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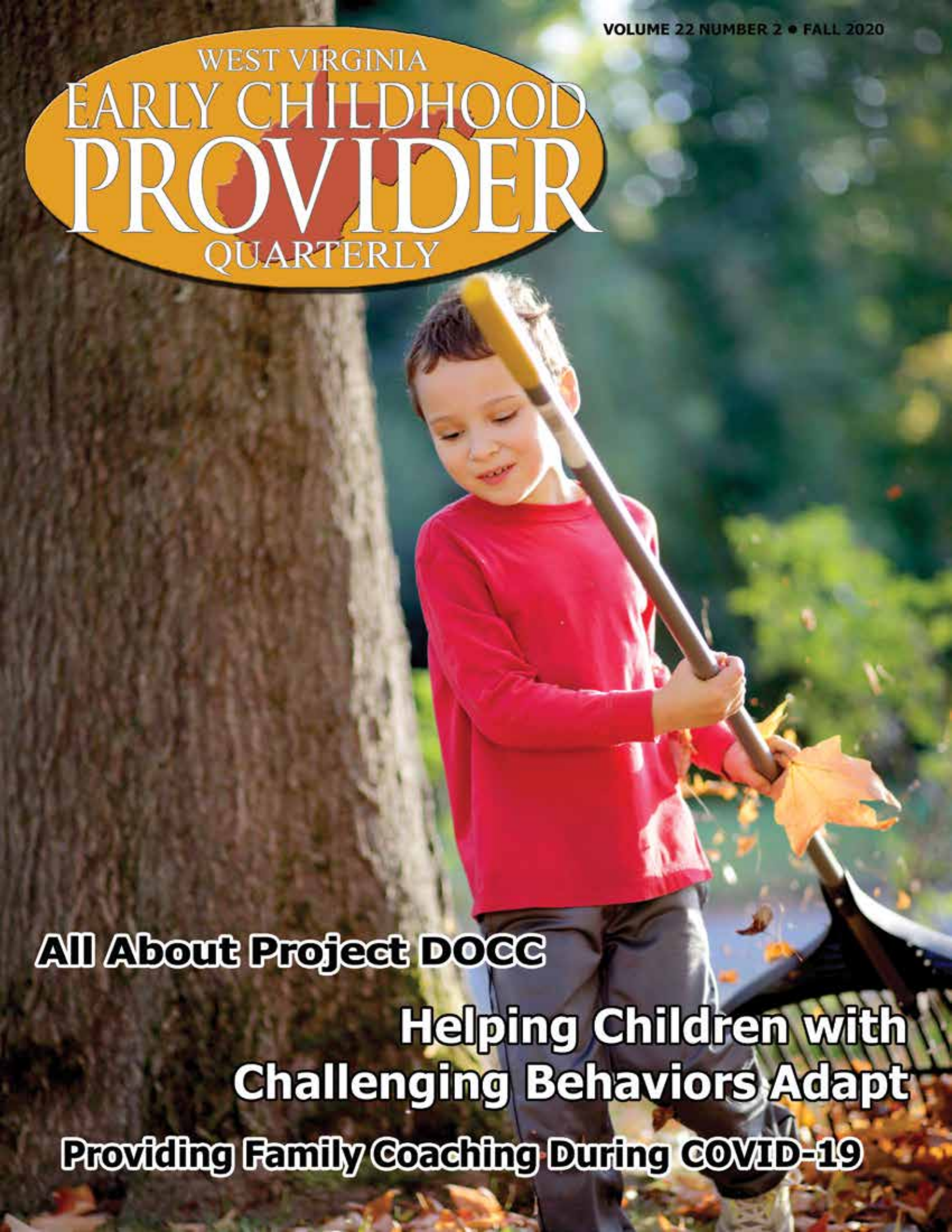
WEST VIRGINIA EARLY CHILDHOOD PROVIDER QUARTERLY



All About Project DOCC

Helping Children with Challenging Behaviors Adapt

Providing Family Coaching During COVID-19

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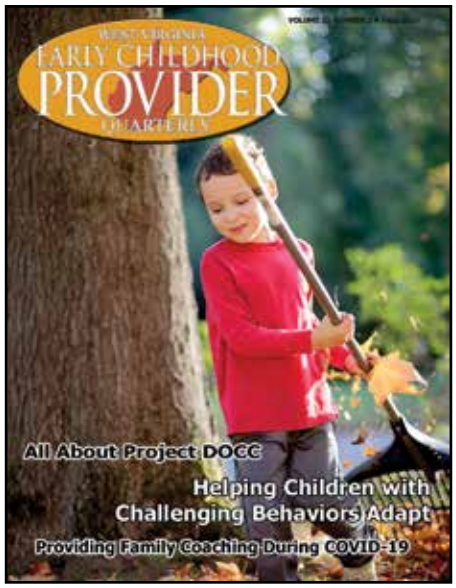

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Updated 09/2019

Project DOCC - Educating Future Medical Professionals on Patient-Centered Care

Submitted by Brooklyn Vrolyk, LEND trainee, West Virginia University Center for Excellence in Disabilities

As medical science, technology and care advance, more children survive complex medical conditions and need continuous care throughout their life. In the United States, one in four households have a child with special healthcare needs (Child and Adolescent Health Measurement Initiative, 2017). Having a child with complex medical needs can be overwhelming as parents work to balance multiple doctors and differing locations, insurance, access to assistive technology, their own health, and so much more. To address this, Project DOCC (Delivery of Chronic Care) educates students on the Patient Centered Medical Home (PCMH) model. This model encompasses the importance of high-quality care, health promotion, and condition management implemented in a manner that is coordinated, planned out, and family-centered (American Academy of Pediatrics, 2002). Using this model makes care much more accessible and effective for families and children with complex medical conditions and provides a common ground for practitioners. A medical home must have the following qualities: accessible, patient/family centered, continuous, coordinated, compassionate, and culturally effective (American Academy of Pediatrics, 2002). Project DOCC strives to help more families receive appropriate care and have a medical home.

