

FDLRS Record

Newsletter for the University of Florida FDLRS-MDC program in Jacksonville

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Screen Time Suggestions

by Chelsea Pierce, M. Ed.

With the school year coming to a close and summer on the horizon, many parents have started thinking about summer activities for their children. Between visits to the Water Park and bubble-coated outdoor play sessions, how can you ensure that your children's minds continue to learn and grow, even while they are not in school?

Parents and teachers have worked together throughout the school year to master new skills. When the summer break from school causes students to regress, teachers refer to it as: summer slide. Regardless of ethnicity, socioeconomic level, or previous achievement, children who read four or more books over the summer fare better on reading comprehension tests in the fall than their peers who read one or no books over the summer (J Kim, 2004). Here are some ideas to help prevent summer slide:

1. Encourage your child to engage in play activities that are sprinkled with academics. Here are some examples:
 - a) Use chalk to answer math problems on the sidewalk
 - b) Challenge your child to create a story, play or poem using 5-10 new vocabulary words. Act it out with them!
 - c) Have your child join you at the grocery store. Have them calculate the bill, or count the number of items you will be purchasing.
2. Visit the library with your children. Allow them to pick books that are appropriate for their age level and meet their individual interests. Does your child like to cook? Grab a cook book! Do they like to learn about cars? Go for it! Encourage your child to read books for enjoyment.
3. Allow your child to "teach" you! Grab a few review pages and ask your child to show you how it's done! This may boost their interest in completing an academic task. This will also allow you to catch a glimpse into their academic abilities.

Visit these websites for more information regarding summer slide:

- You may access a helpful webinar about ways to combat summer slide here: <https://www.additudemag.com/webinar/adhd-summer-learning-strategies-to-prevent-slide/>
- National Summer Learning Association's website provides helpful research, activities and resources. <https://www.summerlearning.org/>
- Here are a few helpful ways to encourage summer reading: <http://www.scholastic.com/parents/resources/article/developing-reading-skills/three-ways-to-prevent-summer-slide>

Reference:

Kim, J. (2004). Summer Reading and the Ethnic Achievement Gap. *Journal of Education for Students Placed at Risk (JESPAR)*, 9(2), 169-188. doi:10.1207/s15327671espr0902_5



OUR SERVICES

Who we Serve:

- Individuals between the ages of 3 & 22 who have not graduated high school.
- Who are struggling in school and have complicated medical, behavioral, developmental, &/or social histories
- And who reside in Baker, Clay, Duval, Flagler, Nassau, & St. Johns counties

Services for Families:

- Comprehensive, multidisciplinary assessment, which may include psychoeducational, emotional-behavioral, &/or developmental pediatric evaluations
- Feedback sessions and a report detailing our findings
- Assistance in planning for your child's educational and psychological needs
- Trainings for parents covering a variety of topics

Services for the Community:

- Training/consultations for educators, students, & other professionals
- Educational consultation and support services: This can include collaboration with school personnel to facilitate school placement & provision of services

Transition Goals for the Individualized Education Program (IEP)

by Audrey Bringman, M. Ed.



Transition goals should be specific, measurable, and align with the student's postsecondary educational and career goals. Transition goals should be developed in each of the following areas: training, education, employment, and independent living skills. According to the Individuals with Disabilities Education Act (IDEA 2004), transition discussions and IEP goals should help promote a smooth transition into adulthood. Transition planning should start as early as possible, which can be as soon as a diagnosis is made, and be based on the student's interests and strengths. This is a useful checklist to make sure your student's IEP contains all of the transition planning requirements based on the compliance measure Indicator 13 of the State Performance Plan that is required by IDEA.

Parents, educators and students can use the following formula to develop a **postsecondary transition goal** that meets IDEA criteria.

After high School, (student name) will (behavior) (where and how).

Education/training postsecondary example: After high school, *student* will enroll in an information technology computer course in the fall 2018 semester at Florida State College at Jacksonville.

Employment postsecondary example: Upon graduation, *student* will work at least 10 hours per week in the IT field, at a local business, with assistance of a job coach from Vocational Rehabilitation.

The next formula can be used to help you develop an annual goal that meets IDEA criteria and supports the postsecondary transition goal.

Given (condition: specific teaching strategy, modeling, direct instruction, peer tutoring, etc.) (student name) will (behavior: accomplish/do/create/

develop/complete) (task) (where, when [deadline/timeframe], with how much accuracy and how will it be monitored?).

Education/training annual example that aligns with the transition goal above:

Given direct instruction on completing a college application and guided practice, *student* will complete 3 local college applications and submit them by the posted school deadlines for enrollment in the Fall 2018 semester.

