

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 4-10-19

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Are you representing: Yourself Organization

Organization (If Applicable): Language Experience Center

Position/Title: Ph.D. SLP, CCC Administrator/Founder

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Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): 166

Specific Issue: home visits

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? _____

Please provide a brief statement on your position:

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.

Every country, in order to thrive, needs to help every child reach his/her optimum potential. This presentation will advocate for and demonstrate how parents and other caretakers can be taught to improve/maximize the social and communication skills of their child, starting at conception/birth. Methods that have been successful with infants and toddlers or have been successful with older children and could be adapted for use with infants and toddlers will be described. Ways to integrate these methods into the present system will be discussed. 84

As SLPs we have had years of education and experience eliciting and developing communication and social skills and teaching caretakers to do so. If a baby is born with an obvious challenge-Downs, cleft palate, cerebral palsy, hearing loss, fetal alcohol syndrome, addictions, encephalopathy, stroke, known genetic conditions etc.-or a potential challenge, prematurity, sib with autism, etc., intervention may be initiated at birth.

Unfortunately, intervention may not be initiated until years later when children are diagnosed with autism (1-50), delayed language, apraxia (1-2 children in 1000), intellectual challenges (2-3%), etc.

Additionally, research is showing the disastrous effects on the developing human brain of stress, neglect, and/or abuse and enumerating the large number of those incarcerated, homeless, drug addicted, teen pregnancies, etc. who suffered from neglect and abuse.

And, interventions started years after birth (many directed towards teaching caretakers to be the agents of change, 24/7) are only modestly successful. Perhaps because it is difficult for caretakers to learn new routines and/or because so much of the brain (80%) has been developed by 24 months. Fortunately, epigenetics is showing us that the child's brain does not have to reflect the damage of his mother's if the mother learns good interactive, parenting skills.

This presentation will advocate for referring ALL pregnant mothers and ALL children at birth to EI and for teaching ALL caretakers, especially those of LES and others who may have been exposed to stress, neglect, and/or abuse themselves, to begin to model and elicit and develop communication and social skills at the

births of their infants. Methods will be described and demonstrated that can be adapted to and/or have been successful with infants and toddlers, such as using gestures, hand over hand, increasing the amount of positive face time, turn taking, balancing turns, “parentese”, joint attention, proximity, waiting for attention/responses, book sharing, responsivity, touch/repositioning for attention, movement and massage, skin-to-skin nesting of infants, multi-sensory stimulation, debriefing and normalizing parental feelings, positive phrases/affirmative statements, challenging dysfunctional thoughts, parental diary-keeping, teaching the primary caregivers about appropriate interaction and developmental milestones, music, mutual enjoyment through play, sensitizing parents to infant cues (in particular those which signal “stimulus overload, distress, or readiness for interaction), following the child’s lead, expansions, imitation, modeling, video modeling, encouraging the number and length of vocalizations, talking to infant/toddler more, reducing questions, reduction of technology, etc.

Ohio’s new Governor is requesting that the number of home visits be doubled, or even tripled. 137,000 babies were born in Ohio in 2017; only 8% participated in the voluntary home visit program. How can we improve the system? Many websites devoted to those 0-3 years have lost funding and charge to get information or are not very parent accessible. We can become informed about the services provided in the nation and state wide. We can provide ALL “parents with access to useful information about parenting through a coordinated media and promotional campaign using print and electronic media, as well as user-friendly parenting tip sheets and videotapes which demonstrate specific parenting strategies. This level of intervention aims to increase community awareness of parenting resources, receptivity of parents to participating in programs, and to create a sense of optimism by depicting solutions to common behavioral and developmental concerns.” (Sanders & Prinz) We can take our stories of the inadequacies of the present programs and the success of teaching interactional skills to ALL new parents to the local and state Departments of Health and DD (become a member of the Board?). We can provide all the latest research to candidates and politicians to encourage them to advocate and budget for comprehensive EI. We can tell our stories in letters to the editor. We can make sure that all parents know how to refer to EI. We can put videos of successful

interactions in places parents wait-government offices, waiting rooms of doctors, health departments, etc. We can help parents better evaluate day care providers. We can work with maternity wards in hospitals. We can work with programs that do court mandated parent training. We can post developmental charts. We can post research, such as, when the use of a chemical while pregnant is related to delayed language. We can post the names of great books to read to infants/toddlers with videos of a successful reading experiences. We can inform caretakers of book distribution programs, like Dolly Parton's. We can inform caretakers of programs at the libraries, parks, arboretums, science centers, etc. directed toward infants and toddlers. We can make and send home videos of therapy sessions with infants/toddlers, so that other caretakers/sibs of the child can see the methods used. We can show videos of successful interactions with infants/toddlers, collected or self-made, on our Facebook pages and to parents of children we have in therapy. We can encourage local hospitals and educational services to promote EI services through their mass mailing and by providing space for group meetings of pregnant/new parents (maybe bribe parents by providing food?).

