SEED Study to Explore Early Development

SUMMER 2012 • ISSUE 7

This is a semi-annual newsletter of the Centers for Disease Control and Prevention-funded Study to Explore Early Development (SEED). The purpose of this newsletter is to inform the public of the study's progress.

INSIDE THIS EDITION

Temper Tantrum Tips—In this edition, we share the knowledge of the professionals in Georgia on a topic that is of interest to many parents: temper tantrums!

A temper tantrum can be one of the most difficult behaviors for a parent to manage. Signs of a temper tantrum include whining, screaming, and crying. A tantrum can be frustrating for even the most patient parents. Yet tantrums are common in children 1–4 years of age. Boys, girls, and children across all racial and ethnic groups have tantrums. In fact, tantrums are a normal part of child development that help children learn to show independence. Tantrums can also be good times to teach children how to manage their emotions better.

Tips for Parents:

Some tantrums may be related to developmental delays or difficulties. For example, a child with a delay in speech may be frustrated because that child cannot communicate feelings easily. Other tantrums may be related to a child learning to show independence. If possible, don't pay attention to bad behaviors that occur with tantrums. Paying attention to bad behaviors makes it more likely that those bad behaviors will happen in the future. Instead, reward your child for good behaviors. For instance, when your child takes turns during play or offers to share food or toys, praise your child by saying, "Nice sharing!" Praise your child right after the good behavior so your child can relate the behavior with the reward.

Children often have tantrums in certain situations or settings, such as bath time, bedtime, or in a store. If you can tell when your child is about to have a tantrum, first try to divert your child's attention. Then try to find out the reason for the tantrum, such as tiredness or hunger. Also, warn your child what will happen if they have a tantrum. For some children, one of the better ways to manage a tantrum is to place the child in time-out.

Time-out Tips:

- Time-out should begin right after a tantrum begins and last until a set time has passed and the tantrum has calmed.
- It is important to talk with any other people who care for your child (mother, father, teacher etc.) to make sure you all handle your child's tantrums the same way. Handling tantrums the same way, no matter where they happen (home, store, playground, etc.), will help your time-out plan work better.
- Time-out can last one minute for each year of the child's age, for example, 4 minutes of time-out for a 4 year-old child.
- Time-out should occur in a quiet place free from anything rewarding, such as toys, the television, or a window to look out. You can find a specific time out place, such as a chair set in the corner of a room that isn't used often.

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- When the family is out of the home, a chair, bench, or bathroom can be a good time-out location. Remember to stay with your child at all times, but avoid giving your child any attention during the time-out period.
- Once time-out is over and the tantrum has calmed, remind your child why the time-out occurred and what will happen if they have another tantrum. Also, remind your child you love them despite the tantrum! Begin another time-out right away, if your child has another tantrum.

At the start of a new time-out plan, sometimes behavior gets worse. This happens because the child might be testing the limits of the new plan. It is important to be consistent in order to help your child learn to relate tantrums with time-out as quickly as possible. Time-out should always be done the same way, as quickly as possible, after the beginning of a tantrum.

Tantrums generally get better and happen less often as children mature. Of course, tantrums are different for every child and every family. Time-outs and other behavior change plans may work better for some children than other children. Talk to your healthcare provider if your child does not respond well to your plan. Also, talk to your healthcare provider if tantrums last more than 10 minutes, are accompanied by aggressive behavior (toward self or others), or your child has frequent tantrums past the age of five years. For children with a known or suspected developmental disability, parents might want to discuss options with their care provider to develop a plan that is appropriate for their child's specific needs.

SEED PHASE TWO (SEED II)

The SEED sites are about to start a second round of data collection and will be inviting families with children born in more recent years to take part in the study. Increasing the number of families enrolled in SEED will allow us to get an even better picture of what puts children at risk of developing an autism spectrum disorder. SEED 2 will still enroll children ages 2–5 who are from select areas of California, Colorado, Georgia, Maryland, North Carolina, and Pennsylvania.