Employment example that aligns with the transition goal above:

Given direct instruction on job searches and opportunity to independently search job listings, *student* will identify 10 businesses with open IT jobs that he is interested in and will save or print these 10 job applications by the end of the first school semester. Electronic copies of the applications will be saved on his personal USB drive in his IT Job folder and printed copies will be maintained in his career binder at school.

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Helping Your Child Get a Better Night's Sleep

by Lisa D. Bailey, Ph.D.

Regularly getting a good night's sleep has important benefits for health and mental health, including learning, mood, stress/coping, pain management and weight management. Unfortunately, youth frequently do not get enough restful sleep. Battles are fought at night before bed and again in the morning when your child just cannot get out of bed. Many children and teens feel tired in the morning and some do not feel awake and alert until well into the school day, which interferes with learning.

One common area of disagreement between caregivers and their children is the amount of sleep children and adolescents need. Most people (not just kids) underestimate the amount of sleep needed each night. Recommendations for pediatric sleep needs from the American Academy of Sleep Medicine suggest 10-13 hours of sleep for children ages 3-5, 9-12 hours for children ages 6-12, and 8-10 hours for teens ages 13-18.

Knowing how much sleep is needed each night is only half the battle. Many children and teens resist earlier bedtimes. Others are willing to go to bed on time, but have difficulty falling asleep. Hectic schedules often make getting enough sleep seem impossible. However, one of the most important ways to make improvements in your child's sleep is to make healthy sleep a priority for your whole family. It is critical that caregivers set and enforce rules for bedtimes and sleep routines for both younger children and teenagers.

Healthy sleep-related behaviors *that work for your children and fit with your family's lifestyle* will encourage consistent, restful sleep that, in turn, will make many other areas of life easier for you and your children. Several things can be done to improve sleep.

- **Create sleep associations:** Doing the same things, in the same order each night before bed sends signals to the brain that it is time to go to sleep. Help your child or teen start a wind-down routine that begins 15-30 minutes before bedtime and includes activities that help him/her get ready for bed (e.g., turning off electronics, bath time, brushing teeth). This routine does not need to be elaborate; it just has to be consistent and should not include activities that are too stimulating (e.g., watching television, playing on a tablet). Once the connection between the wind-down activities and sleep is established, following the routine at night will signal the brain that it is time to go to sleep and your child will actually begin to feel sleepy, even if he/she was wide awake before starting the routine.

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FDLRS Staff

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Chief of Developmental Pediatrics
& Executive Director of FDLRS-
MDC, Developmental Pediatrician

Jeannie M. Potthast, M.B.A.
Assistant Director - CARD

Karen Mullin
Office Manager

**Anne M. Wilson, M.S.T.,
BCaBA**
Clinician

Elise Summa, M.A., BCBA
Lead Clinician

Marlena Jenkins, M.S., BCaBA
Lead Clinician

Katrina Ressa, B.S., BCaBA
Clinician

Jennifer Flagge, B.S.
Event Coordinator

Anthony R. Rhodes, M.S.
IT Expert

Audrey Bringman, B.S.
Clinician

Chanel Baldwin, M.Ed.
Clinician

Ashley Parker, M.S., CCC-SLP
Speech Language Pathologist

Chelsea Pierce, M. Ed.
Clinician

Autumn Mauch
Executive Assistant

Tyler Rounds, B.S.
Administrative Assistant

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- **Reduce stimulation:** Turn off all electronics at least one hour before bedtime. If your child uses a cell phone as an alarm clock, have him/her silence (not set to vibrate) the ringer/text/notification alerts and place the phone face down and out of reach of the bed so that lights or sounds from any incoming calls or messages do not disrupt sleep and so that your child is not tempted to reach over and use the phone during the night. If your child is too tempted by the phone or other electronic devices at night, find an alternative to the phone/tablet as alarm clock.
- **Create a bedroom environment that encourages relaxation and restful sleep:** The National Sleep Foundation website provides tips for creating a bedroom environment that is soothing to the 5 senses and promotes restful sleep for children, adolescents, and adults (<https://sleepfoundation.org/bedroom/>).

◇ **Sight:**

- A bedroom that looks neat and

peaceful creates restful feelings. Help your child de-clutter his/her bedroom. For those who sleep with stuffed animals, limit the number of toys that are in the bed.

