Family Wisdom: Tips from Families on Building Foundation Skills

The purpose of the Foundations for Early Childhood Self-Determination Project is to help families and early childhood practitioners learn how to nourish skills in young children with disabilities that will lead to self-determination (greater independence and the ability to make responsible choices on their own) as they grow older. Children with disabilities can have difficulty expressing choices or may have delays that limit the growth of skills of engagement (paying appropriate attention to things or people) and self-regulation (ability to calm themselves), which we believe are the “foundations” of self-determination. Therefore, these three foundation skills are the focus of our project.

For the first step in developing our project, we wanted to learn more about what families and practitioners already do to nourish skills in the foundational areas of choice-making, enhancing a child’s ability to engage successfully with the environment, materials and others, and building self-regulation skills. We sent announcements to parent newsletters with links to our on-line survey and received more than 237 responses from families in 23 states. We asked families to share their tips and strategies for building skills in their children in the areas of choice-making, engagement, and self-regulation. At the end of the report, we also provide a summary of some of the common answers to additional survey questions that we asked and a group summary of the families that gave this information.

Part 1: Choice-making

In Part 1: Choice-Making, we summarize the many thoughtful comments families shared about giving choices to their child with a disability. Families discussed why they believe it is important to encourage choice-making, how they teach or offer choices to their child, and what kinds of choices they offer.

Why Encourage Choice-Making?

I have always allowed him as much freedom through trial and error as possible. This may mean a messy area but when appropriate NO is not something I use. There will always be times when options are limited and it's important for him to know the difference between when he has options and when he doesn't.

The families who answered our survey thought it was important to encourage their child to make choices for a variety of reasons. Some families thought it was important to help their child establish a sense of control in their life. As one parent said, “I really try to give him as much
control over his world as is safely possible...since there's so much that he doesn't control.” Other families offered choices as a teaching tool, especially for children who need practice with their language or gross motor skills – requiring the child to “use their words,” or reach for the preferred toy, helps the child to gain these skills. They also offered choices as a way to help control behavior, as they observed their child was much calmer or less oppositional when he or she was given a choice about a food or an activity. In short, developing the ability to make choices is a means to an end, for better communication, motor skills, and positive, pro-social behavior.

**HOW to Encourage Choice-Making**

Families were very well aware that they needed to be intentional about teaching choice-making to their child with a disability. They shared tips for teaching or encouraging choice-making, including (a) using verbal or physical prompts to offer choices, (b) maintaining neutrality to make sure it really is the child’s choice, (c) allowing the child time to process and make choices, (d) beginning with limited or simple choices, (e) celebrating/rewarding choices, (f) structuring the environment to place choices within reach, and (g) using a picture communication board or other assistive technology. The following are some examples of these strategies:

- **Verbal or physical prompts** – give the child an idea of what choices are available, let the child know the options: “physically show him the choices - I get eye contact before we go over the choices.”

- **Maintaining neutrality** – try to avoid showing a preference for one choice or the other in order to assure the child is really making a choice and not following the parent’s cue: “I try not to say what they are since my daughter will normally answer with the last option. I just say which one do you want?”

- **Be patient and take your time** – recognize that young children may need to think about choices and “process” the decision. Parents pointed out that in a busy day this is not always possible, but taking the time to pause is important. As one parent said, it takes “PATIENCE! My son needs that little extra few seconds to grasp the concept of what you are asking of him.”

- **Limit choices** – keep the options to just a few (for example, “the red shirt, or the orange shirt?”) to avoid overwhelming the child – “I try to limit the choices to 2 things because it seems that if he has more than that he gets confused and won't answer.” Also, parents noted that limiting choices to those they found acceptable was the way to keep choice-making within age-appropriate boundaries, e.g., choosing between two healthy snacks.

> At first when we were teaching him to make a choice he only had one option but had to indicate or sign a request for whatever the item was (snack, milk, toy etc.) Then we gave him two options. Now he gets a little overwhelmed at too many food choices but happily selects a book from the bookshelves to read (from fifty plus options). Next we will offer three [choices] and so on.
- **Celebrate and reward appropriate choices** – reward the child for making “smart” choices and have consequences for poor ones. Parents talked about providing incentives and rewards for choosing healthy snacks, choosing to pick up toys, etc. Other parents talked about letting the child experience the consequences of making inappropriate choices. One mother described an incident where her child threw a toy out the window of their moving car – she did not go back for the toy, but talked with her child about why she didn’t have the toy anymore because of her choice.

