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Enhancing Early Autism Support Through Routines Based Early Intervention

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Learning Outcomes

1. Describe the core components of Routines-Based Early Intervention (RBEI), including the Routines-Based Interview (RBI) and the Getting Ready Approach.
2. Identify ways in which autism-related traits can be observed within daily routines to inform goal-setting and support planning.
3. View video examples to recognize effective family-provider collaboration during home visits that supports skill-building and family empowerment.
4. Apply principles of RBEI to enhance alignment with IDEA Part C requirements and improve outcomes for children and families.

Autism and Development

- Autism impacts all areas of development and is present throughout the lifespan of the individual.
- Autistic children develop in their own unique way, their individual profile is typically a blend of strengths and areas where they may need more support.
- A core value of the autism community is that autism is a difference, not a disorder to be cured, and the language we use should reflect that.

Autism and the Young Child

The characteristics of ASD can be present within the first year of life in most children. - [CDC, 2026](#)

The median age of diagnosis of ASD in the U.S. is 47 months - [CDC, 2026](#)

"Early intervention" is important because research shows that the first three years are the most important time for learning in a child's life. - [Nebraska EDN, 2026](#)

Defining Autism Traits

Social Communication	Social Interactions	Restrictive Interests and Repetitive Behaviors
<ul style="list-style-type: none">Limited gestures (pointing, waving, showing, nodding)Delayed speech or limited social babblingUnusual tone or repetitive soundsDifficulty combining eye contact, gestures & wordsLimited pretend play or imitationLoss of previously used words	<ul style="list-style-type: none">Limited eye contactReduced shared joyful expressionsInconsistent response to nameDoes not show or point to share interestLimited sharing of enjoymentUses another person's hand as a toolLimited back-and-forth interactionReduced initiation of interactionLimited awareness of others' focusDifficulty engaging in shared experiences	<ul style="list-style-type: none">Repetitive hand, finger, or body movementsRituals (lining up objects, repeating actions)Strong attachment to unusual objectsHighly focused interests interfering with interactionUnusual sensory interestsOver- or under-response to sensory input



Identifying Autism in Young Children: The Earlier the Better

- Allows professionals to provide lifelong beneficial services and support. (OCALI, Center for the Young Child)
- Benefits individuals ... and supports families in accessing appropriate services and reducing stress. It can lead to more targeted interventions, better social outcomes, and increased independence in adulthood.” (Okoye, et al 2023)
- ...is associated with marked improvement in social symptoms within 1-2 years,” (Gabbay-Dizdar et al, 2021)

Resources



Index: 16 Early Signs of Autism by 16 Months

1. Hard to Get Your Baby to Look at You
2. Rarely Shares Enjoyment with You
3. Rarely Shares Their Interests with You
4. Rarely Responds to Their Name or Other Words
5. Limited Use of Gestures such as Show and Point
6. Hard to Look at You and Use a Gesture and Sound
7. Little or No Imitating Other People or Pretending
8. Uses Your Hand as a Tool
9. More Interested in Objects than People
10. Unusual Ways of Moving Their Fingers, Hands, or Body
11. Repeats Unusual Movements with Objects
12. Develops Rituals and May Get Very Upset Over Change
13. Excessive Interest in Particular Objects or Activities
14. Very Focused on or Attached to Unusual Objects
15. Unusual Reaction to Sounds, Sights, or Textures
16. Strong Interest in Unusual Sensory Experiences

Resources

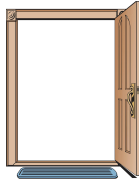
- [EDN Early Intervention Ongoing Assessment Guidance, 2022](#)
- [Differences in ASD & DD](#)

Expanded Learning Opportunities

- Signs and Symptoms of Autism Spectrum Disorder, CDC [English Spanish](#)
- [CDC Milestones Developmental Checklists](#)
- [ASD Network Early Childhood](#)

3 Pathways to Eligibility in Early Intervention in Nebraska

1. Does the child have a diagnosed physical or mental condition? (006.04A1) or Do the medical records indicate delay? (006.05B)
2. School team administers an evaluation instrument. Do results indicate delay? (006.06A)
3. Utilize informed clinical opinion: Is the child eligible for services? (006.05B2)



Nebraska Department of Education, Rule 52, 7/15/2014

Early Intervention Services in Nebraska

The **Nebraska Early Development Network (EDN)** provides early intervention services for children birth to age three with developmental delays or health care needs, connecting families to needed supports. It is a collaboration between the Nebraska Departments of Education and Health & Human Services.

