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## Screening: Working Smarter, Not Harder

Most early childhood professionals have been directly or indirectly involved in some type of screening activity. Based on their experience, many feel there is nothing more to know or understand about the subject. However, not all screening activities are the same and do not serve the same purpose. The misunderstanding about the types and purposes of various screening activities can cause discourse between early childhood programs that share or receive information from one another. This article will lay a foundation for a common understanding of the general term screening, illustrate the different purposes for which early childhood programs engage in screening activities, and discuss issues which may create communication challenges between programs who are trying to coordinate activities.

### Screening & Associated Terms

In general, screening is a term used to describe an activity that is fast, efficient, and predictive of something that exists now or may exist in the future (e.g. health conditions, disability, academic failure). Screening decreases the time staff spends on administering comprehensive evaluations by sorting the general population of children into two groups: 1) children who are okay, 2) children who might not be okay and therefore need additional testing to determine if a problem or condition really exists. Since screening procedures are often conducted with the general population, a population that has yet to exhibit symptoms of a condition or problem, they promote early identification of those who should be considered for further evaluation.



*I'm sick of winter!*

To clarify:

- Screening is a quick and simple procedure that identifies individuals who may be at risk for a health condition, disability, or future academic challenge, narrowing down the pool of children for whom more rigorous diagnostic assessment is necessary.
- Evaluation is a more time consuming and detailed procedure used to determine if a condition exists, and provide information necessary to create intervention plans.

## Parents Journal Podcasts

<http://www.parentsjournal.com/radioshow>

What a great discovery! Podcasts of this radio show (broadcast nationwide on many public radio stations) are archived and easily accessible on the website. Each show includes a combination of short pieces and in-depth information on a wide variety of topics for parents, caregivers, and teachers. Every program includes a "Positive Parenting Tip of the Week". The show appears to address issues of parenting for infants through adolescents. I found a terrific piece on calming your fussy baby with Dr. Harvey Karp that I forwarded to a friend, and then came across a show in which Dr. Robert Koegel talked about social skills for adolescents with Asperger Syndrome. The list of guests for these shows reads like a "Who's Who" of child development experts, including names like Penelope Leach, Becky Bailey, Tamar Chansky, and Ross Greene. Give it a listen!

—submitted by Phoebe Rinkel



## Screening continued

### Considerations when selecting screening tools

When it comes to the identification of children potentially needing additional supports, it is better to cast a wide net. Screening tools should over identify children who may need additional evaluation (up to 15%). In situations where there is a high degree of match between screening and follow-up assessment results (98%) the screening activity may be doubling the workload of the organization. When too much time is spent in screening activities, there may be less time available to spend in the evaluation process, where time and energy is much better spent.

In addition to understanding the purposes of screening, it is also important to understand the reliability and validity of the tool.

- **Reliability:** the degree to which the screening tool produces the same result repeatedly, regardless of who administers and/or scores the test.
- **Validity:** the degree to which the screening results actually measure what the screening tool claims it measures. Validity cannot be established unless the screening tool is reliable.

### Different purposes for which screening may be conducted

What are the reasons for narrowing or sorting children into specific groups; why it might be important; why do it; how do programs determine who should be screened, and when this should occur? The answers to these questions depend on the primary purpose of the screening activity. For our purposes we will focus on developmental and academic/instructional screening.

### Developmental Screening

Developmental screening tools are used to detect the possibility of developmental delay or disability. These tools briefly assess various developmental domains such as communication/language, gross/fine motor, cognitive, social/emotional, and adaptive/self-help skills. While many developmental screening tools assess the broad range development, some identify children at risk for more specific conditions (e.g. autism spectrum disorder, attention deficit disorder). Developmental screening instruments have been prevalent in the field of special education and early childhood.

Agencies conducting developmental screening activities do so in a variety of ways. Some programs, such as Head Start, conduct developmental screening universally (all children attending their program are screened within the first 45 days of entering the program). Other agencies provide more targeted screening, allowing parents or others to make a referral to the screening agency when there is a concern. Doctors and other health care professionals provide regularly scheduled developmental check-ups, which may or may not include developmental screening instruments.

### Pre-Academic/ Instructional Screening

In recent years, there has been a movement to intervene earlier to support children's ability to succeed academically and behaviorally in elementary, secondary, and post secondary education. Therefore, screening tools and other activities have been developed to identify children who may be at risk for later academic or behavioral problems so that additional instruction/intervention can be provided. By identifying children who would benefit from additional support, programs can provide more targeted interventions and utilize their staff more effectively. In some cases, pre-academic

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# The Collaborative Calendar of Events