To better train future medical professionals to serve families and complex pediatric patients, Project DOCC, an inter-professional education (IPE) simulation experience, is in full swing at West Virginia University as a joint effort between West Virginia University (WVU) faculty and employees of the WVU Center for Excellence in Disabilities (CED). The curriculum for which Project DOCC is based on is an adaptation from the national curriculum created in 1994 by three mothers of children with complex medical needs in which the parents act as teachers. Parents share their experience to educate future professionals firsthand as to what caring for a medically complex child looks like from a parent's perspective on a day-to-day basis.

Through a parent-led interview, students from the schools of Nursing, Medicine, and Pharmacy learn about the complex care of children with

special healthcare needs, their families experiences, and the unique obstacles they have overcome together. Inside the simulation, students have the opportunity to ask the hard questions, and are encouraged to do so. Students leave the simulation experience with a better understanding of the American Academy of Pediatrics Patient-Centered Medical Home (PCMH) model which will allow them to better serve families with complex medical needs in the future (2002). Student learners were given the task during their parent interview of asking questions to determine whether the family has experienced a medical home. This keeps students focused on the aspects of a medical home and allows them to see gaps in care which they can avoid in their future practice.

Before the interview, student learners complete activities as part of a pre-simulation data collection to determine their current knowledge on the PCMH model and their understanding of their discipline's role in the care of a complex pediatric patient. A pre-materials packet was also included in this phase which provided information on the goals, objective, approach, and process of the simulation. An article was presented on the use of person first language. This provides students with some knowledge about the PCMH model and what to remember before the simulation.

On the day of the simulation experience, students are split into groups and evenly distributed among disciplines. They are presented with a team activity which allows their new inter-professional team to become acquainted before entering the parent interview. The team activity is to brainstorm what a medical home is, what patient-centered care is, and what barriers are to such. After five minutes, groups share their ideas with other groups which leads to a large group discussion. During this time, a mini lecture is also given covering the goals and learning objectives, sample questions, and examples of what to ask the parents in the interviews, and other things to keep in mind. Faculty from the WVU School of Medicine, WVU School of Pharmacy, WVU Center for Excellence in Disabilities, and family members and advocates participate in educating the students during the pre-brief session. Following the pre-brief, the learners in their IPE teams meet the parent educator and begin the simulation interview.

During the simulation interview, the students ask the parent questions related to their experience in receiving care for their child. As students learn about that family's story, they begin to see the gaps in care

and how they can begin to fill those gaps as emerging professionals in the field. The parents who have and continue to participate in Project DOCC are integral to its success, and the simulation experience would not be possible without them. These parents educate the student learners on what life in their shoes is like, what makes a good doctor in their eyes, what that family needs that may not cross your mind, and so much more.

At the end of the simulation, both student learners and parents fill out surveys about their thoughts and feelings about the experience. Data collected from previous sessions supports that students leave Project DOCC with significantly increased familiarity with the PCMH model and their awareness of their profession's role within a medical home. This unique opportunity also allows the student learners a stress-free environment to talk to the parents without having to worry about immediate care, or without the stress of receiving a grade. The parents also feel Project DOCC is a positive experience, and many report they appreciate the opportunity to advocate for their child and educate future professionals.

COVID-19 has forced Project DOCC to move online, but that has not stopped WVU's faculty from making sure students have the opportunity to gain this important experience. The transition to conducting Project DOCC online has even been beneficial for some, as it eliminates the need for transportation, which can be a major challenge for children and families with complex medical needs. With over seven sessions under way and more scheduled, Project DOCC continues to educate the future medical professionals and highlights the knowledge parents have. If you are a parent and would like to participate as a Parent Educator, please contact Lori Heginbotham at WVU's Center for Excellence in Disabilities at (304)-293-4692.

This WVU Project DOCC (Delivery of Chronic Care) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $96,500 with 0 percentage financed with non-governmental sources. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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West Virginia

Finding a Better Way:
Helping Children with Challenging Behaviors Adapt

Submitted by Carmen Fullmer, MS, Behavior Support Mentor, WVU Center for Excellence in Disabilities

Seeking Clues to Solve a Mystery

Figuring out what motivates children to behave the way they do often involves unraveling a mystery. Did the child's actions come out of nowhere or was there something we were not aware of that prompted them? All behaviors happen for a reason, even if the reason is not always clear. Because each child is unique, understanding the youth's motivation is even more complicated.

Discerning possible reasons might take some detective work. Like Scooby Doo and the gang, we can use our powers of observation to find clues and notice patterns in the child's behaviors that persist. While observing a situation as it unfolds, it can be useful to break down what we are looking for into smaller parts, like noticing the behavior itself, what happened before the behavior, and what happened after the behavior — i.e., the outcome. Further, we could analyze the outcome to discover what possible function the behavior served in expressing the child's needs.

