Fiddle Focus®

Fiddle • Focus • Talk • Learn

TODAY'S AGENDA

01 **LANGUAGE AND COMMUNICATION OVERVIEW**

02 **SENSORY PROCESSING**

03 **IMPACT OF DELAYED LANGUAGE AND COMMUNICATION ABILITIES**

04 **EMBRACING BEHAVIORS AND STRATEGIES FOR USE IN THE CLASSROOM**

A LITTLE ABOUT US…

01

LANGUAGE AND COMMUNICATION OVERVIEW

SPEECH SOUNDS

Speech Sounds

Speech sounds are the sounds we use in words. If we use the right sounds in the right order then people can understand what we are saying. It can take a long time to learn how to make the right sounds. We think of speech sounds being different from the alphabet, they are the “pure” sounds we hear rather than the letter name e.g. sound “b” rather than the letter name “Bee”. Some children make mistakes which we would expect for a child of their age. These will get better without extra help. Some children make mistakes that will not get better without help.

Speech Sound Development

4 Years — Most people understand the child's speech May still make mistakes on the s, sh, ch, j, ng, th, z, l, and r sounds

3 Years — Familiar people understand the child's speech says m, n, h, w, p, b, t, d, k, g, and f in words

1 Years — Babbles longer strings of sounds like mimi, upup, bababa

6 mo — Makes speech-like babbling sounds like puh, ba, mi, da

5 mo — Laughs and makes playful sounds

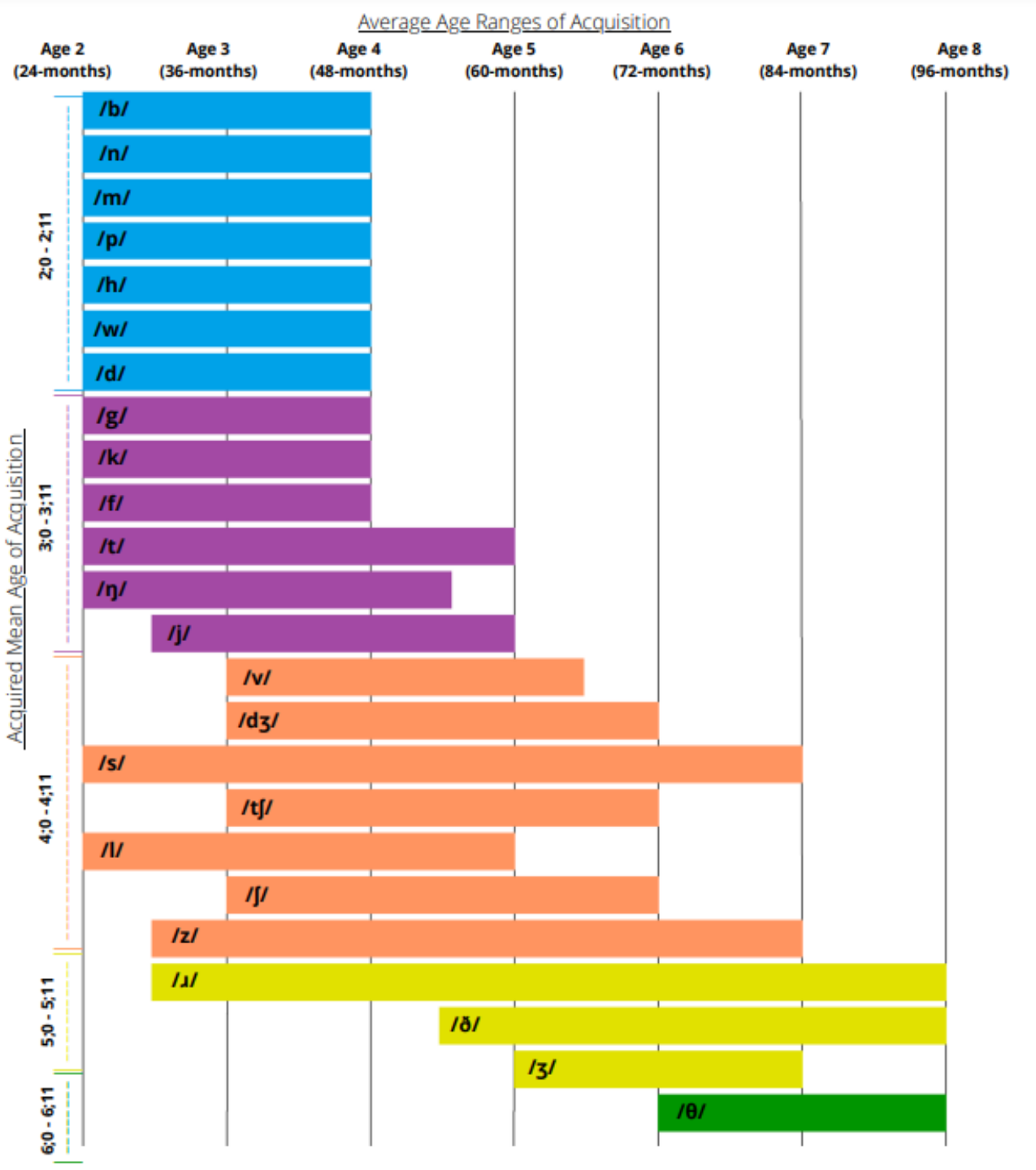
3 mo — Makes cooing sounds

Speech Sound Development

Data reported in this chart (90% criterion) is based from the comprehensive review by Crowe and McLeod (2020) that analyzed 907 children across 15 studies. The chart is hierarchical ordered by the mean age of acquisition of consonant phonemes. The 5 different colors of bars group the sets of consonants by acquired mean age of acquisition:

- Blue bars /b, n, m, p, h, w, d/ by 2;0-2;11,
- Purple bars /g, k, f, t, ŋ, j/ by 3;0-3;11,
- Orange bars /v, dʒ, s, tʃ, l, ʃ, z/ by 4;0-4;11,
- Yellow bars /ɹ, ð, ʒ/ by 5;0-5;11
- Green bar /θ/ by 6;0-6;11.

Data in this chart uses the 90% criterion measures, which means that 90% of all children produced the consonant correctly by the ages reported.



LANGUAGE

What is Language

Language is a rule-governed, complex, and dynamic system of conventional symbols that is used in various modes for thought and communication. Language evolves within specific historical, social, and cultural contexts. Language is defined by three domains **Form** (phonologic, morphologic, syntactic), **Content** (semantic), and **Use** (pragmatic). Effective use of language allows one to communicate within an environment. Communication is linguistically defined as a rule-based system requiring a specific **set of codes** for expressing and understanding thoughts, feelings, and ideas.