- **Structure the environment** – place items the child can choose where he or she can reach them. You may have a special place in each room where the child has ready access to materials or toys. Parents described putting drink choices on a lower shelf of the refrigerator, putting toys on low shelves and in a toy box the child could reach, and so on.

  "I want" phrase is good for my son with autism. When he initiates or replies, I say, "go get it" renaming what it is that he chose. This has alerted me to put foods that he likes in the freezer on the bottom shelf. If I know he can't reach something, sometimes, I wait to see if he will come ask for assistance. Then, we high-five each other when he brings the item he requested.

- **Use assistive technology** – some children need picture cues or other materials to help them make choices. Parents talked about using picture sequences, such as pictures of different foods or activities, enabling them to guide their child’s choice-making.

  We use visual icons to offer choices, and picture-label all non-see-through boxes of toys which are all within reach. Magnets with pictures of food items are placed on the fridge door, and clear bowl of fruit is within easy access of child. Clothing is matched into outfits on special hangers and hung on a low rod in the closet.

**WHAT Choices Can Young Children Make?**

Many of the families’ responses to our survey focused on the specific kinds of choices they considered age appropriate for their child. These included choices of toys, movies, books, food, and clothing. These comments also often involved tips on limiting or clarifying the choices for the child so as to maintain the boundaries set by the parent – e.g., offering an array of nutritional snacks, offering choice of two weather-appropriate clothing options. Families were aware that this was an evolving process and that their children would be able to make more and more choices as they grew older. For instance, one parent said: “I give him choices for healthy snacks
and activities and he is able to decide which sounds the best to him. He always chooses his clothes and is we are still working on weather appropriate!”

In Conclusion . . .

Families in our study thought that it was important to teach their child to make choices, both as a means to an end (for example, learning to communicate choices), and an end in itself (for example, feeling independent and in control). They were also aware that they needed to be intentional about teaching choice-making, through prompts, setting out specific small numbers of choices, and putting choices in reach. Families also thought that choices should be age-appropriate and within the limits of what is healthy and safe for their child. Choice-making is apparently something that families individualize quite a bit, depending on the abilities of their child and the circumstances of their environment or family culture.

Part 2: Engagement

In Part 2: Engagement, we summarize the ideas and strategies families shared about encouraging their child to engage appropriately with toys or activities. A few of the families who responded to this question said they had no problem with encouraging engagement. In fact, for those with a child who has autism, the problem was sometimes quite the opposite; as one family member put it, “Our difficulty is in stopping activities.” Another family member said, “When he gets a new toy or even new shoes he will sleep with it and become obsessed with that item for quite a while.” For these family members, the problem is in helping their child disengage with an activity when it is time for a transition.

For the majority, however, encouraging engagement is a challenge and by the nature of the comments, these respondents have given the issue of engagement a considerable amount of thought. One family member noted, “This is still his biggest area of challenge.” Therefore, it is not surprising to see the range of parental ingenuity in encouraging their children to engage with activities or toys for longer periods of time. Here are some of the strategies they mentioned:

➤ Talk it up, “sell” it, show enthusiasm. Family members try to make the activity look and sound fun by modeling how to play with it and using excited tones of voice. “LOTS of verbal cues.” One mother said, “Sometimes I send him out to the sandbox with a story starter in his head. I tell a story about how Bob the Builder is going to build a town on the beach and I wonder what that will look like . . . He will stay in the sand for an hour if I let him!”

For my son I have to make the activity super exciting, using big facial gestures and tone of voice. I then “direct” him to the activity and once he’s seen it or touched it, I make a big deal about it and get him laughing. If I do, then he’s willing to stay with the activity for a whole 3 minutes. Sigh.
Play with the child. Closely related to “selling” the activity is sitting down with the child and playing with him or her. Many family members noted that getting down on the floor with their child and playing with him or her often works well in helping the child engage. “She will stay involved . . . as long as you are there to do it with her.”