Preliminary Efficacy of Adapted Responsive Teaching for Infants at Risk of

Autism Spectrum Disorder in a Community Sample Grace T. Baranek, Linda R. Watson, Lauren Turner-Brown, Samuel H. Field, Elizabeth R. Crais, Linn Wakeford, Lauren M. Little, and J. Steven Reznick

University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7122, USA

[https://www.researchgate.net/publication/270703415 Preliminary Efficacy of Adapted Responsive Teaching for Infants at Risk of Autism Spectrum Disorder in a Community Sample](https://www.researchgate.net/publication/270703415_Preliminary_Efficacy_of_Adapted_Responsive_Teaching_for_Infants_at_Risk_of_Autism_Spectrum_Disorder_in_a_Community_Sample)

[https://stateofbabies.org/.../State of Babies Yearbook...](https://stateofbabies.org/.../State_of_Babies_Yearbook...)

http://discovermagazine.com/2013/may/13-grandmas-experiences-leave-epigenetic-mark-on-your-genes?utm_source=dscfb&utm_medium=social&utm_campaign=dscfb&fbclid=IwAR1Y-ePCyeVbkDyynZOCykBfnBljFinn7GR5koiOySc4-t8ydzS3dTGFu-8

<http://www.hanen.org/Home.aspx> " It Takes Two to Talk" and "More Than Words" programs

<https://www.facebook.com/PLAYProjectASD/>

<https://www.playproject.org/> Over 70% of Ohio Counties offer The PLAY Project through Early Intervention

<http://dodd.ohio.gov/IndividualFamilies/MYday/Documents/PLAY%20Evaluation%20Final%20Report.pdf> Map on page 12

Solomon R, Van Egeren L, Mahoney G, Quon-Huber M, Zimmerman P. PLAY Project Home Consultation Intervention Program for Young Children with autism spectrum disorders: A Randomized Controlled Trial. J Dev Beh Pediatr. 2014; 35(8): 475-485.

Is Early Intervention an Effective Method for Preventing Language Deficits in Children with Hearing Loss? Jessica O'Connell

<https://digitalcommons.sacredheart.edu/cgi/viewcontent.cgi?article=1149&context=acadfest>

Early Intervention for Toddlers With Language Delays: A Randomized Controlled Trial Megan Y. Roberts, Ann P. Kaiser (2015)

https://pdfs.semanticscholar.org/1b49/6f0ee785fc9df5c339c7641447f2512a6ecf.pdf?_ga=2.84676497.942334022.1553449095-1230192893.1551461746

Parent-Implemented Communication Treatment for Infants and Toddlers With Hearing Loss: A Randomized Pilot Trial Megan Y. Roberts (2019)

https://pubs.asha.org/doi/pdf/10.1044/2018_JSLHR-L-18-0079 PICT

<http://www.interveningearly.org/downloads/16x16-handout.pdf>

<https://www.zerotothree.org/resources/1514-beyond-twinkle-twinkle-using-music-with-infants-and-toddlers>

<https://c.ymcdn.com/sites/www.msha.net/resource/resmgr/imported/UsingMusicEnhance%20SpeechLanguageSkillsinYoungChildren.pdf?hhSearchTerms=%22Music+Integrated+with+Speech+and+Language%2C%22>

<http://syncproject.co/blog/2015/11/9/music-enhances-social-skills>

Cirelli, L. K., Einarson, K. M., & Trainor, L. J. (2014). Interpersonal synchrony increases prosocial behavior in infants. *Dev Sci*, 17(6), 1003–1011. doi:10.1111/desc.12193

Gerry, D., Unrau, A., & Trainor, L. J. (2012). Active music classes in infancy enhance musical, communicative and social development. *Developmental Science*, 15(3), 398–407. doi:10.1111/j.1467-7687.2012.01142.x

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4821822/> Gesture, sign and language: The coming of age of sign language and gesture studies Susan Goldin-Meadow and Diane Brentari

