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ABSTRACT

This final report describes achievements and activities of Project SELF (Supports for Early Learning Foundations), a federally funded project in New Mexico which developed, evaluated, and replicated an innovative model that provides strategies for early interventionists and families to support early learning foundations. The project identified local and national needs; developed, implemented and evaluated a pilot Self Observation Process; and developed a curriculum for supporting children's self-regulation adaptive strategies. Project SELF developed a model of regulation that consists of five domains of regulation: neurophysiological, behavioral, emotional, social-communicative, and environmental. The SELF Assessment-Intervention process includes a family interview, an observational assessment tool, and a strategies menu for each daily routine of concern. The project disseminated information to over 400 people through workshops, conference presentations, and preservice lectures. It also developed a self-contained training package that includes a training manual, accompanying CD-ROM, assessment-intervention protocols, and a family participation guide. Individual sections of the report address the project's goals and objectives, theoretical framework, participants, methodological problems, evaluation findings, impact, and future activities. Six extensive appendices detail project development, dissemination and training activities, and provide project forms. (Contains 12 pages of references.) (DB)

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ED 459 574

SELF: Supports for Early Learning Foundations
A Non-Directed Model Demonstration Project

Final Report

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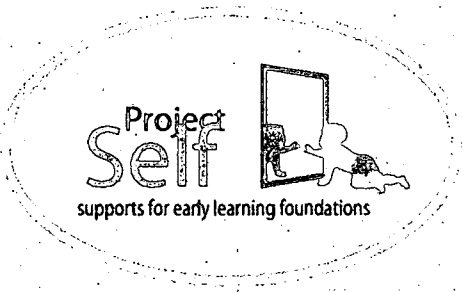

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II. Abstract

Project SELF: Supports for Early Learning Foundations An Early Education Program for Children with Disabilities Non-Directed Model Demonstration Project

Project SELF: Supports for Early Learning Foundations collaborated with family members, caregivers, local early childhood professionals and national experts in the field to develop a Model of Regulation and a unique assessment-intervention process that focuses on self-regulation in infants and toddlers. During the five years of model development, the project disseminated information about the SELF Process through local presentations at the university and early intervention programs to approximately 168 people and nationally to over 400 people.

The goals, components, and activities of Project SELF focused on developing, evaluating, and replicating an innovative model that provides strategies for early interventionists and families to support early learning foundations. Specifically, the project identified local and national needs, developed, implemented and evaluated a pilot for the SELF Observation Process, and developed a curriculum for supporting children's self-regulation adaptive strategies. The project designed, developed and field tested a multimedia training package that provides knowledge and skills for using the SELF Assessment-Observation Process and disseminated findings and materials.

Project SELF developed a model of regulation that consists of five domains of regulation: neurophysiological, behavioral, emotional, social-communicative and environmental. The SELF Assessment-Intervention process includes a family interview, an observational assessment tool, and a strategies menu. The assessment process provides a comprehensive method for looking at both the internal and external factors that contribute to individual differences in young children including how children manage their neurophysiological systems, behave in different situations, interact with caregivers, take in information and use it, and express thoughts, feelings, and ideas. The process also includes a Strategies Menu for each daily routine concern area (sleeping, eating/feeding, bathing, dressing, infant behavior, and toddler behavior) that is theoretically linked to the assessment process. The Menus provide background information on the concern area, types of issues, guiding principles of intervention, and specific strategies for a concern in four intervention areas: caregiver intervention, caregiver-child intervention, direct child intervention, and environmental intervention

During the project, staff disseminated information through workshops, conference presentations, and informational sessions and pre-service lectures. Staff designed and provided workshops and agency-based training on the SELF Assessment-Intervention Process to 111 early interventionists and therapists in New Mexico. Project Staff disseminated information on the SELF Process to over 600 attendees at local and national conferences and meetings. In addition, staff members provided lectures on the SELF Process to 136 Occupational Therapy and Early Childhood students at the University of New Mexico and half-day information sessions to 67 early childhood professionals.

One of the major features of this project was the development and production of a self-contained training package that includes a training manual, accompanying CD-ROM, assessment-intervention protocols, and a family participation guide. This package is designed to assist self-motivated interventionists to learn and practice the

SELF Process on their own at their own pace. Additional information on the SELF Process and materials can be found at www.newassessment.org under New Models or contact Holly Harrison at the University of New Mexico at 505-277-0204 or hharriso@unm.edu.

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Project SELF Goals and Objectives

GOAL: DEVELOP, EVALUATE AND REPLICATE AN INNOVATIVE MODEL THAT PROVIDES STRATEGIES FOR EARLY INTERVENTIONISTS AND FAMILIES TO SUPPORT EARLY LEARNING FOUNDATIONS IN YOUNG CHILDREN - INCLUDING THOSE AT RISK FOR DELAYS, WITH DEVELOPMENTAL DISABILITIES, AND THOSE WITH LOW INCIDENCE DISABILITIES.

1.0 Objective: Articulate Project SELF in response to identified local and national needs.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
1.1	Implement project management plan to accomplish all objectives: • set up fiscal & record keeping files; • hire staff as needed; • set up Project phases using management by objectives; • develop detailed timelines and responsibilities; • initiate research/evaluation plan; • set up program for data entry, and conduct periodic analyses and summaries of data.	Harrison, Du Rivage, StevensDominguez	November 1995
1.2	Meet with pilot site staff composed of Early Interventionists and parents and review goals and objectives. Determine policies and procedures for piloting observation tool and for gathering data that are non - intrusive to current practices.	Harrison	February 1996
1.3	Establish advisory committee for project composed of Early Interventionists and parents and contact national expert team; mail project information to both groups; establish meeting and contact schedules.	Harrison, Du Rivage	October 1995
1.4	Conduct literature review and information search related to project objectives	Du Rivage	January 1996
1.5	Meet with advisory committee and staff; review model components, activities, anticipated outcomes and evaluation design.	SELF Team	January 1996
1.6	Revise workscope as necessary.	SELF Team	ongoing
1.7	Initiate first step of dissemination plan (brochure).	SELF Team	January 1996

2.0 Objective: Establish policies, and procedures for data collection and refine all aspects of evaluation/ research design.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
2.1	Meet with evaluation consultant, project staff, and pilot site staff to review research/evaluation design and activities. Establish committee to guide the implementation of the plan	SELF Team	December 1995
2.2	Further develop data collection procedures and instruments; review to ensure that they reflect the family centered philosophy of the University of New Mexico Training Unit	Harrison, Oetter, Evaluation Consultant	March 1996
2.3	Develop parental permission form for project activities	SELF Team	March 1996
2.4	Refine data collection designed to identify specific family expectations and desired outcomes of the observation process and the degree of success and satisfaction, following the observation.	Harrison, Evaluation Consultant	April 1996
2.5	Determine steps of the observation process & tool to include: • descriptions/definitions of observation areas; • measures between outcomes on the observation tool and assessments; • methods to establish validity and reliability; • satisfaction and attribute measures from personnel providing intervention services and families.	SELF Team	May 1996
2.6	Identify procedures for evaluating training competencies, targeted by the SELF multi - media training package and delivery formats and for gathering formative data to evaluate content and evaluation of trainer competency.	Harrison, Evaluation Consultant	November 1998
2.7	Conduct work sessions to refine plan to evaluate replication activities.	SELF Team	Ongoing

3.0 Objective: Develop Pilot SELF observation tool.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
3.1	Identify observation areas and categories.	SELF Team	January 1996
3.2	Set up matrix - to include functional definitions and rationale.	SELF Team	February 1996
3.3	Review related observation tools and add to SELF observation planning matrix.	Du Rivage	February 1996
3.4	Review developmental models and relevant literature to add to SELF observation planning matrix.	Du Rivage	March 1996
3.5	Develop draft of observation tool - to include areas of • self regulation and efficient adaptive response strategies • child preferences • environment requirements • supports to child	SELF Team	June 1996
3.6	Initiate process and workgroup to identify child temperament measures to be used with the observation tool.	Du Rivage	May 1996
3.7	Convene workgroup (SELF staff, plus staff from other OSERS Projects) to identify and/or develop checklist for neurophysiological status on key factors.	Du Rivage	May 1996
3.8	Develop draft protocol and process for SELF observation and review with national expert team and advisory board.	SELF Team	July 1996
3.9	Revise draft protocol and process based on feedback and prepare draft tool for piloting.	SELF Team	September 1996

4.0 Objective: Implement and Evaluate the Pilot SELF observation tool with Pilot sites serving young children (0 to 5) under Part H and with children with low incidence disabilities and their families around the state.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
4.1	Meet with pilot staff for planning to include observation and data collection schedules, responsibilities and timelines and procedures for formative review.	Harrison	August 1996
4.2	Send out information to families to include: • explanation of SELF services • invitation to participate • permission forms (includes videotape permission)	Harrison	October 1996
4.3	Randomly select 20% of children to receive observation plus videotaping for ethnographic analysis (and validity and reliability check).	Harrison	November 1996
4.4	Conduct SELF observations of pilot site children with staff and families to include children in inclusive and other center based settings and home based services.	SELF Team	December 1996
4.5	Meet with families and interventionists to 1) review observation information, 2) brainstorm methods to support child's self regulatory and adaptive strategies; complete and 3) audio - tape session to capture the information and ideas generated.	SELF Team	January 1997
4.6	Provide draft sections of SELF curriculum applicable to each child observation to intervention team and families.	SELF Team	August 1996
4.7	Initiate recruitment program to identify children in state with low incidence disabilities. Meet with statewide parents groups, State project for Deaf - blind service, statewide assessment team and state project for persons with Autism.	Du Rivage	Spring 1998
4.8	Repeat Activity 4.2 by mailing to all of the Early Intervention Programs under Part H in New Mexico (27 programs).	Du Rivage	August 1997
4.9	Schedule children with low incidence disabilities for SELF observation as they are identified.	Du Rivage	May 1998
4.10	Review formative data (objective) and revise self observation tool and guide.	SELF Team	February 1997

5.0 Objective: Develop SELF strategies curriculum for supporting and/or assisting children's self - regulatory and adaptive strategies.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
5.1	Conduct focused work sessions to develop general format and content sections	SELF Team	April 1997
5.2	Develop strategies matrix by developmental age, strategies used, and situations	SELF Team	May 1997
5.3	Develop support matrix to include resources available to child, environmental adaptations, variations on strategies based on child preferences and temperament information	SELF Team	June 1997
5.4	Review transcripts of audiotapes (see 4.5) of staff, parents and interventionists brainstorming support strategies for children following observations and add to matrix.	SELF Team	July 1997
5.5	Develop draft of curriculum for review by interventionists, families and national expert team.	SELF Team	November 1997
5.6	Revise curriculum as needed.	SELF Team	ongoing
5.7	Pilot curriculum with pilot sites and early childhood staff where observations are taking place with children with low incidence disabilities.	SELF Team	June 1998
5.8	Collect instructional validity data from families and interventionists.	Du Rivage	March 1998
5.9	Conduct post observations of 10 children with low incidence disabilities from around state and 10 children from pilot sites.	SELF Team	September 1998
5.10	Conduct focused review of curriculum content and evaluation data with SELF staff, pilot staff and families.	Evaluation Consultant	July 1998
5.11	Prepare proposal for OSEP Review.	SELF Team, StevensDominguez	April 1998
5.12	Provide curriculum materials, application procedures and performance criteria to team developing SELF training package.	Du Rivage	September 1998
5.13	Finalize SELF curriculum.	Harrison/Du Rivage	March 1999

6.0 Objective: Develop and field test a multimedia training package that provides knowledge and skills for using the SELF observation tool and curriculum.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
6.1	Conduct technical work sessions to identify the format, scope, content, activities, methods of delivery and evaluation activities to be used in the multimedia training.	Olmsted	November 1998
6.2	Establish committee to develop the video to be used in the training and a workplan to guide and monitor production.	Harrison	November 1998
6.3	Meet with university media and graphics department to review technical work plans.	Olmsted	December 1998
6.4	Prepare a script of the training package for review by advisory committee and expert team.	SELF Team	January 1999
6.5	Revise training as needed.	Harrison, Du Rivage	ongoing
6.6	Initiate production of draft package with assistance from University of New Mexico media and graphics department.	Harrison	March 1999
6.7	Conduct pilot training of module with replication site; evaluate impact and effectiveness.	SELF Team	May 1999
6.8	Revise training module as needed; turn in revisions to media and graphics department for final production and packaging.	Harrison	March 2000

7.0 Objective: Disseminate the findings, methods and materials of Project SELF locally and nationally.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
7.1	Package the Project SELF model for dissemination and replication including: a) Observation tools and guide; b) SELF strategies curriculum c) Multi- media training package to support observation tool and curriculum e) Project SELF report to the field.	Harrison	October 1999
7.2	Disseminate products as per dissemination plan (chart).	Du Rivage	October 1995 and ongoing
7.3	Prepare proposals for presentations at local and national conferences. Region VI Head Start, DEC, Zero to Three, CRIEI (accepted),	SELF Team	Fall 1997 and ongoing
7.4	Prepare articles for submission to relevant journals. In progress - submitted	SELF Team	November 1999
7.5	Advertise and conduct local and national workshops on SELF model components. Continuing Education, July 12 & 14; New Vistas, Santa Fe.	SELF Team	June 2000
7.6	Evaluate dissemination activities as outlined in evaluation plan. Workshop evaluation forms Parent/Professional Request Chart	Du Rivage	July 2000

8.0 Objective: Implement and evaluate replication of SELF model.

	ACTIVITIES	RESPONSIBILITY	COMPLETION DATE
8.1	Prepare for visit to OSERS' staff • Narrative description of Model • Summary of research/evaluation results • Products • Meetings	Harrison / Du Rivage	Fall 1998
8.2	Collaborate with NET New Mexico (the statewide inservice training project for Early Intervention services) in order to incorporate the SELF model into NET's annual needs assessment process and to make the model available statewide for training and technical assistance.	StevensDominguez & Harrison	October 1999
8.3	Continue to provide support to the original replication sites to collect feedback.	SELF Team	ongoing
8.4	Provide replication training and support to agencies serving children with low incidence disabilities and their families through: products, toll free number and computer link information	SELF Team	April 1999
8.5	Plan and provide an institute using the multi- media training package. Invite participants from state & national level.	SELF Team	July 2000
8.6	Mail summary of Project SELF activities and report to all infant/toddler programs in New Mexico, Lead Agency in New Mexico and to Lead Agencies in other states.	Du Rivage	June 2000
8.7	Conduct follow-up phone calls to New Mexico programs; respond to Correspondence from other states.	Du Rivage	July 2000
8.8	Devise plan to meet needs identified through dissemination to which Project SELF can respond, including: • consultation (phone or computer based or onsite); • dissemination of Project SELF products; • full or partial training in Project SELF Model and best method for delivery of training; • application for outreach funds; • application for additional state funds; • training to national TA center staff.	StevensDominguez, SELF Team	March 2000

V. Theoretical Framework

Assessment

The field of early intervention is in need of new assessment approaches and tools that are backed by effective strategies (curricula) to address identified strengths and needs (Greenspan & Meisels, 1994; Neisworth & Bagnato, 1988). New directions and professional standards for assessment of young children must be acceptable, authentic, collaborative, convergent, equitable, sensitive and congruent. (Neisworth & Bagnato, 1999). Assessment of young children remains dominated by restrictive methods and styles that enforce inauthentic, contrived developmental tasks in unnatural settings (Bagnato, Neisworth & Munson, 1997, page 69). The behavior and interest of young children need to be reflected in the assessment methods and content. (Sandall, McLean, & Smith, 2001)

Families of children, who cannot establish the foundations needed for early learning, need support and services. Families (and interventionists) need information that builds on what they already know and have experienced. They need assessment and interventions that are tailored to the uniqueness of their child.

The late 1970's and 1980's witnessed an increased use of descriptive assessment procedures aimed at the evaluation of behavior in context. Most of these procedures do not have a standardized set of stimuli or instructions to which the observer must adhere, nor do they have well-established norms for interpretation. They often are not sensitive to small increments in the child's capabilities; provide a means whereby clinical staff and families can have personal input that either augments or challenges formal assessment; nor do they

tap subtle traits and behaviors that are not identified by more objective instruments (Zelazo, 1982).

Self-Regulation

Over the last several years, the developmental concept of self-regulation has received an increasing amount of attention. Multiple disciplines including developmental psychology, psychiatry, occupational therapy, speech language pathology and medicine have provided new insights and understanding about self-regulation and its impact on a child's life. Self-regulation is a dynamic interactive process that occurs simultaneously over multiple domains of influence, and as such, has become one of one of the significant factors in understanding the course of a young child's development and it's impact on behavior. (Shonkoff & Phillips, 2000).

Self-regulation is broadly recognized as the ability to inhibit physiological and behavioral reactivity to the environment. It has been defined further as the ability to regulate one's level of arousal in response to the demands of a task or situation. Regulation includes the ability to register and respond and adapt to internal and external stimuli in an efficient manner (StevensDominguez, Oetter, Westby, 1996).

Self-regulatory mechanisms are complex and develop as a result of physiological maturation, caregiver responsivity and an infant's adaptation to environmental demands (Carey & McDevitt, 1995; Chess & Thomas, 1996). A young child's early regulatory development is critical for successful adaptation to the environment. The process begins at birth with homeostasis, the regulation of physiological states, sleep wake cycles, hunger, satiation and elimination. This neurophysiological balance is needed for mastery of sensory functions,

regulating attentional capacities, for self-calming as well as emotional modulation and responsivity (Als, Lester, Tronick, & Brazelton, 1982); Field, 1981; Tronick, 1989).

An understanding of early self-regulation is only one part of several interactive and dynamic systems (Als, 1982). For example, the infant is forced to simultaneously regulate his/her own internal state while interacting with the external environment (Tronick & Gianino, 1986) which demands adjustments in state regulation to meet the requirements of certain tasks (feeding, bathing, and changing diaper). When these dual tasks (regulation of internal state and adjusting state to meet external task requirements) cannot be performed efficiently, internal self-regulation will become the major goal of the infant. Ungerer and colleagues (Ungerer, Dolby, Waters, Barnett, et al., 1990) showed that difficulties in self-regulation found in infants at four months are still present at twelve months. Behavioral and learning difficulties which may be exhibited include delays in fine motor, delays in language, withdrawal, fearful behavior, and temper tantrums (Howze & Howze, 1989). These issues are magnified when looking at children who are not just "at risk" (although they too need these early foundations) but who in fact have severe and/or low incidence disabilities.

Normally developing infants have numerous coping strategies to help them self regulate. Behaviors such as gaze aversion, hiccuping, restlessness, yawning and fussing suggest the infant may be having difficulty with internal self-regulation or adapting to external requirements for responding. Interventions such as being held, rocked, patted, fed, given a pacifier often help to enhance reorganization. Infants who have atypical self-regulatory behaviors due to an inability to access strategies or who have acquired atypical means of

self regulation may be seriously hampered in early learning and adaptive responding (Hume, O'Donnell, Stanger, Killam & Gingras, 1989; Tronick & Gianino, 1986). The best way to prevent ineffective behaviors or disordered development is to intervene at the youngest age possible (Greenspan, 1992) using strategies employed by normal same-age peers adapted to the characteristics and preference of the individual child.

Many developmentalists (Brown & Deloache, 1977; Chasnoff, Griffith, MacGregor, Dirkes, Burns, 1989; Fogel, 1983; Vaughn, Kopp, & Krakow, 1984) have stated that the precursors of self-control and self-regulation are present in early life. Early establishment of predictable sleep-wake cycles, feeding patterns (e.g., quality and schedule) and digestion/elimination patterns are demonstrations of typical early self-regulation. Many infants who are developing atypically have difficulty with autonomic functions (temperature, respiration, heart rate and blood pressure) (Coles ET al., 1992) as well as disorders in muscle tone, primitive reflexes and volitional movement (Schneider & Chasnoff, 1992).

Self-regulation is a complex concept with implications for understanding the nature of transitions from the sensorimotor level of functioning to reflective thought, task oriented behaviors, and social interactions (Kopp, 1982). The development of internal control and related cognitive ability assists with being able to tolerate changes and modulate distress in response to a stressful world.

According to Kopp, self-regulation demands awareness of socially approved behaviors and, thus, represents a significant aspect of the socialization of children. This perspective depicts self-regulation initially as having external affective motivational origins that are embedded in the child-caregiver

relationship that later are represented by internal verbal communications inherent in child-caregiver interactions. Maturational & experiential processes influence the progression from external to internal regulation. A fundamental level of cognition has to be obtained before the child can internalize caregiver expectations for self-initiated controls; given this, external influences become increasingly relevant.

Kopp's Phases of Control depict the scope of self-regulation as being limited to behaviors manifested by pre-school aged children (compliance, delay, self-monitoring in absence of adults). The antecedents of self-regulation are described in terms of discontinuous developmental phases, each successive, one signifying a qualitative change indicating higher levels of behavior.

In this model self-control is linked with self-regulation conceptually. Self-control allows the child limited flexibility in adapting acts to meet new situational demands and a limited capacity for delay and waiting. Self-regulation is adaptive to changes resulting in a more mature form of control that implicates the use of reflection and introspective, conscious, or metacognitive. strategies.

Language is an example of a process that has been presumed to be influential in the developmental course of self-control & fostering of individual differences. In the second year of life gestural communication expands dramatically and is used to convey intent, desires, refusals, & support. Kopp's theory follows Vygotsky's and Luria's, from a developmental perspective, indicating speech could not be used as an inner mode of mental organization or for self-regulation until 4 years of age. Their research found it was not until speech itself was internalized that it played an effective role in self-regulation. Kopp theorized that advanced verbal development does not affect the early

operation of self-control.

The Psychodynamic perspective suggest that language is one of several important determinants of individual differences in control, specifically impulse control and that spoken language plays a critical feature in beginning stages of self-regulation. There are several causal factors found to distort impulse control including poorly developed linguistic functions, minor neurological abnormalities, maturational imbalances and caregiver insensitivity.

Parent expectations with use of verbal techniques were presumed to be influential factors in the ability of young children to delay their own behavior in a laboratory task. Caregivers and other social influences were found to have a facilitating as opposed to causative role in the overall progression to self-regulation

Self-regulation involves the ability to use numerous contingency rules to guide behavior, to maintain appropriate monitoring for appreciable lengths of time & in a number of situations, and to learn to produce a series of approximations to standards of expectation. Stressful events can impact the ability to self-regulate and are associated with changes in level of control.

The absence of the ability to self-regulate can lead to developmental problems associated with developmental control (DeGangi, Kaplan, & Weiner, 1997; Greenspan, 1989, 1992). These problems may reflect poor organization of early sensory and interactional experiences. Symptoms of regulatory disorders manifest in difficulties with daily routines such as sleeping, eating, feeding, elimination, mood regulation, behavioral organization, attentional organization or distractibility, and/or sensory processing.

The Diagnostic Classification of Mental Health and Developmental Disorders of

Infancy and Early Childhood (0-3) has included Regulatory Disorders as a diagnostic classification which characterizes difficulties in regulating behavior and physiological sensory, attentional, motor, or affective processes and in organizing a calm alert of effectively positive state. Symptoms of this disorder include difficulties with sleeping, eating, elimination, self-consoling, state and mood regulation, and behavioral organization. Additional symptoms are fussiness, irritability, difficulty with transitions or change, problems with attentional organization, distractibility, poor impulse control, difficulties with sensory processing, hyper or hypo sensitive to stimulation, poor state control, high or low arousal, qualitative deficits in language, motor or communication abilities. Some of the presenting problems that have been identified as relating to regulatory disorders are difficulties in sleeping or feeding, behavioral control, attending, adapting to change, as well as delays in speech and language development, general fearfulness, anxiety, hypersensitivity to stimulation, and a difficult temperament (Bagnato & Neisworth).

Bagnato, Neisworth, Salvia & Hamel (1992) have developed an instrument to diagnose regulatory disorders in young children. The areas looked at include physiological or state repertoire, gross motor activity, fine motor activity, attentional organization, affective organization, behavioral organization. sleeping eating, elimination patterns, language and cognitive skills. The main purpose of their research is to determine if there is a relationship between regulatory disorders and developmental disabilities and identify precursors for developmental disabilities. They are examining the areas of sleep, feeding, attention/activity, arousal, sensory organization, coping with environmental changes, social communication, and control of emotional behavior.

Emotional regulation (Thompson) consists of the extrinsic and intrinsic processes responsible for monitoring, evaluating and modifying emotions, especially their intensive and temporal features, to accomplish one's goal. Fox has discovered that individual patterns of frontal activity/frontal asymmetry are related to emotional regulation including activation of motivational tendencies & associated affective behavior that impact environmental events. This in turn impacts the availability of cognitive strategies or resources for coping with stress and the frequency of novel or stressful events.

Emde (1976) has theorized that development does not progress smoothly along a continuum but has periodic predictable disruptions that are referred to as biobehavioral shifts. These shifts occur in internal cognitive, emotional & physical capacities that impact a child's ability to regulate his/her environment. These shifts begin around the second month with biological regulation and progress through.

Sensory Integration

Although the literature on sensory integration (SI) and processing does not have a strong research base for its theoretical foundation it has proven to be effective and clinically sound intervention strategy. Sensory Integration is a theory and a process of brain-behavior relationships based on a developmental sequence. It is used to describe and predict the specific relationship among neural functioning, sensori-motor behavior, and early academic learning. It is also useful in explaining underlying causes of sensori-motor and learning problems. The brain is wired for an inner drive towards organization. The tactile, vestibular, and proprioceptive systems are building blocks of emotional stability. Adequate sensory registration and processing is the basis for emotional stability including

pleasure or distress, attachment and bonding, and attaching affective meaning to experience. Sensory Integration is also related to social development, language and communication and provides the foundation skills related to higher level skills. Sensory Processing provides the building blocks for later cognitive functioning. Sensori-motor action lays the groundwork and adaptive behavior promotes sensory integration. At the same time, the ability to produce an adaptive response requires and reflects SENSORY INTEGRATION and promotes organization of the Central Nervous System. An adaptive response is when a person successfully meets an environmental challenge. Sensory Integration problems are linked to regulatory disorders, difficult temperament, poor state modulation, over/under active, state regulation, sleeping/feeding difficulties, social-peer relationships and caregiver interactions. .

Degangi, Greenspan, Emde, Izard, Ayres all acknowledge a sensorimotor stage where a child is able to receive, process, organize and integrate different types of sensory information from within and outside the body in order to produce an organized & appropriate response. Sensorimotor functioning includes motor control, sensory modulation - arousal, attention adaptive coping sensorimotor - concepts, memory, problem-solving social emotional daily living skills and play.

Ayres (1973) proposed that one's organization for goal-directed behavior is dependent upon the ability of the nervous system to organize sensations. This organization is accomplished through the development of adaptive behaviors, all of which lead to goal-directed behavior. Because of many distractions, interruptions and confusing events, the young child who cannot organize sensations entering the brain, will have difficulty making efficient adaptive

response.

Temperament

Temperament has been conceptualized as a reactive behavioral style to environmental input. Temperament consists of dispositional differences in social behavior routed in CNS that affect how child approaches, interacts in, & experiences social relationships. Temperament appears early in life and has a greater influence on behavior during infancy or when challenged with novel stimuli (Buss & Plomin, 1984). Many behaviors associated with specific temperament styles may also be related to specific self-regulatory strategies. Previous studies have shown that infants with "difficult" temperament, characterized by a predominantly negative mood, poor adaptability, withdrawal to novel stimuli, and arrhythmic biological functioning, are more likely to experience self-control deficits at 36 months (Vaughn et al., 1984) and behavior problems later in life (Werner, 1985). There is little doubt that temperament plays an important role in early development. Yet, when looking at children with severe disorders and/or low incidence disabilities it is hard to know which came first, "difficult" temperament or disordered processes.

T he research in the area of temperament show a correlation to self-regulation. Dispositional differences in social behavior routed in the Central Nervous System affects how a child approaches, interacts within and experiences social relationships. There are three basic theoretical approaches that have been used to describe temperament. Thomas & Chess (1977) view temperament as the stylistic aspects of behavior depicting seven dimension including adaptability, persistence, regularity, activity, approach/withdrawal, and intensity. These dimensions cluster into three disposition profiles: easy/flexible, slow-to-warm-

up/fearful/shy, and difficult/feisty. Other theorists (Goldsmith, Campos) focus on the emotional aspects of behavior looking at individual differences in experiencing primary emotions and emotional arousal (emotional substrate of later personality characteristics). The dimensions include activity level, tendency to express pleasure, social fearfulness, proneness to anger, interest/persistence. The third temperament theory focuses on the energetic aspects of behavior (Rothbart, Strelau) and individual differences in Central Nervous System and self-regulation including energy, interest and affect.

Some of the temperament theorists also look at goodness of fit between an infant's temperamental attributes and the opportunities, expectations, demands & responses of caregiving determine adaptation Carey (1989). They have identified temperament characteristics predisposing children to a poor fit with their environment resulting in excessive interactional stress & conflict as well as problems in health, development & behavior.

Kornig (94) found that deficits in sensory integration resulted in temperament dimension risk factors such as low adaptability, high intensity, negative mood, and withdrawal vs. approach, high activity level. She concluded that sensory integration effects the expression of behavior through temperament style.

Fit between infant's temperamental attributes & the opportunities, expectations, demands & responses of caregiving determine adaptation. Caregiver understands child's temperament & takes into consideration when interacting with child. Carey (89)

Temperament characteristics predisposing child to poor fit with environment, excessive interactional stress & conflict & problems in health, development &

behavior.

Clinical Reasoning

Clinical reasoning is a key component of clinical expertise providing a means of connecting theory with practice. The roots of clinical reasoning are in the medical scientific realms and are based on scientific reasoning; i.e., the ability to present a sound rationale for a chosen treatment approach. Clinical reasoning functions as a decision making process for selecting and/or changing a treatment approach and for understanding why certain treatments will produce a certain results, linking cause and effect. Mattingly, (1991a, 1991b) describes this thought process as a combination of applied science and applied theory used during evaluation and intervention. Clinical reasoning supports the development of individual treatment approaches and creative positive outcomes for both the practitioner and the client. Clinical reasoning stems from a pre-theoretical foundation, a person's "framework of commitment" (Hooper, 1997). This framework is one's inner set of assumptions, one's underlying philosophical beliefs about the nature of life and reality.

Several types of clinical reasoning have been described in the occupational therapy literature including procedural reasoning, interactive reasoning, conditional reasoning, pragmatic reasoning narrative reasoning, and diagnostic reasoning. Procedural reasoning focuses on the identification of problems and treatment strategies based on knowledge of disease and disability. Interactive reasoning focuses on how the disability or disease affects the client as a person. Conditional reasoning involves the ongoing revision of treatment to meet client needs and focuses on current and possible future contexts. Pragmatic reasoning considers the treatment environment and the therapist's values, knowledge,

abilities and experiences and focuses on treatment possibilities within a given treatment setting. Narrative reasoning focuses on the client's story as reflected in his/her preferences and focuses on the process of change needed to reach an identified future goal. (Hooper, 1997); Neistadt, 1996, 1997; Neistadt, Wright, & Mulligan, 1998; Mattingly, 1994; Schwartz, 1991). Diagnostic reasoning (Rogers & Holm, 1991) involves problem sensing and problem definition and has four basic processes: cue acquisition, hypothesis generation, and cue interpretation and hypothesis evaluation. During diagnostic reasoning, the practitioner acts a data processor; the practitioner collects, organizes, analyzes, and synthesizes information. This process represents a reflective process by which the practitioner is aware of the scientific basis and rationale for his/her actions and can readily articulate it. (Hooper,1997; Neistadt & Smith, 1997).

Clinical reasoning can be thought of as descriptions of a mental processes that become refined through clinical practice and experience (Perkins, 1987). In addition, the mental processes provide a framework to organize and structure clinical thinking. By using this type of thought process, practitioners are able to view their clients as individuals, with specific social, emotional, and physical needs within a context of family, environment, and culture (Neistadt, Wright, & Mulligan 1998).

The use of case studies in the context of problem based learning has increasingly become standard practice in medical school training as well as in many allied health related fields for the specific purpose of teaching clinical reasoning skills (UNM Task Force, 1995; VanLeit, 1995). In problem-based learning case studies provide a structure for discussion which allows students to discover what they already know, what they don't know, and what they need to

learn. During this process of case study analysis, adults learn to identify problems/concerns, suggest possible causes (cause and effect), recall and apply prior knowledge, explain their reasoning and thinking process, explore the limits of their understanding of the given situation, ask specific questions incorporate new information and revise their thinking. Case study analysis involves collecting, organizing, applying, and synthesizing information that parallels the diagnostic reasoning process described by Rogers and Holm (1991).

The typical formula for clinical reasoning or problem based learning is to identify a problem, formulate a hypothesis, explain reasoning, identify needed information develop learning issues, obtain new information and apply new information.

Because of the complexity of early childhood development, specifically as it relates to the development of self-regulation, Project SELF embraced the concepts of clinical reasoning and attempted to embed these concepts into the SELF Assessment-Intervention process. The nature and complexity of self-regulation demands a more comprehensive approach. There are no recipes or simple answers. There is no greater gift than the skill of being able to think and problem solve cooperatively with a family. Furthermore, the ability to listen to a family's concerns, to organize and analyze these concerns within a holistic framework of knowledge regarding self regulation, early childhood development, family dynamics, and culture and to develop sound causal relationships offers the greatest potential for understanding and therefore a higher quality of intervention services. Project SELF uses a case study approach in the training of the SELF Assessment-Intervention Process. We believe that this

is a well-researched and thoughtful approach and will yield the highest level of understanding and empowerment for both the families and interventionists.

VI. Description Of The Model And Participants

The SELF Model of Regulation is an innovative, relationship-based model of assessment-intervention for young children focusing on self-regulation. The development of the model represents the synthesis of five years of development that involved an intensive review of literature on self-regulation theories from multiple fields (V. Theoretical Framework), recommendations from national and local experts in early intervention (Appendix A), and input from New Mexico early interventionists and families (VI. Participants). The Project established a Family Advisory Committee that provided unique and valuable guidance throughout the development of the Model. In addition, staff continually incorporated feedback on the process from early interventionists and others that attended trainings, workshops, and presentations. In an effort to refine the SELF Assessment-Intervention Process, the staff consulted with many people from diverse professional and personal backgrounds.

Model Design

The foundation for the SELF Model of Regulation is based on several assumptions about development, behavior, environment and self-regulation. The first assumption is that development is a dynamic, interactive process, occurring simultaneously over multiple lines that influence one another and occur within the context of the child-caregiver relationship. The second assumption is that behavior at its most basic level is communication so when a child is "acting out" he/she is telling us something. The third assumption is that parents and caregivers know their child best and are key players in the child's development. The fourth assumption is that self-regulation, like development, is a process that occurs in the context of a caregiving relationship. The match between a child and

his/her environment is a critical element of self-regulation.

The developmental process of self-regulation begins at birth with the regulation of basic biological functions such as state regulation, feeding, and elimination. It continues throughout the life span as regulation of arousal and organization of behavioral responses. Self-regulation is the term that is being used to help parents and professionals understand some of the unique constitutional factors that each child brings or contributes to their own developmental process.

To better understand self-regulation mechanisms, the SELF Model of Regulation is based on four cornerstones, some of which are based upon the previously mentioned assumptions. The first cornerstone represents the development of self-regulation occurring in the context of a relationship. The second cornerstone shows the determination of self-regulation is influenced mutually by the caregiver-child relationship and biobehavioral shifts in development. The third cornerstone depicts ethnographic interviewing as a vehicle for understanding mutual regulation in the child-caregiver relationship from the family's perspective. The fourth and final cornerstone utilizes clinical reasoning skills to uncover the nature and complexity of self-regulation and it's relationship to daily care routines.

The SELF Model of Regulation illustrates the importance of regulation in relationship to a child's learning, development, and well being. The following graphic depicts the child as a complex adaptive system that is constantly adjusting to internal (physiological) and external (environmental) stimulation or influences through a series of regulatory behaviors and actions. These regulatory behaviors and actions are comprised of the following domains of influence;

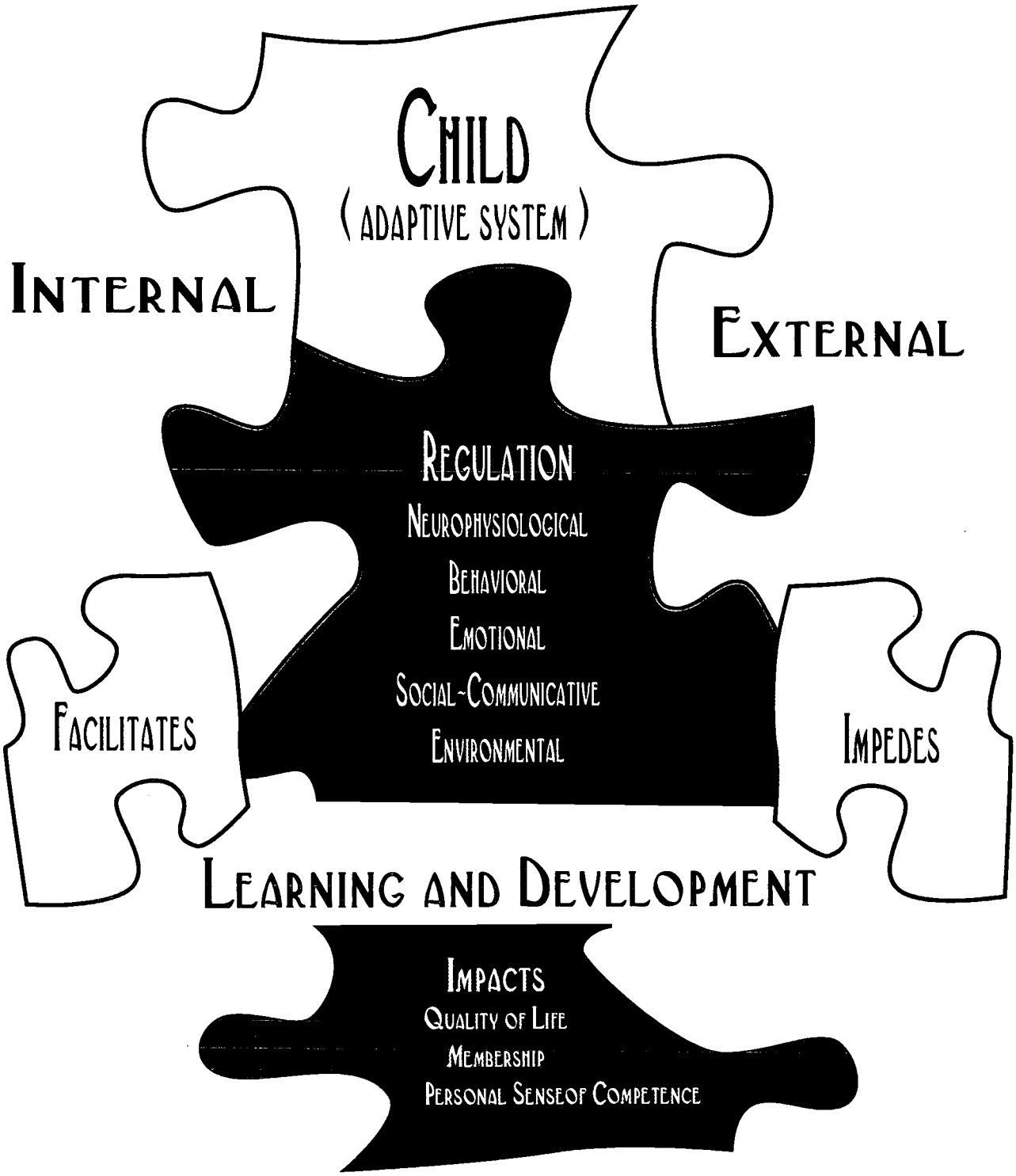
neurophysiological, behavioral, emotional, social-communicative, and environmental. The interdependence of these domains facilitates or impedes learning and development. The balanced interchange between the domains affects how children adapt to the challenges of the changing world around them.

The Domains of Regulation were chosen based on the new insights and understanding about self-regulation from various disciplines. The five domains are interdependent and interconnected, providing a holistic approach to observation.

The first domain, Neurophysiolocial Regulation, includes the basic biological processes involved in homeostasis and the ongoing regulation of internal factors with external influences. This domain provides the foundation of a child's characteristics and abilities and helps identify reactions and responses to stimuli that may impede information processing or are conducive to learning and interactions. Specifically, this domain looks at how the brain processes, interprets, and organizes information, and then translates information into meaningful behavior.

The second domain, Behavioral Regulation, includes dispositional differences in social behavior and affects how one approaches, interacts with, and experiences social relationships. Differences in behavioral regulation can affect the match between a child's temperamental attributes and the opportunities, expectations, demands and responses of the caregiving environment. This area aids in the understanding of behavior and modifications needed in the context of the other domains.

SELF Model of Regulation



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Emotional Regulation, the third domain, consists of the intrinsic and extrinsic processes responsible for monitoring, evaluating and modifying emotions during pursuit of goals and actions. Young children's emotions often act as organizers or filters in response to their experiences. This domain provides a means of identifying the influences that impact emotional regulation and provides a window into how a child perceives himself and the world around him.

The fourth domain, Social-Communicative Regulation, represents a developmental progression on control from external to internal that is influenced by maturation and experience. It provides a way to organize internally and control the environment. This domain helps identify how a child engages in social interactions and how effective his communication patterns are in exerting influence on the behavior of others.

The last domain, Environmental regulation, consists of the caregiving environment that provides the fundamental and dynamic base for behavior with internal and external factors affecting self-control and growth. Children regulate themselves in response to the caregiving environment. This domain helps in the understanding of underlying factors impacting a child's sense of security and needed for self-regulation and confidence such as emotional stability, nurturance and love. It also helps in understanding how a child affects and influences their caregiver.

