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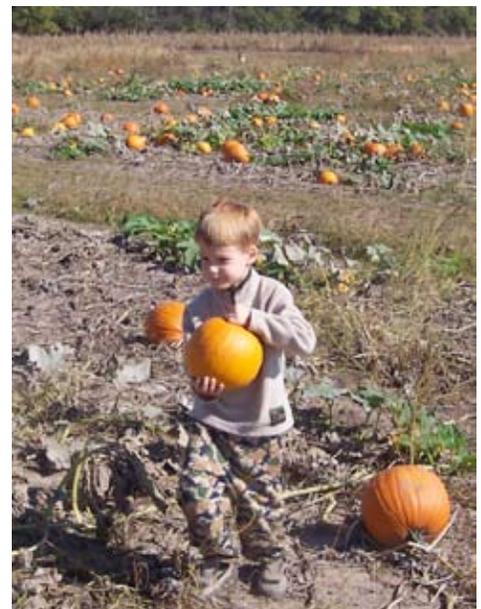


## Using a Developmental Model for Young Children with Autism Spectrum Disorders

By 2008 KITS Summer Institute Presenter, Juliann Woods

For more than 30 years, researchers from various disciplines have emphasized the context of social interaction as a critical component for communication intervention. Many current theories, including developmental, transactional, interactional and pragmatic theories, describe children as active participants in the communication process. Children learn to affect the behavior and attitudes of others through active signaling and gradually learn to use more sophisticated and conventional means to communicate through caregivers' contingent social responsiveness. Proponents believe that child development can be best understood by analysis of the interactive context, not simply by focusing on the child or the caregivers, because successful communication involves reciprocity and mutual negotiation.

When describing children with Autism Spectrum Disorder (ASD), Wetherby & Woods (2008) described several principles drawn from the developmental literature that are critical and should be incorporated into a developmental intervention. The first principle emphasizes that social communication development involves continuity from preverbal to verbal communication. For children with ASD who are not yet talking, emphasis should be placed on developing preverbal social communication skills and words should be mapped onto preverbal communication skills. Second, being a competent communicator is the outcome of a developmental interaction of the child's cognitive, social-emotional, and language capacities and the language learning environment. A child's developmental profile across these domains should provide the basis for decision making for communication enhancement. Communication goals should not be taught in isolation of the context and the primary communication partners. Third, in a developmental framework, all behavior should be viewed in reference to the child's relative level of functioning across developmental domains.





## Links to Other Training Calendars

- Families Together: [www.familiestogetherinc.org](http://www.familiestogetherinc.org)
- KACCRRRA: [www.kaccrra.org](http://www.kaccrra.org)
- Council for Exceptional Children: [www.cec.sped.org/pd](http://www.cec.sped.org/pd)
- KSDE: [www.ksde.org](http://www.ksde.org)
- Capper Foundation: [capper.easterseals.com](http://capper.easterseals.com)
- Heartsprings: [www.heartspring.org](http://www.heartspring.org)
- KCCTO child care or CDA advisor trainings: [www.kccto.org](http://www.kccto.org)
- HeadsUp Network for Head Start and early childhood: [www.heads-up.org](http://www.heads-up.org)
- Children's Alliance Training: [www.childally.org/training/training.html](http://www.childally.org/training/training.html)

See Collaborative Calendar of Events on page 3.



## Using a Developmental Model for Young Children with ASD continued from page 1

For example, many of the challenging behaviors used by children with ASD can be understood as attempts to communicate if such behavior is interpreted relative to developmental discrepancies and as coping strategies in the face of significant communicative limitations.

Many patterns and sequences of development in children with ASD are similar to typical development although the timing of acquisition is different and therefore, the combination of skills (i.e., discrepancies across social, cognitive, and linguistic domains) that a child with ASD has at any one point in time is unlikely to be seen in typical development. Working within a developmental model does not imply teaching to a developmental checklist. Developmental information provides a frame of reference for understanding a child's behavioral competencies and for individualizing appropriate, developmentally sensible goals and objectives.

