Coaching the Caregiver in Early Intervention

Interactive Handouts to Promote Parent Education and Participation

For Providers Working in Birth to Three Programs

Cari Ebert, MS, CCC-SLP

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Best Practice Guidelines for

Coaching the Caregiver in Early Intervention

Part 1

Handouts for Early Intervention Providers Working in the Natural Environment

For Use By:

Early Intervention Service Providers

(PTs, OTs, SLPs, Special Instructors/Early Intervention Specialists)

Handout Guidelines

- Each handout contains important information regarding best practice guidelines specific to Early Intervention providers whose services are authorized under Part C of IDEA.
- These handouts are for service providers only and are NOT for use directly with parents and caregivers (see Part 2 and Part 3 for those handouts).

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Handouts for Early Intervention Providers Working in the Natural Environment

Key Principles and Best Practices in Early Intervention

Early Intervention Principle	Key Concepts	What It's NOT
1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.	Learning is relationship-based Learning activities and opportunities should be functional and based on child and family interests Learning should provide opportunities to practice and build upon previously mastered skills	Using toys brought by the professional Implying these toys are necessary for the child to make progress Teaching specific skills in a specific way in massed trials in a contrived setting
2. All families, with the necessary supports and resources, can enhance their children's learning and development.	All means **ALL** (all income levels, all cultural backgrounds, all educational levels, all skill levels) The consistent adults in a child's life have the greatest influence on learning and development, not the service providers All families are resourceful, but all families do not have equal access to resources	Categorizing families as those who are likely to do well in the EI model and those who won't Making assumptions about the family's ability (or inability) to support their child because of life circumstances Expecting all families to have the same routines and child rearing practices
3. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.	Service providers engage with the family and caregivers to enhance their confidence and competence to foster the child's development Families are equal partners in the relationship with service providers The family-provider relationship is characterized by mutual trust, respect, honesty, and open communication	Focusing only on the child and assuming the family's role is to be a passive observer of what the provider is doing to the child Training families to be mini therapists Leaving homework for the family Basing success on the child's ability to perform therapeutic activities during the session
4. The early intervention process must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.	Families are active participants in all aspects of services The IFSP must be fluid and be revised as the child and family's needs, interests, and skills change Adults have their own learning styles; interactions must be sensitive and responsive The family's culture may be different from the provider's	Providing services and supports in the same manner for every family Expecting the IFSP document not to change until the next scheduled meeting Not fully acknowledging the family's culture Assuming EI services should be the major focus of the family's life
5. IFSP outcomes must be functional and based on children's and families' needs and priorities.	Functional outcomes improve participation in meaningful activities, build on natural motivations to *learn* and *do,* and enhance natural learning opportunities The family understands that strategies are worth working on because they lead to practical improvements in child and family life Functional outcomes keep the team focused on what's meaningful to the family in their day to day activities	Writing IFSP outcomes based on test results Writing discipline-specific outcomes Having outcomes that focus on deficits and problems to be fixed Writing outcomes that are difficult for families to understand and measure Measuring a child's progress by checklists or by re-administering standardized tests

Reference: The Workgroup on Principles and Practices in Natural Environments, OSEP: Part C Settings
www.ectacenter.org

Skill Set for *Effective* Early Intervention Providers

Early Intervention is a family-centered program that requires professionals to possess a unique skill set. If you are transitioning from the clinical or educational setting, you may require a period of adjustment as you "switch gears" and move from working directly with children to coaching their caregivers.

1. When providing services to very young children with developing brains and bodies, **you will be expected to have an understanding of child development across all five developmental domains** (cognitive, communication, social-emotional, physical, and adaptive).

2. Rather than providing services directly to the child, **you will be collaborating with parents** on ways to enhance the child's learning and development during routines that naturally occur throughout the family's day (meal time, dressing time, bath time, play time, running errands, hanging out time, etc.).

3. **Services are provided in the child's natural environment**, but that shouldn't always mean the living room floor. The natural environment refers to more than a location for services; it refers to naturally occurring routines and activities that are important to the family, such as grocery shopping, going out to eat, playing outside, and so on. You need to be comfortable providing services in the backyard, in the kitchen, at the park, or at McDonald's—depending on the family's concerns and priorities.

4. **Results obtained from standardized testing don't determine the IFSP outcomes**. Early Intervention is not a deficit-driven program; this means that "missing" test skills won't necessarily be addressed on the IFSP. Rather, IFSP outcomes should focus on increasing the child's participation, independence, and engagement during daily routines, activities, and interactions.

5. Early Intervention is a capacity-building program. As an EI provider, **your primary purpose is to transfer your skills and knowledge to the caregiver**. Robin McWilliam explains that learning for the caregiver happens during the home visit but learning for the child happens *in between* home visits.

6. **The primary method for affecting change in a young child with special needs is to affect the parent-child interactions that occur every single day**. Your job is *not* to teach the child how to walk, talk, or use a spoon; rather, your job is to support parents as they help their child learn to walk, talk, or use a spoon. Infants and toddlers learn best in context while interacting with familiar people during naturally occurring routines and activities. They don't learn best through direct instruction, drill work, flash cards, apps, or therapeutic exercises.

7. **You will be fostering three primary relationships** in Early Intervention including 1) the relationship between you and the child, 2) the relationship between you and the parent, and 3) the relationship between the parent and the child. The parent-child relationship is the most important one because it occurs every day…and it is a lifelong relationship.

8. **Creating a joint plan is critical to ensure parent follow-through**. Each session should conclude with you and the parent collaborating on what intervention will occur until you come back for the next visit. Rather than assign "homework," you should leave one or two agreed-upon strategies for the family and caregivers to embed into naturally occurring routines and activities.

Preparing for the Early Intervention Session

As a provider, taking a few minutes to prepare for each family before walking through their front door will be time well spent. Here are a few questions to consider before heading to your next session.

1. Who is the focus of my visit? (Am I a therapist/teacher for the child with special needs or am I a coach for the child's parents and caregivers?)
2. Based on the family's priorities and concerns, what are some possible strategies to consider?
3. Do I need any support from other professionals regarding these strategies?
4. Am I familiar with the family's interests?
5. Am I familiar with the family's routines?
6. How can I encourage the family to support their child during routine activities?
7. How will I effectively transfer my skills and knowledge to the family/caregiver?
8. Where is the most appropriate natural environment to focus on the outcomes (the backyard, the grocery store, Grandma's house, the kitchen)?
9. When is the most appropriate time of day to focus on the outcomes (meal time, play time, during the morning routine, after lunch, after nap)?

Provider Guidelines for Effective Early Intervention Sessions

Use adult-learning principles when working with parents and caregivers

Transfer your skills and knowledge to parents and caregivers through coaching

Ask open-ended questions and use active listening skills

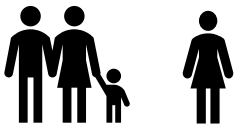
Teach parents to capitalize on naturally occurring learning opportunities for their child (incidental learning)

Encourage families to embed intervention strategies into their daily routines

Facilitate parent-child interactions

Treat families with dignity and respect

Be friendly, responsive, non-judgmental, and flexible



Promote active participation by interacting with the caregivers (don't just interact with the child)

Use materials already available in the home

Agree upon a joint plan at the end of every session (don't leave homework)

Reference: *Implementing and Preparing for Home Visits*, Robin McWilliam, 2012

Format of Early Intervention Home Visits

The Initial "Getting-Acquainted" Home Visit

- The first home visit/Early Intervention session is the most important one because it sets the stage for the rest of your time spent with the family and caregivers.
- Even though the IFSP has been created, it is important to have parents and caregivers recap their main concerns and priorities for the child.
- Use active listening skills (clarifying, repeating important points, rephrasing, nodding, maintaining eye contact, and responding with acknowledging sounds and words such as "hmmm" or "I see"). During the initial visit it is important for you to spend more time listening than talking.
- When you do talk, ask open-ended questions such as *"What does a typical day with Carlos look like?"* or *"What do you lose sleep over at night?"* (Limit the number of yes/no questions—too many can start to feel like an interrogation.)
- Be friendly and sincere in your desire to begin building rapport with the family so there is a solid foundation for establishing a mutually beneficial relationship.
- Spend time getting to know the siblings, family members, and other adults who are present during the visit.
- Review the purpose of Early Intervention services and be sure parents understand their role and yours. Ask parents what they hope to get out of your time together.

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Format for the Rest of the Home Visits

- Arrival, greeting, remove your shoes, and ask to wash your hands.
- Review the joint plan from the previous session *("Last week we talked about you and Grandma offering more opportunities for Joey to walk to and from the car and up and down the stairs while holding your hand…how is that going?")*. It is important to ask open-ended questions throughout the EI process.
- Ask for an update (what's new…recent doctor appointments…new skills…new concerns).
- Review IFSP outcomes and discuss how things have been going with each one.
- Based on the caregiver's main priority, discuss possible strategies and/or observe a parent-child interaction.
- Discuss and demonstrate new strategies and have the caregiver practice using them when appropriate.
- Use reflective questions and feedback to help the caregiver analyze and improve knowledge and skills.
- Near the end of the session, summarize the strategies that were discussed, demonstrated or practiced.
- Create a specific joint plan for the caregiver to focus on until you return for the next session *("Based on what we've talked about or practiced today, what do you want to focus on until I come back next time? When during your day do you want to use that strategy?")*
- Write down the joint plan (yellow sticky notes work well for this).
- Ask about what's coming up the next week (visitors, doctor appointments, other therapy sessions or home visits, community outings, changes in routines).
- Wrap up (schedule the next visit, determine if the family would like a reminder text or phone call the day before the next visit, complete documentation as necessary based on agency requirements) and farewell.

References: *The Art and Practice of Home Visiting*, Ruth Cook and Shirley Sparks, 2008
The Coaching Handbook in Early Childhood, Dathan Rush and M'Lisa Shelden, 2011

Coaching: Facilitating Adult Learning

In Early Intervention, **coaching** is the method of transferring skills and knowledge from the provider (the expert on child development) to the parent (the expert on the child). Learning how to confidently share information with adults in a meaningful way, without sounding condescending, can be a challenge. It can be even more of a struggle when the provider, or coach, is younger than the adult being coached.

Adult Learning Strategies

1. **Involve the caregiver in the planning process** (develop IFSP outcomes based on family priorities; ask caregivers what they hope to get out of the Early Intervention sessions)
2. **Provide clear expectations of your role and the parent's role** (don't assume anything; avoid professional jargon; give specific examples of what parents/caregivers are expected to do during the session and in between sessions)
3. **Join in rather than take over** (active learning occurs when you focus on parent-child interactions rather than provider-child interactions by joining in on activities that naturally occur—you may join in on a caregiver-child game of tee-ball while discussing how the child is learning to follow directions or explain how to involve the child when folding laundry by teaching matching, sorting, and size concepts)
4. **Build on the caregiver's current patterns of interaction** (it is easier for parents and caregivers to integrate new strategies and modifications into already established routines and activities; focus on the family's interests—if the family enjoys music then it makes sense to promote learning for the child during musical games, dancing, songs, and finger plays)
5. **Increase parent/caregiver confidence and competence gradually** (focus on building a positive relationship with the adult by being supportive, flexible, reliable, honest, culturally competent, and patient; don't expect competence from caregivers after a single explanation or demonstration—think about how much training, experience, and feedback you have had related to child development)
6. **Provide a systematic and sequential way for adult learning to occur** (apply specific strategies to enhance child development directly into familiar routines; use handouts to help start a conversation about specific topics—but don't leave handouts for caregivers to read on their own; demonstrate strategies once they have been introduced; ask reflective questions; provide meaningful feedback)
7. **Use a variety of tools for interacting with adults** (acknowledge that some caregivers won't be ready to take risks and "jump right in" after only one or two sessions; some adults want details and prefer to research and read prior to attempting something new while other adults are more interested in the "how" and benefit from demonstrations and discussions; to be an effective coach, ask the caregiver these questions: *"How do you learn best?"* and *"How do you want me to give you information?"*)
8. **Individualize adult learning by providing meaningful information based on their priorities, concerns, routines, interests, and their preferred places to hang out** (there is no "one size fits all" approach for adult learning; handouts and checklists can be limiting and should be used primarily as a guide for initiating provider-caregiver interactions)

Reference: Providing Early Intervention Services in Natural Environments, Julian Woods, *The ASHA Leader*, March 2008

Asking Reflective Questions

Following a parent-child interaction, thoughtful time should be spent asking the caregiver to reflect on the success of that interaction. Over time, the caregiver will learn to reflect without needing your assistance. THIS is parent empowerment!

Four Types of Reflective, Open-Ended Questions

1. **AWARENESS QUESTIONS** promote the caregiver's understanding of what he or she already knows or is already doing successfully. Examples include:
    a. What do you already know about____?
    b. What kinds of things have you already tried?
    c. What worked well in the past?
    d. What did you find most helpful about that appointment?
    e. What seems to be your child's favorite____?
    f. What is the most challenging part of the day for you? for your child?
2. **ANALYSIS QUESTIONS** are used to support the caregiver in comparing the current state to the desired state. Examples of analysis questions include:
    a. How did you know you needed to try something different?
    b. What do you think about____?
    c. How'd it go?
    d. Did it go as you expected?
    e. How did your child respond when____?
    f. Is there anything you wish you could do together as a family that you're not currently able to do?
3. **ALTERNATIVES QUESTIONS** are used to provide the caregiver with an opportunity to consider a variety of possible options to achieve the desired results. Examples include:
    a. How could you find out about____?
    b. What could you do differently next time?
    c. Who else can help you with that?
    d. What might make it easier next time?
    e. What are some other options?
    f. Would there be a better time of day to try that?

4. **ACTION QUESTIONS** assist in refining what the caregiver is going to do as a result of the conversation. Examples of action questions include:
    a. How can you make that happen?
    b. What supports will you need?
    c. When will you do this?
    d. What should we add or change?
    e. How would you like me to help?
    f. What's your plan for____?

Reference: *The Early Childhood Coaching Handbook*, Dathan Rush & M'Lisa Shelden, 2011

Getting Caregivers to Follow-Through

One of the biggest challenges in Early Intervention is getting parents and caregivers to follow-through on recommended strategies after the provider walks out the front door. The key to getting follow-through is the **joint plan**, which outlines the agreed upon strategies to be addressed by the caregivers until the provider returns for the next visit. The joint plan should be a collaborative effort between the provider and the caregiver, jargon-free, specific, and easily implemented. The joint plan is NOT the same as homework. Homework is assigned, and it requires something extra; the joint plan is mutually agreed upon, and the intervention is embedded into the family's naturally occurring routines.

Steps to Creating the Joint Plan:

1. **Provide an opportunity for the caregiver to reflect.** Every session should end with the provider asking an open-ended question that requires the caregiver to reflect on their time spent together focusing on the child's learning and development.

   "Based on what we talked about or practiced today, what do you want to focus on until I come back next time?"

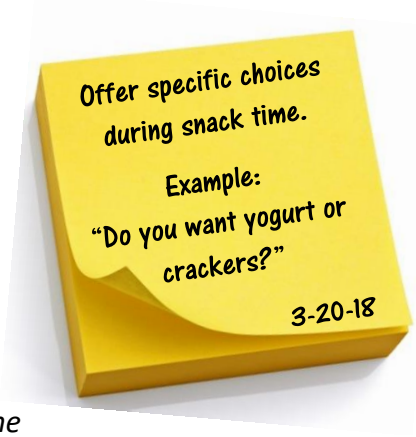
2. **Review the strategies.** If the caregiver struggles coming up with a response to your open-ended question, offer a couple examples of strategies that were discussed, modeled, or practiced.