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

DATE	EVENT	CONTACT
4/16/10	<i>Kansas Early Childhood Outcomes</i> , Newton 4/16, <a href="http://www.kskits.org/training/early_childhood_outcomes2009.shtml">www.kskits.org/training/early_childhood_outcomes2009.shtml</a>	Margy Hornback, margyh@ku.edu
4/1-2, 6/3-4/10	<i>Infants &amp; Toddlers with Hearing Loss: A Train the Trainer Opportunity</i> , Olathe 4/1-2, Elmdale 6/3-4	Carol Busch, 913-324-0600, cbusch@ksd.state.ks.us
4/9/10	<i>Seeing is Believing! Self-Modeling Applications for Children with Autism and Other Developmental Disabilities</i> , ITV	Lee Stickle, 913-588-5940, lstickle@kumc.edu
4/9/10	<i>Parent Networking Conference</i> , Kansas City	DeeDee Velasquez-Peralta, 877-499-5369
4/15/10	<i>Part C Coordinator's Meeting</i> , Salina	Peggy Miksch, pmiksch@ku.edu
6/8-11/10	<i>KITS Summer Institute: Providing Appropriate Services to Infants/ Toddlers and Young English Language Learners</i> , Lawrence, <a href="http://www.kskits.org/training/SI2010.shtml">www.kskits.org/training/SI2010.shtml</a>	Misty Goosen, mistyg@ku.edu or Robin Bayless, rbayless@ku.edu
7/26-30/10	<i>Routines-Based Interview Certification Institute</i> , Chattanooga, TN	<a href="http://www.siskin.org/rbi">www.siskin.org/rbi</a>
10/14-17/10	<i>DEC 2010: The 26th Annual International Conference on Young Children with Special Needs &amp; Their Families</i> , KC Missouri	<a href="http://www.dec-sped.org">www.dec-sped.org</a>

## Links to Other Training Calendars

- KCCTO child care or CDA advisor trainings: [www.kccto.org](http://www.kccto.org)
- Families Together: [www.familiestogetherinc.org](http://www.familiestogetherinc.org)
- Children's Alliance Training Team:  
[www.childally.org/training/training.html](http://www.childally.org/training/training.html)
- KACCRRRA: [www.kaccrra.org](http://www.kaccrra.org)
- Capper Foundation: [capper.easterseals.com](http://capper.easterseals.com)
- Council for Exceptional Children: [www.cec.sped.org/pd](http://www.cec.sped.org/pd)
- KSDE: [conferences.ksde.org/](http://conferences.ksde.org/)
- Kansas Children's Service League: [www.elearningkcsll.org](http://www.elearningkcsll.org)

### Early Childhood Outcomes Training

April 16, 2010 in Newton  
12:30-3:30 p.m.

Register at [http://kskits.org/training/early\\_childhood\\_outcomes2009.shtml](http://kskits.org/training/early_childhood_outcomes2009.shtml)

## Screening continued

screening information can be used to inform the program of possible curricular needs, and/or as summative information (is the program effective at helping children achieve identified benchmarks?).

Screening tools used for these purposes often focus in areas such as emergent literacy, early math skills, or social skills/competencies. Pre-academic screening is very narrow focusing in specific content area(s), therefore it is not an appropriate measure for developmental screening.

Examples of pre-academic /behavioral screening activities are often seen in early childhood programs that provide a "tiered-model" of support. Tiered models attempt to identify and provide supplemental or intensive services as early as possible to those who may be at risk for future challenges. They universally (all children) and routinely (two or three predetermine points in the program year) conduct pre-academic/behavioral screenings and use this information in a variety of ways such as:

- Establishing program baseline
- Analyzing effectiveness of the core curriculum
- Identifying groups of children who may need additional supplemental instruction/intervention (in conjunction with further diagnostic information)
- Identifying a smaller group of children who may need even more intensive support (in conjunction with further diagnostic information)

*Screening continues on page 4*



## Screening continued

- Progress monitoring children who go on to receive supplemental and intensive support

## Curriculum Based Measurement

Early childhood programs that employ a tiered-model of support often use “curriculum based measurement (CBM) tools for both screening and progress monitoring activities. CBM allows children to participate in short curricular activities that have been standardized (administered with the same materials, in the same manner, under the same context, using the same scoring criteria), and are highly predictive of future academic success in a particular academic area.

Like other screening activities, CBM predicts the need for ongoing instructional support, but does not diagnose specific skill deficits, and therefore is not useful for identifying interventions. For example, “rapid letter naming” is a CBM activity that is highly predictive of later reading success. However, there is no evidence that teaching children to rapidly name letters promotes better reading. Reading is much more complex than merely identifying letters, and therefore further diagnostic assessment is needed to identify if a real deficit exists, and if so, what interventions might be needed. For certain age groups, letter naming is an appropriate screening method because it is fast and highly predictive; however it does not provide all the information necessary to provide further support.

## Potential Conflicts Between Programs That Send/Receive Screening Information

While it may seem appropriate for early childhood programs to

accept and utilize screening information from one another, there are reasons why this may not always be successful.