- **Light:** Sunlight and bright artificial light send wake-up signals to the brain, which makes it harder to fall asleep and stay asleep. At bedtime, use lights with low-wattage bulbs. Cover or block other lights, such as light from a bedside clock or from streetlights. Room-darkening curtains or a sleep mask can be helpful. Nightlights can be used as long as they are low-wattage. A nightlight in the bathroom instead of the regular light is helpful so that bright lights will not fully wake your child, making it easier to go back to sleep after using the bathroom.

◇ **Sound:**

- Minimize noise at night. Even if your child does not fully wake, noise

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interferes with restful sleep. As children usually go to bed before the adults in the home, it is not possible to eliminate all noise. A white noise machine, a fan, an air purifier, or anything that produces a steady, but quiet and soothing noise inside your child's bedroom will cover sounds coming from outside of your child's bedroom. Avoid using the television or radio as the sounds from TV shows or songs vary too much and disrupt sleep in similar ways as the household sounds that you are trying to filter.

- Children who share a room but have different bedtimes present a particular challenge. The child with the later bedtime can complete as much of the wind-down routine outside of the bedroom as possible (e.g., put on pj's in the bathroom or in another bedroom) and only quietly enter the shared bedroom once he/she is ready to get in bed and go to sleep.
- In families with multiple children, bedtime routines may overlap. The end of the bedtime routine for the child with the earlier bedtime may be the beginning of the routine for the child with the later bedtime (e.g., reading a bedtime story with parents/caregivers).

◇ **Touch:**

- Comfortable sheets, pillows, mattress and pajamas encourage restful sleep. Help your child select pajamas that are comfortable and breathable. For children who kick off their covers at night, make sure that pajamas will provide adequate warmth.
- **Temperature:** Cooler temperatures are required at night for restful sleep. If the room is too hot or humid, your child will be more likely to have fitful sleep or wake up during the night. Individual requirements for sleep temperatures vary. If your child sleeps best at a cooler temperature than the rest of the family, using a fan at night

will lower the temperature in your child's room without affecting other rooms.

◇ **Smell:**

- Fresh, pleasing scents encourage restful sleep. Help your child identify scents that he/she finds soothing or relaxing. Find easy ways to incorporate these scents either in the bedroom or during the nighttime routine (e.g., clean sheets with pleasing detergent or fabric softener scent, potpourri, soap/shampoo used during bath time, etc.).

◇ **Taste:**

- Going to sleep on a stomach that is too full or too empty is disruptive to sleep. As often as possible, have dinner well before bedtime (at least 2 hours). If that is not possible, a lighter, balanced dinner that includes protein and carbohydrates will allow your child to feel adequately full, but will be less likely to interfere with sleep.
- Avoid caffeine or stimulants before bed (again, at least 2 hours). Even if your child does not report feeling the effects, the brain takes time to wind down after exposure to stimulants.

References and Recommended Readings:

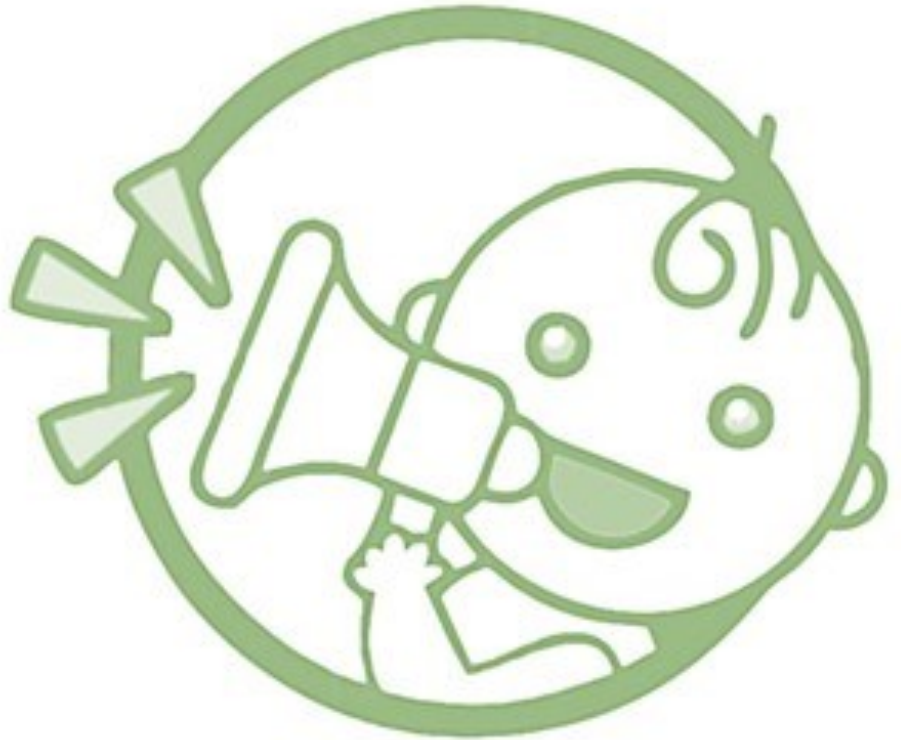
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Typical Speech and Language Acquisition in Children