   "We talked about giving your child choices instead of asking yes/no questions and we discussed the importance of labeling items in the environment. Which one of these strategies would you like to focus on this week?"

3. **Choose the strategy.** It is best to leave only one strategy per session. Some caregivers may be able to handle two different strategies but leaving more than that may be overwhelming. Caregiver follow-through may suffer if a "laundry list" of strategies is provided.

4. **Determine when the caregiver will use the strategy.** It is important to discuss the specific time of day when the caregiver will embed the specific strategy (meal time, dressing time, grocery shopping, going for walks, playing in the backyard, bath time, folding laundry, reading books, etc.).

   "When during your day do you think you could use this strategy?"



5. **Write it down.** Once the strategy has been agreed upon it is important to write it down. One highly effective strategy is to write the joint plan down on a yellow sticky note. The caregiver can then place the sticky note on the refrigerator, on the bathroom mirror, or wherever it makes the most sense. Writing the joint plan down will serve two purposes for the caregiver: it's a visual reminder of the strategy and it provides a level of accountability.

6. **Follow-up on the joint plan.** To hold caregivers accountable, it is important to review the joint plan at the beginning of the next session. *"Tell me about the yellow sticky note"* is an effective way to establish caregiver participation from the beginning of the visit. Some caregivers who often "forget" what they were supposed to do may also benefit from a follow-up text or email 3-4 days after the visit to see how things are going. Communication is the KEY!

Varied Uses of the Toy Bag in Early Intervention

One of the most challenging and frustrating situations is when some providers ignore the "NO TOY BAG" policy in Early Intervention. Parents often get confused about the inconsistent practices of providers working in the same program. Some parents and caregivers even complain about the provider who comes and "just talks" instead of working directly with the child. In fact, sometimes parents "fire" the provider and insist on having one who will bring in toys. There are numerous accounts of this exact scenario all over social media. So, what's a provider to do when the parent wants you to bring in toys? Give up? Succumb to what's easiest? Do whatever the family wants, regardless of best practice standards? These are issues unique to professionals who provide services in the natural environment.

There are several service delivery approaches currently in place in Early Intervention programs across the country. State guidelines and expectations don't always match what's happening in the "real world." Let's look at some possible scenarios of how providers are using the toy bag in Early Intervention.

Toy Bag: The service provider plans the session by packing a bag of therapeutic toys and activities based on the child's interests and deficits. The child eagerly greets the provider at the front door and enjoys the focused time spent playing with novel toys. The child typically has good attention and time on task during this structured play time. The provider invites the caregivers and siblings to participate in the play-based activities, but the primary focus is on the provider-child interactions. Parents often wonder why the provider "just plays" with the child, and providers wonder why parents don't get down on the floor and play with toys more often.

No Toy Bag, Uses Child's Own Toys: The service provider doesn't bring in a toy bag because he or she was instructed not to do so. Instead, the provider promotes learning and development using whatever toys are available in the natural environment. The parent often expresses concern that the provider isn't prepared for the session and feels obligated to have activities planned for their time together. The provider often complains about the lack of appropriate toys and books available in the home and decides that this no-toy-bag approach doesn't work with all families.

Smaller Toy Bag + Homework: The service provider acknowledges that a bag of toys isn't in line with best practice standards but finds it difficult to "give up" the security of having the toy bag available. The provider switches to a smaller toy bag, brings in fewer toys, and makes a concerted effort to get caregivers to actively participate in special activities such as coloring, playing with play-dough, and pinching clothespins. The provider often leaves homework for the caregiver to do in addition to expecting parents and caregivers to focus on supporting the child's learning and development primarily through play-based activities.

Bagless, Routine-Based: The service provider establishes a collaborative partnership with the caregiver and is confident in the coaching process. Strategies are embedded into routines and activities that the caregiver is already comfortable with, such as bath time, dressing time, meal time, play time, and running errands. The provider acknowledges that play time is one of MANY routines that occurs in a child's day, but that not all learning and development can be tied directly to store-bought toys. The focus is on relationship-based learning that occurs during every day interactions with the important people in the child's life.

Why You Should Ditch the Toy Bag

Early Intervention has been associated with the iconic toy bag ever since services shifted from the clinic setting to the natural environment. It is common for service providers to ask the following questions: *What's wrong with the toy bag? If we don't have our "therapy" toys, how can we do our job? What are we supposed to do when there aren't any toys in the home to play with?* Let's examine both sides of the issue…

Rationale for Using the Toy Bag

- It allows the provider to be prepared/ensures the provider has the necessary materials
- The family may not have many toys available to play with during the session
- The child's attention and time on task are improved when novel toys are used in the session
- Parents expect the toy bag to be part of "therapy"
- The provider can model appropriate toy play for parents
- Sessions are more predictable
- It's easier to remain in control of the session when there is a plan in place
- We've always done it this way (habit); it's how we were taught to do therapy in the clinic setting

Rationale for Going Bagless

- When the provider sits on the floor with a toy bag and begins working directly with the child, it makes the parent's presence and participation seem optional (one of the biggest barriers to success in Early Intervention is getting caregivers actively involved in the sessions)
- The provider who uses a toy bag becomes like Santa Claus, bringing new and exciting toys to play with—but the child's behaviors often become an issue when the toys are "taken away" at the end of the session

- Bagless sessions emphasize the lifelong parent-child relationship instead of the temporary provider-child relationship
- Bagless sessions focus on increasing parent confidence and competence to support the child's learning and development during everyday routines activities, using what's available in the natural environment
- Bagless sessions emphasize dynamic parent-child interactions instead of linking development directly to material objects (store-bought toys) that carry a financial burden
- If Early Intervention providers model how to use specific strategies to enhance child development using only store-bought toys, it may be difficult for caregivers to know how to use those same strategies during other routines (play time is only one of many routines in a child's day!)
- Bagless home visits are certainly less predictable, but they are more individualized
- Bagless sessions encourage active participation by parents and caregivers because the home visit revolves around *their* needs and priorities rather than the provider's agenda or lesson plan
- Bagless sessions acknowledge that parents and children don't typically spend a lot of time on the floor together playing with toys; rather, parents tend to playfully interact with their children during daily routines (*Play Behaviors of Parents and their Young Children with Disabilities* by Dana Childress, 2011)

How to Ditch the Toy Bag

If you are an Early Intervention service provider who currently views the toy bag as a necessity for working in the natural environment…

And you are open to the possibility of transitioning to "bagless" sessions…

But you have no idea about how to make this a reality…

Then THIS information is for you!

Step-by-Step Guide to Ending Your Dependency on the Toy Bag

1. **Ensure your understanding of the rationale for "bagless" sessions.** Evidence from the Department of Education states that "Infants and toddlers learn best within daily activities doing familiar things, with familiar people, in familiar routines." Robin McWilliam explains that infants and toddlers don't learn by practicing isolated skills in massed trials once or twice a week with a therapist (in other words, therapy in Early Intervention isn't like golf lessons). Also, the one-to-one interactions between the provider and the child can lead parents to think that what happens during the session is the most important learning time for the child.
2. **Gradually reduce the number of toys in the bag.** Before going into the home each week remove one toy and leave it in your car. You won't notice much of a difference for the first few weeks.
3. **Explain the reduction in toys to the caregiver.** Tell the caregiver that the child has been doing well with the structured play-based activities, but that you want to start generalizing these learned skills to other routines as well. Explain that play time is only one of MANY routines in a child's day and that you don't want to limit learning and development to just that one routine. It is also helpful to repeatedly emphasize the importance of the parent-child relationship: "You are your child's first and most important teacher."
4. **Transition to a smaller toy bag.** Prepare the caregiver and child for this transition one to two weeks ahead of time. When you have sufficiently weaned yourself down to only bringing 3-5 toys, start using the smaller toy bag. You can spend part of the session on your "lesson plan" and the remainder of the session focusing on embedding strategies into other routines that commonly occur in the home.
5. **Transition to no toy bag, but still bring 1-2 small toys, books, or bubbles.** This is the final step before making a clean break with the toy bag. Be sure you know the family's routines, priorities, and interests. Focus on establishing a collaborative partnership with parents. Understand the necessary skill set of being an effective coach as opposed to providing direct therapy or instruction to the child.
6. **Put on your coaching hat and leave your therapy toys in the trunk or at the clinic.** You did it! You're supporting the caregiver's ability to facilitate the child's learning and development during every day routines. Emphasize the importance of playful interactions during routines instead of just toy play.
7. **Don't give up!** You will go into homes where there are limited (or no) toys available and you may be tempted to resort back to the safety and comfort of the toy bag. Resist the urge and stay focused on caregiver-child interactions and incidental learning opportunities!

Service Delivery in the Childcare Setting

Service delivery in Early Intervention (EI) must occur in the child's natural environment—and this is often a childcare setting. Whether it is a classroom-based childcare center or an in-home daycare, it is important to collaborate with both the childcare provider and the parents.

OPTIONS FOR SERVICE DELIVERY IN THE CHILDCARE SETTING

(*Routines Based Early Intervention*, Robin McWilliam, 2010)

Shutterstock Photo

1. **Individual pull-out:** take the child out of the classroom, provide direct therapy, return the child to the classroom, tell the teacher what you worked on during the session
2. **Small group pull-out:** take two or more children from the classroom and work directly with them, return the children to the classroom, tell the teacher what you worked on during the session
3. **One-on-one in the classroom:** pull the child off to the side to work on skills that have nothing to do with the current activity (this is often a distraction for the other kids in the class who want to join your special activity)
4. **Group activity:** interact with the entire class for the benefit of the child with special needs
5. **Individual within routines:** join in whatever the child is engaged in, embed strategies into the activity so the teacher can see the intervention in action (*this is the option that aligns with best-practice standards in Early Intervention)

Collaborating with Childcare Providers

- Explain the purpose of the Early Intervention program (recognize that most childcare providers have little or no experience with EI, so don't assume they understand their role or the role of the service providers)
- Acknowledge that the childcare provider knows the child well and is often an untapped resource
- Encourage the family to involve the childcare staff in the IFSP meetings if possible
- Ask about the childcare provider's concerns and priorities for the child
- Identify the daily routines that occur in the childcare setting
- Communicate with the childcare provider regarding the class schedule to determine when would be the best time for the EI visit to occur (meal time isn't necessarily a time to avoid—lots of skills can be addressed during this routine)
- Collaborate with the childcare provider on ways to embed strategies to enhance the child's learning and development into the childcare routines
- Understand that routines are structured differently in the childcare setting than they are at home
- Create the joint plan at the end of each session to determine what the childcare provider will focus on until the provider returns for the next visit (write the joint plan down on a yellow sticky note)
- Call, text, or email the parent to notify them of how the session went, to communicate the joint plan, and to see if they have any questions or new concerns

The Early Intervention Team

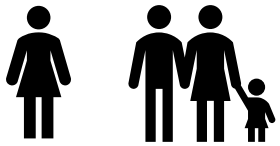
TALKING POINTS

1. Welcome to the world of Early Intervention. This system of services is designed for families of children under age three who have developmental delays, disabilities, or specific health conditions.

2. You are about to begin a new journey with your Early Intervention team. This group of professionals will be with you until your child's third birthday.

3. Early Intervention professionals are dedicated to helping young children reach their fullest potential by supporting caregiver-child interactions that naturally occur during daily routines and activities.

4. There are three members of the Early Intervention team including:
    - The child with special needs
    - Parents (along with family members and other caregivers)
    - Professionals (service coordinator and service providers)



5. It is important to remember this: The Early Intervention professionals are experts in child development, but YOU are the expert on your child, your family, your routines, and your concerns.

6. **Your child's first and most important teacher is YOU!** The Early Intervention professionals will partner with you to identify specific strategies to support your child's development. As your child's primary caregiver, you will then be expected to embed these strategies into your daily routines and activities (such as meal time, play time, bath time, dressing time, riding in the car, running errands, etc.).

7. There are five areas of your child's development that the Early Intervention team will address:
    a. Physical (rolling, sitting, crawling, walking, scribbling, sensory processing)
    b. Cognitive (thinking, learning, playing, problem solving)
    c. Communication (gesturing, talking, expressing wants and needs, understanding)
    d. Social/emotional (playing, feeling secure and happy, interacting with others)
    e. Adaptive (self-help skills such as using a spoon, dressing, washing hands and face, brushing teeth)

8. Early Intervention services are tailored to meet the specific needs of your child, based on *your* priorities and concerns. As the "team leader," you will be partnering with your service providers throughout the Early Intervention process to improve your child's learning and development.

9. The Individualized Family Service Plan, or IFSP, is a written document that outlines the services your child and family will receive through the Early Intervention program. Parents and professionals work together to develop the IFSP, and it is updated every six months.

10. Your service providers will likely be therapists or educators. You will regularly interact with one or more of the following providers: speech-language pathologist (SLP), physical therapist (PT), occupational therapist (OT), early childhood special education teacher, or early interventionist. Your service coordinator will be in contact with you on a monthly basis, or as often as needed. Be sure to write down everyone's contact information for future reference.

Coaching the Caregiver in Early Intervention

Part 2

Handouts Regarding the Early Intervention Process & Program Expectations

For Families Receiving Services Under Part C of IDEA

For Use By:

Early Intervention Service Coordinators and Service Providers

Interactive Handout Guidelines

- Each handout contains TALKING POINTS to encourage discussion and interaction for professionals to use when coaching the caregiver.
- The handouts should NOT be given to parents for them to read on their own (they often get folded up and tossed in a pile with other "meaningless" papers).
- The TALKING POINTS on each handout provide a structured way for professionals to help parents and caregivers understand the purpose of Early Intervention services.
- It is recommended that you use only ONE handout per visit—too much information at one time can be overwhelming and ineffective.
- As the TALKING POINTS are explained, be sure to include the caregiver in the process by asking open-ended questions. It is also important to pause occasionally to verify the family's understanding of the information being discussed.
- The goal is to have a meaningful back and forth conversation, rather than have the professional do all the talking.
- Handouts may be reproduced for use with families and caregivers.

Written by Cari Ebert, MS, CCC-SLP

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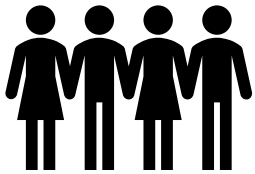
Table of Contents: Part 2

Interactive Handouts Regarding the Early Intervention Process and Program Expectations for Use with Families Receiving Services Under Part C of IDEA

My Early Intervention Team

Contact Information



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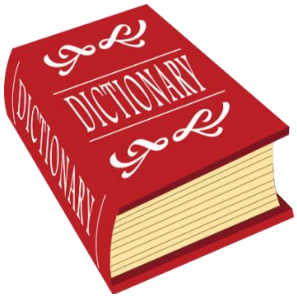
Important Definitions in Early Intervention



Assessment – Skillful observation completed by the Early Intervention professional in your child's natural environment to assist with development of IFSP outcomes.

Coaching – An adult learning strategy for building parents' confidence and competence to support and promote their child's learning and development.