Two imaginary early childhood programs have been created to illustrate the complexity of screening and how communication problems between programs can arise.

- Happy Faces Early Childhood Center: Serves children ages three through five who may be at risk for future academic problems by nature of the educational level of the mother or socioeconomic status.
- Sweet Smiles Child Development Center: A local school district program that provides comprehensive assessment and evaluation to identify and serve young children birth through five who have a disability.

### Potential Conflict 1: Mismatch Between Screening Purposes

Happy Faces uses screening measures that allow them to identify children who may be at risk for reading problems (CBM: *Get It Got It Go*). Screening is conducted with the entire population (universal screening) at three predetermined times during the program year (beginning, middle, end). They use the information to group children by instructional need, as well as for baseline to evaluate the effectiveness of their academic interventions. Recently they decided to refer children who were identified as needing more instruction to Sweet Smiles for further evaluation, in hopes that additional support would be provided through that agency. However, Sweet Smiles cannot use this information for developmental screening, and requires the families to schedule an appointment to

be further screened at the monthly clinic.

The result: Happy Faces staff feels devalued; Sweet Smiles staff feels unnecessarily overburdened with additional children to screen who they believe won't need further evaluation.

In this example the purpose of a screening activity is appropriate for one program (Happy Faces), but not for another program (Sweet Smiles). The screening tool used by Happy Faces (CBM) works well for instructional grouping and progress monitoring, but does not provide information about overall development that might indicate a developmental delay or disability. Happy Faces should not expect Sweet Smiles to accept this information as a sole reason for comprehensive evaluation. A conversation between programs about the types of screening information they collect and the purposes, for which that information is used, would help clarify how information may be useful (or not) within each system.

### Potential Conflict 2: Expecting Too Much Sensitivity

In this scenario, Happy Faces staff is required to conduct a developmental screening on all children attending their program within the first 45 days of the program year. They use a screening tool that is appropriately sensitive, highly reliable and valid for their purposes (identifying children who may be at risk for developmental delay or disability). As a result of the screening activity, four children were identified to be at risk for developmental delay and were referred to Sweet Smiles for further evaluation. Sweet Smiles received the referrals, but does not

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### Screening continued

accept the screening information provided by Happy Faces. They are under the misconception that the tool used by Happy Faces over identifies the number of children at risk, and are afraid that if they accept the screening information their system will be saddled with conducting unnecessary comprehensive evaluations on a significant number of children (children who after the evaluation were found to be typically developing). Therefore, Sweet Smiles requires the children to be re-screened using their own staff and their own tools.

The result: Happy Faces staff feels devalued; Sweet Smiles has unnecessarily added a significant number of children into their screening activities, time that could have been better spent conducting comprehensive evaluations. Had they accepted the information they would have conducted no extra screening activities, and four comprehensive evaluations. Instead they added four screenings, and two comprehensive evaluations to the system. In addition, the children who did eventually qualify for service did not receive the services to which they were entitled at the earliest point possible because of the re-screening.

If Happy Faces had been using a screening tool with questionable reliability, validity, or sensitivity, then Sweet Smiles would have been wise to reject the screening information. For example, if 20% of the children found to be at risk on the Happy Faces screening tool were later found to be just fine (typically developing), then the screening tool is not an effective measure for the system. If that were the case, Sweet Smiles would be overburdened by conducting full-blown assessments

on multiple children who did not really need them. However, in our example, Sweet Smiles has erroneously discounted screening information provided by Happy Faces. They did not know enough about the screening tool to determine if it was reliable, valid or sensitive enough to correctly identify children at risk for developmental delay. By discounting the screening information Sweet Smiles has overburdened their screening system, rescreening children who didn't need it, and required further evaluation anyway. A conversation between programs would benefit staff in understanding the statistical properties of specific screening tools, and allow Sweet Smiles to reduce it's own screening burden.

### Potential Conflict 3: Right Purpose/ Challenging Timeline

There are times when the screening requirements/timelines of one program strain the system of partner programs. In our final example, Happy Faces is a much larger program. As in our previous example, they are required to conduct developmental screening with all of their children within 45 days of the programs start date. Once again, the purpose is to identify children who are at risk for developmental delay or disability, and they are using a statistically reliable, valid, and appropriately sensitive tool. At the end of their screening activity 20 children are identified as being at risk and in need of further evaluation. Happy Faces makes a referral on behalf of the 20 children to Sweet Smiles.

In this example Sweet Smiles is a much smaller program than Happy Faces. In fact, the entire staff consists of two full time early child-

hood special education teachers, six para-professionals, and a handful of itinerant support staff (e.g. speech language pathologist, occupational therapist, physical therapist, school psychologist). This team is responsible for screening, evaluation, and service delivery. The average number of formal evaluations conducted in one month is six. With the addition of 20 referrals, Sweet Smiles staff is now responsible for conducting 26 evaluations, while approximately 6 more will be added at the end of the month.