What is Language

The speaker must be able to **encode** a message competently so that a listener will be able to **decode** and understand the speaker's intent. It is important that the encoding made by a speaker is **systematic** and **conventional** to the listener. Not only must the message meet the rules of the listener but the speaker must express **communicative competence** meeting the practical needs of the listener. Communication as a whole can be both verbal and non verbal.

Language Development – Birth to 1 Year

- Giggles and laughs, Responds to facial expressions. Looks at objects of interest and follows objects with their eyes, Reacts to toys that make sounds, like those with bells or music.
- Vocalizes during play or with objects in mouth. Vocalizes different vowel sounds—sometimes combined with a consonant—like uuuuuummm, aaaaaaagoo, or daaaaaaaaaa; Blows “raspberries.”
- Looks at you when you call their name. Stops for a moment when you say, “No.”
- Babbles long strings of sounds, like mamamama, upup, or babababa.
- Looks for loved ones when upset.
- Recognizes the names of some people and objects.
- Pushes away unwanted objects.
- By age 10 months, reaches for objects. Points, waves, and shows or gives objects.
- Imitates and initiates gestures for engaging in social interactions and playing games, like blowing kisses or playing peek-a-boo.
- Tries to copy sounds that you make. Enjoys dancing. Responds to simple words and phrases like “Go bye-bye” and “Look at Mommy.”
- By 12 months: Says one or two words—like mama, dada, hi, and bye.

Language Development – 13 to 18 Mo.

- Looks around when asked “where” questions—like “Where’s your blanket?”
- Follows directions—like “Give me the ball,” “Hug the teddy bear,” “Come here,” or “Show me your nose.”
- Points to make requests, to comment, or to get information.
- Shakes head for “no” and nods head for “yes.”
- Understands and uses words for common objects, some actions, and people in their lives.
- Identifies one or more body parts.
- Uses gestures when excited, like clapping or giving a high-five, or when being silly, like sticking out their tongue or making funny faces.
- Uses a combination of long strings of sounds, syllables, and real words with speech-like inflection.

Language Development – 19 to 24 mo.

- Uses and understands at least 50 different words for food, toys, animals, and body parts. Speech may not always be clear—like du for “shoe” or dah for “dog.”
- Puts two or more words together—like more water or go outside.
- Follows two-step directions—like “Get the spoon, and put it on the table.”
- Uses words like me, mine, and you.
- Uses words to ask for help.
- Uses possessives, like Daddy’s sock.

Language Development – 2 to 3 yrs.

- Uses word combinations often but may occasionally repeat some words or phrases, like baby – baby – baby sit down or I want – I want juice.
- Tries to get your attention by saying, Look at me!
- Says their name when asked.
- Uses some plural words like birds or toys.
- Uses –ing verbs like eating or running. Adds –ed to the end of words to talk about past actions, like looked or played.
- Gives reasons for things and events, like saying that they need a coat when it's cold outside.
- Asks why and how.
- Answers questions like "What do you do when you are sleepy?" or "Which one can you wear?"
- Correctly produces p, b, m, h, w, d, and n in words.
- Correctly produces most vowels in words.
- Speech is becoming clearer but may not be understandable to unfamiliar listeners or to people who do not know your child.

Language Development – 3 to 4 yrs.

- Compares things, with words like bigger or shorter.
- Tells you a story from a book or a video.
- Understands and uses more location words, like inside, on, and under.
- Uses words like a or the when talking, like a book or the dog.
- Pretends to read alone or with others.
- Recognizes signs and logos like STOP.
- Pretends to write or spell and can write some letters.
- Correctly produces t, k, g, f, y, and –ing in words.
- Says all the syllables in a word.
- Says the sounds at the beginning, middle, and end of words.
- By age 4 years, your child talks smoothly. Does not repeat sounds, words, or phrases most of the time.
- By age 4 years, your child speaks so that people can understand most of what they say. Child may make mistakes on sounds that are later to develop—like l, j, r, sh, ch, s, v, z, and th.
- By age 4 years, your child says all sounds in a consonant cluster containing two or more consonants in a row—like the tw in tweet or the –nd in sand. May not produce all sounds correctly—for example, spway for “spray.”

Language Development – 4 to 5 yrs.

- Produces grammatically correct sentences. Sentences are longer and more complex.
- Includes (1) main characters, settings, and words like and to connect information and (2) ideas to tell stories.
- Uses at least one irregular plural form, like feet or men.
- Understands and uses location words, like behind, beside, and between.
- Uses more words for time—like yesterday and tomorrow—correctly.
- Follows simple directions and rules to play games.
- Locates the front of a book and its title.
- Recognizes and names 10 or more letters and can usually write their own name.
- Imitates reading and writing from left to right.
- Blends word parts, like cup + cake = cupcake. Identifies some rhyming words, like cat and hat.
- Produces most consonants correctly, and speech is understandable in conversation.

SOCIAL COMMUNICATION

THREE MAJOR SKILLS

Using language for different reasons, such as:

- Greeting. Saying "hello" or "goodbye."
- Informing. "I'm going to get a cookie."
- Demanding. "Give me a cookie right now."
- Promising. "I'm going to get you a cookie."
- Requesting. "I want a cookie, please."

THREE MAJOR SKILLS

Changing language for the listener or situation, such as:

- Talking differently to a baby than to an adult.
- Giving more information to someone who does not know the topic. Knowing to skip some details when someone already knows the topic.
- Talking differently in a classroom than on a playground.

THREE MAJOR SKILLS

Following rules for conversations and storytelling, such as:

- Taking turns when you talk.
- Letting others know the topic when you start talking.
- Staying on topic.
- Trying another way of saying what you mean when someone did not understand you.
- Using gestures and body language, like pointing or shrugging.
- Knowing how close to stand to someone when talking.
- Using facial expressions and eye contact.

SOCIAL COMMUNICATION DEVELOPMENT

By Age 2:

- Makes frequent eye contact
- Participates in reciprocal play
- Uses ritual words, “hi/bye.”

By Age 3:

- Uses “please” and “thank you” with reminders
- Carries on “conversations” with self and dolls
- Begins to control behavior verbally
- Claims items as their own

By Age 4:

- Takes turns without reminders
- Expresses ideas and feelings
- Shares toys
- Begins cooperative play
- Asks to use others’ toys/belongings

By Age 5:

- Indicates feeling sorry
- Typically prefers playing with peers, than alone
- Likes competitive games

VOICE

VOICE

A voice disorder occurs when voice quality, pitch, and loudness differ or are inappropriate for an individual's age, gender, cultural background, or geographic location (Aronson & Bless, 2009; Boone, McFarlane, Von Berg, & Zraik, 2010; Lee, Stemple, Glaze, & Kelchner, 2004).