Get other children to play with the child. For some children, having another child involved in the activity increases interest. Some family members described having a preferred play mate, and one even described hiring older peers “with good social skills” to play with their child with a disability. For families with siblings, this is easier; as one mother put it, “I also like to engage our younger children in playing with her so they interact with her and she doesn’t feel alone or different.”

Follow the child’s interest. For respondents to our survey, there was a connection between allowing choice, and their child’s engagement. “You need to do something they like to do,” as one family member put it.

Offer positive rewards. Respondents to our survey talked about giving positive incentives and choices, especially when encouraging the child to engage in a less preferred activity. Sometimes the reward was edibles or other similar incentives, and sometimes it was the promise of allowing the child to have another, more desired activity.

Provide novelty. Our survey respondents talked about rotating the available toys periodically. “I hide away half of our toys for a few months and then swap to keep him interested.” In this way there are opportunities to have “new” things to excite interest. Creating a sense of novelty, such as providing new toys, or finding new ways to play with old toys, was also a favorite strategy.

Provide multiple options. For some children, family members thought it was important to have their child engage with a variety of activities. “We make a conscious effort to make sure our son doesn’t spend all his time staring/playing with only a limited number of toys.” Even when this was not the issue, some families described giving multiple items or manipulatives so the child could have choices.
- **Limit choices.** On the other hand, for some children, multiple options could be confusing and overwhelming. For these children, family members found it necessary to limit the selection of items because too many toys and activities were overwhelming.

  We have found if most tables and play areas are clear and toys are put away on upper shelves when we bring down the box [of toys] he will play and be interested two to three times longer than if the box is left out. Too many choices and he will revert to his favorite stuffed toys and a corner.

- **Reduce distractions in the environment.** Families reported that some children engaged more appropriately for longer periods when they reduced potential distractions, such as the TV or too many people or sounds in the play area. This was different for different children. One family member described the need to reduce sounds and distractions, while two others noted that quiet background music seemed to help their children be more active and participating.

- **Redirect.** Our respondents were on the watch for signs their children’s interest was flagging with a given activity. Their strategies to increase engagement at that point involved presenting a new activity for a short period and then going back to the other activity. One mother reported she was trying to increase her child’s engagement by “watching for clue that he is done, and then trying to add something new to the activity to get him to stay focused longer.”

- **Schedules and Timers.** Some family members set timers for their child for a brief period (for example, 3 minutes) and ask him or her to stick with an activity until the timer goes off. Others give a “count down” to be done with the activity (“One more turn each; one more minute till play time is all done”)

**In Conclusion . . .**

Some of the tips these families contributed seem contradictory: providing a wide range of choices versus limiting choices; reducing distractions versus providing background sound; making activities novel versus taking it slow with new things. It doesn’t mean that some of the respondents were “wrong” and others “right” in their choice of strategies. It means that their children are unique individuals and that what works for one child may not work for another. You know your child and what will work for him or her. As one family member said, “being in tune is the key.” Indeed!

**Part 3: Self-Regulation**

Part 3: Self-Regulation refers to the ability of young children to get control over their emotions and behaviors. An infant or toddler, for example, may learn to calm himself by sucking on a
pacifier or snuggling with a favorite teddy bear. An older child may learn more complicated ways to calm down by learning to “use her words” rather than crying, by counting to ten, or by removing herself from a situation. For children with disabilities, learning self-regulation may not happen automatically, instead family members may be challenged to find ways to help their child keep or regain control. As every child is different, this process is a matter of finding out what works best for each individual child.

For some families, that quest to find what works was still underway at the time of our survey, and these respondents expressed frustration about their inability to solve this puzzle. “I wish I knew,” said one family member, and another said, “I often feel helpless.” The challenge of teaching self-regulation can be a serious problem because some youngsters can hurt themselves through their out-of-control behaviors. One family member said, “We need help on the head banging. We don't know what to do besides put her in her crib...but then she bangs her head on the wall.”