Sweet Smiles staff has a right to feel overburdened. In this scenario, the task of formal assessment is not manageable for the Sweet Smiles system. A conversation between programs is imperative and must occur well before the beginning of the year screening activity. Agreements must be made on how each system can support the other, while at the same time following established regulations. A first step in the process would be to look at past screening activities conducted by Happy Faces, the average number of referrals that were made to Sweet Smiles, and the number of children who later were identified as being eligible (or not eligible) for special education. From this information the systems can work together to brainstorm possible solutions to this situation. There may be ways to adjust the Sweet Smiles community screening schedule (allowing for more time to concentrate on the Happy Faces evaluations during that part of the calendar year), share staff between programs for additional community screening or assessment activities (both of which might require specific training), or the utilization of general education interventions approach for those children

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## Part C Coordinator's Corner

### KDHE Infant-Toddler Services Welcomes New Staff

Dona Marshbank has recently joined the team at the Kansas Department of Health and Environment (KDHE) as a Health Planning Consultant for the Infant-Toddler Services (ITS) program. For the past nine years, Dona has served as a Public Service Executive with the Kansas Medicaid Programs; she has over 15 years of work with the State of Kansas. She served as a Rehabilitation Counselor and administrator for 20 years, serving counties over the entire State. Dona graduated from Kansas State University with a major in Psychology and earned her Master's degree in rehabilitation counseling at Emporia State University. She has also completed doctoral studies at Kansas State University in the area of Administration and Foundations.

Dona and her 15-year-old daughter live in Topeka. They are active in their church, softball, band and many other activities associated with teenage life. They have two cats and a dog.

Jean Wilson recently joined the ITS Team as a Senior Administrative Assistant. She previously worked for the Kansas Interagency Coordinating Council, BNSF Railway offices as an accountant, Blue Cross/Blue Shield as a Medicare Adjudicator, Cardiology Consultants of Topeka PA as a Medical Office Assistant, and served as an Instructor at Bryan College. Jean has also served as a Substitute Teacher at the Shawnee Heights Grade and Middle Schools. Jean holds a Masters Degree in Business Adminis-

tration from Baker University. Jean and her husband, Jim, reside at their Topeka home caring for family, two cats and two dogs and are active with their church. Jean is a Life Member of the Topeka Artists Guild and is involved with the newsletter for Writers Inc. of Kansas.

For a toddler, every day is a new adventure approached with curiosity, a desire to learn and constant activity. The staff with the KDHE Infant Toddler Services team has similar ideals. We strive to learn as much as we can from our partners as well as from other states providing like services. We are constantly working on projects that will prove beneficial to the ITS program.

Our current team at the KDHE Infant-Toddler Services program consists of:

- Tiffany Smith – State Coordinator – [tsmith@kdheks.gov](mailto:tsmith@kdheks.gov)
- Ryan Weir – Program Analyst – [rweir@kdheks.gov](mailto:rweir@kdheks.gov)
- Sabra Shirrell – Health Planning Consultant – [sshirrell@kdheks.gov](mailto:sshirrell@kdheks.gov)
- Dona Marshbank – Health Planning Consultant – [dmarshbank@kdheks.gov](mailto:dmarshbank@kdheks.gov)
- Diane Alexander – Public Service Administrator – [dalexander@kdheks.gov](mailto:dalexander@kdheks.gov)
- Jean Wilson – Senior Administrative Assistant – [jwilson@kdheks.gov](mailto:jwilson@kdheks.gov)
- Peggy Miksch – KITS Technical Assistance Specialist – [pmiksch@ku.edu](mailto:pmiksch@ku.edu)

A few of the areas that we will be looking at over the next several months are discussed below. Should

you have areas that you would like to see us focus on, please contact one of the people listed above.

First, the general administration of the ITS program is a part of the team's ongoing responsibility.

- Tiffany Smith is in charge of the overall coordination of the services and service delivery functions of KDHE ITS throughout the State. Tiffany spends a large amount of her time coordinating with many of the team's sponsors both statewide and on the federal level.
- Ryan Weir has been with the agency for approximately seven years as the ITS program analyst and has designed a reporting system that has been complimented by many at the state and federal levels. Ryan continuously works with the existing reporting formats to refine them in an effort to improve the accuracy and consistency of the program data reported.
- Coordinating with the network providers and providing feedback from the state levels are the responsibility of Sabra Shirrell and Dona Marshbank. The goal of this is to meet the reporting requirements, but most importantly to monitor and assure the highest quality possible of service delivery to the children that we serve. Research and technical assistance are a large part of their jobs.