VOICE

A voice disorder is present when an individual expresses concern about having an abnormal voice that does not meet daily needs—even if others do not perceive it as different or deviant (American Speech-Language-Hearing Association [ASHA], 1993; Colton & Casper, 1996; Stemple, Glaze, & Klaben, 2010; Verdolini & Ramig, 2001).

FLUENCY

What is Fluency?

Fluency refers to the forward, continues flow of speech. A speaker who is fluent typically speaks with minimal mental or physical effort. Disfluency refers to interruptions in the forward movement of speech. Disfluencies may be typical or atypical. Typical disfluencies include: phrase repetitions, phrase revisions, and non grammatical interjections. Atypical disfluencies are more common with stuttering and are included in a following table. Stuttering is defined as an abnormally high frequency and/or duration of stoppages in the forward flow of speech.

Fluency Development

Developmental stuttering is the most common type of fluency disorder. Stuttering begins between two and six years of age and peaks just before three years of age. The prevalence of stuttering is around 1% with an incidence rate of 5%. In school age children stuttering occurs more frequently in males (3:1 ratio) however, in younger children the occurrence is closer (1:1 ratio). Girls are more likely to recover from stuttering than boys.

Negative feelings and attitudes

Tension in the neck

So tense words won't come out

Stutters lasting longer than a second

02

SENSORY PROCESSING

THE JOURNEY BEGINS…

So many issues may have taken place during pregnancy and delivery of the baby. Issues to consider: health of mom resulting in premature delivery; trauma; substance abuse; and separation of baby from birth mom. These are only a few of the many issues that may begin this child's sensitive journey…

Trauma Sensitivity Considerations

1 A growing body of research has established that even infants may be affected by events that threaten their safety or the safety of their parents/ caregivers. These events have profound sensory impact on young children.

2 Possible triggers could include:

- Frightening visual stimuli
- Loud noises
- Violent movements
- Other sensations associated with an unpredictable event

SENSORY PROCESSING VS. INTEGRATION

Important concept:

A basic knowledge is important BUT also realize that any type of diagnosis comes MUCH LATER in a child's life. At this point, it is about recognizing a child's emerging sensitivities and providing optimum care and guidance for the child and their parent.

BRIEF HISTORY

-1954-A. Jean Ayres began researching and developing sensory integration theory and treatment of sensory processing.

-Resurgence in the late 1990s with the research of Winnie Dunn, PhD. at the University of Kansas Medical Center.

Either you are or you aren't…

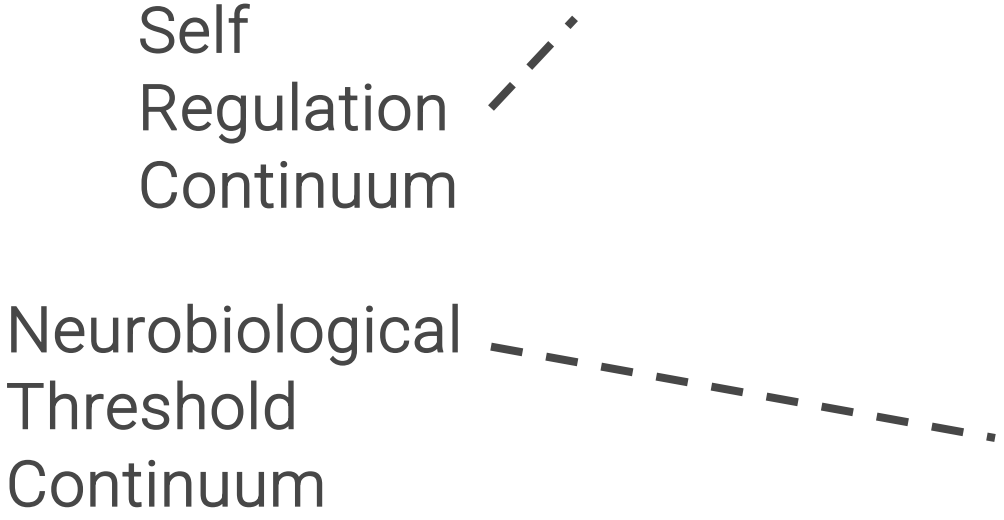
Sensory Processing vs. Sensory Integration

- Sensory Processing is an all encompassing term that refers to the way in which the CNS and peripheral nervous system manage incoming sensory information.

- Sensory Integration is similar to processing, but not to be used interchangeably. Integration refers to the CNS capability to process sensory information. Integration is only one component of Sensory Processing.

- ***Sensory Processing*** will be the term used most for our purposes.

DUNN'S CONCEPTUAL MODEL FOR SENSORY PROCESSING



ADULT REALITIES

ACTIVITY:
WHERE DO YOU FALL?

QUADRANTS OF SENSORY PROCESSING- WHERE DO YOU FALL?

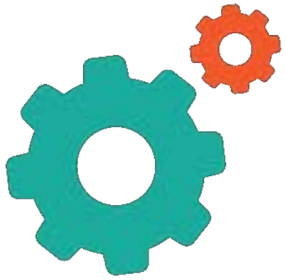
Sensory Seeking

- High ability to generate ideas and responses
- Notices and enjoys all the activity in the environment
- Fidgety and excitable
- Enjoys sensations

WHAT ABOUT YOU?

How many of you were sensory seeking?

- Charged up children delight you
- "Busy" acting and looking classrooms are what you thrive on
- You expect everyone to be at your level—HIGH—at all times
- Great intentions to get everything done, BUT you get distracted…and may never find your way back



QUADRANTS OF SENSORY PROCESSING- WHERE DO YOU FALL?

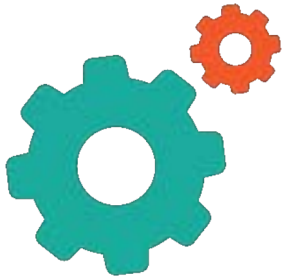
Low Registration

- High ability to focus on something
- Unaffected by varying environments
- Uninterested, flat, self absorbed
- Not easily distracted

WHAT ABOUT YOU?

How many of you were low registration?

- You “see” the things that need to get done
- In the midst of getting it done, stuff in and around you is part of the process
- Lists and checking things off are very important to you
- The roar of the children is a norm



QUADRANTS OF SENSORY PROCESSING- WHERE DO YOU FALL?