In general, the types of strategies suggested by the families in our survey fell into three broad categories: (a) sensory integration techniques (for example, helping the child by massage, by reducing sensory overload); (b) behavior modification strategies, and (c) communication strategies. The following are some specific tips and strategies in each of these three categories:

**Sensory Integration Techniques**

Sensory integration refers to the ability of the brain to organize sensory information as it comes in through the senses. Many children display sensory integration issues. Some who have certain disabilities, such as autism, have trouble “filtering out” some sensory information and focus only on the important cues in a given situation. Others may not have a specific identified disability during early childhood, but certainly exhibit the need for more or less sensory input. Children may be overwhelmed with bright lights, background noise, or sudden changes in routine. Children might also be less responsive to stimuli, but families certainly notice a child who is actively seeking or avoiding stimuli. Sensory integration techniques have been developed by experts in occupational therapy (OT). One survey participant noted, “A good sensory trained OT makes all the difference. Educate yourself on sensory integration disorder and watch your child come down off the ceiling.” Different sensory-based techniques work for different children, and may include:

- Yoga
- Deep breathing and relaxation strategies
- Stroking or soft brushing
- Deep tissue massage or other deep pressure stimulus such as weighted blankets
- Having a “cozy spot,” such as a rocking or bean bag chair, where the child can learn to go on his or her own
- Using ear plugs or sunglasses when needed
- Teaching a child to hug himself
- Taking the child to her room or another quiet place to calm down
- Using music, aromatherapy, or chewing gum to focus sensory input
- Wrapping the child in a blanket or hugging tightly
- Swinging, trampoline jumping, or other physical activity
- Counting or a repetitive song (for example, the “ABC” song)
- Allowing time to “de-compress” or calm down before requiring the child to interact or engage in an activity

**Note:** Many of these techniques are best monitored by a trained professional, if a child is not able to communicate well enough to accept or reject the use of particular techniques. **

These things work (or don’t) just depending on the day and/or situation: gum chewing, brushing technique, hand presses, deep breaths, weighted vest, physical activity, back rubs, blowing bubbles.

**Behavior Control Techniques**

For other children, self-regulation, or the lack of it, is something that happens, a sort of default behavior. In other words, children who have been inadvertently “rewarded” for tantrums or other behavior outbursts are sometimes likely to repeat them. Children are often a puzzle in terms of the behaviors that they display and it is wise to seek the help of a person who specializes in unique and continuous behaviors that interfere with positive functioning for a child or a family. Behavior therapists help families learn how to teach more appropriate and calm behavior through rewarding good behavior and ignoring outbursts. At times, it is hard to realize that children may “act out” for attention, even if that attention is punishment. Families described successful techniques that helped them teach their child to manage frustration more appropriately. Families mentioned the following techniques:

- Ignoring – “I use ‘active ignoring’ to avoid reinforcing outbursts.”
- Reward systems, such as stickers or other prizes for good behavior
- Using positive praise for quiet behavior or following through on a request
- Redirecting attention from the upsetting situation to something else
- Modeling calm behavior
- Setting rules ahead of time and applying consequences consistently

Some families might not appear to be managing their children well in public, but this may occur because typical interventions don’t work all that well, especially for children with sensory needs. Priming or pre-planning an activity is something that parents of children with autistic tendencies might do to prepare children before entering a new or unique environment. Keeping children safe is important and managing behavior, especially in public, is difficult, depending on the circumstances.

Now that he is a little older, we use a behavior chart where he earns stickers for appropriate behavior that he can exchange for small prizes at the end of the week.
Communication

Several respondents to our survey recognized that some children may have temper outbursts or lose control because they are frustrated at their inability to communicate their wants and needs to others. Children with language delays or other communication challenges may in particular have trouble reigning in their frustration when they cannot make themselves understood. Conversely, not knowing what is going to happen next may create frustration for a child who is not prepared for change. In both cases, communication is the solution. Examples of suggestions include:

- Teaching the child to “use your words.”
- Asking the child to verbalize how he or she is feeling, through such cues as “How is your engine?” which will cue the child to explain whether he or she is sad or angry, etc.
- Using social stories – talking through different ways to respond to situations that may be over-stimulating
- Preparing the child ahead of time for transitions
- Providing advance organizers such as visual schedules or other advance warnings about change

In Conclusion . . .