SELF Assessment-Intervention Process

The Self Assessment-Intervention Process is based on the SELF Model of Regulation. Several goals directed the development of SELF Assessment-

Intervention process for young children. A major impetus for developing the SELF Process was to remove some of the artificial constraints (developmental domains and milestones) that are inherent in traditional developmental assessment tools in order to define and understand the foundations for early learning.

The SELF Process provides a view of the big picture and a format in which to observe and begin to understand the child in a much broader context. It assists in identifying and understanding possible functional relationships between developmental concerns (delayed language or motor skills) and naturally occurring events in a child's life such as sleeping, eating, bathing, dressing, interactions and behavior). *For instance, is there a relationship between the occupational therapists diagnosis of low tone and poor motor control and a family's concern regarding their child being such a slow, messy eater?*

The SELF Process aids in identifying conditions that correlate with the concern or behavior a family identifies. *For instance, is there a relationship between a toddler's history including a teenage, single mother, physical abuse, and multiple foster placements and the behavior and developmental concerns including extreme temper tantrums, smearing feces, limited communication skills and clumsiness reported in his current foster placement.* In addition the process provides a format for identifying the context (including caregiver interaction or environment) and related factors (such as approach to learning situation) that contribute to the concern.

The SELF Observational Assessment tool is not intended to identify children with specific disabilities or handicapping conditions but is useful in determining what is supporting or interfering with a child's ability to learn and develop. It attempts to understand the unique regulatory capacities of an infant

or toddler to discover how they integrate their capacities to negotiate their own specific path of development without disruption. The SOA provides a profile of a child's regulatory capacities in five domains and then links the assessment findings with intervention strategies. The tool identifies underlying factors that can impact self-regulation, development and behavior.

Project SELF has embraced the concepts of clinical reasoning and has attempted to embed these concepts into the SELF Assessment-Intervention Process. The following graphic depicts the SELF Clinical Reasoning Process.

The term clinical reasoning describes the process of problem solving and organizing information that includes combining known facts and observations with further questions that need to be answered. The process involves a constant sifting or information to obtain salience and relevance and provides a connection between theory and practice. The nature and complexity of self-regulation demands this type of approach. **There are no recipes or simple answers**. The SELF Process encourages practitioners to think and problem solve cooperatively with families. The process provides a structure for listening, organizing and analyzing families concerns within a holistic framework of knowledge regarding self regulation, development, family dynamics, and culture and developing sound causal relationships resulting in a higher quality of intervention services and supports.

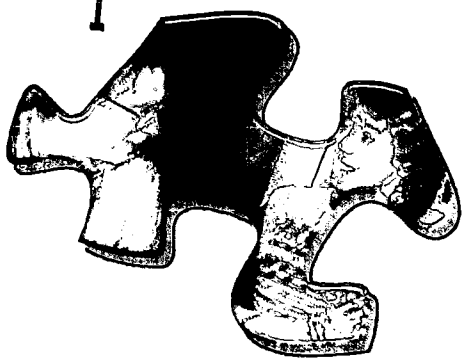
The SELF Strategies Curriculum provides a format to begin to identify skills required for successful performance based upon the clinical reasoning process. *What does it take to support this child to go to sleep at night?* In addition, it emphasizes the identification of interaction styles that facilitate (*adult follows lead, imitates, expands on what child is doing/saying*) or impede development (*adult*

SELF

Clinical Reasoning Process

Thinking and Understanding

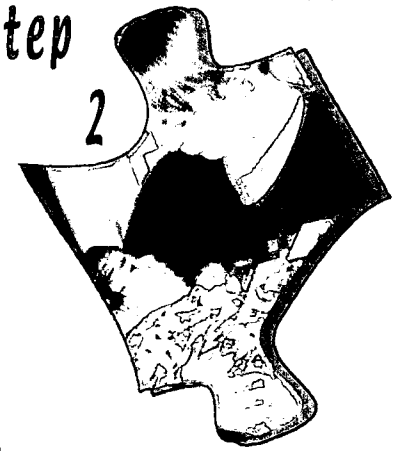
step 1



Listening to Family and Identifying Concerns

- Family / Staff identify concerns
- Begin to formulate picture of the child
- Get specific information
- Look for relationships
- Analyze information
- Apply what you heard to what you know
- What do I need to know more about?
- Get more information on specific topics

step 2



Understanding Relationships

- Look for relationships and underlying factors
- Relate to self-regulation and impact on behavior
- Look for individual styles of the child (strength and challenges)
- Focus goodness of fit between child and environment
- Look for themes, patterns, not just the why " but the how" of behavior
- Identify domains of regulation
- What do I need to know more about?

step 3

Formulating Interventions

- Develop hypothesis
- Identify outcomes (IFSP)
- Focus on functional behavior
- Review matrix
- Choose strategies from menu that relate to underlying factors
- Identify what's working and what's not
- Modify, adapt, or develop strategies
- Suggest strategies that match family values and goals

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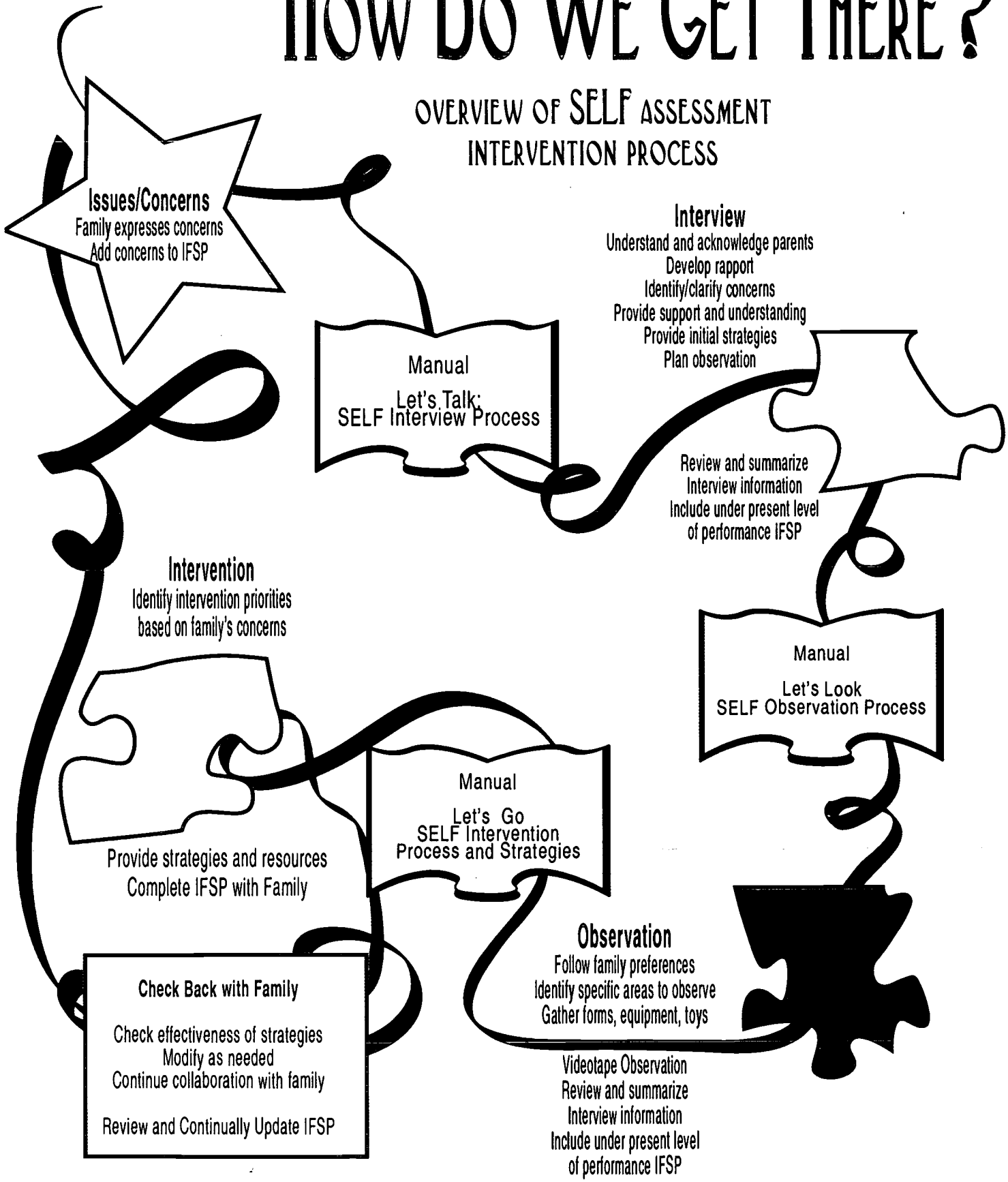
directs, controls focus, structures the child's contribution, placing a high degree of social and cognitive demand on the child).

In conclusion, the SELF Process depicted in the following Graphic, SELF Process: How do we get there? was designed to develop and implement the Individual Family Service Plan. The assessment is linked to programming and provides a clinical reasoning process to identify underlying factors that support or interfere with development. The process is based on a family-driven model that starts with a family interview to identify and clarify caregivers' concerns and resources. The interview serves as the critical beginning point for establishing trust and rapport with the family. The observation process provides information and a format for understanding the relationship between the caregivers' concerns and contributing factors impacting the child's self-regulatory capacities. The intervention process involves determining resources and formulating strategies that match the profile of the family/child. The strategies focus on functional behaviors and chosen from a menu of options relating to the area of concern.

How Do We Get There?

Overview of SELF Assessment Intervention Process



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Description of Participants

Project SELF participants were involved in a three-stage approach that aided in the development and refinement of the SELF Model, the SELF Assessment-Intervention Process and the training materials: a pre-pilot, a pilot, and a field test. With this ongoing input from New Mexico early interventionists and the families they serve, the SELF team was able to test the materials and processes in a real world context.

During the pre-pilot sixteen children were referred by early intervention programs, concerned families, or caregivers. The children in the pre-pilot were similar to the diversity in New Mexico (38% Hispanic, 38% Caucasian, 18% Biracial, 6% African American). Also approximately 50% of the families involved were foster parents or the non-biological parent of the child. The majority of the young children participating in the pre-pilot did not have a specific diagnosis.

A few caregivers expressed extreme frustration with the support received by their doctors for their concerns and issues regarding their child.

"He told me she was developing normally and she would grow out of it. It made me feel I was overreacting or incompetent as a mother,"

During the early development of the instrument, the majority of these young children referred did not have a specific diagnosis but the families expressed concern over their child's daily routines like sleeping, eating, dressing and bathing.

"It's hard to dress him and it's hard to clothe him and change his diapers."

"I would just like to see him eat. He can't even get the spoon to his mouth. And one week he will eat potatoes and the next he won't touch them."

"We have to go through such an elaborate routine to get her to sleep at night.

Then once we do, the entire house has to shut down and we don't dare make a sound. She goes from sound asleep to wide awake in an instant. It's frightening."

Many families that participated also expressed concern over their child's behavior.

"She's like a wind up doll that never unwinds."

"His behavior is out of control."

"He'll hit us, or he'll bit us, pull our hair...Anything he can do to get us to like react. "He'll start banging his eye or hitting his head to where like he makes himself cry."

"He was so passive that it really concerned me."

During the their involvement in the SELF process many families expressed not just their concerns regarding their child but also specific changes they would like to see.

" I want her to feel more secure, confident, to be able to calm herself down."

"I want him to be able to interact with kids and be treated as normal as he can."

"I'd rather enhance things that he can do and be positive with that instead of always telling him, well you have this, you can't do that. *You're not going to do this. You're not going to do that. Instead, I just like try to focus on what her can do.*

The information shared by these families, which address daily routine and behavior concerns suggest that both the child and the family is dealing with self-regulation issues. The interview part of the SELF Process provided critical information that would not have been easy to observe during a typical assessment.

The next step of the project was to pilot the Process at a community early intervention program. La Vida Felicidad, a community-based early intervention

program in a small community south of Albuquerque served at the pilot site. Five early interventionists were trained in the SELF Assessment-Intervention Process and completed the Process with five families. Afterwards, an evaluation consultant gathered anecdotal information from the participants during a focus group session. Descriptive summaries indicated that the interview process produced detailed information, made parents feel more involved in the assessment process and provided an accurate summary of 'who the child is'. There were concerns about the length of the process especially with new families an. Suggestions were incorporated into the next phase of development of the model and process.

The final step was to field tests the SELF Process. Forty early interventionists, who provide support to families in both rural and urban community programs around New Mexico, were trained in the SELF Process during a two-day workshop. The interventionists had backgrounds in special and early childhood education, occupational and physical therapy, speech language pathology, social work and nursing. Evaluation data were collected on the SELF process and training (see Appendix). In addition, information was gathered on the perceived clinical competence of the participants with regard to knowledge of self-regulation, development, and assessment.

Six of the trained professionals participated in the reliability study of the SELF Observation. The participants were early interventionists for a home-based program, New Vistas, in Santa Fe, New Mexico. New Vistas has two sites, one serving a small urban community and the other serving several rural communities in Northern New Mexico. This early intervention program provides a variety of services and supports to infants and toddlers including assessment

and intervention planning.

The participants had an additional follow-up session to the two-days of training on the SELF Assessment-Intervention Process to clarify issues regarding the process and review the intervention piece. Each participant agreed to follow the SELF protocol, interviewing a family, video-taping child-caregiver interaction, and providing strategies for addressing the families' concerns (see Section VII. Evaluation Findings).

Part VII: Methodological Problems

Project SELF staff learned a tremendous amount about the complexities of self-regulation, it's relationship to daily life routines, the importance of the caregiver-child relationship in fostering the developmental process of self-regulation, and how to support families in their goals of optimizing their child's developmental outcome. With this in mind, SELF staff adapted and developed training that is clinically and theoretically sound, interesting and applicable to practitioners in the field, and offer ways in which to understand a complex process.

As a result of ongoing learning experiences, some changes were made to the original proposed objectives. One change in the workscope strategies, activities and outcomes revolved around the competitive preference for this competition which was to develop a model that provides assistance to young children with low incidence disabilities. Low incidence disabilities were identified by the funding agency as Fragile X Syndrome, Autism, Pervasive Developmental Disorders, and visual impairments, and deaf-blindness. The literature and research reviewed supported that children with low incidence disabilities have difficulties in responding and adapting to typical, developmentally appropriate requirements in the environment and experience difficulty with developing strategies that promote 1) good self-regulation and 2) efficient adaptive responses. The SELF Project developed a process that provides valuable information for assessing and recommending intervention strategies for children with a low incidence label. In researching the effectiveness of SELF Process on this population, it was difficult to separate out those children with low incidence conditions primarily because in New Mexico all children receiving Part C services are classified simply as being developmentally delayed. We were able to determine that a small number of children participating in the field test of the SELF Process had a condition that fell under the low

incidence category.

Another change to the workscope activities involved the development of the instrument and the evaluation data collected. The proposed objective involved collecting quantitative data would have missed the subtleties and behaviors that often represent self-regulation. Due to the complex mechanisms involved in self-regulation, the instrument's design lent itself to more qualitative ways to express the information. What was gained in the complexity (complex picture of underlying factors impacting self-regulation), was lost in quantity (limited number of subjects). Furthermore, although there was a positive response from the field regarding the SELF Process, there was some resistance to adopting an instrument that involved a more qualitative and time-consuming measure. Many interventionists seemed to be unable or did not want to embrace a complex process and preferred to rely on a simple assessment tool, such as a checklist, to determine a child's behavior and development.

The last major change to the objective activities was regarding the multimedia component, objective 6.0. These changes were a result of new resources discovered in the University of New Mexico community and current information regarding computer and web-based technology, which is changing daily. The development of the CD-ROM as well as the Training Manual took much longer and involved much more work then was initially indicated in the original workscope. The quality of both these products reflects the extra time and effort provided by the SELF Team. Attached is a copy of the Training Package which includes the Manual, the CD-ROM, Family Guide, and forms. In addition, The SELF Materials and Process are posted on our assessment web-site, www.newassessment.org, available for national dissemination.

VIII. Evaluation Findings Including Detailed Data Tables

Evaluation Methodology and Results

SELF Assessment Process

Construct/Content Validity: The Construct/Content Validity of the assessment process, which includes the Family Interview and the Observation Protocol, was addressed through the following methods.

Interview Process

1). Selection of interview questions and incorporation of format considerations by the SELF team (developmental specialist, occupational therapist, speech language pathologist, and family specialist) using the research literature and clinical judgment (see Appendix F: Interview Questions).

2). Revision of interview questions and incorporation suggested format considerations from families (see Appendix B: Summary of Interview Evaluations). The information shared by these families, which address daily routine and behavior concerns suggest that both the child and the family is dealing with self-regulation issues. The interview part of the SELF Process provided critical information that would not have been easy to observe during a typical assessment. In addition, input from the two national experts provided direction on revising the interview process. (See Appendix A: Summary of Recommendations).

3). Input from the Pilot Site at La Vida Felicidad (see Appendix C: Summary of Pilot Site Focus Group) during a focus group provided anecdotal information and descriptive summaries that indicated the interview process produced detailed information, made parents feel more involved in the

entries by all four observers were between 75-100% in agreement and 12% of the entries were between 50-75% in agreement. For each of the regulatory domains, 85% of the entries were between 75-100% in agreement for the neurophysiological domain, 78% for the behavioral domain, 78% for the emotional domain, 68% for the social-communicative domain, and 78% for the environmental domain.

The following lessons were learned from this small pilot study using the SELF Observational Assessment Tool:

a. All the domains of regulation are interrelated and impact one another.

b. The results of the Neurophysiological Domain appear to influence the other domains, especially the areas of arousal, activity level, and reactions to stimulation within that domain.

c. The quality of the relationship between the caregiver and the child is a critical factor in the development of self-regulation.

d. Certain areas of the observational tool require further investigation in order to tease out the different variables with reliability.

e. The following key relationships were noted:

- Arousal, activity levels, sensory reactions (Neurophysiological domain) and adaptability and temperament (behavioral domain).
- Distractibility, temperament (behavioral domain) and affect (emotional domain).
- Distractibility, temperament (behavioral domain) and environment (environmental domain).
- Joint attention, social interaction (social-communicative domain) and caregiver style (environmental domain).

A study of the SELF Observational Assessment tool was conducted for two purposes: 1) to determine reliability of a qualitative assessment instrument, and 2) to set up a database for further research with this instrument. Two trainings with a total of 41 participants were conducted on the use of the SELF Observational Assessment Tool. Of those 41 participants, six early childhood professionals individually videotaped a child each according to the SELF videotaping protocol and then submitted the completed SELF Observational Assessment and SELF Interview forms that corresponded with the videotape of their subject to the SELF training staff.

The information from each completed form was entered into a specifically designed database by an impartial evaluator. Three members of the SELF training staff who had established proficiency with the tool reviewed each of the six interview forms but not the competed assessment forms. Independently the three staff members viewed the six videotapes scoring a corresponding assessment form for each.

The 18 completed assessment forms were then given to the impartial evaluator for entry. The data from the four observers (1 trained early childhood professional and 3 SELF training staff members) for each of the 6 videotapes was then compared for observational agreement in scoring the five domains of regulation: neurophysiological, behavioral, emotional, social-communicative and environmental. Written qualitative observations from the four observers based upon each of the six videotapes were also compared for themes and conclusions.

The individual Data Tables (see Appendix C: Data Tables) illustrate the results of the small pilot study and the database setup to capture the qualitative information. For all regulatory domains, the results indicated that 78% of the

Observation Process

1). Selection of observation factors by the SELF team (developmental specialist, occupational therapist, speech language pathologist, and family specialist) using the research literature and clinical judgment (see Appendix F: Observational Assessment Forms).

2). Review by national and local experts and Family Advisory Committee

3). Input from Focus group from the La Vida Felicidad pilot

Site (see Appendix C: Summary of Pilot Site Focus Group). Gathered by an evaluation consultant. Suggestions were incorporated into the next phase of development of the model and process.

Narrative Description of the Pilot and Test of the SELF Assessment-Intervention Process

The SELF Observational Assessment process offers a method for studying a young child's unique regulatory capacities. The four underlying principles, which guided the design of the observational tool, are as follows:

a. Self-regulation develops in the context of a relationship.

b. Self-regulation progresses in response to biobehavioral shifts in development.

c. Ethnographic interviewing captures the family's perspective regarding the mutual regulation between caregiver and child.

d. Clinical reasoning skills allow the nature and complexity of self-regulation and its relationship to daily care functions to be uncovered.

the University of New Mexico classes, and submit proposals to present information on the SELF Process at conferences. In addition, staff is continuing to refine training procedures to highlight areas that are less defined for professionals such as social-emotional development and caregiver style of interaction.

4. The SELF Assessment-Intervention materials have been submitted to PRO-ED for possible publication.

IX. Project Impact

Description of Products

The SELF training package combines several training techniques that staff have found to be particularly effective (visual/auditory presentations, individually paced, practice and more practice) with the training techniques that research has shown to be effective (feedback, follow up).

The training package (see Product List) includes a manual and interactive CD-ROM, ***Infant and Toddler Self-Regulation: An Approach for Assessment and Intervention,*** that introduces the SELF Model of Regulation and its application through a three-step Assessment-Intervention Process. The manual and CD-ROM provide a brief overview of the theoretical concepts of self regulation and background knowledge information needed for the use of the SELF Process. There are several ways to evaluate one's progress through learning the process including activities, learning sheets and reflective questionnaires. Both the manual and CD-ROM are designed to be a self-contained training package for learning the SELF Process for those who are experienced in the filed or a main or supplemental resource for preservice assessment course or materials for an inservice workshop.

In addition to the manual and CD-ROM, there is an accompanying ***Family Guide*** that provides tip sheets on preparing for the interview and videotaped observation process, as well as information on strategy recommendations and participation in the development of the Individualized Family Service Plan (IFSP). The package also contains sets of ten shrink-wrapped forms for the SELF Assessment-Intervention Process which include ***SELF Family Interview Forms, SELF Observational Assessment Forms,*** and ***Domains of Regulation Companion Guides.***

LIST OF PRODUCTS
PROJECT SELF: SUPPORTS FOR EARLY LEARNING FOUNDATIONS

PRODUCTS	DESCRIPTION	COST
Infant and Toddler Self-Regulation: An Approach for Assessment and Intervention	Training Manual for the SELF Process	$75.00
Infant Toddler Self-Regulation CD-ROM	Brief Overview of Self Process	$30.00
SELF Family Guide	Package of 10 Guides	$10.00
SELF Family Interview	Package of 10 Forms	$5.00
SELF Observational Assessment	Package of 10 Forms	$5.00
Domains of Regulation Guides	Package of 10 Forms	$5.00
SELF Tote Bag	Bag to hold SELF Products	FREE
SELF Packet	(all products listed above)	$125.00

For further information on the SELF Model and/or purchasing products
Contact Holly Harrison at the University of New Mexico, CFCP/COE, Hokona Hall 377,
Albuquerque, NM 87131-1231, (505)277-0204, hharriso@unm.edu
or visit our web site www.newassessment.org.

Dissemination Activities 1995-2001

Dissemination activities included brochures, annual summaries, SELF Multimedia Training Package, proposals to national and local conferences, journal article submissions, and information on www.newassessment.org web site.

PRODUCT	CONTENT	AUDIENCE	ACTIVITIES
Brochures/ Flyers	Description of SELF Project	NM Early Intervention Programs, State agencies & ICC	Brochures distributed to NM programs, EEPCD Project Director's Meeting, Higher Education Task Force, NMAOTA & Magic Years Conference
Annual Summaries	Review of project findings, activities and results	State Agencies Funding Source	Progress Reports completed and sent 1996-1997-1998-1999-2000
SELF Assessment-Intervention Process Multimedia Training Packet	Manual, CD-ROM, Family Guide, Interview and Observation Forms	NM Early Intervention Programs, NM TTAPS, Funding Source, National Experts, National Conferences	Complimentary copies of the SELF materials distributed to agencies and groups. NM Early Intervention Programs, NM Training & Technical Assistance Programs, State Agency Directors, National Experts in the Field, and Funding Agency SELF Materials were sold on request
Proposals to national & local conferences	Proposals introducing the project, model, process, products and activities	Conference Attendees	Submitted proposals: AOTA – Sensory Integration International DEC Zero to Three CRIEI Birth to Three Institute Regional Head Start NM Magic Years NMAOTA NM CEC
Journal Article Submission	Interview on the SELF Process	Personnel in early intervention and families	Submitted an Interview on the SELF Process Submitted article to Journal of Early Childhood

PRODUCT	CONTENT	AUDIENCE	ACTIVITIES
Materials submitted for Publication	SELF Manual and CD-ROM	Field of Early Intervention and Early Education	Submitted SELF Training Manual and CD-ROM to PRO-ED for possible publication
Flyers announcing SELF products	Description of SELF Multimedia Training Package	Field of Early Intervention	Brochures distributed to NM programs, state agencies, EEPCD Project Director's Meeting, Universities, conference participants
Web Site	Information on Project SELF, model, materials	Internet Users	Posted information on assessment web site www.newassessment.org

X. Statement Of Future Activities

Project SELF's Principle Investigator is planning and working on several activities to insure the SELF Process and Materials continue to be disseminated locally an d nationally after the Project has ended. These activities include obtaining future funding, continuing to disseminate information on request, and publishing the developed materials.

Below is a list of specific future activities:

1. Staff will be resubmitting an Outreach Proposal to OSERS in December 2001 to train early interventionists and educators and higher education faculty in the SELF Assessment-Intervention Process nationally through distance education online format.

2. Staff will also be submitting a Research Proposal to OSERS to further standardize and determine reliability and validity of the SELF Observational Assessment Tool and determine the effectiveness of the strategies curriculum. Staff is currently working on a pilot study that is comparing the SELF The Infant/Toddler Symptom Checklist (De Gangi, Poisson, Sickel & Wiener) with the Interview and the Coping Inventory (Zeitlin & Williamson and the TABS: Temperament and Atypical Behavior Scale (Bagnato, Neisworth, Salvia & Hunt). This study will be expanded in the research proposal in addition to the investigation of the intervention procedures developed by Project SELF including the efficacy of the types of intervention, the level of intensity needed for impact and the effectiveness of specific strategies.

3. Staff will continue to provide training both locally and nationally on the SELF Process in response to requests from the field, present information on the Model and Process in

the University of New Mexico classes, and submit proposals to present information on the SELF Process at conferences. In addition, staff is continuing to refine training procedures to highlight areas that are less defined for professionals such as social-emotional development and caregiver style of interaction.

4. The SELF Assessment-Intervention materials have been submitted to PRO-ED for possible publication.

XI. Assurance Statement

I, Holly Harrison, Principle Investigator for Project SELF: Supports for Early Learning Foudations, certify that the full and final report on Project SELF: Supports for Early Learning Foundations funded by United States Department of Education, Office of Special Education and Rehabilitation Services (OSERS) has been sent to ERIC and copies of the title page and abstract have been sent to the other addresses on the attached sheet.

Holly Harrison, Principle Investigator
Center for Family & Community Partnerships
University of New Mexico/COE

Signature Holly Harrison

Date 11-02-01

APPENDIX A

DEVELOPMENT OF THE SELF PROCESS

- DECISION POINT CHART
- SUMMARY OF RECOMMENDATIONS FROM EXPERT CONSULTANTS

Summary of Recommendations Incorporated into Project SELF From Expert Consultants

Manual

- developed a model of self-regulation
- defined self-regulation
- developed and refined categories of self-regulation
- included more theory on self-regulation
- included more activities, stories, vignettes
- content separate from assessment process
- reorganized sequence so that it is easier to read, understand
- expanded on role of environment, context
- changed family packet; made it more related to SELF process, simplified it
- clarified role of parent
- included parent quotes
- included description of importance of parent-child interactions in SELF process
- more clearly articulated relationship between self regulation, sensory processing, arousal attention, temperament, communication, and activity level and their relationship to daily routines
- more clearly articulated philosophy of child development
- added background information on clinical reasoning
- more clearly explained purpose of SELF, that it is an assessment process and its goals and unique features
- improved overall organization
- included value of play

Observation

- re-vamped observation process: made parent-child interaction the focus
- identified roles for participants: interventionist is the observer
- clarified observation process purpose of observation and video taping procedures
- developed guidance principles for each category
- more clearly articulated what to observe
- included relationship as the organizing principle of self-regulation
- emphasized value of play
- created structured and unstructured components to observation
- wrote up instructions for parents

Parent Child Interactions

- observe parent-child together playing
- introduce something novel to the situation
- look at how they typically interact
- parent-child interaction is context of self-regulation
- included concept of social receprocity, mutual co-relation
- social play as the organizing activity
- purpose is analysis of understanding not judgment

Content

- self-regulation as core component, organizing theme
- parent child interactions as focus of mutual co-regulation
- focus on child in the context of his/her environment
- clarified relationship between affect, communication, and self-regulation
- viewed video tapes to identify themes

Strategies Curriculum	Training
• developing decision trees for each area • emphasizing the value of assessment as in intervention strategy • outlining why strategies work • relating self-regulation more to daily routines • linking to IFSP process - showing how to use SELF information to write outcome statements • obtained input from local practitioners • clarifying the scope of the SELF strategies keeping focus on self-regulation	• teaching model of self-regulation • teaching of self-regulation • including case studies • addressing question: what is intervention? • having participants practice interviewing • emphasizing the value of developing rapport and power of listening to families as intervention strategies • including concept of assessment as an intervention • including self-assessment pre and post • focusing on increasing EI's self-awareness • emphasizing clinical reasoning process • linking SELF process to IFSP process - teaching how to make connection • focusing a partnership collaboration between EI and family
Low Incidence	**Interview**
• incorporated definition and categories • exploration as limiting factor for these children • importance of frequency and intensity of experiences • will develop specific materials, case study	• changed sequence of questions - started with description of child • emphasizing importance of not being judgmental • included philosophy/spirit of learning together • included asking permission to write down notes • simplified interview-took out questions that were potentially "invasive"

Decision Point Chart for Project SELF

1. Observation categories and subcategories	a. review of literature regarding self regulation, regulatory disorders, sensory integration, social-emotional development, language and communication, caregiver-child interactions, temperament, behavior b. review behavior observation assessment tools and temperament scales c. review by Family Advisory Board d. input from experts in the field both national and local
2. Areas of family concern that relate to self regulation	a. identify areas of concern at Family Advisory Board meeting (FAC) b. review of literature on young children's daily routines (sleeping, feeding, bathing, dressing) that relate to self regulation c. conduct brainstorm/work sessions with experts in the field both national and local
3. Components of the SELF process	a. review literature on self regulation, sensory processing/integration, coping, social-emotional development, temperament, ethnographic interviewing and working with families b. design process c. obtain input from Family Advisory Board d. pilot observation process e. review process by national and local experts f. incorporate changes and finalize format of interview and observation tool
4. Design of the observation tool	a. review literature on the clinical reasoning process, problem-based learning b. review literature on observational assessment c. review assessment protocols d. draft tool and process e. pilot tool and process
5. Design the strategies curriculum	a. review current intervention strategies in the areas of sleeping, feeding, dressing, bathing, behavior b. identify useful strategies in the above areas during FAC meeting c. review literature on child care, child development, etc. d. conduct brainstorm session with FAC on strategies and recommendations

Decision Point Chart for Project SELF, cont.

6. Training interventionists in the self process	a. review literature on adult learning principles & clinical reasoning process b. plan and develop training, activities, training materials, case studies c. develop Training Manual and accompanying video tape(s) d. prepilot and evaluate training e. revise training incorporating evaluation data from pilot focus group f. develop training for test
7. Designing the Multimedia Training Package	a. brainstorm with Product Development Specialist b. review information on Web versus CD ROM including pros/cons, costs, availability, usefulness, etc. c. research multi-media options d. choose low-tech and high-tech vehicle for multimedia training package e. develop multimedia training package f. pilot multimedia training package

hh/self report 98/decisionpoint chart

APPENDIX B

DEVELOPMENT OF THE INTERVIEW PROCESS

- SUMMARY OF INTERVIEW EVALUATIONS

PROJECT SELF
Summary of Interview Evaluations

Question 1: Which questions were hard or difficult to answer?

"What would make it easier for your family right now?"
"No question was really too hard. I just really had to use my head and go back and remember things."
"How my child responds to challenges."

Question 2: What made them hard questions?

"Too open-ended. There are so many categories of things that would make things easier."
"I wasn't sure how to interpret the word "challenges."

Question 3: Were any of the words we used hard to understand?

"No."
"No, You keep everything simple."
"The word "challenges."

Question 4: Should we change any of the words? Can you think of other words that would be better to use?

"Can use the word "process" describe what you mean by the SELF process-- state the steps."
"No."
"Reaction to specific situations. How do the child and parent respond with each other as a result of a challenge."

Question 5: What do you think about the sequence of the questions?

"It was good. I think the interview flowed well from topic to topic. Interviewer was flexible."
"Well organized, they kind of go with the flow."
"I felt comfortable with them."

Question 6: Are there any questions you would leave out?

"Rephrase "What would make it easier for your family right now."
"No."
"No."

Question 7: What type of questions should we include?

"Good questions."
"Nothing really, you all basically cover everything."
"Be specific on what a 'challenge ' is."
Include the following questions:
"What is most challenging for you (parent)?"
"What are the child's reactions?
How does your child respond when they can't have something? "

Question 8: Can you think of anything that we left out?

"Be sure to ask directly if the family has concerns & what specifically those concerns are."
"No."
"How does parent and child respond to one another."
"Have parent think about how they are reacting."

APPENDIX C

DEVELOPMENT OF THE OBSERVATIONAL/ASSESSMENT PROCESS

- SUMMARY OF DATA FROM SELF ASSESSMENT PRE-PILOT
- CHILD PROFILES FOR PRE-PILOT
- DATA TABLES FOR PILOT STUDY

Table 1

Summary of Data from SELF Assessment Pre-Pilot

N =16

Concerns Expressed by Families	No.	Underlying Regulatory Clusters	No.	Strategies Menu Recommendations	No.
Sleeping	6	Neurophysiological	13	Management – caregiver guidance	16
Behavior	12	Emotional	11	Caregiver-child interactional activities	12
Eating	4	Environmental	9	Environmental adaptations	9
Communication	5	Cognitive social/communicative	9	Direct child intervention	10
Bathing	2	Behavioral	2		
Dressing	3				

CHILD PROFILES FOR PRE-PILOT
SELF ASSESSMENT-INTERVENTION PROCESS

AGE	GENDER	CONCERNS	RELATED FACTORS	STRATEGY RECOMMENDATIONS
22 mo.	F	Won't stay in car seat, hates her car seat, cries, needs to be constantly entertained.	Eats small meals throughout the day, mismatch between Mother and Child's temperament styles, high rate of elimination, runs on high, very active, loves rough-housing, sleeps well, but requires regular routine of rocking and warm milk to sleep, very light sleeper high activity level and always busy.	Validate Mother's concerns, give information on temperament video, prepare her for rides in the car, give her something crunch to eat or something to suck on. Bring car seat into house and play going in car. Put her baby doll in the car seat.
17 mo.	M	Sleeping, labeled as "bad" at day care, hair pulling, biting, hitting, hard to dress him, doesn't have enough words (language), loses control when upset, easily frustrated and self-regulation problem.	Sleeps excessively, day care won't accommodate his schedule, very active "rambunctious", limited communication skills, prenatal drug exposure, 2 foster placements, "has a mind of his own", smiles, but doesn't laugh.	Refer for speech therapy evaluation. Model words for him to request things. Exaggerate affect - especially happiness. Consider EI. Label his feelings especially when upset. Provide deep pressure activities - sensor motor games. Reinforce all communication efforts.

AGE	GENDER	CONCERNS	RELATED FACTORS	STRATEGY RECOMMENDATIONS
24 mo.	F	Won't go to bed. Hits her head when mad. Can't get her to sleep in her own bed. Won't nap. Gets over-stimulated. Screaming tantrums when upset. Requires lots of attention from parents. Won't sit at table and eat. Acts out when bored. Climbs on furniture - unsafe. Pulls mother's hair, hits, biting. Sucks on bottle when empty.	Busy "hyper". Never unwinds. Breaks things. Very social and likes to be in the midst of everything. Sensitive to touch - tactile. Doesn't transition well. No bedtime routine. Loves to be outside, swinging. Likes action toys.	Validate mother's efforts, level of stress, concerns. Provide information on emotional development. Point out strengths of behavior. Label her feelings especially when upset. Establish a night time routine and stick to it. Consistency is the goal. Have to think about if parent can make the commitment. Decide what he/she can do. Prepare her for transitions. Give her 2 choices.
22 mo.	M	Communication -not talking. Pinches, pulls hair, Demands a lot of attention, head banging, hitting himself on the head.	Receiving EI , has Downs Syndrome, uses lots of force when manipulating objects. Likes rough play. Likes movement. Very visual. Happy affect most of the time. Intense in expression -mouth open 95% of time-tongue thrust-starting to chew-can suck through a straw.	15 mo.
3 years	M	Aggressive behavior, biting others, throws things, spits when mad. Potty training - won't have BM in toilet. Still wants a bottle. Has no daily routine. Sleeping - doesn't go to sleep on his own. Takes 45 mins. to 2 hours to get him to sleep. Doesn't react to pain. Makes loud noises. Doesn't seem to be able to stop himself once he is started.	History of speech delay. Referred for speech evaluation at 18 mo. Has not had a stable home. Moved around a lot. Very active. Loves jumping on trampoline. Calms down in front of TV. Living with relatives. Bath really gets him over excited. Moves quickly, uses lots of force. Higher level and arousal and affect. Talks with a loud voice.	Once settled, look into a preschool. Validate parents' concerns and level of stress. Make expectations for behavior clear. Direct his energy - tell him what he can do. Tell him the consequences of his actions. Don't ask when not a choice. Offer 2 choices when choice is an option. Label his feelings for him. Try to get him to look during play and interactions. Hold him firmly. Expect tantrums. Keep him safe.

AGE	GENDER	CONCERNS	RELATED FACTORS	STRATEGY RECOMMENDATIONS
15 mo.	F	Eating - think she's allergic to milk - gets gas. Sleeping - wakes up numerous times at night, 3-4 hours. Thrashes around in sleep. Sleeps uncovered. Sweats a lot during sleep. Need to be patted to go back to sleep. Reaches out for adult when wakes up. Hits herself when upset. Can't calm down by herself when upset.	Rapid state change to anger. Gets frustrated quickly - intense reactions. Prenatal drug exposure. Visits with father who is reportedly still using. Cries when she has to go with him. Comes back hungry and dirty.	Information on different temperament styles. Discuss difference between child's style and caregivers. Massage provided. Information on prenatal drug exposure. Continue to use calming teas. Discuss night sweats with doctor experienced in prenatal exposure.