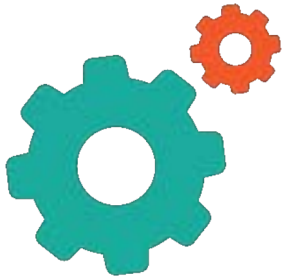
Sensory sensitivity

- High ability to notice what is going on in the environment
- Particular about task completion or parameters
- Vigilant and persistent
- Easily distracted

WHAT ABOUT YOU?

How many of you were sensory sensitive?

- Charged up children make you crazy
- "Busy" acting and looking classrooms are overwhelming
- Those that surround you on "HIGH" make you a nervous wreck
- Things will get done BUT you can get distracted



QUADRANTS OF SENSORY PROCESSING- WHERE DO YOU FALL?

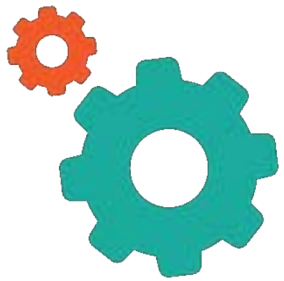
Sensation avoiding

- High ability to design and implement structure
- Enjoys routines
- Relies on rituals and routines
- Often appears “anxious”

WHAT ABOUT YOU?

How many of you were sensation avoiding?

- Classroom look and placement of things is very important
- Routines for you and the children are mandatory
- Change in the routine is upsetting for you
- Worry about what will happen next, or because of an unexpected shift in the day just throws you off



WORKING TOGETHER?

IMPLICATIONS FOR TEACHING TEAMS

Negatives

- Conflict
- Disagreement
- Discomfort
- Apprehensiveness
- Disconnect
- Triangulation

Positives

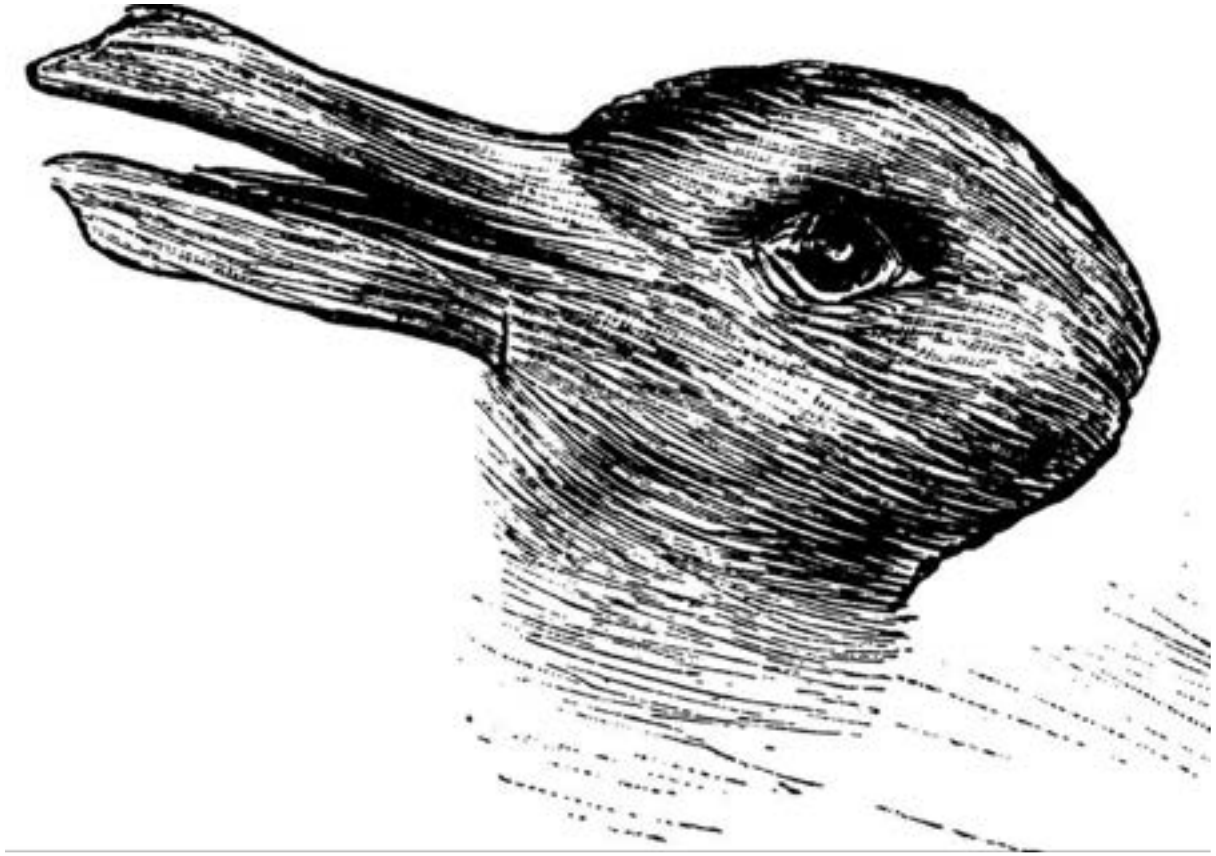
- Diversity in thinking
- Approaches are different
- Strengths and weaknesses can strive for a balance
- Children have role-modeled to them a variety of relationship values

BREAK TIME
10:45 A.M.-11:00 A.M.

SENSORY EXPERIENCE

What Do You See?

What Do You See?



What do you see?

What do you see?