Gathering data and insight to form a theory about the behavior's function is key to offering more effective behaviors and positive strategies that would meet the child's needs. It can also help provide clues about how to teach children to make good habits and engage in alternative behaviors consistently and routinely.

PBS Provides the Framework

Positive Behavior Support (PBS) is an evidence-based framework that can help solve the mystery. It can help parents and professionals figure out what a child wants to achieve by doing a challenging behavior. The process leads to developing a plan that identifies positive interventions and functionally equivalent replacement behaviors (FERBs) that would be more appropriate and easier to accomplish, while still meeting the child's needs. For example, a child could learn to use a code word as

an alternative to yelling to ask for a parent's attention; the parent would then provide one-on-one time with the child, like reading a story together.

Central to PBS is the theme of making environmental adjustments to help improve a child's quality of life. This involves enhancing the environment by making small, adaptable changes to what is happening around the child. Changes might include things like adjusting lighting, reducing noise levels, using softer textures, providing an organized learning space, and providing a calming space. It could mean changing the pace by playing upbeat music to engage a kid who is bored or playing soothing music to help calm a child who is anxious. It might also involve changing when things are done, like having an afternoon nap before going to the store and encouraging quiet, relaxing activities before bedtime. Changing communication style might mean telling or asking children to do something in a different way by breaking down tasks into shorter, simpler instructions or using visual prompts to promote independence.

Positive Behavior Support is a person-centered process with a case-by-case approach to matching uplifting solutions to the focus person. PBS specialists apply this values-based approach to support the person's dignity and honor the fact that each child is an individual with specific needs, wants, goals, and dreams.

Positive Behavior Support Specialists Guide the Way

The Mountain State has a rich history of Positive Behavior Support specialists working with children and families to find a better, more positive way to behave, blossom, succeed, and engage with others.

West Virginia was the first state to create its own statewide PBS network. Established in 2003, the West Virginia Association for Positive Behavior Support (WVAPBS) Network is "committed statewide to promote the philosophy, core values and evidence-based practices of positive behavior support." Board member Christine Dickson explained, "It's a way for professionals across systems and across the lifespan to share ideas, information, and to promote PBS." As a way to assure fidelity of practice and quality of services in the state, WVAPBS has established an endorsement process for PBS professionals who wish to apply. Dickson said, "It will also help people that need the service to ensure that providers are qualified." To find out more about the WVAPBS Network and its endorsement process, visit http://www.wvapbs.com.

Community-based Positive Behavior Support services are available in all 55 counties through the Center for Excellence in Disabilities (CED) at West Virginia University. Behavior Specialist Nick Larson shared, "PBS can help facilitate new perspectives and appreciation for both our clients and the diverse individuals who make up their support system. We have been blessed with numerous strong and ongoing partnerships to spread person-centered practices across the state."

The collaborative PBS team at the CED offers an array of personalized services — including solution-centered brainstorming, person-centered planning, individualized intensive services, technical assistance and mentoring for professionals, and specialized trainings.

The PBS brainstorming service is a one-hour telehealth consultation, in which team members work together with individuals, families, or caregivers to explore solutions for challenging behaviors and suggest relevant resources. Brainstorming also offers a gateway to determining what other PBS services might be of particular benefit for participants. For example, individualized intensive services might be appropriate for a child with a serious emotional disorder, who needs help addressing specific dangerous behaviors and is at risk of out-of-home placement. Another service that might be ap-

propriate for a youth pondering the future is person-centered planning. With this planning process, PBS facilitators use fun interactive tools to show how the positive and possible aspect of the person's dreams can translate into viable actions and goals for creating a more personally fulfilling future.

The CED's PBS team has expanded their outreach in West Virginia and beyond its borders by providing web-based trainings — on topics like PBS for Parents, Trauma-Informed PBS, De-escalation Techniques for First Responders, and Increasing Quality of Life. PBS Program Assistant Angela DeMoss reflected, "The general consensus from participants in our trainings is that they are highly satisfied with the material they've been provided, and have gained knowledge on topics like Positive Behavior Support and how to help others and themselves create a better quality of life." WV professionals in the field might also benefit from participating in the team's technical assistance and mentoring services.

To learn more about available services and upcoming trainings, you're welcome to call and talk with a member of the PBS team at 855-558-4296.

To apply for services, check out the training calendar, or access the team's quarterly newsletter, The Support Report, visit their website at http://pbs.cedwvu.org.

Positive Behavior Support services offer hope for families struggling to cope with difficult behavioral issues. PBS specialists can help families demystify challenging behavior and help children learn to choose more effective, balanced ways to express themselves.

BILD. (2015). An Introduction to PBS. Centre for the Advancement of PBS at BILD. Retrieved from https://www.bild.org.uk/resource/an-introduction-to-pbs.

CORONAVIRUS DISEASE 2019
(COVID-19)

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CS319482-G 08/04/2020

Adapting Classroom Environments for Young Children with Special Needs

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https://www.kaplanco.com/ii/classroom-environment-special-needs

As a teacher, you know how important it is to plan teaching strategies and activities that match young children's developmental needs and characteristics. Children with a learning disability, speech or language disorder, hearing or visual impairment, physical disability, autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), or other type of impairment may need special accommodations or modifications in the classroom. One of the best ways you can support children with special needs is by changing the classroom environment to increase children's participation in activities. The authors of *Themes for Inclusive Classrooms* offer the following examples of ways you can adapt your classroom environment for young children with special needs:

1. Offering alternative seating arrangements is a great way to support children with disabilities. Depending on the needs of the individual child, you can have them sit near you or a peer buddy, in a quiet area of the classroom, or provide an alternative seating option (such as a K'Motion Stools) that will help them focus in class.

