

Appendix A: Developmental Milestones References

American Academy of Pediatrics, Healthy Children	http://www.healthychildren.org/english/ages-stages/Pages/default.aspx
Center for Disease Control and Prevention, Division of Birth Defects, National Center on Birth Defects and Developmental Disabilities	http://www.cdc.gov/ncbddd/actearly/index.html
3 months	http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/3MonthMilestonesFactShe.pdf http://www.healthychildren.org/english/ages-stages/baby/pages/developmental-milestones-3-months.aspx
7 months	http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/7Month.pdf http://www.healthychildren.org/English/ages-stages/baby/Pages/Developmental-Milestones-7-Months.aspx
1 year	http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/12MonthMilestonesFactSh.pdf http://www.healthychildren.org/English/ages-stages/baby/Pages/Developmental-Milestones-12-Months.aspx
2 years	http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/24MonthMilestonesFactSh.pdf http://www.healthychildren.org/English/ages-stages/toddler/Pages/Developmental-Milestones-2-Year-Olds.aspx
3 years	http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/3Year.pdf http://www.healthychildren.org/English/ages-stages/preschool/Pages/Developmental-Milestones-3-to-4-Year-Olds.aspx
4 years	http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/4Year.pdf http://www.healthychildren.org/English/ages-stages/preschool/Pages/Developmental-Milestones-3-to-4-Year-Olds.aspx
5 years	http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/5Year.pdf http://www.healthychildren.org/English/ages-stages/preschool/Pages/Developmental-Milestones-4-to-5-Year-Olds.aspx

Appendix B: ABC Chart for Determining a Behavior's Function

Antecedent	Behavior	Consequence

Appendix C: HOT DOCS Behavior Chart

Triggers	Behavior	Consequences
Describe events just before the behavior:	Specifically describe the behavior: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Function? To GET or GET OUT OF: </div>	What happened following the behavior?
Preventions	New Skills	New Responses
What can be done to change or lessen the trigger(s)?	What skills are needed to perform the replacement behavior?	How will others now respond when the new behavior or problem behavior is displayed?

Completed HOT DOCS Chart for Reference*

Triggers	Behavior	Consequences
Describe events just before the behavior: <ul style="list-style-type: none"> A child is watching T.V. in his room before dinner He does not respond to a request by his mother to come downstairs Dad comes into room, turns off T.V. before show ends, and carries child downstairs 	Specifically describe the behavior: <p>Child kicks, screams, cries, throws food off high chair, kicks dinner table, yells "NO!"</p> <p>-these behaviors last for 20 minutes</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Function? To GET or GET OUT OF: </div>	What happened following the behavior? <p>Mom and Dad yell; Dad spansks child; Dad makes child finish food; child is sent back to room as parents argue; child turns on T.V.</p>
Preventions	New Skills	New Responses
What can be done to change or lessen the trigger(s)? <ul style="list-style-type: none"> Provide warnings/cues that will be soon Use a visual schedule Wait for T.V. show to end Provide choices at dinner (Do you want milk or juice?; red plate or blue plate) Create a social story for manners at dinner table and prompt expected behaviors 	What skills are needed to perform the replacement behavior? <ul style="list-style-type: none"> each appropriate table manners each communication such as "one more time" use shaping to develop single tasks related to master skill 	How will others now respond when the new behavior or problem behavior is displayed? <p>For use of new behaviors:</p> <ul style="list-style-type: none"> raise attention reinforcement <p>For use of problem behavior:</p> <ul style="list-style-type: none"> validate feelings redirect use Time Out use a follow-through procedure to ensure compliance