ASD affects many aspects of social communication and learning. Developmental approaches focus on the promotion of functional and meaningful communication skills for children with ASD, such as expanding the use of gestures, initiating verbal and nonverbal communication, understanding and using of words with referential meaning, initiating and responding to joint attention, and reciprocity in interaction. These skills predict later cognitive, social, and language outcomes in children with ASD. The use of nonspeech communication systems (e.g., sign language or picture communication) to jump-start the speech

system and boost cognitive and social underpinnings is encouraged. When social communication challenges are present, family members as the child's most important communication partners must learn to modify their interaction style and the environment in order to ensure successful communication exchanges. Therefore, developmental interventions focus not only on targeting goals directly to address child skills, but also targeting strategies for parents to use to support social communication.

Developmental models are compatible with family centered services as both emphasize parents are decision makers and partners in an individualized assessment and intervention process. Interventions are designed so that family members, as well as the children, benefit from involvement. Interventionists must recognize that time spent by parents working with their child can enhance their confidence and competence to interact with their child, increase the child's independence in family activities, and improve the quality of the family's life. The review of research by the National Research Council (2001) identified family involvement as a key component of effective interventions for children with ASD.

Learning in childhood occurs in the social context of daily activities and experiences and not primarily by working with a child in isolation. Most young children spend a majority of their waking hours engaged in frequently occurring play and caregiving routines that can have a joint focus of attention, a logical and predictable sequence, turn taking, and repetition when they are carefully

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# The Collaborative Calendar of Events

View at [kskits.org/training](http://kskits.org/training)

DATE	EVENT	CONTACT
10/24-25/08	<i>Parent Leadership Conference</i> , Topeka	Tami Alexander, 785-368-6350
10/27-30/08	DEC 2008: <i>Renew Your Energy</i> , Minneapolis	<a href="http://www.dec-sped.org">http://www.dec-sped.org</a>
10/29-31/08	<i>32nd Annual Governor's Conference for the Prevention of Child Abuse and Neglect</i> , Topeka	Pamela Noble, 877-530-5275 ext. 1343, pnoble@kcsl.org
10/30-31/08	<i>Advanced Home Visitation Training</i> , Salina	Becky Drews, 785-856-3132
11/5/08	<i>Family Service Coordination</i> , Lawrence	Robin Bayless, rbayless@ku.edu
11/6-7/08	<i>Building Relationships within Family Systems</i> , Wichita	Natalie Schweda, 866-711-6711
11/6-7/08	<i>Writing IFSPs for Natural Learning Environments</i> , Morganton, North Carolina	Dathan Rush, 828-430-7952, dathan.rush@ncmail.net
11/10-14/08	<i>PAT Born to Learn Institute, Prenatal to 3 Years</i> , Olathe	Beccy Strohm, 785-296-2450
11/13/08	<i>I Am Moving, I Am Learning</i> , Salina (KHSA Pre-Conference Training) <a href="http://www.ksheadstart.org/node/159">http://www.ksheadstart.org/node/159</a>	Becky Drews, 785-856-3132, bdrews@ksheadstart.org
11/14/08	KHSA Annual Conference, <i>Ready to Learn: Building Healthy Minds and Bodies</i> , Salina	Becky Drews, 785-856-3132, bdrews@ksheadstart.org
11/14/08	<i>Developing Social Skills in Young Children with Autism &amp; Related Social Disabilities &amp; Challenges</i> , Wichita	Beth Reeder, 316-267-5437, ereeder@rui.org
11/14/08	<i>Fostering Social Competence</i> , various locations	Lee Stickle, 913-588-5940
11/24-25/08	<i>Advanced Home Visitation Training</i> , Salina	Becky Drews, 785-856-3132
1/8/09	<i>Home Visitor Networking</i> , Salina	KHSA, 785-856-3132
1/9/09	<i>Positive Behavior Support, Level 2</i> , Salina	KHSA, 785-856-3132
1/26-30/09	<i>Basic Home Visitation Training</i> , Wichita	Becky Drews, 785-856-3132
2/16-20/09	<i>Parents As Teachers Born to Learn Institute, Prenatal to 3 Years</i> , Clearwater	Beccy Strohm, 785-296-2450, BStrohm@ksde.org
2/20/09	<i>Building Social Relationships: A Systematic Approach to Teaching Social Interaction Skills to Children &amp; Adolescents on the Autism Spectrum</i> , via ITV	Lee Stickle, 913-588-5940, lstickle@kumc.edu
2/26-27/09	<i>KDEC Annual Conference</i> , Wichita	kdec.org
4/2-3/09	<i>Kansas Fatherhood Summit</i> , Wichita	Tami Alexander, 785-296-3349
4/24-25/09	<i>Statewide Family Child Care Conference</i> , Topeka	Shannon Zaring, 913-441-0947
4/27-5/1/09	<i>Considering Ethical and Professional Behaviors</i> , 4/27 & 4/28 at Olathe, 4/29 at Salina, 4/30 & 5/1 at Clearwater	Lucy Campbell, lcampbell@ksde.org
6/16-19/09	<i>KITS Summer Institute</i> , Lawrence (tentative)	Misty Goosen, mistyg@ku.edu