By Ashley Parker, MS CCC-SLP

As a Speech-Language Pathologist, some of the most common questions asked of me by parents are, "How much should my child be talking? Is he/she normal? When should I be concerned?" Most often these questions are asked about children aged one to three years old, and in this article I will outline some basic milestones that children between the ages of one to three should meet, keep in mind that "typical" is a broad term, and that not every child meets every milestone exactly on time, and that can be just fine.

Generally speaking, by age one year, children should speak at least one word that they use consistently for the same item/object/person every time, and that is understood by others as such. Babies at age one should also be babbling in long consonant streams with varying sounds and pitch. Sometimes it may sound like a baby is having a conversation with himself while he is just playing or eating (ASHA 2018). Your one year old should also begin pointing at items that she wants, or items that she wants to draw your attention toward. The American Academy of Pediatrics (AAP) notes that receptively, between one and two years of age, babies and toddlers will be able to follow a one-step simple command, will begin to use gestures, will point to a few simple body parts, will look where a parent points, and between the ages of 18 and 24 months, will gain one new word per week



(AAP 2011).

Beginning around age two, toddlers should begin to put two words together. Often these short phrases are about items or objects that they see, such as "car go", or "my juice". A toddler by age two should have a vocabulary of approximately 50-100 words, and that word bank is consistently growing (AAP 2011). Adults well known to a child should be able to understand what they are saying about 30-50% of the time, and they should be using a single finger point to indicate a want, need, or to show an item or object. This is also the time where pretend play begins to emerge, and toddlers at this age benefit from dress-up clothes, puppets, and dolls to encourage pretend play and imagination (ASHA 2018).

By the time your child turns three years old, they should have so many words used



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expressively that you could not begin to count them. They should be interactive, enjoy play time, and begin to exert their personality and opinions through both words and actions. At age three, children can start learning some colors and shapes, and start understanding concepts such as brother and grandma (ASHA 2018). They begin to put three to four words together in phrases and can more clearly communicate their wants and needs. They will also begin to comment more on activities and relay information about their daily activities. They will respond when their name is called from another room, and their speech is understood at least half the time.

If you have any concerns regarding your child's speech and language milestones, make an appointment with their Primary Care Physician. The AAP notes that if your child's doctor tells you that they will "catch up in time", that it is okay to ask for a second opinion (AAP 2011). The Center for Disease Control and Prevention (CDC) for the United States government has an app for both iPhone and Android platforms

that is a milestone tracker, and gives helpful tips and activities to do with your child based on their age. Simply search "CDC Milestone Tracker" in your phone or tablet's app store. In the State of Florida, the birth-three year old resource for early intervention services is Early Steps, and the age three-five resource for school-based preschool early intervention is Child Find. In the Jacksonville area, the phone number for Early Steps is 904-360-7022, and Child Find is 904-346-4601.

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Back to School Basics

by Marlena Jenkins, M.S., BCaBA



Heading back to school can be a fearful time for students of all grades, but those who have concerns for anxiety related symptoms will need an additional layer of support to help them start off on the right foot.

- 1) Schedule a practice run. Schools hold office hours over the summer and will allow parents and students to tour or walk through the campus. This is the perfect opportunity to explain the school's layout to your student. As you walk down the halls, point out important areas like, the main office, guidance counselor's office, resource teacher's classroom, restrooms and drop off/pick up area. If you have decided how your student will travel to and from school, practice the route walking from their classroom to the designated location. Explain to your student that there will be several students who are also rushing to make it to the carline or bus loop, so they should remain focused and diligent in their efforts to walk straight to the appropriate location.
- 2) Tag in a team member. Identify someone on your student's educational team to serve as his or her point of contact in times of social/emotional difficulty. This staff member should be someone who can commit the resources and energy needed to aid your student prior to distress, during and after episodes and when he or she is transitioning back to class. This team member does not necessarily need to have special training. Rather he or she should be someone your student has established rapport with and is easily accessible throughout the day. Some students have found that an athletic coach, media

specialist or front office member is the perfect person to be their point of contact. Regardless of their role in the school, this person should be someone your student can speak with openly and honestly about their struggles.