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4010783/> Creating a communication system from scratch: gesture beats vocalization hands down Nicolas Fay, Casey J. Lister, T. Mark Ellison, and Susan Goldin-Meadow

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4317388/> A tale of two hands: Children's early gesture use in narrative production predicts later narrative structure in speech Özlem Ece Demir, Susan C. Levine, and Susan Goldin-Meadow

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4052559/> Pointing and naming are not redundant: Children use gesture to modify nouns before they modify nouns in speech Erica A. Cartmill,* Dea Hunsicker, and Susan Goldin-Meadow

<https://tmwcenter.uchicago.edu/tmwcenter/research/>

<https://tmwcenter.uchicago.edu/> Thirty Million Words Initiative and Project ASPIRE (project-aspire.org) and the Thirty Million Words Project (tmw.org) at the University of Chicago.

<https://tmwcenter.uchicago.edu/wp-content/uploads/2017/10/SSL-00517.pdf>

<https://www.npr.org/sections/ed/2015/09/14/437515492/the-surgeon-who-became-an-activist-for-baby-talk>

Using Formative Research to Develop a Hospital-Based Perinatal Public Health Intervention in the United States: The Thirty Million Words Initiative Newborn Parent Education Curriculum. Eileen Graf, Livia Garofalo, Alison C. Hundertmark, Glenda L. Montague, Nicole M. Polash, Elizabeth Suskind, Kristin R. Leffel, Robert J. Webber, Dana L. Suskind. <https://tmwcenter.uchicago.edu/wp-content/uploads/2017/10/Formative-Research-for-Parent-Education-Curriculum.pdf>

Language ENvironment Analysis (LENA) technology that works as a “linguistic pedometer,”

The 30 million word gap comes from a very famous study that was done probably about 30 years ago by Betty Hart and Todd Risley,

Mendelsohn AL, Valdez PT, Flynn V, et al. Use of videotaped interactions during pediatric well-child care: impact at 33 months on parenting and on child development <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3083927/>
The VIP approach Video Interaction Program

<https://fitt.fpg.unc.edu/program-structure> TEACCH for toddlers FITT

<https://afirm.fpg.unc.edu/resource-search>

<https://scgc.firstwordsproject.com/>

<https://firstwordsproject.com/16-gestures-by-16-months/>

<http://www.interveningearly.org/downloads/16x16-handout.pdf>

Florida State University’s Autism Institute

<http://autismnavigator.learnercommunity.com/>

Browse our list courses available for purchase by individuals or groups. \$625.00. Have an enrollment code from your organization or provider? Start here. Video clips, typical toddler behavior versus ASD. The ASD Video Glossary is a web-based

tool built to help families and professionals learn more about the early warning signs of autism. This tool was developed by the Autism Institute at Florida State University in collaboration with First Signs and Autism Speaks and has been available to the public free of charge since 2007. Over 110,000 users registered in the first year from over 70 countries. The glossary contains more than 100 brief video clips illustrating the diagnostic features of ASD based on the DSM-IV diagnostic framework. The glossary also contains more than 100 brief video clips to illustrate the different types of treatments available. Side-by-side video clips show behaviors that are typical in contrast with those that are red flags for autism. The glossary also contains 100 brief video clips to illustrate the different types of treatments available for children with autism. Start here to learn about the early signs of autism with video clips of over a dozen toddlers with ASD at 18-24 months of age and see early intervention in action. Sign in with a child's info.

<https://scgc.firstwordsproject.com/?fbclid=IwAR2x53-iUa3wc5Hg2TPrGhwU5-J332ou3hpcvtWUbSRoj7HtGnL2m6E2Wd0> <https://firstwordsproject.com>

<https://www.zerotothree.org/> <https://www.zerotothree.org/resources/1090-a-year-of-play>

<https://ase.tufts.edu/cfw/>

<http://www.pbs.org/parents/>

<https://developingchild.harvard.edu/>

<https://app.coxcampus.org/#!/courses/5591af09a98d131a00c99701/lesson/5591ae7fa98d131a00c99700/step/5591b72da98d131a00c99707/cd> Rollins College

<http://csefel.vanderbilt.edu/>

<http://www.pyramidmodel.org/resource/parent-training-modules/>

James MacDonald's "Communicating Partners",

Yoder and Warren's "Responsivity and Prelinguistic Milieu Teaching",

'PremieStart', Mother–Infant Transaction Program (MITP), Early communication in preterm infants following intervention in the NICU. Jeannette Milgrom, Carol Newnham, Paul R. Martin, Peter J. Anderson, Lex W. Doyle, Rod W. Hunt, Thomas M. Achenbach, Carmel Ferretti, Christopher J. Holt, Terrie E. Inder, Alan W.