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## Part C Coordinator's Corner concludes

- Diane Alexander assists in many of the financial processes, in compiling and tracking the data involved with required reports, and providing Outcomes Web System (OWS) technical assistance to the ITS networks. She serves in many capacities and is an invaluable asset to the program.
- Jean Wilson helps with numerous duties within the office. She schedules and coordinates many of the meetings and prepares agendas. She also completes other administrative duties as needed.
- Peggy Miksch provides training and technical assistance to the local networks, working in close partnership with the network

Coordinators. She represents the needs of the networks within the various initiatives at the State. She brings years of experience and expertise to the team.

Second, the team will be looking at the design of the KDHE Infant Toddler Services and comparing it to how other states do business. As the network providers adopt the evidenced-based practice theories into their organizations, the team will address how this impacts our program and the current design while comparing our system to those in other states.

Third, the team will be evaluating and updating the outreach materials (brochures, webpage, etc.) provided throughout the state. One

area of research will include the effort to provide forms on the website. If you have suggestions or ideas, please contact us.

Fourth, efforts to increase and improve access to existing assistive technology sources will be explored.

Continued efforts to coordinate and work with our state and local partners will be a large part of the work from the ITS team. As the team continues to improve and expand the services and resources available for the Kansas Infant Toddler Services program at KDHE, we ask for your help and support. Feel free to contact any of us at any time. We are here to serve the children and families of Kansas.

—submitted by *Tiffany Smith*

## Part B 619 Coordinator's Corner

### Birth to Five Administrator's Summit Update

The First Annual Birth to Five Administrators Summit was held on September 29, 2009, in Junction City. The focus of the Summit was on increasing awareness of the multiple early childhood programs that exist in, or work very closely with, school districts. An invitation was sent to all programs administered by the Kansas State Department of Education (KSDE) and Kansas Department of Health and Environment (KDHE) including Parents As Teachers, Early Childhood Special Education, Part C-Early Intervention, Four Year Old At-Risk, and Pre-K Pilot Programs. We were ex-

cited to spend the day with 148 people from across the state. Colleen Riley, Director of KSDE's Special Education Services kicked off the day. Dr. Jason Eberhart-Phillips, Director of Health at KDHE, shared information about current brain research and the negative effects of traumatic stress and the important connections between health and learning. Dr. Gayle Stuber provided information on the Kansas School Readiness data and the connection between early childhood services and school readiness. For a local perspective, a group from Hays shared how their county is working together to provide coordinated services to children and families.

The day also provided an opportunity for those attending to discuss their own work and coordination of services for children prior to Kindergarten entry. The central purpose of this small group activity was to foster common understanding of the complexities of our field. While many local programs are aware of, and in fact work very closely with, a variety of partners, there are programs that are either unaware of potential partners or may not have had the time to develop and build relationships. Several common issues were identified across the state and included Communication/Pub-

*Part B 619 Coordinator's Corner continues on page 8*



## Part B 619 Coordinator's Corner concludes

lic Relations regarding the benefits of early childhood education, Transition, and Screening. Identifying these common issues will help state level agency work in developing technical documents and identifying resources on these topics to support community efforts. While not everyone was "at the table" for this first Summit, participants excelled at sharing ideas and stories that sparked interest in others and provided an opportunity for programs to share with others across the state.

Following the Summit, an evaluation was sent out to all participants with 67 responses returned. Two thirds of the respondents indicated an increase in their awareness and knowledge. Most of the respondents indicated that a newsletter for administrators would be the most effective method to further communication throughout the year. Other ideas included "tool kits" on topics, resource lists, and links. These tools and resources can easily be incorporated into the newsletter format. Look for an "APPLE for the Administrator" due to be out in early 2010. Thank you for sharing your great ideas!

This is an exciting time for Early Childhood Education as a "hot topic" at the National level with the Obama administration and the efforts being made by state and local level programs to provide a seamless system that benefit families with young children. Building a consistent message about the importance of early childhood and how services are coordinated to benefit children across the early childhood commu-

nity is critical. The Annual Birth to Five Administrators Summit will support this work.

So, what is next? Eighty-five percent of those who completed the survey indicated that they would attend a Second Annual Birth to Five Summit! Future Summits will incorporate the work of this Summit as well as the feedback received from participants to continue the work begun in September 2009. We anticipate that future Summits may expand to include other early childhood education partners, such as Head Start and childcare, as we continue our work to expand these relationships.

Future Summits will also provide opportunity to examine how we can work collectively to connect families and children in our communities with the services that they need or want. Many participants returned home ready to extend an invitation to someone – an agency, a parent or other potential partner – thus continuing the journey toward a seamless system in Kansas. One local program took the Action Plan they developed at the Summit and realized that they could improve access to preschool least restrictive environments and presented this challenge to their local interagency coordinating council. As a result of the dialogue about the needs, challenges and strengths of their community, a task force was formed.

Future efforts will include getting more school district administrators and other early childhood directors and administrators to attend. KSDE, KDHE, and our state partners are up for the challenge to

provide additional tools to support local communities in coordination/collaboration efforts, to clarify program requirements, and to resolve, whenever possible, those program requirements that cause barriers. We anticipate highlighting more communities who are doing exciting work and describing how they are addressing issues of standards and funding. As our communities serve children birth to five, the key is to coordinate that work in a way that makes sense and that supports the growth and education of young children and respects families.

