor Tiles
(Foam Tiles, lamination pouches,
baby oil, duct tape, food dye)

Liquid Floor Tiles

Liquid Floor Tile Set

$48 each
($192 for set of 4)

Approx. $180

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Interoception

Example Interoception Sensory Triggers in the Classroom

- Temperature changes
- Internal sensations like stomach rumbling

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INTEROCEPTION
THE EIGHTH SENSE: KNOWING WHAT IS GOING ON INSIDE YOUR BODY

Evidence suggests poor interoception awareness can lead to difficulties with emotional regulation

Overeating or forgetting to eat, not feeling thirst or feeling thirst too frequently

Not feeling the urge to urinate or feeling an intense urge to urinate frequently

Disrupted interoception awareness can lead to autistic meltdowns
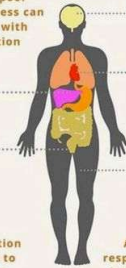
Inability to recognize signs of getting tired or fatigue

Not noticing increased heart or breathing rate or noticing it to the point it becomes distracting or overwhelming

Unusually high tolerance or sensitivity to pain, may not notice if cold or overheated

A person can be over-responsive to one particular internal signal and under-responsive to another

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Interoceptive Tools: Weighted Stuffed Animals

Provide deep pressure and sensory input to the body, creating a calming effect for children with sensory processing disorders.

Calmee the Caterpillar

$39.99

Grafix Comfort Cuddlies Weighted Plush

$10.00

Comfort Cuddlies

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Interoceptive Tools: Heavy Work

Provides sensory input to the body and improve overall body awareness, as well as increase strength, coordination, and endurance

Membership to Jungle Gym

$240.00 annually

Heavy Work Around the House
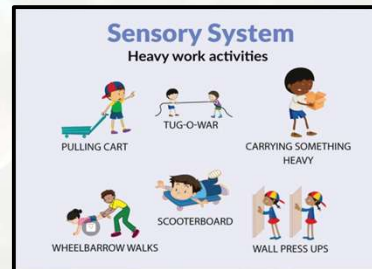
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Interoceptive Tools: Books
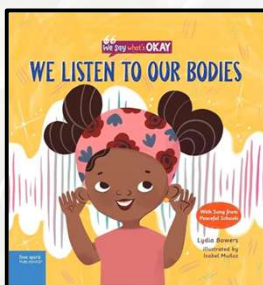
$12.60
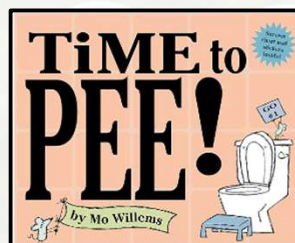
$6.67
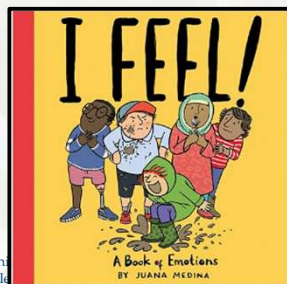
$8.99

<u>Attention Building:</u> Sensory books can captivate a child's attention.

<u>Multi-Sense Stimulation:</u> With the visual, tactile, auditory and kinesthetic inputs, a child gets to work various skills at a time.

<u>Sitting Tolerance:</u> With enhanced attention, a child using a sensory book is more liable to sit for longer durations

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Proprioception and Vestibular

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Proprioceptive Tool: Compression vest/shirt

Provides deep pressure; may reduce heart and/or breathing rate, blood pressure, and anxiety

SPIO Vest (approx. $220)

Swimsuit top/rash guard 1-2 sizes smaller than your child's current size

A different type of deep pressure vest (approx. $40)

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Proprioceptive Tool: Ball pit

Provide visual and tactile feedback and the "buoyancy" of water without the mess. They offer the opportunity to jump, roll, crawl, balance, and burrow. When two children are working on an activity in the ball pit together, they can also encourage cooperative play and social skills.