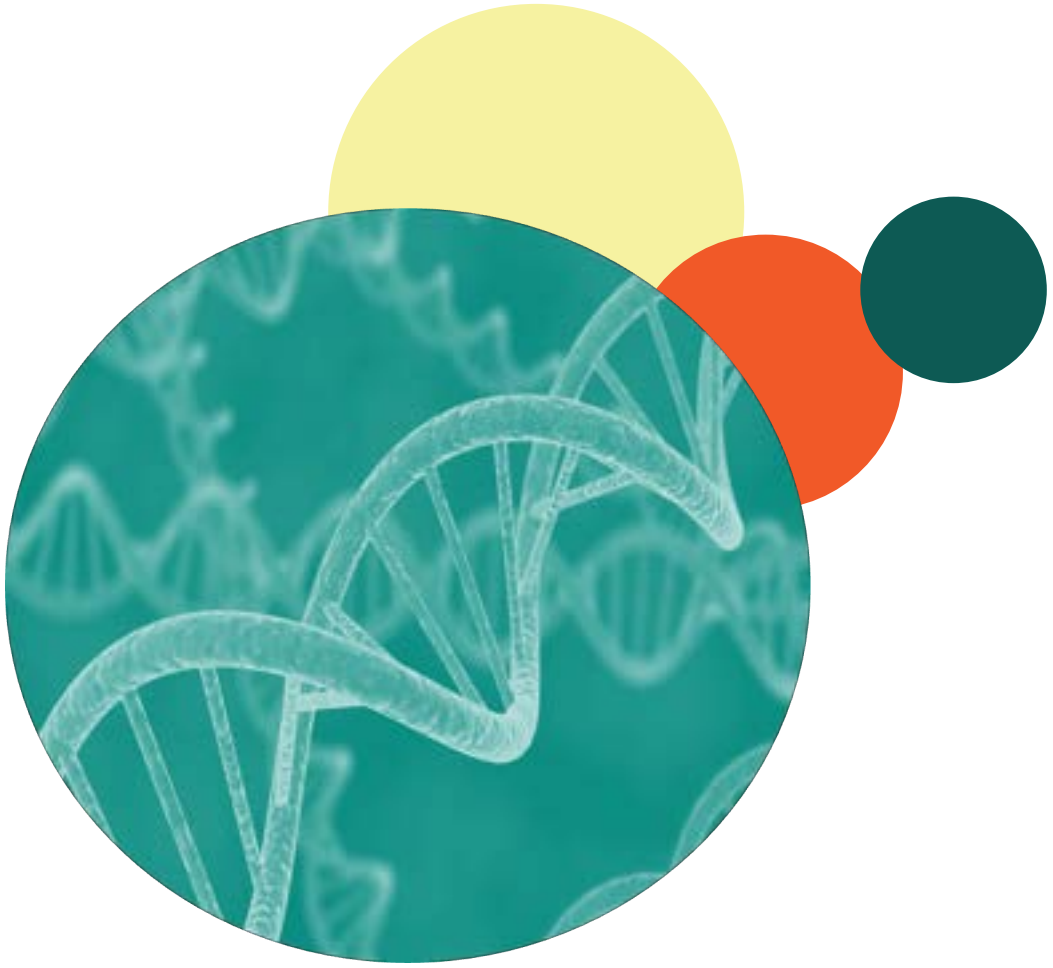
03

IMPACT OF DELAYED LANGUAGE AND COMMUNICATION ABILITIES

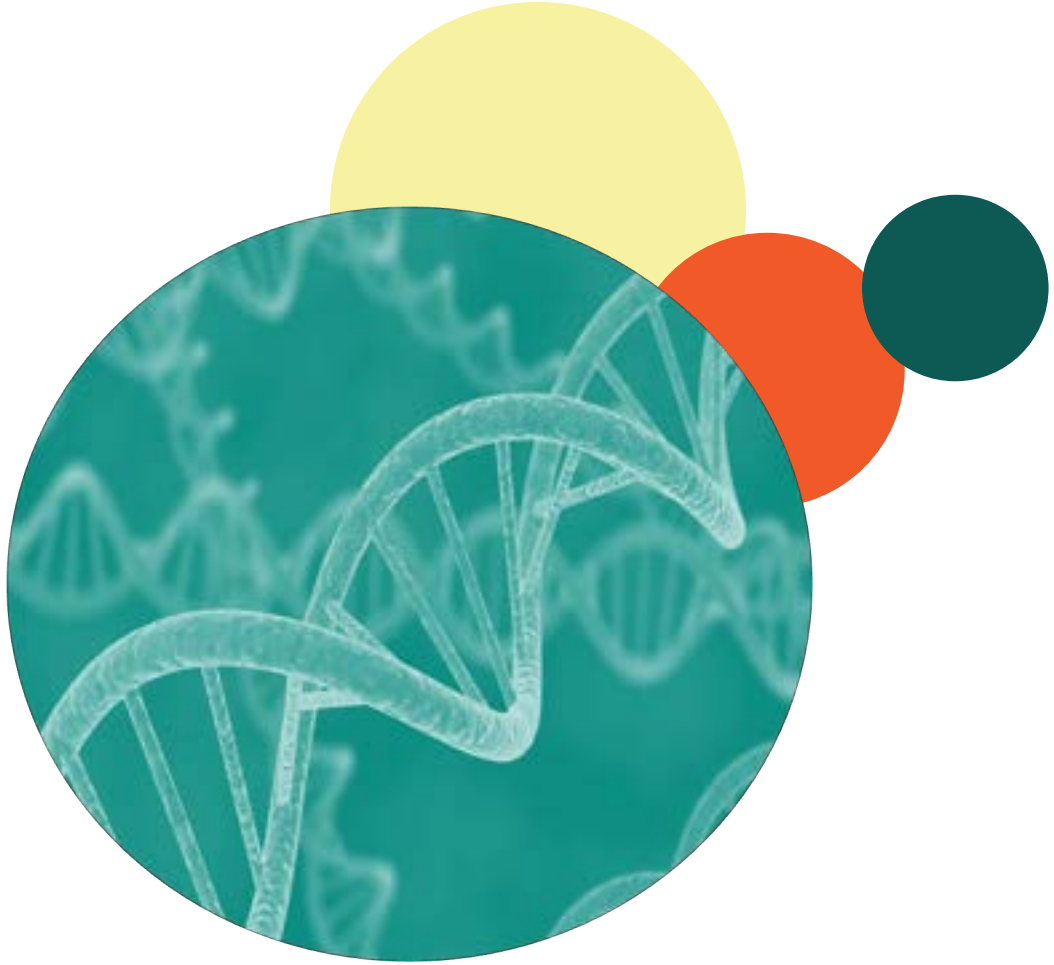
THERE ARE A VARIETY OF DISORDERS RELATED TO DELAYED AND/OR DISORDERED SPEECH AND LANGUAGE DEVELOPMENT

GENETIC/BEHAVIOR/SENSORY/HEARING/VISUAL/SOCIAL EMOTIONAL DISORDERS

- Down Syndrome
- Cri-Du-Chat
- Microcephaly
- Williams Syndrome
- PKU
- Trisomy 13
- Wolf-Hirschhorn Syndrome
- Prader Willi Syndrome
- Fragile X Syndrome
- Mucopolysaccharidosis
- Pierre Robin Sequence
- Stickler Syndrome
- Van Der Woude Syndrome
- Velocardiofacial Syndrome



