

TIMELY TIPS FOR OPTIMAL OUTCOMES

Navigating Neurodevelopment
in Toddlers and Preschoolers



HOPEHAVEN

WHERE HOPE TRANSFORMS FAMILIES

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General Development Recommendations

BEHAVIOR

Particularly effective discipline strategies: offer choices, attempt redirection during signs of frustration, anticipate problem areas, and enact preemptive strategies (e.g., pack in advance snacks/water and have soothing/distracting activities ready for prolonged outings). Offer structure and routine to reduce confusion; praise wanted behaviors; use a systematic warning structure (1 . . . 2 . . . 3!) after which a consequence is immediately delivered (e.g., time out). Time out should be a consistent procedure involving no adult attention during the pre-specified time period (~3 minutes). Use simple directive language when your child is frustrated without an increase in volume or escalation of tone whenever possible. Use a calm clear voice. A child who is screaming or yelling will have to stop in order to hear you. Use visual signals, and nonverbal gestures when a child is too out of control to process what you are saying. Use very few words and more gestures. Humor can be used at times to quickly de-escalate mounting frustration. Provide attention when your child is making good behavioral choices. Comment on what s/he is doing (labeled praise).

Directives should be made with eye contact established and when your child is free of distractions. Physical proximity is key. Being close to your child before giving a direction heightens their attention and the likelihood of their compliance. Position yourself so that you can speak to your child at eye level. Visual cues should be paired with directives. Directives are only given one time. They can be followed up with visual cues or physical assistance. Give directives when you are ready to follow through as well.

Transition cues/objects and/or a written schedule may be of benefit in guiding and reassuring your child. A cool-down procedure such as 'blowing out candles' or counting to 10 along with a designated cool-down area should be offered at home. Your child should be reinforced for applying cool-down techniques and requesting calmly to retreat to his/her cool-down area. Your child should be reinforced for quiet voice/whispering in appropriate settings.

Helpful Books

- [*Easy to Love, Difficult to Discipline and Conscious Discipline* by Becky Bailey, Ph.D.](#)
- *Your Defiant Child: Eight Steps to Better Behavior* by Russell Barkley and Christine Benton
- *1, 2, 3 Magic!* by Thomas Phelan
- *Time-In: When time out doesn't work* by Jean Clarke
- *What to Do When Your Child Won't Behave* by Lee Canter
- *Parenting the Strong Willed Child* by Rex Forehand

LANGUAGE AND LITERACY DEVELOPMENT

Floor Time (Child-Directed Interaction)

Floor time is a valuable method of increasing social relatedness, connectedness, and language. Provide a choice of language-rich play activities, such as a bin of farm animals and related items. Follow your child's lead and label what s/he does. Engage with him in his/her favorite activities but wait for him to give a verbal prompt such as "go" before initiating a favorite routine. Follow your child's interests. Position yourself so that you are at eye level with your child when playing with him/her.

While your child plays, follow along with simple words. Using the one-up rule, narrate what your child is doing. If s/he is playing with a shape sorter, you might say the word "in" when s/he puts a shape in its slot. You might say "shape" when s/he holds up the shape and "dump shapes" when s/he dumps them out to start over. By talking about what engages your child, you'll help him learn the associated vocabulary. Over time enhance your child's vocabulary with object-function descriptors, object-location, more advanced prepositions, and so on.

For more information about floor time

[Floor Time \(AutismSpeaks.org\)](#)

Waiting is key to eliciting language. Leave space for your child to talk. Do not read your child's mind. Wait expectantly (e.g., pause, with eyebrows up) for a verbal or gestural response before giving items. Provide gentle barriers to favorite items and release/give these items immediately to your child after a verbalization, vocalization, or gesture that s/he either initiates or that s/he imitates from your model.

Build complexity to verbalizations, scaffolding from initial word approximations and words: e.g., from "Go!" to "Ready, Set, Go!"; or from 'mmmm' to "muh" to "more" to "more, please!".

For additional information about eliciting language

[Seven Ways to Help Your Non-Verbal Child Speak](#)

[My child is nonverbal. Anything new that might help him communicate better?](#)

For additional tips on developmental enrichment

To view instructional videos for caregivers developed by Autism Speaks and the World Health Organization.