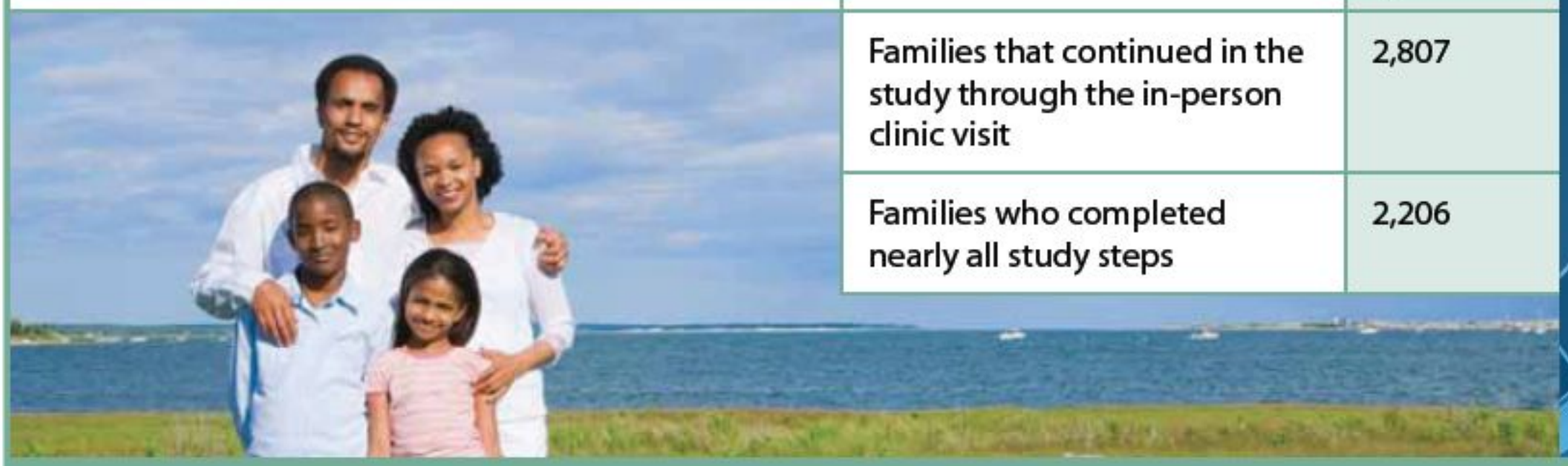
HIGHLIGHTS OF SEED PROGRESS

SEED researchers have started to analyze initial results from the study. The first few analyses will focus on describing children's developmental skills and behaviors, medical issues, and describing the demographics (age, race, ethnicity, sex, place of birth and residence) of our study population, and investigating associations between autism spectrum disorders and genes.

SEED started enrolling families in the winter of 2008.

The table shows SEED progress as of July, 2012.

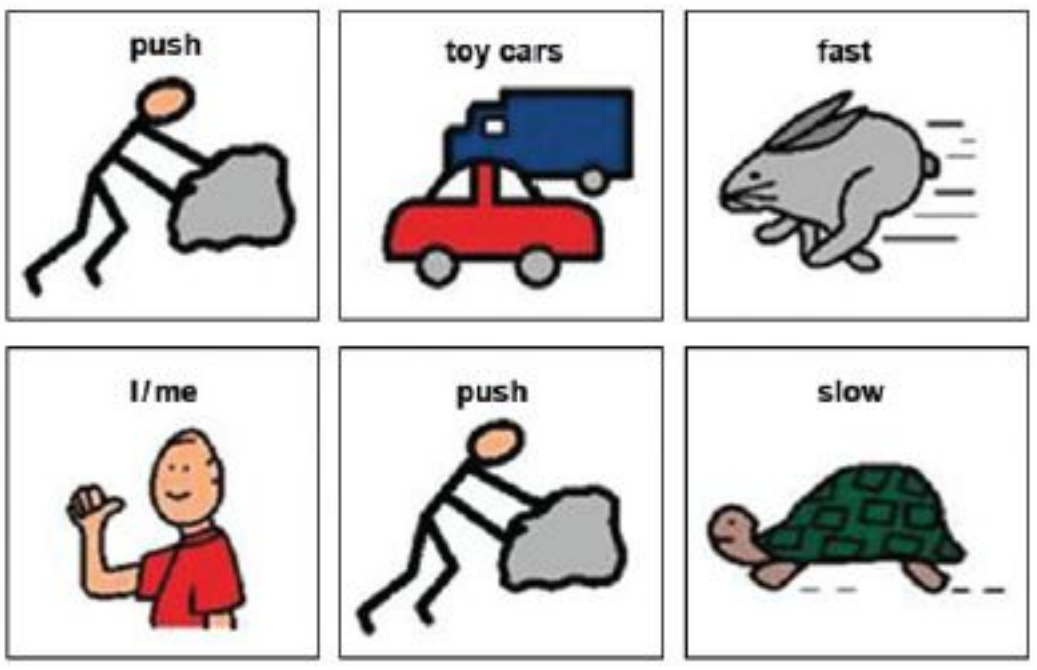
Enrolled Families	3,782
Families that continued in the study through the in-person clinic visit	2,807
Families who completed nearly all study steps	2,206