*Adapted from the HOT DOCS Curriculum Manual

Appendix D: Graphing by Hand

Graph Name: _____



Glossary

- Adaptive behavior** A collection of conceptual, social, and practical skills learned by individuals to function in their everyday lives.
- Anticipatory guidance** Pediatric advice to parents as to what to expect with their infant/child at current and future stages of development.
- Attachment theory** Highlights the importance of the relationship developed between the parent and child, as well as the detrimental impact on development that results from parental separation, deprivation, or bereavement.
- Authoritarian parenting style** Described as highly demanding but not responsive parenting. Children tend to be obedient, proficient, but less confident or happy.
- Authoritative parenting style** Moderately demanding and responsive parenting. Children tend to be happy, capable, and successful.
- Baseline data** Data collected prior to implementing an intervention.
- Cognitive skills** Thinking skills, including attention, problem solving, and comprehension.
- Cognitive theory** Proposes that children progress through a series of developmental stages, in which new information from experiences is taken in (assimilation) and understood based upon their prior understanding and knowledge (accommodation). Piaget believed that children are naturally driven to explore their environment and learn by doing.
- Communication skills** Ability to get message across to another, through gestures, facial expression, and/or words.
- Count** The number of times a particular behavior occurs (e.g., the number of words a child says).
- Developmental milestone** A physical and behavioral sign of maturation that most children demonstrate by a certain age (e.g., responding to own name by 7 months, crawling by 12 months). Developmental milestones are often categorized into one of the following five domains: adaptive, cognitive, communication, motor, and social/emotional.
- Differential attention** A process involving ignoring of undesirable behavior and attending to the desired behavior to change behavior.

- Duration** The amount or length of time a behavior occurs (e.g., the number of minutes a tantrum lasts).
- Event recording** Recording the number of times a behavior occurs over a specific amount of time.
- Externalizing behavior** A cluster of behaviors expressed outwardly, including aggression, impulsivity, and/or noncompliance.
- Extinction** Reinforcement of a previously reinforced behavior is discontinued, resulting in decreased in frequency of the behavior in the future.
- Frequency/rate** The number of occurrences of a behavior within a specific amount of time (e.g., the number of words a child says in an hour).
- General Outcome Measurements (GOMs)** Similar to a physicians' growth chart, a type of measurement tool that may be used to evaluate progress toward a specific outcome, or long-term desired goal.
- Individual Growth and Developmental Indicators (IGDIs)** GOMs designed to measure child progress in the areas of adaptive, communication, motor, cognitive, and social/emotional development. Validated tools for infants/toddlers and preschool age children are available.
- Internalizing behavior** A cluster of behaviors with an inward focus, including behaviors described as anxious, withdrawn, depressed, or lonely.
- Interval time sampling methods** A type of observation method in which an observer records the presence or absence of a behavior within a specified time interval.
- Intervention data** Data collected after an intervention is begun.
- Intervention implementation** Plan which documents *who* will do *what*, *when* it will be done, and *how* long will it be tried.
- Intervention integrity** The degree to which an intervention is implemented as it was intended, including the frequency and length of sessions and the quality of how the intervention is provided.
- Intervention evaluation** This step involves revisiting the problem originally identified and examining the data to determine if the intervention is working.
- Latency** The elapsed between a prompt and a behavioral response (e.g., the number of seconds between an adult saying a child's name and the child looking up).
- Learning theory** Focuses on the fact that children's behavior is influenced by their experiences with their environment.
- Language** This is the term used for symbolic communication and includes print, words, sentences, and discourse to express and comprehend unique meanings.
- Magnitude** The intensity or force with which a behavior is produced (e.g., the volume of a child's voice).
- Medical home** An approach to providing high quality, comprehensive, and coordinated health care for children in a primary care setting.
- Modeling** An antecedent stimulus that evokes an imitative behavior. Modeling is a very effective method used to teach children new skills.
- Morphology** The system of smallest meaningful units of language.
- Motor development** The acquisition of control or use of large and small muscle masses in the body. This includes perceptual-motor development, and motor coordination, and involves both the brain/central nervous system and muscles.

Narrative recordings An informal observation method that involves recording everything observed.

Partial interval time sampling A type of observation method in which an observer records the behavior when a single instance of the behavior occurs in the interval.

Permissive parenting style Depicted as low demandingness, but highly responsive parenting. Children tend to be self-centered, and do not do well in school.

Phase change line A vertical, dashed line separating data from one phase (i.e., baseline) from another (i.e., intervention).

Pragmatics The system for using language in socially appropriate ways.

Primary prevention Prevention strategies that are intended to promote health and well-being all children and their families. Also may be referred to as Universal Preventions.