[Quick tips for Parents, Caregivers of Children with Autism](#)

LANGUAGE AND LITERACY DEVELOPMENT (contd.)

Storytime

Reading 3 or so story books each night is a great way to promote early literacy, including letter and word identification, letter-sound relationships, rhyming sense, vocabulary, and attention/concentration. Storytime is an excellent component of an overall soothing nighttime routine. Finally, storytime is a relationship-building activity. Books with rhyming words, repetitive phrases, and repetitive use of word families (e.g., classic Dr. Seuss books; Pete the Cat series) are recommended. Select books with text length/per page that corresponds to your child's current attention span. Over time, incorporate longer and longer books. Repeat books regularly to promote some memorization. Provide pregnant pauses and allow your child to complete sentences that s/he knows well. Point the word out as s/he says it aloud to promote word identification. Pause mid-way and ask your child what might happen next, promoting memory and verbal formulation skills. Take turns reading and allow your child to 'read' pages to you. Do not correct every error, as s/he begins to learn to decode. Carve some time to read more complex books to your child and discuss meaning to promote attention, comprehension, and vocabulary. Go to the public library together and select books on topics that interest your child the most.

Public Libraries

"Start here. Go anywhere." The Jacksonville Public Library has many resources and programs that promote literacy, personal growth, and a love of learning. From story times for the very young to computer classes for various abilities, the Jacksonville Public Library has the resources you are looking for. Visit jaxpubliclibrary.org for library locations and hours of operation, as well as program information for infants, toddlers, and students of all ages.

Free Resource for Toddlers and Early Readers

The Nemours BrightStart! Program offers free literacy screenings for ages 3-5. Please visit ReadingBrightStart.org where this screener is available online, as well as age-appropriate resources and recommendations for the beginning reader.

BUILDING ATTENTION SKILLS AND ACADEMIC READINESS

Table Time (Adult-Directed Interaction)

Table time is a valuable tool to improve sustained attention. This work-then-play strategy is to be practiced at home and involves engaging in about 3 'work' activities (e.g., one fine motor such as practicing beading, one letter labeling task or sounding out CVC words, one puzzle or other activity involving colors/shapes), followed by a reward for sustaining attention. Each activity should be placed in a separate bin, the final bin houses the reward. The child learns through a routine that each time s/he completes the 3 'work' tasks, a reward follows. Over time, the amount of work in each of the first 3 tasks can be increased to gradually increase sustained attention from ~5 minutes to ~15 minutes, and so on.

Academic Apps/Screentime

Academic apps and software can reinforce skills learned using more traditional methods. If employed, I recommend an iPad dedicated for this use, to include only academic apps from which the child can choose a variety of tasks. Alternatively, you can program the home key to only accept a complicated 3 button press input to shift away from a program. See Settings>Accessibility>Guided Access.

Limit this type of instruction to a maximum half-hour per day. The American Academy of Pediatrics offers the following recommendations for maximum screentime per day: No screentime for children under 2 years of age; 1-2 hours maximum for children ages 3 and older. [More information from the American Academy of Pediatrics.](#)

The American Academy of Pediatrics offers the following recommendations for maximum screentime per day: No screentime for children under 2 years of age; 1-2 hours maximum for children ages 3 and older. I recommend the same guidelines for adults- model your behavior after what you would like to see in your child. Dock all electronic devices (phones, iPads, etc.) outside of bedrooms.

Did you know that you can program iPhones and iPads to monitor the length of time on various apps or the entire usage time on the device? Go to Settings>Screentime and choose Downtime>App Limits>Always Allowed>Content/Privacy Restrictions to regulate usage. This is even useful for adults to monitor their usage.

While too much screentime may stifle creativity, exercise, and other more developmentally enriching activities, a little bit of public TV programming such as *Sesame Street*, *Daniel Tiger's Neighborhood*, and *Word Girl* can go a long way towards language and literacy development.

BUILDING ATTENTION SKILLS AND ACADEMIC READINESS (contd.)

Academic apps that are particularly strong for preschoolers and primary elementary years

Teach Me series, including *Teach Me Preschool*, *Teach Me Kindergarten*, etc.; *Dora Skywriting*; *Writing Wizard for Kids*; *Starfall*; and *ReadingRaven*. On the desktop, if the child is able to manipulate a mouse: [Starfall](#). Dr. Seuss and other childhood books that highlight words as they are read are powerful tools as well. To practice handwriting, I suggest purchasing a stylus with the iPad.