Isabella Skinner

...F - Post test

...rophysiological Regulation

SS#	Arousal: high	Arousal: low	Activity Level: appropriate	Activity Level: fluctuating	Activity Level: high	Activity Level: low	Sensory Preferences: appropriate	Sensory Preferences: touch	Sensory Preferences: vision	Sensory Preferences: sound	Sensory Preferences: smell	Sensory Preferences: kinesthetic	Sensory Preferences: movement	Sensory Preferences: mouth	Sensory Reactions: over reactive	Sensory Reactions: under reactive	Sensory Reactions: appropriate	Levels of Responsiveness: high	Levels of Responsiveness: low	Levels of Responsiveness: appropriate	Motor Planning: functional:	Motor Planning: gross motor	Motor Planning: fine motor	Motor Planning: of concern:	Motor Planning: gross motor	Motor Planning: fine motor	Motor Planning: muscle tone	Oral Motor: uses:	Oral Motor: stimulation	Oral Motor: exploration	Oral Motor: calming	Oral Motor: functional	Oral Motor: age appropriate	Oral Motor: of concern:	Oral Motor: coordination	Oral Motor: tone
AAA							•			•					•							•	•				•									
	arousal matched activity level - alert - attentive to task - eating									avoids scatchy grass, smooth textured food - alerted to sounds					picked up leg off grass, tried to spider walk across grass - brushed hand back and forth - didn't start crawling right away. Eating - made face after eating with spoon, also some finger food - refused mashed potatoes - tolerated hands washed			low reaction, washing hands, clothes changed			floppy - crawls, pulls to a stand							ate variety of textures - cheese, fruit, didn't like smooth - chewed on spoon - chewed on bread, ripped it apart, threw some on floor								
	Overall Domain: - appropriate - of concern x Comments: low motor tone, sensory defensiveness																																		
BBB	•				•				•	•		•			•							•	•								•				
format of form is different	appears hyper-vigilant visually - cat naps, transitions quickly from sleep to wake				crawls, creeps, cruises, changes activities often				seems to crave a lot of deep proprioception - enjoys a variety of stimulating toys, books						appears tactually defensive with some textures (grass, towel, soft, musky foods)						good gross motor transitioning, cruising, squatting, crawling, sitting rolling - good fine motor str./coord./grasp												
	Overall Domain: - appropriate - of concern x Comments: on the go all the time																																		
CCC		•				•			•	•	•		•		•				•				•									•				
	crawled around, able to sit and look at book				moves around crawling to explore, able to sit and look at book				lots of crawling around, exploring environment touching toys						cried when placed on the grass, lifted her legs up, touched grass, doesn't like certain food textures			needs low stimulation to react			pulls to stand on bookshelf, lowers self down, crawling, sitting, transitioning in/out sitting, creeping bear crawling, feeding self, picking up small pieces of food								toys to mouth, biting, fed herself with fingers, making faces with spoon feeding, refused food, turned away, closed mouth, puts spoon in her mouth, mother reports not liking certain textures, feeds self well, spits out food she doesn't like, drinks from cup-just starting								
	Overall Domain: - appropriate - of concern x																																		
DDD		•				•			•	•	•		•		•				•				•									•				
	appropriate for age				crawls a lot but able to sit and look at book				explores environment and toys						reacted to being placed on grass, sensitive to certain food textures						crawls, pulls to stand, feeds self								feeds self well, puts toys in her mouth, doesn't like certain textures of foods, beginning to drink from cup								
	Overall Domain: - appropriate - of concern x Comments: sensory reactions																																		
Summary:	1	0	2	0	1	0	3	2	3	4	0	1	2	0	4	1	0	0	1	1	0	4	4	0	0	0	1	0	0	2	0	0	1	1	0	0
	Overall Domain: - appropriate - of concern 4																																		
Themes:																																			

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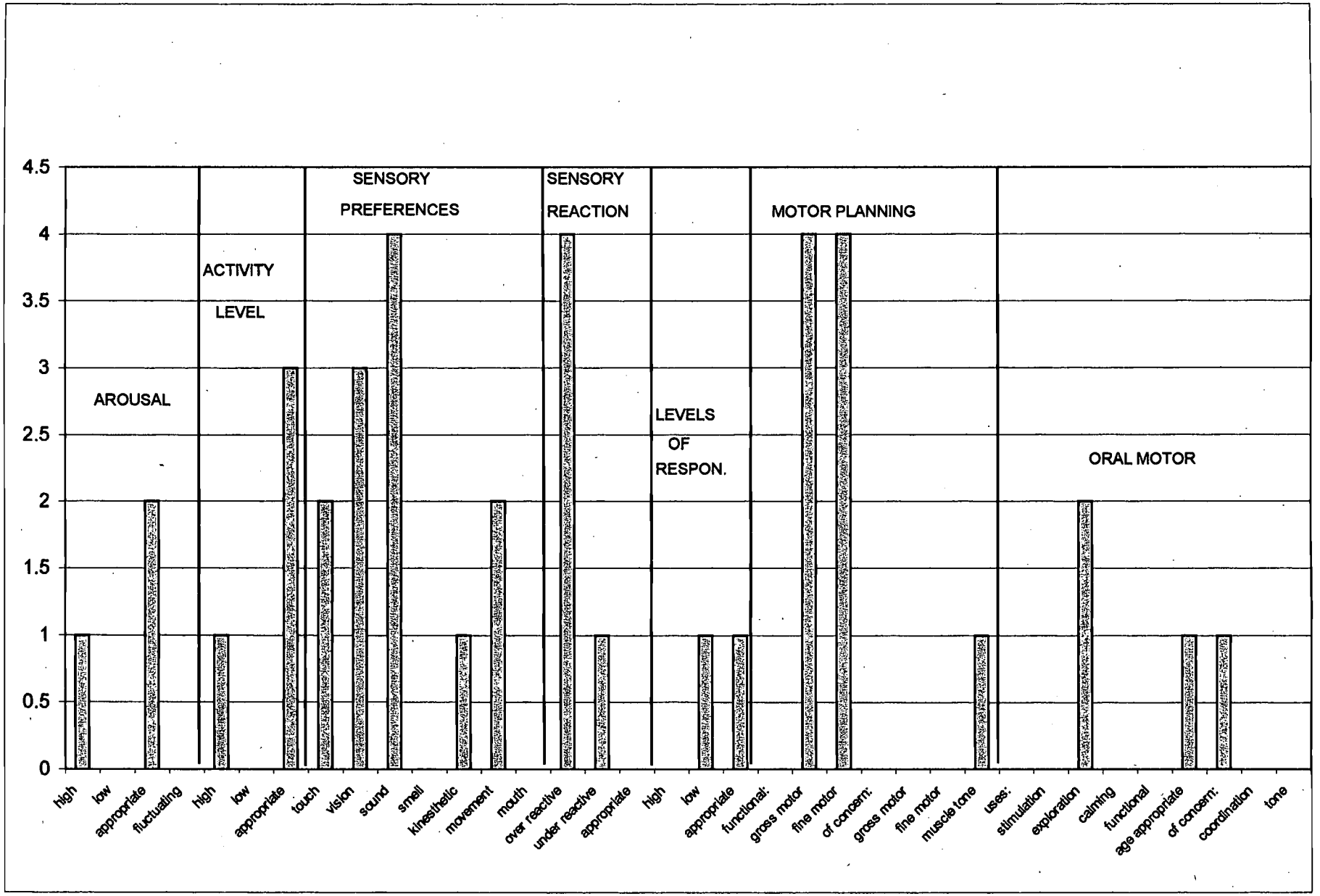
I. Skinner
Neurophysiological Regulation



bella Skinner
LF - Post test

Behavioral Regulation

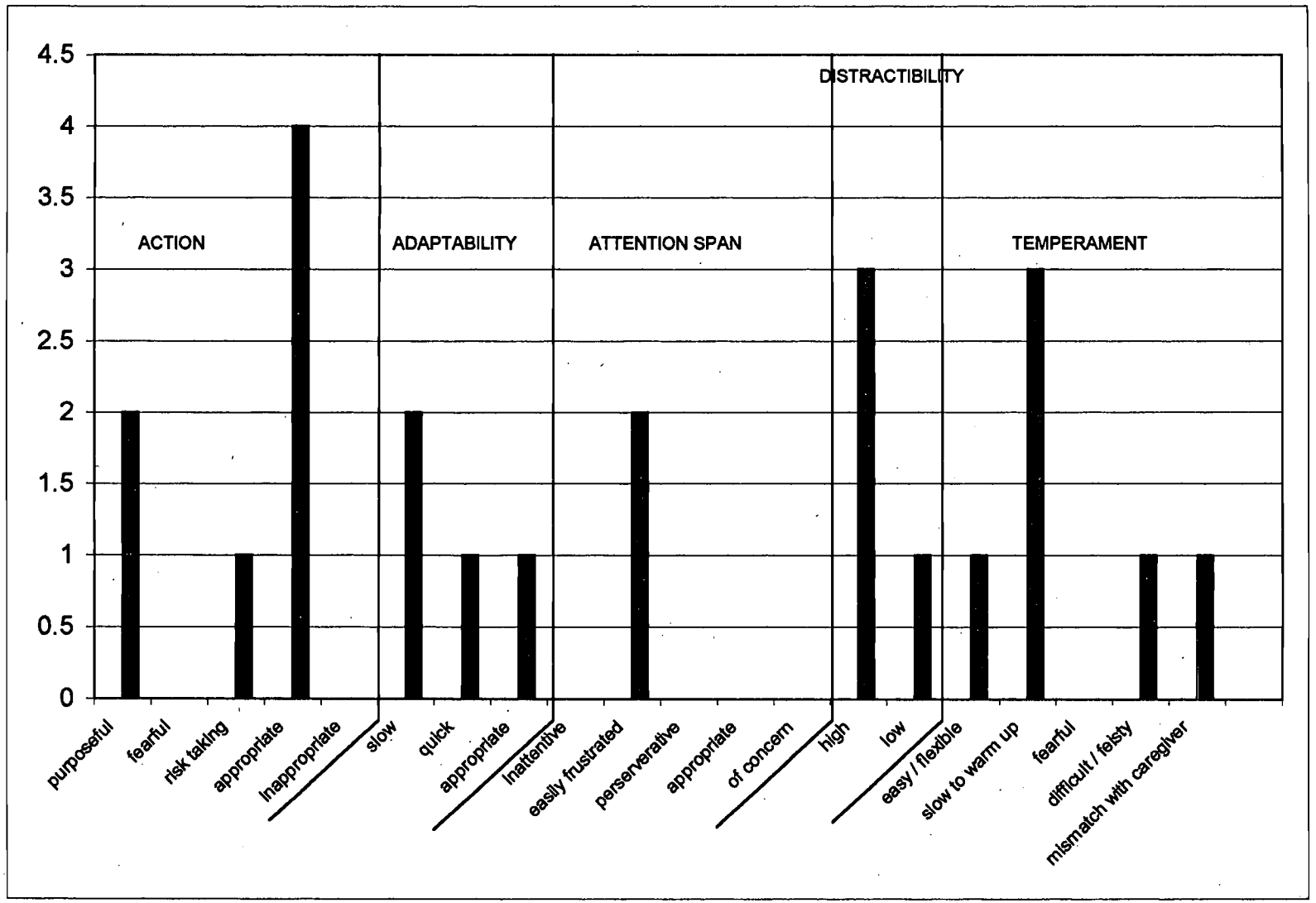
SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perserverative	Attention Span: appropriate	Attention Span: of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
AAA				●			●									●				
	play - rolled ball around - explores, goes to bookshelf, wanders around (crawling) - didn't have purposeful toys					transitioned from eating to changing clothes			sat in high chair for long time eating, drinking an playing					mom directed her from books with dumping toys, distracted her by talking to her		adaptable, reacted quietly				
	Overall Domain: - appropriate x - of concern																			
BBB	●		●	●		●								●	●		●		●	
	She moves around her environment, she plays/explores toys appropriately					does not tolerate changes well, but appears to like a lot of variety of toys			at times she displayed an appropriate attention span for activities she chose					by noises and lights		she seemed very intense with her emotions which she will express - it takes her a while to warm up to new people				
different format																				
	Overall Domain: - appropriate x - of concern																			
CCC	●			●		●			●					●			●			●
	banging box, reaches for ball bangs it on her body, banging stuffed animal-vocalized to it, turned pages in book, pushing books on the floor, fed herself					from interview-doesn't adapt to change well			vocal outbursts of frustration 2-3 times, watching alert looked at book, limited attention to other toys, was not played with in video					reacted to sounds in the room		watching-checking out camera, mother seems to frustrated by I's preferences.				
	Overall Domain: - appropriate - of concern x Comments:																			
DDD				●						●				●			●			
						caregiver reports that she does not adapt well to changes				easily frustrated, limited attention to toys				sound distracted her						

bella Skinner
LF - Post test

Behavioral Regulation

SS#	Action: purposeful	fearful	risk taking	appropriate	inappropriate	Adaptability: slow	quick	appropriate	Attention Span: inattentive	easily frustrated	perserverative	appropriate	of concern	Distractibility: high	low	Temperament: easy / flexible	slow to warm up	fearful	difficult / feisty	mismatch with caregiver		
	Overall Domain: - appropriate - of concern x																					
Summary:	2	0	1	4	0	2	1	0	0	2	0	0	0	3	1	1	3	0	1	1		
	Overall Domain: - appropriate 2 - of concern 2																					
Themes:																						

I. Skinner
Behavioral Regulation



ıbella Skinner

:LF - Post test

Emotional Regulation

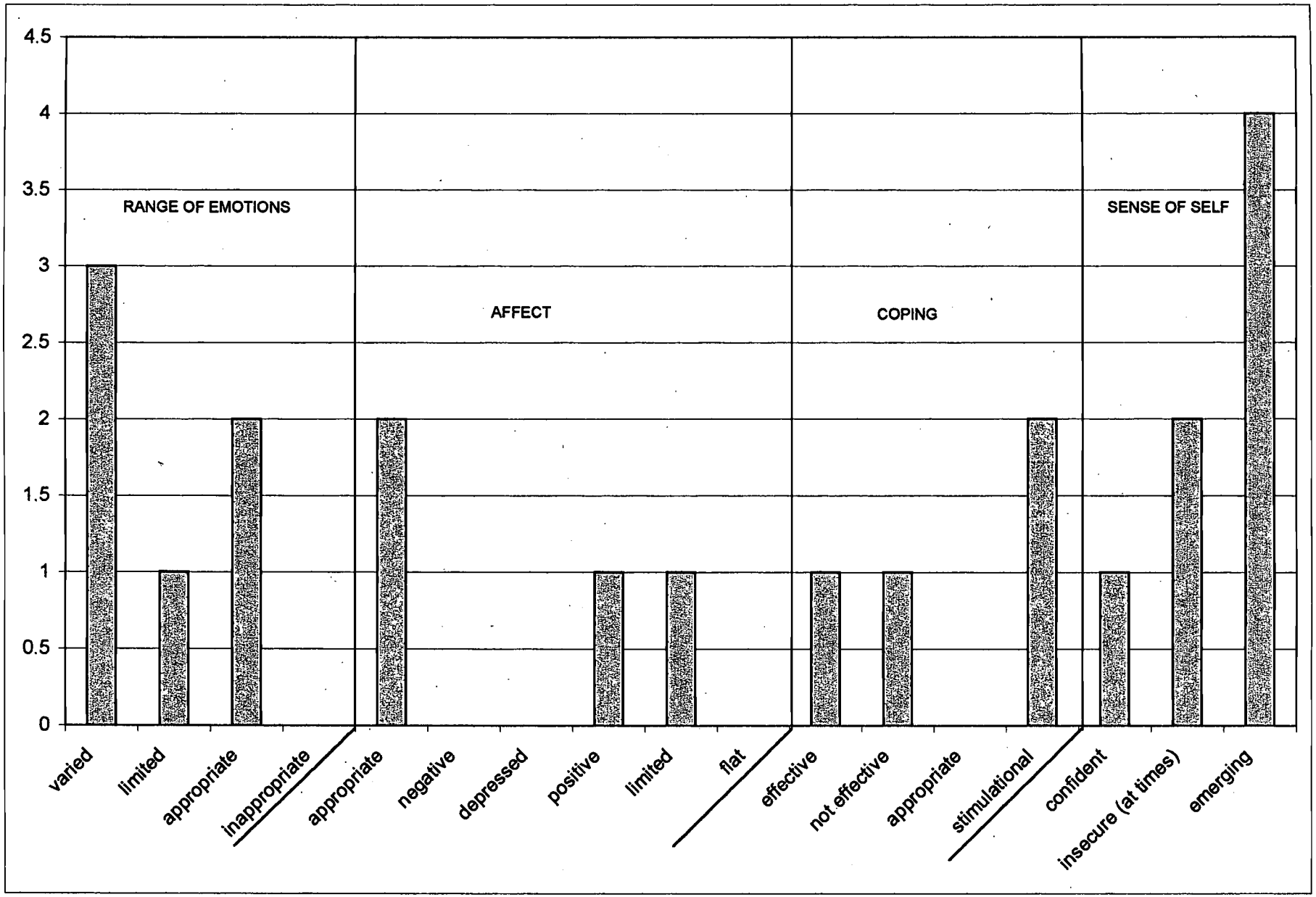
SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
AAA		●							●		●						●
	happy, content overall mood - fussed when left in chair				smiled when smiled at - didn't initiate affect - cried when left in high chair without food - grimaced, food texture, drink, spoon						communicated needs - fussed when left in high chair.				demonstrated preferences, books cheese		
	Overall Domain: - appropriate - of concern Comment:																
BBB	●							●				●			●		●
different format											gets very upset quickly when she doesn't get what she wants or is told "no"				with her ability to explore her environment - with new people		
	Overall Domain: - appropriate - of concern x Comment: strong willed knows what she likes and doesn't like																
CCC	●		●		●									●		●	●
	smiled, responded to name, squealed, expressed frustration				cried in high chair waiting to be fed, smiled, limited adult interaction fro her to respond to						got frustrated with book, coped well with being put on the grass from interview-area of concern, cries				likes to explore her environment		
	Overall Domain: - appropriate x - of concern																

abella Skinner
ELF - Post test

Emotional Regulation

SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
DDD	●		●		●									●		●	●
	expressed frustration, responded to name, smiled														likes to explore		
	Overall Domain: - appropriate x - of concern																
Summary:	3	1	2	0	2	0	0	1	1	0	1	1	0	2	1	2	4
	Overall Domain: - appropriate 2 - of concern 1																
Themes:																	

I. Skinner
Emotional Regulation



bella Skinner
LF - Post test

Social - Communicative Regulation

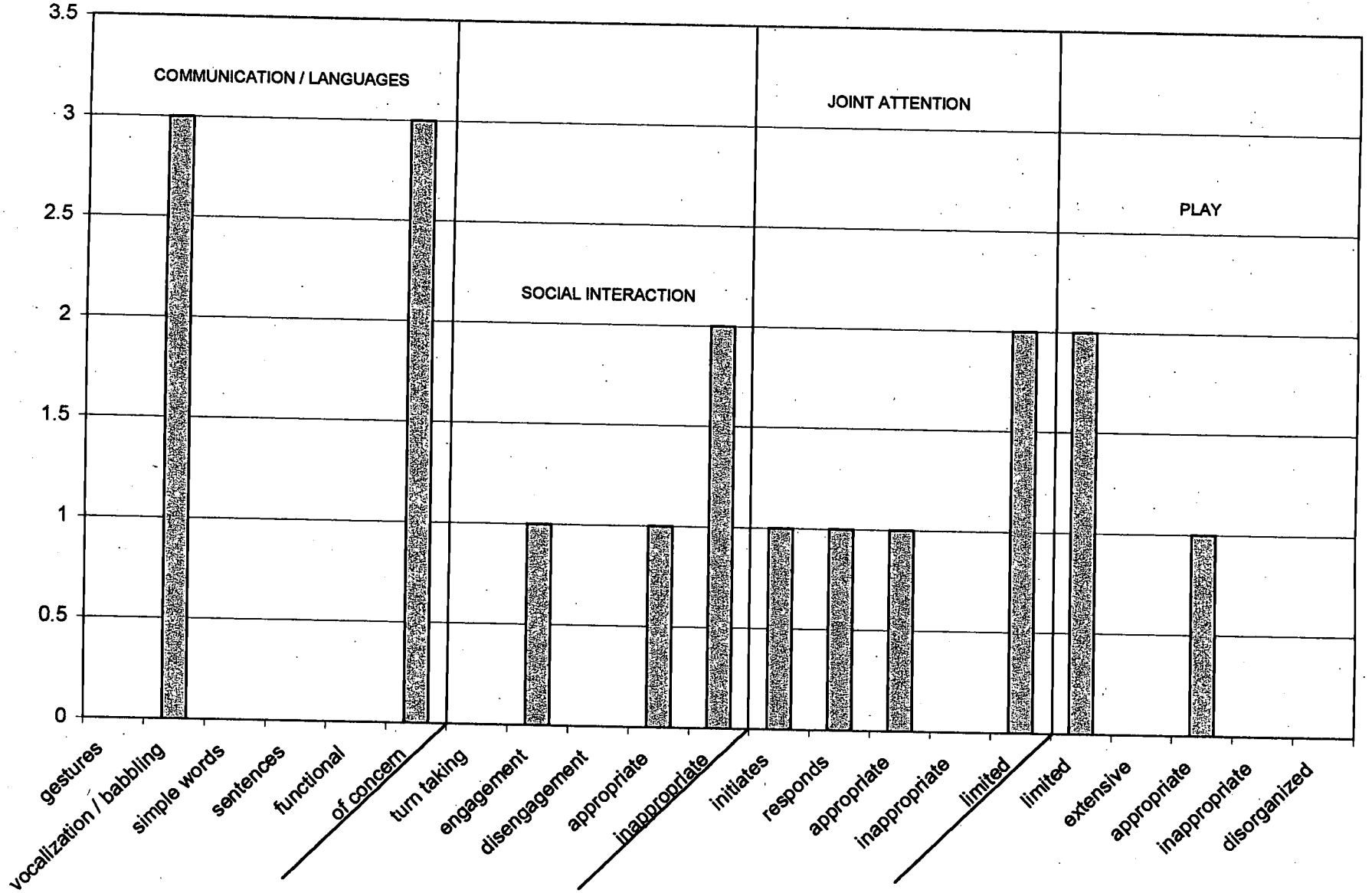
SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
AAA		●				●															
	vocalizes periodically, turned face away when offered spoon						some interaction with EI - vocalizing back and forth - mom watches - Isabella picks up toy, vocalizes, mouthes toy					didn't					turned pages of book - played music toy - hugged stuffed toy				
	Overall Domain: - appropriate - of concern Comment:																				
BBB		●						●	●					●					●		
	lots of vocalizations, both spontaneous and with imitation, fluctuation						appears to enjoy playing by herself - but will freely engage with her foster family, especially Renee					to people she knows - appears to have early stranger anxiety					likes a variety of toys and enjoys manipulating them				
different format																					
	Overall Domain: - appropriate x - of concern Comment: very vocal and always has been																				
CCC						●				●		●	●			●					
	looking ____, squealing, not a lot of variety in sounds heard, limited initiation of interaction with others, looks to communicate						limited interaction					put head on mother's lap, not much interaction					reached for toys, tried to open book, turned pages in book, not much adult/child play, limited age appropriate toys, pushed ball				
	Overall Domain: - appropriate - of concern x																				

ibella Skinner
LF - Post test

Social - Communicative Regulation

SS#	Communication / Languages:						Social Interaction:					Joint Attention:					Play:				
	gestures	vocalization / babbling	simple words	sentences	functional	of concern	turn taking	engagement	disengagement	appropriate	inappropriate	initiates	responds	appropriate	inappropriate	limited	limited	extensive	appropriate	inappropriate	disorganized
DDD		●				●					●					●	●				
	limited sound making, does not initiate communication with others						limited					not much interaction					book, ball, mother did not play with her				
	Overall Domain: - appropriate - of concern x																				
Summary:	0	3	0	0	0	3	0	1	0	1	2	1	1	1	0	2	2	0	1	0	0
	Overall Domain: - appropriate 1 - of concern 2																				
Themes:																					

I. Skinner
Social-Communicative Regulation



abella Skinner
ELF - Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
AAA		●	●					●			
BBB	●	●				●		●			●

"look at the baby" - didn't follow child's lead - passive interaction- placed book in front of I

open carpeted room with baby gate - safe environment - lots of books - structured - brothers and sisters

Overall
Domain: - appropriate
- of concern

seems very engaged - knows I's cues and motivated to lear more strategies

at times due to ___ people and daily schedules. Renee is very organized with a lot of activity in the house

different format

Overall
Domain: - appropriate
- of concern
Comments:
Caregivers:Renee and Louie Sena with 5 other foster siblings

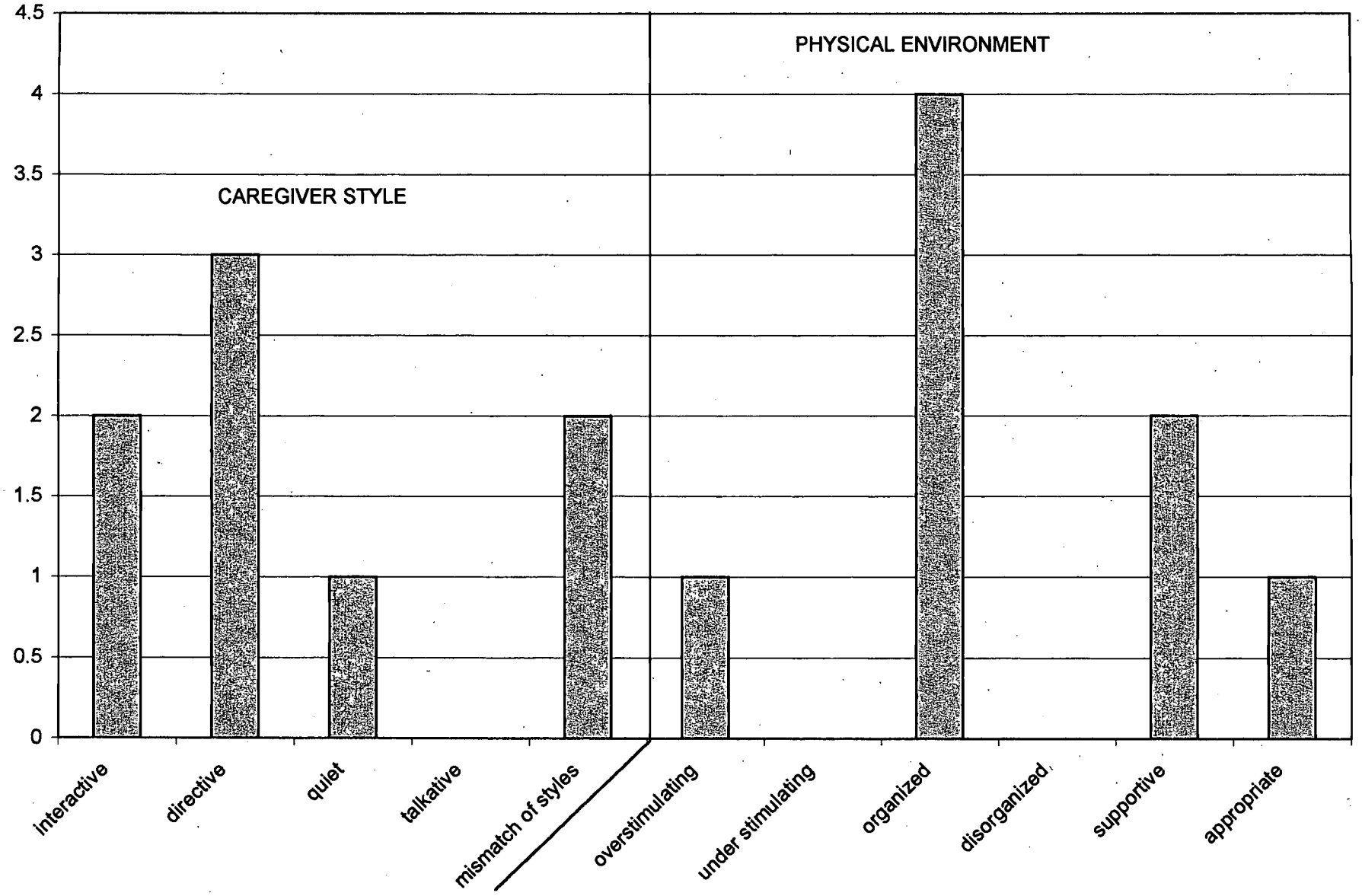
abella Skinner

LF - Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
CCC	●	●			●			●		●	
	"I see you looking", opened book for her, "see the baby", responded to her vocalizations "what", family watched her, laughed at reaction to grass and eating, limited interaction with Isabella.					4 or 5 siblings lots of people to contend with					
	Overall Domain: - appropriate - of concern x Comments: Recommend floor time, facilitative play										
DDD					●			●		●	
	laughed when Isabella was placed on the grass, when she vocalized mother would say "what", limited or no floor time with I.					lots of activity in foster home with other foster children					
	Overall Domain: - appropriate - of concern x										
Summary:	2	3	1	0	2	1	0	4	0	2	1
	Overall Domain: - appropriate - of concern 2										

I. Skinner
Environmental Regulation



or Vialpando
F - Post test
rophysiological Regulation

SS#	Arousal: high	Arousal: low	Activity Level: appropriate	Activity Level: fluctuating	Activity Level: high	Activity Level: low	Sensory Preferences: appropriate	Sensory Preferences: touch	Sensory Preferences: vision	Sensory Preferences: sound	Sensory Preferences: smell	Sensory Preferences: kinesthetic	Sensory Preferences: movement	Sensory Preferences: mouth	Sensory Reactions: over reactive	Sensory Reactions: under reactive	Sensory Reactions: appropriate	Levels of Responsiveness: high	Levels of Responsiveness: low	Levels of Responsiveness: appropriate	Motor Planning: functional:	Motor Planning: gross motor of concern:	Motor Planning: fine motor of concern:	Motor Planning: gross motor	Motor Planning: fine motor	Motor Planning: muscle tone	Oral Motor: uses:	Oral Motor: stimulation	Oral Motor: exploration	Oral Motor: calming	Oral Motor: functional	Oral Motor: age appropriate of concern:	Oral Motor: coordination	Oral Motor: tone
AAA				●	●					●			●		●				●					●	●				●	●	●				
	became overstimulated - hiccups - tuned out, spit up when held in standing position - worried expression report - overstimulated, screams for hours startles, noise				arousal impacted activity level			turns head towards voices, likes music toys, coos and sings in swing							over reactive to noise - startles sometimes out of sleep - too many people up close, in his face for too long, overstimulated			reacts to low levels of stimulation, becomes over aroused - disorganized motorically			difficulty with motor planning - movement disorganized - random, can't bring hands together combining motor skills							drooling - spitting up - used pacifier for calming, mouths toys							
	Overall Domain: - appropriate - of concern x Comments:																																	
BBB		●	●				●	●	●						●						●	●									●			
tromat of form is different	alert on arrival with quick transition to sleep				interacting with caretakers was very nice but... were they helping to organize him?			nicely responsive both motorically and verbally - watched and touched with hands and mouth, less attentive to sound and not a lot of whole body activity - family - overstimulated visually							overly responsive to need to sleep, then cried out in sleep which is common						working on all this, a little slow in fine motor but too young for this area - somehow doesn't seem "smooth"												
	Overall Domain: - appropriate - of concern x Comments: major area of concern - can't wait for need to be met. Hard to console easily disorganized.																																	
CCC	●					●	●								●			●					●	●	●							●		
	alert, looking around, wide eyed				became more active i.e. kicking legs, moving arms, as got overstimulated			wrapped him in a blanket							got hiccups, lots of talking and visual stimulation			responds easily to stimulation, gets overstimulated			moving arms legs attempting to reach for toy, supported standing, supported sitting, hands fisted, pull to stand, head lag, laying flat on back, arms out to sides, can bring up a little.							drooled in supported stand, unable to bring toys or hands to mouth yet, didn't watch feeding, seems okay							
	Overall Domain: - appropriate - of concern x Comment: too much talking by																																	
DDD	●		●				●	●							●			●					●	●	●							●		
	alert and observing environment														hiccups possibly in response to the surrounding talking and visual stimulation			gets overstimulated			hands fisted, head lag with pull to stand, some hypertonicity							unable to bring toys or hands to mouth yet, some drooling							
	Overall Domain: - appropriate - of concern x																																	

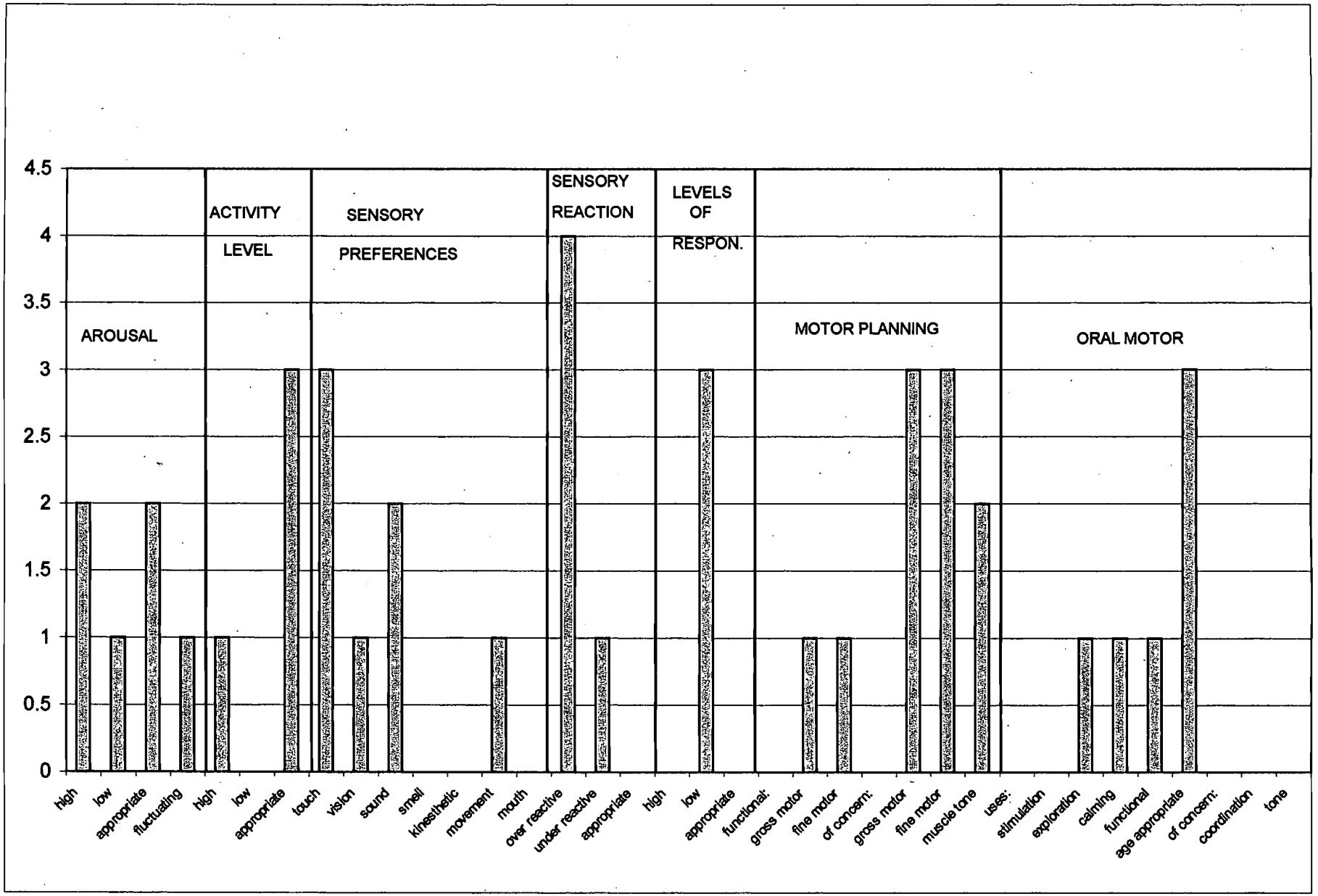
:or Vialpando
LF - Post test
urophysiological Regulation

SS#	Arousal: high	low	Activity Level: appropriate	fluctuating	high	low	Sensory Preferences: appropriate	touch	vision	sound	smell	kinesthetic	movement	mouth	Sensory Reactions: over reactive	under reactive	appropriate	Levels of Responsiveness: high	low	appropriate	Motor Planning: functional:	gross motor	fine motor	of concern:	gross motor	fine motor	muscle tone	Oral Motor: uses:	stimulation	exploration	calming	functional	age appropriate	of concern:	coordination	tone
Summary:	2	1	2	1	1	0	3	3	1	2	0	0	1	0	4	1	0	0	3	0	0	1	1	0	3	3	2	0	0	0	1	1	1	3	0	0	0

Overall
Domain: - appropriate
- of concern 4

Themes:

V. Vialpando
Neurophysiological Regulation



ctor Vialpando
:LF - Post test

Behavioral Regulation

SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perseverative	appropriate	of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
AAA					●			●					●		●	●				
	no purposeful behavior, doesn't explore new rattle - responds to adults - poor motop planning					swan died - warmth, goes right to sleep, patterned new born, now fluctuates			became overstimulated by dangling objects held over his head					shift focus toward voice, startles - environment causes distraction		adaptable, transitions from sleep to wake easily, regular in daily rhythms - caregivers provide structure and resource				
	Overall Domain: - appropriate - of concern x Comment: coping mechanism, sense of self																			
BBB	●			●		●						●			●	●				
different format	Played and attended in focused and purposeful way and very engaged and responsive with caretakers. Not easily distractible. But glimpsed his difficulty with adaptation when he needed quick transition to sleep																			
	Overall Domain: - appropriate x - of concern Comments: some concerns because he is slow to adapt which is related to previous cluster area.																			
CCC						●							●		●				●	
	held onto toy with hand when placed, moved arms and legs, actions limited by tone and limited reaching skills, banging toy randomly					got overstimulated, activity and arousal increased			able to track toy 180 r-l, up/down, got overstimulated, eyes wide open, visually locked onto toys, limited adult-child social interaction					not easily distracted, visually locked onto toys					hard to tell, probably difficuly/feisty due to neurological sensitivity	
	Overall Domain: - appropriate - of concern x Comments:																			

ctor Vialpando

ELF - Post test

Behavioral Regulation

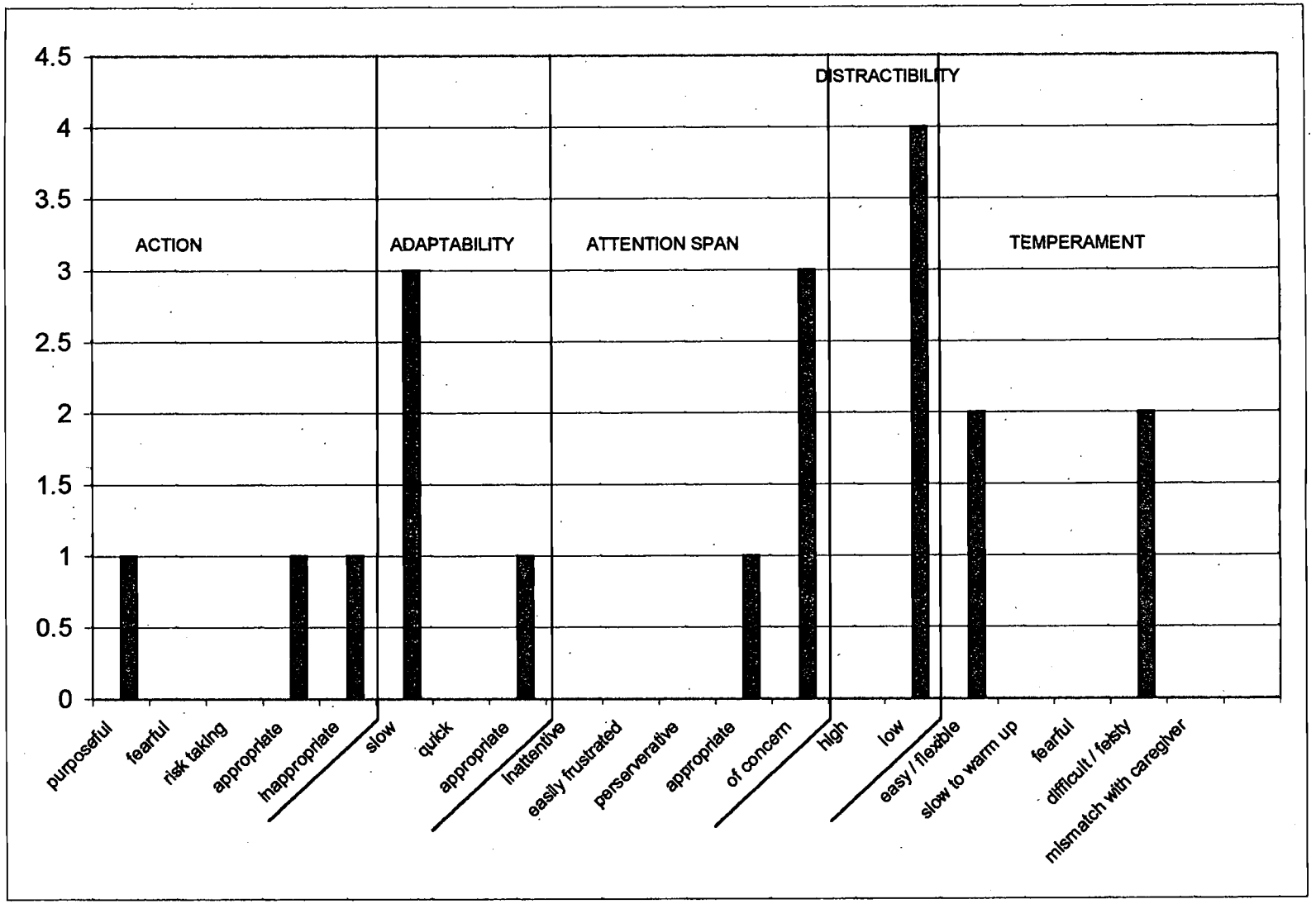
SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perseverative	Attention Span: appropriate	Attention Span: of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
DDD						●							●		●				●	
						became overstimulated			tracked toys, limited social interaction							difficult temperament due to neurobehavioral abnormalities				
Summary:	1	0	0	1	1	3	0	1	0	0	0	1	3	0	4	2	0	0	2	0

Overall
Domain: - appropriate
- of concern x

Overall
Domain: - appropriate 1
- of concern 3

Themes:

V. Vialpando
Behavioral Regulation



Victor Vialpando

ELF - Post test

Emotional Regulation

SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
AAA	❶		❶		❶				❶			❶					❶
	happy - smiled - worried - fear				smiled - fussed - responded ro caregivers						not able to prevent overarousal, self comfort - subtle cues, not being picked up by caregivers - didn't handle a lot of handling - fell apart - stayed asleep at loud event				expressed pleasure at standing up with assistance		
	Overall Domain: - appropriate - of concern x Comment: concerns-coping mechanism, sense of self																
BBB	❶							❶				❶			❶		❶
	Above difficulty in transitions/adaptability reflected in his need to have bottle immediately and difficulty with delay. However, his mood for the most part was even and confident.																
different format																	
	Overall Domain: - appropriate - of concern x Comment: family's main concern - difficulty in consoling him.																
CCC		❶							❶	❶				❶			❶
	was "stuck" overstimulative state				laughed briefly, distress quality to vocalization when overstimulated						got hiccups when overstimulated						
	Overall Domain: - appropriate - of concern x																

