



PREPARING YOUR CHILD TO START TREATMENT

Several measures can be taken by parents and caregivers to enhance a child's readiness to benefit from therapy. The following are some general guidelines to consider instituting in your household if you haven't already:

Keep a Daily Routine:

Maintaining a routine for the day is highly beneficial for all toddlers, particularly those with developmental problems. Repetition creates predictability which leads to children feeling safe and secure. Provide three daily meals, along with two-three snacks, at a table on a stable schedule. Sit and eat with your child with the television and tablets off. Refrain from allowing your child to wander around with food accessible on demand as this diminishes social and communicative opportunities.

Minimize Technology Usage:

The American Academy of Pediatrics recommends no screen media for children under 18 months, and no more than one hour daily of high quality programming for children two to five years old. Television and tablets replace time that could be spent on developmentally enriching activities that foster cognitive, behavioral, and motor development. In addition, children who have access to technology on demand often have a very hard time adjusting to the separation from this that therapy requires.

Foster Healthy Sleep Habits:

Children between one to three years of age need 12-14 hours of sleep per day - including naptime (10-12 hours for ages three to six years). Start a quiet bedtime routine sometime between 7:00-8:30 pm that does not include television. While parents may report that their child falls asleep better while watching a program, research indicates there is a delayed cost of subsequent sleep disturbance. When sleep is poor, there is a negative impact on mood, behavior, and learning. If your child gets out of bed to come find you, calmly motor him or her back without comment. Ignore protest crying or tantrums as giving this attention tends to increase the behavior.



Create Opportunities for Communication:

When your child wants more food, attention, or play, hesitate in providing this until he or she looks at you, signs for 'more' or verbalizes. Praise them for doing so and immediately provide access to what they wanted. Model very simple language using just one-two words. For example, rather than stating "Bubbles are so fun. Should we do some more? What do you think?", simply say "bubbles!". Make sure to use exaggerated volume and animated expression to capture your child's attention.

Refrain from 'Giving In' to Tantrums:

Many toddlers yell, cry, or behave aggressively when they cannot have what they want. If the parent responds by giving in, this teaches the child that their negative behavior works! After telling your child 'no' or removing a preferred item, be prepared to ignore any resulting upset. Do not give eye contact, hugs, or offer any comment. Walk away and act busy. Reintroduce your attention once he or she is calm. Consider giving your child access to preferred items (e.g. tablets, treats, etc.) on a predictable schedule to minimize demanding behavior.

Enlist Support of Family and Friends:

The main reason that children are often left waiting for months to start treatment is the lack of trained technicians in the field of Applied Behavioral Analysis. Since AIM first opened in 2002, the number of other providers in the Milwaukee area has grown from four to more than twenty. All providers generally hire from the same local colleges, and competition for those candidates is fierce. We have found it highly beneficial to train parents and adult family members to supplement treatment by running sessions of their own. This enhances generalization of new skills, keeps the family constantly aware of the intervention plan, and facilitates better maintenance of gains made once therapy is over. Your assistance with general recruitment of new staff (through your neighborhood, church or personal babysitting list) is also always welcome. Contact the office if you would like to refer someone, or are interested in having fliers or posters on hand.