Overall, the day was well received and validating! We look forward to your ideas and comments as we plan the Second Annual Birth to Five Administrators Summit and strive to improve and continue to have the field of early childhood education highlighted in Kansas – please STAY TUNED!

PowerPoint presentations and tools that were shared at the Summit are available on the KSDE website at <http://www.ksde.org/Default.aspx?tabid=3321>.

—submitted by Carol Ayres

**KITS has gone "green" with this issue of the Newsletter! Please encourage your colleagues to subscribe to the list by emailing [rbayless@ku.edu](mailto:rbayless@ku.edu) with the request.**



## Free Autism Course Online

As promised, the National Professional Development Center (NPDC) on Autism Spectrum Disorders (ASD) <http://www.fpg.unc.edu/~autismPDC/> has launched a free online course on autism for educators and family members. This critical resource provides the framework for understanding the origin and application of the 24 evidence-based practices (EBP) for ASD identified previously by the center. Online modules for each of the 24 practices are in development; some are completed and posted at the Autism Internet Modules (AIM) website:

[www.autisminternetmodules.org/](http://www.autisminternetmodules.org/)

To review the purpose and scope of the NPDC on ASD, this federally funded center was developed to promote the “optimal development and learning” of infants, preschoolers, and school age students with ASD and to support their families through use of EBP. The first task of the center was to conduct a rigorous review of the research literature that resulted in the identification of 24 educational practices that met their criteria for being considered “evidence based”. These criteria are described on the website. Researchers at the center continue to monitor and review the literature in search of additional practices that meet established criteria. The 24 practices identified currently are:

- Computer-aided Instruction
- Differential Reinforcement
- Discrete Trial Training
- Extinction
- Functional Behavior Assessment
- Functional Communication Training
- Naturalistic Interventions

- Parent-Implemented Interventions
- Peer-Mediated Instruction and Intervention
- Picture Exchange Communication System (PECS)
- Pivotal Response Training (PRT)
- Prompting
- Reinforcement
- Response Interruption/Redirection
- Self-Management
- Social Narratives
- Social Skills Training Groups
- Speech Generating Devices/VOCA
- Stimulus Control
- Structured Work Systems
- Task Analysis
- Time Delay
- Video Modeling
- Visual Supports

Through technical assistance and professional development, the intent of the NPDC on ASD is to increase the number of highly qualified personnel working with children and youth with ASD and their families, and to increase the capacity of states to implement EBP for this population.

At the NPDC on ASD website, go to Resources for the Public. There you will find the list of EBPs sorted by relevant domains, as well as recently completed research Briefs for each practice. Links are provided to the AIM website for modules that have been completed to date by the NPDC, including:

- Peer-Mediated Instruction and Intervention
- PECS
- Structured Work Systems
- Visual Supports
- PRT

Each completed module includes a pre/post test, downloadable content and resources, embedded video, and implementation checklist. Average completion time is one hour, although some (e.g., PECS and PRT) modules will take longer.

On the same page you will find a link to the Foundations on Autism course organized by eight content areas or sessions, each with a downloadable PowerPoint presentation and readings. While I have not completed the entire course, I have reviewed the content and found it to be an exceptional resource. The information appears to be current, accurate, relevant, and comprehensive. Professional educators and administrators in both general and special education settings will most certainly appreciate this timely professional development tool (see “ASD Prevalence” on page 10). I believe many family members will likewise appreciate the course content, or at least segments specific to their current interests and concerns. Some users may find the scope a little overwhelming. I anticipate the course would work well in a group-study format, taking a semester or up to a school year to complete. Alternately, individuals might choose to complete the course at their own pace as part of an annual Individual Development Plan (IDP) goal. Each session includes a user guide for testing your computer settings to be sure you will be able to view the embedded videos. I found the site easy to navigate and had no trouble with the videos links. I would be interested in hearing your impressions of the course and ideas for how you

*Free Autism Course Online continues on page 10*

## Autism Spectrum Disorders Prevalence

Prevalence estimates of autism spectrum disorders (ASD) continues to rise in the U.S. Results of a 2007 survey of parents of 78,000 children, published online in the October 2009 issue of *Pediatrics*, suggests that 1 in every 91 U.S. children 3 to 17 years of age is diagnosed with an ASD. The Centers for Disease Control (CDC) simultaneously announced that their upcoming prevalence report, now available online (Rice, 2009), would likewise confirm that approximately 1% of U.S. children are diagnosed with an ASD. In the U.S. this represents 637,000 children under 18 years of age. Since ASD is 4 times more likely to occur in boys than girls, new prevalence figures would suggest that 1 out of 58 boys has a diagnosis on the autism spectrum. Of particular interest in the current survey results is the report that almost 40 percent of children previously diagnosed with an autism spectrum disorder no longer had the diagnosis, according to parents. Most of these children, however, were reported to have other diagnoses (i.e., ADHD, etc.) and many continued to exhibit developmental and behavioral symptoms.