Early Childhood Educator/Special Instructor/Early Interventionist – An Early Intervention team member who addresses general developmental, behavioral, and family needs.

Evaluation – Procedure used to determine if your child qualifies for Early Intervention services (eligibility requirements differ from state to state).

IDEA Part C – This *Individuals with Disabilities Education Act* is federal legislation that provides regulations for how states provide Early Intervention services to eligible infants and toddlers (birth to 36 months) and their families. An IFSP is established for children receiving services under Part C.

IFSP – The *Individualized Family Service Plan* is a formal document that outlines the services your child and family will receive while in the Early Intervention program. Your family and service providers will work together as a team to develop and implement the plan. The IFSP contains both child and family outcomes, based on your needs and priorities.

Interpreter – A person who transfers the meaning of spoken words from one language to another.

Natural Environment – Settings where your child and family spend time doing typical and valued activities (home, grocery store, park, McDonald's, Grandma's house, daycare, and so on). Traditional therapy takes place in a therapy room in a clinic, hospital, or school.

Occupational Therapist (OT) – A specialist on the Early Intervention team who addresses development of fine-motor skills, age appropriate self-care tasks, self-feeding, and sensory-motor skills.

Physical Therapist (PT) – A specialist on the Early Intervention team who addresses development of gross-motor skills, strength and endurance, positioning, and mobility options.

Routines – Naturally occurring child and family activities that happen with some regularity such as bath time, meal time, dressing time, play time, running errands, going for a walk, going to the library, and so on. Routines in a childcare or classroom setting might include snack time, circle time, and center time.

Service Coordinator – The team member who coordinates evaluations and assessments, schedules and facilitates IFSP meetings, assists families in receiving services described on the IFSP, and ensures your family's rights and procedural safeguards.

Speech-Language Pathologist (SLP) – A specialist on the Early Intervention team who addresses development of speech, language, cognitive-communication, and swallowing skills.

Transition Meeting – A formal meeting that occurs approximately six months before your child's third birthday to prepare for transition out of the Early Intervention program. With your permission, a local school district representative will attend the meeting to share information regarding services available through the early childhood special education (ECSE) program.

Pediatric Therapy Service Delivery Models

Medical Model	Educational Model	Early Intervention (EI) Model
Child-centered services	Child-centered services	Family-centered services
Therapy focuses on alleviating or "fixing" deficits identified on standardized testing	Therapy focuses on improving the student's ability to succeed in the school environment	Services focus on improving the child's learning and development during naturally occurring routines and activities
Direct therapy is provided to the child	Direct therapy is provided to the child	The therapist enhances the child's learning and development by coaching the caregiver on ways to embed intervention into the family's day
Therapy sessions are provided one-on-one (therapist and child)	Therapy sessions are provided one-on-one (therapist and child) or in a small group setting with other students	Services are provided to the caregiver in the presence of the child, siblings, and other family members; these regularly scheduled sessions are referred to as "home visits" or "EI sessions" instead of "therapy sessions"
Therapy toys and materials are provided by the therapist	Therapy toys and materials are provided by the therapist	Any toys and materials used should be part of the child's natural environment
Therapy is provided in an outpatient clinic or hospital setting	Therapy is provided in the school setting	Services are provided in the child's natural environment (home or community setting)
Services are provided from birth to age 18	Services are provided from age 3 to 21	Services are provided from birth to age 3
Services are provided year-round (based on the number of visits authorized by the third-party payor)	Services are provided during the school year (some students may qualify for extended school year services over the summer)	Services are provided year-round as long as the child is age-eligible (some states may require re-evaluations to maintain eligibility)
Therapy services are paid on a fee-for-service basis (covered by the family, private health insurance, or government assistance program such as Medicaid)	Therapy services are provided at no cost to the family (some school districts do bill Medicaid for therapy services)	Evaluations are provided at no cost to the family; depending on each state's policies, families may be charged a "sliding-scale" monthly fee for services, based on income; some states bill public or private health insurance (with the family's consent)
Frequency and duration of therapy are ultimately decided by the third-party payor (based on specific criteria that are deemed "medically necessary")	Frequency and duration of therapy are based on the student's educational needs as determined by the IEP team	Frequency and duration of EI sessions are determined by the IFSP team, based on the needs and priorities of the family
Therapy goals and progress are documented on the plan of care	Therapy goals and progress are documented on the IEP (Individualized Education Plan/Program)	Outcomes and progress are documented on the IFSP (Individualized Family Service Plan)
The medical team includes the therapist and the doctor who prescribed the therapy, along with the third-party payor representative who either approves or denies services	The educational/IEP team includes parents, educators, therapists, and the special education coordinator	The Early Intervention/IFSP team includes the family, the service coordinator, and the service providers
Goals are updated as needed based on third party payor requirements	IEP goals are reviewed and updated every 12 months	IFSP outcomes are reviewed and updated every 6 months
Therapy goals must be considered medically necessary	Therapy goals must be educationally relevant	IFSP outcomes must be based on the family's needs and priorities
Medical therapy services are authorized by the third-party payor (may require a doctor's order)	Special education services are authorized by law (Part B of IDEA)	Early Intervention services are authorized by law (Part C of IDEA)

Home Visits, Not Therapy Sessions

TALKING POINTS

1. You will likely have physical, occupational, and/or speech therapists as part of your Early Intervention team. However, the services they provide may look much different than you would expect.

2. In Early Intervention, we refer to the regularly scheduled visits with your service providers/therapists as *home visits* or *Early Intervention sessions* instead of *therapy sessions*.

3. The primary role of the therapists on the Early Intervention team is NOT to do direct therapy and teach your child how to walk, talk, use a spoon, and so on. The primary role of Early Intervention therapists is to support your family so that YOU can help your child learn how to walk, talk, use a spoon, and so on.

4. Infants and toddlers learn and develop new skills by practicing every day during routines and activities that naturally occur. If your child only practices a skill one or two times per week with the therapist, it will take a long time to make functional progress. Your child can learn new skills more quickly when they are practiced with you during routines such as bath time, meal time, and play time.

5. During the home visits your provider will likely spend some time observing you interact with your child and also modeling specific strategies for you to use to support your child's learning and development. Then, you and your provider will work together to determine how and when *you* can embed those same strategies into your daily routines.

6. Therapy sessions with older children primarily involve just the therapist and the child. This is called a dyadic (2 people) model of service delivery. In Early Intervention we use a triadic (3 people) model of service delivery. The home visit involves the therapist, the child, and the caregiver. In this model, the therapist and caregiver work together so that the child's needs can be addressed in between home visits, not just *during* the home visit. Look at the drawing below for a visual explanation of the difference between the dyadic and triadic models of service delivery.

7. From these drawings you can see that your child will make the most progress when you and other caregivers are actively involved in the Early Intervention process.

8. Your child's best opportunities for learning and development happen through daily interactions with you and other caregivers during routines such as meal time, dressing time, and play time. You are your child's first and most important teacher!

The Parent's Role in Early Intervention

TALKING POINTS

1. Learning about the Early Intervention process can be an overwhelming experience, especially if your child has been diagnosed with a disability that you don't know much about.
2. Early Intervention is a family-centered program that recognizes the important role of parents and other caregivers in a young child's life.
3. While your Early Intervention provider has expertise related to child development, nobody knows your child better than you! Your active involvement in the Early Intervention process is critical to helping your child learn and develop new skills.
4. The provider's role is to educate and support you and your family about specific ways to enhance your child's learning and development. During the home visit *your* primary role is to work with the service provider on behalf of your child. After the home visit ends, your role is to help your child learn and develop new skills during everyday routines and activities.

Early Intervention Parent Agreement

As my child's first and most important teacher, I agree to:

- Be an active member of the IFSP team from the initial evaluation to the final home visit.
- Participate in creating IFSP outcomes that are meaningful for my child and family.
- Share information about my child's strengths, needs, and interests.
- Communicate any concerns I have about my child's development.
- Let providers know when my child develops a new skill or loses a previously mastered skill.
- Be an informed advocate by learning as much as I can about my child's disability or diagnosis.
- Ask my provider questions as they arise (rather than relying solely on information found online).
- Request relevant books, articles, and websites to help me better understand my child's development.
- Include my other children in the home visits (siblings can be great role models!).
- Contact my service coordinator if the home visits aren't going as expected or if I want information about other services and resources.
- Be actively involved in the home visits with my service provider so I can learn effective strategies for supporting my child's development. I understand that it will be helpful to turn off the TV and put my phone and other electronics aside during our time together.
- Ask my provider to explain and demonstrate new strategies, or strategies that are confusing.
- Provide opportunities for my child to practice new skills during everyday routines and activities.
- Notify my provider as soon as possible if I need to cancel or reschedule a home visit.
- Cancel the home visit if my child or another family member is sick or has been sick in the past 24 hours (has a fever, is vomiting, has a severe cough, has lice, or has a contagious illness) so that my provider doesn't spread germs to other families.
- Follow-through on my portion of the joint plan in between home visits.

Frequency of Services

TALKING POINTS

1. Nobody loves or cares for your child more than you do. As you advocate for your child, you may be tempted to ask for more frequent services through the Early Intervention program. Believe it or not, quantity of services does not equate to quality of services in Early Intervention. Translation: more home visits does not necessarily mean better outcomes for your child.

2. When using a traditional/medical therapy model, the therapist works directly with the child doing exercises and therapeutic tasks to "fix" deficits that were identified on a standardized test. This is a difficult model to incorporate with infants and toddlers. Let's consider the many challenges we encounter when trying to do direct therapy with young children under the age of three.

    - The selected therapy time may not end up being be a "good" time—your child might be teething, have an ear infection, or be tired, hungry, or cranky for any number of reasons.
    - Most infants and toddlers cannot be persuaded to change their schedule to match the provider's schedule. If the therapy session is scheduled right before nap time, your child may not be eager to practice skills that are challenging.
    - Your child may not feel like working on specific therapy skills out of context. For example, your child may not want to practice walking up and down stairs repeatedly in physical therapy or practice labeling pictures on flash cards in speech therapy.
    - Therapists aren't able to explain specific strategies to infants and toddlers during therapy sessions and then expect them to remember to use them during their daily routines, because very young children don't raise themselves. They don't wake up in the morning and make decisions that will benefit their development…but their parents and caregivers do!

3. For Early Intervention services to be effective, the identified strategies must be integrated into your family's daily routines so that your child can practice these important new skills every day.

4. The focus of each home visit should be on identifying one or two specific strategies for you to use that will enhance your child's development. If the provider comes one time per week, that means you have seven days to practice using the new strategies.

5. Increasing services from one time per week to two times per week will not necessarily enhance your child's development. Let's say your Early Intervention provider comes on Tuesday and leaves one or two strategies for you to implement with your child during bath time. If the provider comes back on Thursday for a second home visit that week, do you have new questions and concerns? Have you had enough time to practice the strategies from Tuesday? How many baths has your child had in two days' time? You see, more is not necessarily better!

6. Remember, learning for your child doesn't just happen during the scheduled home visit with the Early Intervention provider; learning for your child happens all day every day with you—the most important teacher in your child's life!

Relationships in Early Intervention

TALKING POINTS

1. There are three relationships to focus on in Early Intervention including:
    - The relationship between the provider and your child
    - The relationship between you and the provider
    - The relationship between you and your child
2. The most important relationship is the one between you and your child because:
    - You interact with your child EVERY single day; interactions with your service provider only happen a few times per month
    - The bond you have with your child forms a permanent, life-long relationship; the relationship with your service provider is temporary
3. Based on a young child's behaviors during the home visits, sometimes there is a decision made for the parent or caregiver to leave the room. Caregivers often provide an explanation such as:
    - "He seems to focus better when I'm not in the room. I think I'll go into the kitchen while you're here."
    - "She seems distracted. I'm going to sneak upstairs for a bit and I'll come back for the last five or ten minutes of the session."
    - "I don't want to interrupt, so just come and find me if you need anything."
    - "If it's okay with you, I think I'll go take a quick shower while you're here."
4. In order for Early Intervention services to be effective, you need to be present during the entire home visit. It doesn't matter if your child "performs" for the provider during the session. What matters most is that you have learned some new strategies on ways to enhance your child's learning and development after the provider walks out your front door.
5. The relationship between you and your child is the most critical. You have a unique and powerful bond with your child, and you spend more time with your child than your service provider ever will. In Early Intervention, you will learn some new strategies during the home visit—but learning for your child will happen in between home visits, every time you talk to and interact with your child!

Why no toy bag?

TALKING POINTS

1. Early Intervention providers used to bring a fun-filled toy bag with them to their home visits. These therapy toys were used during interactions between the child and the therapist as a way to keep the young child's motivation high while learning new skills. At the end of the session, those toys were taken away (sometimes causing the young child a great deal of distress).

2. There has been a shift in our understanding of how infants and toddlers learn best—and this has forced providers to reconsider the value of the toy bag.
3. Evidence from the Department of Education states that "Infants and toddlers learn best within daily activities doing familiar things, with familiar people, in familiar routines."
4. The time you have with your Early Intervention provider should be spent collaborating on ways to support your child's learning and development throughout the day—and it is unlikely that your child spends *all* day playing with store-bought toys.
5. Play time is just one of many routines that occurs in your child's day. If toy play *is* addressed during the home visit, then the child's own toys should be used, since these are the ones that are readily available. If the provider's toys are used to address IFSP outcomes, it may difficult for you to figure out how to achieve the same results when those specific toys aren't available.
6. Playing with toys is an important way to build cognitive and motor skills; but language and social skills are fostered when play time emphasizes the interactions between your child and the important people in his or her life (parents, grandparents, siblings, neighbors, babysitter, etc.). In other words, play time isn't always about the toy, sometimes it's about the relationship.
7. The interactions you have with your child don't always include toys. For example, meal time, dressing time, and grocery shopping are routines that don't typically involve playing with toys.
8. If the Early Intervention provider models how to help your child learn and develop new skills using only store-bought toys, it may be difficult for you to use those strategies during other routines.
9. Home visits should mirror how you typically spend time with your child. It is important to ask yourself this question: *How much time do I actually spend on the floor with my child while playing with store-bought toys?* Unlike your Early Intervention provider, you may not be able to spend 60, 45, or even 30 minutes of uninterrupted time on the floor playing with your child, due to other responsibilities.
10. Home visits shouldn't be limited to just playing with toys, because learning for your child doesn't always happen on the living room floor. Most learning occurs when you interact with your child during meal time, diaper changing time, bath time, dressing time, while grocery shopping, folding laundry, running errands, and so on.

Preparing for the Home Visit

TALKING POINTS

1. Early Intervention is a family-centered program—and that means *you* get to determine the focus of the home visits. Before your provider arrives, it may be helpful to spend some thoughtful time thinking about what you hope to get from your upcoming time together.

2. You can plan for your next Early Intervention session by considering the following questions:

- Do I have anything new to report about my child's development or health (such as recent doctor appointments, illnesses, changes in medication, other therapy sessions, new skills, new words, etc.)?
- Do I have any new concerns? (What keeps me awake at night?)
- Since our last home visit, what is a routine or activity that was successful and enjoyable for my child?
- Why do I think this routine or activity went so well? Did I use any specific strategies?
- Since our last home visit, what was a routine or activity that was challenging for my child?
- Why do I think my child struggled with that routine or activity?
- What ideas do I have to make this routine or activity more successful in the future?
- What issues do I want to discuss or problem-solve with the provider during our session?
- What questions do I have for the provider?
- Is there anyone else I want to be here during the upcoming home visit?