Ball Pit
(approx. $1400)

Kiddie Pool with Cut up Pool Noodles
(Materials: Pool noodles, pool)

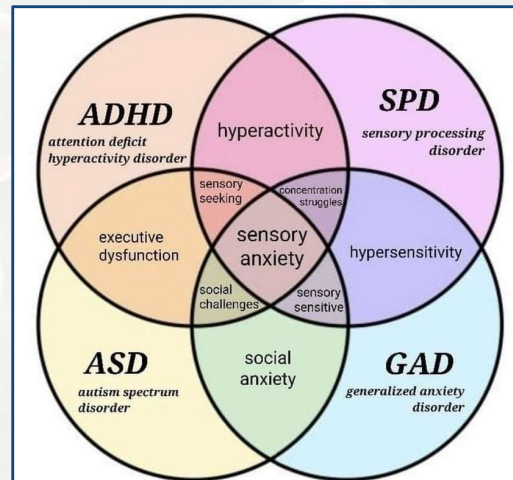This could also be done in an empty bathtub or smaller container

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Proprioceptive Tool: Weighted shoulder/lap pad

Weighted shoulder/lap pads provide pressure that may help with focus and self-regulation

Approx. $48

Something as simple as socks filled with dry rice can be used!

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Vestibular Tools: Balance Beams

Encourage stability/balance (engaging the muscles involved) and awareness of where their body is in space.

Balance Beam

$79.99

DIY Balance Beam

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Vestibular Tools: Bouncy Balls

They help develop balancing skills and enhance sensory stimulation and gross motor skills.

Maxafe Gymnastik Ball
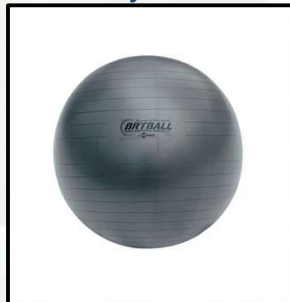
$54.00

Exercise Ball
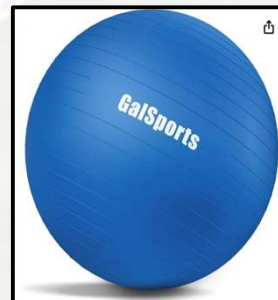
$9.99

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Vestibular Tools: Swings

Deliver both predictable and unpredictable movements, rotations, and deep pressure, effectively stimulating the vestibular sensory system.

Sensory Swing

$99.99

Sensory Swing

$26.99

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Sensory Overload

Sensory overload can often explain a lot of the "behavior issues" we see in kids.

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WHAT IS SENSORY OVERLOAD?

Sensory overload occurs when one or more of our senses become overstimulated and overwhelms the brain. There's simply too much incoming information for the brain to process properly.

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EFFECTS OF SENSORY OVERLOAD

- Increased stimming
- Masking or social camouflage
- Meltdowns
- Shutdowns
- Autistic burnout

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WHAT IS A MELTDOWN?

A meltdown is an intense external reaction to being overwhelmed or overstimulated.

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Seeing an increase in stimming isn't necessarily a bad thing. In fact, it can be a good sign that your child is actively trying to self-regulate and manage the sensory information that they're receiving.

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WHAT IS MASKING?

Masking is a social survival strategy where an autistic person tries to hide their stims or autistic behaviors. They perform or engage in more socially accepted behaviors as a way to blend in and to avoid bullying and social stigma.

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WHAT IS A SHUTDOWN?

A shutdown is an internalized reaction to sensory overload where an individual takes a mental break by dissociating from an event or environment.

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WHAT IS AUTISTIC BURNOUT?

Autistic burnout occurs when an individual experiences constant sensory overload or stress and/or masks for long periods of time. They're unable to cope with day to day life and experience more frequent and intense meltdowns and shutdowns as a result.

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Supporting a child with sensory overload <u>before</u> it happens

- Know the child's sensory triggers
- Plan ahead and prepare the child (when possible)
- Work with an OT to discuss the child's needs and create a sensory diet
- Be aware of the signs of sensory overload
- Help the child develop and practice coping strategies when they are regulated
- Create a sensory or calm-down kit
- Identify safe spaces

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Supporting a child with sensory overload <u>while</u> it's happening

- Remain calm
- Try to minimize sensory input
- Take a break/shorten the experience
- Immediately reduce demands and limit communication
- Protect them from danger or injury
- Give them time to regulate and calm down

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Supporting a child with sensory overload <u>after</u> it's happened