### Why the Increase?

The day after the report was published, a handout explaining the report to parents was published on the American Academy of Pediatrics (AAP) website. According to the AAP, there may be a true increase in the incidence of ASD, or the reported increase could be the result of:

- Heightened public awareness
- Physicians actively screening for and more willing to make the diagnosis of ASD
- Improved access to services/treatments for ASD
- Children now diagnosed with ASD who might have received different diagnosis in the past
- Children with mild symptoms who might not have been diagnosed with any disability in the past now diagnosed with ASD
- Earlier diagnosis, leading to higher total prevalence at any one point in time (AAP, 2009)

Information posted simultaneously on the CDC website suggests that the increase in ASD is likely a combination of multiple factors, including “a broadening of the definition” (i.e., the change in the criteria for ASD in the 1994 Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)) and “better efforts to diagnose” the condition, although a true increase in the disorder “cannot be ruled out.”

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—submitted by Phoebe Rinkel

### Free Autism Course Online concludes

intend to incorporate it into your program’s core training for staff and/or families (prinkel@ku.edu)

The number of online modules posted on the AIM website is rapidly growing, so if you are interested in autism you will want to check it frequently. Keep watching the NPDC on ASD website for publication of the Autism Program Environment Rating Scale (APERS), one of the center’s program evaluation tools currently being field-tested.

On a related topic, the newest KITS technical assistance packet on *Talking With Parents About Autism Spectrum Disorders* is now posted on our website: [http://www.kskits.org/ta/Packets/talking\\_with\\_parents/talking\\_with\\_parents.shtml](http://www.kskits.org/ta/Packets/talking_with_parents/talking_with_parents.shtml)

—submitted by Phoebe Rinkel

## tiny-k Early Intervention/Douglas County

Editor's note: The tiny-k Early Intervention program in Douglas County is one of two preschool and three infant-toddler programs to receive the 2008-09 Best Practice Award (see [kskits.org/resources/2008\\_2009winners.shtml](http://kskits.org/resources/2008_2009winners.shtml))

The tiny-k Early Intervention program in Douglas County was awarded the "Application of Best Practice in Early Childhood Services" recognition for "Promoting Utilization of Professional Development Supporting Use of Evidence-Based Practices." In short, the tiny-k team has established methods of sharing information with each other that will add to our knowledge base as individuals and as a team.

Several years ago when attending the training to promote use of evidence-based practices within a primary coach framework, our team was somewhat leery of what that meant. We knew that we were already using approaches to early intervention that we had learned in school and that worked. We also knew that it is difficult to stay up to date on everything that is going on in one discipline, much less every discipline represented on our team. We decided to start implementing a consistent way to share information with each other that was research based. A sign up sheet was sent around for "sharing" (yes, we are early childhood people!) a research based article or information with our team during staff meetings. This has been a great way for all of us to gain new ideas and information about topics of interest to all of us. Sometimes the information shared is already familiar, but it expands on our knowledge. After the person has shared, we discuss ways the information is relevant to our work and how we could share it with parents.

We have also realized that, while we all know something about all the



*Elaine McCullough, Dena Bracciano and Ashley Baehr accepting award*

areas of development, and that our team members are always there to help coach us when we need their expertise, it is important to know the basics and have an understanding of many different topics that we may encounter. At our Staff Retreat last February, two team members paired together and prepared a short presentation with handouts on their particular area of expertise. Physical therapy and occupational therapy presented on motor skills, one early childhood special education teacher (ECSE) on self-help, the two speech language pathologists on expressive and receptive language and articulation, two ECSEs on cognition, the other two ECSEs on social-emotional, our social worker discussed infant mental health, and our dietitian discussed nutrition and feeding. Each group summarized typical child development as well as "red flags" that would immediately raise concerns for someone not as familiar with that area.

We also brainstormed on additional topics of interest to the group and people signed up to present on these topics. We extended our regular staff meeting time to start a half-

hour earlier giving the presenter a full hour. Topics for these presentations have included torticollis and plagiocephaly, cleft lip and palate, drug exposure, prematurity, apraxia of speech, feeding tubes, expectations for a well child check up, and brain development. We have also invited experts in our community to share on the topics of child abuse and neglect reporting and follow-up and early identification of hearing loss. We invited our Parents As Teachers and Early Head Start partners to attend the hearing workshop.

Our staff also share information about workshops or conferences that they attend. We have had extended sessions to learn about floor time, conscious discipline, and professional ethics. We have also had informal "brown bag" lunches to discuss issues that all of us may encounter with families regarding boundaries, assertiveness, and other issues.