3. The home visit is your time to ask questions, discuss concerns, observe the provider modeling a specific strategy with your child, and determine how and when you can embed strategies into your family's daily routines and activities to support your child's learning and development. Take charge and have a meaningful conversation with your provider about your priorities—this program is designed for YOU!

Coaching the Caregiver in Early Intervention

Part 3

Child Development Handouts for Parents and Caregivers

For Use By:

Early Intervention Service Providers and Service Coordinators
Pediatric Therapists
Early Head Start Teachers
Parent Educators

Interactive Handout Guidelines

- Each handout contains TALKING POINTS for professionals to use when coaching the caregiver.
- Handouts should NOT be given to parents for them to read on their own, but rather each point should be explained and discussed.
- The TALKING POINTS on each handout provide a systematic way for professionals to begin transferring their skills and knowledge to parents and caregivers.
- The overall goal is to build the parent's capacity to support their child's learning and development.
- Use only ONE handout per visit—too much information can be overwhelming and ineffective.
- As the TALKING POINTS are explained, be sure to include caregivers in the process by asking open-ended questions. Pause occasionally to see if the family has any questions and to check for understanding.
- The purpose of these handouts is to promote caregiver participation and education. Strive to have a meaningful back and forth conversation, rather than have the professional do all the talking.
- Select a handout to take to the home visit based on the parent's concerns and priorities. The handout can be printed to use during the session and then can be left with the family if they want it for a reference.

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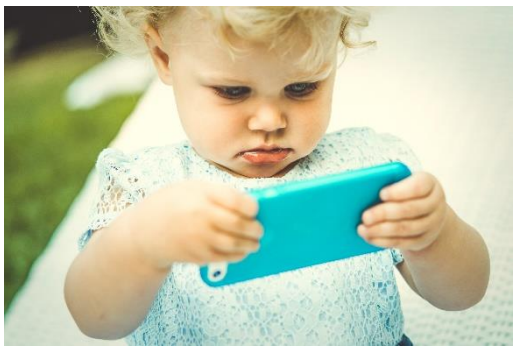
Interactive Handouts Related to Early Child Development

Establishing Healthy Screen Time Habits

TALKING POINTS



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1. Try not to use your phone, tablet, or the TV as a digital babysitter.
2. Don't let your child become dependent on your smartphone or tablet as a source of entertainment. Prepare for long waits at the pediatrician's office or at the restaurant by packing a few small toys, crayons, and books to help occupy your child.
3. When your child wants your phone or tablet, it's okay to say "No." Young children need to learn that they don't always get what they want (we don't give them a cookie every time they ask either!).
4. Create regular screen-free times as part of your daily routine (no screens during meal time, for example).
5. Schedule screen-free outings occasionally (such as to the zoo, park, or pool)—not every event has to be documented with pictures and videos.
6. Help your child balance screen time with physical activity, play time with toys, outdoor play, hands-on experiences, and quiet-time activities such as looking at books or coloring.
7. Establish family screen-time rules (30 minutes before lunch and 30 minutes after nap, for example).
8. Avoid screen time for babies under 18 months. For toddlers ages 18-24 months, strive for no more than 30 minutes of screen time per day—parents are encouraged to co-view at this age and talk about what's happening on the screen. For children over age 2, screen time should be limited to 1-2 hours per day. (Skype and FaceTime are acceptable at any age because the screen interactions are with a live person.)
9. Make screen time interactive by talking about what your child is seeing and hearing on the TV, app, or game.
10. During incidental screen time (your baby is on your lap and you're texting), be sure to talk to your child about what you are doing to make it interactive ("I'm texting Grandma…we miss her so much!").
11. Avoid having the TV on in the background—it can be distracting for your child. Turn the TV off when the program is over or when no one is watching. Background music is a better option than background TV.
12. Be mindful of your own screen time use—your child learns by watching you.
13. Avoid using screens as part of your child's bedtime routine (the blue light from the screens can keep your child from falling asleep). Reading books to your child is a better option for promoting sleep.

Your child can memorize some early academic concepts (such as letters, numbers, shapes, and colors) through educational TV programs, apps, and online games; however, your child will learn functional skills through real-life experiences & interactions.

There is no app you can download or high-tech toy you can buy that will ever be more important than the time you spend talking to, playing with, and reading to your child. Remember, there is no app to replace your lap!

References: Zero to Three (www.zerotothree.org) & American Academy of Pediatrics (www.aap.org)

Relationship-Based Learning

TALKING POINTS

1. Today, many young children spend a lot of time in front of the screen playing on a tablet, smartphone, or watching TV. Young children can learn certain concepts—such as letters, numbers, shapes, and colors—from educational games, apps, and TV shows. This is referred to as screen-based learning.
2. As time spent engaging in screen-based learning increases, relationship-based learning (face to face interactions) between young children and their caregivers is decreasing.

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3. Here are four strategies for caregivers to focus on to enhance relationship-based learning:

Be Engaged

Talk about what your child is doing, seeing, or hearing

Respond when your child tries to get your attention (try not to be digitally distracted)

Get down to your child's eye level

Give value to what your child is interested in by following his or her lead

Be Playful

Laugh with your child and enjoy making your child laugh (avoid being too serious)

Be animated and make silly sound effects when singing, talking, or reading books with your child

Focus on having positive interactions with your child instead of trying to teach specific skills (remember, there's more to learn in life than letters, numbers, shapes, and colors)

Be Intentional

Look for learning opportunities during everyday activities rather than setting aside special time to "work" on specific skills out of context…for example:

*Teach matching skills when folding the laundry (2 red socks)

*Teach vocabulary when grocery shopping (label each item as you put it in the cart)

*Work on your child's balance by walking to the car through the front yard (on the uneven surface) instead of walking on the pavement

Be Sensitive

Respond appropriately to your child's emotions, interests, physical needs, sensory needs, and language level in a pressure-free manner

Avoid instructing your child to say words ("Say ball")—instead, be a good language model and say the words you wish your child would say ("Ball…that's a blue ball")

Limit the number of test-like questions you ask ("What color is it? How many are there? What shape is it?")—Life is not a quiz!

Gross Motor Milestones

Talking Points

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Gross Motor Skills Refer to Movements Related to Large Muscles

By around 3 months your baby should be able to:

Push up on arms while lying on tummy
Lift and hold head up while lying on tummy
Kick legs and moves both arms when excited

By around 6 months your baby should be able to:

Control head movements
Sit and support self momentarily while leaning on hands
Roll from tummy to back and from back to tummy
Reach for toys while on tummy
Pivot in a circular motion while on tummy
Transfer a toy from one hand to the other while lying on back
Reach for both feet while lying on back
Stand with support and bear some weight on legs

By around 9 months your baby should be able to:

Move from tummy or back to sitting position
Sit without support for 10 minutes
Sit and reach for toys without falling over
Crawl on hands and knees
Pull to standing
Stand while holding onto something
Bear weight on legs and bounces up and down

By around 12 months your baby should be able to:

Pull to stand
Cruise along furniture
Stand alone for a few seconds
Walk with both hands held
Move in and out of various positions to explore and play
Move from standing to sitting in a controlled manner

By around 15 months your toddler should be able to:

Walk independently
Fall by sitting down
Crawl up stairs
Sit on a small chair

By around 18 months your toddler should be able to:

Run (may be more of a hurried walk at first)
Pull toy behind self while walking
Carry a large toy while walking
Push and pull large toys or boxes
Walk upstairs holding rail (putting both feet on step)
Squat down to pick something up

By around 24 months your toddler should be able to:

Throw a ball overhand with relative accuracy
Move a ride-on toy without pedals
Run fairly well
Climb onto an adult sized chair
Walk downstairs while holding hand or railing
Squat and maintain balance during play

By around 36 months your child should be able to:

Walk up and down stairs alternating feet
Ride a tricycle using the pedals
Catch a ball with arms bent
Jump in place and jump forward
Climb jungle gyms and ladders
Stand on one foot for a few seconds
Kick a ball forward
Jump on trampoline while holding adult's hands

Pixabav Photo

Reference: *Revised* Hawaii Early Learning Profile (HELP)

What's Wrong with Baby Containers?

TALKING POINTS


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1. Baby containers are developmentally inhibiting and should be used primarily for safety. The car seat, for example, is important for keeping babies safe when riding in the car. When it is used indoors, however, it stops serving as a car seat and becomes a baby holder.
2. Common containers include CAR SEATS, **swings**, bouncy seats, *jumpers*, and *nursing pillows*. Tummy time is critical for development, yet these containers keep babies on their backs. If overused, these containers can contribute to delays in achieving early milestones.
3. Baby containers are marketed primarily as a solution for fussy babies and as a convenience for parents and caregivers; but the negative effects are rarely discussed. The main problem with containers is that they restrict or "contain" the baby's movement, and this can lead to developmental delays (physical therapists call it Container Baby Syndrome, and it is preventable!).
4. Babies who spend too much time in containers are at higher risk for having:
    - **Movement and strength issues** (containers restrict movement and can contribute to delays in developing motor skills such as rolling, sitting up, crawling, and walking)
    - **Social-emotional delays** (due to less time being held, rocked, and talked to—babies need more than food, shelter, and clean diapers to thrive)
    - **Physical issues** (container babies spend too much time resting on the back of their heads—this can lead to positional torticollis and positional plagiocephaly/flat head syndrome)
    - **Delayed speech and language skills** (babies are not talked to or read to as much when in a container—caregivers are usually nearby but they are often busy on their phone, watching TV, folding laundry, cooking dinner, etc.)
    - **Limited purposeful play skills** (container babies are often placed in front of a screen for entertainment instead of learning through play with their toys)

Recommendations for Using BABY Containers

- Limit your baby's time spent in containers (15 minutes in the swing while you cook dinner or 10 minutes in the bouncer while you unload the dish washer isn't likely to cause a problem)
- Provide plenty of time each day for your baby to play and move around freely on the clean floor
- Increase the time your baby spends on the tummy when awake
- If you need to contain your baby in certain situations, playpens are a good alternative because they don't completely restrict movement
- Use the car seat only when your baby is riding in the car
- Hold your baby in your arms occasionally, especially when giving a bottle (don't prop the bottle while your baby lies in a container)

Reference: American Physical Therapy Association (www.moveforwardpt.com)

What's Wrong with W-Sitting?

TALKING POINTS

1. Young children sit in various positions when playing on the floor. The most common positions are:
    - Pretzel-sitting (feet crisscrossed in front of the child)
    - Ring-sitting (legs form a ring out front with the feet touching)
    - Long-sitting (legs straight out in front)
    - Side-sitting (knees are bent, feet are both going toward the same side of the body)
    - Heel-sitting (feet are under the bottom)
    - **W-sitting** (bottom is between the legs, knees are bent with legs splayed out to each side in a "w" configuration)

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2. The first five listed above are preferred sitting positions for children to play in. W-sitting is the position that can negatively affect development if it occurs frequently and for long periods of time.

3. It is common for babies and toddlers to go into the W-position when crawling, and then pop right back out of it to crawl again. If your child does this occasionally, it is not likely to be cause for concern.

4. The main reason children sit in the W-position for long periods of time when playing is because it provides a wider base of support. In this position children don't have to use their core muscles to keep balanced like they do in other sitting positions.

5. If your child W-sits for extended periods of time, then it might be time to address it. Here's why:
    - **W-sitting limits trunk rotation.** This means your child will play with toys on the right side of the body with the right hand and toys on the left side of the body with the left hand. In other words, W-sitting limits cross body movements and can affect bilateral coordination. Bilateral coordination is the ability to use both sides of the body together and it is necessary for developing hand dominance and motor skills such as skipping, kicking, throwing, zipping a coat, and so on.
    - **W-sitting puts excessive stress on the hip abductors, hamstrings internal rotators, and heel cords.** All of these can lead to orthopedic problems in the future (such as "pigeon-toed" walking and back or pelvis pain).
    - **W-sitting can worsen pre-existing orthopedic conditions.** Hip and leg muscles are placed in shortened positions which can lead to tightness; this can affect balance, coordination, and development of motor skills.
    - **W-sitting makes it difficult for your child to shift his or her weight.** Retrieving toys and books that are outside of your child's immediate reach will be difficult when in the "W" position.

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6. Ways you can help: encourage other ways to sit (ring-sitting, sitting on a low stool, side-sitting, long-sitting, heel-sitting), encourage play-based movement (running, jumping, swinging, sliding, and climbing help build core strength), and offer plenty of time to play outside (screen-based play doesn't build strong muscles).

Reference: www.pathways.org

FINE MOTOR MILESTONES

TALKING POINTS

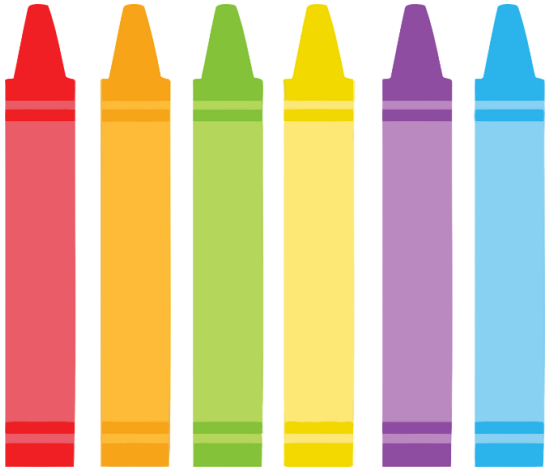
Fine Motor Skills Refer to the Movements Made with the Small Muscles in Our Hands

By around 12 months your baby should be able to:

Transfer object from one hand to the other
Bang an object on the table
Bang two small blocks together
Take objects out of a container
Poke with index finger
Use a pincer grasp
Put objects into a container
Feed self finger foods

By around 18 months your child should be able to:

Stack two blocks
Point at pictures and objects with index finger
Scribble with a crayon held in fist
Place round pegs in a pegboard
Use both hands in midline
Remove own socks
Put hat on and take hat off
Help turn pages in a book



By around 24 months your child should be able to:

Imitate you drawing a vertical line and a circular scribble
Hold crayon with thumb and fingers
Stack 4-6 blocks
String one-inch beads
Open door by turning knob
Turn pages in a book, one page at a time
Feed self with a spoon (with some spilling)
Pull up a large zipper
Put round shapes in a shape sorter and round pegs in a pegboard
Remove shoes
Wash hands with help

By around 30 months your child should be able to:

Imitate you drawing a horizontal line
Snip with scissors
Fold a piece of paper in half
Stack 8 blocks
Hold spoon in fingers (instead of in fist)
Unbutton large buttons
Wipe own nose
Wash and dry own hands
Handle fragile items carefully

By around 36 months your child should be able to:

Draw straight lines and circles
Use scissors to cut across a piece of paper
String ½ inch beads
Hold a crayon or pencil using an adult-like grasp
Pour liquid from a small container
Use a fork
Hang clothes on a hook
Button large buttons
Dress self with supervision

Reference: *Revised* Hawaii Early Learning Profile (HELP)

Learning to Feed Myself

TALKING POINTS

1. Learning to eat without help is an important and much anticipated milestone for babies and toddlers.
2. Here are some readiness signs that your child is ready to start learning to self-feed:
   - Leans forward and opens mouth to show you that it's time for another bite
   - Enjoys touching and playing with food or spilt milk
   - Eagerly reaches for the food or spoon
3. Be prepared…self-feeding is a wonderful time for your child to explore different sensory experiences and that means it will be messy! Place a vinyl tablecloth or shower curtain under the highchair to make clean-up a little bit easier.
4. Let's look at the progression babies go through when learning to self-feed.