Problem analysis In clinical problem solving, refers to developing hypotheses regarding the reason for the problem and identifying interventions that are directly linked to the problem and have a high likelihood of being successful.

Problem identification The first stage of problem solving, in which the problem is clarified, often through history, observations, and screening tools. A discrepancy between a child abilities/skills and where they should fall according to benchmarks or milestones defines the problem.

Progress monitoring The practice of repeated measurements and charting of key skills as a means of determining rates of progress.

Protective factors Refers to characteristics that prevent or make less likely the occurrence of poor outcomes. Sensitive caregivers, supportive relationships, effective schools, safe neighborhoods, and access to health care are key protective factors for children.

Punishment Punishment occurs when a behavior occurs less frequently after a specific response is provided immediately after a behavior. Saying “no”, using time out, and spankings are examples of punishment strategies.

Randomized controlled trial A rigorous research design in which an intervention is compared to a control condition (no treatment or other form of therapy) and the participants are randomly assigned to treatments. This type of research design decreases the likelihood that outside factors will significantly impact the results.

Rating scales A type of measurement tool designed to measure a child’s behavior based on the report of a caregiver or familiar person. Rating scales typically describe specific behaviors and require a person to answer whether or not a child exhibits that behavior (e.g., “Does the child say 10 or more different words?”). Since the caregiver completes the rating scales by considering past observances of the child’s behavior, the child does not need to be present during the administration. Rating scales can be completed independently by the caregiver or through an interview between an examiner and the caregiver.

Reinforcement (positive and negative) Reinforcement increases the likelihood that a behavior will occur in the future. If the behavior is increased following the consequence, the consequence is referred to as positive reinforcement (e.g. praising child for sharing). If the behavior increases when the consequence is stopped

or removed, the consequence is referred to as negative reinforcement (turning off vacuum to stop child crying).

Replication study A research study which seeks to confirm findings from a previous study, sometimes with different populations or groups of people.

Risk factors Characteristics that make poor outcomes more likely to occur. Risk factors for early childhood include poverty, parental mental health problems and substance abuse, unsafe neighborhoods, health and developmental problems.

Schedules of reinforcement A rule that establishes the probability that a behavior will produce reinforcement. Continuous reinforcement should be used to strengthen new behaviors, while intermittent reinforcement will maintain behaviors.

Screening The use of a brief measurement tool designed to identify risk for health or developmental problems, and need for referral for more comprehensive assessment. Sensitivity (true positives; 70–80 % are identified) and specificity (true negatives; at least 80 % are identified) are important to consider in selecting screening tools.

Secondary prevention/intervention Intervention strategies which are targeted toward at-risk populations to teach skills and prevent poor outcomes in the future. This is also referred to as Selected Prevention.

Shaping A process in which reinforcement is provided following behaviors that approximate the goal or desired behavior outcome. Shaping is often used to teach children new skills.

Social/emotional development Refers to ability to recognize and regulate emotions, form relationships, and behave as expected in social situations. Social/emotional competence leads to better school achievement, better physical and mental health, and increased happiness.

Subclinical symptoms Having the majority of symptoms of a disorder but not meeting all diagnostic criteria *or* falling just below a clinical score on a rating scale.

Tertiary prevention/intervention These interventions are the most intensive, and are intended for children already experiencing significant difficulties and their families. This is also referred to as Indicated Prevention, as the interventions address current issues and prevent more serious outcomes.

Uninvolved parenting style Parenting style, in which there are few demands, low responsiveness, and little communication. Children are less competent, may have poor self-esteem, and lack self-control.

Well-child visit Refer to regularly scheduled appointments to a pediatrician's office for preventive care, to support healthy growth and development. The American Academy of Pediatrics (AAP, 2006) recommends that pediatricians screen for developmental delays at 9, 18, 24, and 30 months visits. In addition, AAP recommends that an autism specific tool be used at the 18 and 24 months visits.

Whole interval time sampling A type of observation method in which an observer records the behavior only when it is emitted throughout an entire interval.

X-axis The horizontal axis of a graph where time should be indexed.

Y-axis The vertical axis of a graph where the behavior should be indexed.

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