2. Rearranging the layout of the classroom, especially in regards to classroom furniture, can also help children with special needs move more easily around the classroom.

3. Limiting visual clutter on walls can help reduce distractions for children with autism or ADHD.

4. Play soft music or provide white noise throughout the day to help with sensory stimulation.

5. Reducing the noise level in the classroom can help children with a visual or hearing impairment.

6. Changing the amount of lighting or brightening or dimming lights can help children with autism or a visual impairment.

7. Adapting furniture by lowering chairs or securing desks and creating slant boards throughout the classroom for writing support can help children with a physical disability or orthopedic impairment.

8. For children with a cognitive and/or developmental delay or an orthopedic impairment, consider using pegs to adapt handles on doors, shelving, coat racks, backpack areas, and puzzles.

Accommodating and modifying your classroom environment can help children be successful learners and be an active participant in classroom activities, but remember that deciding which accommodations or modifications you should use will be mostly dependent on the individual child and your teaching objectives.

Warner, L., Lynch, S., Nabors, D., and Simpson, C. (2008). *Themes for Inclusive Classrooms: Lesson Plans for Every Learner.* Maryland: Gryphon House.

Commonly Used Acronyms in Special Education

Reprinted with permission from the West Virginia Early Intervention Interagency Coordinating Council

ADA – Americans with Disabilities Act
APR – Annual Performance Report

BCF – Bureau for Children and Families
BHHF – Behavioral Health and Health Facilities
BMS - Bureau for Medical Services
BPH – Bureau for Public Health

CED – Center for Excellence in Disabilities
CFO – Central Finance Office
CAPTA – Child Abuse Prevention and Treatment Act
CCR&R – Child Care Resource and Referral Agencies
CDCSP – Children with Disabilities Community Services Program
COSF – Child Outcome Summary Form
CPS – Child Protective Services
CSHCN – Children with Special Health Care Needs
CSPD – Comprehensive System of Personnel Development
CQI – Continuous Quality Improvement

DD Council – Developmental Disabilities Council
DOE – Department of Education
DHHR – Department of Health and Human Resources

ECAC – Early Childhood Advisory Council
ECO Center – Early Childhood Outcomes Center
ECTA –Early Childhood Technical Assistance Center
EHS – Early Head Start
EPSDT/Health Check – Early Periodic Screening Diagnostic and Treatment Program
EOB – Explanation of Benefits
ESY – Extended School Year

FERPA – Family Educational Rights and Privacy Act
FGRBI – Family Guided Routines Based Interventions
FRN – Family Resource Network

GPRA – Government Performance and Results Act

HS – Head Start

I/DD Waiver – Medicaid Home and Community Based Waiver Program
IDEA – Individuals with Disabilities Education Act
IEP – Individualized Education Program
IFSP – Individualized Family Service Plan

LRE – Least Restrictive Environment

MIECHV- Maternal Infant Early Childhood Home Visiting Program

NCSEAM – National Center for Special Education Accountability Monitoring
NICU – Neonatal Intensive Care Unit
NCLB – No Child Left Behind