Helping a child develop self-regulation skills can be a very challenging experience. What works for one child may not work for another. The wisdom shared by the families in our survey suggests that these challenges may be met by being fair and calm, trying a wide variety of strategies to reduce sensory overload and enhance communication, and above all, getting help (for example, from an occupational or behavior therapist). Talking with other parents whose children may also experience similar self-regulation challenges might also be a good thing to do. Sharing options for what works is often a good way to build social support for families promoting self-regulation for children who need extra cues and intensive prompts to make it through the day.

Part 4: Family-Practitioner Partnerships

Part 4: We added a section to our survey asking families to tell us what they want in a good partnership with practitioners serving their child. The success of our project, working on a model for both families and practitioners to address the three “Foundation” skills for self-determination (choice-making, engagement, and self-regulation) will depend heavily on the ability of families and practitioners to work together toward common goals both at home and in the classroom. Our goal is to find and use the best strategies for effective partnerships. Here’s what families shared about what they want from partnerships with practitioners and how to promote effective and trusting relationships.
What do families want most from practitioners?

The professionals that work with him always explain and educate me about what they are working on with him.

Families Want Strategies, Resources and Information: Families who answered our survey appreciated the many diverse contributions that practitioners provided. At the top of the list, families said that they want strategies, resources and information. Some families thought it was helpful to receive strategies from practitioners that promote self-determination, such as, “providing limited choices,” “taking the time to find the activity that engages my child the most” or “brushing (providing a specific type of sensory input) my child before we go to certain environments.”

Other families appreciated specific resources such as using PECS (Picture Communication System) or choice-type switches to generate responses to promote skills. Another family member indicated “Using communication devices to offer choices, involving him in activities with his non-disabled peers, acknowledging his receptive communication.” Other families wanted specific information. This family member appreciated when the practitioner “reminds me of the importance of this and gives me examples of who that can easily fit into my day.” In short, families valued the tools and information they received from practitioners about how to better understand and promote their child’s self-determination.

Families Want To Be “On the Same Page” as Practitioners: Families said that it was important to them for practitioners to see things in the same way and specifically used the term being “on the same page.” In other words, families wanted to know that the same values, expectations or goals were shared by the practitioners working with their child. One family member acknowledged that this was not always easy, “Hardest yet most rewarding job I ever had. We talk about everything and make sure we are on the same page.”

Another family member commented that getting on the same page was a process that may not happen overnight, “We also need to have consistent expectations. Right now, we're continuing to work on these aspects because we're not quite in sync yet.” The need for everyone to be working on the same goals was illustrated by this family member: “Our daughter does well with verbal cues, and I've noticed that when everyone uses the same terms, for example, "Fix your head" when she goes into ATNR [asymmetrical tonic neck reflex, or automatically turning head to one side and keeping it there due to neurologic input], then she knows what to do when it happens.”

We are able to share what works at home and what works at school. His teachers keep us informed as to what is new with him and what improvements he's made and what we need to do to help him.
Families Want Consistency Between Home and School: Families were very well aware that positive outcomes for their child require consistency across home, school, and other environments. This family member said it best: “I find it helpful when the teachers and therapists keep me informed of what tasks they are working on with him so that I know which specific things to focus on at home.” Families wanted to know what is working at school so they could provide the same consistency at home. Likewise, families also wanted to share with practitioners what was effective at home so it could also be carried over to the classroom environment.

Families Want Practitioners To Understand Who My Child Is:

It was important to families that the practitioners working with their child acknowledge the individual essence of who that child is - which may include the child’s challenges, interests, and preferences. This family member commented on the importance of knowing her child and her story, “So the first step is to really listen and be empathic about what's going on for her and her life story. Asking what I’ve done that works. It really helps if the teachers are doing it too. Once they [teachers] dealt with a tantrum, they knew that traditional methods don't always work and that you have to stay in tune with her in order to catch her and help her feel better before she completely melts down.” Families simply want their child to be seen, acknowledged and valued for who they are.

Why do families prefer one mode of communication over another?

The families who answered our survey commented that they just wanted to have consistent contact with practitioners that worked with their child! Home-school communication was a top priority for families. They expressed many diverse and personalized reasons for how they wanted to maintain contact. Here is what families had to say:

• **Daily Communication Notebook:**

  My favorite method is daily detailed notes so that I know what my child did that day. It helps me to reinforce what he did at home. I really dislike when he comes home and there are no notes, because he cannot talk and I have no idea what kind of day he had.