## Part C Regional Meeting Update & Clarification



### KDEC 2009

#### Doing What Works... Evidence Based Practice in Action

February 26-27, 2009

#### Wichita Airport Hilton

We are very excited about this year's conference. One of our featured speakers will be Camille Catlett from the FPG Child Development Institute - The University of North Carolina at Chapel Hill. Camille is involved in the National Professional Development Center on Inclusion and is the editor of the Natural Resources Weekly Listserve. Camille will bring a wealth of resources to assist us in putting EBP into action in our classrooms and the homes we visit.

Dr. Ann Turnbull, of the Beach Center on Disability will join us as a keynote on February 27. Dr. Turnbull will share her information on wisdom based action and communities of practice. Recognized by National Historic Preservation Trust on Mental Retardation as 1 of 36 individuals

*KDEC continues on page 9*

Thank you...to Robin Bayless and Joe Porting for arranging and coordinating the Regional Meetings for Part C Infant Toddler Services and also to our speakers Jim North, Cayla Wright and Brenda Kuder! Carolyn Nelson, Peggy Miksch and I were in Baltimore at the National Accountability Conference and the Measuring Child and Family Outcomes Conference during most of the regional meetings.

Several questions were asked regarding the database instructions about program completion and other exit reasons. As a reminder, please review *Report on Infants and Toddlers Exiting Part C, Table 3*. Many of the questions can be clarified by instructions that Diane Alexander emailed to the networks in December 2007. If you need another copy, please email Diane at DAlexand@kdhe.state.ks.us Listed are some of the questions that were asked:

1. *Part B eligibility not determined? When child turning 3 and not wanting to go on to school services - Part B not determined or Parent withdrew? Even when parent declined services?* Include all children who reached their third birthday and their Part B eligibility has not been determined. This category includes children who were referred for Part B evaluation, but for whom the eligibility determination has not yet been made or reported AND children whose parents did not consent to transition planning.
2. *Comment - Exit with no referral - not good reflection on network.* Please include all children who reached age three, were evaluated and de-

termined by Part B not eligible for Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving Part B), child care centers, and/or were referred for other services, which may include health and nutrition services, such as WIC. There are many reasons that you may not make a referral and it is not intended to reflect anything poorly on the networks as some of these reasons may be positive.

3. *Does OSEP have race/ethnicity definitions?* Yes...At this time OSEP is not in compliance with the standard announced by the OMB and is considering changes. For now the data will need to be reported in these categories:

American Indian or Alaska Native: A person in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian or Other Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Hawaii, Guam, and Samoa.

