

# SEED Study to Explore Early Development

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

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

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

### Tips for Parents:

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

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

### Time-out Tips:

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

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

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

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

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

## SEED 2

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

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

## HIGHLIGHTS OF SEED PROGRESS

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

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

### **SEED** started enrolling families in the winter of 2008.

*The table shows SEED progress as of July, 2012.*

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



## THE ART OF THE INTERVIEW

Nicole Williams asks nosy questions, but don't worry: She's just doing her job. Nicole works for SEED in Maryland. And she, like every SEED interviewer, is trained to ask exactly the same questions, exactly the same way, to every person. These questions cover pregnancy, health, work history, etc. Researchers gather this data not to get details about *individual* families, but to collect data from *thousands* of families, looking for clues to autism.

Because she asks so many personal questions, we'll turn the tables and tell you about Nicole! Many moms would recognize her distinctive, raspy voice and friendly, nonjudgmental manner. Although she talks with hundreds of mothers, she treats each as an important individual. When their participation ends, "I've had moms who are disappointed that they won't be talking to me anymore," she said.

Interaction between interviewers such as Nicole and families begins with a phone call to see if a family qualifies. Days later, Nicole calls the mother to find out about her pregnancies and medical providers, and to schedule a 45-minute interview. During the interview, Nicole asks

about the mother's health and pregnancy, then schedules another call to help mom complete questionnaires. Finally, they schedule a parent interview that may last a couple hours. Nicole notes that all information is kept confidential.

Nicole, 34, has always been a good listener. She is able to put moms at ease, and they "seem less uncomfortable answering the questions than I do asking," she laughs. She has never had someone decline to answer a question – although participants are free to do so. She also says that some mothers "just need an ear to talk to." Even if they have a strong support system, they seem to appreciate talking to someone who understands but yet is neutral. Some join SEED because they are concerned about their child. Many others join because they know a family whose child has a disability, or they want to help society. "You really see that desire to help others," she said.

Listening skills and compassion aren't the only things that make a difference in Nicole's job. Last year, she became a mother herself. Now that she has a beautiful baby boy, she has a new strength: "Asking so many questions about pregnancy, it helps now that I've been there myself!"



## SITE SNAPSHOT: GEORGIA

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

### Tracking the Number of Children Identified with Autism Spectrum Disorders

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

### Improving Early Identification

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



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