Under **Results Driven Accountability (RDA)**, the **Office of Special Education Programs (OSEP)** requires states to annually report on statewide and local Early Intervention (Part C) program performance.



Routines Based Early Intervention

The mission of **Routines-based Early Intervention** is to promote the growth and development of infants and toddlers with disabilities, ages birth to three years, by helping families build upon activities they do every day to meet their own needs and support their child's learning.

3 Improvement Strategies Utilized



Routines Based Interview (RBI) and Autism

Focus on everyday activities:

- How a child functions during typical routines like mealtimes, bath time, getting dressed, or playing with toys, providing a more naturalistic view of their behavior.

Information gathering:

- Through detailed questions about the child's engagement, independence, social interactions, communication methods, and any challenges they might face within these routines.

Identifying potential signs of autism:

- By closely examining how a child interacts with their environment and others during everyday routines, professionals can identify potential indicators of autism and prioritize those areas for intervention.

Family-centered approach:

- By prioritizing open communication with parents and caregivers, allowing them to share their concerns and perspectives on the child's behavior, which can be crucial for accurate assessment and intervention priorities.

Meet Isaac

Isaac is currently an 18-month-old boy who was referred to Early Intervention at 13 months due to initial concerns with hearing (not responding to his name) and not making sounds and using words.

Isaac's parents also say that he has limited play and use of toys. He doesn't interact consistently with others during play. He may use some vowel sounds and is only using a few gestures. When asked to do something, he doesn't seem to understand.

He is a picky eater, preferring crunchy food and only drinks milk. Messy hands upset him.

Isaac's family would like to see growth in:

- Play
- Babbling and saying words
- Being able to tell an adult what he wants
- Following simple directions
- Eating different types of foods

Child Evaluation

Pathway 2 for Eligibility

Formal evaluation with instrument

Isaac's DAYC-2 Standard Scores

Cognition 75

Communication – Receptive 70

Communication – Expressive 65

Social-Emotional 68

Adaptive 72

Physical 95

Composite: 84

Autism Indicators within the DAY-C

The DAYC-2 measures developmental skill acquisition.

Autism determination requires identifying a qualitative pattern of:

1. Social communication differences
2. Restricted/repetitive behaviors
3. Sensory differences
4. Early developmental onset

The DAYC-2 alone does not diagnose autism, but it may reveal a developmental pattern consistent with autism characteristics.

Child & Family Assessment using the RBI

Sample Questions for Playtime - Isaac

- Paint a picture of what he does with toys by himself and with others.
- Tell me about his connection with others.
- What are your favorite things to do together?
- How does he let you know he wants to keep playing/keep the interaction going or stop the interaction?
- How does he show or share with you when he's excited about a toy?
- If you try to play with his toys in a way other than how he plays with them, how does he respond to that?
- How does he let you know he needs help?
- If you don't understand him, what do you do?
- In what ways do you know he understands you?

Priorities from RBI

Order	Routine	Family Priority
1	Park	Respond when we call his name
2	Morning and outside playtime	Play with toys and in new ways
3		Isaac to be around other kids
4	Play with siblings	Increase joy while playing back and forth or turn taking activities
5	Bedtime	Follow simple directions
6	Book reading	Imitate or make sounds (animals, cars, trucks)
7	Cuddle Time	Say simple words (momma, dadda, milk)
8	Snack	Use different ways to express himself (gestures, sounds)
9	Breakfast	Handle it when his hands are messy or dirty

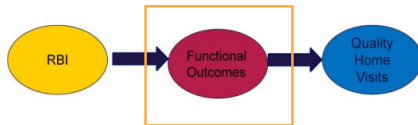
GOLD Entry Data - Example for Isaac

Developmental Area	DAYC-2 Domain	GOLD Objectives Most Impacted
Play & Flexibility	Cognitive	11, 14
Expressive Language	Expressive Communication	9
Receptive Language	Receptive Communication	8
Social Reciprocity	Social-Emotional	2
Adaptive/Feeding	Adaptive Behavior	1

Routines Based Early Intervention

The mission of **Routines-based Early Intervention** is to promote the growth and development of infants and toddlers with disabilities, ages birth to three years, by helping families build upon activities they do every day to meet their own needs and support their child's learning.