Black (not Hispanic): A person having origins in any of the Black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South

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## Part C Regional Meeting Update & Clarification continued from page 5

American, or other Spanish culture or origin, regardless of race.

**White (not Hispanic):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

4. *Define homeless children and youths'* - (A) means individuals who lack a fixed, regular, and adequate nighttime residence; and (B) includes - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in sections 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

If you need further specific clarification or would like to submit suggestions or ideas, please email me.

### Helpful Information on Early Childhood Outcomes (Indicator #3)

*Why is OSEP interested in only these three outcomes areas:*

- Children have positive social-emotional skills*
- Children acquire and use knowledge and skills*
- Children use appropriate behaviors to meet their needs and not in the five (Physical, Cognitive, Social-Emotional, Adaptive, Communications) developmental domains?*

The three outcome areas were chosen based on the stakeholder input and recommendations by the Early Childhood Outcomes Center. Many stakeholders expressed concern that using an approach that separates children's development into discrete domains is not consistent with the integrated nature of how young children develop and goes against integrated and transdisciplinary intervention models. Additionally, since the emphasis in working with young children with disabilities is on developing functional skills, the three child outcomes on the SPP represent critical functional outcomes young children need to be successful in every day activities and routines. These outcomes incorporate and also integrate, the developmental domains.

See related chart on page 6

—submitted by Tiffany Smith-Birk,  
Tsmith-birk@kdhe.state.ks.us  
Coordinator Part C Infant Toddler Services

## Child Safety Seats

You've checked to make sure your child safety seat is installed correctly; you insist that your child be secured in the seat every time you're in the vehicle; but, did you check the seat's expiration date? All car seats should have an expiration date and should be destroyed after this date. The plastic deteriorates after a few years of sitting in a hot or cold vehicle. Need proof? Look at this crash test video of a 10 year Britax car seat:

[http://home.comcast.net/~dcbsr/test/Britax\\_GMTV\\_Check\\_It\\_Fits\\_Child\\_Facing\\_Forwards\\_ten\\_years\\_old\\_seat.mpeg](http://home.comcast.net/~dcbsr/test/Britax_GMTV_Check_It_Fits_Child_Facing_Forwards_ten_years_old_seat.mpeg)

As a general rule of thumb, if you cannot find an expiration date on the seat, the manual or the manufacturer's website, destroy the seat after six years from the date of manufacture. Do not just put it out for the trash. Cut up the straps, saw the seat in half, or physically put it in the trash truck yourself!

### Source

U.S. National Library of Medicine and the National Institutes of Health, Medline Plus. (2007). *Child safety seats*. Retrieved October 3, 2008 from <http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/001990.htm>