- Provide extra downtime
- Talk with the child about it (when possible)
- Praise their efforts

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Co-Occurring Conditions

- Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Bipolar Disorder (BPD)
- Depression
- Developmental Delays
- Learning Disabilities

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We Know

- 1 in 4 children aged 0-5 years are at moderate to high risk for developmental, behavioral, or social delay

- Most parents note concerns around 18 months, yet average age of ASD diagnosis is age 5

- More than half of children with delays miss the opportunities provided by early intervention services

- Developmental disabilities are more common among children from low-income households

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We Also Know:

- Parents who have an understanding of child development and developmentally appropriate behaviors:
  - Raise children who are more likely to be successful in adulthood
  - Are more likely to notice behaviors that could result in their children being identified for services

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CDC's
Learn the Signs. Act Early.

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What is the CDC's *LTSAE* Program?

- CDC initiative that aims to improve early identification of developmental delays and disabilities by facilitating **parent-engaged developmental monitoring** and promoting developmental screening so children and their families can get the early services and support they need.

  - *Learn the signs* (of typical development)
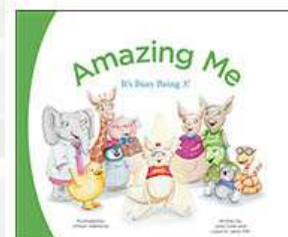 - *Act early* (on concerns)

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| Parents | Health Care Professionals | Early Care and Education | Family Service Providers |

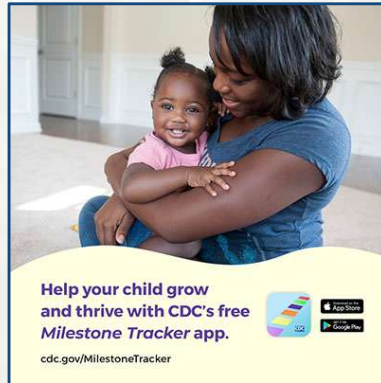Through PARTNERSHIPS with PROGRAMS that serve them

ACT EARLY AMBASSADORS

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Slide 61

Materials for Different Audiences

From birth to 5 years, your child should reach milestones in how he plays, learns, speaks, acts and moves. Track your child's development and act early if you have a concern.

Milestones
Milestones for children 2 months – 5 years of age

If You're Concerned
What to do if concerned about your child's development

Families
Track your child's developmental milestones

Healthcare Providers
Free tools to support developmental surveillance

Early Childhood Educators
Free tools to track milestones and engage families

Free Materials
Print or order free materials

WIC Program Staff
Free tools to help WIC staff support child development

Home Visitors
Free tools to track child development

Watch Me! Training
Training for early care and education providers

About the Program
Overview of the program, research, and evaluation

Milestones in Action Photo and Video Library

Milestones in Action
Free photos and videos of developmental milestones
cdc.gov/MilestonesInAction
CDC

View and download free photos and videos of children showing different milestones from 2 months to 5 years of age!

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Developmental Monitoring   **Developmental Screening**

Done by parents, teachers, health professionals

Ongoing process - begins at birth

Sample tool: "Learn the Signs. Act Early." Milestone Checklists

Look for developmental milestones

Important for tracking signs of development and identifying concerns

Formal process

Recommended by the AAP at 9, 18, and 24 or 30 months

Done by health professionals and may be done by teachers with special training

Uses validated screening tools

Sample tool: ASQ

Developmental monitoring + screening = more kids in early intervention compared with DS or DM alone! (Barger et al., 2018)

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The *LTSAE* Approach

- Friendly and positive

- Celebrating development as important as acting on concerns

- Parent-focused

- Many of the materials are available in multiple languages

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Milestone Checklists

- By the age listed on the milestone checklists, **75% - 90%** of all children at that age should be hitting all of the listed developmental milestones.
    - 2, 4, 6, 15, 18, and 30 months
    - 1, 2, 3, 4, and 5 years

- Checklists address four domains of development
    - Social
    - Language
    - Cognitive
    - Movement

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"Milestone Moments" Booklet

• Includes all checklists

• Activities to try at home

• Space for recording questions

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Other Resources

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Books

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Milestone Tracker Mobile App

Help your child grow
and thrive with CDC's free
Milestone Tracker app.

cdc.gov/MilestoneTracker

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Milestone Checklists

- Answers are based on parent/caregiver observation
  - Yes
  - Not Yet
  - Not Sure

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Child Summary

Link to early intervention information

Link to more information if parent is concerned

Email summary to parent, teacher, etc.