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Handling a Bottle or Cup

Holds a bottle or a sippy cup with handles using both hands

Finger Feeding

Holds and mouths large cracker or teething biscuit

Enjoys feeding self "finger foods" that melt in the mouth

Plays with food (pokes peas, smashes bananas); willingly dips fingers into pureed textures, such as mashed potatoes or applesauce, and then brings fingers to the mouth

Spoon Feeding

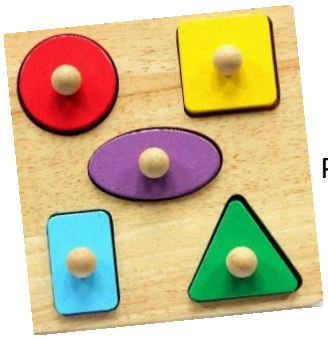
Uses spoon as a toy at first (reaches for, holds, bangs, and chews on the spoon)

Dips spoon in food

Brings spoon to the mouth, but may turn spoon over

Scoops food with a spoon, but still makes a mess

After the spoon is mastered, your child will learn to stab small bites of food with a fork



Playful Fine Motor Activities to Promote Self-Feeding Skills

Use a spoon to scoop pom-poms or marshmallows into a bowl

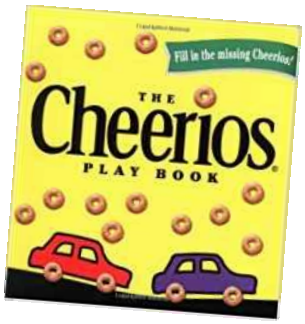
Put small objects into a container with holes

Play with peg boards, shape sorters, bead toys, and peg puzzles

Put Cheerios into *The Cheerios Play Book*

Use scoops and shovels in a sandbox or tub of dry soup beans

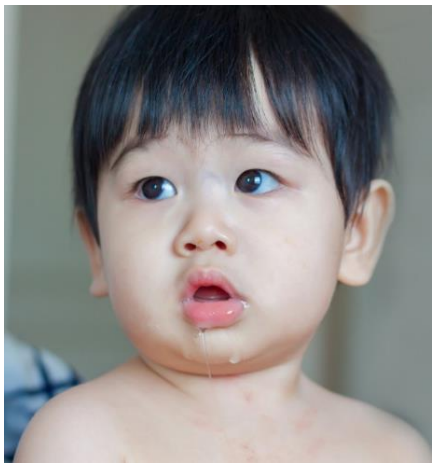
Play with play-dough (poke, roll, pinch, knead)



Reference: *Revised* Hawaii Early Learning Profile (HELP)

Help…My Child is Drooling!

TALKING POINTS



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1. First…let's talk about saliva! Saliva is necessary for:
    - Speech—it keeps the mouth moist (it's hard to talk with a dry mouth)
    - Eating—it moistens the food for swallowing
    - Digestion—it helps break down the food
2. We know that all babies drool. Even toddlers start drooling again when they are cutting their two-year-old molars. But what causes excessive drooling in children who aren't teething?
3. Excessive drooling (to the point of having a wet shirt) is common in children with speech and language disorders and in children with neurologic deficits.
4. Why do we need to address excessive drooling? Because it's messy, it ruins things (like books), it can cause a rash on the face and neck, it can smell bad, and it can be socially isolating (a 3-year-old may not want to wear a bib to preschool).
5. Let's look at possible reasons why a child who isn't teething may drool. The child:
    - Lacks awareness (either doesn't feel it or doesn't care)
    - Doesn't swallow often enough (humans automatically swallow 2-3 times per minute on average when not eating or drinking)
    - Doesn't swallow effectively (a weak swallow means the child won't be able to clear the saliva completely and therefore it will build-up and pool in the mouth)
    - Has an open-mouth position (if the lips aren't in a closed position at rest to provider a barrier, then gravity takes over and the saliva will freely flow from the mouth) *ask the pediatrician to rule out enlarged tonsils and adenoids as a possible cause for the open-mouth position

Strategies to Reduce Excessive Drooling

Increase oral awareness: Teach the concepts of "wet" and "dry" in general terms first, then relate it to having a wet or dry chin. Keep the chin dry so "wetness" can be felt (teach child to wipe own chin with a dry washcloth).

Improve the swallow: Teach the child to feel the swallow by placing his fingers on your neck on as you take a drink and then on his own neck as he takes a drink (very cold water will increase awareness). Move to having the child practice a dry swallow on command when engaged in a puzzle or other activity. Practicing a dry swallow will improve the frequency and efficiency of the swallow.

Establish a closed-mouth position at rest: To improve lip closure, children need to discover their lips through playful activities such as blowing bubbles, putting on lip balm, blowing whistles or kazoos, sipping through a straw, making funny faces in the mirror, giving full-pucker kisses, and blowing raspberries. A mirror may be helpful as well.

Reference: *How to Stop Drooling* by Pam Marshalla (2014)

Help...My Child is Biting!

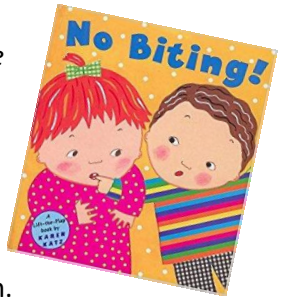
TALKING POINTS

1. Unfortunately, biting is a common behavior among some toddlers. Understanding *why* your child is biting will help you respond appropriately. Let's think about reasons why toddlers may bite:
    - To deal with frustration, disappointment, or fear
    - When overwhelmed, sad, stressed, or tired
    - As a way to communicate, when language skills are limited
    - To indicate a need for personal space
    - To satisfy a sensory need for oral input
    - Due to teething
    - Difficulty sharing and taking turns
    - When overly excited

Why do you think your child is biting?

2. When your child bites, it is important to think about what happened right before the incident. *Where was your child? What activity was your child involved in? Who was your child with? Who got bit? Is it the same child every time?* If you can identify the specific situations that trigger a biting response from your child, it can be easier to predict when it is going to happen again in the future. You can then go into "high alert" mode in those situations to try and prevent this unwanted behavior from occurring.

3. Strategies to reduce or prevent biting include:



    - Reading toddler friendly board books about biting (*No Biting* by Karen Katz, *Teeth are Not for Biting* by Elizabeth Verdick, *Little Dinos Don't Bite* by Michael Dahl).
    - Using a preferred toy as a distraction when you sense your child is overwhelmed and on the verge of biting.
    - Providing sensory input through play-based movement to help regulate your child. Try activities that involve swinging, climbing, sliding, running, and jumping.
    - Offering a biter bucket filled with objects that are acceptable for your child to chew on.
    - Snacking on chewy or crunchy foods as a way to provide input to your child's jaw (pretzel rods, granola bars, beef jerky, apple slices, carrot sticks, crackers, bagels, etc.).
    - Helping your child learn to take turns and share.
    - Reducing the chaos if your child is easily overwhelmed by too much sensory input (turning the TV off, avoiding busy places like the grocery store on Saturday morning, creating a quiet area that limits sights and sounds—such as a small tent for your child to get into).
    - Supporting your child's functional communication skills (teach control words such as *No!, Mine!,* and *Stop it!* for your child to use instead of biting).

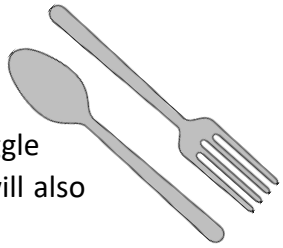
4. If your child does bite another child, it is important to respond in a calm, controlled manner. Using a firm voice and simple language, tell your child that biting is unacceptable and why. **"No biting. Biting hurts."** Then focus your attention on the child who was bitten. Your child needs to understand that biting will not lead to more attention from you.

5. Two final points: 1) A child who is going through a "biting stage" may be described as naughty. Contrary to popular belief, this behavior has nothing to do with how "good" your child is, nor does it have anything to do with how "good" your parenting skills are. 2) The biting stage won't go away overnight. Learning a new behavior will take time—so be firm, loving, and patient!

What's Wrong with Pouch Eating?

TALKING POINTS

1. Pureed pouches of baby food are the newest fad in ways to simplify our busy lives while also raising young children. They are convenient and portable, and this makes them an enticing option. However, pouch eating can be problematic for your child if relied on too heavily.
2. Sucking pureed food from a pouch will not promote the necessary oral-motor skills for learning to eat solid foods. It may also be challenging for your child to learn to accept food from a spoon.
3. Pouch eating may cause your child to get "stuck" in the pureed stage. Your child may then refuse to accept foods that are "lumpy" or foods that have to be chewed.
4. It is important to understand that all babies gag and cough occasionally when transitioning from pureed to solid foods. The gag reflex is a protective mechanism that prevents choking. So, when a baby gags, things are working as expected. However, when toddlers continue to eat pureed foods and don't learn to adequately chew and manipulate solid foods, they may have ongoing eating problems that persist into the preschool years.
5. Pouches of pureed food aren't good at helping to expand your child's palate. Many of the pureed baby foods in pouches are sweet tasting, even those with vegetables and whole grains (which should not taste sweet!). Sweet is a preferred and easily accepted flavor—your child needs to develop a taste for non-sweet foods, such as vegetables, grains, and meats.



6. Learning to self-feed is an important and much anticipated developmental milestone, and it begins with finger foods. The next developmental skill is learning to use a spoon and fork. If pouches are used too frequently, your child may struggle learning the fine-motor skills necessary for self-feeding (these fine motor skills will also be necessary for learning to write, snip with scissors, tie his or her shoes, etc.).
7. Pouch eating may keep young children clean, but messy is what they need (sometimes!). Self-feeding is an important sensory experience, as young children learn to accept wet, messy, sticky substances on their hands and face. If we prevent messes at meal time, there is a risk of young children becoming sensory defensive. Sensory defensive children avoid touching things with their hands—and this can lead to an unwillingness to explore through play with materials such as finger paint, play-dough, and sand. It can also lead to an insistence on eating foods with certain textures (such as eating only crunchy foods, for example).
8. Using pureed pouches occasionally will not likely cause any significant problems. Parents are encouraged not to offer pouches at every meal or even offer them every day. Think of pureed pouches as emergency snacks available for use when you're stuck in the waiting room at the doctor's office or away from home at an all-day soccer tournament.

What's Wrong with Sippy Cups?

TALKING POINTS

1. Most parents view the transition from bottle or breast to the sippy cup as an important developmental milestone. But there is one key problem: sippy cups don't promote the development of natural oral-motor skills that are necessary for chewing and swallowing solid foods. Sippy cups were designed for one primary reason: to prevent spills.
2. The main issue with the sippy cup is the spout. Drinking from a spouted sippy cup encourages an immature swallow pattern that infants use when suckling from the bottle or breast. Children often use the sippy cup as a replacement for the bottle, tilting their head back and sucking until all the liquid is gone.
3. Around the first birthday, your child should be developing a more mature swallow pattern. This will allow you to move away from pureed baby foods and begin introducing "table" foods that need to be chewed, manipulated, and then swallowed.
4. Melanie Potock, MA, CCC-SLP and noted feeding expert, explains how the extended use of sippy cups may delay the development of feeding skills. *The sippy cup spout rests over the front third of the tongue, preventing the essential tongue-tip elevation and wave-like motion that is necessary for becoming an effective and efficient eater.*
5. When transitioning from the bottle or breast, the most natural "next-steps" are to 1) help your child learn to take sips from an open cup that you are holding and 2) learn how to sip from a straw cup.
6. In addition to creating problems with eating, overuse of sippy cups, along with pacifiers (and thumbs), may contribute to speech delays. Any object in the mouth for extended periods of time cause the tongue to be displaced, which may lead to lisping or other speech difficulties.
7. If you choose to use sippy cups, here are some tips:
   - Use the sippy cup for a brief period of time when transitioning away from the breast or bottle—but begin introducing an open cup and straw cup as soon as possible.
   - Fill the sippy cup ¼ full, but don't let your child fill-up on liquid.
   - If the sippy cup has a valve, remove it so your child can develop sipping skills.
   - Don't allow your child to carry the sippy cup around, especially when he or she is first learning to walk (serious mouth injuries can occur if you child falls while sipping from the cup).
   - Encourage your child to drink in the kitchen or at the table as this will be necessary when you start introducing the open cup.
   - Use the sippy cup primarily where spills aren't permitted, such as at church and in the car. At home and in restaurants, encourage drinking from a "big boy" or "big girl" cup like everyone else.
   - Offer pop-up straw cups instead of hard-spouted sippy cups.
8. When introducing open-cup drinking, it may be helpful to start with small, plastic Dixie cups (the paper cups are often too flimsy). If you want to limit the amount of liquid offered, try using plastic medicine cups or small, plastic shot glasses. Offering water in the open cup will help make spills less problematic.

Pacifier, Binky, Paci, Dummy, Bobo, Boppy, Chupi

TALKING POINTS

1. Babies are born with a strong need to suck. In fact, some babies suck their thumb or fingers before they are even born. Benefits of pacifier use include: helping the baby become drowsy enough to fall asleep, comforting the baby when distressed or ill, and helping to wean from the breast.
2. While this non-nutritive sucking is soothing to the baby (in Canada the pacifier is referred to as a "soother"), the American Academy of Pediatrics recommends stopping pacifier use around the first birthday.
3. Around age 12 months your baby's speech development should be taking off, and those highly anticipated first words should begin to emerge. The pacifier, however, can hinder your baby's desire and ability to babble and play with sounds.
4. Learning to talk with a pacifier in the mouth can lead to delayed and distorted speech sound development. (This is why many speech-language pathologists refer to the pacifier as a "plug.")
5. Concerns related to pacifier use past the first birthday include: difficulty learning to self-soothe (dependence on the pacifier after age one makes it harder to break the habit), increased risk of ear infections (which can contribute to speech and language delays), and dental problems (misaligned teeth can lead to speech articulation issues in early childhood and orthodontic issues in later childhood).
6. As a parent, it is important for you to consider your child's specific needs regarding when to use the pacifier after the first birthday.

Guidelines for Pacifier Use After the First Birthday...

- Try to limit pacifier use primarily to naptime or bedtime. Avoid letting your child have the pacifier all day long.
- Keep pacifiers out of sight during the day.
- When fussy or upset, try holding, rocking, cuddling, or talking to your child first before offering the pacifier.
- Keep the pacifier in a "binky bowl" and create routines related to getting the pacifier before bedtime and putting it back in the bowl after waking up (be sure to keep the "binky bowl" in a high location out of your child's sight, such as in a kitchen cupboard).
- To prevent mouth injuries, don't allow your child to crawl or walk around with the pacifier in his or her mouth.
- Don't let your child bite or chew on the pacifier (offer a teething toy that is more appropriate for this type of oral input).
- Encourage other ways for your child to self-soothe instead of resorting to the pacifier (a favorite stuffed animal or blanket are good alternatives).