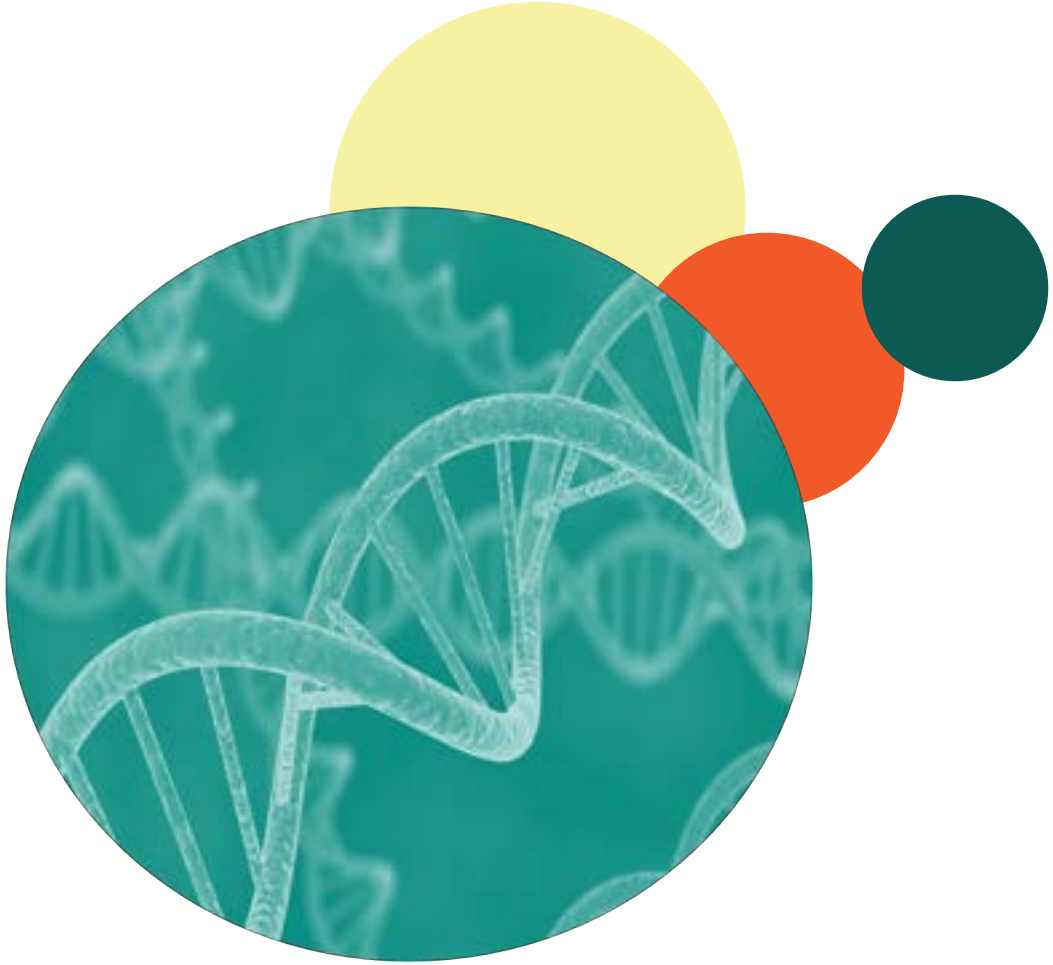
GENETIC/BEHAVIOR/SENSORY/HEARING/VISUAL/SOCIAL EMOTIONAL DISORDERS



- Late Talkers
- Specific Language Impairment
- Spoken Language Disorder
- Developmental Language Disorder
- CNS Dysfunction / Learning Disability
- Language Learning Disability
- Autism Spectrum Disorder
- Central Auditory Processing Disorder
- Social Pragmatic Communication Disorder
- Selective / Elective Mutism

GENETIC/BEHAVIOR/SENSORY/HEARING/VISUAL/SOCIAL EMOTIONAL DISORDERS

- Hearing impairment
- ADD & ADHD
- Failure to thrive
- Spina Bifida
- Cerebral Palsy
- Childhood Apraxia of Speech
- Multiple Sclerosis
- Dysarthria
- Intellectual Disability
- Childhood Schizophrenia
- Dyslexia
- Hyperlexia
- TBI
- Epilepsy
- PANDAS



LUNCH
TIME
11:45 A.M.-12:30 P.M.

COMMON DELAYS

CLASSROOMS MAY EXPERIENCE

- Late Talkers
- Autism Spectrum Disorder
- Hearing impairment
- ADD & ADHD
- Stuttering
- Apraxia

LATE TALKER

A “Late Talker” is a toddler (between 18-30 months) who has good understanding of language, typically developing play skills, motor skills, thinking skills, and social skills, but has a limited spoken vocabulary for his or her age. The difficulty late talking children have is specifically with spoken or *expressive language*. This group of children can be very puzzling because they have all of the building blocks for spoken language, yet they don’t talk or talk very little.

AUTISM SPECTRUM DISORDERS (ASD)

What is ASD?

To meet diagnostic criteria for ASD according to DSM-5, a child must have persistent deficits in each of three areas of social communication and interaction plus at least two of four types of restricted, repetitive behaviors (see B.1. through B.4. below).

Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history.

Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life

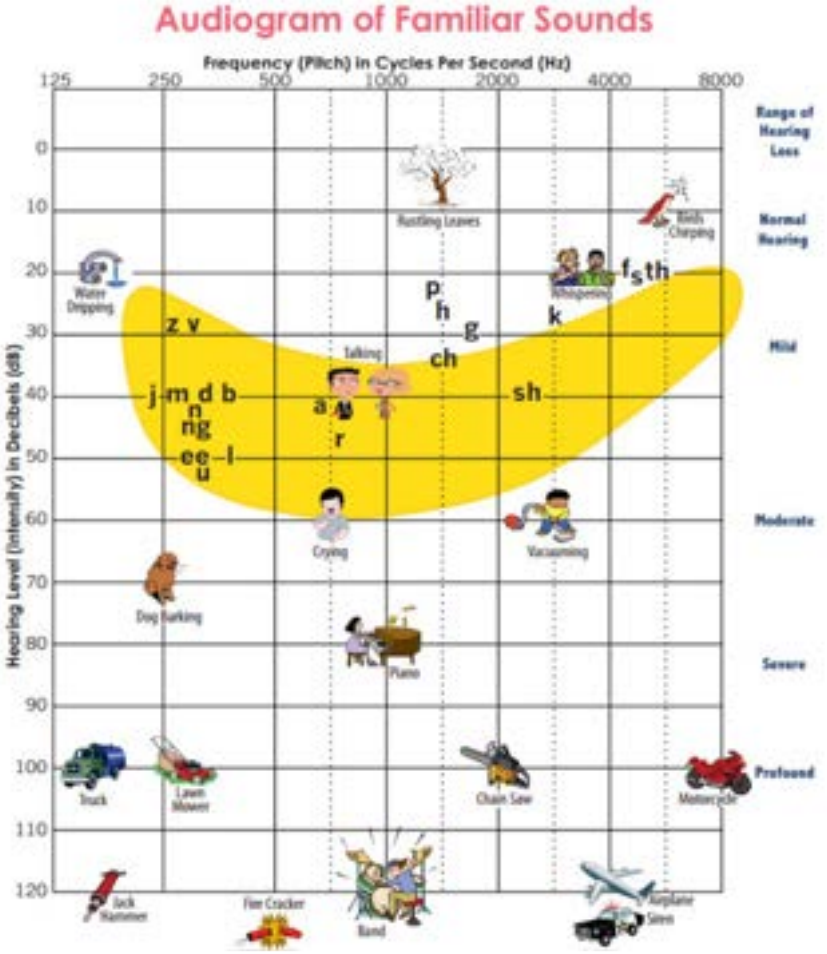
What does it look like?