USING AIDED LANGUAGE ACTIVITIES

Many young children, both with and without developmental disabilities, could benefit from the use of Aided Language Stimulation (ALS) activities to encourage spontaneous communication. ALS activities encourage communication between a caregiver and child by using a display board with pictures, symbols and words that can be arranged in different ways to aid communication. The symbols and words on the board are based on the activity and the child's current ability with language. For example, playing with bubbles can be an opportunity to use ALS. If a child usually uses only single words to communicate, child and caregiver may use a display that includes simple nouns ("I," "you," "bubbles"), verbs ("pop," "blow," "give," "open") and descriptors ("wet," "more," "all gone") to expand communication by using the symbols and pictures in different combinations ("You blow," "Pop more bubbles").

Display boards should be arranged by grouping similar words and concepts together. This will make it easier for the child and caregiver to find the words they need. Boards can be simple or complex based on the goals for the child and the child's current communication abilities. Caregivers can find pictures to create display boards by searching Google Images, choosing pictures from the website www.do2learn.com, or using the program Boardmaker™ (a web-based collection of symbols, pictures, and display formats).



When first starting ALS activities the adult's role is to show the child how to use the display board to communicate. For example, when playing with toy cars, the caregiver may say, "Make the blue car go fast" while touching the symbols or pictures on the board for "Make + blue + car + fast." After multiple demonstrations, the child should spontaneously touch or attempt to touch pictures on the board to communicate to the caregiver, such as "go slow" or simply "slow." The caregiver should control the toys so that when the child attempts to communicate using the board, he or she is immediately rewarded by getting the desired object or action. This allows the child to learn that using the board is a way to interact with others.

If the child is not using the display board spontaneously after multiple demonstrations, re-assess the pictures and symbols to determine whether they are developmentally appropriate. Simply changing the pictures on the board may make it easier for the child to understand what he or she should be communicating during the activity. Also be aware that children must be able to use pointing before trying ALS. Children typically follow someone pointing by around 12 months of age. By 12 to 18 months, they can use pointing to request or show objects to others.

As children continue to develop skills, display boards can be changed to model and reward more advanced communication skills such as commenting, clarifying, and asking questions. Furthermore, watching and listening to caregivers pair spoken words with pictures and symbols allows children to develop alternative ways to communicate while trying to gain more fluent speech.

HIGHLIGHTS OF NORTH CAROLINA SEED I COMPLETION

667 (17.6%) of 3782 families enrolled in SEED I have come from North Carolina. 437 North Carolina families are among the 2206 families who completed all necessary study steps –that is 19.8%. We are so proud of the contribution our state's families made to the outcome of the first phase of SEED!

Enrolled Families	667
Families that continued in the study through the in-person clinic visit	481
Families who completed nearly all study steps	437

As of June 25, 2012.

Centers for Disease
Control and Prevention
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and Developmental Disabilities

CADDRE
Center for Autism and
Developmental Disabilities
Research and Epidemiology

The University of North Carolina at Chapel Hill
Campus Box 8126
Chapel Hill, NC 27599-8126

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SITE SNAPSHOT: GEORGIA

CDC is committed to the important work of understanding ASDs. In addition to Georgia SEED, below is a snapshot of other activities that are ongoing at CDC.

Tracking the Number of Children Identified with Autism Spectrum Disorders

The Autism and Developmental Disabilities Monitoring (ADDM) Network is a group of programs funded by CDC to estimate the number of children with ASDs and other developmental disabilities in the United States. By studying the number of children with ASDs at different points in time, we can find out if the number is rising, dropping, or staying the same. We also can compare the number of children with ASDs in different areas of the country and among different groups of people. This information can help direct our research into what may cause autism and can help communities direct their outreach efforts to those who need it most.

Improving Early Identification

Early identification and intervention can have a significant impact on a child's ability to learn new skills, as well as reduce the need for costly interventions over time. CDC's "Learn the Signs Act Early" program promotes awareness among parents, health professionals, and child care providers about healthy developmental milestones during early childhood, the importance of tracking each child's development, and the importance of acting early if there are concerns. CDC offers free online resources, including checklists of developmental milestones, at www.cdc.gov/ActEarly. CDC also works with state and national partners to improve early childhood programs and systems in each state so children and their families can get the services and support they need.