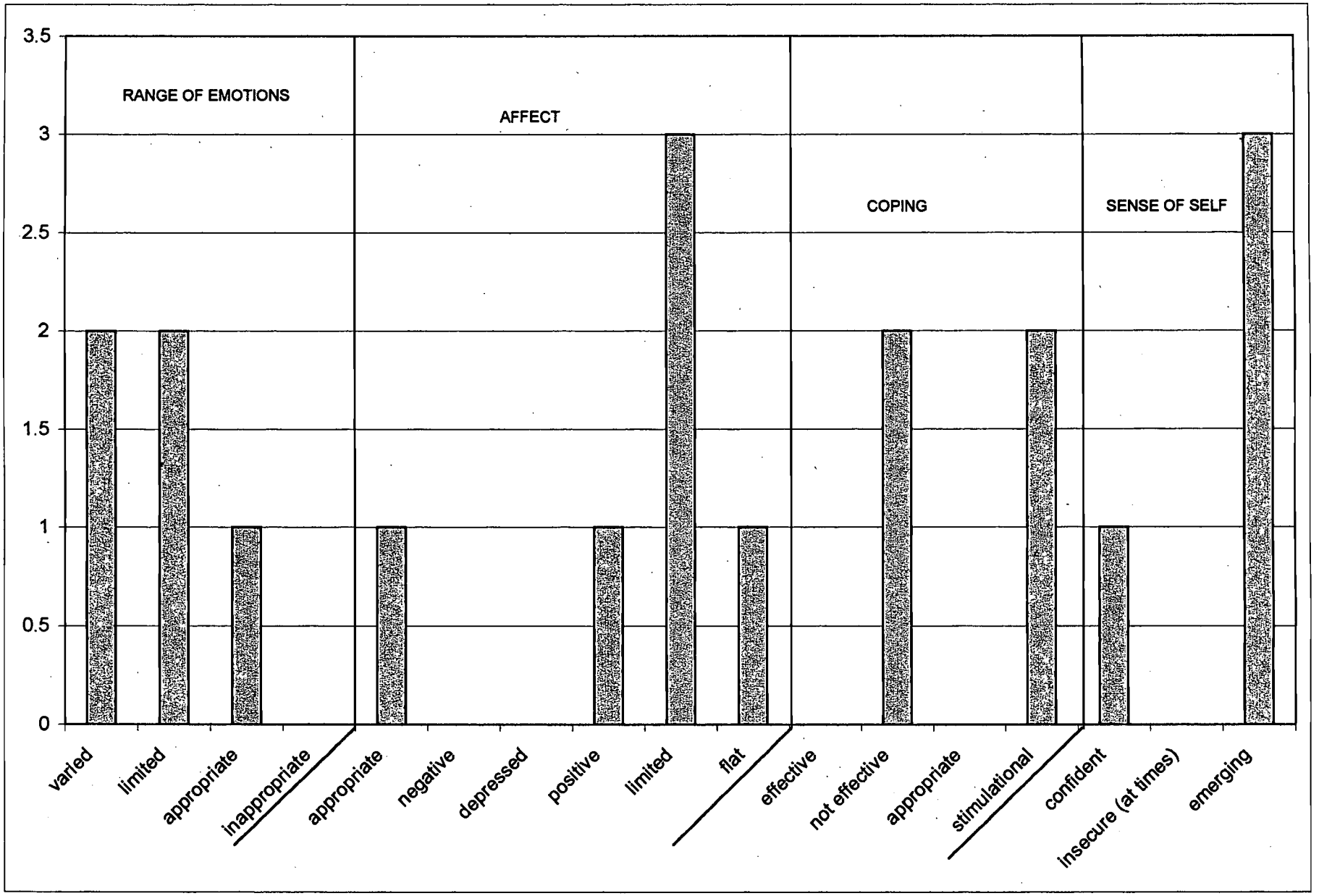
Victor Vialpando

ELF - Post test

Emotional Regulation

SS#	**Range of Emotions:** varied	limited	appropriate	inappropriate	**Affect:** appropriate	negative	depressed	positive	limited	flat	**Coping:** effective	not effective	appropriate	situational	**Sense of Self:** confident	insecure (at times)	emerging
DDD		❶							❶					❶			
	overstimulation interfered				laughs, distress						hiccups when overstimulated				difficulties with sense of control indicated that sense of self emerging		
	Overall Domain: - appropriate - of concern x																
Summary:	2	2	1	0	1	0	0	1	3	1	0	2	0	2	1	0	3
	Overall Domain: - appropriate - of concern 4																
Themes:																	

V. Vialpando
Emotional Regulation



ctor Vialpando
:LF - Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
AAA		●								●		●				●	●			●	
	vocalizes - cues, hiccups, look away - couldn't focus on interaction						reports; likes people					looks and vocalizes to caregiver a few times, couldn't follow lead - out of sync - caregiver not tuning into cues / signals					held rattle - shook it randomly				
	Overall Domain: - appropriate - of concern Comment:																				
BBB		●						●						●						●	
different format	Family sees this as an area of strength as did I. Victor is an alert, responsive and communicative baby																				
	Overall Domain: - appropriate x - of concern Comment:																				
CCC						●										●	●				
	"eh eh " louder vocalization, got hiccups to communicate, overstimulation						adults did not engage him					adults did not engage him					limited by age, adults did not engage him in voice play				
	Overall Domain: - appropriate - of concern x																				
DDD						●										●	●				
	some vocalizations, communicate											there was little engagement					limited by age				
	Overall Domain: - appropriate - of concern x																				

:tor Vialpando

LF - Post test

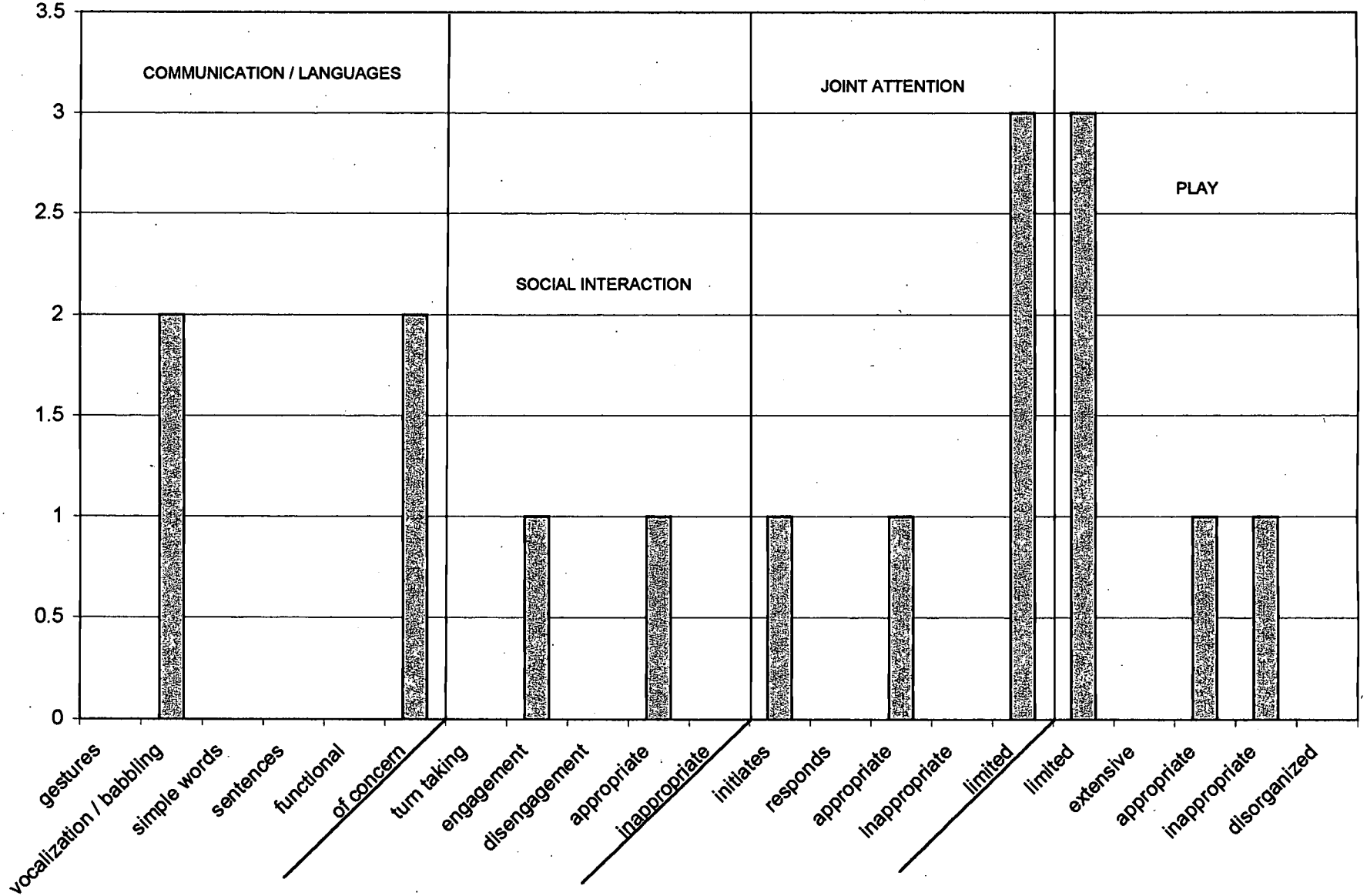
Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
Summary:	0	2	0	0	0	2	0	1	0	1	0	1	0	1	0	3	3	0	1	1	0

Overall
Domain: - appropriate 1
- of concern 2

Themes:

V. Vialpando
Social-Communicative Regulation



ctor Vialpando
ELF - Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
AAA		●						●		●	●
	caregiver 1, more sensitive toward - still held rattle and overstimulated caregiver 2, unaware of V's cues - becomes overwhelmed					caring, organized environment					
	Overall Domain: - appropriate - of concern x Caregivers: 2 foster caregivers										
BBB	●			●				●			●
	focused, talkative but gentle, turn-talking					fine, atuned to his needs the environment seems finely tuned to this child's needs					
different format	Overall Domain: - appropriate - of concern Comments: Caregivers: Patty, Mary										
CCC				●		●				●	
	adults ignored his overstimulation, kept talking and shaking toys in front of him, verbally expressed he gets overstimulated, yet didn't read his cues, able to express what he hears, what helps him					wrapped him in a blanket, held him					
	Overall Domain: - appropriate - of concern x										

ctor Vialpando
:LF - Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
DDD				●		●					
Summary:	1	1	0	3	0	2	0	2	0	2	2
Themes:											

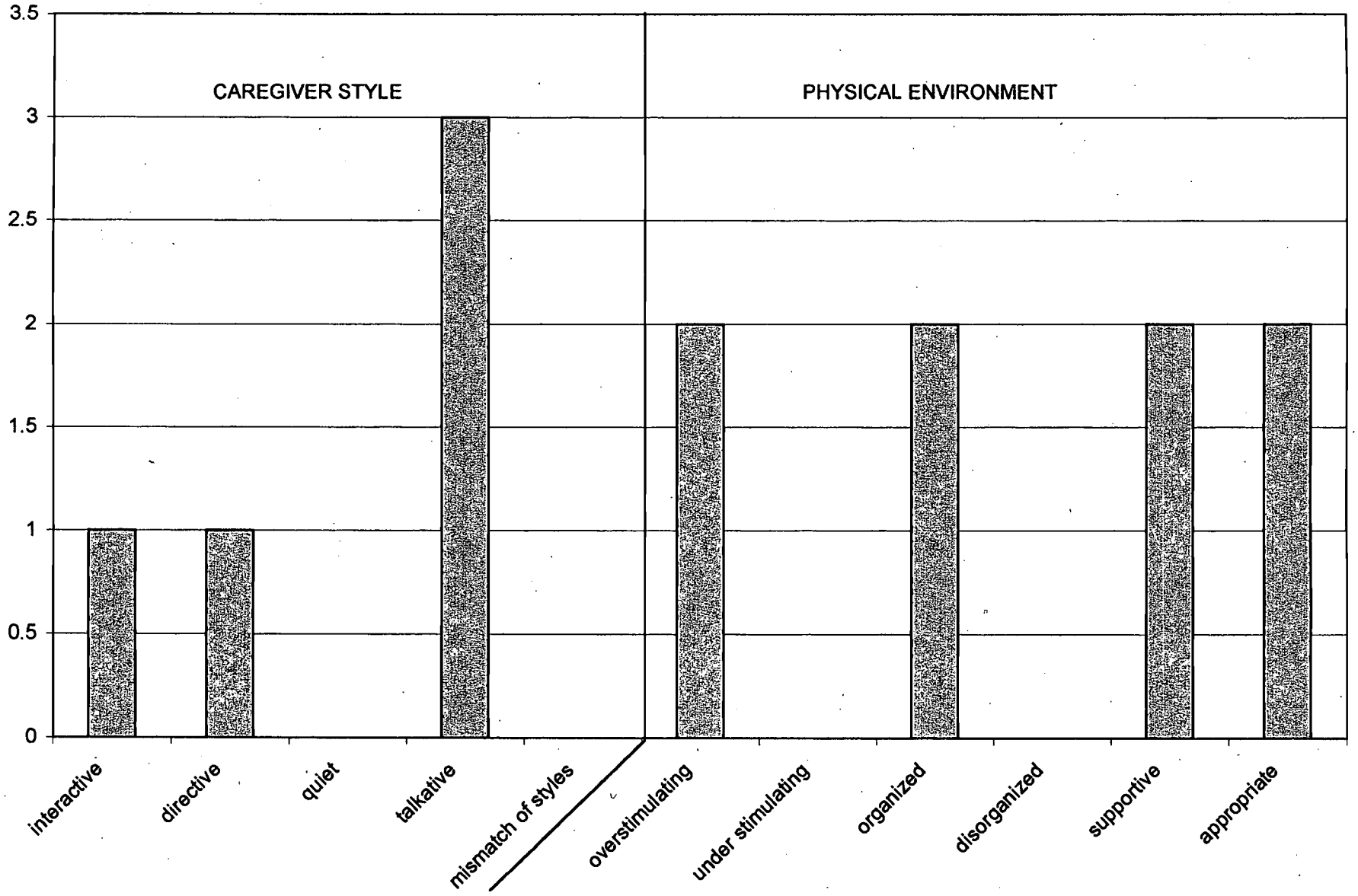
they did not know how to deal with his overstimulation, did not engage him in vocal play, talked around him

talking, too much visual stimulation, wrapped him in a blanket

Overall
Domain: - appropriate
- of concern **x**

Overall
Domain: - appropriate
- of concern **3**

V. Vialpando
Environmental Regulation

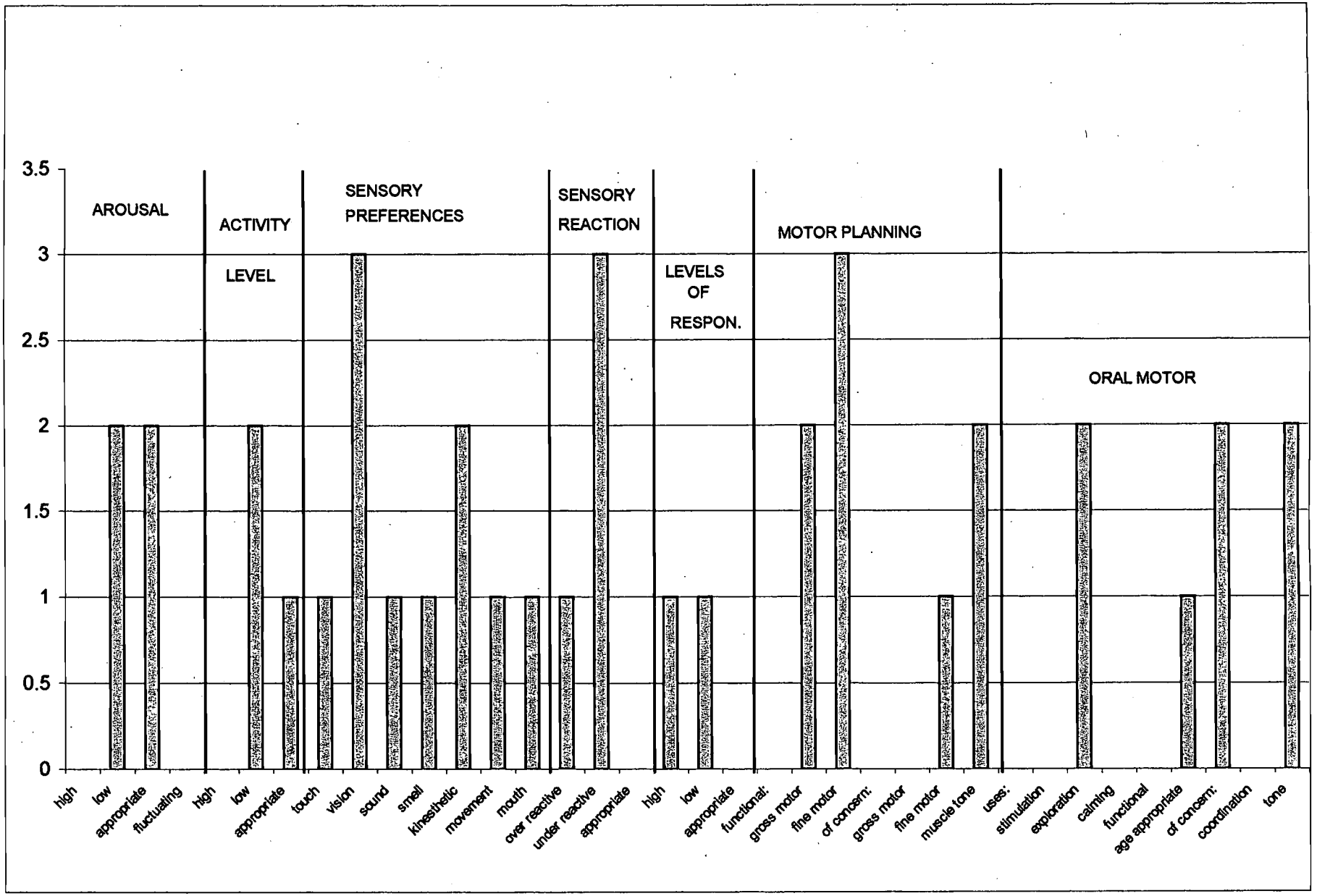


annah Samora
F - Post test

rophysiological Regulation

SS#	Arousal: high	Arousal: low	Activity Level: appropriate	Activity Level: fluctuating	Activity Level: high	Activity Level: low	Sensory Preferences: appropriate	Sensory Preferences: touch	Sensory Preferences: vision	Sensory Preferences: sound	Sensory Preferences: smell	Sensory Preferences: kinesthetic	Sensory Preferences: movement	Sensory Preferences: mouth	Sensory Reactions: over reactive	Sensory Reactions: under reactive	Sensory Reactions: appropriate	Levels of Responsiveness: high	Levels of Responsiveness: low	Levels of Responsiveness: appropriate	Motor Planning: functional:	Motor Planning: gross motor	Motor Planning: fine motor	of concern: gross motor	of concern: fine motor	of concern: muscle tone	Oral Motor: uses:	Oral Motor: stimulation	Oral Motor: exploration	Oral Motor: calming	Oral Motor: functional	Oral Motor: age appropriate	of concern: coordination	of concern: tone
AAA			●					●		●	●	●	●	●								●	●											
	maintained appropriate state - difficulty with napping - staying asleep							mouthes objects - likes keys/rattles, bounced on trampoline, swing - crawling on grass, likes singing - calmes her down							cries in care seat, wants to be held a lot							crawls - pulls to stand, sits							explores objects with mouth, like bottles							
	Overall Domain: - appropriate - of concern Comments:																																
BBB			●				●		●			●				●						●	●								●		
format of form is different	Savannah adjusted to all tha people and activity doing best with only one person at a time. She was alert and interested, exploring best through movement and watching. Sha was careful in her movements and sometimes a bit insecure making motor transitions. When eating she had some difficulty with a small straw and would chew then spit out a cookia.																																
	Overall Domain: - appropriate - of concern x Comments: not seen too much except in somewhat low sensory reactions / need to work on motor transitions and difficulty with straw and spitting out food.																																
CCC		●			●				●							●		●						●	●			●			●		●
	very quiet, awake, alert, looking around, not much affect, action, initiation				mostly sat where placed			looked around, mostly touched some toys briefly, picked up cloth, held bottle when given to her, some oral exploration							didn't react to much, looked around at people, spat out food			v. quiet, sister put toys on her head- didn't really react			sits, reaches fro toys, crawls, took two steps recently, w sitting fists her right hand, pulled to stand, climbed on little table, supported standing, question fine motor skills							baby bottle in mouth, two hands drinks from sippy cup, munching, chewing, used teeth to scrape food off her lip, spit out food							
	Overall Domain: - appropriate - of concern x																																
DDD		●			●				●							●		●					●		●			●			●		●
	slow to become interested in participating in interactions, quiet, watchful				did not move from where she was sitting			watched everything, put a few things in mouth							watched people but had little reaction to them			quiet, didn't respond to activities			crawls, sits, climbed, pulled self to stand, her right hand tends to fist							spit out food, good chewing, drank from sippy cup							
	Overall Domain: - appropriate - of concern x																																
Summary:	0	2	2	0	0	2	1	1	3	1	1	2	1	1	1	3	0	1	1	0	0	2	3	0	0	1	2	0	0	2	0	0	1	2	0	2
	Overall Domain: - appropriate 0 - of concern 3																																
Themes:																																	

S. Samora
Neurophysiological Regulation



ivannah Samora
ELF - Post test

Behavioral Regulation

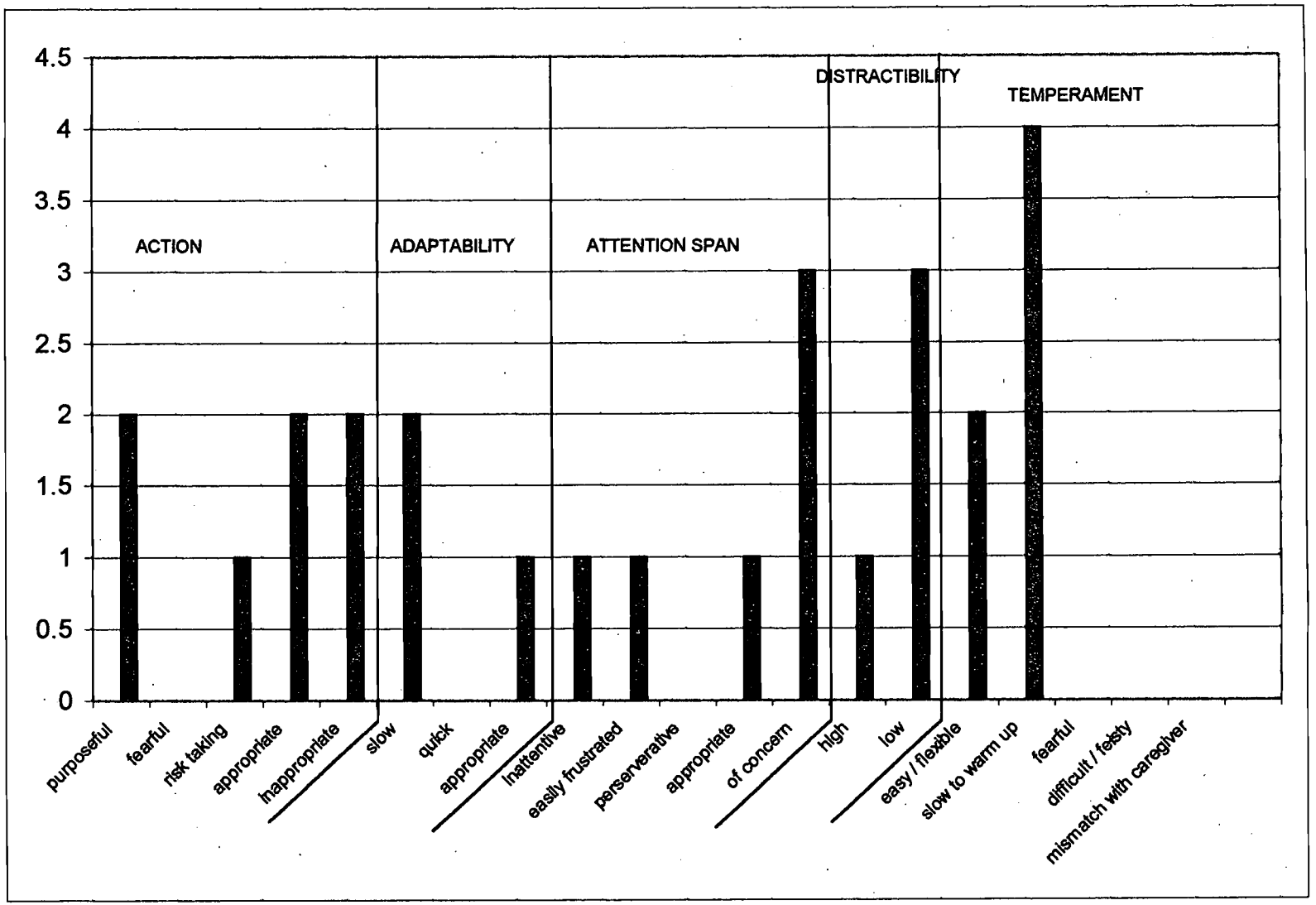
SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perserverative	appropriate	of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
AAA	●			●					●	●			●	●			●			
	some symbolic use - feeding doll, pretend play - mouthing objects - likes key and rattles - imitates, feeding doll - responsive to mom - looks, smiles, vocalizes (off camera)								reserved with new tasks - play short time of involvement in objects - pick up, put down - alerts to voices - doesn't regulate attention to activity					shifts focus easily - especially to voices - looks around		cries when separated, reserved - watches, observant in new situations or experiences			
	Overall Domain: - appropriate - of concern x																			
BBB	●		●	●				●				●			●		●			
different format	In the assessment Savanna was fairly focused, attentive and interested in exploration and play. Mother, however, is worried about her need to be held and tantrums when she isn't																			
	Overall Domain: - appropriate x - of concern																			
CCC					●	●							●		●	●	●			
	picked up toys/baby bottle to mouth, patted table, fed self with fork, drank from cup, low level of action					low activity, low arousal low responsiveness			didn't attend to sister building tower, responded to rattle shaking, underresponsive					not distracted but not really focused either, mostly watched		don't know about caregiver, based on interview sounds difficult, in video observation looks easy or seems to warm up				
	Overall Domain: - appropriate - of concern x Comments:																			

vannah Samora
LF - Post test

Behavioral Regulation

SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	perserverative	appropriate	of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
DDD					●	●							●		●	●	●			
	put bottle in her mouth, drank from cup, used fork appropriately, but little action taken with toys					underreactive and not very responsive to people and things			limited					not distractible necessarily, but just watched without taking part in activities around her		caregiver's interview says that S. is difficult, during the video she was slow to warm up				
	Overall Domain: - appropriate - of concern x																			
Summary:	2	0	1	2	2	2	0	1	1	1	0	1	3	1	3	2	4	0	0	0
	Overall Domain: - appropriate 1 - of concern 3																			
Themes:																				

S. Samora
Behavioral Regulation



avannah Samora

ELF - Post test

Emotional Regulation

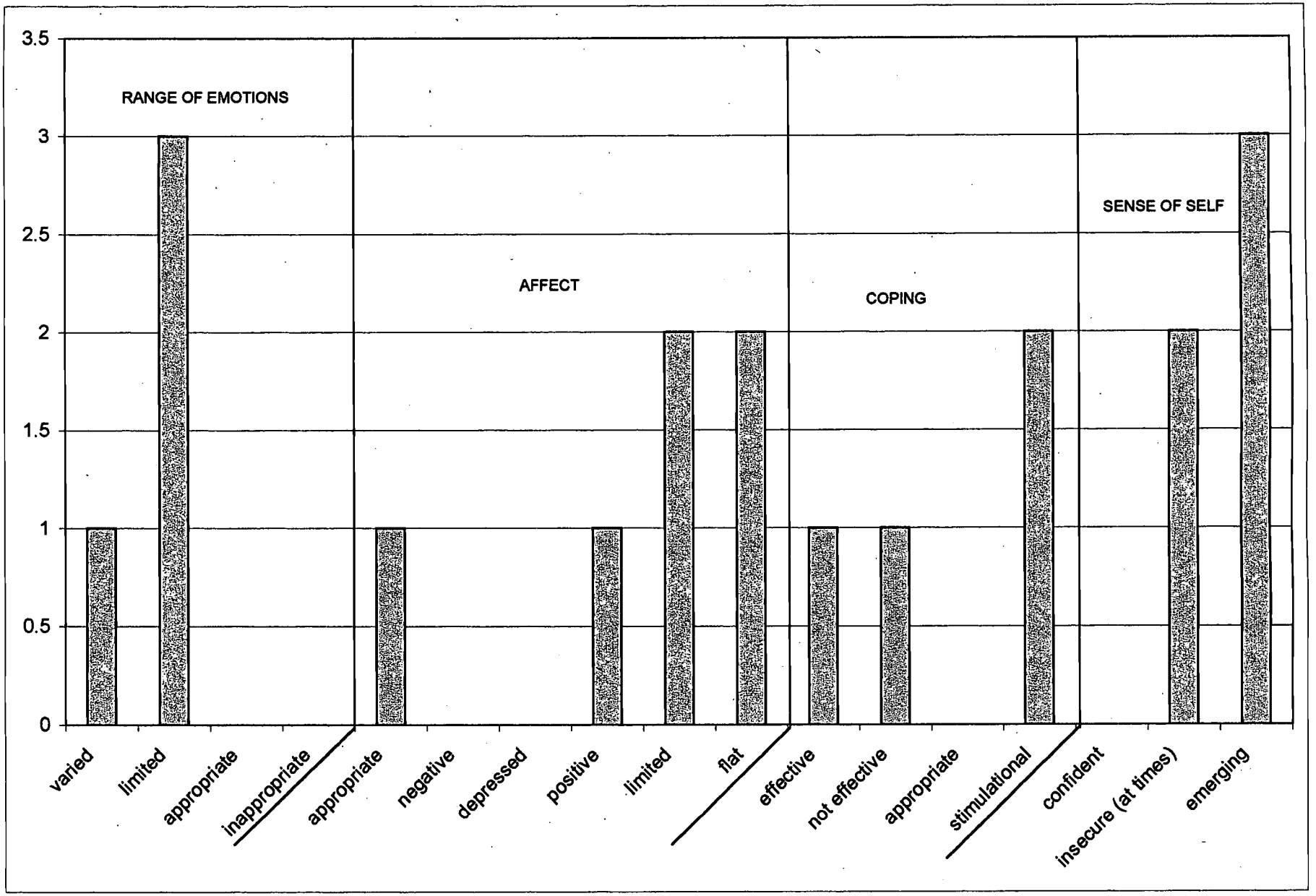
SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
AAA					●							●				●	●
	happy - excited (when she got a drink) - smiled at mom - EI voice				expressed happiness at mom's voice - excited about snack - organized but reserved						Report - tantrums - needs to calm self better - frustrated easily				no sense of mastery - need for reassurance, constant - no recognition of holding of baby possessions		
	Overall Domain: - appropriate - of concern Comment:																
BBB	●	●					●				●					●	
	As observed, Savannah is somewhat shy/insecure looking for support but with a positive mood. By report she has tantrums and has trouble with low frustration.																
different format																	
	Overall Domain: - appropriate - of concern x Comment: Needs a lot of reassurance being held - tantrums easily - gets frustrated easily																
CCC		●							●	●				●			●
	didn't have much interaction to respond to, did not inititiate except 2xs briefly - affect remained the same low level of expression				not much variety, smiling or laughing seen, limited interaction for her to respond to, change of affect seen briefly during snack.						hard to tell, from interview sounds like she has tantrums, in video low level of reaction				watches others, noexpression of mastery of sense of accomplishment		

avannah Samora
ELF - Post test

Emotional Regulation

SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
	Overall Domain: - appropriate - of concern x																
DDD		●							●	●				●			●
	limited interaction and affect				limited						interview: she has tantrums - video: underreactive				watches others, hard to get a sense of self from her		
	Overall Domain: - appropriate - of concern x																
Summary:	1	3	0	0	1	0	0	1	2	2	1	1	0	2	0	2	3
	Overall Domain: - appropriate - of concern 3																
Themes:																	

S. Samora
Emotional Regulation



vannah Samora
LF - Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
AAA		●					●	●		●			●			●	●				●
BBB		●						●		●			●	●					●		
different format																					
CCC		●	●									●	●			●	●				

AAA

vocalizes - "eah eah"-"yahdis"
bounced and vocalized when getting snack, wiggled when she got a drink to get some more, not much imitation of language

interacted with sister - some pretend play - didn't really engage for long, but might be because of sister's reserved interactions

some attention to objects and person - followed sister's lead - synchrony a little off - eye contact, fleetingly

feed the baby doll - explored toys - picked up- put down - not really involved

Overall
Domain: - appropriate
- of concern x
Comment:

BBB

Savannah explored, imitated, took turns and did some simple symbolic play (feeding baby). She was quite quiet but reportedly has a few words

Overall
Domain: - appropriate x
- of concern
Comment:

CCC

"eh""ahwee" looking at sister tension in voice - short bursts of sounds, not much variety; mam,tets reported. "eh" "eh", moved her body up and down to ask for cracker- communicates by rocking her body up and down.

low engagement watches

put bay bottle in mouth_____ baby in imitation

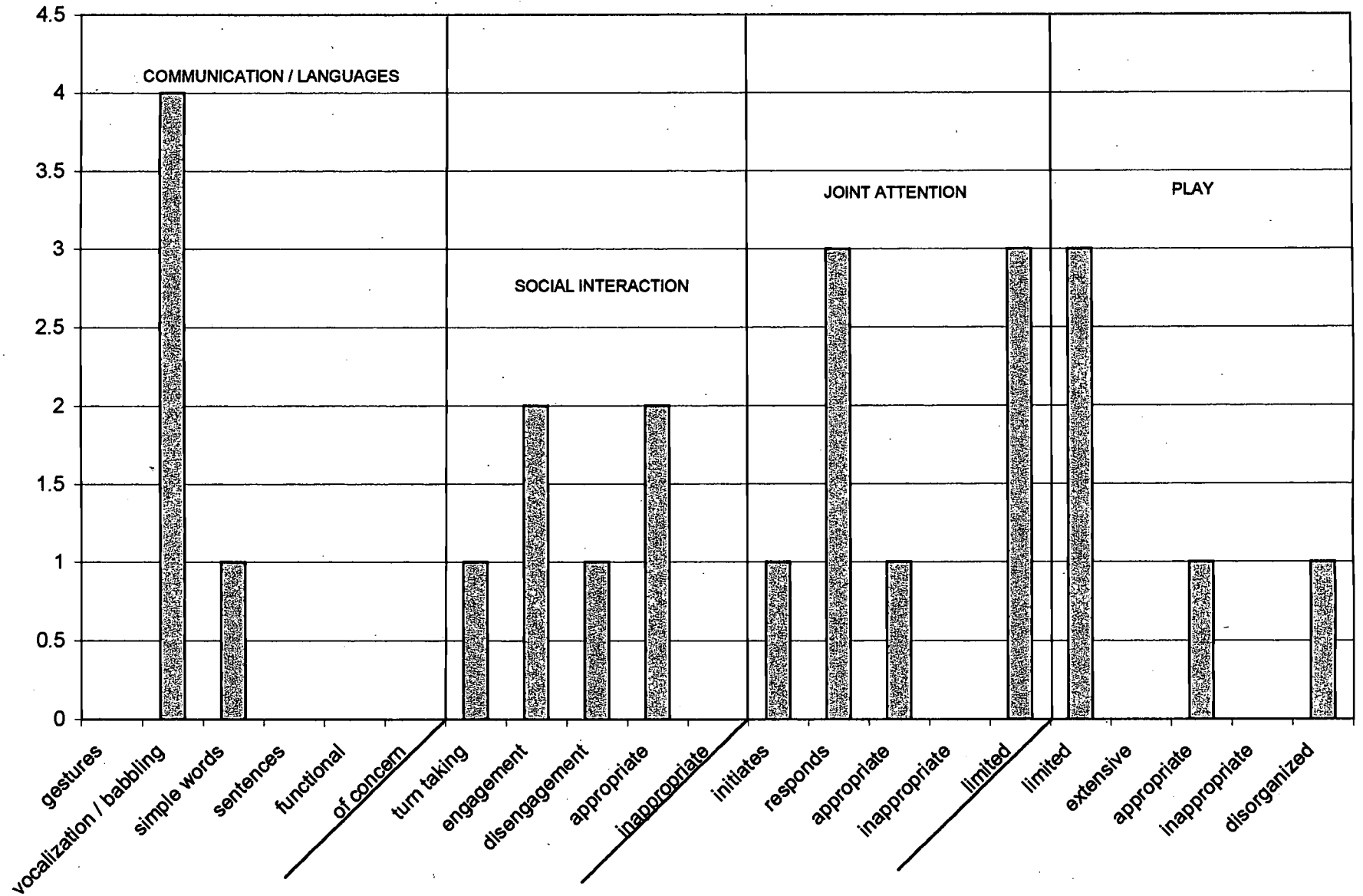
Overall
Domain: - appropriate
- of concern x

vannah Samora
:LF - Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
DDD		●							●							●	●				
	used motion and somelimited vocalizations to communicate - reportedly says mama and teta but not evidenced during video						did not engage , just watched					limited					put a bottle in the baby's mouth in imitation				
	Overall Domain: - appropriate - of concern x																				
Summary:	0	4	1	0	0	0	1	2	1	2	0	1	3	1	0	3	3	0	1	0	1
	Overall Domain: - appropriate 1 - of concern 3																				
Themes:																					

S. Samora
Social- Communicative Regulation



ıvannah Samora
:LF - Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
AAA								●		●	●
	not able to observe					organized - supportive - extended family - sibling plays a lot with S.					
	Overall Domain: - appropriate - of concern										
BBB	●							●			●
	this family is both attentive and responsive to child's needs										
different format											
	Overall Domain: - appropriate - of concern Comments: Caregivers: mother, 2 sisters, and extended family										
CCC			●				●	●		●	
	m - not observed, sister very quiet limiyed interaction					ltd adult child interaction, seemed to stimulate lang and play skills					
	Overall Domain: - appropriate - of concern x										

ıvannah Samora
:LF - Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
DDD			●				●	●		●	
Summary:	1	0	2	0	0	0	2	4	0	3	2
Themes:											

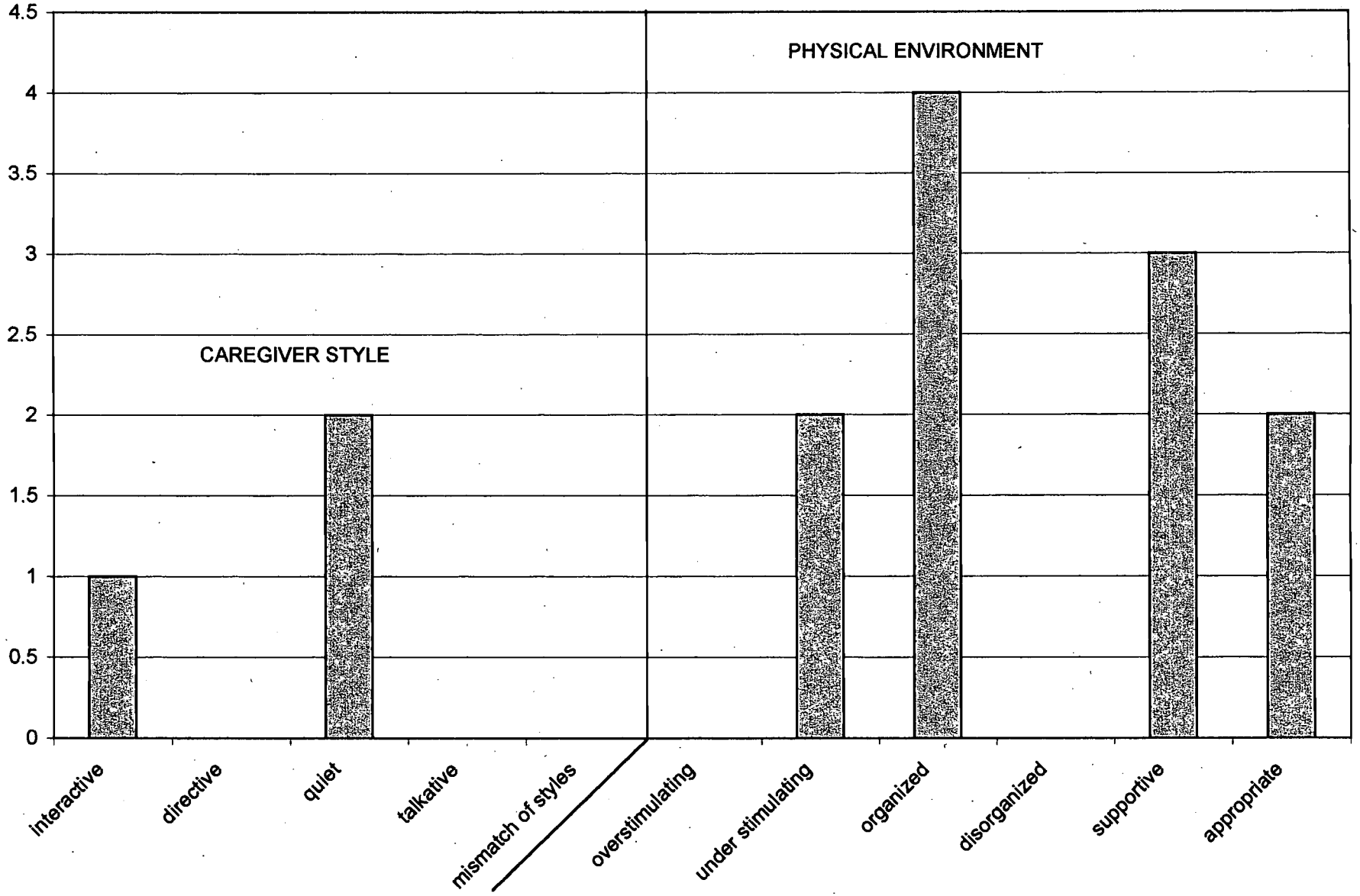
sister very quiet, limited interaction all about

the limited interaction between caregivers and child affects the child's development