"Show Doctor" feature

Maya ∨

**Maya's
18 Month Summary**

Below are the responses you entered for Maya.

• Click "Email Summary" below to email a summary of your child's milestones to yourself or other care providers.

• Click "Show Doctor" to share a summary during your child's doctor visit.

If you have noted any concerns or selected "not yet" or "not sure" for any milestones, talk to your child's doctor, share the summary, ask for developmental screening, and go to **cdc.gov/FindEI** to learn more about services that can help. For more information, visit **cdc.gov/Concerned.**

Email Summary

Show Doctor

English   Español

Unanswered

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Tips & Activities

Maya ∨

Tips and Activities

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 18 month old child today.

All

Provide a safe, loving environment. It's important to be consistent and predictable.

♡ Favorite   Remind Me

Praise good behaviors more than you punish bad behaviors (use only very brief time outs).

♡ Favorite   Remind Me

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Milestone Quick View

18 Month Milestone Overview

Here's a quick look at all of the language milestones most children reach by 18 months.

- Says several single words
- Says and shakes head "no"
- Points to show someone what she wants

Next

18 Month Milestone Overview

Here's a quick look at all of the social milestones most children reach by 18 months.

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Next

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Add Appointment

Appointment type / description *

October 26, 2021

12:00 PM

Provider name

Concerned about her lack of communication with what she wants (is not pointing at objects.)

Notes

* Required

Add appointment

Cancel

Notifications
- Appointments
- Milestones
- Recommendations

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Talking With Parents About Concerns

Be a good listener
- **Listen closely**
- **Do not interrupt parent when they are talking**
- **Watch and listen for clues about how parent may be feeling**

Highlight the child's strengths
- **Talk about what the child does well**
- **Try to keep the conversation positive**

Be mindful of cultural differences
- **Not all cultures place the same emphasis on all milestones**
- **Disability is not viewed the same way in all cultures**

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Be respectful and sensitive in phrasing responses and statements

Do not make or suggest a diagnosis

Share resources

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DEC Recommended Practices

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What are the DEC Recommended Practices (RPs)?

The DEC RPs identify those practices known to promote positive outcomes for young children who have or are at risk for developmental delays/disabilities and to support their families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion.

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Who do the RPs support?

- Families
- Childcare providers
- Head Start and Home Visiting staff
- Early Intervention providers (PT, SLP, OT, Special Instruction)
- Early Childhood Special Education providers
- Professional Development staff (In-Service)
- Administrators at State and Local levels

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Tools to Help You Use the RPs

- Performance Checklists
- Practice Guides (Practitioner, Family)
- Resources to support PD providers
- Available in English, Spanish
- Available to download and view on mobile device

ECTA Center: Practice Improvement Tools: Using the DEC Recommended Practices

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Let's Take a Look: Practice Guides (Practitioners)

All Practice Guides contain:
- Description of the practice
- A video guide
- Key characteristics
- A vignette
- Evaluating impact of the practice

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Let's Take A Look: Practice Guides (Families)

Description of practice

Using the practice (tips)

Illustrative vignette

How you know it's working

Video

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Professional Development
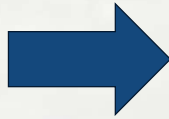
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Family Capacity-Building Online Module

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Evidence-Based PD Procedures

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Why Use Both LTSAE and the DEC RPs?

While *LTSAE* helps families identify areas of concern and how to act on those concerns, there are no resources for <u>after</u> the referral to early intervention/Child Find

The RP Guides for Families include such topics as:
- Partnering with Your Child's Assessment Team Members
- Supporting Your Child's Learning
- Families Obtaining Supports and Resources
- Participating on Your Child's Team
- Your Child's Move from Early Intervention to Preschool Special Education Services
- **and many, many more!**

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Pyramid Model

- Framework of evidence-based practices for promoting young children's healthy social and emotional development.