Many families indicated that this was a preferred way to communicate with practitioners. It was important for families to know what is going on in school during the day so they can talk about it at home. Families also appreciated this form of communication because it helped them monitor their child’s progress daily and over time. This family member noted, “Communication book is best because it is a running diary that we can reference and compare the entire school year of days against each other.” Another family member commented, “I like the notebook, because I then have an ongoing record of our back-and-forth communication over time.”

For some, the notebook provided an important bridge between home and school because of the child’s emerging communication as indicated by this family member, “because my son has limited language skills, he cannot communicate the information to me himself. It is important to
me to know how his day was.” Other families appreciated the ideas that practitioners shared in
the notebooks as this family member suggested, “I like to have written communication with her
as I can then go back and take a look at her suggestions on areas to work on with him.” In short,
families expressed that having a written and daily record of communication was valuable and
necessary in promoting effective home-school communication.

My favorite method is any form of verbal communication because it gives me the opportunity to ask follow up questions immediately and it eliminates the possibility for misunderstandings to occur.

- **Face to Face Interactions:**

  The importance of speaking with practitioners directly was another way families preferred to communicate because families wanted the opportunity to ask follow up questions or to clarify what was being shared. Other families noted the importance of receiving quick, immediate and accurate information so that there were no misunderstandings or distractions that sometimes occurred with other types of communication. Families also acknowledged the advantages of brainstorming problems together as shared by this parent, “Face-to-face...allows us to effectively problem solve together on helping [my child] grow and learn.”

  Receiving detailed information during face-to-face exchanges was another benefit family members liked. This parent noted, “I prefer face to face conversation because then I can ask pertinent questions and draw out more details.” Exchanging individualized information is another key factor as this parent acknowledged, “face to face meetings are my FAVORITE. You gain much more personalized information and have the chance to offer information in return.”

- **Telephone:**

  Families said the advantages of speaking to practitioners via the phone were due to the personal and direct nature of the interaction.

  I prefer phone calls, as necessary. I want to hear the joy when there are successes and the concern when there are worries. Writing and emailing is convenient but I often think that words can be chosen too carefully when written.
This parent noted that building trust was a factor in communicating with practitioners over the phone, “I enjoy seeing and hearing the person's voice and facial expressions as they talk about my child. It helps me to feel more comfortable trusting the person with my child if I know they are truly involved and interested in helping.” Another parent had a similar reason for wanting a more personal interaction with practitioners, “I like these [phone calls] because you can tell more from a tone of voice than you can typed or on paper.”

- **E-Mail:**

  In today’s fast-paced society, many families appreciated the quick and immediate nature of e-mail.

  For many families, the flexible nature of writing or responding to e-mails at their own convenience was important. In addition, e-mail provided written documentation of the conversation between home and school as this parent articulated, “I prefer email because it can be done at any time of the day and is in written form, so can be saved to track progress and/or document areas of concern/suggestions.” Another parent highlighted the need to digest important information before responding “E-mail gives me a chance to process the information when I have time to really pay attention, and allows me time to carefully word my responses. With kids in the house who need intense supervision, I never answer the phone.”

  I prefer email because I check it often throughout the day. I have 3 kids ages 4 and under, and email is nice because I can read it when I get a free moment, I can reflect upon the message, and I can respond in a timely manner. I do better writing than speaking because sometimes the words don't come out quite right or I have trouble conveying my message verbally, but with email, I can always re-read and delete or edit until I get it the way I want it.

  In short, there are many ways of exchanging information between home and school. Families clearly have individual preferences and comfort levels based on their own needs and lifestyles. Therefore, matching communication modes with individual preferences appears to be an important indicator in maintaining effective family-practitioner partnerships.