3 Improvement Strategies Utilized



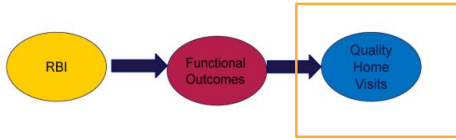
Isaac's & Family's Outcomes

- Isaac will participate in playtime at the park by responding to his name. We will know he can do this when he will stop what he is doing when his name is called to show he is listening 2 times per outing for 4 outings in a row. (Child)
- During morning and outside playtime, Isaac will play with toys in new ways. We will know he can do this when he plays with at least 2 toys in more than one way either inside or outside daily for 1 week. (Child)
- Isaac will participate in book time by making noises. We will know he can do this when he imitates or make a noise on his own for something he sees in the book, such as vroom for car 3 times per week for 2 weeks in a row. (Child)
- Isaac's parents will set up a weekly playdate for Isaac by the start of school. (Family)

Routines Based Early Intervention

The mission of **Routines-based Early Intervention** is to promote the growth and development of infants and toddlers with disabilities, ages birth to three years, by helping families build upon activities they do every day to meet their own needs and support their child's learning.

3 Improvement Strategies Utilized



Recommendations for Children with ASD Under Age 3

- Begin as early as possible
- Active caregiver/family involvement
- Combo of developmental and behavioral approaches
- Address specific social communication delays and other difficulties
- Consider medical disorders that may impact behavior and response to intervention



There are also well-conducted studies that show children with autism thrive when **naturalistic strategies are embedded within daily routines.**



High Leverage Practices

Naturalistic Developmental Behavioral Interventions (NDBIs)

Teams are trained in Naturalistic Developmental Behavioral Interventions (NDBIs)



Caregiver Training & Support

Active caregiver training, support and engagement



Teaming that includes:

- Provider
- purposeful collaboration and
- agreed upon evidence-based interventions



Nebraska's Getting Ready Home Visiting Approach, uses all of these practices as well as placing an emphasis on Parent Child Interaction!

Getting Ready Strategies

Strengthen Relationships

- Communicate openly and clearly
- Encourage parent-child interaction
- Affirm parent competencies
- Make mutual/joint decisions

Build Competencies

- Focus parents' attention on child strengths
- Share developmental information and resources
- Use observations and data
- Model and/or suggest

Intervention Priorities in Autism with Young Children

- Active Engagement and Connectedness
- Joint Attention
- Imitation
- Functional Communication
- Sensorimotor
- Play Skills and Social Interaction
- Behavior Skills

Evidence-Based Practices for Children, Youth, and Young Adults with Autism

James N. Masterson, PhD, University of North Carolina
Katie A. White, PhD, University of North Carolina
Lynn Kern Koegel, PhD, University of California, Santa Barbara
Lynn Kern Koegel, PhD, University of California, Santa Barbara



Center for the Study of Autism
UNNC

<https://ncaep.fpg.unc.edu/>

Basing Early Intervention for Young Children with Autism on Evidence-based Practices



EBP: Naturalistic Intervention (NI)

Name of EBP	Naturalistic Intervention (NI)						
Definition of EBP	Naturalistic Intervention (NI) is a collection of practices including environmental arrangement and integration techniques implemented across everyday activities and situations in the person's situation or home environment. These practices are designed to encourage socially taught behaviors to occur naturally through the natural consequences of the behavior and to be maintained over time. The NI practices emerge from research (e.g., applied behavior analysis) and/or developmental approaches to learning and assessment interventions that have been used in educational, developmental, clinical, and research settings (e.g., Anderson et al., 2015; Koehn et al., 2017).						
Outcome Areas	Age Ranges						
	0-3	3-5	Elementary School	Middle School	High School	Young Adults	
Communication	✓	✓	✓	✓	✓	✓	
Social	✓	✓	✓	✓	✓	✓	
Joint attention	✓	✓	✓	✓	✓	✓	
Play	✓	✓	✓	✓	✓	✓	
Cognitive	✓	✓	✓	✓	✓	✓	
School readiness	✓	✓	✓	✓	✓	✓	
Academic/ Professional	✓	✓	✓	✓	✓	✓	
Adaptive/ self-help	✓	✓	✓	✓	✓	✓	
Challenging/ Interfering behavior	✓	✓	✓	✓	✓	✓	
Vocational	✓	✓	✓	✓	✓	✓	
Motor	✓	✓	✓	✓	✓	✓	
Mental health	✓	✓	✓	✓	✓	✓	
Self-determination	✓	✓	✓	✓	✓	✓	