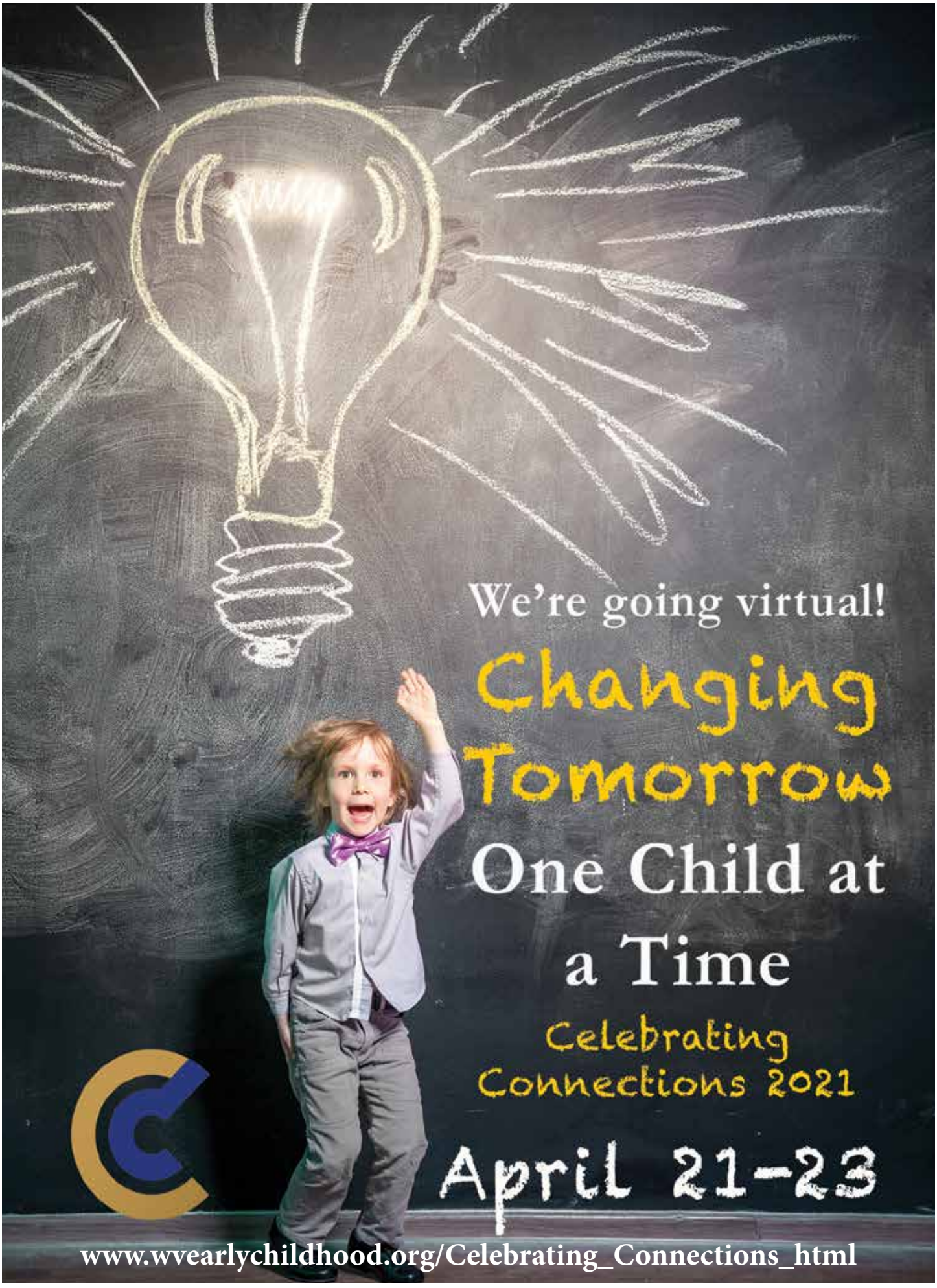
OMB – Office of Management and Budget
OMCFH – Office of Maternal, Child and Family Health
OSEP – US Dept of Ed – Office of Special Education Programs
OSERS – US Dept of Ed – Office of Special Education and Rehabilitation Services

Part C – Infant Toddler section of IDEA
Part B – Section of IDEA for children 3-21
Part b- Also known as Section 619 of IDEA, Section of IDEA for 3-5 year olds
PERC – Parent Educator Resource Center

RAU – Regional Administrative Unit

SICC – State Interagency Coordinating Council
SPOE – System Point of Entry
SPP – State Performance Plan
SSDI – Social Security Disability Insurance
SSI – Supplemental Security Income
SSIP – State Systems Improvement Plan
STARS – State Training and Registry System

WIC – Women's Infants and Children
WVA – WV Advocates
WVBTT – WV Birth to Three
WVCHIP- WV Children's Health Insurance Program
WVPTI – WV Parent Training and Information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www.wvearlychildhood.org/Celebrating_Connections_html

Providing Family Coaching During the COVID-19 Pandemic and Beyond

Submitted by Mel Woodcock, West Virginia Birth to Three
Adapted from the Indiana First Steps, Tip Sheets for Families and Providers created by the Indiana Institute on Disability and Community Child Development Center

Over the past several months the COVID-19 pandemic has challenged all early childhood professionals on how best to provide services to the children and families we support. Through these reflections, we have begun to see our role in a new light as we move from being the teacher, therapist, or practitioner to more of a family coach. In early intervention, family coaching has been defined as interactions used by practitioners to help parents develop their abilities to interact with their children in ways that support their child's development. (Rush and Sheldon, 2005).

As parents struggle to balance work, home schooling, and finding child care with taking time for themselves, we can offer services in a way that fits more readily into the day-to-day life of the family. We recognize the stress the parents may be feeling and the impact that may have on the child's development. Through this recognition, we use family coaching techniques to support the family in reflecting how things are going for them as a family and what could be better. We observe the family in their daily life and tailor recommended intervention strategies to assist them where they most need the support. WV Birth to Three has adopted the

Family Guided Routines Based Intervention Model (FGRBI) for providing family coaching. This model works well for both in-person and teleconference sessions. The model uses a simple format for providing high quality family coaching in home visiting (SS-OO-PP-RR.)

1.

SS- Setting the Stage: Check-ins are important! Use this time to connect with the family. Provide comfort and support, as needed. Use the information from this conversation to decide what to focus on during the current session. Sample check-in questions might include: Tell me how it's going, tell me more, what went well last week, what was hard, and have your priorities as a family changed at all this week.

2.

OO- Observation and Opportunities to Embed: During this part of the session you may find yourself being quieter. Rather than working hard to engage the child in a novel activity, try joining the family in whatever they would normally be doing during the time you are there. You may ask questions or provide feedback during this time. You may want to know "What happens when…?" or "How did you teach her to do that?" This is the time that you will build on what the caregiver is already doing and support the caregiver to try new things in the context of typical family routines.

3.

PP- Problem-Solving and Planning: Keep this conversation "right size" for the family. Some families may have the capacity to think big here and others may have a lot on their plate and need small steps. What might get in the way of this working? What do you want to try next? I wonder what would happen if…?

4.