  **Part 5: Additional Survey Information**

  **Who were the people who completed our survey?**

  A total of 216 participants (175 married and 20 not married, 21 did not mention any marital status) completed our survey. Ethnicity of participants included 155 (71.8%) Non-Hispanic White non-Latino, 33 (15.3%) Hispanic White Latino, 11 (5.1%) African American, 6 (2.8%) Asian, 2 (0.9%) Native Hawaiian or Pacific Islander, 6 (2.8%) American Indian or Alaska Native, and 6 (2.8%) of other ethnicity. A total of 123 participants said they were working part-
time or full-time, and 115 participants said they had a family income greater than $60,000. In addition, 183 participants said they had at least a high school diploma. Most parents \((n = 172)\) indicated that they had 3 or less children at home. Participants were primarily located in New York (34.7%), New Jersey (10.2%) and Illinois (9.7%) (where we distributed the surveys through the parent organization newsletters), but we also received responses from people in at least 23 other states.

Please note: Family responses were received from 237 participants, but several of the children of participants were just a bit older than Early Childhood (birth through age 8 years, \(N = 21\)). We used every comment provided in the first section of this report, but the information below only summarizes answers from families whose children were between birth and age 8 years (\(N = 216\)).

The survey item asking parents to list all child disability descriptions that limited child functioning included speech/language delay, developmental delay, autism, physical limitations, attention deficit disorder and/or hyperactivity, vision impairment and hearing impairment, in order of prevalence.

Family members completing the survey reported the services that their child receives as follows:

<table>
<thead>
<tr>
<th>Type of Services</th>
<th>No. of children</th>
<th>% of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-visiting or early intervention</td>
<td>46</td>
<td>13.1</td>
</tr>
<tr>
<td>Preschool/Childcare that includes children with disabilities</td>
<td>99</td>
<td>28.3</td>
</tr>
<tr>
<td>Childcare provider who serves children in his/her home</td>
<td>12</td>
<td>3.4</td>
</tr>
<tr>
<td>Preschool serving only children with disabilities</td>
<td>37</td>
<td>10.6</td>
</tr>
<tr>
<td>Public or Private School if the child is 5 years old or older</td>
<td>48</td>
<td>13.7</td>
</tr>
<tr>
<td>Clinic or Mental Health Facility</td>
<td>31</td>
<td>8.9</td>
</tr>
<tr>
<td>One of more private therapists</td>
<td>56</td>
<td>16.0</td>
</tr>
<tr>
<td>Others</td>
<td>21</td>
<td>6.0</td>
</tr>
</tbody>
</table>
How do Families Prefer to Communicate with Professionals?

Families reported that they preferred to communicate with professionals through daily messages in a notebook (121 parents; 21.8%). This was followed by e-mail (112 parents, 20.2%), phone calls (109 parents, 19.6%), and weekly notes from a teacher or therapist (81 parents, 14.6%). Other means of communication endorsed by parents include weekly newsletters (41 parents, 7.4%), family educational presentations (39 parents, 7.0%), monthly newsletters (29 parents, 5.2%), and weekly phone calls (23 parents, 4.1%). Once again, parents may have selected more than one method of communication, so percentages do not add to 100%.

What do Families Think About Children Making Choices?

With regard to choice-making, the majority of parents agreed that providing children with choices and helping them learn how to make appropriate choices would aid them learn and grow (173 parents; 55.6%), and allows their child to be happy and content (127 parents; 40.8%). One parent reported that providing choices was not of value in the family, whereas another parent reported that providing choices was something that she/he had never thought about. Another nine parents (2.9%) considered that providing choices was of little importance and low in priority when compared to other issues.

When families were asked the occasions for which they provide choices to their children, they reported offering choices most during indoor play activities and toys (181 parents; 23.56%), followed by food at snack time (177 parents; 23.4%), outdoor play activities and toys (159; 20.7%), clothes to wear for the day (136 parents; 17.7%), and food at meal times (115 parents; 15.0%).

When families were asked if their child could freely choose clothes, toys, or other materials if they could reach those items, 199 parents indicated that their child has the freedom to choose most of the time or sometimes (96.1%). A very small group of parents (3.7%) indicated otherwise.

Some of the limitations families reported that might prevent the child from making choices include the physical arrangement of the house or having not enough space (39.3%), the lack of money or resources to be able to offer more than one choice frequently (30.9%), or that parents are too busy to take the time to offer choices most of the time (29.8%).

What do Families Think about Self-Regulation?