Overall
Domain: - appropriate
- of concern **x**

Overall
Domain: - appropriate
- of concern **2**

S. Samora
Environmental Regulation

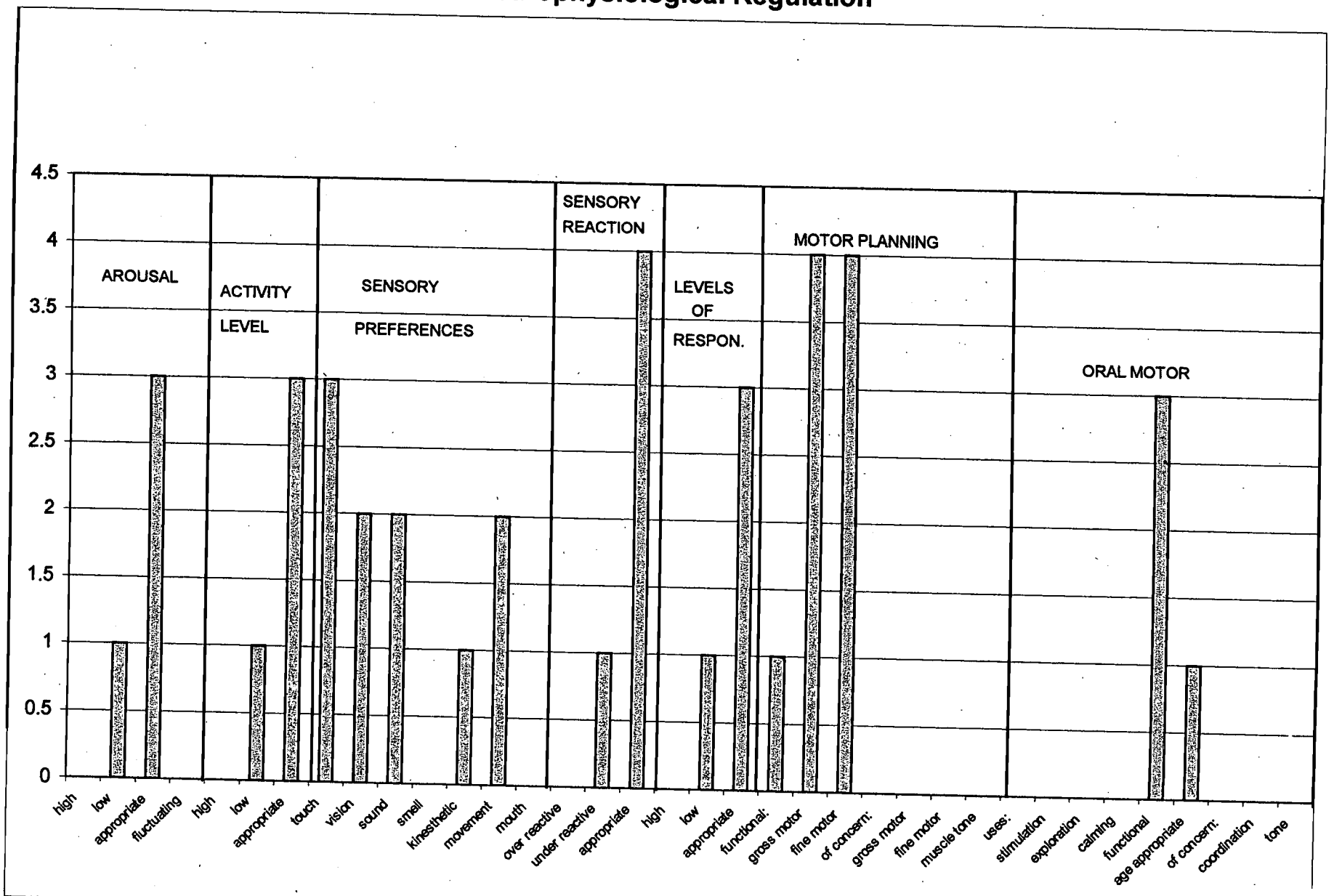


ost test

Neurophysiological Regulation

SS#	Arousal: high	Arousal: low	Arousal: appropriate	Arousal: fluctuating	Activity Level: high	Activity Level: low	Activity Level: appropriate	Sensory Preferences: touch	Sensory Preferences: vision	Sensory Preferences: sound	Sensory Preferences: smell	Sensory Preferences: kinesthetic	Sensory Preferences: movement	Sensory Preferences: mouth	Sensory Reactions: over reactive	Sensory Reactions: under reactive	Sensory Reactions: appropriate	Levels of Responsiveness: high	Levels of Responsiveness: low	Levels of Responsiveness: appropriate	Motor Planning: functional:	Motor Planning: gross motor of concern:	Motor Planning: fine motor of concern:	Motor Planning: gross motor	Motor Planning: fine motor	Motor Planning: muscle tone	Oral Motor: uses:	Oral Motor: stimulation	Oral Motor: exploration	Oral Motor: calming	Oral Motor: functional	Oral Motor: age appropriate of concern:	Oral Motor: coordination	Oral Motor: tone
AAA			●				●			●							●			●		●	●								●				
	regulated his arousal state from sleep-awake with assurance from mom				appropriate for activities				music seemed to calm him - help with transition, sang to himself						appropriate reactions to sensory input, choose sensory-motor type toys, liked music - used it for regulation			normal reactions to sensory input			muscle tone appeared normal, walked-sat, ziped and unzipped lunch box, strung beads - good quality fine/gross motor, helped							ate cereal with a spoon-chewed-swallowed - no problem feed himself								
	Overall Domain: - appropriate x - of concern Comments:																																	
BBB		●				●		●				●					●		●		●	●	●									●			
	slow to wake up				sits for a long time on stool			likes solid things, blocks, trains etc. - but also loves water							occasionally withdraws from holding						can handle moving trains on track							no difficulty with self feeding 2 meals with a variety of textures								
	Overall Domain: - appropriate - of concern x (mild) Comments: Arousal, activity & responsiveness in this environment appeared low as other children may show more protest or frustration-i.e. try to get down from chair etc.																																	
CCC			●				●	●	●				●				●			●		●	●								●				
	match to activity				sitting still in chair eating			banging on table							seemed to enjoy ringing bell						crawling, running, 1/2 kneel to stand, walking backward, ringing bell able to string beads							blowing candle, short bursts, eating cereal with a spoon, wipes mouth, chewing looks ok, can blow bubbles in bath tub								
	Overall Domain: - appropriate x - of concern																	Overall Domain: - appropriate x - of concern																	
DDD			●				●	●	●	●			●				●			●		●	●								●				
					sat still in chair while eating			liked banging and singing, music, movement							appropriate reactions to sensory input			responsive to sensory input			rang bell, zipped/unzipped lunch box, walked, crawled, able to string beads							eating. blowing								
	Overall Domain: - appropriate x - of concern																																	
Summary:	0	1	3	0	0	1	3	3	2	2	0	1	2	0	0	1	4	0	1	3	1	4	4	0	0	0	0	0	0	0	0	3	1	0	0	0
	Overall Domain: - appropriate 3 - of concern 1																																	
Themes:																																		

E. Alcazar
Neurophysiological Regulation



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- Post test

Behavioral Regulation

SS#	Action: purposeful	fearful	risk taking	appropriate	inappropriate	Adaptability: slow	quick	appropriate	Attention Span: inattentive	easily frustrated	perserverative	appropriate	of concern	Distractibility: high	low	appropriate	Temperament: easy / flexible	slow to warm up	fearful	difficult / feisty	mismatch with caregiver
AAA	●			●			●	●				●			●		●				
	played game of blowing out candles, played with box by himself, played with tiles with caregiver-counting and building, explored, followed, imitated caregiver					adapted well from sleep to wake to breakfast with support from caregiver - got upset when asked to stop playing with tiles so mom could fix dinner - mom got him engaged in new activity			played, sensorimotor, constructive - regulated his attention					stayed on task with tiles - eating breakfast, attend to activity when seated, wandered around during prayer time, got distracted			report - pressing button for reaction - tantrums				
	Overall Domain: - appropriate - of concern x caregiver report																				
BBB	●			●				●				●			●		●		●		●
	some testing behavior with candles - handled _____ fairly well.					appeared to know what was expected of him - put arms in sleeves, shoes on when he was told without help			amazingly long, especially with domino's at table after meal - even wanted to play more					payed attention to detail of meals being fixed			somewhat passive - nct demanding, has learned control and expectations				
	Overall Domain: - appropriate x - of concern																				
CCC	●			●		●		●				●				●	●	●			
	eating, sitting, wipes table, mouth, reaches for toy, taking out/putiing shapes in, can unzip lunch box, needed structure for play								kept trying to blow out candle, hung in there, stays with chip game, longest focus when playing /interacting with FM					wanders, singing to self							
	Overall Domain: - appropriate x - of concern																				

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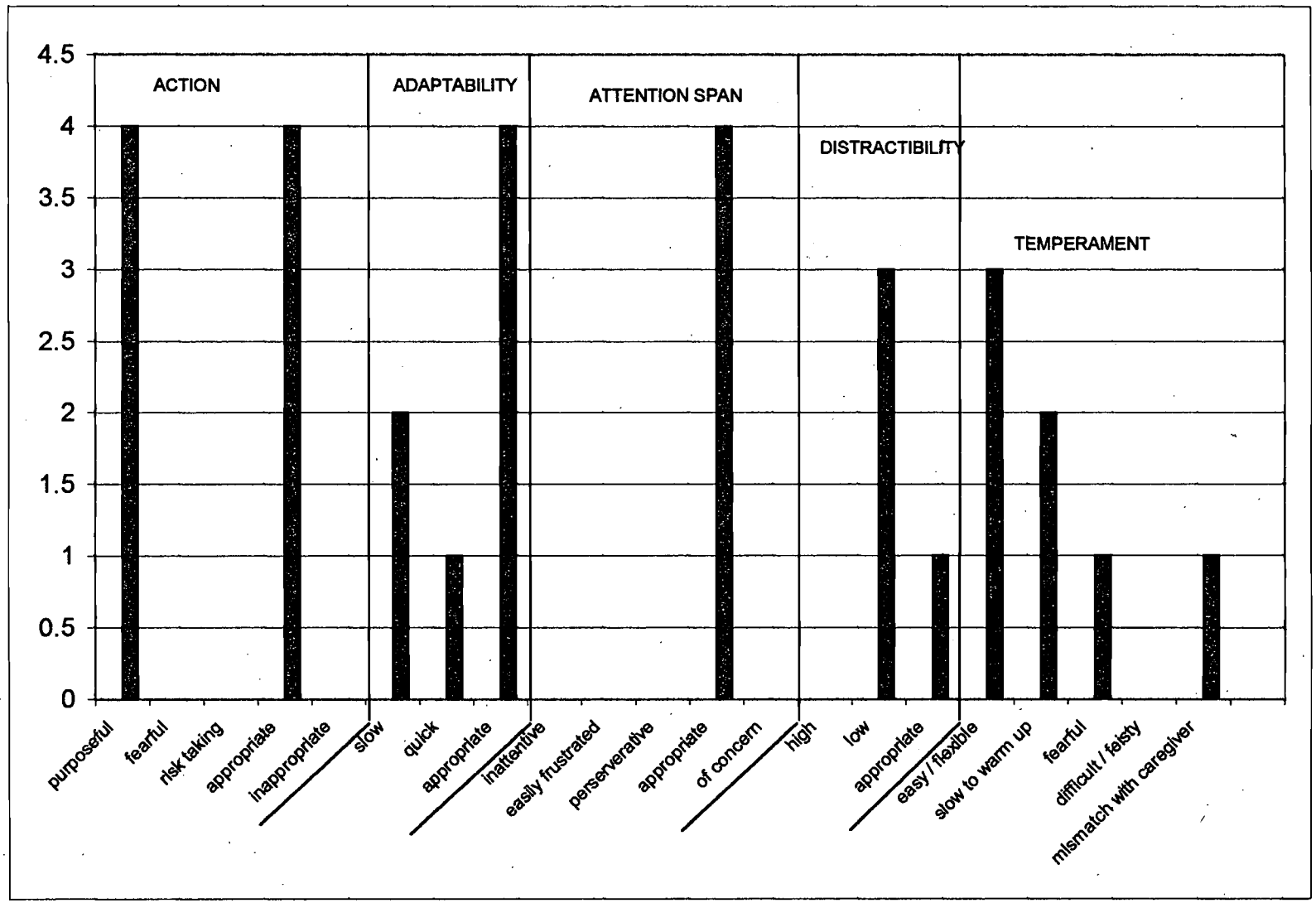
- Post test

Behavioral Regulation

SS#	Action: purposeful	Action: fearful	risk taking	appropriate	Inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perserverative	Attention Span: appropriate	Attention Span: of concern	Distractibility: high	Distractibility: low	appropriate	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
DDD	●			●		●		●				●			●		●	●			
	blew out candles, unzipped lunch box, wiped mouth played with box					adapted well with support, moved slowly			liked interacting with caregiver, blew out candles								slow to warm up, but an easy going adaptable child				
	Overall Domain: - appropriate x - of concern																				
Summary:	4	0	0	4	0	2	1	4	0	0	0	4	0	0	3	1	3	2	1	0	1
	Overall Domain: - appropriate 3 - of concern 1																				
Themes:																					

E. Alcazar
Behavioral Regulation



zar

- Post test

Emotional Regulation

SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
AAA	●		●		●			●						●			●
	happy - giggled, played with tiles, smiled when he put blocks in box, fussed unhappy , table diaper change.				responded to mom, initiated affect, hugged mom's back						needed caregiver to help cope with frustration				report,- not there sometimes - caregiver report, sense of mastery with blocks - sang while playing - got worried, called for mom when shw was out of room. Report, beginning to claim something as his		
	Overall Domain: - appropriate - of concern x Comment: Report- attachment issues "tears up drawings" coping / sense of self issues																
BBB		●					●		●		●					●	
	fairly steady, even when enjoying tub - not exhuberant - didn't show anger or frustration on tape when it might be expected				again. steady						coped with expectations well				enjoyed freedom of movement in water		
	Overall Domain: - appropriate - of concern x																
CCC		●						●	●	●	●			●		●	●
	pleasure, mild distress = whiney				limited range of expression, talked to self while playing with shape sorter, singing to self						talks to self				whines, wants FM to play with him, seeks out family member		
	Overall Domain: - appropriate - of concern x																

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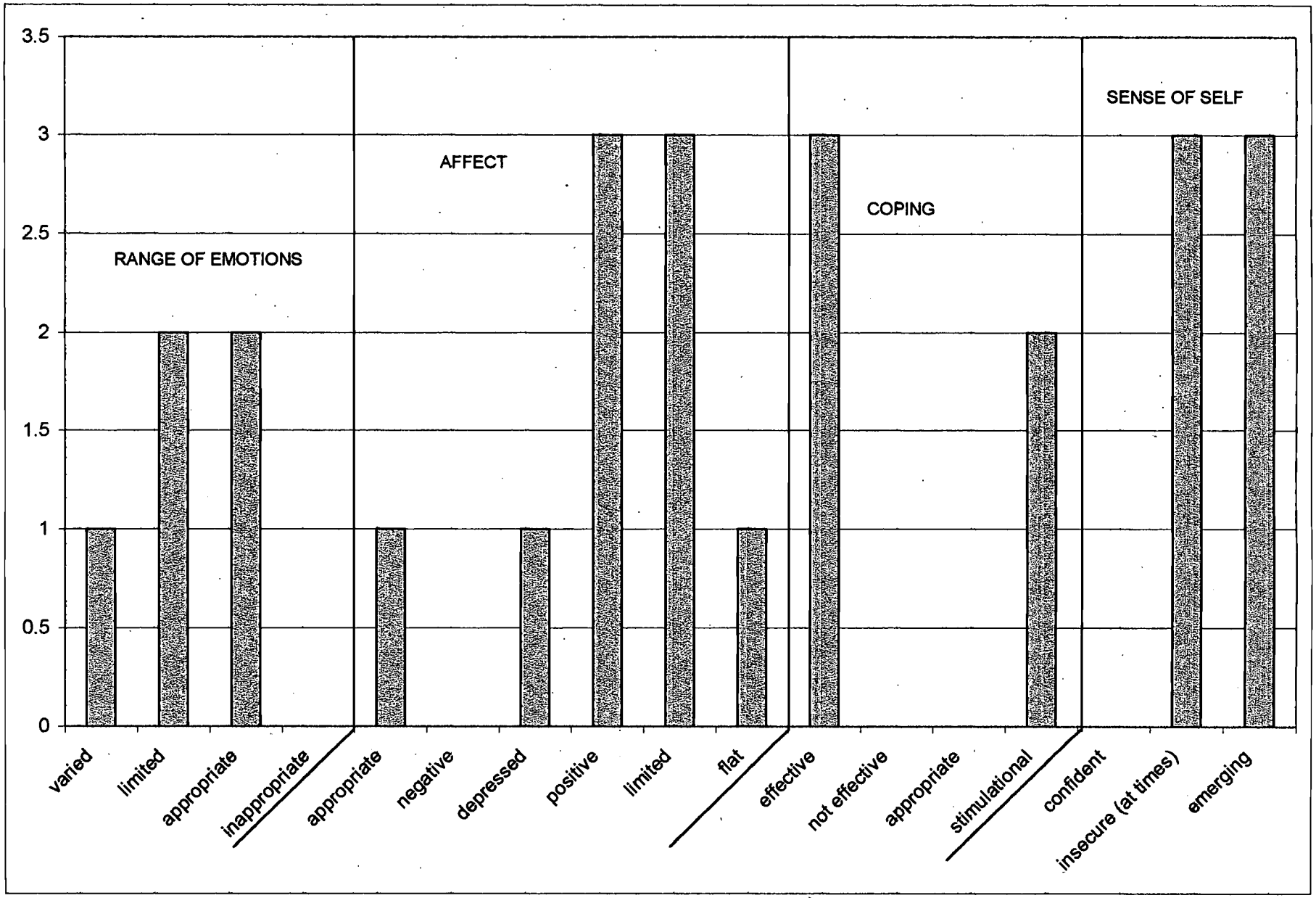
azar

- Post test

Emotional Regulation

SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
DDD			●					●	●		●					●	●
	mild distress, pleasure				limited range of affect displayed, talked and sang to self						talked and sang to self				needs reassurance from caregiver		
	Overall Domain: - appropriate x - of concern																
Summary:	1	2	2	0	1	0	1	3	3	1	3	0	0	2	0	3	3
	Overall Domain: - appropriate 1 - of concern 3																
Themes:																	

E. Alcazar
Emotional Regulation



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Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
AAA			●		●	●	●	●		●		●	●			●			●		
BBB			●	●	●					●			●			●			●		
CCC			●			●	●					●	●				●				

AAA

simple words- "fire", "want yogurt", 'up", "down", "up-down", "more", "ready", kids names, imitated actions - blowing out candle - imitated vocalizations on mom - words hard to understand - requests

took turns playing game and talking, engaged in activity - Report: loves to play with 15 year old son - wrestles and giggles

attended to eating - mother caregiver responds verbally to E - eye contact with caregiver - contingent interactions

explored toys - box/blocks, tiles - simple play schemas - strung beads - play a little with train set - marble toy

Overall
Domain: - appropriate x
- of concern
Comment: communication / language is of concern - poor articulation , limited words

BBB

quite voice - still some repeating of words, sometimes expresses needs/wants

appeared to engage with mother when she interacted directly with him - he appeared to seek out her attention with words sometimes

occasionally initiates, but more in response mode

played appropriately with toys he was given, not many choices available

Overall
Domain: - appropriate x
- of concern
Comment:

CCC

whiney, "clothes", "ya ya" "yogurt", high voice, "spoon please mama", talking about his day, repeats back what is said "nowwhat" voice lacks variety in inflection

conversation with FM while eating breakfast, shaking heads playing ay breakfast

looks to mother, initiates game of shaking head

banging blocks, puzzle pieces, stacking chips, train set very quiet

Overall
Domain: - appropriate
- of concern x
comments: question auditory processing

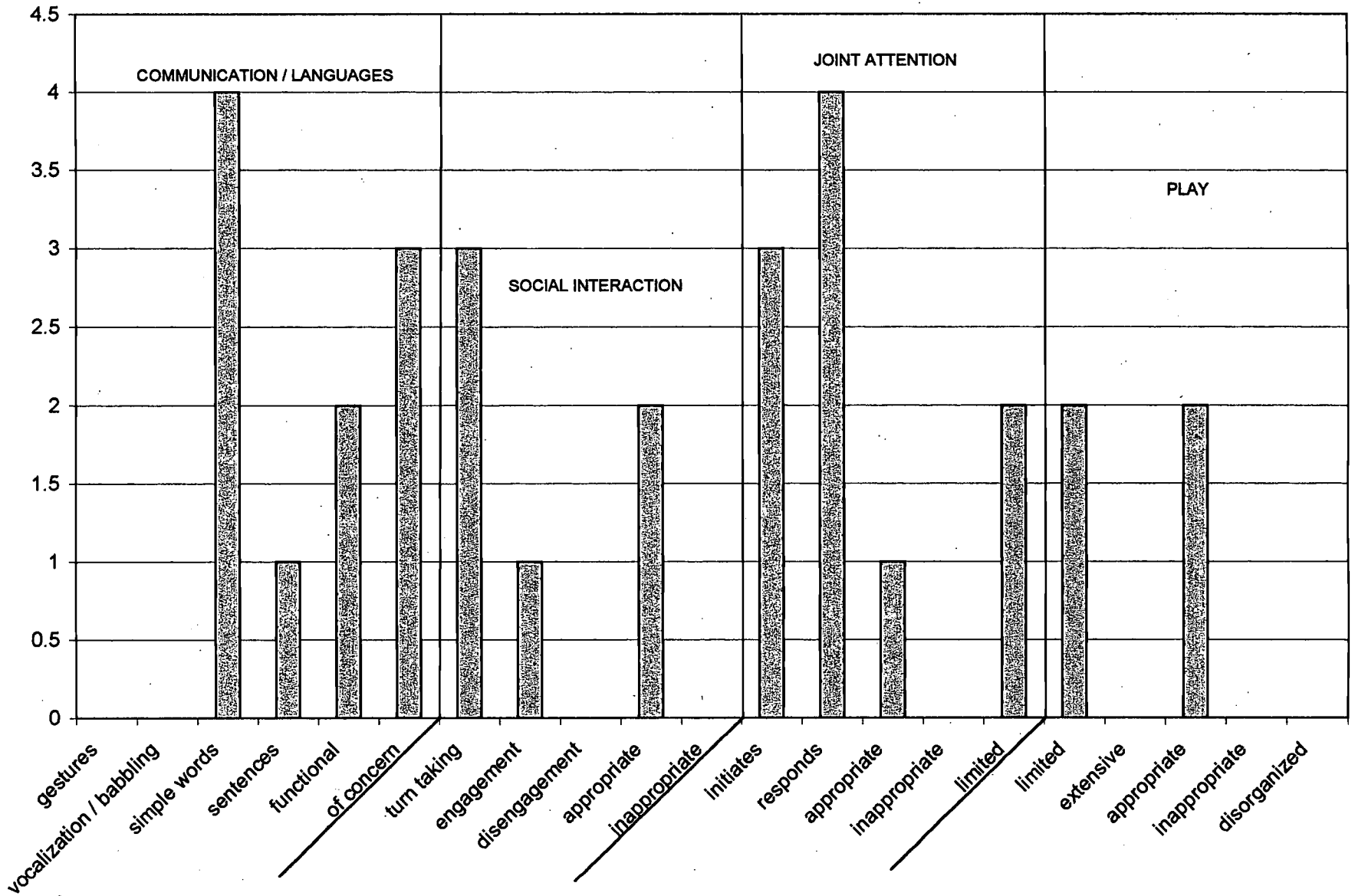
zar

- Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
DDD			●			●	●					●	●	●			●				
	auditory processing concerns, whines a lot, little inflection, some imitation, limited variety						imitates game of shaking head					attends to mom, maintains eye contact					bangs toy, not very responsive to toys				
	Overall Domain: - appropriate - of concern x																				
Summary:	0	0	4	1	2	3	3	1	0	2	0	3	4	1	0	2	2	0	2	0	0
	Overall Domain: - appropriate 2 - of concern 2																				
Themes:																					

E. Alcazar
Social-Communicative Regulation



azar

- Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
AAA	●			●				●		●	●

when caregiver is directive E refused "eat bite of roast" "no" 'you want this one?" he took it

physical setup: calm organized environment - caregiver invites E to explore / interact - lots of appropriate toys - organized

Overall
Domain: - appropriate x
- of concern

BBB		●			●		●	●			

high expectations, control, some matched reciprocal interaction

soft, quiet, highly organized and not a huge variety of choices available

Overall
Domain: - appropriate
- of concern x
Comments:
Caregivers: foster mom

CCC	●	●						●		●	

Talks to him, tells him what she is doing during diaper change "you can have the fire truck but first this one" "good job" "a great way to ask", asks child what he wants to eat, constrained emotional tone of FM limited range of affect in FM, lacks joy, not present

omnamashivaya tape on in the background, family has spiritual ritual in which the child participates, music, age appropriate toys

Overall
Domain: - appropriate
- of concern x

zar

- Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
DDD											
Summary:	2	2	0	1	1	0	1	3	0	2	1
Themes:											

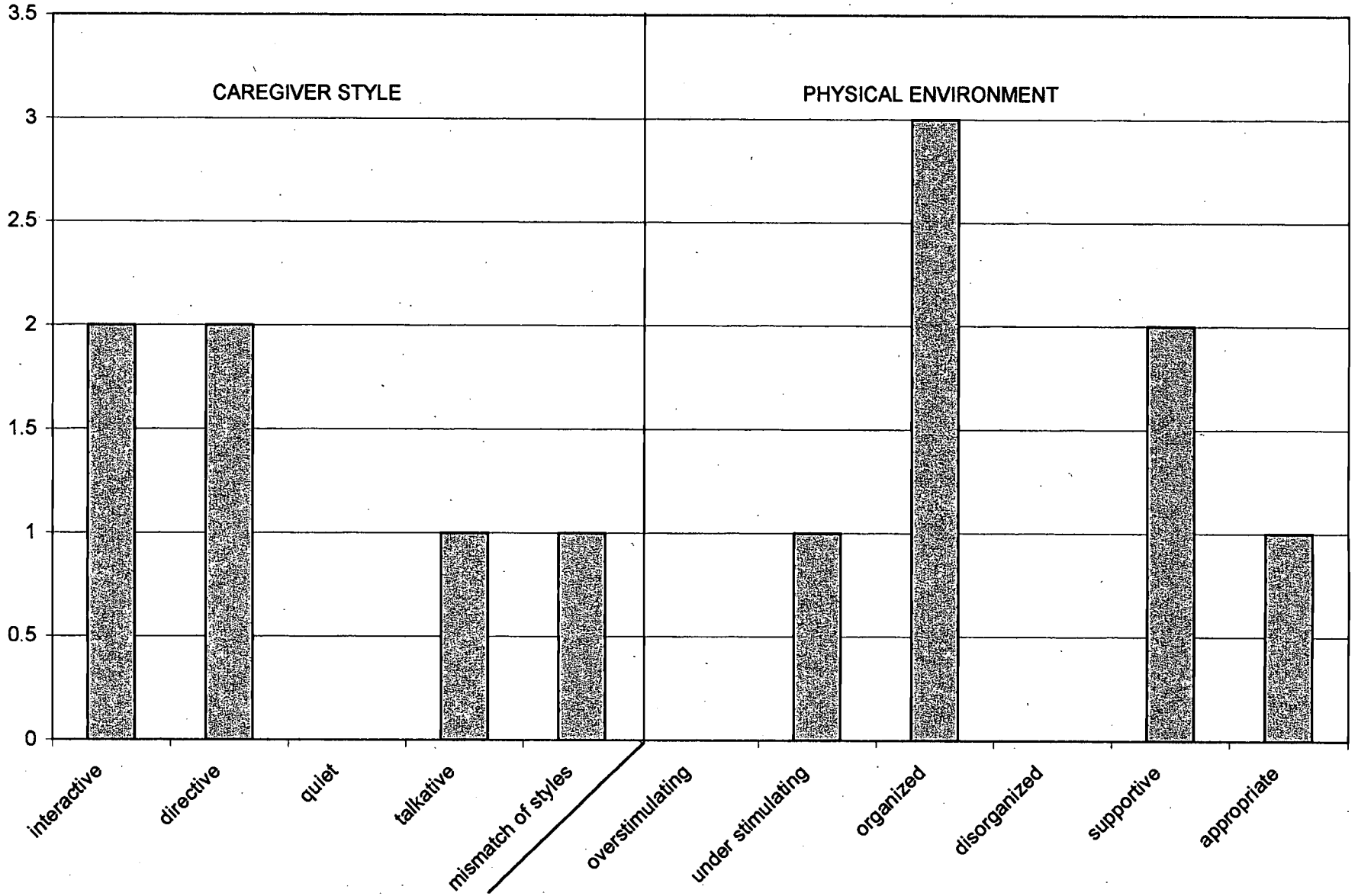
Caregiver is not enthusiastic and lacks prosodic and features in voice
tone of voice is flat

spiritual ritual going on in background

Overall
Domain: - appropriate
- of concern x

Overall
Domain: - appropriate 1
- of concern 3

E. Alcazar
Environmental Regulation



onzales
Post test

Neurophysiological Regulation

SS#	Arousal: high	Arousal: low	Arousal: appropriate	Arousal: fluctuating	Activity Level: high	Activity Level: low	Sensory Preferences: appropriate	Sensory Preferences: touch	Sensory Preferences: vision	Sensory Preferences: sound	Sensory Preferences: smell	Sensory Preferences: kinesthetic	Sensory Preferences: movement	Sensory Preferences: mouth	Sensory Reactions: over reactive	Sensory Reactions: under reactive	Sensory Reactions: appropriate	Levels of Responsiveness: high	Levels of Responsiveness: low	Levels of Responsiveness: appropriate	Motor Planning: functional:	Motor Planning: gross motor of concern:	Motor Planning: fine motor of concern:	Motor Planning: gross motor	Motor Planning: fine motor	Motor Planning: muscle tone	Oral Motor: uses:	Oral Motor: stimulation	Oral Motor: exploration	Oral Motor: calming	Oral Motor: functional	Oral Motor: age appropriate	Oral Motor: of concern:	Oral Motor: coordination	Oral Motor: tone
AAA		●		●		●							●			●			●			●			●	●										
	changed activity level - attended to tasks - active, alert				reduced activity levels to play with cars - choose high activity level activities				movement - jumping, throwing self down on bed, rocking on horse, big truck						environment set up to provide lots of opportunity for movement needs a lot of intense input to maintain, held-			jumped on bed to maintain state			fine-motor difficulty putting together trucks gross-jumped, rocked, rode car around						(didn't get to observe)								
	Overall Domain: - appropriate - of concern x Comments:																																		
BBB	●				●							●	●			●			●			●			●											
	throws self onto bed in play over and over, jumps on bed, continuous motion				active - on the move, stops briefly when tired				likes going around in car, bumping into things, rocking horse, bouncing						tired but kept rocking on horse, seeks sensory stimulation to the max until tires and then falls apart (i.e. tired, whines, cries)			needs a lot of stimulation for any kind of reaction			muscle tone looked OK in gross motor - jumping, running, didn't do any f.m. planning looked OK in simple gross motor activities but we did not see complex activities						nothing in mouth during play, ate cookies appropriately								
	Overall Domain: - appropriate - of concern x Comments:																																		
CCC			●		●					●	●	●			●			●			●														
	squealing loud voice while driving car - blank expression most of the time				running, jumping onto mattress, kickin, moving legs while lying on the floor				jumped onto small mattress, jumped into playpen - drove car around the house, put face into mattress, hit own stomach - rocking horse, likes lots of sensory stimulation, sought it out.						doesn't seem to respond to verbal input / rquests			loud, crashing car			walks, got in/out of car, opened/closed car door, moved car by moving legs - jumping, running, squatting						not observed								
	Overall Domain: - appropriate - of concern x																	Overall Domain: - appropriate - of concern x comments: possibly lower arousal seeking stimulation to stay alert																	
DDD			●		●					●		●	●			●			●			●			●											
	active, blank expression				jumping on mattress, running, kicking legs				movement and sensory stimulation, squealing voice						did not respond to language input			loud needed a lot of activity, to stay alert			jumping, running, walking, open/closes door, moved car around room						no feeding opportunity								
	Overall Domain: - appropriate - of concern x																																		

onzales
Post test

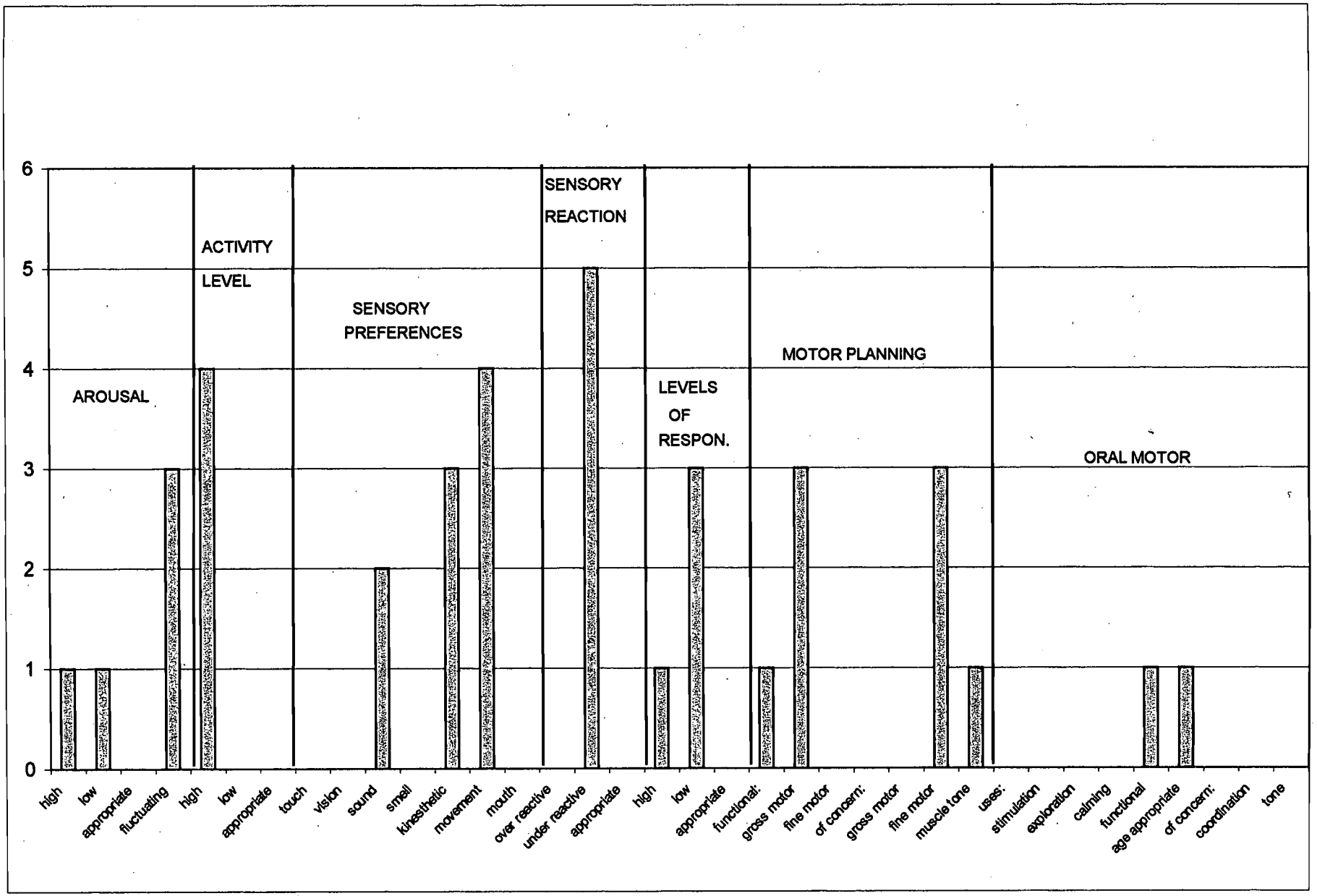
Neurophysiological Regulation

SS#	Arousal: high	low	Activity Level: appropriate	fluctuating	high	low	Sensory Preferences: appropriate	touch	vision	sound	smell	kinesthetic	movement	mouth	Sensory Reactions: over reactive	under reactive	appropriate	Levels of Responsiveness: high	low	appropriate	Motor Planning: functional:	gross motor	fine motor	of concern:	gross motor	fine motor	muscle tone	Oral Motor: uses:	stimulation	exploration	calming	functional	age appropriate	of concern:	coordination	tone
Summary:	1	1	0	3	4	0	0	0	0	2	0	3	4	0	0	5	0	1	3	0	1	3	0	0	0	3	1	0	0	0	0	1	1	0	0	0

Overall
Domain: - appropriate 0
- of concern 4

Themes:

Lucas Gonzales
Neurophysiological Regulation



Gonzales
- Post test

Behavioral Regulation

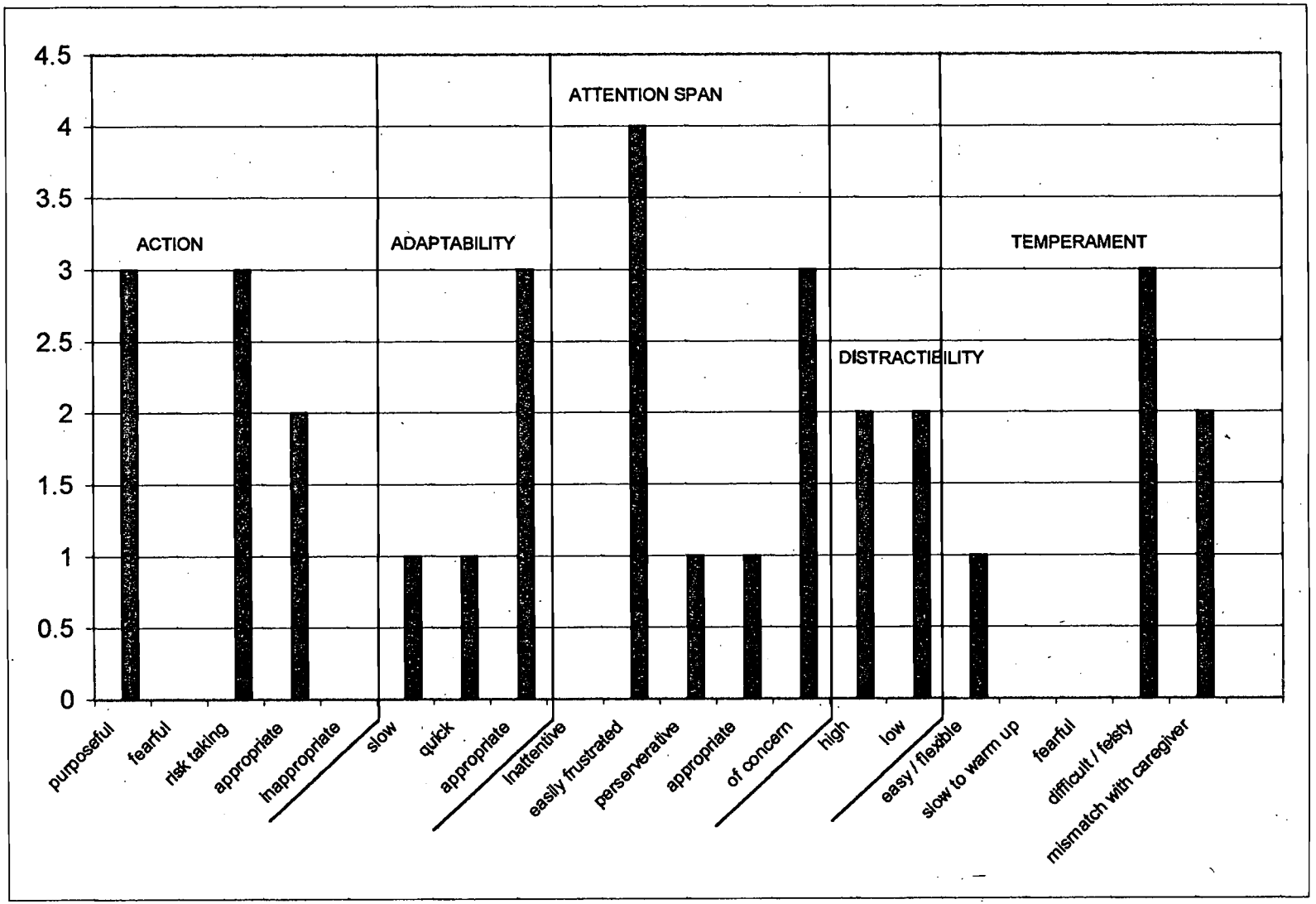
SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perserverative	Attention Span: appropriate	Attention Span: of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
AAA			●	●			●	●		●		●			●	●				
	play shemas, pretend play, driving truck, imitated D's and M's moving toy truck, goal directed - drove truck, frustrated with small truck, putting it together - climbs on anything					changed rapidly from one activity to the next - high activity level			play - sensory motor - little joint attention to___'s - preferred sensory - movement neede to go to room - fall on bed every once in a while					match BET. Attention/task - all tasks were engaging/involving movement - environment set up to support		sociable - likes playing with anyone - temper tantrums				
	Overall Domain: - appropriate - of concern x																			
BBB	●			●		●			●	●		●			●	●			●	
	most action was stimulating, imitatting, some problem solving					during change in activity, doesn't quite know what to do. Difficulty transitioning (throwing truck)			almost perserverative in rocking - good attention to trucks-playing alone, easily frustrated - not getting his way - attention to sensory, not people - regulation 100% or nothing					not during gross motor, reported during eating		tantrums when doesn't get his way, sometimes easy, takes a lot to get him upset - short tantrum				
	Overall Domain: - appropriate x - of concern																			
CCC	●		●					●		●			●	●					●	●
	drove his play car into adults, made it go in circles					easily frustrated, threw toys			attended to truck and instruction on how to push it, longest attention was to driving the car around					stayed with own agenda						
	Overall Domain: - appropriate x - of concern Comments:																			

Gonzales
- Post test

Behavioral Regulation

SS#	**Action:** purposeful	fearful	risk taking	appropriate	inappropriate	**Adaptability:** slow	quick	appropriate	**Attention Span:** inattentive	easily frustrated	perserverative	appropriate	of concern	**Distractibility:** high	low	**Temperament:** easy / flexible	slow to warm up	fearful	difficult / feisty	mismatch with caregiver
DDD	●		●					●		●			●	●					●	●
	made car go in circles, driving truck					moved rapidly from one activity to the next, easily frustrated			listened to instructions on how to push truck, attended to driving car around in circles, inattentive to other tasks					did what he wanted to do		temper tantrums				
	Overall Domain: - appropriate - of concern **x**																			
Summary:	3	0	3	2	0	1	1	3	0	4	1	1	3	2	2	1	0	0	3	2
	Overall Domain: - appropriate **2** - of concern **2**																			
Themes:																				

