

SEED Study to Explore Early Development

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

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

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

Tips for Parents:

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

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

Time-out Tips:

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

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

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

out should always be done the same way, as quickly as possible, after the beginning of a tantrum.

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

SEED 2

The SEED sites are about to start a second round of data collection and will be inviting families with children born in more recent years to take part in the study. Increasing the number of families enrolled in SEED will allow us to get an even better picture of what puts children at risk

of developing an autism spectrum disorder. SEED 2 will still enroll children ages 2–5 who are from select areas of California, Colorado, Georgia, Maryland, North Carolina, and Pennsylvania.

HIGHLIGHTS OF SEED PROGRESS

SEED researchers have started to analyze initial results from the study. The first few analyses will focus on describing children's developmental skills and behaviors, medical

issues, and describing the demographics (age, race and ethnicity, sex, place of birth and residence) of our study population, and investigating associations between autism spectrum disorders and genes.

SEED started enrolling families in the winter of 2008.

The table shows SEED progress as of July, 2012.

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



COMMUNITY SPOTLIGHT

Events Manager for Autism Speaks and mother of two, Kimberly Dick, recently sat down with Georgia SEED staff to talk about her family's journey into the world of autism spectrum disorders (ASDs) and how she uses her personal and professional experiences to help other families. Her involvement in the autism community led her to volunteer for Autism Speaks and then, in 2011, to serve as the Walk Chair for Georgia's Walk Now for Autism Speaks. Walk Now for Autism Speaks raises awareness about ASDs and raises funds for ASD research. Today, Kimberly spearheads fundraising, volunteer development, and other activities to support Georgia's Walk Now for Autism Speaks.

Kimberly's story began when her first child, Caleb, was 9 months old. "He was always a happy cuddly baby but by 9 months he didn't respond to his name," says Kimberly. By the time he was 15 months old, Caleb had stopped clapping and waving bye-bye, and he would sometimes stare off into space. He started stimming, a repetitive, self-stimulatory body movement, by quickly shaking his head back and forth. As Caleb got older, he would become angry and tantrum for hours--banging his head on the floor and walls and biting himself and others. "It would be so scary to watch my little guy be in so much pain and frustration and not be able to do anything to help him because I didn't understand."

SEED: *When did Caleb get a diagnosis?*

KD: We got his diagnosis when he was 2½ years old. At this point we also had a 4 month old daughter. At first I didn't really understand that PDD-NOS [Pervasive Developmental Disorder-Not Otherwise Specified] was on the autism spectrum. I called the developmental pediatrician's office back and must have kept them on the phone for over an hour talking about his diagnosis in more detail. I was of course devastated by the news but also was like "finally, there really is something wrong," and I took that diagnosis and I started spending hours on the computer emailing and calling trying to setup services for him. I would get so frustrated because it seemed everyone else was moving so slowly and I was so worried that we were losing "early intervention time." It took me about a year after the diagnosis and some words of advice before I calmed down. Autism is a marathon, not a sprint. Pace yourself.

SEED: *How is Caleb doing today?*

KD: Today, Caleb is in kindergarten, and the challenges we face are constantly evolving. Every day and sometimes every hour is different. We might overcome one hurdle only to face another. For example, we've been able to overcome the hurdles of public restrooms, dealing with automatic toilets and the horribly loud hand dryers. At school, he experiences both academic and social challenges. He shows a desire to make friends and be social and his teachers are teaching him the social skills to do so.

SEED: *Do you have any advice for other parents?*

KD: For other families living with autism, keep an open mind and remember that autism is different for everyone. For families just beginning their journey and who may have a concern, I encourage you not to wait. If you are feeling as if there might be something developmentally wrong with your child, pursue it. Listen to your gut feeling.

SEED: *What inspires you?*

KD: My kids inspire me! Caleb might think and act differently than others, but he is the most loving little boy in the world. He's all smiles and can brighten your day. The autism community inspires me too. The support we received from other families living with ASD inspired my current role as Walk/Events Manager for Autism Speaks in Georgia. From the first day we received our son's diagnosis, connecting with other families helped me to deal with what we were going through. The advances in autism research also inspire me.

SEED: *Is there anything you want to say to families who are participating in SEED?*

KD: Thank you for taking the time to participate! You are part of something that can help so many families.

SEED: *Thank you Kimberly!*

SITE SNAPSHOT: GEORGIA

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

Tracking the Number of Children Identified with Autism Spectrum Disorders

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

Improving Early Identification

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



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)
National Center on Birth Defects and
Developmental Disabilities (NCBDDD)
Attn.: Charmaine McKenzie
1600 Clifton Road, MS E-86
Atlanta, GA 30333

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