Gemmill.

http://www.reseaperinatmed.fr/download/diffusion_2106/intervention-precoce-en-service-neonatologie-et-prematures.pdf

The Use of Visual-Tactile Communication Strategies by Deaf and Hearing Fathers and Mothers of Deaf Infants Gerrit Loots, Isabel Devisé, Vrije Universiteit Brussel.
<https://academic.oup.com/jdsde/article/8/1/31/333254>

Chiat, S. & Roy, P. (2013). Early predictors of language and social communication impairments at 9-11 years: A follow-up study of early-referred children. *Journal of Speech, Language, and Hearing Research*, 56, 1824-36.

O'Neill, H. & Chiat, S. (2015). What Our Hands Say: Exploring Gesture Use in Subgroups of Children With Language Delay. *Journal of Speech, Language, and Hearing Research*, 58(4), pp. 1319-1325. doi: 10.1044/2015_JSLHR-L-14-0187
<http://openaccess.city.ac.uk/16004/3/Hilary%20%2527Neill%20revised%20submission%209th%20May%202015.pdf>

Randomized, controlled trial of an intervention for toddlers with autism: the Early Start Denver Model. Dawson G, Rogers S, Munson J, Smith M, Winter J, Greenson J, Donaldson A, Varley J.

Disseminating Information on Evidence-Based Practices for Children and Youth with Autism Spectrum Disorder: AFIRM. Sam, A.M., Cox, A.W., Savage, M.N. et al. *J Autism Dev Disord* (2019). <https://doi.org/10.1007/s10803-019-03945-x> and https://link.springer.com/article/10.1007%2Fs10803-019-03945-x?fbclid=IwAR1Cd-rDW3PhmbA-LGzhQz-BdC_NJmA-_R_R-pgr48IVj6wZn-emtetyZXM#citeas

How to provide early services internationally, nationally, state wide, and locally will be discussed.

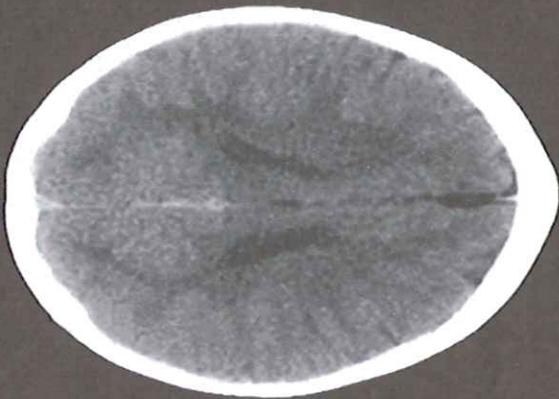
The one on the left is the image of a “healthy 3-year-old with an average head size.” But on the scan on the right, you can clearly see that the brain has significantly less structures and is much smaller: it’s the brain of a 3-year-old who has suffered extreme emotional trauma and neglect.

Besides, C-PTSD is not only related to brain damage, high levels of stress in childhood is also linked to high blood pressure, heart disease and obesity. Chronic releases of stress hormones are also linked to changes in the way DNA is expressed: the study of epigenetics shows how stress can modify chemical “markers” on genes, switching them on or silencing them.

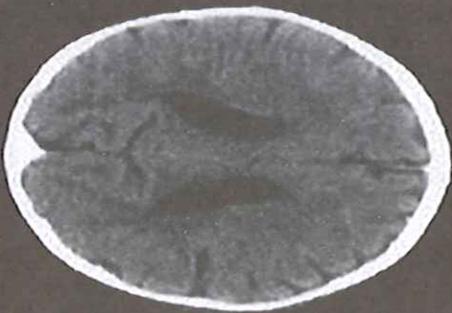
So yes, C-PTSD is related to brain damage. However, the two pictures above are extreme examples. Usually, brain changes are far less important than that, so if you have C-PTSD, don’t assume that your brain looks like that!

Neuroplasticity is far more important at an early age, but you still have that in adulthood. Although you cannot really reverse brain damage / changes, you still can rewire the brain to an extent.