- Provides guidance for:
  - Early Childhood Special Educators
  - Early Intervention Personnel
  - Early Educators
  - Families

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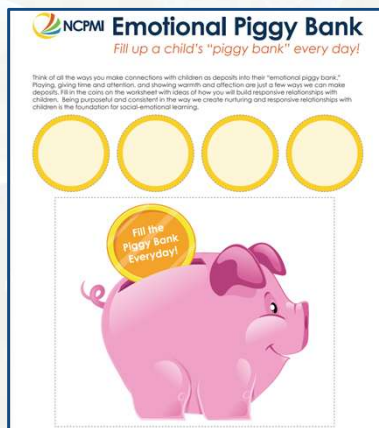
Visual Supports for Routines, Schedules, and Transitions (challengingbehavior.org)

Self-Regulation Skills: Breathing Strategies (challengingbehavior.org)

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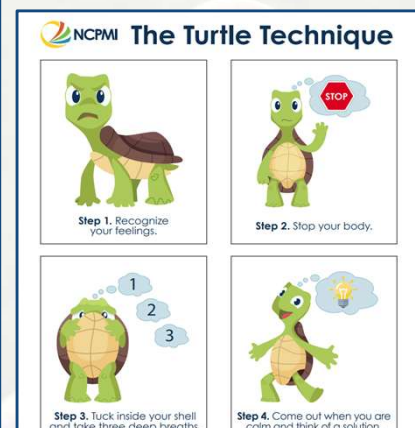
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Infant & Early Childhood Mental Health Consultation (Maryland)

- Pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow (childcare, preschool, home)

- Aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children

- Childcare providers **and parents** can access IECMHC services free of charge. Services include:
  - Observation and assessment of children and the childcare environment using research-based tools
  - Partnering with childcare providers to deliver training, mentoring, and coaching to help create environments that better support the social and emotional needs of young children
  - Increasing childcare staff skills in addressing the social and emotional needs of children to improve readiness for school
  - Supporting childcare providers to help retain and serve children with behavioral and mental health needs

Infant and EC Mental Health (marylandpublicschools.org)

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Resources

- RPs https://www.dec-sped.org/dec-recommended-practices
- Practice Improvement Tools http://ectacenter.org/decrp/
- Performance Checklists http://ectacenter.org/decrp/type-checklists.asp
- Practice Guides for Practitioners http://ectacenter.org/decrp/type-pgpractitioner.asp
- Practice Guides for Families (English) http://ectacenter.org/decrp/type-pgfamily.asp
- Practice Guides for Families (Spanish) http://ectacenter.org/decrp/type-pgfamily-sp.asp

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DEC Resources Available for Download
https://www.dec-sped.org/dec-recommended-practices

DEC Recommended Practices

The DEC Recommended Practices (RPs) bridge the gap between research and practice, offering guidance to parents and professionals who work with young children who have or are at risk for developmental delays or disabilities. The Recommended Practices were first developed by DEC in 1991 to provide guidance to the relatively new field of early intervention/early childhood special education. Through recent collaborative work with the Early Childhood Technical Assistance Center (ECTA), the 2014 set of DEC Recommended Practices was completed. The 2014 set of practices consists of eight domains: leadership, assessment, environment, family, instruction, interaction, teaming and collaboration, and transition. The Recommended Practices are helpful for those engaged in both preservice and in-service professional development.

Download

The DEC Recommended Practices (RPs)

- The DEC Recommended Practices

- Prácticas recomendadas de la DEC

Learn About

The aRPy Ambassadors

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More Resources

- Organization for Autism Research (https://researchautism.org)

- National Autism Association (https://nationalautismassociation.org)

- Find your state's Parent Training Information Center (https://www.parentcenterhub.org/find-your-center)

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And Next Comes L
(https://www.andnextcomesl.com)

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Please let us know how we did today!

Scan the QR code with your phone or click here!

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THANK YOU!

For more information, or if you have questions, contact us!

The Parents' Place of Maryland
802 Cromwell Park Drive, Suite H
Glen Burnie, MD 21061
(410) 768-9100 ● www.ppmd.org

Kristen Paul
kristen@ppmd.org

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