- 3) Set goals and follow through. The transition back to school can be overwhelming, and at times painful for parents to watch as their student struggles to navigate the social, behavioral and academic obstacles associated with school. One of the greatest things a parent can do to help their student gain independence and confidence in the midst of conflict, is to teach them how to set healthy, reasonable goals and to follow through with efforts to reach those goals. For example, it is within reason to allow your student to contact you during the first nine-week period in times of need, but as the school year progresses, your student should begin using learned coping and replacement behaviors that allow him or her to remain engaged with the school setting and staff.

Supporting your student as he or she works through hard times with his or her school based team is one of the most important things you can do to help him or her become his or her best!

Online Resources:

Child Mind Institute, <https://childmind.org/article/back-school-anxiety>

John Hopkins Medicine, <https://www.hopkinsmedicine.org/health/articles-and-answers/wellbeing/5-tips-to-ease-back-to-school-anxiety>

Utilizing Social Supports and Building Resiliency to Decrease Feelings of Stress in Families

by Valerie Buckley, Psy.D.

Resiliency is the process of adapting well in the face of stress (or stressful events). Research has shown that most people demonstrate resiliency. It involves behaviors, thoughts and actions that can be learned and developed. Social supports can be the people in our lives, the communities in which we engage, and the groups we may join. The first support system in our lives is usually the family unit; mothers, fathers, siblings and extended families. As people age and become more independent, the family system may continue to be a support although friendships begin to form that may also act as supports. Through the developmental life span dependence on these social supports vary in amount at different life stages and when different stressors occur. Social supports also assist in building resiliency throughout life.

Parents are usually the first supports for children. Yet as parents become more involved in their children's lives, parents may begin to neglect their own relationships, support systems and needs. This may happen quickly or gradually over time. Perhaps social engagements are cancelled due to lack of child care or new job opportunities precipitate a move of the household, or parents may become overwhelmed with all the

time demands entailed in family life. The result of these events, and others, can be an increased sense of isolation or separation from family, friends, and social networks; from emotional support systems. Yet a primary factor in resilience is having caring and supportive relationships within and outside the family (<http://www.apa.org/helpcenter/road-resilience.aspx>).

The American Psychological Association (APA) reports the following factors build resiliency:

- The capacity to make realistic plans and take steps to carry them out.
- A positive view of yourself and confidence in your strengths and abilities.
- Skills in communication and problem solving.
- The capacity to manage strong feelings and impulses.



Becoming more resilient or increasing social supports does not guarantee a decrease in the amount of stressful events, but it may make personal and family functioning more adaptive and productive than families with decreased social supports and a less resilient mindset. According to the APA building resiliency is a skill that is developed over time. Improving resiliency skills can be learned, practiced, and strengthened in each individual. They suggest ten ways to build resiliency which are briefly outlined below.

- **Make connections.** This suggests that increasing social supports such as attending church, joining civic groups, or engaging in activities you enjoy with other people. Accept help when it is offered and be willing to assist others in their time of need.
- **Avoid seeing crises as insurmountable problems.** It is important to note that stressful events will occur but a person can change their response to an event. Thinking how a similar problem or situation was resolved successfully in the past may help in resolving the current situation.
- **Accept that change is a part of living.** Sometimes goals may need to be adjusted, focus on what is in your control.
- **Move toward your goals.** Be realistic and set small tasks that move you toward your goal.
- **Take decisive actions.** Do not wish a problem away and withdraw from the situation.
- **Look for opportunities for self-discover.** People often grow or learn something about themselves in difficult situations.

- **Nurture a positive view of yourself.** Trust your instincts.
- **Keep things in perspective.** Avoid blowing the event out of proportion.
- **Maintain a hopeful outlook.** Try to visualize what you want rather than worry about what you fear.
- **Take care of yourself.** Do what you enjoy, engage with those who care about you, exercise, relax.

These skills may be developed by the individual on their own. However, if assistance is needed to develop any of these skills, seek guidance from self-help books, support groups, books with a personal success story about overcoming an obstacle, online resources, and/or a licensed mental health professional.

Building resiliency and finding and maintaining social supports keeps parents healthier which in turn creates healthier environments for our families. When parents model these behaviors for their children, the children will benefit and become more resilient themselves. Stressors and stressful events occur in the lives of everyone and parents often put their needs last in an attempt to make their children's lives better. Yet when stressful events occur, resiliency factors are needed in order to better address these difficult situations. Parents who develop and utilize social supports and resiliency factors model adaptive and productive skills to their children who will benefit from also developing these skills.

Online Resources:

American Psychological Association, <http://www.apa.org/helpcenter/road-resilience.aspx>