3 Year Old Children



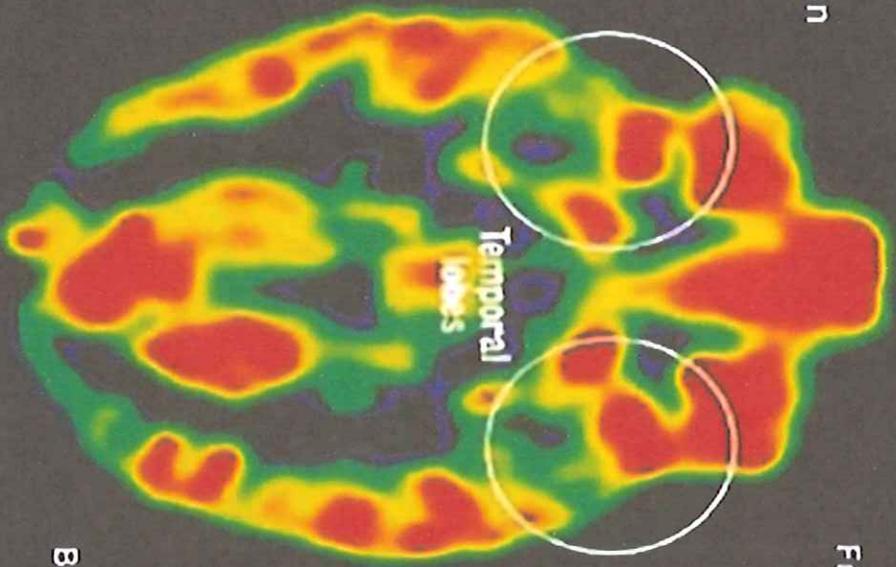
Normal



Extreme Neglect

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

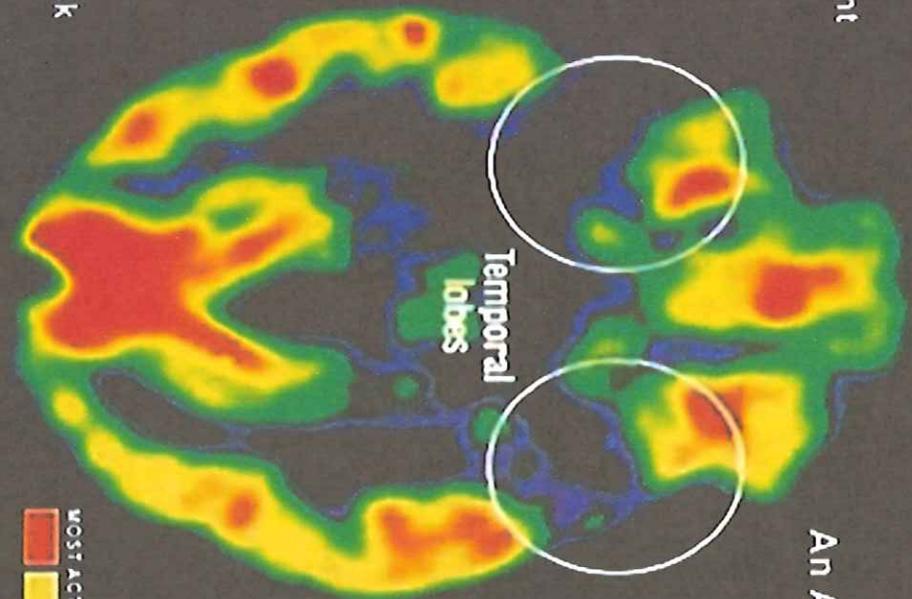


Front

Back

An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly 'quiescent'. Such children suffer emotional and cognitive problems.



MOST ACTIVE
LEAST ACTIVE



Studies on children in a variety of settings show that severe deprivation or neglect:

Disrupts the ways in which children's brains develop and process information, increasing the risk for attentional, emotional, cognitive, and behavioral disorders.

Alters the development of biological stress-response systems, leading to greater risk for anxiety, depression, cardiovascular problems, and other chronic health impairments later in life.

Correlates with significant risk for emotional and interpersonal difficulties, including high levels of negativity, poor impulse control, and personality disorders, as well as low levels of enthusiasm, confidence, and assertiveness.

Is associated with significant risk for learning difficulties and poor school achievement, including deficits in executive function and attention regulation, low IQ scores, poor reading skills, and low rates of high school graduation.

The negative consequences of deprivation and neglect can be reversed or reduced through appropriate and timely interventions, but merely removing a young child from an insufficiently responsive environment does not guarantee positive outcomes. Children who experience severe deprivation typically need therapeutic intervention and highly supportive care to mitigate the adverse effects and facilitate recovery.