RR- Reflection and Review: Talk about what worked during the visit. Talk about what you and the family may want to target next time. Get specific about what the family wants to practice between this session and the next one (what will they do, what routines will they use).

Some families may not understand why you have moved to family coaching. They may be expecting you to provide services in the old way. Remind caregivers that they know their child better than anyone. You want them to feel confident about working with their child, even when you aren't there. You can also tell them that research demonstrates that children make much more progress when the family is deeply involved in teaching them. This is a wonderful thing!

Finally, as a reminder, children are experiencing stress as well. Through family coaching, we give families skills to help their child navigate the pandemic by strengthening the parent- child bond, encouraging families to maintain a routine, doing simple things like reading and playing together and teaching the child social skills.

Here are some resources for you to learn more about family coaching within the Family Guided Routines Based Intervention Model (FGRBI).

Welcoming Families to Mobile Coaching:
http://fgrbi.com/wp-content/uploads/2020/04/TipSheetMobileCoaching.pdf

Transitioning Back to In-Person Early Intervention Services: Session Guidance
https://www.in.gov/fssa/files/Transition_Back_In_Home_Visits.pdf

Tele-Intervention for Early Intervention: Session Guidance
https://www.in.gov/fssa/files/Tele_intervention_Tip_Sheet.pdf

Common Misconceptions About the Flu Among People Who Work in Child Care Settings

The flu isn't that serious.
The flu is contagious and can lead to severe illness even in healthy children and adults. The number of U.S. flu-related deaths is estimated to have ranged from 3,000 to 49,000 per season.

My job doesn't put me at risk for getting the flu.
The flu can spread quickly in child care settings. Children are less likely to have immunity against flu viruses and therefore are more likely to get infected. In child care settings, they are constantly in close contact with one another and their caregivers; toys and other objects are often shared; and young children may not be able to wash their hands well or cover their mouth and nose when they cough or sneeze. These things increase the risk of flu spreading in these settings.

I don't need to get vaccinated.
Everyone 6 months of age or older should get the flu vaccine every year. Even healthy children and adults can get sick from the flu. Pregnant women, adults 65 and over, children younger than 5 years of age, and people with certain medical conditions are at greater risk of getting very sick from the flu. It is important for people who work in child care settings to get the vaccine to protect themselves, their families, and the children they care for. Infants younger than 6 months are too young to get the vaccine and are more likely to get very sick from the flu so it is especially important for their caregivers to get vaccinated.

I got the flu vaccine last year so I don't need to get vaccinated this year.
Flu viruses are constantly changing. Each year flu vaccines are updated to protect against the most common circulating viruses. Also, the protection the vaccine provides against the flu decreases over time, so it is important to get a flu vaccine every year. Flu vaccines from previous years may not protect you from getting the flu this year.

The flu vaccine doesn't work.
While protection from the flu vaccine can vary, getting vaccinated is the single best way to prevent the flu. Flu vaccines are most effective when the vaccine matches the flu viruses that are circulating in the community.

The flu vaccine can give me the flu.
The flu vaccine cannot give you the flu. The shot contains dead viruses, and the nasal spray contains weakened viruses. Neither form of the flu vaccine can cause flu illness. However, sometimes people may have flu-like symptoms after getting the vaccine. These symptoms can be caused by exposure to a virus other than the flu. You can also experience flu-like symptoms if you were exposed to the flu virus before you were vaccinated or in the two weeks it takes for the vaccine to take effect. Sometimes you can also be exposed to a flu virus that is not included in this season's vaccine.

The vaccine is not safe.
Hundreds of millions of people have safely received the flu vaccine over the past 50 years.

Get your flu vaccine today!

To find a location near you that offers the flu vaccine go to http://vaccine.healthmap.org/.

For more information about the flu and ways to protect yourself, your family, and the children you care for visit www.cdc.gov/flu or www.flu.gov.

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DHHS (NIOSH) Publication Number 2014-103
November 2013

Why Should WV Child Care Professionals Consider Infant Mental Health Endorsement?

Myth: Endorsement is only for those who have lots of degrees and experience.

FACT: Neuroscience tells us that the first three years of life are critical to lifelong health and well-being, making the role and responsibilities of home visiting professionals incredibly important to family and community success. The IMH Endorsement® recognizes professionals who work with or on behalf of infants, toddlers, and their families. It's the largest and most recognized IMH credentialing system in the United States, and it's available to you here in West Virginia! Anyone in the early childhood field can work toward earning Endorsement, including directors, supervisors, child care professionals, and service coordinators.

Why should I pursue Endorsement?

Good for You: Earning IMH-E® enhances your credibility and confidence in working with or on behalf of infants, toddlers, and their families. You'll gain recognition and belong to a cross-systems, multi-disciplinary network of Endorsed professionals in WV.

Good for Babies and Families: Infants, toddlers, and families receive culturally sensitive, relationship-based early childhood services provided by a workforce that demonstrates a common set of core competencies.

Good for Communities: IMH-E® provides assurance to families that early childhood professionals meet high standards of care and are prepared to support optimal development of infants, young children, and their families.

Good for Programs: IMH-E® professionalizes the early childhood field and ensures consistency of professional standards across programs, no matter the curriculum, location, or services.

The IMH Competencies® naturally align with Early Childhood work

IMH-Endorsement® supports the belief that positive social-emotional development is foundational to other learning, and that healthy development happens within the context of nurturing relationships and environments.