Learning Opportunities During Daily Routines

TALKING POINTS

You don't have to set aside special time during your day to teach your child specific skills—learning for your child happens all day long! Here are some strategies for supporting your child's learning and development during naturally occurring routines.

Dressing and Undressing Time

Offer your child choices about what to wear

Teach vocabulary by labeling each clothing item

Give simple directions such as "get your socks" or "take off your shirt"

Encourage your child to be as independent as possible (for example, zipping own jammies or pulling off own socks)

Help your child get started, but avoid doing the entire task (for example, put your child's legs in the pants but allow him or her to pull them up)

Have your toddler stand up to get dressed—this is a wonderful way to work on balance

Bath Time

Teach body parts—hand your child a washcloth and say, "wash your tummy, wash your feet" and so on

Teach vocabulary by labeling items such as soap, bubbles, shampoo, towel

Provide small cups for your child to practice pouring

Add a plastic funnel or turkey baster to the water play

Use a variety of action words (washing, drying, pouring, splashing) and descriptive words (hot, cold, wet, dry)

Add bath toys for your child to play with in the water

After bath time, rub the child's body with lotion or sprinkle with powder for a sensory experience

Grocery Shopping

Allow your child to walk from the car into the grocery store (this is a good time to practice holding hands, listening to directions, and stepping on and off curbs)

Have your child push the cart for part of the time

When walking next to the cart have your child help get specific items off the shelf and put into the cart

Label items as you place them in the cart

Offer choices when possible ("Should we get red apples or green apples today?")

Talk about what's on your list ("Next we need to find the cereal" or "We better get some bananas for lunch today")

Once the food has been eaten at home, use the empty boxes or containers for pretend play (a toy grocery cart makes this even more fun!)

Meal Time

Let your child help with meal preparation (pouring and stirring ingredients, putting items in the trash)

Eat together as often as possible—young children learn by watching others

Have your child count how many people will be eating and then set the table with the appropriate number of plates, forks, cups, etc.

Teach vocabulary by labeling each food item

Describe how each food looks, smells, and tastes

Teach categories by labeling foods as fruits, vegetables, meats, or treats

Encourage your child to self-feed, even if it's a messy experience

Offer child-sized utensils and an open cup when possible

Teaching Imitation Skills

TALKING POINTS

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1. The primary way your child will learn new skills is by imitating what other people do. Be sure to pause and allow time for imitation to occur.
2. Imitation is about taking turns, and this is an important part of developing speech and language skills. During a conversation people take turns talking and listening.
3. To successfully imitate another person, your child will have to pay attention to what that person is doing.
4. Developmentally, children imitate what we do before they imitate what we say. This is an important concept to understand when teaching imitation skills.
5. It is important to interact in a fun, playful manner when teaching imitation skills. Get down on the floor and play face to face with your child. Engage in turn-taking games like rolling a ball back and forth.

Stages of Teaching Imitation Skills (from easiest to more difficult)

Imitate Your Child: Copy the sounds, actions, and facial expressions that your child makes. This will set the stage for *I imitate you, you imitate me*.

Object Imitation: Take two identical objects and offer one to your child. Choose objects that involve actions or make noise to attract your child's attention. For example, bang two blocks together, roll a toy car across the table, shake a rattle, or beat a drum. Pause, look expectantly, and wait for your child to imitate what you do. If your child imitates you, be sure to respond with enthusiasm so it's clear that's what you were wanting. If your child doesn't imitate you, perform the action again in a pressure-free manner.

Unexpected Object Imitation: Take two identical objects and do the same as above, except have the object perform an unusual or unexpected action. For example, have a toy car jump up and down, put a block on your head and "sneeze" it off, roll a drumstick across the table, or wear a plastic mixing bowl as a hat.

Body Imitation: This type of imitation doesn't involve any objects. Imitating body movements is a bit more difficult than object imitation because your child must watch you first, remember what you have done, and then imitate the action. Examples of body imitation include clapping, waving, flying like an airplane with arms out to the side, stomping, covering eyes, and so on. Start with large gross-motor movements before moving to smaller, fine-motor movements. Fingerplays and simple sign language are fun and functional activities for teaching body imitation skills.

Oral Motor Imitation: Encourage your child to imitate mouth movements such as sticking out your tongue, popping your lips, blowing raspberries, puffing out your cheeks, clicking your tongue, or blowing a kiss.

Vocal Imitation: Be animated and model a variety of sound effects such as animal sounds, vehicle sounds, and environmental sounds (snoring, coughing, eating, drinking) during play time and when reading books.

Verbal Imitation: After saying a word, pause and look expectantly at your child. Your child will start by imitating single words (they may be word approximations) and then phrases and sentences.

Developmental Benefits of Traditional (non-screen) Play

TALKING POINTS


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1. **Play is essential for healthy brain development.** Being able to use both sides of the body together (bilateral integration) during play time indicates that both sides of your child's brain are communicating and sharing information with each other. For example, when playing with nesting cups or blocks, your child should be stabilizing with the helper hand and stacking with the dominant hand (two hands = bilateral). Focus on having your child use both hands, come to midline, and cross midline during play time.

2. **Play sparks creativity and curiosity.** Curiosity will cause your child to wonder about all sorts of things. *"I wonder what's in that box? I wonder what would happen if I mix yellow and green together?"* All learning begins with curiosity—because passionate curiosity leads to creative thinking, and creative thinking helps your child learn to be a flexible thinker and problem solver.

3. **Play experiences provide learning opportunities.** From birth, your child has been actively learning through discovery and exploration during everyday experiences. Providing a variety of play-based activities is critical for helping your child learn and develop new skills. Mr. Potato Head expands your child's fine motor, visual motor, hand-eye coordination, and language skills. Riding a tricycle supports your child's gross motor, balance, and motor planning skills. Play-dough helps strengthen muscle tone in your child's hands, improves pre-writing skills, and encourages imagination.

4. **Play helps children gain a better understanding of the world around them.** In general, children have a fear of the unknown. If exposure to grass doesn't happen as a baby, your child may refuse to play in the grass as a toddler. If messy hands aren't encouraged during meal time as a baby, your child may dislike finger painting in preschool.

5. **Play enhances problem-solving skills.** Learning how to problem solve is necessary for acquiring new skills. Play time offers a variety of problem-solving opportunities for your child. To support your child's problem-solving skills, provide toys such as puzzles, blocks, nesting toys, shape sorters, construction toys, peg boards, and ring stackers.

6. **Play allows young children the opportunity to practice new skills.** There is no right or wrong in play, which makes it the best time to practice a new skill. For example, your toddler probably won't be able to pour milk into a cup without spilling and making a big mess. By providing plastic nesting cups in the bathtub or water table, your child will be able to practice pouring liquid from one container to another without any concern about making a mess (doing it wrong). After practicing in play, one day your child will be able to pour milk into a cup without spilling a drop. Mister Rogers said it best—"Play gives children a chance to practice what they are learning."

7. **Play improves concentration and focus.** Whether stacking blocks, learning to pedal a tricycle, or putting stickers on a piece of paper, your child must pay attention and focus on the task at hand in order to experience success.

8. **Play helps develop social skills.** During play time your child will learn to share, take turns, negotiate, compromise, and resolve conflicts. These are important skills for helping your child learn how to make and keep friends.

9. **Play fosters self-esteem.** After successfully completing a task your child may exclaim, "Look at me!" or "I did it!" This sense of accomplishment will strengthen your child's self-confidence.

10. **Play helps children learn to deal with frustration**. Challenges in play will teach your child to persevere in tough times.

Parent Self-Assessment of Play Time Behaviors

When playing with my child, do I….

1. Give my undivided attention by turning off the TV and putting all electronic devices aside?

Not Usually	Sometimes	Most of the time
0	1	2

2. Get down on the floor and engage with my child for a few minutes every day?

Not Usually	Sometimes	Most of the time
0	1	2

3. Direct the play by giving my child specific instructions? For example, *"Get the blue block. Put it on top. Go get the red block. No, that's not red; get the red one. Now put it up here."*

Not Usually	Sometimes	Most of the time
2	1	0

4. Describe what my child is seeing, doing, and hearing? For example, *"You're stacking those blocks really high!"* or *"That's a loud fire engine!"*

Not Usually	Sometimes	Most of the time
0	1	2

5. Ask a lot of test-like questions? For example, "*What color is it?*, *How many are there?*, *What shape is it?*, *What does a cow say?*"

Not Usually	Sometimes	Most of the time
2	1	0

6. Use an animated voice and make a variety of sound effects to help my child attend and focus?

Not Usually	Sometimes	Most of the time
0	1	2

7. Instruct my child to say specific words? For example, *"Say ball…Say please…Say book."*

Not Usually	Sometimes	Most of the time
2	1	0

8. Follow my child's lead by playing with things that he or she finds interesting?

Not Usually	Sometimes	Most of the time
0	1	2

9. Primarily focus on helping my child learn about letters, numbers, shapes, and colors?

Not Usually	Sometimes	Most of the time
2	1	0

10. Take my child outside to play on a regular basis?

Not Usually	Sometimes	Often
0	1	2

Scoring your self-assessment of play time behaviors: Total number of points circled _____

15 – 20 points: You are a responsive and encouraging play partner. Keep using these play guidelines to enhance your child's development.

5 – 14 points: Continue to focus on consistently using these play guidelines to enhance your child's development.

0 – 4 points: Play time could be more effective for you and your child. Focus on using these play guidelines to enhance your child's development.

Play Time Strategies

TALKING POINTS

1. Reduce distractions by turning off the TV when playing with your child. Tune in to your child by setting your phone, tablet, and other electronics aside temporarily. Even 10 minutes of undistracted interaction with your child can beneficial.
2. Get down on the floor and play with your child for a few minutes every day. Or, invite your child to sit on the couch or in the chair with you. Your child will love this special time together.
3. Play time doesn't always have to involve store-bought toys. You can look out the window, sing songs, or play the "drums" using wooden spoons and pots and pans from the kitchen.
4. Focus on being your child's play partner instead of the play director. Try to follow your child's lead during play time. Adult-directed activities can feel more like work and less like play for your child.
5. Talk about what your child is doing, seeing, and hearing. This is wonderful way for your child to learn language!
6. Avoid asking too many test-like questions during play time. Instead of asking, "What color is it?" try just saying, "You found the blue ball!" Instead of asking, "How many blocks are there?" try just counting the blocks as you play, "1-2-3-4-5. You have five blocks." Remember, life is not a quiz!
7. Use a fun, animated voice when playing with your child. Don't be shy about making animal sounds, vehicle sounds, and other silly sounds during play time and when reading books with your child.
8. Allow your child to "steal" language from you by saying the words you wish he or she would say. Avoid instructing your child to say specific words ("say dog…say cow…say please) as this is not a natural way to learn language. Instead, model the words you wish your child would say. For example, instead of saying, "Say ball," try just becoming your child's voice by saying, "Ball." Reducing the pressure to speak will actually help your child learn to talk! After saying the word, you can then help expand your child's language by adding a few more words, saying something like, "Ball. I'm going to kick the ball."
9. Try to follow your child's lead by playing with things that he or she finds interesting. Your child may not always want to play with store-bought toys. Sometimes laundry baskets, paper towel tubes, and sticks may be more fascinating than shape sorters, puzzles, and Mr. Potato Head.
10. It is important not to focus too much on teaching your child to label letters, numbers, shapes, and colors. There is plenty of time for learning those early academic concepts. Instead, try focusing on teaching your toddler to say words that will help with communicating his or her wants, needs, and feelings. Power words such as *milk, juice, cookie, cracker, all done, mine, help, open, outside* and so on, will help your child gain functional communication skills and reduce overall frustration.
11. Playing outside is so important for your child's development. Try to take your child to the park every week for swinging, climbing, and sliding. If you don't have an opportunity to go to the park, remember that going for a walk, getting the mail, playing with sidewalk chalk, blowing bubbles on the deck, watering the plants, or hanging out in the back yard is just as fun and beneficial for your young child!

Too Many Toys for Toddlers

TALKING POINTS


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1. **Toys are the tools for learning**. Well-designed toys can enhance your toddler's ability to think, problem solve, concentrate, communicate, take turns, share, and develop gross- and fine-motor skills.
2. Toys are important to your toddler's learning and development, but **too many toys can be a hindrance**. Toys in abundance can be distracting and overwhelming to your child. When surrounded by lots of toys, your toddler may move frequently from toy to toy instead of playing with each toy in a deeper, more purposeful way.
3. Research has shown that too many toys can reduce the quality of play for toddlers. A study done at the University of Toledo found that toddlers with four toys at one time played more creatively and for longer periods of time than toddlers who had 16 toys available to them. In other words, when it comes to the quantity of toys…**less is more**.
4. If your child has difficulty playing with toys appropriately (chews on them, throws them, just carries them around), **reducing the number of toy options will make it easier to teach purposeful play skills**. Fewer toy options reduces distractions, which will increase your child's attention and focus during play time.

Strategies for Creating Quality Play Time Opportunities

- **Offer a balanced variety of toys from the different toy categories**
  - Action toys that encourage your child to DO something (stack, open, put in, twist, push, pull)
  - Creative toys that inspire your child to MAKE something (draw, paint, create, build)
  - Pretend toys that involve a theme (dress-up, toy tools, dollhouse, toy food, dolls, toy animals)
  - Sensory-motor toys that encourage play-based movement (climb, ride on, pedal, bounce, jump)
  - Outdoor toys that can be played with outside (bubbles, wagon, sidewalk chalk, tricycle)
  - Educational toys that teach early academic concepts such as letters and numbers
  - Character toys based on movies or cartoon shows (Disney princesses, Paw Patrol, Batman)
- **Limit the number of battery operated toys**
  - The more the toy does, the less your child does; we want your *child* to provide all the power, all the imagination, and all the sound effects during play time (we don't want battery-operated toys stealing those learning opportunities away)
  - Limit your child's time spent playing in front of screen-based toys (smartphones, tablets, and TV)
- **Reduce distractions during play time**
  - Offer fewer toy options at a time (keep other toys in a separate room)—rotate toys occasionally so your child isn't always playing with the same ones
  - Turn off the TV during play time and keep smartphones and tablets out of sight
- **Keep toys and all their pieces together** (a shape sorter with only 2 shapes isn't much fun)

Reference: "The Influence of the Number of Toys in the Environment on Toddlers' Play" by Dauch, Carly et. al (*Infant Behavior and Development*, Vol. 50, 78-87, February 2018)

2 Types of Toys

TALKING POINTS

A toy is an object for children to play with

Based on this definition, it is important to understand that **not all toys have to be purchased at the store**! Laundry baskets, empty boxes, and paper towel tubes make wonderful toys for young children. There are two types of toys for your child to play with…here are some examples!

Store-Bought Toys		&	Toys Available in the Home	
Pounding toy		→		Styrofoam, golf tees, and a toy hammer
Blocks		→		Shaving gel lids
Shape sorter		→		Parmesan cheese container and colored pom-poms
Nesting cups		→		Plastic measuring cups

Can you think of some other toys available for your child that didn't come from the toy store?

Why Low-Tech TOYS are Best

TALKING POINTS

1. Toys are the tools for learning. Well-designed toys can enhance your child's learning across all five areas of development (cognitive, communication, social-emotional, physical, and self-help).