SLEEP

Sleep hygiene principles include the same bedtime every night and no screen time after dinner, daily outdoor exercise during daylight hours, limited evening eating after dinner, balanced nutrition, and elimination of caffeine and high sugar diet, if applicable. Soothing activities after dinner can include a warm bath, and storytime. The nighttime routine should be consistent 7 days weekly including the same time to bed and the same time to rise. Provide separate space for sleep versus learning or play. Remove stimulating toys and electronics from the bedroom. If anxiety is a factor, use a timed nightlight. White noise machines can be useful if there is a hypersensitivity to noise or if the child awakens easily to environmental sounds. Avoid snacks after dinner. Discuss the use of melatonin with your child's pediatrician if sleep issues persist. Avoid prolonged nighttime routines that involve extensive amounts of parent involvement. Establish a reasonable routine and remain consistent.

Additional reading

- *Good Night, Sweet Dreams, I Love You: Now Get Into Bed and Go to Sleep!* by Dr. Patrick Friman
- *A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems, 2nd ed.* by Mindell JA & Owens JA (2010). Philadelphia: Lippincott Williams & Wilkins
- You can download the [Sleep Tool Kit](#) from [AutismSpeaks.org](#)
- *Strategies to Improve Sleep in Children with Autism Spectrum Disorders - A Parent's Guide*
This informational booklet is designed to provide parents with strategies to improve sleep in their child affected by autism spectrum disorders (ASD). The suggestions in this tool kit are based on both research and clinical experience of sleep experts.

PICKY EATERS

Mealtime, particularly dinner, involves a set time in which all family members (if feasible) sit around a table. No short-order chefs in the kitchen. The same meal is offered to all members. Along with water or milk, offer items 'in courses' with veggies first, followed by protein, then carbs/fruit.

Remember Premack's principle: if Cheetos and broccoli are served together, chances are, no broccoli will be eaten.

Have some set rituals such as 'mad, sad, glad' or 'attitude of gratitude' wherein each person takes a turn telling others, for example, something that happened that day that either made them mad, sad, or glad; or something from the day for which they are thankful.

At the end of 20-30 minutes, each child at the table can ask to be excused. No need to comment on how much food was eaten. You may choose to make the rule that 3 bites must be eaten of anything on the plate before each child can be excused. If that is the case, this is your opportunity to comment on whether or not that condition has been met. No snacks before or after dinner.

HEALTHY LIVING

1. Follow "5-2-1- Almost None" rule

Five: Try to eat 5 or more servings of fruits and vegetables every day.

Two: Limit TV, computer, and video game time to no more than 2 hours every day.

One: Be active for at least one hour every day. Have fun!!

Almost none: Avoid sweet drinks and added sugars.

2. Eat regular meals and snacks

- Eat 3 meals and 1 or 2 small snacks every day.

- Do not skip any major meals.

- Breakfast foods should be lower in fat and sugar. To sweeten cereal, try using fruit.

3. Mostly water or milk

Water primarily, followed by milk - consult with pediatrician for optimal formulation of milk (2%, whole milk, etc.)

Helpful food guides

[We Can! GO, SLOW, and WHOA Foods](#)

[UR What You Eat](#)

For more information about developmental milestones, and the importance of early identification and treatment, visit

Centers for Disease Control and Prevention

[Act Early](#)

Autism Speaks

www.autismspeaks.org

NIH Autism Centers of Excellence

[Autism Centers of Excellence \(ACE\) Program](#)

[What is autism spectrum disorder?](#)

American Academy of Pediatrics

["Identification and Evaluation, and Management of Children with Autism Spectrum Disorders"](#)

Center for Autism and Related Disabilities

[ASD specific resources](#)

UNC Division TEACCH

[TEACCH® Autism Program resources](#)

UCLA PEERS

[UCLA® PEERS Clinic](#)

Are you concerned your child may be showing signs of developmental delays?

Questions? Don't hesitate to reach out. Dr. Cato is available for consultations and evaluations. The Hope Haven clinical team also includes an educational advocate, as well as a team of mental health counselors who are available and ready to work toward optimal developmental outcomes for you and your child.



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