IMH competencies® provide a professional development "road map" for acquiring the knowledge and skills needed to attend to the often complex nature of early social and emotional development and parent-child relationships.

Financial assistance is available for Endorsement. Local Child Care Resource and Referral agencies have funds available to provide financial assistance for those seeking Endorsement within the Early Childhood field.

For more information, please contact the West Virginia Infant/Toddler Mental Health Association or visit www.nurturingwvbabies.org

Special thanks to the Wisconsin Alliance for Infant Mental Health for sharing information

2-1-1

SOMETIMES YOU NEED MORE THAN AN INTERNET SEARCH.

YOU NEED A CONVERSATION.

United Way

Certain issues are hard to navigate. You're not alone. Call 2-1-1 – it's free and confidential. 2-1-1 specialists are available 24/7 to provide information and connect you to local programs and services that can help. Friendly, non-judgmental people are waiting to assist you!

DIAL 2-1-1

VISIT 211.ORG

TEXT YOUR ZIP CODE TO 898-211

Do you know a child who is not

*moving *hearing *seeing * learning or *talking like others their age?

By **3** months,
Does your baby…
- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By **6** months,
Does your baby…
- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By **9** months,
Does your baby…
- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By **12** months,
Does your baby…
- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By **18** months,
Does your baby…
- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By **24** months,
Does your baby...
- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

To learn more about the
WV Birth to Three services
in your area, please call:

1-866-321-4728

Or visit www.wvdhhr.org/birth23

West Virginia Birth to Three Growing Together

WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.

Parent Blocks
NEWSLETTER

"Providing resources to parents throughout West Virginia"

Volume 17, Issue 1, Fall 2020

Masks and New Routines: Helping Children with Special Needs During COVID-19

Children with autism or other developmental delays may not benefit from traditional explanations about the need to wear masks during the COVID-19 pandemic. Additionally, they may not be able to express their fears and frustrations as easily or clearly as other children.

Adjusting to a new routine, like wearing masks or social distancing, can be stressful for everyone, but especially challenging for children who have rigid routines or have heightened sensitivity to change. Here are some common recommendations to help with communication, understanding and coping for these children.

How Can I Help My Child Understand and Adapt?

Your child may need extra support to understand what is going on around them. They likely also need to learn what is expected of them and that is best done by using learning methods that have worked in the past. Think of how you helped with existing habits or routines and use a similar strategy. The following tools can be helpful for supporting their understanding and adjustment.

Social stories – Social stories use pictures to explain social situations to children and help them learn appropriate behavior and respons-

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/West Virginia Birth to Three; West Virginia Department of Education/Office of Early and Elementary Learning; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

Permission to photocopy

es. Use stories, pictures, and other visuals to help your child understand the steps for:

- Washing hands – parents can demonstrate as well or watch a video online
- Social distancing
- New routines
- Wearing masks for protection

Pairing and Shaping - Research shows that pairing and shaping may help with adapting to new routines. Each step may require several attempts and it's important not to move ahead too fast.

Pairing is a method for introducing unfamiliar objects, like a face mask. Start with the goal of simply wanting your child to enjoy holding the mask:

- Pair this item with positive reinforcement (tickles, hugs, praise, high fives)
- Have them become more familiar with the mask by being silly, enthusiastic and fun! Try making goofy faces or playing peek-a-boo.

Shaping uses rewards (praise, high fives, small tokens) for each small step toward a larger goal. This strategy can best be used once your child is comfortable in the presence of something new, like a mask. Provide the same rewards and positive reinforcement, like social attention, hugs, high fives, or small tokens for each behavior getting sequentially closer to the desired behavior:

- Brings the mask toward their face
- Touches the mask to their face
- Allows us to pull back the elastic
- Allows for fitting the elastic over the head
- Wears for 1 second
- Wears for 5 seconds, etc.

How Can I Help My Child Stay Calm?

Children with developmental delays who feel frustrated, worried, or scared may have more repetitive behaviors, tantrums and other challenging behaviors. Find ways for your child to express feelings and work through their emotions. Try implementing these activities as part of their regular routine before the behaviors occur.

- Talk together and acknowledge your child's feelings by understanding and sharing
- Crafts, writing, art
- Playing or acting out fears
- Use augmented or alternative communication devices for kids who are non-verbal

Routines – Structured routines are comforting to all children, not only to those with autism or other developmental delays. Once established, routines are predictable and safe, which help your child (and their siblings) know what to expect. Have a set routine and clear expectations to help lower anxiety when things happen that are not in our control.

- Stick to regularly scheduled meal and snack times, bedtime routines, wake up times, screen time, chores and other daily activities

- Create new routines to include school-work, breaks and exercise

- When appropriate, help your child have some control by giving them a couple of

choices, such as what they want to eat for lunch

- Visual schedules and to-do lists

- Timers and 2-minute warnings to help with transitions

Try calming activities, such as deep pressure (heavy lifting, bear hugs, or exercise), slow linear movement (rocking or swinging), deep breathing, or music. These activities calm the nervous system and can help your child feel more organized and calm.

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Retrieved: https://www.nationwidechildrens.org/family-resources-education/700childrens/2020/05/masks-and-new-routines-helping-children-with-special-needs-during-covid-19?utm_source=-facebook&utm_medium=referral&utm_campaign=facebook

West Virginia Introduces a New App to Connect Those Recovering From Substance Abuse

A new app has been created in West Virginia which is aimed at reducing isolation while offering support and resources to those recovering from substance abuse.