EBP: Parent-Implemented Intervention (PII)

Name of EBP	Parent-Implemented Intervention (PII)						
Definition of EBP	In Parent-Implemented Intervention (PII), parents are the primary person using an intervention practice with their child. Practitioners teach parents in individual or in group formats to become more confident and skilled. Methods to teach parents are, but may include, didactic instruction, demonstrations, modeling, coaching, or performance feedback. The parent's role is to use the intervention practice to teach their child new skills, such as communication, play and self-help, and engage their child in social communication and interaction, and/or to decrease challenging behavior. Once parents are trained, they implement either part or all of the intervention with their child. Parents may either be implementing the intervention in their home, school, or community settings, or in a clinical setting.						
Outcome Areas	Age Ranges						
	0-3	3-5	Elementary School	Middle School	High School	Young Adults	
Communication	✓	✓	✓	✓	✓	✓	
Social	✓	✓	✓	✓	✓	✓	
Joint attention	✓	✓	✓	✓	✓	✓	
Play	✓	✓	✓	✓	✓	✓	
Cognitive	✓	✓	✓	✓	✓	✓	
School readiness	✓	✓	✓	✓	✓	✓	
Academic/ Professional	✓	✓	✓	✓	✓	✓	
Adaptive/ self-help	✓	✓	✓	✓	✓	✓	
Challenging/ Interfering behavior	✓	✓	✓	✓	✓	✓	
Vocational	✓	✓	✓	✓	✓	✓	
Motor	✓	✓	✓	✓	✓	✓	
Mental health	✓	✓	✓	✓	✓	✓	
Self-determination	✓	✓	✓	✓	✓	✓	

EBP: Prompting (PP)

Name of EBP	Prompting (PP)						
Definition of EBP	Prompting (PP) procedures include support given to learners that assist them in using a specific skill, verbal, gestural, or physical assistance is given to learners to help them in acquiring or engaging in a targeted behavior or skill. Prompts are provided prior to or at the start of a task before the learner performs the skill. These prompts are often used in conjunction with other evidence-based practices including time delay and reinforcement or as part of protocols for the use of other evidence-based practices such as social skills training, discrete trial training, and task modeling. Thus, prompting procedures are considered foundational to the use of many other evidence-based practices.						
Outcome Areas	Age Ranges						
	0-3	3-5	Elementary School	Middle School	High School	Young Adults	
Communication	✓	✓	✓	✓	✓	✓	
Social	✓	✓	✓	✓	✓	✓	
Joint attention	✓	✓	✓	✓	✓	✓	
Play	✓	✓	✓	✓	✓	✓	
Cognitive	✓	✓	✓	✓	✓	✓	
School readiness	✓	✓	✓	✓	✓	✓	
Academic/ Professional	✓	✓	✓	✓	✓	✓	
Adaptive/ self-help	✓	✓	✓	✓	✓	✓	
Challenging/ Interfering behavior	✓	✓	✓	✓	✓	✓	
Vocational	✓	✓	✓	✓	✓	✓	
Motor	✓	✓	✓	✓	✓	✓	
Mental health	✓	✓	✓	✓	✓	✓	
Self-determination	✓	✓	✓	✓	✓	✓	

EBP: Reinforcement (R)