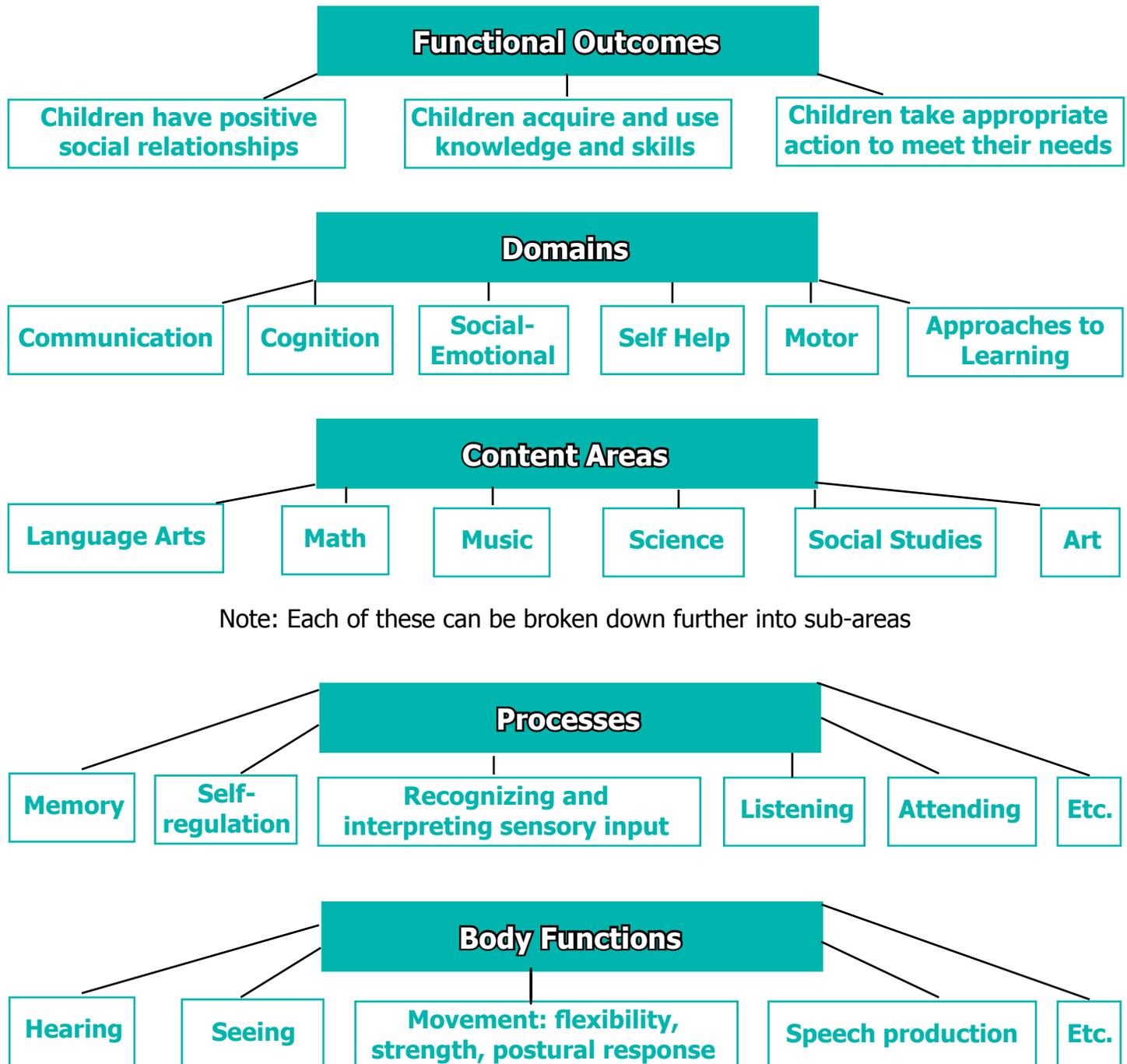
—submitted by Robin Bayless



# Alternative Ways of Thinking about Child Outcomes

See related article on page 4

**Overarching Goal: Children will be active and successful participants now and in the future in a variety of settings**



Note: Each of these can be broken down further into sub-areas

## Results from the School Readiness Project: Learning in Kindergarten

As part of the School Readiness Project, kindergarten teachers have been providing data to the Kansas State Department of Education for three years: 2005-2008. Teachers have provided data on:

- Entry and exiting skills of children in their classes
- Classroom practices (the Kindergarten Teacher Practices survey)

They have also facilitated collecting data from parents on home practices.

### Child Data

The School Readiness Project examines child skill levels in several domains (oral communication, written language, math, general knowledge, symbolic development, physical development, social-emotional development, attentive behavior, and work habits). This information provides a snapshot of the “whole child” - what he or she looks like at entry into kindergarten and what he or she learns through the year.

### Classroom practices

Teachers also provide data on their classroom practices so that teachers and administrators can begin to see what works best for different children, what kind of day format (all day, half day) helps children learn, and what kinds of professional development might help teachers better support student learning.