- ASD can look different in all children. It is commonly said that when you have met one child with ASD you have only met ONE child with ASD.
- You may see signs of ASD including
  - Loss of words
  - Understanding language
  - Limited conversations
  - Repeat words or phrase
  - Use a robotic tone of voice
  - Use challenging behaviors instead of communication
  - Minimal shared attention
  - Not understand how others feel
  - Trouble making and keeping friends
  - Repeat certain behaviors
  - Like only a few foods
  - Get upset at certain sounds, smells or textures
  - Trouble transitioning

HEARING IMPAIRMENT

What is a hearing Impairment?

A child who is not able to hear as well as someone with normal hearing – hearing thresholds of 20 dB or better in both ears – is said to have hearing loss. Hearing loss may be mild, moderate, severe, or profound. It can affect one ear or both ears and leads to difficulty in hearing conversational speech or loud sounds.



ADD / ADHD

- According to the DSM-5 People with ADHD show a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with functioning or development. In addition to meeting additional conditions.
    - There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.

Children with ADHD may need help learning social skills. Further they may need help working on their language and speech sound production.

CHILDHOOD APRAXIA OF SPEECH/ SPEECH SOUND DELAYS

According to ASHA (2017), In order for speech to occur, messages need to go from your brain to your mouth. These messages tell the muscles how and when to move to make sounds. When a child has apraxia of speech, the messages do not get through correctly. The child might not be able to move their lips or tongue in the right ways, even though their muscles are not weak. Sometimes, the child might not be able to say much at all. A child with CAS knows what they want to say. The problem is not how the child thinks but how the brain tells the mouth muscles to move. CAS is sometimes called verbal dyspraxia or developmental apraxia. Even though the word “developmental" is used, CAS is not a problem that children outgrow. A child with CAS will not learn speech sounds in typical order and will not make progress without treatment. It can take a lot of work, but the child’s speech can improve.

STRATEGIES FOR LATE TALKERS

STRATEGIES

- Playful Misunderstanding
- Playful Verbal / Tactile

Sabotage

- Modeling
- Use visual signs
- Make language visual
- Self talk

STRATEGIES FOR AUTISM SPECTRUM DISORDERS

STRATEGIES

- Visual timers/ Schedule
- Consistency
- Visual learning techniques
- Simple and Direct Language
- Time to transition
- Practice
- Multiple opportunities to practice being successful

STRATEGIES FOR HEARING IMPAIRMENT

STRATEGIES

Referral to an SLP or AuD

Preferential Seating

Visual Supports

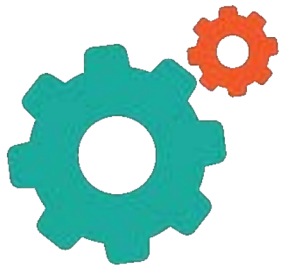
FM systems / Minimizing background noise

Face child and be on their level

Promote self –advocacy. “ I need help”, “say it again”

STRATEGIES FOR STUTTERING

STRATEGIES



Speak Slowly

Use a soft voice

Pause frequently

Make statement not questions

Be patient don't interrupt

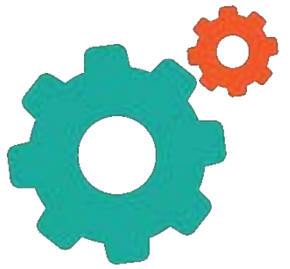
Don't place to many requirements to speak

Provide Listening time

- Allow time between conversational turns there is no rush
- Avoid criticizing them
- Don't pick them first in circle time
- Being placed on the spot to do something can be very demanding, consider that

STRATEGIES FOR APRAXIA

STRATEGIES



Collaborate with child's speech language pathologist

If you understand what the child is trying to communicate honor it. Make them feel successful with communication

Encourage peer interaction

- Allow them other ways to communicate their thoughts, wants and needs.
- Be patient, remember we know what we are trying to say, we have all the words, getting them out is hard.

IMPORTANCE OF ONE-ON-ONE

VISUAL SCHEDULES & TIMERS

Visual Schedules

- Simple pictures
- One or two at a time
- Placement of schedule in quiet place

Visual Timers

- Consider what is an appropriate amount of time.
- Does the child understand time?

ACTIVITY

MARCO

JAKE

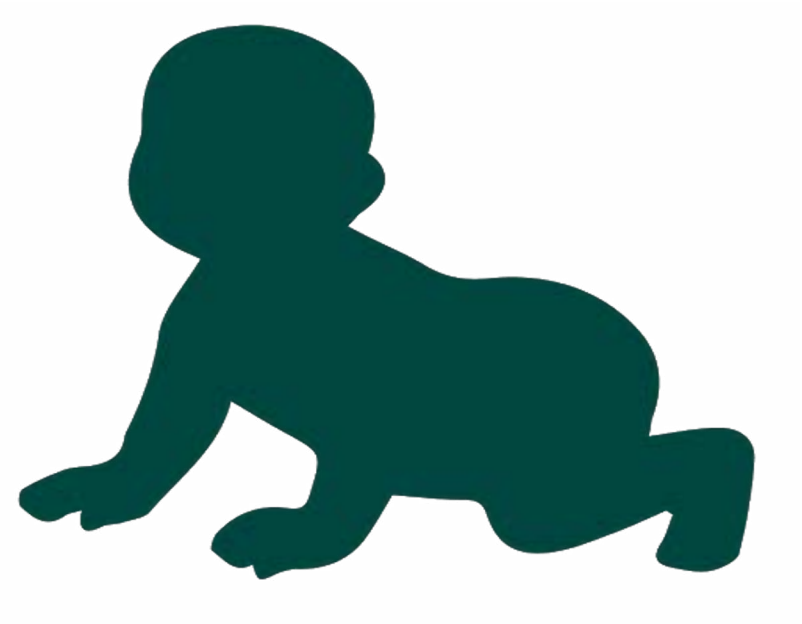
JORGE

KYRA

GRISELDA

RAY

WHEN TO REFER TO AN SLP



- Infants who don't attend to caregiver's faces, don't imitate, and who don't babble with increasing complexity (diversity of sounds and syllable shapes).
- 12 month olds who are not using gestures.
- 12 month olds who don't have first words .
- 24 month olds who are not combining words.
- 3 year olds who are not producing short sentences.