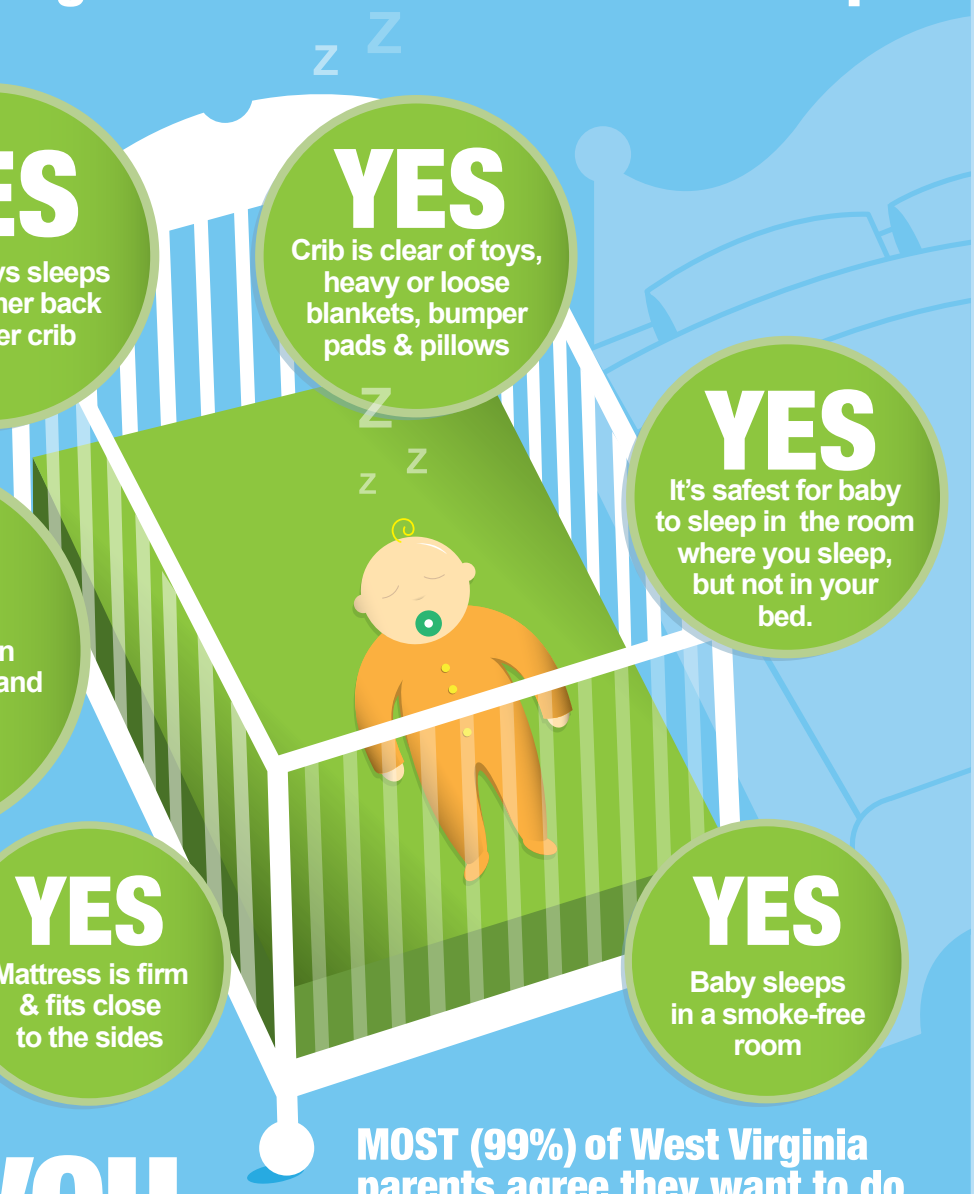
Appropriately named "Connections", the app includes group discussions, peer support, personalized messages with a care team, progress tracking, and programs for practicing recovery skills.

Only West Virginians are included in the online community, and everyone uses an alias to maintain confidentiality. Best of all, Connections is available for FREE.

For more information, visit **helpandhopewv.org/index.html** and click on the Connections for Recovery tab.

Say YES to Safe Sleep

MOST (99%) of West Virginia parents agree the safety of their babies is most important when thinking about where their babies sleep.



YES
Baby always sleeps alone, on her back and in her crib

YES
Crib is clear of toys, heavy or loose blankets, bumper pads & pillows

YES
It's safest for baby to sleep in the room where you sleep, but not in your bed.

YES
Dress your baby in light sleep clothing and keep the room at a comfortable temperature

YES
Mattress is firm & fits close to the sides

YES
Baby sleeps in a smoke-free room

Data from *West Virginia Positive Community Norms Parent Survey Key Findings Report,* March 2014.

Did you know?

One baby dies every 10 days in West Virginia as a result of unsafe sleeping.

MOST (99%) of West Virginia parents agree they want to do what's best for their children.

What's best for infants is saying YES to safe sleep.

For video + more information visit:

SafeSoundBabies.com

Our Babies: Safe&Sound | The West Virginia Children's Trust Fund | Claude Worthington Benedum Foundation | TEAM for West Virginia Children

This program is being presented with financial assistance as a grant to the TEAM for West Virginia Children from the WV Department of Health and Human Resources.