### Home Practices

Parents provided data on home literacy practices, preschool experiences, and other family supports that may prove to support their child’s success in school.

### **Results over the past three years (2005-08) indicate that:**

- Children are entering kindergarten with good oral language skills
- Children have adequate social skills.
- Children who were read to every day had higher reading scores (2005-08) and scored higher on all academic achievement areas (2007-08).
- Written language was the lowest area of skill.
- Children who are considered “at-risk” (low income, ELL, IEP) do not have as high a level of skill in all domains.
- Children who attended preschool for a greater number of years prior to kindergarten scored higher on many of the more academic areas and lower in attentive behavior (2007-08).
- A significant proportion of parents have a difficult time finding quality child care.
- All domains of learning showed improved scores across the kindergarten year.
- Children in full-day kindergarten classrooms had higher spring scores in academic areas.

—submitted by Gayle Stuber, KSDE  
Special Education Services

## Request for Proposals for Best Practice Awards

Each year through an application process KITS, in collaboration with KDHE and KSDE, identifies programs that utilize evidence-based practices. Early in October, all Special Education Directors, Early Childhood Coordinators and Part C Network Coordinators were emailed this application packet.

The applications are reviewed by a panel of professionals in the fields of early intervention and early childhood special education. The programs identified are awarded a certificate of recognition and \$1,000 to use as an added resource.

If you have not received your application packet, contact Robin Bayless, [rbayless@ku.edu](mailto:rbayless@ku.edu), 620-421-6550 ext. 1618 or download a copy at:

<http://kskits.org/resources/index.shtml#Application>

Deadline for applications is a postmark of Friday, January 16, 2009.



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analyzed for maximal teaching opportunities and supportive instructional strategies. Developmental approaches embed intervention into everyday routines, activities, and places, which require team consideration to the sequence, ease of strategy use, and frequency of opportunity within various routines. A variety of naturalistic language intervention strategies can be used as appropriate. A strong body of evidence exists to support naturalistic interventions that rely on the use of behavioral technology within developmental and age appropriate activities of interest and importance to the child and family. It is well documented that generalization of child and family outcomes is enhanced by embedding intervention in family preferred routines and contexts. Further, incorporating intervention into existing family routines provides a context for the family and team members to develop an active, mutually respectful, partnership. Children with ASD benefit from functional and meaningful opportunities for learning in their natural environment to promote generalization. This is one of the major benefits of the developmental model. The embedding of intervention within typical daily routines and community activities focuses on the generalization of skills for the child, while reducing the stress of specialized training activities irrelevant to the child's challenging behaviors or functional use of communication for families.

Both developmental and contemporary behavioral approaches have emphasized the importance

of teaching strategies that encourage children with communication impairments to initiate communication and language use. In the developmental literature, the pragmatics movement has led to strategies that follow the child's lead to develop communication and conversational abilities. The developmental literature emphasizes the importance of caregiver responsiveness to enhance communication and language and shifting the balance of power or control to the child. Responsiveness to the child is seen as an important



step to attain balanced turn taking or shared control in interactions and can prevent the child from becoming a passive partner, becoming prompt dependent, or using challenging behavior. Combining evidence based strategies from various approaches within a developmental framework can be advantageous for the team designing a comprehensive and coordinated program.

Numerous strategies are described in the literature to design the environment to encourage the initiation of communication, such as, placing objects in sight but out of reach, using pictures for choices, or offering small portions. The developmental literature has emphasized

the importance of “engineering” or arranging the environment to provide opportunities and reasons for the child to initiate communication. By making the initiation of communication a priority, natural opportunities for communicating can be capitalized upon in all settings.