Lucas Gonzales
Behavioral Regulation



Gonzales
- Post test

Emotional Regulation

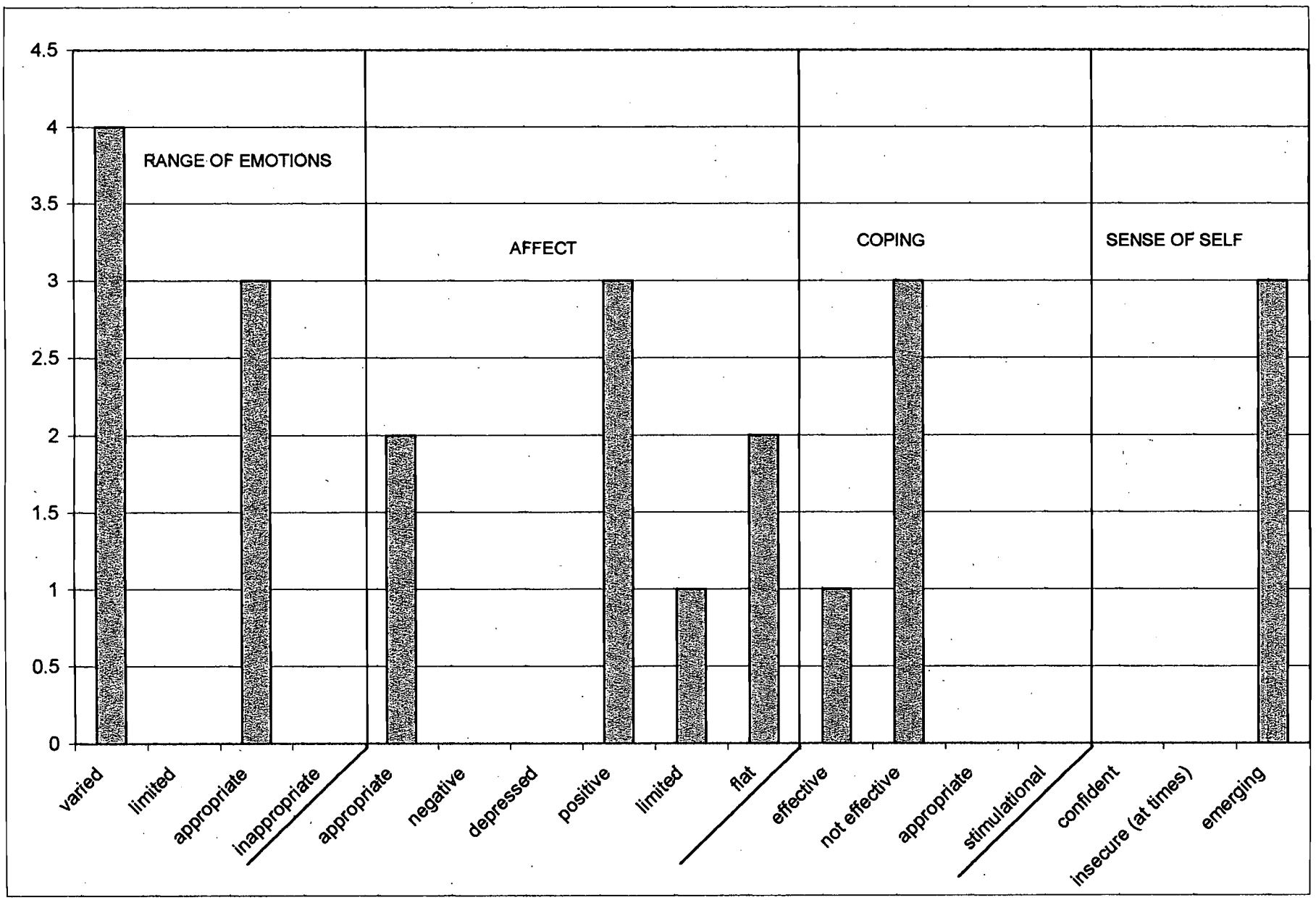
SS#	Range of Emotions: varied	Range of Emotions: limited	Range of Emotions: appropriate	Range of Emotions: inappropriate	Affect: appropriate	Affect: negative	Affect: depressed	Affect: positive	Affect: limited	Affect: flat	Coping: effective	Coping: not effective	Coping: appropriate	Coping: situational	Sense of Self: confident	Sense of Self: insecure (at times)	Sense of Self: emerging
AAA	❶		❶		❶			❻			❶						❻
	happy, excited tired and fussy				expressed his emotions to dad, grandma - EI - tantrum when couldn't go out						had tantrum because he wanted to go outside - D talked him down and he got back on horse, but fussed again, comforted himself				aware of behavior on others - no sense of mastery - putting cars together - had dad do it - recognized possessions - his bed versus brother's - unsure of himself.		
	Overall Domain: - appropriate x - of concern																
BBB	❶		❻		❶				❶			❶					
	smiles - tantrums but to his reactions to sensory activities - anxious, sad when tired hungry and no one meeting his needs				smiles, expresses frustration with outbursts, show anxiety, upset with facial expression						disorganized, tantrums (mild) smiled and happy but seemed to use stim. to cope with environment						
	Overall Domain: - appropriate - of concem																
CCC	❶							❻		❶		❶					❻
	pleasure, frustration, distress, contentment				loud voice squeals of joy, cried when car got stuck, laughing, smiled at camera, content look when riding horse						cried when car got stuck, caregiver intervened "come on lets go", bangs car on other one when its in the way, whined, quick to distress, able to be distracted/redirected when upset				"mine"		
	Overall Domain: - appropriate - of concern x																

Gonzales
- Post test

Emotional Regulation

SS#	**Range of Emotions:** varied	limited	appropriate	inappropriate	**Affect:** appropriate	negative	depressed	positive	limited	flat	**Coping:** effective	not effective	appropriate	situational	**Sense of Self:** confident	insecure (at times)	emerging
DDD	❶		❶					❶		❶		❶					❶
	frustration, distress, excitement, pleasure				sometimes he had a flat affect but most of the time his affect was positive						cried when car got stuck, whined, easily distressed, requires redirection				aware of behavior of others, says "mine"		
	Overall Domain: - appropriate **x** - of concern																
Summary:	4	0	3	0	2	0	0	3	1	2	1	3	0	0	0	0	3
	Overall Domain: - appropriate **2** - of concern **1**																
Themes:																	

Lucas Gonzales
Emotional Regulation



Gonzales
- Post test

Social - Communicative Regulation

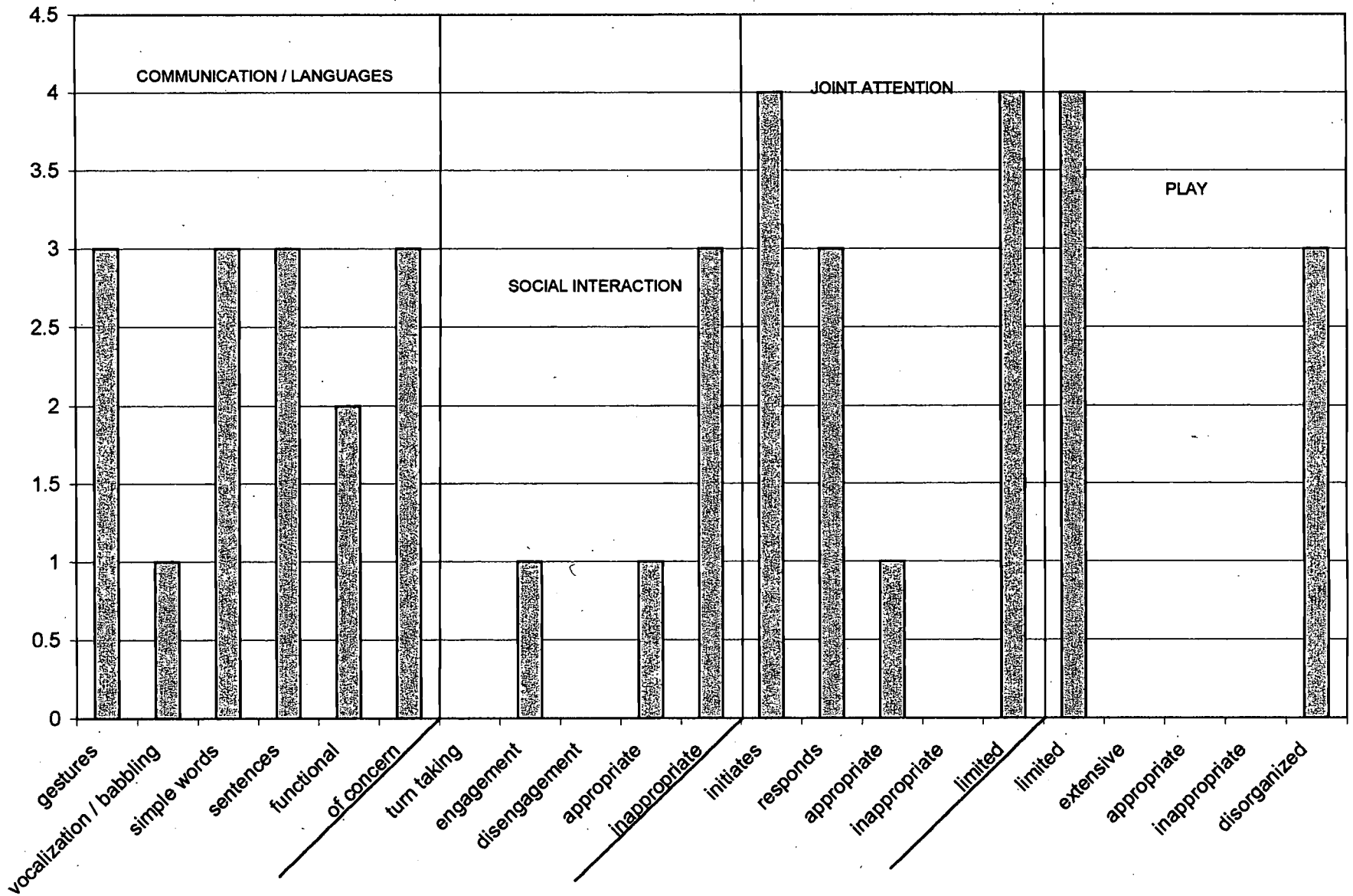
SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
AAA				●	●					●		●	●			●	●				●
	expressed himself in sentences - asked dad to fix cars - seemed to understand commands - respond						interacted with D, M, G briefly,only seeked interactions fleetingly - played with cars - didn't maintain engagement - on the go					disorgannized interactions - follow dad's lead with trucks for a few seconds - caregivers - directive or non interactive					rode truck around with brother -"bumper car" - played with small trucks - pushing back and forth on floor - simple play schemas				
	Overall Domain: - appropriate - of concern x																				
BBB	●	●	●	●	●				●			●	●	●		●	●				
	tantrums when frustrated - simple words, 2 sometimes 3 word sentences - joint attention imitation						imitates brother, will play alone - hit brother when wanted car. Parallel play at times, no turn taking					responds to dad - hello to grandma					played with trucks by himself				
	Overall Domain: - appropriate - of concern Comment:																				
CCC	●		●	●	●					●		●				●	●				●
	loud voiuce "uh oh" "hi dad" "I'm coming here" "hey look", took off hat said "hat", "want candy dad", didn't use words to get needs met, cried						initiates interaction, waved "hi dad", mostly solitary play parallel, didn't engage in turn taking, did not initiate interaction very often, went up to ___ visitor, showed toy					attended to male caregiver					drove play care, selected toy to play with, took over to mattress, layed on bed and pushed cars, kicking toys, banging toys, threw truck 3xs				
	Overall Domain: - appropriate - of concern x																				

Gonzales
- Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	Inappropriate	limited	Play: limited	extensive	appropriate	Inappropriate	disorganized
DDD	●		●	●		●					●	●	●			●	●				●
	cried or whined to get needs met, "hi dad" "hat" "want candy dad", limited for age level in quantity and quality						interacted briefly with adults, did not maintain engagement					disorganized interactions					rode truck around with brother, pushed cars, kicked toys, threw trucks				
	Overall Domain: - appropriate - of concern x																				
Summary:	3	1	3	3	2	3	0	1	0	1	3	4	3	1	0	4	4	0	0	0	3
	Overall Domain: - appropriate **0** - of concern **3**																				
Themes:																					

Lucas Gonzales
Social Communicative Regulation



Gonzales
- Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
AAA		●	●				●	●			●

directive - initiated some interactions - sat in chairs - tried to control focus - used a lot of commands

space and toys available to movement and activity. - safe - rules expressed - somewhat unstructured - overall appearance, neat - had own space in room, bed.

Understimulating for more complex play and learning

Overall
Domain: - appropriate
- of concern x
Caregivers: mom, dad, grandma

BBB		●	●			●			●		

lots of direction "no, you'll get hurt"- sat on couch, interacted in play a little with truck - poor or no eye contact - little smiling - overuse of commands

toys overflowing, piled in room - chaotic room, no order of toys - physical setup poor

Overall
Domain: - appropriate
- of concern x
Comments: needs structure, some toys removed, organization - environment should support table top, fine motor activities as well
Caregivers: grandma, dad

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F - Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
CCC	●	●	●			●			●	●	

"go find truck" sitting on couch, TV on sat on adults lap, patted his back "want your hat?", caregiver set limits "no", showed him how to play with truck, "don't do that", did not hear praise or positive reinforcement, father attentive and supportive

lots of toys piled into corner, father monitoring for safety and childs need, gave him the toys he wanted, anticipated what he wanted, father anticipates and intervenes

Overall
Domain: - appropriate
- of concern x
comments: Child has different rules. Caregiver asks child what he wants

DDD		●	●			●			●	●	

sat on couch, did not praise or reinforce, used a lot of directions

toys available but piled up in the corner, unstructured

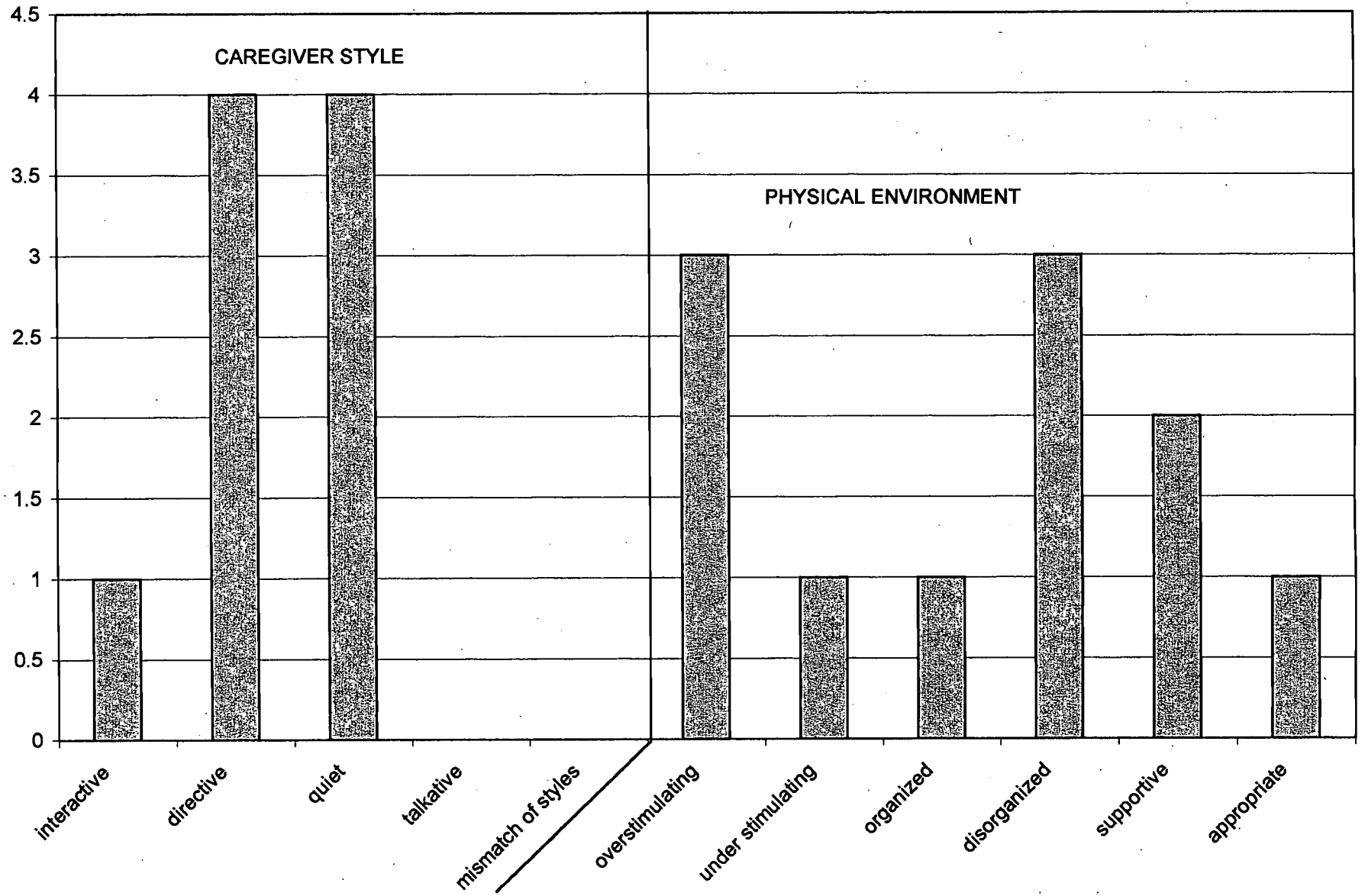
Overall
Domain: - appropriate
- of concern x

Summary:	1	4	4	0	0	3	1	1	3	2	1

Overall
Domain: - appropriate 0
- of concern 4

Themes:

Lucas Gonzales
Environmental Regulation



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Post test

Neurophysiological Regulation

SS#	Arousal: high	Arousal: low	Sensory Preferences: appropriate	Sensory Preferences: fluctuating	Activity Level: high	Activity Level: low	Sensory Preferences: appropriate	Sensory Preferences: touch	Sensory Preferences: vision	Sensory Preferences: sound	Sensory Preferences: smell	Sensory Preferences: kinesthetic	Sensory Preferences: movement	Sensory Preferences: mouth	Sensory Reactions: over reactive	Sensory Reactions: under reactive	Sensory Reactions: appropriate	Levels of Responsiveness: high	Levels of Responsiveness: low	Levels of Responsiveness: appropriate	Motor Planning: functional:	Motor Planning: gross motor of concern:	Motor Planning: fine motor of concern:	Motor Planning: gross motor	Motor Planning: fine motor	Motor Planning: muscle tone	Oral Motor: uses:	Oral Motor: stimulation	Oral Motor: exploration	Oral Motor: calming	Oral Motor: functional	Oral Motor: age appropriate	Oral Motor: of concern:	Oral Motor: coordination	Oral Motor: tone
AAA			●				●		●								●			●		●	●								●				
	maintained state regulation alert				activity appropriate for tasks				liked looking at books						runs around tantrums - overaroused at store			a lot of stimulation needed overaroused - falls apart			fine-drew on paper with crayon, held in fist, picked up toys, difficulty putting together plastic blocks gross-stood, ran							ate oranges for snack - made faces							
	Overall Domain: - appropriate x - of concern Comments:																																	
BBB			●				●		●	●		●	●	●			●			●		●	●	●								●	●		
	appropriate				appropriate for activity - Duplo Blocks				likes a variety of sensory input - books, moving trucks, eating orange						appropriate			high - responded to mom's every move, word			good planning making tower, picking up blocks, scribbling											appropriate, not drooling, eats well, no things in mouth, language is not clear							
	Overall Domain: - appropriate x - of concern Comments: Language is not clear - hard to understand																																	
CCC	●	●				●	●	●				●				?	●		●			●			●						●				
	walking vs. running, activity level physical energy matched activity				1 min. on legos, went over to car, langest attention to book. Walked around when not engaged in activity. Searching for something				books, touching pictures, pushing car moving about						ate orange, didn't react to phone or background TV.			may be a little underactive, reacted best to structure close contact with adult			while sitting put big legos together, squatting to draw, hand scribbling, feeds self, wipes hands, pushing big car 2 hands, walks can point to pictures, may have low tone - may not w sitting							took two handfuls of chips, orange slices, rotary chewing looks OK							
	Overall Domain: - appropriate x - of concern Comments: Seemed to do well with structure to focus his attention. Activity level may increase in unstructured situations like grocery store																	Overall Domain: - appropriate x - of concern Comments: Check muscle tone																
DDD			●				●		●	●			●				●			●		●	●								●				
	alert with good state regulation, physical energy matched activity				activity level did not interfere with focus				enjoyed looking at books						runs a lot and has tantrums			reacted best to structure, reacts best w close contact w adults			fine motor - picked up toys and used a crayon with paper, some difficulty putting together blocks gross motor - able to stand and run											ate oranges for snack							
	Overall Domain: - appropriate x - of concern																																	

icero
Post test

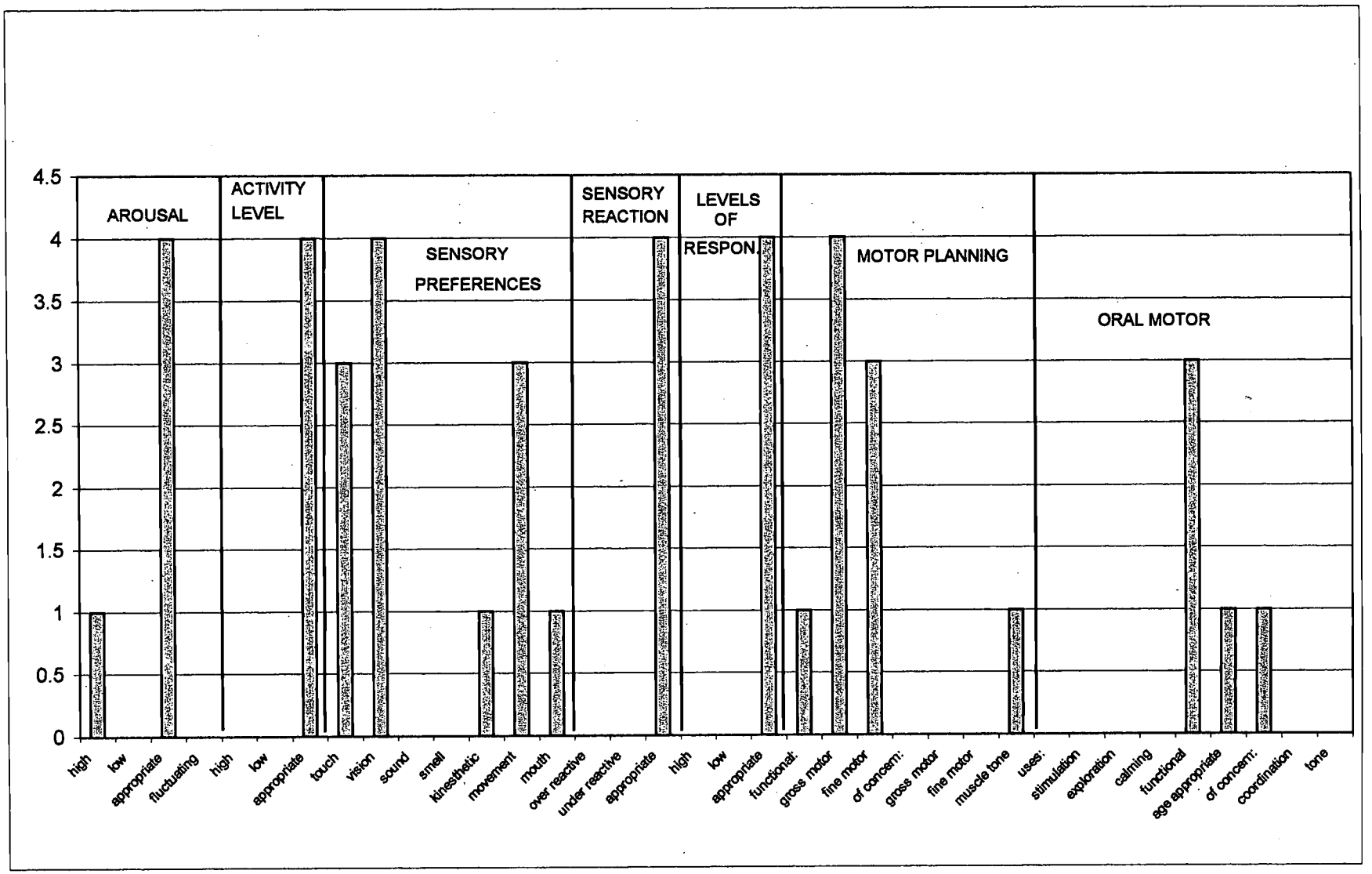
Neurophysiological Regulation

SS#	Arousal: high	low	appropriate	fluctuating	Activity Level: high	low	appropriate	Sensory Preferences: touch	vision	sound	smell	kinesthetic	movement	mouth	Sensory Reactions: over reactive	under reactive	appropriate	Levels of Responsiveness: high	low	appropriate	Motor Planning: functional:	gross motor	fine motor	of concern:	gross motor	fine motor	muscle tone	Oral Motor: uses:	stimulation	exploration	calming	functional	age appropriate	of concern:	coordination	tone
Summary:	1	0	4	0	0	0	4	3	4	0	0	1	3	1	0	0	4	0	0	4	1	4	3	0	0	0	1	0	0	0	0	3	1	1	0	0

Overall
Domain: - appropriate 4
- of concern 0

Themes:

Angel Lucero
Neurophysiological Regulation



Lucero
- Post test

Behavioral Regulation

SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perserverative	Attention Span: appropriate	Attention Span: of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
AAA	●			●				●							●	●				
	play shemas, put together blocks - filled truck with pieces - looked at book - followed mom with book - responded to mom					changed activities from blocks to truck to books to snack.			joint attention with tasks - blocks, regulated attention, stayed on task longer with mother, on his own tends to wander					looked at book with mom a long time, sat quitely and ate oranges		report - runs around in video store, kicks, hits mom in face, throws toys - tantrums, hyper, doesn't listen				
	Overall Domain: - appropriate - of concern x **report**																			
BBB	●							●			●				●	●				
	purposeful					adapted well from one activity to another with mom telling him what is next			appropriate - loved books, coloring with mom					low - focused well		happy, calm				
	Overall Domain: - appropriate x - of concern Comments: Our previous untaped observation showed challenging behavior. He was reacting to mom's directive and negative interaction with him. With positive feedback, praise, allowing him to make choices and following his lead, he is true to his name.																			
CCC	●	●						●			●				●				●	
	pointed to pictures, put together legos, scribbling								legos, car, moving around between activities, focused on book for longest time - need to observe more					listened to story, phone rang stayed focused		hard to tell from clip				
	Overall Domain: - appropriate x - of concern Comments: Monitor attention, may be due to lack of play skills																			

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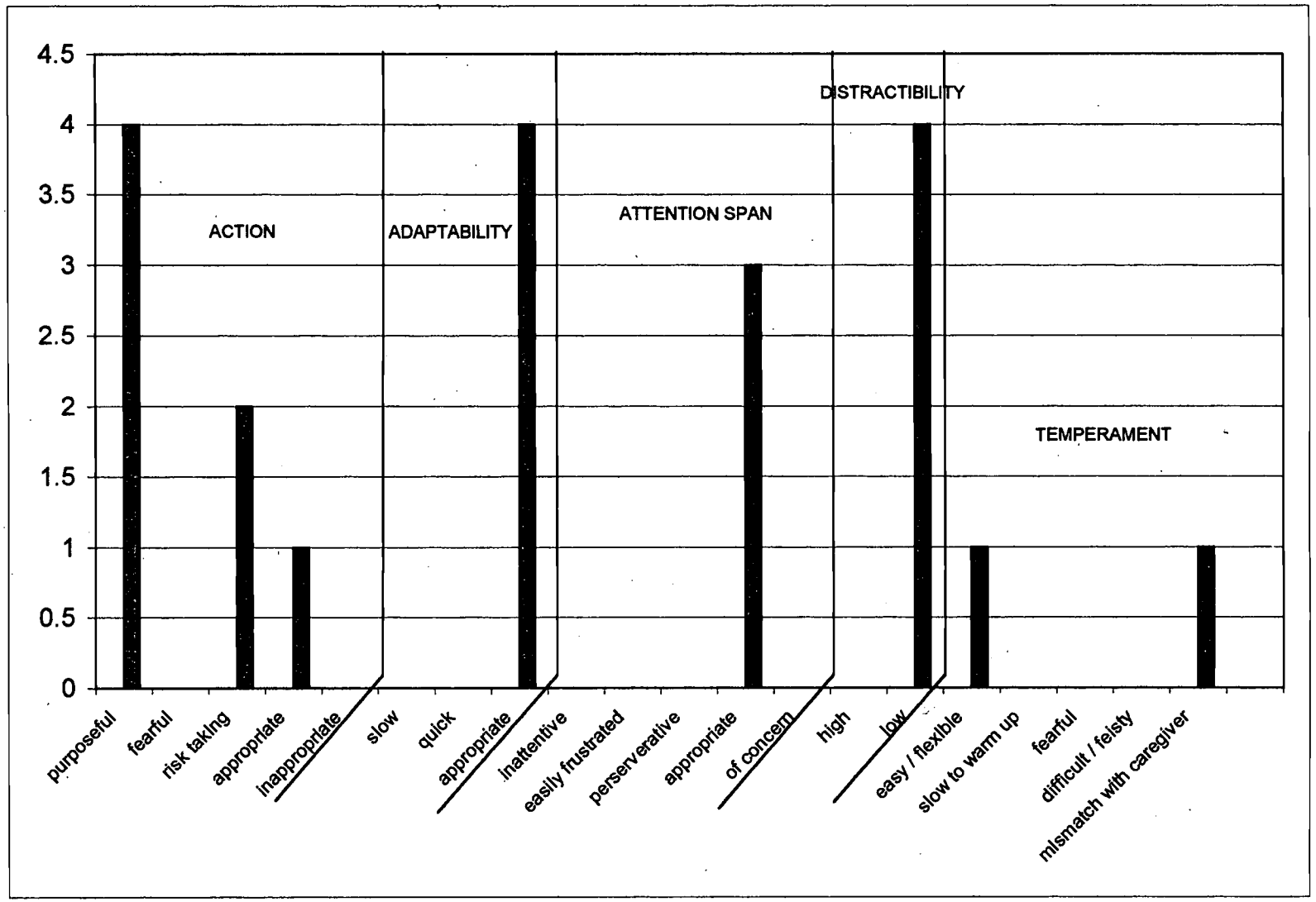
- Post test

Behavioral Regulation

SS#	Action: purposeful	Action: fearful	risk taking	appropriate	inappropriate	Adaptability: slow	Adaptability: quick	appropriate	Attention Span: inattentive	Attention Span: easily frustrated	Attention Span: perserverative	Attention Span: appropriate	Attention Span: of concern	Distractibility: high	Distractibility: low	Temperament: easy / flexible	Temperament: slow to warm up	Temperament: fearful	difficult / feisty	mismatch with caregiver
DDD	●		●					●				●			●					
	put legos together, scribbled on paper and pointed to pictures					changed activities			focused on book, legos and car - moved around between activities - need to monitor					maintained attention to story despite phone ringing looked at book for a long time		?				
	Overall Domain: - appropriate x - of concern																			
Summary:	4	0	2	1	0	0	0	4	0	0	0	3	0	0	4	1	0	0	0	1
	Overall Domain: - appropriate 3 - of concern 1																			
Themes:																				

Angel Lucero
Behavioral Regulation



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- Post test

Emotional Regulation

SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
AAA	●		●		●			●						●			●
	happy - excitement - happy overall mood - tired, gets excited with interactions				Initiated smiles - laughs when finds toy - happy, active, organized appearance - kissed mom						completed self-initiated activities - report, needs to be held by mom when upset				recognized baby's toys, demonstrated preferences, seemed a little lost at times, looked for approval-disapproval from mom.		
	Overall Domain: - appropriate x - of concern																
BBB	●				●						●				●		
	happy, calm interested , cooperative				good eye contact, responded well to mom smiling						coped well to changes in activities				secure in what he wants and likesm - has a lot to say and interested in everything		
	Overall Domain: - appropriate x - of concern Comments: He reflects mom's mood and tone. He is very aware and sensitive and reacts accordingly. Does well with consistency and praise. Needs a lot of reinforcement for positive behavior.																
CCC			●				●		●			●		●	●		●
	joy, pleasure				smiled, showed affection, kissed mother						wanted to turn page, was stopped, accepted it - tantrums in grocery store from interview				watch me, looked to caregiver, asked for acknowledgement		
	Overall Domain: - appropriate - of concern x from interview																

Lucero
- Post test

Emotional Regulation

SS#	Range of Emotions: varied	limited	appropriate	inappropriate	Affect: appropriate	negative	depressed	positive	limited	flat	Coping: effective	not effective	appropriate	situational	Sense of Self: confident	insecure (at times)	emerging
DDD	●		●		●			●				●		●			●
Summary:	3	0	3	0	3	0	0	3	0	1	1	2	0	3	2	0	3
Themes:																	

joy, pleasure, excitement

Overall
Domain: - appropriate
- of concern x
from interview

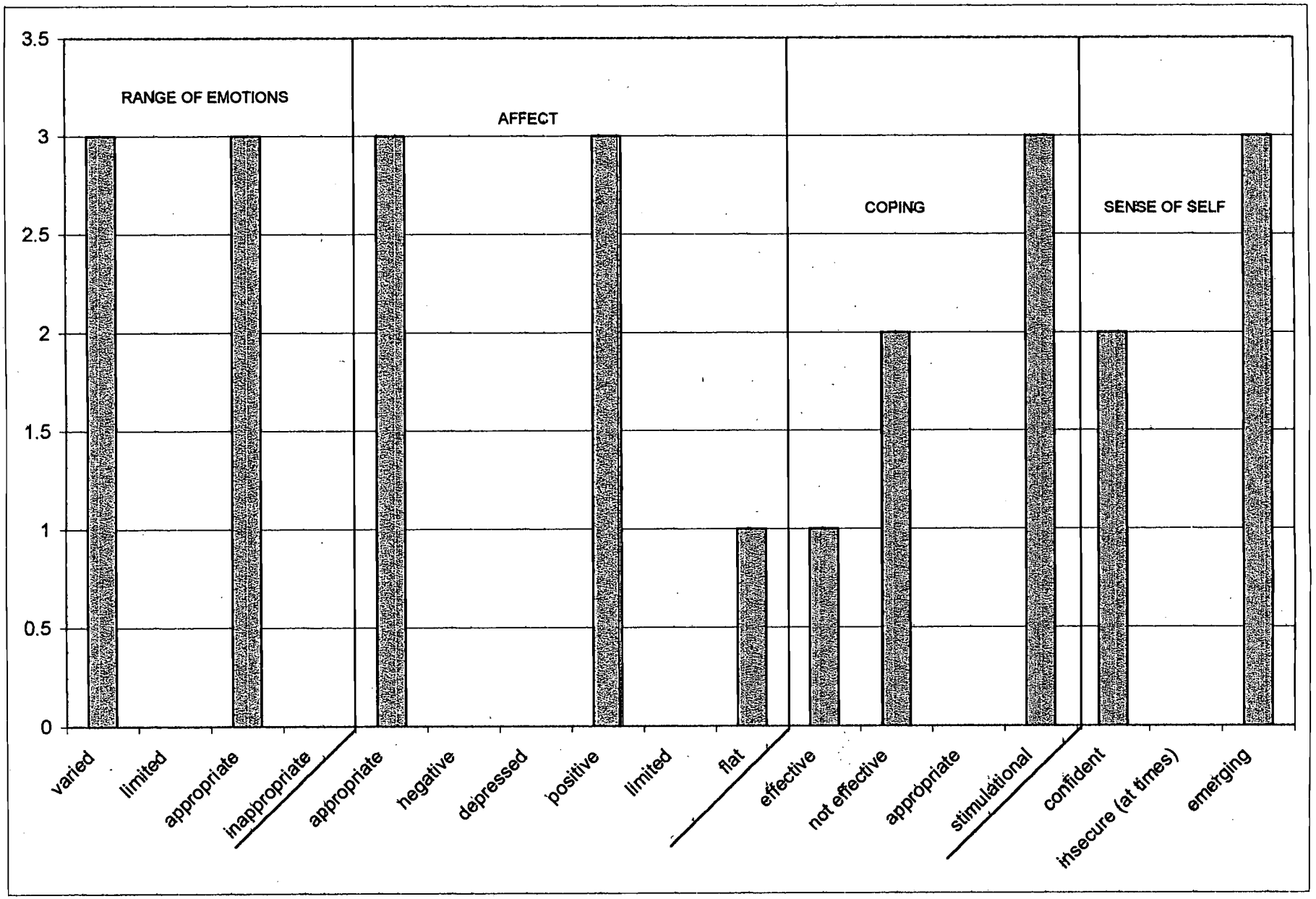
initiated smiles, kissed mom, something lacking

in interview, tantrums in grocery store - reportedly needs to be held by mom when upset

looked for approval from mom

Overall
Domain: - appropriate 2
- of concern 2

Angel Lucero
Emotional Regulation



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- Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: Initiates	responds	appropriate	Inappropriate	limited	Play: limited	extensive	appropriate	Inappropriate	disorganized
AAA		●	●			●	●						●						●		
	vocalizes simple words - difficult to understand, poor articulation - held out hand to show when done with oranges - repeated phrases several times Report: doesn't understand						turned around three times before sitting for snack - some turn-taking with book - doesn't maintain engagement - pre-social, BEH's					played with sensorimotor constructive toys - looked at books with mom					played with plastic locking pieces - truck filled with pieces - drew on paper - looked at books				
	Overall Domain: - appropriate - of concern x																				
BBB			●		●				●	●			●	●	●				●		
	repeats, imitates and initiates, one-two words. - hard to understand						very engaged with mom - good eye contact					initiates, responds, good eye contact					appropriate				
	Overall Domain: - appropriate - of concern x Comment: His language is limited and he is easilyfrustrated especially when his needs are not being met																				
CCC			●			●	●	●				●	●	●			●				
	worked quietly - very high pitched voice, can't understand his words, initiated words, spontaneously said words						looks to caregiver, kissed caregiver, makes eye contact in interactions - initiated interactions with mother, especially with the book					reading book together					chose baby toys - played with big lego blocks 1 min, - limited view of play skills in video				
	Overall Domain: - appropriate - of concern x Comments: Seems to be able to respond best with close physical contact for listening and following directions, very high pitched voice. Is hearing OK? Question auditory processing																				

Lucero
- Post test

Social - Communicative Regulation

SS#	Communication / Languages: gestures	vocalization / babbling	simple words	sentences	functional	of concern	Social Interaction: turn taking	engagement	disengagement	appropriate	inappropriate	Joint Attention: initiates	responds	appropriate	inappropriate	limited	Play: limited	extensive	appropriate	inappropriate	disorganized
DDD			●			●	●	●				●	●	●			●				
Summary:	0	1	4	0	1	3	3	3	0	1	0	3	4	3	0	0	2	0	2	0	0

at times quiet, difficult to understand - did some imitation - some spontaneous verbal production (simple words)

eye contact - initiated interaction with mom - kissed mom

observed while reading book together

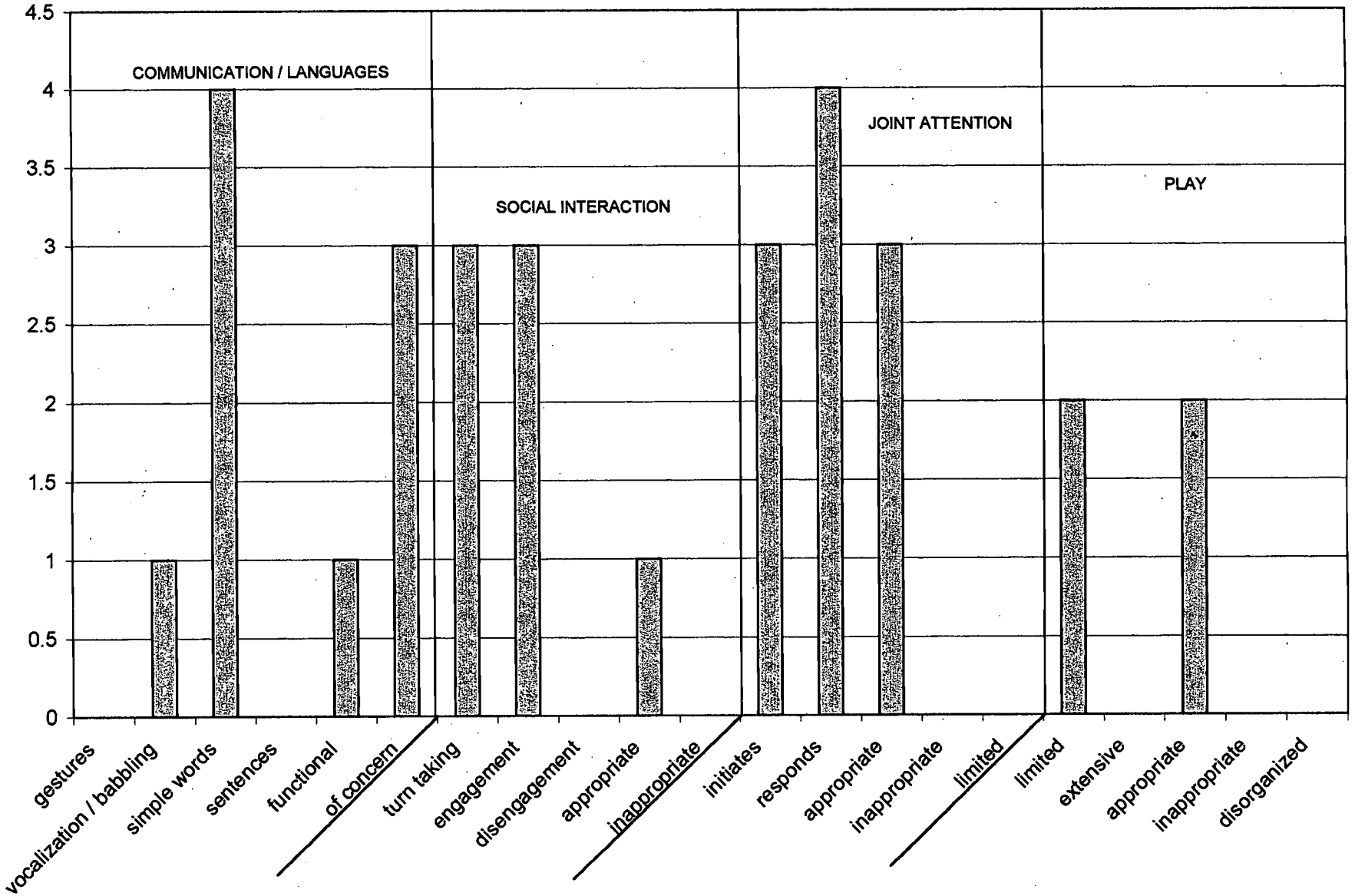
liked the baby's toys - not a lot of play observed