A total of 95 family members (44.0%) of parents reported that a little stress exists, but is manageable, when their child has trouble getting control over his/her emotions. Then, 62 family members (28.7%) said that this causes a lot of stress in the family. Twenty-two family members (10.2%), on the other hand, said that they are not bothered by it. Also, 24 (11.1%) family members listed other options that were not provided.
Some of the situations in which children have difficulty calming themselves include:

<table>
<thead>
<tr>
<th>Type of Situations</th>
<th>No. of children</th>
<th>% of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mornings</td>
<td>32</td>
<td>6.2</td>
</tr>
<tr>
<td>Bed-time</td>
<td>54</td>
<td>10.5</td>
</tr>
<tr>
<td>Meal times</td>
<td>40</td>
<td>7.8</td>
</tr>
<tr>
<td>Bath or toilet time</td>
<td>32</td>
<td>6.2</td>
</tr>
<tr>
<td>When something unexpected happens</td>
<td>98</td>
<td>19.1</td>
</tr>
<tr>
<td>When he/she doesn't get his or her way</td>
<td>134</td>
<td>26.1</td>
</tr>
<tr>
<td>Pick up or drop off at preschool</td>
<td>20</td>
<td>3.9</td>
</tr>
<tr>
<td>When challenged by another child</td>
<td>64</td>
<td>12.4</td>
</tr>
<tr>
<td>Child doesn't generally have difficulties getting control over him/herself</td>
<td>39</td>
<td>7.6</td>
</tr>
</tbody>
</table>

When asked the strategies to calm their child, parents reported the following:

<table>
<thead>
<tr>
<th>Type of Strategies</th>
<th>No. of children</th>
<th>% of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignoring tantrums or other temper outbursts</td>
<td>94</td>
<td>13.2</td>
</tr>
<tr>
<td>Using time out</td>
<td>94</td>
<td>13.2</td>
</tr>
<tr>
<td>Soothing</td>
<td>126</td>
<td>17.6</td>
</tr>
<tr>
<td>Re-directing his or her attention</td>
<td>167</td>
<td>23.4</td>
</tr>
<tr>
<td>Providing cues ahead of time to prepare for change</td>
<td>136</td>
<td>19.0</td>
</tr>
<tr>
<td>Avoiding situations where we know there will be trouble</td>
<td>90</td>
<td>12.6</td>
</tr>
<tr>
<td>Punishing</td>
<td>7</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**What do Families Think About Engagement?**

With regard to engagement in activities, parents reported wide variation in the types of home activities that their child spends time on engagement, as follow:

<table>
<thead>
<tr>
<th>Type of Home Activities</th>
<th>No. of children</th>
<th>% of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spend time engaged in active type of activities</td>
<td>150</td>
<td>19.5</td>
</tr>
<tr>
<td>Spend time engaged in quiet type of activities</td>
<td>121</td>
<td>15.7</td>
</tr>
<tr>
<td>Spend time with a wide variety of toys and materials</td>
<td>115</td>
<td>15.0</td>
</tr>
<tr>
<td>Easy to interest child in new activity or toy</td>
<td>103</td>
<td>13.4</td>
</tr>
<tr>
<td>Spend time with a limited number of favorite toys and materials</td>
<td>75</td>
<td>9.7</td>
</tr>
<tr>
<td>Easily distracted</td>
<td>105</td>
<td>13.6</td>
</tr>
<tr>
<td>Gets bored with something he/she is doing quickly</td>
<td>69</td>
<td>8.9</td>
</tr>
<tr>
<td>Spend time with only a few favorite toys</td>
<td>33</td>
<td>4.3</td>
</tr>
</tbody>
</table>
or activities and it’s hard to tempt him/her to do something else

In Conclusion

Families in our study looked to practitioners to help them understand self-determination and how to promote these early foundation skills with their children. In particular, families wanted strategies, information, and resources in addition to wanting consistency between home and school and to “be on the same page.” It was also important for families to feel as if the practitioners understood and responded to the individual priorities and preferences their child had. Families also expressed many insightful ideas about why they prefer certain modes of communication with practitioners. In short, family-practitioner partnerships are strengthened when families perceive the nature of communication with practitioners is individualized, frequent, and matches their unique preferences.

For more information . . .

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