Children with ASD, as with all children with communication delays and disorders, benefit from an approach that is matched to the child and family's values and priorities: that is comprehensive, dynamic, individualized, ecologically valid, and monitored consistently. Developmental models have benefits for children with ASD and families especially as they support the back and forth exchange between partners in communication. Language is best learned as a tool within everyday functional interactions with significant communication partners... that's where we use it!

### References

- National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press.
- Wetherby, A., & Woods, J. (2008). Developmental approaches to treatment. In K. Chawarska, A. Klin, & F. Volkmar (Eds.), *Autism spectrum disorders in infants and toddlers: Diagnosis, assessment and treatment* (pp. 170-206). New York: Guilford Press.



## New Items at the Early Childhood Resource Center (ECRC)

- Wiseman, N. (2006). *Could it be autism*. New York: Broadway Books.
- Offit, P. (2008). *Autism's false prophets*. New York: Columbia University Press.



### Resource Spotlight from the ECRC

*Topics in Down Syndrome: Fine Motor Skills in Children with Down Syndrome; A Guide for Parents and Professionals (1999)*

Written for parents, health professionals, and teachers, this is a practical and accessible guide to understanding and developing fine motor skills in children with Down syndrome. The author draws on her expertise as a seasoned occupational therapist and parent to show readers how to help children develop the hand skills required for such tasks as holding a pencil, cutting with scissors, or using a computer. Especially valuable is the book's sensitiv-

ity to the medical, physical, and psychological characteristics of children with Down syndrome and how these can affect motor development.

*Babies with Down Syndrome: A New Parents' Guide (2008), 3rd Ed.*

This third edition is written by a group of knowledgeable parents, doctors, nurses, educators, and lawyers, who cover everything parents need to know about raising their child in an environment of love, pride, and achievement. This guide improves on the original with up-to-date information on prena-

tal testing, early intervention, legal and medical issues, and resources.

Find these and other resources at <http://kskits.org/ecrc> or contact Kim Page at 620-421-6550 ext. 1638, [kpage@ku.edu](mailto:kpage@ku.edu).

—submitted by Kim Page,  
ECRC Coordinator



### KDEC 2009, Doing What Works...Evidence Based Practice in Action continued from page 4

who made the most significant contributions to changing the course of history in mental retardation during the 20th Century, Dr. Ann Turnbull has been a professor, teacher, researcher, and advocate for individuals with disabilities, their families, and service providers for more than 35 years. Dr. Turnbull has devoted her career to bridging the gap between academic studies and the real-world: the 24/7 needs of families and individuals. She is the Co-Director of the Beach Center on Disability, an organization dedicated to making a significant and sustainable difference in the quality of life of families and individuals affected by disability. She

has authored 14 books, including 3 leading textbooks in the field of special education, and over 200 articles, chapters, and monographs. In addition to her professional credentials, she is the parent of three children, one of whom, Jay, is an adult son with multiple disabilities.

We are in the process of confirming additional speakers and reviewing proposals. You are encouraged to submit a proposal by November 5 to present at the conference. For up to date information go to [www.kdec.org](http://www.kdec.org)

We hope to see you there!

—submitted by Peggy Miksch

### Contact ECRC:

phone:  
620-421-6550 ext. 1651  
800-362-0390 ext. 1651

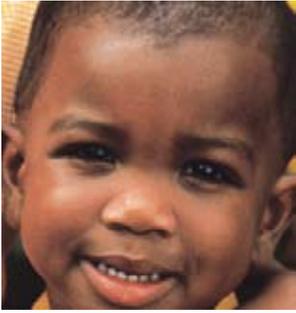
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...web: [kskits.org](http://kskits.org)

**SAVE THE DATE!**

**KITS Summer Institute 2009**

**June 16-19, 2009**

**Lawrence, Kansas**



**Exact location and topic to be determined.**

**For more information watch**

**<http://kskits.org/training/KITSSummerInst.shtml>**

**or subscribe to the Preschool or Infant Toddler list serv:**

**<http://kskits.org/listserv/index.shtml>**

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