Overall
Domain: - appropriate
- of concern x
Comments: Need to check hearing; vocal quality issues; auditory processing

Overall
Domain: - appropriate **0**
- of concern **4**

Themes:

Angel Lucero
Social - Communicative Regulation



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- Post test

Environmental Regulation

SS#	Caregiver Style: Interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
AAA		●	●					●			

"put away toys" "lets do something else" - mom repeats what he says - "what is that?"
sat on floor during drawing, reading book

structured environment - place for toys, books

nice interaction with Buzz - mom starts an interaction but then starts giving directions

Overall
Domain: - appropriate
- of concern x

BBB	●	●	●			●			●		

lots of directions but she did take cues from Angel while playing with him - gave him choices - respected his wishes (ex. "just eat 1 piece") - praised his positive responses

very crowded, no space to play - very confined

Overall
Domain: - appropriate
- of concern x
Comments: when mom is responsive and positive, Angel behaves well. When she is directive, does not give him choices and uses a negative tone, he becomes uncooperative and defiant
Caregivers:: Mother

CCC	●	●	●					●		●	●

"What is it?" Drew shapes for him to identify reading book "that's the..." singing alphabet, looked, pointed to book - read to Angel, "No that's a clown", let him touch book, explore book, "get off the paper", "pick up the book", "no those are the baby's toys", "give me a kiss", "you're a good boy, very good"

TV on in background living space, looked a little crowded - he had his own toys, sibling had own basket of toys

Overall
Domain: - appropriate
- of concern x
Comments: from the interview sounds like mom could use help in setting limits / boudaries and consistency

Lucero
- Post test

Environmental Regulation

SS#	Caregiver Style: interactive	directive	quiet	talkative	mismatch of styles	Physical Environment: overstimulating	under stimulating	organized	disorganized	supportive	appropriate
DDD	●	●	●					●		●	●
Summary:	3	4	4	0	0	1	0	3	1	2	2
Themes:											

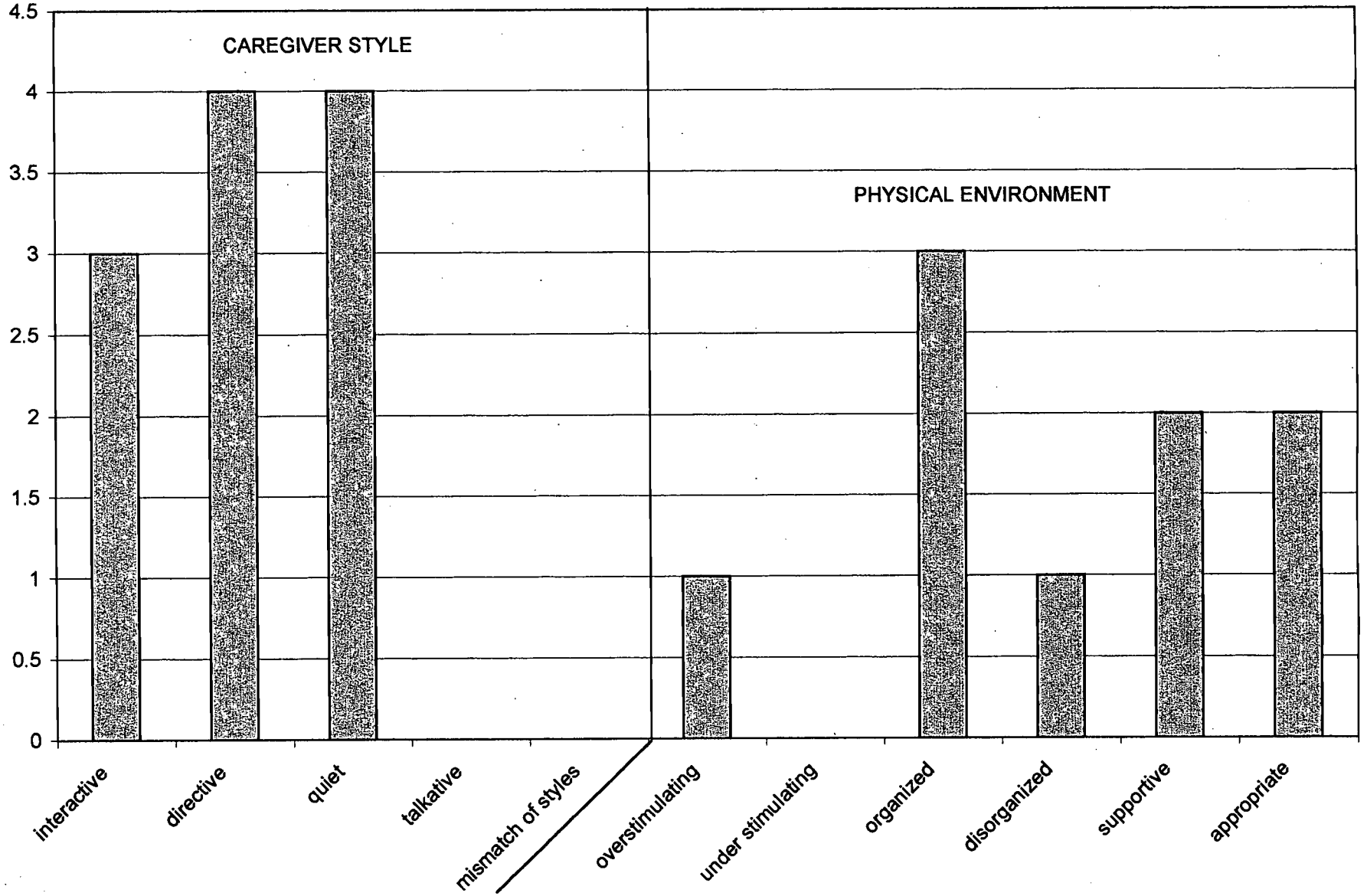
more directive than facilitative, quiet a lot

TV was on

Overall
Domain: - appropriate
- of concern x
Comments: Mom needs to follow his lead more, be less directive and more interactive

Overall
Domain: - appropriate 0
- of concern 4

Angel Lucero
Environmental Regulation



APPENDIX D

DISSEMINATION

- DISSEMINATION ACTIVITIES 1995-2001
- SELF ASSESSMENT-INTERVIEW PROCESS WORKSHOPS
- SELF ASSESSMENT-INTERVIEW PROCESS PRESENTATIONS
- PROJECT SELF INFROMAL SESSIONS

Dissemination Activities 1995-2001

Dissemination activities included brochures, annual summaries, SELF Multimedia Training Package, proposals to national and local conferences, journal article submissions, and information on www.newassessment.org web site.

PRODUCT	CONTENT	AUDIENCE	ACTIVITIES
Brochures/ Flyers	Description of SELF Project	NM Early Intervention Programs, State agencies & ICC	Brochures distributed to NM programs, EEPCD Project Director's Meeting, Higher Education Task Force, NMAOTA & Magic Years Conference
Annual Summaries	Review of project findings, activities and results	State Agencies Funding Source	Progress Reports completed and sent 1996-1997-1998-1999-2000
SELF Assessment-Intervention Process Multimedia Training Packet	Manual, CD-ROM, Family Guide, Interview and Observation Forms	NM Early Intervention Programs, NM TTAPS, Funding Source, National Experts, National Conferences	Complimentary copies of the SELF materials distributed to agencies and groups. NM Early Intervention Programs, NM Training & Technical Assistance Programs, State Agency Directors, National Experts in the Field, and Funding Agency SELF Materials were sold on request
Proposals to national & local conferences	Proposals introducing the project, model, process, products and activities	Conference Attendees	Submitted proposals: AOTA – Sensory Integration International DEC Zero to Three CRIEI Birth to Three Institute Regional Head Start NM Magic Years NMAOTA NM CEC
Journal Article Submission	Interview on the SELF Process	Personnel in early intervention and families	Submitted an Interview on the SELF Process Submitted article to Journal of Early Childhood

PRODUCT	CONTENT	AUDIENCE	ACTIVITIES
Materials submitted for Publication	SELF Manual and CD-ROM	Field of Early Intervention and Early Education	Submitted SELF Training Manual and CD-ROM to PRO-ED for possible publication
Flyers announcing SELF products	Description of SELF Multimedia Training Package	Field of Early Intervention	Brochures distributed to NM programs, state agencies, EEPCD Project Director's Meeting, Universities, conference participants
Web Site	Information on Project SELF, model, materials	Internet Users	Posted information on assessment web site www.newassessment.org

SELF Assessment-Intervention Process Workshops

Date	*Organization*	*Location*	*Type of activity*	*Outcome/follow-up*
4-30-97	La Vida Felicidad Early Intervention Program	Los Lunas, NM	Training for the SELF Pilot	5 interventionists trained and completed the SELF Process
5/7-8/98	NM Early Intervention Programs	Albuquerque, NM	Training on the SELF Assessment-Intervention Process	15 interventionists trained
5/14-15/98	NM Early Intervention Programs	Las Cruces, NM	Training on the SELF Assessment-Intervention Process	22 interventionists trained
11-12-98	MASH Early Intervention Program	Gallup, NM	Training on the SELF Assessment-Intervention Process	9 interventionists trained
2/21/00 & 3/3/00	Multiple agencies statewide, multiple disciplines	Albuquerque, NM	Training	38 registrants for workshop, 32 completed training, 15 agreed to complete an assessment
11/5/99 & 11/13/99	New Vistas Early Intervention program	Santa Fe, NM	Training/ dissemination at Test Site	Trained 13 people in the SELF Assessment-Intervention Process
12/15/99	New Vistas, Early Intervention Program	Santa Fe, NM	Training at Test Site	Completed training, discussed use of assessment process in their program. 6 people made commitments to use the SELF Assessment-Intervention Process
7/6/01	La Vida Felicidad Early Intervention Program	Los Lunas, NM	Training on the SELF Assessment-Intervention Process	Trained 9 people in the SELF Assessment-Intervention Process

SELF Assessment-Intervention Process Presentations

Date	*Organization*	*Type of activity*	*# of attendees*
9/27/97 9/23/98 9/25/99	Magic Years Conference	Presentations	Over 100 attendees 0ver three years
3/2/97	NM CEC	Presentation	47 attendees nhnnnn
11/15/97& 11/16/97	AOTA SIS Conference	Presentation	42 attendees
4/29/98 & 4/27/00	CRIEI Conference	Research Presentation-Poster Sessions	Over 100 attendees each year
8/29/98	NMOTA Conference	Presentation	29 attendees
6/10/99	OSERS Conference	Presentation	38 attendees
12/8/00	DEC International Conference	Presentation	65 attendees
2/3/00	OSERS OSEP meeting, Washington, DC	Poster Session	Over 150 attendees
1/24/01	Birth to Three Institute Washington, DC	Presentation	28 attendees
1997-2001	Total - 9 Presentations		Over 600 Attendees

Project SELF: Informational Sessions

Date	*Organization*	*Contact Person*	*Type of activity*	*Outcome/follow-up*
7/12/99	Held at UNM Continuing Education Albuquerque.		Presentation on SELF Assessment Intervention process	40 attendees, 39 NM statewide 1 from AZ Navajo Nation
7/14/99	Held at UNM Continuing Education Albuquerque		Presentation on SELF Assessment Intervention process	27 attendees, NM
7/99	New Vistas, Santa Fe	Ruth Burton	Initial meeting to discuss training Reviewed manual/ curriculum	She will share information at staff meeting
7/99	UNM Baby Amigo Albuqueque.	Kathy Ostrofsky	Described assessment intervention process training component	Will talk with staff at program
8/1/99	UNM Gallup Branch	Dr. Z	e-mail re: request for training	e-mailed that we could teach the class
8/3/99	UNM/PIE Albuquerque.	Cheryl Sentiz, OTR	Phone conversation described project	Meeting on 8/13 to share materials discuss training options
8/3/99	UNM Baby Amigo Albuquerque	Kathy Ostrofsky	Phone contact	Presentation set up 8/23/99 and to discuss training and explain project
8/3/99	New Vistas, Santa Fe	Maggie Gehrety	Discussed dissemination as a pilot site training component/ commitment	Dates set for training Nov. 11 1999 Staff very interested in process
8/10/99	NET Early Childhood, Albuquerque	Allison Noble/Mette Pederson	Announcement in "Updates" August issue about SELF Assessment/ Intervention process/training	Distributed state wide to all early childhood programs

Date	*Organization*	*Contact Person*	*Type of activity*	*Outcome/follow-up*
8/11/99	Albuquerque Office of Child Development	Maren	Phone conversation She has a family 2 children that are interested in SELF assessment discussed staff training	March to talk with Director, Georgia Brasher. Staff has identified SELF-Regulation as training need. Will teach in 1 week
8/11/99	CDD listserv	Entire staff	Announcement re: SELF Assessment/ Intervention process & invitation to attend training or request materials	
8/11/99	UNM/COE Albuquerque.	David Atencio	e-mail regarding presenting to class in early childhood	Agreed to teach his class
8/11/99	UNM Dept. of Special Ed. Albuquerque.	Isaurra Barrera	Phone call re: teaching a topics course this spring on SELF process	Will meet to plan course
8/11/99	UNM Manzanita Child Develoment. Center. Albuquerque.	Baji Rankin	Met to discuss project	Wants training on SELF-Regulation for staff
8/13/99	UNM PIE program Albuquerque	Cheryl Senitz, OTR	Met to discuss project	Gave draft manual, interested in using at PIE program
8/18/99	Santa Fe Institute Santa Fe	Jane Clarke	Interested in possibly using this	Jane to remain in contact
8/23/99	UNM Family Dev. Program Baby Amigo, Albuquerque	Kathy Ostrofsky	Meeting to discuss project	Interested in training Dec. 99 or June 2000

Date	*Organization*	*Contact Person*	*Type of activity*	*Outcome/follow-up*
8/25/99	DOH Family Health Bureau Santa Fe	Doreen Sansom	Phone contact to discuss project	Interested in staff training, wants to explore how to use with providers
9/22/99	Las Cumbres Early Learning Center. Espanola, NM	Inez Ingle, Delphina Patti Schaur	Met to discuss training and collaboration	Wants to attend New Vista's training
9/22/99	PMS Headstart Santa Fe, NM	Barbara Regis	Phone call	Interested in staff training, wants me to go to SF to present
9/24/99	Alta Mira Albuquerque.	Kathy Thomas	Direct contact	Has a family interested in SELF assessment
10/1/99	Kid Power Therapy Assoc. Albuquerque.	Kathy Patton	mail	Sent SELF assessment for review
10/1/99	OCD La Madrugada Albuquerque	Angelina Poulin	Will collaborate and complete an assessment with one of their families	Assessment completed. Shared insights/results with home visitor and program coordinator
10/13/99	Region VI Headstart Albuquerque.		Presentation on SELF Assessment-Intervention	52 attendees positive evaluations requests for collaboration & training with Arkansas
10/21/99	UNM Gallup Branch	Dr. Helen Zongolovicz	Teaching	Taught about self-regulation & the SELF Assessment to approx. 35 students
11/1/99	Child witness to violence action group, Albuquerque.	Mary Dudley	Networking Collaboration	Shared project & its value with group of community professionals
11/5/99 & 11/23/99	UNM Early Childhood Multicultural Ed. Program, Albuquerque.	David Atencio	Teaching	Taught 2 classes on self-regulation & SELF process 20 students

Date	*Organization*	*Contact Person*	*Type of activity*	*Outcome/follow-up*
11/18/99	UNM Manzanita Early Childhood Ctr. Albuquerque.	Kay Arsenault	Collaboration Application of SELF process	Observed child at center, met with mother, discussed using the assessment
11/23/99	UNM OT Program, Albuquerque.	Tina McNulty	Teaching	26 junior OR students introduced to manual & assessment process
1/6/00	UNM OT Program, Albuquerque.	Pat Burtner	Planning	Wants us to teach SELF assessment to seniors in pediatrics class. Date set for 4/25/00
1/27/00	UNM OT Program, Albuquerque.	Pat Burtner	Focus group for pediatric therapists to consult on master's program	Distributed workshop brochures for Albq. Training, 15 people in attendance
2/4/00	Multiple State/ programs		Mailing	Sent over 150 brochures for training on process in Alb. Dates set 2/21/00 & 3/3/00
2/10/00	ENMRSH Carlsbad, NM	Erin Wood	Request for materials; phone conversations	Interested in possibly purchasing SELF manual, unable to attend training. Well mail her sample protocols & information
2/9/00	CAL State Dominquez OT program Pasadena, CA	Patricia Nagaishi	Collaboration Networking	Interested in SELF assessment intervention process. Wants to discuss using it at her clinic.

APPENDIX E

TRAINING DATA

Understanding SELF-Regulation as a Foundation for Early Learning
Evaluation Feedback from Workshop
La Vida Felicidad
July 6, 2001

General Comments:

• The Domains of Regulation Guide and handouts were helpful. Also, tracking observation by video, as out agency is planning to offer more video takes to provide family training, feedback, etc. We would also like to use videos to track progress. Tank you for you time resources.

• The videos were helpful to learn and strengthen observation skills, in both emphasizing caregiver-infant relationships and the Project SELF-Checklist.

• It was great to see the evaluation of SELF I feel I understand its use much better that when we did the pilot study.

• Good use of multimedia tools, video, slides, and encouraged participation and note board.

• Liked the handouts, good to be able to reference later. Also Liked introduction of scientific evidence based on research.

• Video analysis step by step was very useful.

• Periodically showing video clips helped to maintain flow of presentation.

• On flipchart – examples of items might help to look at when looking at a child.

• I liked the use of video and specific things to look for! We hall had families we could relate to!

• I like the child – parent interaction section the most. It was the most helpful to me.

• Thank you for no role-playing or skits-

• It would've been okay to keep more on track when people talked over you, etc.

What information was useful?

- I especially wanted the information on SELF-Regulation was great.
- Attachment issues are something I really am interested in as well.
- The organization flowed well.
- Visual Aids were good and helpful.
- Parent- child interaction videos were interesting and enlightening.
- Speaker was knowledgeable.

Infant Toddler Self-Regulation
Project SELF Workshop Evaluation
February 21st & March 3rd, 2000
Albuquerque, NM
SUMMARY

Questions:

1. Do you think that the workshop adequately prepared you to use the SELF-Assessment-Intervention Process?

   - 10 responses 'yes'
   - 10 responses 'somewhat'
   - 2 responses 'yes to somewhat'

2. What parts of the workshop were helpful?

   - going over handouts, observing videos and going through each domain
   - verbal information, open discussion, group discussion
   - practicing observing
   - video (pre, post), handouts, great manual
   - all of it; the videos were very useful and the group interaction, too
   - videos and feedback time
   - video review and discussions
   - the manual, group discussion and observation review, handouts/slides
   - love the format for observation, assessment and interview; reminds me what I'm looking for and assessing; have used similar interview questions and format and they work
   - the manual appears to be inclusive; the family handbook is a great idea; fidget toys were nice and ok rooms (better on 1st day)
   - practice component, trading roles of interviewer and parent
   - discussion of videos
   - videotapes, manual
   - the use of the videos and discussions to reinforce the concepts
   - discussion of video vignettes; the assessment guide
   - use of the videos; groupwork
   - videos and follow-up discussion; the five domains and understanding their interactions; wonderful materials
   - the videos and practice aspects, as well as the great slides and knowledgeable presenters; the materials were fantastic and very valuable
   - all was very good, especially videotapes -- before presentation and after was very effective way to help process the information and apply to real child; good, clear helpful materials
   - all of the information, handouts, videos and resources are extremely helpful; it was very nice that it was spread out on 2 days and could even be spread out more; presentation accompanied with handouts were great; it must have been an extreme amount of work; great job
   - videos and discussion of behaviors versus inferences
   - the manual; watching videos and talking through assessment use

3. Did the workshop increase your knowledge and understanding of self-regulation issues in young children?

- 18 responses 'yes'
- 4 responses 'somewhat'

4. How prepared do you feel to try a SELF-Assessment? Rate your level.

- 1 response 'high'
- 18 responses 'medium'
- 1 response 'low'
- 2 responses 'medium to low'

5. What suggestions do you have for improvement?

- I thought the workshop was excellent; the manual has been and should be very helpful
- improvement each time I do the self-assessment
- more time; to go deeper into the assessment and to study more cases; overall it was great and very well presented; thank you
- seemed like there was a lot of fragmentation of presentation; it was hard to put it together; summary at the end needs to focus on start to end of assessment
- increase length of class by maybe bringing children in or more and lengthier videos
- different environment in order to facilitate more group discussion; might need to add a day; longer videos with all domains for one child; please use overhead to fill out as an example; good job
- suggest not all domains need to be broken out into small groups; too repetitive and lengthy; but the general discussion and feedback gives a lot of information and food for thought; you all have put and packaged the info/resources into a functional and accessible format; just need to use it and practice it
- lots of info for a 2-day workshop; maybe it could be spread out over a longer period of time; FYI – there is a typo in the family manual on page 11 – 1st sentence – ISFP (should be IFSP)
- a follow-up workshop; a way to track number of assessments completed and follow-up of effectiveness of strategies used (outcomes, etc.)
- further practice of administration and scoring
- longer videos
- hands-on; we all look at a video and fill out the five domains of regulation based on one case study
- good job
- when reviewing the videos for the 2nd time, I'd have liked to hear what you saw – e.g., to narrate your thinking processes as you watched the child
- good workshop; I preferred the 1st classroom; there was more room per person and the table was helpful for writing and organizing papers

- the room on the 1st day was much better acoustically speaking; the auditorium was too large with lots of extraneous noises that made it difficult to concentrate and focus on the info being presented; maybe spread out over more days (1/2 days); what about throwing in a 'snippit' of a video of a "typically" developing child and see if the group is able to distinguish difference.
- more time going over interventions
- I think it would have been helpful to discuss the guidelines for the video taping before discussing how to "look" at the tape; also, I would have liked to look at all domains for one tape, instead of using a different clip for each domain; can the videotape analysis be simplified in any way?; maybe run through the whole process for training
- to process – perhaps more hands-on practice (i.e., field experience)

New Vistas Training Evaluation
November 5 & 11, 1999
Infant Toddler Self-Regulation
Project SELF
9 Evaluation Sheets

1. **Do you think that the training adequately prepared you to use the SELF-Assessment Intervention Process?**

   Yes 7
   No 0
   Somewhat 2

2. **What parts of the raining were helpful?**
   - Videotapes and computer-generated slides
   - Organization of manual and handouts
   - Openness of style – listened to and encouraged participant observation
   - All necessary forms provided.
   - Missed the 2nd day
   - Enjoyed reviewing video and doing the actual observation
   - Ahh
   - Presentation of videos and group discussions
   - Examples and videos
   - All of it!
   - Handouts (small group) (more personal)
   - All Domains
   - Videotapes
   - Lots of discussions, examples
   - Evaluating videos—the handbook/manual – companion guides for domains

3. **Did the training increase your knowledge and understanding of self-regulation issues in young children?**

   Yes 9
   No 0
   Somewhat 0

4. **How prepared do you feel to try a SELF-Assessment? Rate your level.**

   High 2 (1=Highish…This time I really listened better.)
   Medium 7
   Low 0

5. What suggestions do you have for improvement?

Do plan on 3 sessions next time. The extra time is good.
It was excellent—thank you. After a few trials I would know more.
Longer training time
More practice filling out forms from watching videos.
Maybe a video of parent interview
More time on intervention—perhaps picking one menu to focus on
Would like to see full video and work out assessment together
Need more than 2 days of training

Region VI Head Start Association Training Conference
October 13, 1999 SELF Presentation
Understanding Self-Regulation as a Foundation for Early Learning

Total Participants	Parent	Teacher	Early Interven-tionist	Admini-strator	Case Worker	Other*
10	.5	.5	0	3	0	6

*Other: Home Visitor, Early Head Start Home Visitor, Education Coordinator, DSCIC (T/TA Region VI Head Start)(Disabilities), Parent Advocate

Evaluation Questions	1= Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
1. Materials relevant to everyday work				3	7
2. Able to use info. In my work				3	7
3. Presenter used effective teaching strategies and materials				4	6
4. Challenged my thinking			1	2	7
5. Would attend another workshop by presenter				3	7
Overall rating of Presenter			1	15	34

Comments:

Evaluation Questions	1= Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
1. Materials relevant to everyday work				3	7

Comments: with staff; Can't wait to get back to observe the children in our center & share information with our staff; Great connection to classroom. Helps me open up and take notice of <u>every day</u> activities

Evaluation Questions	1= Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
2. Able to use info. In my work				3	7

Comments: with staff; Feel I need <u>more</u> training on sensory integration

Evaluation Questions	1= Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
3. Presenter used effective teaching strategies and materials				4	6

Comments: with staff; Please do send me a copy of your Reactivity Arousal Chart. Thank you! You could e-mail me: brelandtamatal@exchange.uams.edu Tamara Breland, 1765 Applebury Drive, Fayetteville, AR 72701; Would have been nice to have copies of the overheads in a packet! Good info & didn't get it all written down.

Evaluation Questions	1= Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
4. Challenged my thinking			1	2	7

Comments: would like presenter to come to agency and train; Just open for ideas, knowledge to better increase my abilities

Evaluation Questions	1= Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
5. Would attend another workshop by presenter				3	7

Comments: just overflowing with knowledge and experience; This session stimulated my thinking regarding staff/child relationships in our classroom. The presenter shared many good resource materials.; We will contact you about coming to ARK! Thank you, Tamara; Really stimulated me to seek more information-Excellent presenter-good information; Enjoyed the videos; very nice, pleasant, easy listening voice!

Project SELF / MORE Training
November 12, 1998

EVALUATION DATA:

		E	S	I	N/A
CONTENT:	Clarified course content	5,5,4,E	S,S		
	Discussed important concepts	5,5,3,E,E	S		
	Provided quality training materials	5,5,4,E,E	S		
	Met objectives described in brochure	5,5,4,E,E	S		
PROCESS:	Demonstrated flexibility	5,5,3,E,E,E			
	Managed time well	5,5,3,E,E	S		
	Gave clear instruction	5,3,E,E	4,S		
	Supported participant involvement	5,5,4,E,E	S		
	Responded to individuals	5,5,5,E,E	S		
APPLICATION:	Facilitated opportunities to apply content	5,5,E,E	4,S		
	Related content to real situations	5,5,5,E,E,E			

OVERALL RATINGS: 5,4,5,4

EVALUATION QUESTIONS:

<u>What new insights did you gain from this training?</u>
-learn more about sensory, more information
-categories
-I learned a lot. The different types of intervention help to better understand sensory integration
-I learned about SI and now know a little more than I did before.
-What Project SELF is exactly? (I've seen the brochure).
-More information in sensory integration.

<u>How prepared are you to complete a self assessment?</u>
-visual learner; need to review information. Very helpful, so I'm prepared.
-good
-I feel comfortable enough
-Pretty prepared; I think.

<u>The aspects of this session most effective for me as a learner were.....?</u>
-It was good
-Group involvement. I enjoyed the groups. We all gave our input to work with a child
-Learning about interactive strategies
-Intervention strategies for Ivan. All aspects actually.
-As a parent who has a child with sensory integration issues.

MORE Evaluation–Page Two

This is what I would suggest for improving this session...

-Visual learner: more usual illustrations; hypothetical situations; examples of activities assigned
-more activities. Something that gets us moving and awake
-more time with the video, especially if you are going to generate activities from them.
-more activities; overall excellent

How relevant is this information to you as an early interventionist?

-This training will be very helpful to me.
-Very relevant: observations, intervention, assessments, resources in the area of sensory issues
-Very relevant. As an early interventionist I would with a lot of children with sensory issues. Thank you, I enjoyed the training.
-Very helpful, particularly when we have our limited contact with child and caregivers, will be more aware in our observations.
-The strategies for intervention and parent/child interactive strategies were very beneficial for me as an EI.

NEW HORIZONS TRAINING / ALBUQUERQUE
May 7 & 8, 1998
Evaluation Responses:

What new insights did you gain from this training?

- Plenty! There is no right or wrong answer. More ways to intervene/help. New friends, hopefully willing to assist. More informative material.
- Where do I begin? Great info. Once again, more to cover, but gives me the permission to cross over into an area my heart is in but my profession limits sometimes.
- Look at doing an assessment in a totally different way.
- We usually don't do intake interviews . IFSP is usually in place when I meet child & family. I see the value of being part of the process earlier.
- A nice way to "package" and document real life concerns and issues and more info into realistic strategies. Got more background on neurophysiological.
- The value of clinical reasoning. How to use this process to develop IFSP's with more of a logical, reasonable, decision-making process.
- That it does not need to be right or wrong which allows this assessment to be flexible for the family or myself.
- no answer.
- The training itself was a new insight. Being new to this field it was excellent training to prepare me in working with new families.
- I have not been completely integrating social work skills and the EI practice.
- A new perspective on gathering information with families.
- I'm going to address some issues with my adult concerns relating to each cluster.
- Reaffirmed the necessity of evaluating the whole child.

How prepared are you to complete a self assessment?

- Somewhat prepared, but I'd like to get together with somebody else until I'm comfortable myself. "I think I can."
- no answer.
- I'm ready to give it a shot.

- I feel satisfactorily prepared.
- Fairly prepared but I'm sure I'll call.
- I need to do some more reading in the notebook and possibly a few other sources and then I will feel fairly prepared.
- I will need to read the manual myself, but I do believe this prepared me with a good overall idea of this assessment.
- no answer.
- I feel really confident to do an assessment but I feel I just have to go over all the information to make sure I know what's going on.
- Somewhat.
- Further practive would be good, but I feel somewhat prepared to complete assess.
- I'm going to still need to rely on my EI team for support and clarification.
- Fair. I'll need to review the info again.

The aspects of this session that were most effective for me as a learner were....

- Materials available. Presenter(s) guidance. Group activities/discussions.
- Observation sheet is great. I like the set up, but moreso the varied information included in it. Theory is of great importance & interest to me. I want more. Love "tips" in manual.
- Playing the game on Friday. Watching the videotape.
- Gave me a new way of organizing a process which is similar to what I've been doing.
- The game. Discussions wth others EI's.
- Combination of lecture and activity. The notebook is great (tho' it needs editing). Punctuation. Use of ampersands. References lacking dates, etc...
- The open dicussion and being able to ask questions.
- no answer.
- It enabled me to understand the SELF process and a time and situation it would be appropriate. It also enabled me to work with my peers and it gave me new ideas to work with.

- Videos. Practice. Candy. Team interaction.
- Breaking down a process and categorizing helps give better insight on helping families/EI. Figure out what is going on and come up with strategies.
- The hands on with the game.
- Group activites, problem solving and reasoning.

This is what I would suggest for improving this session....

- More 'chit-chat' time (1/2 hour). Presenters were very tolerant of this.
- Don't admit to "not having it together." Audience does not know what you don't have i.e. journal (rather than giving it to you today, we will send it to you). Who knows why...but it doesn't have to be because you're not prepared.
- It's hard for me to listen to things that are already in handouts I can read for myself. Pace was slow.
- I understand that this was a workshop to get bugs out. Flow and time management was a bit off.
- More organized (handouts). More interactive activities in small groups. Larger boxes for these suggestions/evaluations. Better time organization.
- Summarize content of flip chart sheets after "walk about" activities. Two days of training - need more time or less content and all content is necessary, so...more time. Use Bridget's expertise more in the training. We needed more family perspecive and expertise.
- no answer.
- no answer.
- I would suggest maybe having it over a two day session.
- More time. Maybe two full days or three days 9-3.
- A lot of information given. Maybe extend time of workshop. Maybe live observation.
- Perhaps having a IFSP on hand as a follow-up. Matching the SELF examples.
- no answer.

How relevant is this information to you as an early interventionist?

- Very relevant. Will take adjustments and time to implement, but will be quite beneficial.
- Excellent info! Tools for me to use. Ah so much to know...sigh.
- Very relevant.
- Appears very relevant. Proof will be in the outcome of my attempt.
- Very. I'd like to use this with those "hard to identify" kids.
- Very. If only I was working with families right now!
- Very, very relevant. I think this assessment will fill the holes missed in other assessents.
- no answer.
- This information was really relevant because this allows me to have a new tool to work with with the famillies. I really appreciate the time the facilitators took to work with us. Thank you.
- Extremely relevant.
- This is something I can use. A new tool to gather information.
- As a staff development specialist, I feel that I can perhaps assist the EI department and the adult services.
- I'm an SLP. Sems to be most relevant for early interventionists but it will certainly help me see the whole child.

Other comments:

- Great work - a lot of work has gone into this! It really shows. Really good. Easy to participate in style of training. Nice "goodness of fit" in your team.

WORKSHOP EVALUATION FORM
THE SELF PROCESS
(Supports for Early Learning Foundations)

EXPLORING NEW HORIZONS
LAS CRUCES, NEW MEXICO
20 Participants, 20 Evaluation Sheets

Please rate the workshop on the characteristics listed below using the following codes:

Excellent = E
Satisfactory = S
Improvement Needed = I
Not Applicable = N/A

CONTENT	Clarified course content	8	7	5	0
	Discussed important concepts	8	8	2	2
	Provided quality training materials	13	6	1	0
	Met objectives described in brochure	9	9	1	1
PROCESS	Demonstrated flexibility	14	6	0	0
	Managed time well	5	11	4	0
	Gave clear instruction	9	9	2	0
	Supported participant involvement	17	3	0	0
	Responded to individuals	17	3	0	0
APPLICATION	Facilitated opportunities to apply content	11	9	0	0
	Related content to real situations	13	7	0	0

Overall, I consider the workshop:

Excellent = 5	Good = 4	Average = 3	Poor = 2	Waste of Time = 1	No Answer
3	4	1	–	–	12

NEW HORIZONS TRAINING / LAS CRUCES
May 14 & 15, 1998
Evaluation Responses:

What new insights did you gain from this training?

- Info on self-regulation.. More assessment tools. Ideas about looking more holistically on proj.
- I am using this concept in our program.
- Seeing all the areas and how they work together.
- Better understanding of material.
- no answer.
- The manual is excellent. All the forms and info will be very helpful. It reminded me to make sure I look at the area of self regulation.
- A new way to observe a referral.
- More comprehensive understanding of self regulation.
- no answer.
- Self regulation is a complex developmental process - broadening to look at more than just the neurological explanation.
- I am already using observation of the areas described in your trainings, I probably won't use the format and I would have wished for more strategies of intervention.
- It was very interesting. Made me realize all the aspects that go through during an assessment.
- Interview and observation techniques. Observation forms to use.
- A broader view of what to look at in an observation/assessment.
- That a vast topic can be focused and made (at least) somewhat manageable.
- no answer.
- The complexity involved in the development of the total child.
- no answer.
- no answer.
- no answer.
- no answer.

How prepared are you to complete a self assessment?

- I am not very confident as I don't work with this age group.
- no answer.
- not sure.
- N/A
- no answer.
- I would need to spend more time reviewing all the info, but I have a pretty good idea - a nice start.
- I understand it.
- I think I will be more comfortable after practicing.
- no answer.
- Ready to go!
- I would have to study through the manual to understand the format.
- I think I learned more on what EI's have to go through assessing child.
- Need some practice, but need to put to use ASAP - needs to be a part of standard routine.
- Good.
- Not confident - need more time to study.
- no answer.
- no answer.

The aspects of this session that were most effective for me as a learner were....

- Team thinking sessions.
- no answer.
- Not being an EI or therapist, being aware of the whole picture.
- no answer.
- Informative.
- The exercises in which we were involved.
- The new ways to look at children.

- The group activities.
- no answer.
- Forms developed for use. Good documentation form for interview process. Observation form gives good framework for observations. Great interactive small group activities were helpful.
- Applying the thought process with the video.
- no answer.
- Practical application wit posters (walk around) and games.
- Multi-media, different games, etc... was helpful.
- All.
- no answer.
- Observation of all other areas of service.
- Hands on experiences working in groups.
- no answer.
- Practicing the forms and observations.

This is what I would suggest for improving this session....

- More info on self regulation.
- At the beginning of the session the program was not explained clearly. The concepts were just skimmed over, needs more depth to the information both at the basic level, explaining the terms, and giving new information.
- A vennette that shows a better overall view of an interview.
- Observation of an interview.
- More time.
- More time reviewing videos and discussing specfics.
- Make it longer.
- At least two full days for training. It seemed very rushed.
- no answer.
- More time to observe/process info.

- I needed a clearer overview of what this project was, who used this tool, when it was designed to be used, pre/post IFSP in the beginning.
- no answer.
- Sack lunch. Full day. Comments and questions at the end of presentations.
- More days. At least two full days.
- If fiscally necessary, cut out our food and snacks in order to have bag/box lunch provided for a bit shorter noontime break. Perhaps expand to two days.
- no answer.
- no answer.
- Hands on experiences were helpful - perhaps more.
- no answer.
- Discuss to begin with, the purpose and what SELF is.

How relevant is this information to you as an early interventionist?

- I am not an early interventionist.
- Very.
- no answer.
- no answer.
- no answer.
- Very.
- It was relevant because it teaches how to look at children from other perspectives.
- Very relevant.
- no answer.
- Very relevant and much needed.
- It is relevant but I found it difficult to understand because of how the presentation was organized.
- no answer.
- Hopefully very relevant - as it is empowering for families.
- Very relevant.

- Very! It supports both my interest in the influences/importance of sensory issues, as well as, focussing on family.
- no answer.
- Great information. Great work you all are doing in this new field.
- very.
- no answer.
- no answer.

APPENDIX F

SELF ASSESSMENT-INTERVIEW PROCESS FORMS

- SELF FAMILY INTERVIEW FORMS
- SELF OBSERVATIONAL ASSESSMENT FORMS
- SELF DOMAINS OF REGULATION FORMS

SELF FAMILY INTERVIEW

for Infants and Toddlers

Holly Harrison, Ph.D.

Jeanne Du Rivage, MA, OTR/L

Jane Clarke, Ph.D., CCC/SLP

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Introduction

The SELF Family Interview is the first step of the SELF Assessment-Intervention Process. The interview provides the opportunity to establish rapport with the family, identify and clarify the family's concerns and review tried strategies, obtain unobservable information, and plan the observation component.

The Interview consists of a set of eight open-ended questions to ask the family. You may either fill out the form while interviewing the family or record information on the form after the interview.

Instructions for filling Out the Forms

Questions 1-7 are divided into four columns. Complete information in each column for each question.

First Column—Description of Behaviors: Record the information shared by the family using the caregiver's words.

Second Column—Contributing Factors: Record information on the family's perspective regarding what's causing or influencing the behavior or situation.

Third Column—Strategies Used: Record strategies that the family has tried.

Fourth Column—Worked? Y/N/S: Record whether or not the strategies were effective.

Question 8 provides a format for summarizing the interview by organizing information under areas of concern, identifying the changes the family would like to see regarding their child and recording preliminary suggestions for strategies.

Project SELF: Interview Notes

Name: _____
Date: _____
Age: _____

Question 1: Tell me a little bit about your child. What does your child like to do? What kind of things is s/he really good at? Who does your child play with? Describe some of the things she does during play.

Areas	*Description of Behaviors*	*Contributing Factors*	*Strategies Used*	*Worked? y/n/s**
activities				
toys				
people				
places				
other				

Remember to clarify, restate the question, ask for more information

FAMILY'S PRIORITIES, STRENGTHS & CONCERNS

* y = yes n = no s = sometimes

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Question 2: ★ *Tell me about your child's daily routines that are of concern to you.*
■ *What do you think are some of the reasons he/she is having difficulty in this area?*
● *Tell me about the strategies you have tried.*

Areas:	★ *Description of Behaviors*	■ *Contributing Factors*	● *Strategies Used*	*Worked? y/n/s*
eating				
sleeping				
dressing				
bathing				
behavior				
other				

Remember to clarify, restate the question, ask for more information

FAMILY'S PRIORITIES, STRENGTHS & CONCERNS

Question 3: Could you tell me how your child expresses him/herself?

Areas	*Description of Behaviors*	*Contributing Factors*	*Strategies Used*	*Worked? y/n/s*
wants something (need or interest)				
when upset or frustrated				
when happy				
when wants or needs attention				

Question 4: Could you tell me a little bit about the types of activities or circumstances that are challenging or difficult for your child? How does s/he usually react to challenges? How does s/he react to new people or situations? How does s/he react to being separated from you?

Remember to clarify, restate the question, ask for more information.

CONCERNS

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Question 5: How does your child calm her/himself when upset? What helps? How long does it take?

Description	*Contributing Factors*	*Strategies Used*	*Worked? y/n/s*

Question 6: Could you tell me a little bit about your child's medical history? Were there any hospitalizations or illnesses?

Question 7: Is there any other information you would like to share? Is there anything else you would like to ask?

Remember to clarify, restate the question, ask for more information.

CONCERNS & HEALTH STATUS

Question 8: What would you like to see happen for your child with regard to [specific concern]?

Description	*Changes*	*Strategy Suggestions*
eating		
sleeping		
dressing		
bathing		
behavior		
other		

Remember to clarify, restate the question, ask for more information.