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2. If your child is struggling in any area of development, it may be helpful to reduce the amount of time spent with battery-operated and screen-based toys. Low-tech/no-tech toys are better at enhancing your child's natural curiosity, creativity, social skills, problem-solving abilities, language, and motor skills.

3. Tips for choosing high-quality toys for your child:
    - Limit the number of battery-operated, button pushing, cause-and-effect toys. The more the toy does, the less your child does. Toys that do nothing are best!
    - Offer toys that encourage active play. Many battery-operated and screen-based toys keep your child passively entertained. The most important thing your child needs for learning and development is **play-based movement**! Tunnels, tents, hula hoops, balls, and self-propelled ride-on toys provide lots of opportunities for running, crawling, jumping, and climbing.
    - Choose open-ended toys that can be used in a variety of ways. Traditional toys such as blocks, play food, nesting cups, play-dough, dress up clothes, a kitchen set, toy tools, toy animals, and toy vehicles (without batteries) allow your child to provide all the power, all the imagination, and all the sound-effects during play time.
    - Provide toys that can be played with outside too! Whether blowing bubbles, riding a tricycle, pulling a wagon, playing in a sandbox, or kicking a ball—playing outside is important for your child's development.
    - Select toys that are interesting to your child but expose him or her to different types of toys as well. Some young children get "stuck" on play themes such as Thomas the Train or Disney Princesses and have difficulty being flexible in their play.
    - Limit toys that force-feed early academic skills. Play time shouldn't always be focused on teaching concepts such as letters, numbers, shapes, and colors. Look for toys that allow your child to learn naturally through discovery and exploration.
    - Look for toys around the house; not all toys have to come from the toy store. Pots, pans and wooden spoons make great drum sets. Playing with a turkey baster and a large sponge in the bathtub can help develop hand and finger strength. Empty cardboard boxes, empty wipes tubs, and empty tissue boxes make great stacking toys. Using child-safe scissors to clip coupons or pictures from the local grocery store ads can improve your child's vocabulary and fine-motor skills. Climbing in and out of a laundry basket can improve your child's balance and motor-planning skills. Wiping the table or sweeping with a broom encourages self-help skills.

4. The more young children have to use their own minds and bodies during play time, the more they will actually benefit from the play. High-tech toys "steal" learning opportunities away from young children.

Choosing the Right Books for Little Hands

TALKING POINTS

There are four different types of book formats to consider, depending on your child's age and motor skills

Cloth or vinyl books

These are appropriate for babies and children who tend to put everything in their mouths

Board books

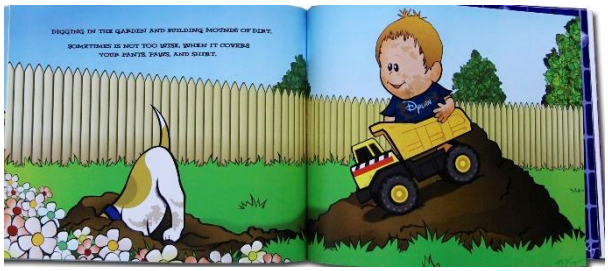
These are made from sturdy paperboard, making the pages easier for little hands to turn
(but not so good for the mouth!)

Small "hand books"

These chunky board books are ideal for tiny hands to hold, and they fit easily into the diaper bag for "on-the-go" entertainment
(they often come in a carry-along pack)

Traditional books

These books have paper pages that can be easily torn
(many one- and two-year-old children aren't ready for traditional books yet)



Reading to Your Toddler

TALKING POINTS

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1. Reading aloud is one of the most important activities for enhancing your child's speech, language, and listening skills. Children who are read to as toddlers tend to be better readers when they get to school.
2. You are giving your full attention to your child when you read aloud, and this is something every child loves!
3. Fill a small basket with your child's favorite books. Keep the book basket in a room where your child spends a lot of time. Be prepared…your child may want to hear the same stories repeated often!
4. Set up a regular time to read to your child every day—before naptime and bedtime are good options. Story time is better than screen time to prepare your child for sleep.
5. If your child is struggling learning to talk, try sitting face-to-face during story time so your child can see how you move your lips and tongue when you talk.
6. Your child may not always want you to read the book cover to cover. Sometimes you may skip lines (or pages) to keep your child's interest and other times you may just talk about the pictures.
7. Different books can provide different learning opportunities for your child:
    - **Picture books** provide a visual experience for your child. These books often have only one picture per page, making them great for building your child's vocabulary.
    - **Rhyming books** can help your child learn how to play with words. Some popular rhyming books include *Sheep in a Jeep*, *Is Your Mama a Llama*, and *One Duck Stuck*.
    - **Predictable books** use a pattern of repetitive text which helps your child to anticipate the next word or sentence. Some popular predictable books include *I Went Walking*, Five Little Monkeys Jumping on the Bed, and *Brown Bear, Brown Bear, What Do You See?*
    - **Picture story books** contain pictures or illustrations along with the text to help tell the story. The pictures are the "eye-candy" that keep your child interested in the story.
    - **Interactive books** encourage your child to participate in story time. Touch-and-feel books and books with flaps (*Where's Spot?*) can make the book more interesting for your young child.
    - **Noisy books** (and e-books) contain batteries and have buttons that make sound effects. These books are not as effective at building language and literacy skills because you must constantly compete for your child's attention—all that button-pushing can distract your child from the story and from you. Books without batteries are best for young children.
8. It is important for your child to willingly look at books with you as a way to interact and learn. Sometimes, however, your child may want to look at books alone. This is a wonderful activity for when your child is riding in the car, when you're running errands, or when you're stranded in a busy waiting room. You don't always have to entertain your child with movies, apps, and online games. Be careful not to let your child become dependent on your smartphone—books are the perfect alternative to screen time when your child is bored but needs to remain seated.

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What's the Difference Between Speech and Language?

TALKING POINTS

1. There are five developmental areas or "domains" to consider: cognitive, communication, social-emotional, physical and self-help. When a child is struggling in the area of communication, it is important to determine whether the challenges are related to the development of **speech** or **language** or both.

2. The words **speech** and **language** are sometimes used interchangeably, as though they mean the same thing…. but they don't. So, what's the difference between **speech** and **language**?


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Speech refers to the actual words we speak. Sometimes a child's speech is difficult to understand due to trouble making certain sounds correctly (articulation errors), difficulty planning the motor movements needed to combine sounds and syllables (apraxia), slurred or mumbled speech due to muscular weakness (dysarthria), or problems with the rhythm of speech (stuttering).

Language refers to a whole system of words and symbols used to communicate with other people. There are two areas of language to consider—receptive language and expressive language.

Receptive language refers to our ability to understand (receive) the messages that others send.

Expressive language refers to the way we communicate (or express) our wants, needs, ideas, and feelings with other people. This is done by using a combination of spoken words (talking), written words (on paper, texting, emailing, emojis, posting on social media, pictures), and gestures (body language, sign language, facial expressions). Speech, or talking, is just one form of expressive language.

Hearing is a critical part of developing speech and language. Young children who have frequent ear infections (acute otitis media) or get fluid in the middle ear without infection (otitis media with fluid) may experience temporary hearing loss—and this can negatively affect speech and language development (it's like trying to hear and learn to talk while underwater). Tympanometry is a test used to detect problems in the middle ear.

Reference: American Speech-Language-Hearing Association (www.asha.org)

Receptive Language Milestones

TALKING POINTS

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Receptive language refers to what your child understands. All children develop at different rates, but here are general milestones for early receptive language development:

0 - 3 months	Attends to speaker's mouth or eyes; quiets to a familiar voice
3 - 6 months	Smiles when interacting with caregivers; stops crying when spoken to
6 - 9 months	Recognizes names of family members and pets; responds to "no" most of the time; attends to pictures in books; waves in response to bye-bye; attends to person who is talking; stops when name is called
9 - 12 months	Gives objects when asked; follows simple commands occasionally; points to two body parts on self; plays speech routine games like peek-a-boo and pat-a-cake; understands simple questions; looks at familiar people and objects when named
12 - 18 months	Responds to "give me" command; understands at least 50 words; follows 1-step commands consistently ("Roll the ball"); points to 3 body parts on self; enjoys simple stories, songs, and rhymes
18 - 24 months	Understands 300+ words; identifies 4+ body parts and clothing items on self and on a doll; points to pictures in books when named; follows 2-step related command ("Get your cup and put it on the table"); understands new words rapidly
2 - 2 ½ years	Answers simple questions; understands size concepts; responds appropriately to location phrases (such as "in" and "on"); understands concepts of "one" and "all"
2 ½ - 3 years	Answers yes/no questions correctly; follows two-step unrelated commands ("Pick up your shoes and turn off the lights")

Strategies to Support Receptive Language

Get your child's attention before talking—face to face interactions are best

Reduce background noise and other distractions to help your child focus on what you are saying

Pair gestures with your words to help your child understand (pat the floor and say "Sit down")

Name items for your child during everyday activities…when looking at books, riding in the car, playing, shopping

Describe what you're doing as you do it (self-talk)

Describe what your child is doing, seeing, or hearing (parallel talk)

Simplify your language ("Sit down" is more effective than "Sit down and eat your cracker so you don't fall")

References: Developmental Milestones (www.firstyears.org) and The Rossetti Infant-Toddler Language Scale

Speech and Expressive Language Milestones

TALKING POINTS

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1. All children develop at different rates, but let's take a look at general milestones for early speech and language development from birth to age 3:

0 - 3 months	Cries; coos and makes pleasure sounds
3 - 6 months	Engages in vocal play (blows raspberries, squeals, blows bubbles); laughs; whines
6 - 9 months	Babbles duplicated syllables ("baba")
9 - 12 months	Uses more complex babbling; produces first words; says "mama" or "dada" meaningfully; uses gestures such as waving or holding up arms
12 - 18 months	Produces long strings of unintelligible speech called jargon; shakes head/says "no"; uses exclamations like "uh-oh!"; says 10-20 meaningful words spontaneously; imitates animal sounds and single words
18 - 24 months	Says 50-100 words; names common objects; begins to put two words together; leaves off many final consonants in words (for example, says "bo" for "boat"); speech may be difficult for unfamiliar listeners to understand; uses own name; says "mine"
2 - 2 ½ years	Says 200+ words; uses 2-word phrases frequently; speech is about 60% intelligible
2 ½ - 3 years	Says 500-900+ words by third birthday; uses 3- and 4-word sentences; asks "why" all the time; speech is 80% intelligible by third birthday

2. Gestures are an important part of learning to communicate. Waving, pointing, reaching, nodding and shaking the head are all beneficial ways for young children to communicate their wants and needs— and these skills develop before the first spoken words even emerge.

3. It is common for speech development to plateau or slow down as the child is learning to walk.

4. A young child's early expressive vocabulary usually consists primarily of nouns (*milk, cookie, ball, choo-choo*). For young children to begin combining words together to form phrases and sentences, they will also need a variety of verbs (*eat, throw, jump, sleep*), pronouns (*me, you, I*), question words (*what, where, when, why, who, how*), and adjectives (*big, little, wet, dry, hot, cold*).

5. Young children communicate for a variety of reasons. They use their words to:

Make a request	End an activity (*all done*, *no more*)
Ask for help	Ask and answer questions
Label/share knowledge	Seek attention (*hey, mama*)
Protest or reject (*stop, mine, no*)	Engage socially (*hi, bye, thank you, I love you*)
Tell about a past event	Comment/share information
Request recurrence (*more, again*)	Ask for permission

References: Developmental Milestones (www.firstyears.org) and The Rossetti Infant-Toddler Language Scale

First Words: More than ABCs and 1-2-3s

TALKING POINTS

1. There is a strong push in our society to teach early academic skills to infants and toddlers. Young children with developing brains and bodies are being bombarded with educational toys, apps, online games, and TV programs in an effort to make them smarter faster.
2. Educational products tend to focus on teaching infants and toddlers their letters, numbers, shapes, and colors—as if these were the most important first words in a young child's vocabulary.
3. When children are learning to talk, we are always interested in the *quantity* of words they say (how many), but we also need to be concerned about the *quality* of these first words (how beneficial they are).
4. Let's look at the three primary reasons young children use their words:
    - To communicate wants and needs (request, ask for help, protest, end an activity, ask for permission)
    - To socialize and interact with others (comment, seek attention, give greetings & farewells)
    - To seek and share knowledge (label, ask questions, answer questions)
5. As your toddler is learning to talk, it is helpful to keep a list of his or her first spoken words. This will allow you to track both the quantity and the quality of your child's first words. There are three categories of first words to track:
    - **Power Words:** words that allow your child to communicate wants and need (examples include *milk, juice, cookie, eat, drink, shoes, bubbles, ball, book, potty, all done, no, mine*)
    - **Social Words:** words that allow your child to socialize and interact with others (examples include *hi, bye, please, thank you, mama, dada, papa, nana*)
    - **Concept Words:** early academic words including letters, numbers, shapes, and colors
6. Being able to label letters, numbers, shapes, and colors will not help your toddler communicate his or her wants, needs, and feelings and they won't help your child interact with other people. Words such as *blue, 4, S,* and *triangle* are primarily used to label and answer questions. "What color is it?" "Blue." "How many are there?" "4." "What letter is that?" "S." "What shape is this?" "Triangle."
7. It is important to teach your child **powerful words** that will help develop functional communication skills. Children who can label pictures, objects, and flash cards, but don't use their words to communicate their wants and needs, often get very frustrated. This can lead to fits and tantrums.
8. It is fine to introduce concept words in context, as they arise during daily routines and activities—just don't make letters, numbers, shapes, and colors the focus of your interactions. For example, asking your child if he wants the blue cup or the red cup will help him learn his colors IN CONTEXT rather than having him label colors on flash cards or an app.
9. Avoid teaching your child to use *more* and *please* as first-request words (or signs). If your child wants more bubbles, teach the powerful word (or sign) *bubbles* instead of the vague word *more*. If your child wants a cookie, teach the powerful word (or sign) *cookie* instead of the vague word *please*.

First Words – Expressive Vocabulary Checklist

Use this form to track a young child's first words. Circle the words/word approximations the child says, noting the month in which each word is added (for example, if the child starts saying the word "mama" in January of 2018, then next to the word "*mama*" write 1-18). This will help track the total number of words added each month.