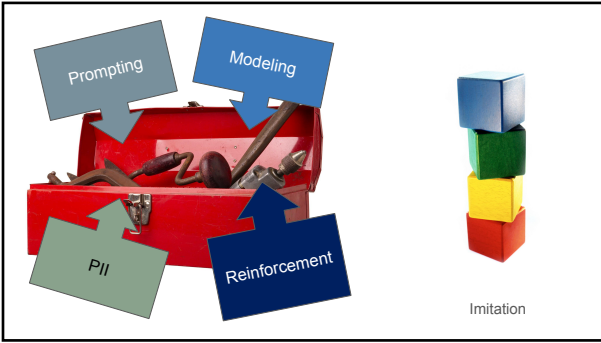
Name of EBP	Reinforcement (R)						
Definition of EBP	Reinforcement (R) is the application of consequences after a skills or behavior occurs that increases the learner's rate of the skills or behavior in future situations. Reinforcement includes positive reinforcement, negative reinforcement (different than punishment), non-contingent reinforcement, and behavior extinction. Reinforcement is a foundational evidence-based practice that is a central element used with other evidence-based practices including prompting, discrete trial teaching, functional communication training, naturalistic intervention.						
Outcomes Areas	Age Ranges						
	3-5	6-8	9-11	12-14	15-17	18-24	25+
Communication	✓	✓	✓	✓	✓	✓	✓
Social	✓	✓	✓	✓	✓	✓	✓
Joint attention	✓	✓	✓	✓	✓	✓	✓
Play	✓	✓	✓	✓	✓	✓	✓
Cognition	✓	✓	✓	✓	✓	✓	✓
School readiness	✓	✓	✓	✓	✓	✓	✓
Academics/Pre-academic	✓	✓	✓	✓	✓	✓	✓
Adaptive/self-help	✓	✓	✓	✓	✓	✓	✓
Challenging/interfering behavior	✓	✓	✓	✓	✓	✓	✓
Vocational	✓	✓	✓	✓	✓	✓	✓
Motor	✓	✓	✓	✓	✓	✓	✓
Mental health	✓	✓	✓	✓	✓	✓	✓
Self-determination	✓	✓	✓	✓	✓	✓	✓

EBP: Modeling (MD)

Name of EBP	Modeling (MD)						
Definition of EBP	Modeling (MD) involves the demonstration of a desired target behavior that results in use of the behavior by the learner and that leads to the acquisition of the target behavior. Thus, this learner is picking up on a targeted skill through observational learning. MD is often combined with other strategies such as prompting and reinforcement.						
Outcomes Areas	Age Ranges						
	3-5	6-8	9-11	12-14	15-17	18-24	25+
Communication	✓	✓	✓	✓	✓	✓	✓
Social	✓	✓	✓	✓	✓	✓	✓
Joint attention	✓	✓	✓	✓	✓	✓	✓
Play	✓	✓	✓	✓	✓	✓	✓
Cognition	✓	✓	✓	✓	✓	✓	✓
School readiness	✓	✓	✓	✓	✓	✓	✓
Academics/Pre-academic	✓	✓	✓	✓	✓	✓	✓
Adaptive/self-help	✓	✓	✓	✓	✓	✓	✓
Challenging/interfering behavior	✓	✓	✓	✓	✓	✓	✓
Vocational	✓	✓	✓	✓	✓	✓	✓
Motor	✓	✓	✓	✓	✓	✓	✓
Mental health	✓	✓	✓	✓	✓	✓	✓
Self-determination	✓	✓	✓	✓	✓	✓	✓





EBP: Time Delay (TD)

Name of EBP	Time Delay (TD)						
Definition of EBP	Time delay (TD) is a procedure used to systematically fade the use of prompts during instructional activities. With this procedure, a set delay is provided between the verbal instruction and any additional prompts or gestures. The evidence-based research focuses on two types of time delay procedures: progressive and constant. With progressive time delay, the practitioner gradually increases the wait (time between an instruction and any prompts that might be used to elicit a response) from 0 to 10 seconds. And the learner receives more practice at using the skill. The practitioner gradually increases the waiting time between the instruction and the prompt. In constant time delay, a fixed amount of time is always used between the instruction and the prompt. In the learner receives more practice at using the skill. This time is always used in conjunction with a structured procedure (i.e., such as most prompting, simultaneous prompting, graduated guidance).						
Outcomes Areas	Age Ranges						
	3-5	6-8	9-11	12-14	15-17	18-24	25+
Communication	✓	✓	✓	✓	✓	✓	✓
Social	✓	✓	✓	✓	✓	✓	✓
Joint attention	✓	✓	✓	✓	✓	✓	✓
Play	✓	✓	✓	✓	✓	✓	✓
Cognition	✓	✓	✓	✓	✓	✓	✓
School readiness	✓	✓	✓	✓	✓	✓	✓
Academics/Pre-academic	✓	✓	✓	✓	✓	✓	✓
Adaptive/self-help	✓	✓	✓	✓	✓	✓	✓
Challenging/interfering behavior	✓	✓	✓	✓	✓	✓	✓
Vocational	✓	✓	✓	✓	✓	✓	✓
Motor	✓	✓	✓	✓	✓	✓	✓
Mental health	✓	✓	✓	✓	✓	✓	✓
Self-determination	✓	✓	✓	✓	✓	✓	✓