OUTCOMES/GOALS

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Summary of Interview
Purpose

Summarize entire interview, and help make a plan and organize information

1. Concerns: (list all)

2. What are the contributing factors? • Possible causes • Relate causes to rationale
   • What does the caregiver think is contributing? • What do you need to know more about?

3. Parents' strategies tried/worked or not?

4. What are the strengths of the situation?

5. What are the special considerations for planning the observation?
   • Child's favorite toys
   • Specific challenges

SELF OBSERVATIONAL ASSESSMENT

A MEASURE OF SELF REGULATION FOR INFANTS & TODDLERS

Holly Harrison, Ph.D.
Jeanne Du Rivage, MA, OTR/L
Jane Clarke, Ph.D., CCC/SLP

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Introduction

The SELF Assessment-Intervention Process includes a protocol for organizing information about a child's self regulatory patterns and capacities in five regulation domains: neurophysiological, behavioral, emotional, social-communicative and environmental. These domains are interdependent, interconnected and represent a holistic approach to self-regulation.

Five Domains of Self-Regulation

Neurophysiological Regulation	Behavioral Regulation	Emotional Regulation	Social-Communicative	Environmental Regulation
ability of the brain to process, interpret, and organize information into meaningful behavior	ability to control a variety of behaviors influenced by both internal factors and the environment	ability to express and control a range of emotions and feelings and act in socially acceptable ways	ability to share thoughts and feelings with others to get needs and wants met	ability of the caregiving environment to positively influence development of the child
Key Factors:	**Key Factors:**	**Key Factors:**	**Key Factors:**	**Key Factors:**
• level of arousal • activity level • sensory reactions/preferences • level of responsiveness • motor planning • oral motor	• action • adaptability • attention/ persistence to task • distractibility • temperament	• range of emotions • affect • coping • sense of self	• communication/language • social interaction • joint attention/ relationship to persons • play	• caregiver style • physical environment

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Instructions for Filling Out the Forms

The Self Observation Form is divided into three columns: Domain Area, Observations (What do I see?), and Conclusions (What do I think?).

Domain Area Column: Each of the five domains of regulation are represented in the Domain area column on the left hand side of the form. Under each Domain are two boxes, labeled "appropriate" and "of concern". For the first four regulation domains check "of concern" if two or more key factors were of concern or inappropriate. For the environmental domain check "of concern" if one key factor was of concern. Below the boxes is an area to include comments. These boxes are to be checked and summary comments noted based on parent's concern and/or information from the observation.

Observations Column (What do I see?) In the observation column for each key factor of the domain, record objective, anecdotal information *(describe exactly what you see)* regarding the child's actions, interactions and behaviors observed.

Example:

Domain: Neurophysiological
Aspect: Arousal
(Notes) ***child ran around the room, found a ball, threw it against the wall, screamed, banged on door, sat for 10 seconds, got up, ran across room.***

Conclusions Column (What do I think?) In the conclusion column, applying clinical reasoning skills, check the box that most closely reflects an accurate interpretation of the child's behavior and abilities for each key factor.

***Example*:**

Domain:	**Neurophysiological**		
Aspect:	**Arousal**	**high**	❐
		low	❐
		appropriate	❐
		Fluctuating	❐

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SELF OBSERVATIONAL ASSESSMENT FORM

Child's Name:_____ DOB:_____ DOO:_____
Location:_____ Present Caregiver_____ Observer:_____

Domain	Observations (What do I see?)	Conclusions (What do I think?)
Neurophysiological Regulation **Appropriate** ☐ **Of Concern** ☐ **Comments:**	• **Arousal** • **Activity Level** • **Sensory Preferences** • **Sensory Reactions**	**Arousal** high ☐ low ☐ appropriate ☐ fluctuating ☐ **Activity Level** high ☐ low ☐ appropriate ☐ **Sensory Preferences** touch ☐ vision ☐ sound ☐ kinestheic ☐ movement ☐ mouth ☐ smell ☐ **Sensory Reactions** overreactive ☐ underreactive ☐ appropriate ☐

Domain	Observations (What do I see?)	Conclusions (What do I think?)
Neurophysiological Regulation **Appropriate** ☐ **Of Concern** ☐ **Comments:**	• Level of Responsiveness • Motor Planning • Oral Motor	**Levels of Responsiveness** high ☐ low ☐ appropriate ☐ **Motor Planning** functional : gross motor ☐ fine motor ☐ of concern gross motor ☐ fine motor ☐ muscle tone ☐ **Oral Motor** uses stimulation ☐ exploration ☐ calming ☐ functional ☐ age appropriate of concern ☐ coordination ☐ tone ☐

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Domain	Observations (What do I see?)	Conclusions (What do I think?)
Behavioral Regulation Appropriate ☐ Of Concern ☐ Comments:	• Action • Adaptability • Attention Span (to tasks & objects) • Distractibility • Temperament	**Action** purposeful ☐ fearful ☐ risk taking ☐ appropriate ☐ inappropriate ☐ **Adaptability** slow ☐ quick ☐ appropriate ☐ of concern ☐ **Attention Span** inattentive ☐ easily frustrated ☐ perseverative ☐ appropriate ☐ of concern ☐ **Distractibility** high ☐ low ☐ **Temperament** easy / flexible ☐ slow to warm up ☐ fearful ☐ difficult / feisty ☐ mismatch with caregiver ☐

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Domain	Observations (What do I see?)	Conclusions (What do I think?)
Emotional Regulation **Appropriate** ☐ **Of Concern** ☐ **Comments:**	• Range of Emotions • Affect • Coping • Sense of Self	**Range of Emotions** varied ☐ limited ☐ appropriate ☐ inappropriate ☐ **Affect** appropriate ☐ negative ☐ depressed ☐ positive ☐ limited ☐ flat ☐ **Coping** effective ☐ not effective ☐ appropriate ☐ situational ☐ **Sense of Self** confident ☐ insecure (at times) ☐ emerging ☐

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Domain	Observations (What do I see?)	Conclusions (What do I think?)
Social-Communicative Regulation **Appropriate** ☐ **Of Concern** ☐ **Comments:**	• **Communication / Language** • **Social Interaction** • **Joint Attention/Relationship to Persons** • **Play**	**Communication / Languages** gestures ☐ vocalization/babbling ☐ simple words ☐ sentences ☐ functional ☐ of concern ☐ **Social Interaction** turn taking ☐ engagement ☐ disengagement ☐ appropriate ☐ inappropriate ☐ **Joint Attention** initiates ☐ responds ☐ appropriate ☐ inappropriate ☐ limited ☐ **Play** limited ☐ extensive ☐ appropriate ☐ inappropriate ☐ disorganized ☐

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Domain	Observations (What do I see?)	Conclusions (What do I think?)
Environmental Regulation **List Caregivers:** _____ _____ _____ _____ _____ _____ _____ **Appropriate** ☐ **Of concern** ☐ **Comments:**	• **Caregiver Style** • **Physical Environment**	**Caregiver Style:** **facilitative** ☐ **directive** ☐ **quiet** ☐ **talkative** ☐ **mismatch of styles** ☐ **Physical Environment:** **over stimulating** ☐ **under stimulating** ☐ **organized** ☐ **disorganized** ☐ **supportive** ☐ **appropriate** ☐

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SELF PROFILE SUMMARY

INTERVIEW

Concerns

Strengths

DOMAIN OBSERVATIONS

Neurophysiological Regulation

Social-Commnicative Regulation

Behavioral Regulation

Environmental Regulation

Emotional Regulation

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SELF PROFILE SUMMARY (Continued)

RECOMMENDATIONS
(Strategies, Adaptations, Resources)

Caregiver Intervention

Direct-Child Intervention

Caregiver-Child Interventions

Environmental Intervention

/

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DOMAINS OF REGULATION COMPANION GUIDES

Observation Category/Behaviors/Conclusions

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REGULATORY DOMAIN: NEUROPHYSIOLOGICAL REGULATION

DEFINITION: Ability of the brain to process, interpret and organize information into meaningful behavior, and to regulate internal control and homeostasis with external influences.

OBSERVATION CATEGORY	OBSERVATION *(What do I see?)*	CONCLUSIONS *(What do I think?)*
Arousal: refers to one's state of consciousness from sleeping to wakefulness, level of awareness, and the physical and affective states influenced by sensory input.	• State regulation (ability to achieve, maintain, change) • Relationship to attention, affect, sensory processing and activity level • Match between arousal level and activity • Strategies used to maintain arousal level • Impulse control • Alert, fussy or drowsy	• High/Low/Fluctuating • Appropriate
Activity Level: the motor component in functioning during early life including mobility during bathing, eating, playing, dressing, reaching, crawling, waking and the sleep-wake cycle.	• Activity level during different tasks • Specific times child is active • Match between activity level and task • Impact on arousal level	• High / Low • Appropriate
Sensory Preferences: the sensory modality(s) in which a child prefers stimulation to be presented in, and which provides a learning mode of interest.	• Preferences for sensations (lights, sound, touch, movement, textures, tastes), etc. • Specific sensations child avoids or seeks • Toy and activity preferences • Impact on behavior, arousal, affect, play	• Touch • Vision • Sound • Smell • Kinesthetic • Movement • Mouth
Sensory Reactions: refers to how and to what extent child takes in and uses sensory information that either interferes with or enhances the child's interactions, learning and doing.	• Reaction to sensory input • Toys, activities and environment • Cues or behaviors signaling over or under reaction. Fight/flight/fright reactions • Intensity, duration, frequency of input needed • Impact on behavior, arousal, affect, play	• Over reactive • Under reactive • Appropriate
Level of Responsiveness: the amount of sensory input (intensity level of stimulation) from people, objects or the environment necessary to activate the central nervous system and cause a response.	• Amount of stimulation needed for reaction • Types of stimulation needed for reaction • Types of reaction • Child's reaction to stimulation	• High / Low • Appropriate
Motor Planning: the ability to organize sensory-motor information in order to conceptualize, plan and carry out the sequence of movements required to complete an action.	• Ability to combine motor skills to perform new tasks • Patterns of movement • Transitions between tasks • Quality of gross & fine motor • Muscle tone	• Functional or of concern: • Gross motor • Fine motor • Muscle tone
Oral Motor: the ability to organize the physical structures of the mouth for eating, stimulation, self-calming and speech.	• Sensory awareness of mouth • Eating/oral motor control • Food preferences • Oral exploration • Muscle tone • Drooling	• Uses: stimulation, calming, exploration functioning, age appropriate • Of concern: Coordination, tone

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REGULATORY DOMAIN: BEHAVIORAL REGULATION

DEFINITION: Ability to control behaviors in response to a variety of stimulation, changing environments, and social situations which contribute to a child's ability to attend to and accomplish tasks, deal with frustration, and learn from the world around him, and explore toys and the environment.

OBSERVATION CATEGORY	BEHAVIORS *(What do I see?)*	CONCLUSIONS *(What do I think?)*
Action: the use of an organized capabilities (including perceptual and cognitive contributions) to engage in flexible, adaptive goal-directed behavior.	• Types of purposeful behavior • Play schemas (banging, mouthing, pretend, symbolic use, functional) • Explores, initiates, follows, imitates, variety • Response to adults, others • Motor planning • Problem solving • Risk taking	• Purposeful • Fearful • Risk taking • Appropriate or inappropriate
Adaptability: responses to new and changing situations, specifically the ease with which the child's response is modified and accommodates the new situation.	• Reaction to changes in stimulation, activities • Time needed for change • Transition strategies • Activity level • Arousal level	• Slow • Quick • Appropriate
Attention (to tasks or objects): the ability to selectively focus perceptual and cognitive processes on an event or task blocking out most non-connected stimuli, as well as, the continuation of activity in the face of obstacles.	• Response to novelty/familiarity • Play (sensorimotor; symbolic, constructive) • Joint attention • Attention preferences (objects/people/sensory experiences) • Alert to sights/sounds in environment • Regulation of attention • Reaction to stimulation	• Inattentive to tasks • Easily frustrated • Perseverative • Appropriate • Of concern
Distractibility: the impact of environmental stimuli in interfering with or changing the direction of an ongoing behavior.	• Distracted from task towards stimuli • Shift of focus • Wanders around • Length of time on task • Jumps or startles • Looks around • Match between attention and activity • Consistently distracted • Impact of environment	• High • Low • Appropriate
Temperament: individual differences in disposition including persistence, distractibility, activity, intensity, approach and withdrawal that impact style of interacting with or reacting to people, places or things.	• Activity level • Adaptability • Initial responses • Child's reactions • Regularity • Impact on behavior, arousal, affect, play • Caregiver expectations/reactions	• Easy/flexible • Slow to warm up/fearful • Difficult/feisty • Mismatch w/caregiver

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REGULATORY DOMAIN: EMOTIONAL REGULATION

DEFINITION: Ability to control a range of emotions and feelings (joy, pleasure, delight, contentment, satisfaction, power, fear, anger, frustration) in response to external influences as displayed by a child's ability to self-calm, act in socially acceptable ways, and value feelings and emotions of self and others.

OBSERVATION CATEGORY	BEHAVIORS *(What do I see?)*	CONCLUSIONS *(What do I think?)*
Range of Emotions: range of moods and feelings expressed by happy, sad, depressed, flat, anxious or angry affect.	• Expressed emotions • Prevailing moods • Variables impacting moods • Connection between behavior and emotional states • Response to affect in others	• Varied • Limited • Appropriate • Inappropriate
Affect: emotional component of behavior that occurs most meaningfully in social contexts of relationships expressed through actions or words during interactions or activities.	• Expression of affect • Response to affective cues • Self initiation of affect • Expresses limited to extreme ranges • Depression, listlessness, passivity • Withdrawn, fearful, tentative • Disorganization, tantrums, escalated behavior • Happy, active, organized appearance • Lack of enjoyment	• Appropriate • Negative • Depressed • Positive • Limited • Flat
Coping: the process of using cognitive or behavioral strategies to manage tension-generating events as well as the routines, opportunities, challenges and frustrations of daily life.	• Communication of needs • Response to help, stress, frustration • Adaptation to changes in the environment • Completion of self initiated activities • Handling of new or difficult situations • Self comforting or self consolation	• Effective • Not effective • Appropriate/Inappropriate • Situationally effective
Sense of self: perceptions and feelings about self and contributions to family and society that affect self-concept and influences self esteem.	• Awareness of impact of behavior, actions • Self image • Response to danger • Sense of mastery, demonstration of preferences • Need for reassurance • Awareness of aggression • Provocative behaviors • Understanding of social cause and effect • Understanding of self in relation to task • Recognition of possessions • Monitoring accuracy of responses	• Confident • Insecure • Emerging

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REGULATORY DOMAIN: SOCIAL-COMMUNICATIVE REGULATION

DEFINITION: Ability to share thoughts, ideas and feelings with others and to get need and wants met.

OBSERVATION CATEGORY	BEHAVIORS *(What do I see?)*	CONCLUSIONS *(What do I think?)*
Communication/Language: a child's ability to understand the language around them and to share thoughts and feelings.	• Gestures, signs • Uses single words, phrases, sentences • Use of cues, signals • Verbalization of intentions • Requests • Commands • Joint attention, turn-taking • Imitation (actions, behavior, vocalizations) • Quality of sounds made	• Gesture • Vocalization/babbling • Simple words • Sentences • Functional • Of concern
Social interaction: skills which enable a child to carry on a conversation or to function in a group and to interact appropriately with others. Example: turn-taking, playing a circle game or comforting someone who is crying.	• Interactions with others • Level of play • Pro-social behaviors • Handling conflict • Modulation of intensity/frequency • Seeking and responding to interactions • Engagement (directs & maintains) • Reaction to stimulation	• Turn-taking: Engagement Disengagement • Appropriate • Inappropriate
Joint attention/Relationship to Persons: child learns to coordinate and distribute attention to objects and persons in the environment; an important precursor to the ability to learn from social interactions, especially language.	• Contingent interactions • Engagement (directs & maintains) • Following lead • Synchrony • Caregiver's response • Eye contact • Impact of the environment	• Initiates • Responds • Appropriate • Inappropriate • Limited
Play: the actions of children that enables them to learn about the world around them by testing ideas, asking questions, and coming up with answers.	• Types of activities • Exploration of toys • Pretends activities • Simple or complex play schemes • Reenactments	• Limited • Extensive • Appropriate • Inappropriate

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REGULATORY DOMAIN: ENVIRONMENTAL REGULATION

DEFINITION: The ability of the caregiving environment (external) to have a positive influence on the development of the child (internal)

OBSERVATION CATEGORY	BEHAVIORS (What do I see?)	CONCLUSIONS (What do I think?)
Caregiver style: the style or quality of interaction between communicative partners is critical to communicative performance. Communication difficulties are often the result of a mismatch in style of interaction.	• Quality of interaction • Interaction style (facilitating, directing) • Initiating of interactions • Control of focus • Following child's lead • Over use of commands • Responding to cues, behaviors, requests • Interactive match	• Facilitative • Directive • Quiet • Talkative • Mismatch of styles
Physical Environment: the qualities of a physical setting or location (home, school, outdoors) that support regulation.	• Types of sensory input available • Degree of safety • Opportunities and challenges • Invitation to explore, interact • Rules expressed or perceived • Structured or unstructured • Overall appearance of environment • Physical set up • Response to different environments	• Over stimulating • Under stimulating • Organized • Disorganized • Supportive • Appropriate

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APPENDIX G

REFERENCES

REFERENCES

Als, H. Lester, B. M., Tronick, E. Z. & Brazelton, T. B. (1982). Toward a research instrument for the assessment of preterm infants' behavior (APIB). In H. Fitzgerald, B. M. Lester, & M. W. Yogman (Eds.), Theory and Research in Behavioral Pediatrics (pp. 35-63). New York: Plenum Press.

Brazelton & Crammer (1984). The earliest relationship: Parents, infants, and the drama of early attachment. Reading, MA: Addison Wesley.

Brazleton, T.B. (1992). Touchpoints: Emotional and behavioral development. New York: Addison-Wesley.

Butterfield, P., Pagano, B., & Dolezal, S. (1998). Parents in partnering education: PIPE. Denver, CO: University of Colorado School of Medicine.

Carey, & McDevitt, (1995). Coping with children's temperament. New York: Basic.

Carey, (1989). Temperament risk factors in general pediatric practice. In W. B. Carey & S. Q. McDervitt (Eds.), Clinical and Educational Applications of Temperament Research (pp 53-63). Berwyn, PA: Swets North America.

Chess, S. & Thomas, C. (1996). Origins & evolution of behavior disorders: From infancy to early adult life. New York: Brunner-Mazel.

Daws, D. (1989). Through the night: Helping parents and sleepless infants. New York: Basic Books.

DeGangi, G., Sickel, R.Z.Kaplan, E. P., & (1997). Mother-infant interactions in infants with disorders of self-regulation. Physical and Occupational Therapy in Pediatrics,17, (1).

Dixon, S. (1992). Parenting Perspectives. AIA Teleconference. San Diego. CA.

Duffy, S., Phillips, S. Davis, S., Maloney, T. Stromnes, J. Miller, B., & Larson, K. (1992). Effective communication for parents and professionals. Dynamic Communication Process Project. Montana University Affiliated Rural Institute on Disabilities.

Emde, R.N., Gaenbauer, T. J. & Harmon, R.J. (1976). Emotional expression in infancy: A Biobehavioral study. Psychological Issues Monograph. 10, 37. New York: International Universities Press.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Field, T. M. (1985). Perinatal risk factors for infant depression. Frontiers of Infant Psychiatry, II, 111-125.

Fisher, K. W. & Bidell, T. R. (in press). Dynamic development of psychological structures in action and thought. In W. Damon (Eds.), Theoretical Models of Human Development. Vol. 1. New York: Wiley.

Greenspan, S. I. (1989). The development of the ego: Insights from clinical work with infants and young children. In S. I. Greenspan & G. H. Pollock. The Course of Life: Vol. I Infancy. Madison, WI: International Universities Press.

Greenspan, S. I. (1992). Reconsidering the diagnosis and treatment of very young children with autistic spectrum or pervasive development disorder. Zero to Three, 13, 1-9.

Greenspan, S.I., & Salmon, J. (1995). The Challenging Child: Understanding, raising, and enjoying five "difficult" types of children. New York: Addison-Wesley Publishing Co.

Harrison, H., Du Rivage, J., & Clarke, J. (1998). SELF: Supports for early learning foundations. Albuquerque, NM: University of New Mexico.

Kopp, C. B. (1982). Antecedents of self-regulation: A developmental perspective. Developmental Psychology, 18(2), 199-214.

Kopp, C. B. (1987). The growth of self-regulation: Patents and children. In N. Eisenberg (Ed.) Perspectives in Developmental Psychology, 25, 342-354.

Kopp. C. B. (1989). Regulation of distress and negative emotions.: A developmental view. Developmental Psychology. 25, (3), 343-354.

Lally, J. R. (Executive Producer), & Poole, J. (Assistant Director). (1990). Flexible, fearful or feisty: The different temperament types of infants and toddlers. [Video]. (Available from Bureau of Publications, Sales Unit, California Department of Education, P.O. Box 944272, Sacramento, CA 94244-2720)

Mirenda, P., & Donnellan, A. (1986). Effects of adult interaction style on conversational behavior in students with severe communication problems. Language, Speech, and Hearing Services in Schools, 17, 126-141.

Peck. C. (1985). Increasing opportunities for social control by children with autism and severe handicaps: effects on student behavior and perceived classroom climate. Journal of the Association of Persons with Severe Handicaps, 10, 183-193.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Rydell, P.J. & Mirenda, P. (1991). The effects of two levels of linguistic constraint on echolali and generative language production in children with autism. Journal of Autism and Developmental Disorders, 21, 131-157.

Rydell, P.J. (1989). Social-communicative control and its effects on echolalia in children with autism. Doctoral Dissertation, University of Nebraska-Lincoln.

Segal, M., & Webber, N. T. (1996). Nonstructured play observations: Guidelines, benefits, and caveats. In S. J. Meisels & E. Fenichel (Eds.). New visions for the developmental assessment of infants and young children. Washington, DC: Zero to Three. 207-230.

Silliman, E. R.. & Wilkinson, L.C. (1991). Communicating for Learning. Gaithersburg, MD: AspenSpradley, J. P. (1979) The ethnographic interview. Orlando:FL: Hardcourt Brace Joranovich.

StevensDominguez, M., Oetter, P. C. & Westby, C. (1996). Through Shared Windows. Albuquerque,NM: University of New Mexico.

Thomas, A., & Chess, S. (1977). Temperament and Development. New York: Brunner/ Mazel.

Tronick, E. Z. (1989). Emotions and emotional communication in infants. American Psychologist. 44, 112-119.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

BIBLIOGRAPHY

Als, H. (1982). Toward a syntactic theory of development: Promise for the assessment and support of infant individuality. Infant Mental Health Journal, 3, 229-243.

Als, H. (1986). A synactive model of neonatal behavioral organization: Framework for the assessment of neurobehavioral development in the premature infant and for support of infants and parents in the neonatal intensive care environment. Physical and Occupational Therapy in Pediatrics, 6, 3-53

Als, H.Lester, B. M., Tronick, E. Z. & Brazelton, T. B. (1982). Toward a research instrument for the assessment of preterm infants' behavior (APIB). In H. Fitzgerald, B. M. Lester, & M. W. Yogman (Eds.), Theory and Research in Behavioral Pediatrics (pp. 35-63). New York: Plenum Press.

Anastasi, A. (1988). Psychological testing. (6th ed.) New York: Macmillian.

Anzalone, M. E. (1994). Sensory contributions to action: A sensory integrative approach. Zero to Three, 14 (2), 17-20.

Ayres, A. J. (1973). Sensory integrating and the child. Los Angeles: Western Psychological Corporation.

Bagnato, S. J. & Neisworth, J. T. (1991). Assessment for early intervention: Best practices for professionals. New York: Guilford Press.

Bailey, D. B. (1987). Collaborative goal setting with families. Topics in ECSE, 7 (2), 59-71.

Bayley Scales of Infant Development, Behavioral rating scale. (1993). Second edition. San Antonio, TX: The Psychological Corporation, Harcourt Brace.

Brazelton & Crammer (1984). The earliest relationship: Parents, infants, and the drama of early attachment. Reading, MA: Addison Wesley.

Brazelton, T. B. & Brandt, K. A. (1997). Combining relationships and development: applying touchpoints to individuals and community practices. Aspen Publishers, Inc.

Brazleton, T. B. (1992). Touchpoints: Your child's emotional and behavioral development. New York: Addison-Wesley Publishing Co.

ERIC © 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Briggs, M. H. (1998). Families Talk: Building partnerships for communicative change. Topics in Language Disorders, 18 (3), 71-84.

Burns, E. T. (1991). Our Children, Our Future. Plano, TX: Marco Polo Group.

Burns, E. T. (1994). From risk to resilience: A journey with heart for our children, our future. Dallas: Marco Polo Group.

Buss, A. H. & Plomin, R. (1984). Temperament: Early developing personality traits. Hilldale, NJ: Lawrence Erlbaum Associates.

Butterfield, P., Pagano, B., & Dolezal, S. (1998). Parents in partnering education: PIPE. Denver, CO: University of Colorado School of Medicine.

Carey, & McDevitt, (1995). Coping with children's temperament. New York: Basic.

Carey, (1989). Temperament risk factors in general pediatric practice. In W. B. Carey & S. Q. McDervitt (Eds.), Clinical and Educational Applications of Temperament Research (pp 53-63). Berwyn, PA: Swets North America.

Chess, S. & Thomas, C. (1996). Origins & evolution of behavior disorders: From infancy to early adult life. New York: Brunner-Mazel.

Coleman, J. G. (1993). The Early Intervention Dictionary. Bethesda, MD: Woodbine House.

Daws, D. (1989). Through the night: Helping parents and sleepless infants. New York: Basic Books Division of Harper Collins, Inc.

DeGangi, G. & Rosenstein, M. (1991). Fussy Babies: A Case Study. Rockville, MD: Reginald S. Lourie Center for Infants and Young Children.

DeGangi, G. A. (1991). Assessment of sensory, emotional, and attentional problems in regulatory disordered infants, Part I & Part II. Infants and Young Children, 3, 9-19.

DeGangi, G. A., Poisson, S. et al. (1995). Infant/Toddler Symptom Checklist: A screening tool for parents. Tucson, AZ: Therapy Skill Builders.

DeGangi, G., Sickel, R.Z.Kaplan, E. P., & (1997). Mother-infant interactions in infants with disorders of self-regulation. Physical and Occupational Therapy in Pediatrics,17, (1).

Dixon, S. (1992). Parenting Perspectives. AIA Teleconference. San Diego. CA.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Doherty, S. C. (1997). Identifying at risk mother-infant behavior patterns. The Greenspan-Liberman Observation Scale. Revised. Journal of Developmental and Learning Disorders. 1 (2).

Duffy, S., Phillips, S. Davis, S., Maloney, T. Stromnes, J. Miller, B., & Larson, K. (1992). Effective communication for parents and professionals. Dynamic Communication Process Project. Montana University Affiliated Rural Institute on Disabilities.

Dunn, W. (1997). The impact of sensory processing abilities on the daily life of young children and their families: A conceptual model. Infants and Young Children, 9, 23-35.

DuPage, College of. (1996). Child Observation Techniques. (Video) Glen Ellyn, IL.

Eisenberg, A. H., Murkoff, H. E. & Hathaway, S. E. (1994). What to expect the toddler years. New York: Norkman Publishing.

Emde, R.N., Gaenbauer, T. J. & Harmon, R.J. (1976). Emotional expression in infancy: A Biobehavioral study. Psychological Issues Monograph. 10, 37. New York: International Universities Press.

Ferber, R. (1986). Solve your child's sleep problems. New York: Simon & Schuster, Inc.

Field, T. M. (1985). Perinatal risk factors for infant depression. Frontiers of Infant Psychiatry, II, 111-125.

Fisher, A. G., Murray, E. A. & Bundy, A. C. (1991). Sensory Integration Theory and Practice. Philadelphia: F.A. Davis.

Fisher, K. W. & Bidell, T. R. (in press). Dynamic development of psychological structures in action and thought. In W. Damon (Eds.), Theoretical Models of Human Development. Vol. 1. New York: Wiley.

Fox, N. A. (1994). The Development of Emotion Regulation: Biological Behavioral Considerations. Monographs of the Society for the Research in Child Development, 59 (249), 2-3.

Greenspan, S. I. & Greenspan, N. T. (1985). First feelings: Milestones in the emotional development of your baby and child. New York: Penguin Books.

Greenspan, S. I. & Meisels, S. (1994). Toward a new vision for the developmental assessment of infants and young children. Zero to Three, 14, 1-33.

Greenspan, S. I. & Pollock, G. H. (Eds). (1989). The Course of Life. Madison, CT: International Universities Press.

1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Greenspan, S. I. & W. S. (1993). Regulatory disorders. New York: Guilford Press.

Greenspan, S. I. (1989). The development of the ego: Insights from clinical work with infants and young children. In S. I. Greenspan & G. H. Pollock. The Course of Life: Vol. I Infancy. Madison, WI: International Universities Press.

Greenspan, S. I. (1992). Reconsidering the diagnosis and treatment of very young children with autistic spectrum or pervasive development disorder. Zero to Three, 13, 1-9.

Greenspan, S. I. (1994). Infancy and early childhood: The practice of clinical assessment and intervention with emotional and developmental challenges. Madison, CT: International Universities Press.

Greenspan, S.I., & Salmon, J. (1995). The Challenging Child: Understanding, raising, and enjoying five "difficult" types of children. New York: Addison-Wesley.

Guilford, J. P. (1965). Fundamental statistics in psychology and education. New York: McGraw-Hill.

Harrison, H., Du Rivage, J., & Clarke, J. (1998). SELF: Supports for early learning foundations. Albuquerque, NM: University of New Mexico.

Holloway, E. (1993). Early Emotional Development and Sensory Processing. in Pediatric Occupational Therapy and Early Intervention. (J. C.-Smith Ed.). Stoneham, MA: Andover Medical Publisher.

Holloway, E. (1993). Early emotional development and sensory processing. Newton, MA: Butterworth-Heineman.

Hooper, B. (1997). The Relationship Between Pretheoretical Assumptions and Clinical Reasoning. The American Journal of Occupational Therapy, 51 (5), 328-338.

Hymes, D. (1977). Qualitative/quantitative research methodology in education: A linguistic perspective. Anthropology and Education Quarterly, 8 (3), 165-176.

Kalmanson, B. C. & Selingman, S. (1992). Family-provider relationships: The basis of all interventions. Infants and Young Children, 4, 416-452.

Klass, C. S. (1997). Home Visitor-Parents Relationship: The Linchpin of Home Visiting. Zero to Three, 14 (14).

Klein, D. M. (1990). Parent Articles for Early Intervention. Tucson, AZ: Communication Skill Builders.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Koenig, K. P. (1996). Adaptability: The bridge to behavior. Sensory Integration Quarterly, 1, 14-18.

Kopp, C. B. (1982). Antecedents of self-regulation: A developmental perspective. Developmental Psychology, 18(2), 199-214.

Kopp, C. B. (1987). The growth of self-regulation: Patents and children. In N. Eisenberg (Ed.) Perspectives in Developmental Psychology, 25, 342-354.

Kopp, C. B. (1994). Baby Steps. New York: W.H. Freman & Co.

Kopp. C. B. (1989). Regulation of distress and negative emotions.: A developmental view. Developmental Psychology. 25, (3), 343-354.

Kranowitz, C. S. (1998). The out-of-sync child: Recognizing and coping with sensory integration dysfunction. New York: Berkeley Publishing.

Lally, J. R. (1990). Getting in Tune: Creating nurturing relationships with infants and toddlers. (Video). Sacramento, CA: Far West Laboratory, California Department of Education.

Lally, R. J., Mangione, P. L. & Sigher, S. (1990). Flexible-Fearful-Feisty: The different temperaments of infants and toddlers. (Video). Sacramento, CA: Media Services Unit, California Department of Education.

Leach, P. (1994). Your Baby and Child from Birth to Age Five. New York, Alfred A. Knopf.

Lieberman, A. F. (1993). The emotional life of the toddler. New York: The Free Press, a Division of MacMillian, Inc.

Lincoln, Y. S. & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Linder, T. W. (1993). Transdisciplinary play-based intervention: Guidelines for developing a meaningful curriculum for young children. Baltimore: Paul H. Brookes.

Mali, P. (1986). MBO update: A handbook of practices and techniques for managing by objectives. New York: John Wiley & Sons.

Mattingly, C. & Fleming, M. H. (1994). Clinical reasoning: Forms of inquiry in a therapeutic practice. Philadelphia: F.A. Davis.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Mattingly, C. (1991). The narrative nature of clinical reasoning. American Journal of Occupational Therapy, 45, 998-1005.

Mattingly, C. (1991). What is clinical reasoning? American Journal of Occupational Therapy, 45, 979-986.

McCauley, R. J. & Swisher, L. (1984). Use and misuse of norm-referenced tests in clinical assessment: A hypothetical case. The Journal of Speech and Hearing Disorders, 49, 338-348.

McCune, L., Kalmanson, B. et al. (1990). An interdisciplinary model of infant assessment. New York: Cambridge University Press.

Meisels, S. J. & Fenichel, E. (Eds.). (1996). New visions for the developmental assessment of infants and young children. Washington DC: Zero to Three National Center for Infants, Toddlers, and Families.

Messick, S. (1980). Test validity and the ethics of assessment. American Pyschologist, 35, 1012-1027.

Mirenda, P., & Donnellan, A. (1986). Effects of adult interaction style on conversational behavior in students with severe communication problems. Language, Speech, and Hearing Services in Schools, 17, 126-141.

Muma, J. R. (1986). Language Acquisition: A functional perspective. Austin, TX: PRO-ED.

Neistadt, M. E. (1996). Teaching strategies for the development of clinical reasoning. American Journal of Occupational Therapy, 50, 676-684.

Neistadt, M. E. (1997). Teaching clinical reasoning as a thinking frame. The American Journal of Occupational Therapy, 52 (3), 221-229.

Neistadt, M. E., Wight, J. et al. (1997). Clinical Reasoning Case Studies as Teaching Tools. The American Journal of Occupational Therapy, 52, (2), 125-132.

Neisworth, J. T. & Bagnato, S. J. (1988). Assessment in early childhood special education: A typology of dependent measures. Baltimore: Paul Brookes.

Neisworth, J. T., Bagnato, S. J. et al. (1995). Neurobehavioral markers for early regulatory disorders. Fredrick, MD: Aspen.

Oetter, P., Richter, E. W. & Frick, S. (1993). M.O.R.E Integrating the mouth with sensory and postural functions. Hugo, MN: PDP Press.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Parks, S. (1994). HELP Family-Centered Interview. California: VORT Corp.

Peck, C. (1985). Increasing opportunities for social control by children with autism and severe handicaps: effects on student behavior and perceived classroom climate. Journal of the Association of Persons with Severe Handicaps, 10, 183-193.

Perkins, D. N. (1987). Thinking frames: An integrative perspective on teaching cognitive skills. in Teaching thinking skills: Theory and practice. (Baron, J. B. & Sternberg, R. J. Eds.). New York: Freeman: 41-61.

Perry, B. D. (1993). Neurodevelopment and the neurophysiology of trauma II: Clinical work among the alarm-fear-terror-continuum. The Advisor, 6 (2), 1, 14-20.

Perry, D. B. (1993). Neurodevelopment and the neurophysiology of trauma I: Maltreated children. The Advisor, 6 (1), 1, 14-18.

Pipp-Siegel, S. & Pressman, L. (1996). Developing a sense of self and others. Zero to Three, 17 (1), 17-24.

Porges, S. W. (1993). The infant's sixth sense: Awareness and regulation of bodily processing. Zero to Three, 12, 12-16.

Prizant, B. M. & Rydell, P. J. (1993). Assessment and Intervention Considerations for unconventional verbal behavior. in Communicative Alternatives to Challenging Behavior: Integrating functional assessment and intervention strategies. (Reichle & Wacker, D. P. Eds.). Baltimore: Brookes, 263-297.

Rocco, S. (1994). New visions for the developmental assessment of infants and young children: A parent's perspective. Zero to Three, 14, 13-15.

Rogers, J. C. & Holm, M. B. (1991). Occupational therapy diagnostic reasoning: A component of clinical reasoning. American Journal of Occupational Therapy, 45, 1045-1053.

Rossetti, L. M. (1996). Communication intervention birth to three. San Diego-London: Singular Publishing Group, Inc.

Rydell, P. J. & Mirenda, P. (1991). The effects of two levels of linguistic constraint on echolalia and generative language production in children with autism. Journal of Autism and Developmental Disorders, 21, 131-157.

Rydell, P.J. (1989). Social-communicative control and its effects on echolalia in children with autism. Doctoral Dissertation, University of Nebraska-Lincoln.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Sadeh, A. & Anders, T. (1993). Infant Sleep Problems: Origins, assessment, interv tions. Infant Mental Health Journal, 14.

Schmidt, B. D. (1991). Prevention of Sleep Problems. Instructions for pediatric patients. W.B. Saunders.

Schon, D. (1983). The reflective practitioner: How professionals think in action. New York: Basic.

Schon, D. (1987). Educating the reflective practitioner. San Francisco: Jossey-Bass.

Schwartz, K. B. (1991). Clinical reasoning and new ideas on intelligence: Implications for teaching and learning. American Journal of Occupational Therapy, 45, 1033-1037.

Sears, W. & Sears, M. (1996). Parenting the fussy baby and high-need child: Everything you need to know - from birth to age five. New York: Little Brown.

Sears, W. (1985). The Fussy Baby. New York: Penguin Book USA, Inc.

Segal, M., & Webber, N. T. (1996). Nonstructured play observations: Guidelines, benefits, and caveats. In S. J. Meisels & E. Fenichel (Eds.). New visions for the developmental assessment of infants and young children. Washington, DC: Zero to Three. 207-230.

Silliman, E. R.. & Wilkinson, L.C. (1991). Communicating for Learning. Gaithersburg, MD: Aspen

Simeonsson, R. J. (1979). The Carolina Individual Record of Behavior. Frank Porter Graham, Child Development Center, The University of North Carolina at Chapel Hill.

Simeonsson, R. J., Huntington, G. S. et al. (1980). Expanding developmental assessment of young handicapped children. New Directions for Exceptional Children.

Spradly, J. P. (1979). The Ethnographic interview. Orlando, FL: Harcourt Brace Joranovich, Inc.

Stallings-Shaler, S. (1993). Sensory Integration: Assessment and intervention with infants. in Pediatric Occupational Therapy and Early Intervention. (Smith, J. C. Ed.).

StevensDominguez, M., Oetter, P. C. & Westby, C. (1996). Through Shared Windows. Albuquerque: University of New Mexico.

© 1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Stokes, T., Osnes, P. G. et al. (1993). Communicative correspondence and mediated generalization. in Communicative Alternatives to Challenging Behavior: Integrating functional assessment and intervention strategies. (Reichle, J. & Wacker, D. P. Eds.). Baltimore: Brookes: 299-315.

Swartz, S. & Heller-Miller, J. E. (1988). The Language of Toys: Teaching Communication Skills to Special-Needs Children. USA: Woodbine House, Inc.

Thomas, A., & Chess, S. (1977). Temperament and Development. New York: Brunner/ Mazel.

Thomas, K. A. (1993). Sleeping Like a Baby: Development of sleep-wake pattern in preterm infants. NCAST National News, 9 (4), 1-6.

Tronick, E. Z. & Gianino, A. F. (1986). The transmission of maternal disturbance to the infant. New Directions for Child Development. 34: 5-11.

Tronick, E. Z. & Gianino, A. (1986). Interactive mismatch and repair: Challenges to the coping infant. Zero to Three, 6, 1-6.

Trott, M. C., Laurel, M. K. & Windeck, S. (1993). Sense Abilities: Understanding Sensory Intergration. Tucson, AZ; Therapy Skill Builders.

Ungerer, J. A., Dolby, R. et al. (1990). The early development of empathy: Self regulation and individual differences in the first year. Motivation and Emotion: 14: 93-106.

VanLeit, B. (1995). Using the case method to develop clinical reasoning skills in problem-based learning. American Journal of Occupational Therapy, 49, 349-353.

Vaughn, B. E., Kopp, C.B. et al. (1984). The emergence and consolidation of self-control from eighteen to thirty months of age: Normative trends and individual differences. Child Development, 55, 990-1004.

Westby, C. (1993). Ethnographic Interviewing: Asking the Right Questions to the Right People in the Right Ways. Manuscript submitted for publication.

Westby, C. E. (1980). Assessing cognitive and language abilities through play. Language Speech and Hearing Services in Schools, 11, 154-168.

Wilbarger, P. & Wilbarger, J. L. (1991). Sensory defensiveness in children. Santa Barbara: Avanti Educational Programs.

1999 Project SELF • Supports For Early Learning Foundations • University of New Mexico • COE/Center for Family & Community Partnerships

Williams, M. S. & Shellenberger, S. (1992). How does your engine run? The alert program for self-regulation. Albuquerque, NM: Therapy Works, Inc.

Wittmer, D., Doll, B. et al. (1996). Social and emotional development in early childhood: The identification of competence and disabilities. Journal of Early Intervention, 20 (4), 299-318.

Wolf, S. L. & Glass, R. P. (1992). Feeding and Swallowing Disorders in Infancy. Tucson, AZ: Therapy Skill Builders.

Zeitlin, S. & Williamson, G. G. (1994). Coping in Young Children: Early intervention practices to enhance adaptive behavior and resilience. Baltimore: P.H. Brookes Publishing Co.

Zeitlin, S., Williamson, G. G. et al. (1988). Early Coping Inventory: A measure of adaptive behavior. Bensenville, IL: Scholastic Testing Service, Inc.

Zelazo, P. R. (1982). An information processing approach to infant cognitive assessment. in Developmental disabilities: Theory, assessment, and intervention. M. Lewis and L. T. Tafts (Eds.). New York: Spectrum.

Zennah Jr., C., Ed. (1993). Handbook of Infant Mental Health. New York: Guiford Press.

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