****

Power Words (words that communicate wants, needs, feelings, and interests)

all done	candy	eat	moon	sit	Other words not listed
all gone	car	eye	more*	sleep	
apple	cat/kitty	feet	music	slide	
arm	chair	fish	night-night	snow	
baby	cheese	flower	no	sock	
backpack	clock	go	nose	spoon	
ball	c'mon	hair	on	star	
balloon	coat	hand	open	stuck	
banana/nana	color	happy	out/outside	stop	
bath	cold	hat	phone	sun	
bear	cookie	help	pig	swing	
bed	cow	horse	plane/airplane	teeth	
big	cracker	hot	play	toes	
bike	cup	in	potty	train	
bird	diaper	iPad	rock	tree	
boat	dirty	juice	run	truck	
book	dog	jump	sad	up	
boots	down	mad	see	wagon	
bubbles	drink	me/mine	sheep	want	
bug	duck	milk	shirt	water	*more (vague word—overuse
bus	ear	monkey	shoes	yes/yah	makes it meaningless)

****

Social Words (words used to socialize with others; polite words)

bye-bye
dada/daddy
grandma/nana
grandpa/papa
hi
love you
mama/mommy
please*
sorry
thank you

Own name, names of siblings, family members and other people important to the child

_____

_____

*please (overuse as a request word makes it meaningless)

****

Concept Words (early academic words including letters, numbers, shapes and colors)

Colors		**Shapes**	**Letters**	**Numbers**
black	pink	circle	A-Z	1-20
blue	purple	oval		
brown	red	rectangle		
green	white	square		
orange	yellow	star		
		triangle		

Talking to Your Toddler

TALKING POINTS

There are three important things you can do to support language and cognitive development…

Talk to your child *Read to your child*

Sing to your child

Flash cards, apps, and educational TV programs are less effective at helping young children develop strong language skills

There are two kinds of "talk" that you can use to enhance your child's language development

Business Talk

This is the language used to keep life moving forward

Pick up your toys…Finish your milk…Sit down…Stop doing that…Be quiet…Go find your shoes…It's time for a nap

Extra Talk

This is the spontaneous "chit-chat" that is used to help children learn about new things in the world

There are two types of **Extra Talk** you can use to provide language exposure during real life experiences:

Self-Talk: This is when you describe what *you* are seeing, hearing, doing, or feeling when your child is close by *(I'm baking cookies…I'm drinking hot coffee…I hear Daddy snoring…The puppy is chewing on his bone…I'm cold)*

Parallel-Talk: This is when you describe what your *child* is seeing, hearing, doing, or feeling *(You're such a big helper…You're eating fruit snacks…You're reading a book about trains…You've got a stinky diaper…Big yawn, you must be getting sleepy)*

Did you know?

The number of words young children hear before age three contributes to their academic success later in life.

What that means…

You are enhancing language and cognitive development every time you talk to your child! "Business Talk" comes naturally to parents but be sure to focus on using "Extra Talk" too, because this is the icing on the cake for language development.

References: *Thirty Million Words*, Dana Suskind, 2015; *Meaningful Differences*, Hart & Risley, 1995

Strategies for Supporting Speech and Language Development

TALKING POINTS

Scenario: Parent has a cookie—child wants the cookie

Instead of this…	Try this
Anticipating your child's needs *Giving your child a cookie when you eat one*	**Wait for your child to communicate using gestures, sounds, or words** *Eat a cookie in front of your child, but don't offer any until your child points at, reaches for, or asks for a bite*
Telling your child to say words *"Say cookie"*	**Model the words you wish your child would say** *Adult says, "Cookie please" while handing the child a cookie*
Allowing your child to get frustrated because those first words aren't coming as expected *Child wants a cookie but can't say the word "cookie"; child starts crying and falls to the floor in a heap out of frustration*	**Provide your child with another form of communication until those first words emerge** *Child wants a cookie but can't say the word "cookie"; adult teaches the child an immediate way to request a cookie using either the sign for cookie or a picture of a cookie*
Asking a lot of test-like questions *"What is this? What's it called?*	**Provide relevant information to help build your child's vocabulary** *"This is a chocolate chip cookie."*
Asking yes/no questions *"Do you want a cookie?"*	**Offer choices** *"Do you want a cookie or a cracker?"*
Using your everyday voice *"Cookie"*	**Use an animated voice with interesting sound effects** *"Mmmm…COOKIE! Num-num-num-num-num!*
Doing your activities in silence *Eating a cookie while checking your phone*	**Describe what you are doing as you do it** *"I'm eating a yummy cookie."*
Watching what your child is doing *Parent watches the child eat a cookie*	**Describe what your child is doing** *"You're eating a cookie…and making a big mess!"*
Praising your child for saying a word *Child says "Cookie"; adult says, "Good talking"*	**Expand on what your child says using a more complete sentence** *Child says, "Cookie"; adult expands and says, "Chocolate chip cookie."*
Using vague language *"You can have this for a snack."* *"Here's another one."*	**Use powerful, concrete words to help build your child's vocabulary** *"You can have a cookie for a snack."* *"Here's another cookie."*

Other things you can do to support speech and language development:

Read books every day—Sing songs every day—Play on the floor with your child every day—Limit screen time

Let's Talk About Baby Talk

TALKING POINTS

The way adults speak to babies (and sometimes dogs too!) is different from normal adult speech.

This slower, high-pitched, simplified, repetitive, sing-song speech pattern is referred to as:

Baby Talk *or* **Motherese** *or* **Parentese** *or* **Infant-Directed Speech** *or* **Caregiver Talk**

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Research has shown that babies prefer to listen to "baby talk"

- The sing-song voice with exaggerated vowels holds a baby's attention longer than a regular adult-style voice.
- This specialized type of caregiver-talk can make learning language easier for babies (this type of speech makes each word stand out, and this helps babies to focus on smaller chunks of language).
- Baby talk tends to contain a lot of reduplicated, or repeated, sounds and words—such as *quack-quack*, *woof-woof*, and *choo-choo.* These sound effects often develop before the words *duck*, *dog*, and *train*.
- It is common for the adult to repeat words over and over when using baby talk. Repetition is important for learning language (babies hear words like "mama" and "bye-bye" frequently, and these are often some of the first words they learn to say).
- When a word is distinctly separated from running speech, the baby can hear where the word begins and where it ends.

Caregivers tend to naturally use "baby talk" when speaking or reading to babies–and then shift back into regular speech mode when talking to older children or adults.

If you aren't a fan of the term "Baby Talk" try referring to it as "Caregiver Talk" instead–it sounds less… "babyish!"

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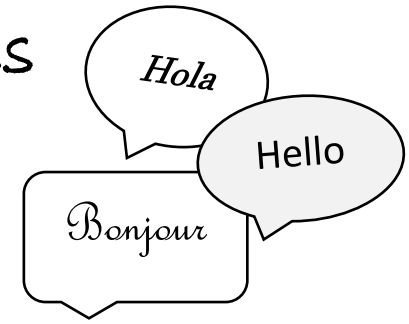
Cutesy, Nonsense Words vs. Speech Simplification: For older toddlers who are struggling learning to talk, speech-language pathologists may recommend using a strategy called *speech simplification* (we don't call it *baby talk* with older children). This strategy is used to help teach late-talking children to say approximations of true words. For example, if a two-year old is unable to request a drink by saying the word "water," it may be helpful to teach a simplified version of the word, "wa-wa." A speech-language pathologist would not, however, recommend that caregivers use cutesy, nonsense words with late-talking toddlers, referring to the cup of water as, "dwinkie poo."

Reference: *How Babies Talk*, Roberta Michnick Golinkoff & Kathy Hirsh-Pasek

Learning 2 Languages

TALKING POINTS



1. **Important definitions:**
   - Monolingual: a person who speaks one language
   - Bilingual: a person who speaks two languages (a person who speaks 3+ languages is multilingual)
     - Simultaneous bilingual: a child who learns two languages from birth
     - Sequential bilingual: a child who learns a second language after the first language is well-established (second language is usually acquired after age 3)
   - Native or heritage language: the language of the country where the child's parents were born
   - Dominant language: when bilingual, this is the language the child knows better

2. **Families need to consider the different approaches to helping young children become bilingual.** Parents can expose the child to both languages from birth (simultaneous bilingual) or they can use the native language at home and have the second language be introduced later on at school (sequential bilingual). This issue should be discussed with the family because the service providers will need to know whether they are supporting the development of one language or two.

3. **Key points related to children who are learning more than one language:**
   - Learning two languages does not cause speech and language impairments—children all over the world learn more than one language without developing speech or language problems.
   - Learning two languages simultaneously does take longer than learning one. It is normal for bilingual children to lag slightly behind their monolingual peers in grammar and vocabulary development (in other words, they may have speech and language delays).
   - Occasionally, bilingual children mix-up grammar rules and they may use words from both languages in the same sentence. This code-switching is expected in bilingual language learners.
   - The amount of exposure to each language influences the rate of language acquisition.
   - Immigrant parents are encouraged to talk to their children in their native language to support strong family relationships and cultural identify. Research shows that parents may be able to provide better cognitive stimulation to their children in their native language.
   - Children with language impairment will need extra help developing language skills, whether they are learning one language or two.

4. **Strategies to help simultaneous bilingual language learners:**
   - Read books to your child in both languages (language exposure on a screen—such as the TV, smartphone, or iPad—is not as supportive of language development as reading books).
   - Play, talk, and sing to your child in both languages.
   - Don't rely on flash cards or apps to teach language. Your child will learn vocabulary and grammar best in the context of conversational speech, not by learning one word at a time out of context.
   - Teach words that will help your child communicate his or her wants, needs, and feelings (don't force-feed early academic concepts such as letters, numbers, shapes, and colors).

Reference: *Information for Clinicians about Bilingual Development,* Hoff & Core, 2015

Using Sign Language with Your Child

TALKING POINTS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1. If your child is struggling learning to talk, it may be helpful to introduce sign language as a temporary way to bridge the gap until those first words emerge.

2. While sign language is typically used with people who are deaf or hard of hearing, the research has shown that sign language can help to establish early functional communication skills in hearing children as well. When used appropriately, sign language does not cause delays in speech development.

3. There are many different ways for your child to communicate such as gesturing (e.g. pointing, waving, reaching, giving high-fives), making facial expressions, crying, using signs, using pictures, or saying words.

4. The benefits of sign language include: increasing your child's functional communication skills, decreasing your child's frustration, and strengthening your parent-child bond through successful interactions.

5. We all use gestures when we talk to supplement what we are saying. ("She talks with her hands" is an expression used to describe someone who uses frequent gestures when talking.) Every time we wave, point, shrug our shoulders, or give a thumb's up, we are using gestures to communicate. Sign language is a formal gestural communication system.

6. Let's discuss some strategies to consider when introducing sign language to your child:
   - Always say the word as you make the sign (we're not using signing in place of talking, we're using it in addition to talking!).
   - Signs may not always be made the "right" way, so accept your child's best approximations.
   - Consider using simplified signs to increase your child's success. The book *Baby Signs* by Acredolol and Goodwyn provides modified signs that may be easier to use with babies and toddlers.
   - Provide gentle hand over hand assistance to help your child have success when learning new signs.
   - Begin to fade the sign once your child starts to say an approximation of the desired word. For example, let's say your child signs and says "pane" for airplane; you would stop modeling the sign and only say the word "airplane" from now on. This allows you to emphasize and reinforce the spoken word instead of the sign.
   - Initially, expect your child to use the sign by itself…next, a sound paired with the sign…then, a sign paired with the word, both used as equal partners…and finally, your child will drop the sign and use the word only. This is how sign language can help your child learn to talk.
   - Teach functional signs such as *milk, cookie, cracker,* and *shoes,* and avoid vague signs such as *more* and *please.* If your child learns to request something by using these vague signs, it may be difficult to convince him or her to use other signs down the road. If bubbles are desired, teach your child the sign for *bubbles*, not the sign for *more*. If music is desired, teach your child the sign for *music*, not the sign for *please*. First-request words need to be specific in order to be powerful.

References: "Hand Gestures Boost Spoken and Signed Language Learning" in *The ASHA Leader*, November 2014
"Impact of Symbolic Gesturing on Early Language Development" in *Journal of Nonverbal Behavior*, 2000

Understanding the Functions of **Behavior**

TALKING POINTS

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Child: SOMETIMES I TELL YOU WHAT I NEED WITH MY BEHAVIORS

In other words: All behavior is communication

Let's examine the communicative functions of **behavior**:

Attention Sometimes your child may use an unwanted behavior to get your attention by drawing your focus away from your current activity. It may not even matter if the attention is positive or negative as long as your focus shifts to your child.

Example: *Child looks at his mom, who is busy on her phone, and then pulls his sister's hair which makes her cry. He lets go of her hair when his mom comes over and scolds him.*

Escape Your child may use an unwanted behavior as a way to avoid doing a non-preferred activity.

Example: *Child is asked to pick up her toys. She throws a toy at her baby brother. The child is sent to time-out to think about her behavior without having to clean up the toys.*

Access This is when your child engages is a behavior in order to get a preferred item or activity.

Example: *Child cries until her mom buys her candy at the grocery store checkout.*

Physical Your child may have unwanted behaviors due to being overly tired, hungry, or ill.

Example: *Child throws himself on the floor off and on all morning, crying and screaming for no apparent reason. After his nap, his behaviors improve considerably.*

Sensory Sometimes your child may display a behavior because it provides some type of sensory input that is pleasing or removes some type of sensory input that is aversive.

Example: *Child chews on his toys instead of playing with them in an expected manner* or *child covers his ears when mom uses the vacuum.*

Frustration Your child may have difficulty knowing how to handle strong feelings appropriately. Causes of frustration include: limited expressive language skills (child doesn't have the words to tell you that she's angry), talking but not being understood, and being told "no."

Example: *Child tells you that she wants a cookie, but her speech is difficult to understand, and you give her a cracker instead. She starts crying and throws herself in a heap on the floor out of frustration.*

35 Alternatives to Screen Time for Toddlers

1. Blowing and popping bubbles
2. Putting plastic colored (Easter) eggs into an empty egg carton
3. Talking into a paper towel tube (let your child decorate the tube with crayons and stickers)
4. Looking through toilet paper tubes (tape two tubes together like binoculars)
5. Stacking empty cardboard boxes (shoe boxes, tissue boxes, cereal boxes)
6. Putting stickers on paper
7. Playing in a tub of dry soup beans and dry pasta
8. Going for a walk together (actually walking, not in the stroller)
9. Creating an obstacle course on the living room floor out of couch cushions and pillows
10. Going for a nature walk (take a small bucket and gather interesting items such as rocks, flowers, twigs, and leaves)

11. Stacking and nesting plastic storage containers and bowls from the kitchen
12. Playing with plastic measuring cups and spoons
13. Drumming with wooden spoons on pots and pans
14. Playing with magnets on the refrigerator or a magnetic cookie sheet
15. Racing small cars through a wrapping paper tube
16. Dropping ping pong balls into plastic and metal bowls from the kitchen
17. Making a racetrack on the floor with wide painter's tape (painter's tape isn't as sticky as masking tape)
18. Throwing balls into a laundry basket
19. Putting balls or other objects into a muffin tin
20. Using a spoon to scoop marshmallows or colorful pom-poms into a bowl
21. Painting the fence with a bucket of water and a clean paintbrush
22. Playing with a turkey baster, cups, and funnels in a small tub of water (outside is best!)

23. Giving toy animals a bath in a small tub of water
24. Drawing with sidewalk chalk
25. Batting a balloon back and forth
26. Hanging a balloon on a string from the ceiling and having child hit it with a pool noodle bat (cut the pool noodle so it's only 2 feet long)
27. Looking at books
28. Playing store with empty food boxes
29. Putting the couch cushion at an angle to use as a ramp for toy cars to drive up and down
30. Putting colored pom-poms into an empty parmesan cheese container
31. Stacking empty containers (empty wipes containers make great stacking toys!)
32. Drawing on a cardboard box (sitting inside the box will prevent your child from coloring on the walls or the floor)
33. Pushing or pulling stuffed animals in a small wagon or laundry basket
34. Looking at grocery store ads and circling favorite foods with a crayon
35. Putting straws into an empty water bottle (cut the straws in half so they will fit better)