Resources and Extended Learning

[AFFIRM for Toddlers](#)
 Nebraska ASD Network Early Childhood [Part C](#)
[A Guide to Getting Started with Young Learners with Autism](#)
[Autism Navigator Courses](#)

The Getting Ready Approach

The *Getting Ready Approach*, as it was adopted by Nebraska Part C programs, utilizes early intervention home visits as the context for implementation. The Approach is a child and parent-focused intervention focused on improving child outcomes.

Key components include:

1. Strengthening relationships between parent and child, and parent and professional; and
2. Building parent competencies for enhancing parent-child interactions.

GUIDE - Ongoing
A Guide for Interaction Between Families and Providers in Structured Contacts

Child's Name: _____ Date of Visit: _____

Provider's Name: _____

I. Objectives
Family/Child/Provider Partnership
 • Engage parent and provider in partnership.
Review Child's Needs, Strengths, Interests, & Concerns
 • Discuss the child's strengths, interests, and concerns.
 • Discuss the child's developmental skills and needs.
 • Discuss any concerns and what has been tried and continue to try possible options for the child.
Review Nebraska's developmental skills from 18 to 36 months
 • Discuss family observations of their top 3 strengths and 3 areas for development from the visit.
 • Discuss family observations of their top 3 strengths and 3 areas for development from the visit and parent-child skills.


Child/Child Provider for Visit
 • Engage child and parent/ provider for today's visit.
 • Identify a routine or behavior from the visit to discuss and plan for next visit.
 • Discuss knowledge parent-child/ provider visit.

III. Main Agenda
 • **Launch the program** (Review Visit Plan, discuss with parent if not in program)
 • **Review the program** (Review Visit Plan, discuss with parent if not in program)
 • **Child/Child Provider for Visit**
 • **Review the program** (Review Visit Plan, discuss with parent if not in program)
 • **Review the program** (Review Visit Plan, discuss with parent if not in program)

Let's Try It!

Determine practice opportunity for visit

- Brainstorm how parent-child can practice a skill or strategy to support the selected outcome.
- Decide on a routine.
- What materials will we need?
- Where will we try this?
- What role will parent, professional play?



Practice

Parent and professional discuss/debrief practice opportunity

(choose reflective question(s) or use your own)

- How did it go?
- What did child do?
- What were challenges?
- What went well?
- What would you do differently?

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Isaac- Interventions to Prioritize

- Joint attention
- Imitation
- Functional communication
- Play and social
- Active engagement
- Connectedness

All within natural routines using a caregiver capacity building model.

High Leverage and EBP within Isaac's Morning Play Routine

Getting Ready Strategies	Target Skills	EBP(s)
<ul style="list-style-type: none"> • Mutual decision making • Use observations & data • Encourage parent-child interaction • Affirm competencies • Focus on child's strengths • Share developmental info • Encourage parent/child interaction 	<ul style="list-style-type: none"> • Imitate actions with toys • Functional play • Joint attention • Active engagement • Social • Connectedness 	<ul style="list-style-type: none"> • Naturalistic Intervention • Modeling: simple action (push), single words • Prompting: Provide gentle, then physical prompt if needed • Reinforcement: Celebrate attempts

Outcome: During morning & outside playtime, Isaac will play with toys in new ways. We will know he can do this when he plays with at least 2 toys in more than one way either inside or outside daily for 1 week.



High Leverage and EBP within Isaac's Book Reading Routine

Getting Ready Strategies	Target Skills	EBP(s)
<ul style="list-style-type: none"> Communicate openly & clearly Model and/or Suggest Encourage parent/child interactions Affirm parent competencies 	<ul style="list-style-type: none"> Functional Communication Functional play Joint attention Active engagement Social Connectedness 	<ul style="list-style-type: none"> Naturalistic Intervention Modeling: simple action (push car, sounds, single words) Prompting: gestural Reinforcement: Celebrate attempts

Outcome: Isaac will participate in book time by making noises. We will know he can do this when he imitates or makes a noise on his own for something he sees in a book, such as vroom for a car 3 times per week for 2 weeks in a row.