The tiny-k Early Intervention's staff is dedicated to providing our families and children with the best intervention and support possible. We are only able to do this if we understand and continue to learn about what is being discussed and practiced in the field of early childhood and our own individual disciplines. We are much more comfortable discussing evidence-based practices with our families, as well as each other, and collaboration within our team has increased.

—submitted by Dena Bracciano, Coordinator





## New Items at the Early Childhood Resource Center

- High Scope Research Foundation (2007). *The Daily Routine*. High Scope Press. [DVD]
- Towle, P. (2008). *Autism Spectrum Disorder in Young Children: Vol. 1*. Child Development Media. [DVD]
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- National Autism Center (2009). *Evidenced Based Practice and Autism in the Schools*. National Autism Center.
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- Luby, J. (Ed.). (2006). *Handbook of Preschool Mental Health*. Guilford Press.
- Odom, S., Horner, R., Snell, M., Blacher, J. (2007). *Handbook of Developmental Disabilities*. Guilford Press.
- Duncan, S., & De Avila, E. (1998). *Pre-LAS 2000*. McGraw Hill. Available in English and Spanish.
- *Language and Culture: Respecting Family Choices*
- *Full Circle: Language and Literacy at Home and at School*
- *Encouraging Young Children's Language Development*
- *Beyond Words: Effective Use of Translators, Interpreters, and Cultural Mediators*
- *Turning Three, from C to B: Age Transition of Kids with Special Needs*



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## Spotlight on *Including Samuel*

Before his son Samuel was diagnosed with cerebral palsy, photojournalist Dan Habib rarely thought about the inclusion of people with disabilities. Now he thinks about inclusion every day. Shot and produced over four years, Habib's award-winning documentary film, *Including Samuel*, chronicles the Habib family's efforts to include Samuel in every facet of their lives. The film honestly portrays his family's hopes and struggles as well as the experiences of four other individuals with disabilities and their families. *Including Samuel* is a highly personal, passionately photographed film that captures the cultural and systemic barriers to inclusion.

This is a must see for any person working with children.

The film has been screened at universities, national conferences, public television stations and independent theatres across the country. *Including Samuel* has also been featured on National Public Radio's All Things Considered, Good Morning America, as well as in the Washington Post and the Boston Globe. The film won the Positive Images in Media award from TASH, an international group committed to the full inclusion of people with disabilities. It has also screened at the Sprout Film Festival at the Metropolitan Museum of Art, the Boston International Film

Festival, the Ft. Lauderdale International Film Festival, the Moscow International Disability Film Festival and won the "Excellence Award" from Superfest International Film Festival in Berkeley, California.

If you would like to see *Including Samuel* or use it as part of your professional development, call Kim in the KITS ECRC at 620-421-6550, ext. 1638 or email [kpge@ku.edu](mailto:kpge@ku.edu)

—submitted by Kim Page, ECRC Coordinator



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### Training for Early Childhood Professionals and Families

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## 2010 KITS Summer Institute

### Providing Appropriate Services to Infants/Toddlers and Young English Language Learners

June 8-11, 2010

Adams Alumni Center, University of Kansas-Lawrence

Registration is now open at

<http://kskits.org/training/SI2010.shtml>

Mark your calendars to attend the 2010 KITS Summer Institute! Spend four days with other early childhood professionals and family members and learn about linguistic development, special considerations in assessment, instructional interventions and other evidence based practices that help support this population of children.

In addition, you will earn two hours college credit from one of our six collaborating universities (The cost of tuition and enrollment fees varies by university and are the responsibility of the Summer Institute participant). KITS provides lodging (in a residence hall or up to \$150 will be reimbursed for hotel), meals and materials and a flat subsidy of \$50 to cover travel. Those who choose the hotel option are not eligible for the \$50 in travel as travel is allotted within the \$150.

Individual presenters and daily topics will be identified and posted as that information becomes available.

### Screening concludes

who may have scored low because of a lack of experience (who would be screened again after general education interventions had been implemented). Whatever the arrangement, it is imperative that the two systems identify a plan of action well before the beginning of the year.

### Understanding Each Other/Working Together

Early childhood professionals that have a good understanding of the general and specific purposes of screening are in a better position to share and utilize screening information. In many ways screening was created to make professional life easier, but this can only happen if staff understand the intent of specific screening tools and strategies, as well as their basic statistical properties. Knowing the purpose and accepting screening information from others may greatly reduce the workload of specific programs by freeing up staff to conduct more formal evaluations and provide services. Programs that routinely share screening information may find it useful to identify a single tool that can be used in both programs, for the same purpose, allowing opportunities to jointly train staff and increasing the pool of staff available to conduct screening. Others may find it necessary to develop formal agreements or strategic plans to determine a strategy to minimize problems that might occur as the result of various program requirements.

—submitted by Misty Goosen