Develop Home Visit Plan



Discuss what will happen between now and next visit:

- Co-determine what skill/behavior you will see child demonstrate by next visit
- Determine routines that provide best opportunity for practice.
- Determine the strategies that will support child progress toward selected outcome.

Discuss how we will communicate between visits.

Discuss parent and provider roles in implementing HV plan as appropriate.
Check on other outcomes as appropriate.

Isaac- HOME VISIT PLAN

- Isaac will copy something mom does with a toy
- Parent will model ways to play with toys during morning playtime and bathtime.
- Provider will check in next week via text to see how this plan is going

Home Visit Plan during Bath Time Routine

HLPs to Support Adults	Target Skills	EBP(s)- Strategies that will support progress
<ul style="list-style-type: none"> • Communicate openly and clearly • Model and/or Suggest • Affirm parent competencies • Mutual/ Joint decisions 	<ul style="list-style-type: none"> • Functional Communication- dinosaur sounds • Functional play- imitate splashing • Imitation- cleaning dinosaurs with soap and washcloth • Joint attention 	<ul style="list-style-type: none"> • Naturalistic Intervention • Modeling: simple action (push car, sounds, single words) • Prompting: gestural, physical • Reinforcement: Celebrate attempts



NDE
Early
Learning
Guidelines
0-5

A. Standards

Developmental, SOCIAL & EMOTIONAL Core Competency Standard (CE.02) - Intentional self-awareness and control of self

During this age period	(0-18 months)	(17 months - 24 months)	(24 months - 36 months)
<p>CE.02-1 Intentional self-awareness</p> <ul style="list-style-type: none"> Child begins to understand self as a separate person from others. 	<p>CE.02-2 Intentional self-control</p> <ul style="list-style-type: none"> Child begins to regulate emotions through self-soothing, self-regulation, and self-reminders. 	<p>CE.02-3 Intentional self-awareness</p> <ul style="list-style-type: none"> Child begins to understand self as a separate person from others. 	<p>CE.02-4 Intentional self-control</p> <ul style="list-style-type: none"> Child begins to regulate emotions through self-soothing, self-regulation, and self-reminders.

B. During This Age Period

Indicators for Children

- Child begins to understand self as a separate person from others.
- Child begins to regulate emotions through self-soothing, self-regulation, and self-reminders.
- Child begins to understand self as a separate person from others.
- Child begins to regulate emotions through self-soothing, self-regulation, and self-reminders.

C. Vocabulary

Words

- Intentional self-awareness
- Intentional self-control
- Intentional self-awareness
- Intentional self-control

D. Indicators for Children

- Child begins to understand self as a separate person from others.
- Child begins to regulate emotions through self-soothing, self-regulation, and self-reminders.
- Child begins to understand self as a separate person from others.
- Child begins to regulate emotions through self-soothing, self-regulation, and self-reminders.

E. Suggestions for the Environment

Supportive

- Provide a safe and secure environment.
- Provide a variety of toys and materials that encourage exploration.
- Provide a variety of toys and materials that encourage exploration.

F. Teaching with Intent Throughout the Day

- Use intentional teaching strategies throughout the day.
- Use intentional teaching strategies throughout the day.

Infant's Birth to the Learning and Developmental Standards

Evidence-Based Manualized Programs 0-3

Early Start Denver Model (ESDM)

Intervention: Developmental Behavioral Intervention (12-48 months) integrating developmental and behavioral strategies within play and routines.

Evidence: RCT (Dawson et al., 2010) demonstrated significant gains in IQ, language, and adaptive behavior; systematic reviews support improvements across domains.

Citations: Dawson et al., 2010; Publications, Rhyne, 2018; JAPNA.

Project ImPACT

Intervention: Manualized caregiver-mediated intervention coaching parents to support social communication and engagement.

Evidence: Research shows improved parent responsiveness and child social-communication outcomes; effective in community and telehealth formats.

Citations: Stahmer et al., 2019; Community-based study (IMAC).

The Balance Program

Intervention: If referencing a specific autism birth-3 manualized intervention, ensure peer-reviewed research is clearly identified.

Evidence: Currently limited widely cited peer-reviewed evidence identifying a manualized autism-specific birth-3 model under this name.

Citations: Add verified manual or peer-reviewed publication as applicable.

Enhancing Early Autism Support Through Routines Based Early Intervention

Thank you for attending this session.
Please be sure to **submit your feedback** online!



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