WHEN TO REFER TO AN SLP

- 3 year olds who are not using grammatical inflections (-ing, plural –s, possessive –s, past tense –ed).
- 4 year olds who are not forming both simple and complex sentences.
- 4 year olds who are not 80% intelligible to an unfamiliar listener.
- 4-5 year olds who cannot re tell simple stories.
- 5 year olds who have not developed phonological awareness.

REFER AT ANY AGE…

- Children who produce unusual phonological errors like making a back sound /k, g/ for a front sound /p,b/. No child should be saying KiKi for Blippi.
- Children who make slushy /s/ and /z/ sounds or who stick their tongue way out when saying them.
- A child who begins to regress in language.
- A child who expresses negative social and emotional health as a result of failing to communicate their basic wants and needs.

REMEMBER…

- Children's language skills should never plateau or regress.
- Delays/disorders in language development in preschoolers become language based learning disabilities in school-age children.
- Behavioral issues often result from problems with communication. Language skills should ALWAYS be assessed in children with behavioral problems.

BREAK
TIME
2:30 P.M.-2:45 P.M.

04

EMBRACING BEHAVIORS AND STRATEGIES FOR USE IN THE CLASSROOM

CLASSROOM CONSIDERATIONS

THE EARLY CHILDHOOD ENVIRONMENT IS THE PLACE TO….

Be safe

Be supported

Feel connected

An opportunity to try and try again

Acceptance

Continuity of routine

Consistency

A place that is fostering resiliency…..

ROLE OF THE EARLY CHILDHOOD TEACHER

- Recognize red flags
- Avoid diagnosing
- Reassure parents
- Educate parents
- “Planting seeds”
- Consistency
- Understanding
- Empathetic
- Tolerant
- Willingness




CLASSROOM ENVIRONMENTS

Foundational Pillars of Environments

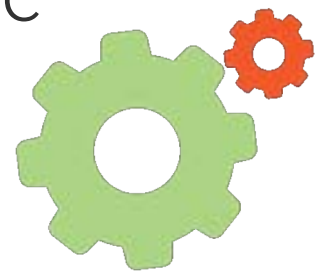
- Classrooms that radiate a sense of security
- Impact of touch and voice
- Overall classroom arrangement that supports appropriate activity, loving acceptance and kind intentions
- Communication between all significant adults

OVERALL CLASSROOM ARRANGEMENT

Structure and organization should be layered within classrooms to provide opportunities for sensory play, explorations, discovery, and experiences with a range of materials and people

Adults working with the children must be fully caring, teaching, and conversing rather than managing and instructing

Time and space should be organized by arranging the amount of space needed for children to complete an activity, the flow of traffic throughout the classroom, and the ability for the adults to supervise classroom activity



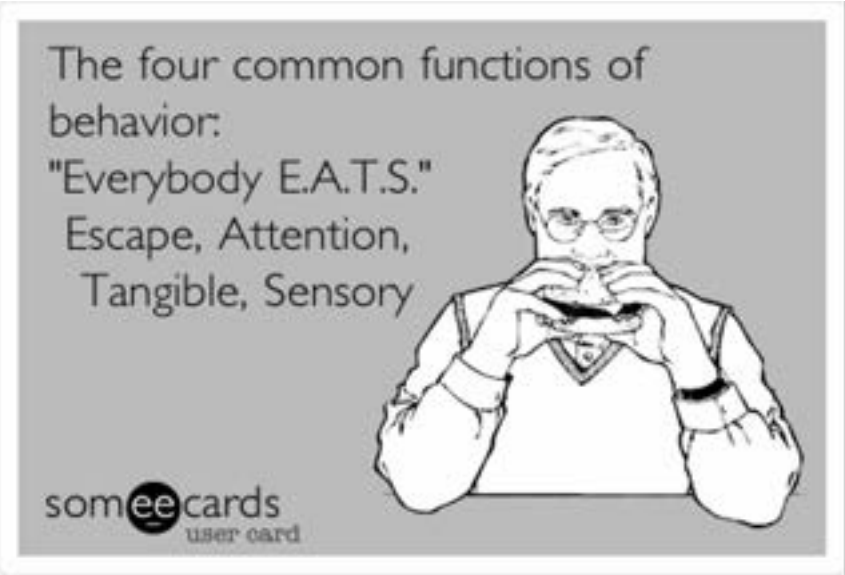
CLASSROOM SUPPORTS

- Predictability
- Teacher Picture Board
- Visual Schedules
- Supported Peer Interactions
- Verbal or visual cues

UNDERSTAND & EMBRACE THE "WHY" OF BEHAVIOR

THERE IS **NO** SUCH THING AS A **“BAD”** KID

FUNCTIONS OF BEHAVIOR?



Escape/Avoidance - Controlled by a negative reinforcement process. The behavior allows them to escape/avoid an object, activity, place, etc. Example: If instructional demands are difficult, a child may engage in an undesired behavior, rolling around on the floor, that allows them to avoid further participation.

Attention-seeking - Controlled by a positive reinforcement process. These behaviors occur in order for the individual to gain attention from a person/people. Example: If a teacher is working with another student, a child may run around the room, resulting in the teacher verbally or physically redirecting them. An example of a desirable behavior functioning for attention would be a child using their walking feet in the classroom setting.

Tangible/Access - Controlled by a positive reinforcement process. These behaviors function for access to a tangible item or an activity that they WANT. Example: A child may scream/cry in the candy aisle at a grocery store if denied access to candy, or a child may ask permission prior to accessing a preferred item/activity.

Sensory/Automatic - The function of these behaviors is to either increase or decrease sensory input or obtain self-soothing or self-stimulating reinforcement in some way. Example: Repetitive/ritualistic behaviors, vocal stereotypy, fidgeting, repetitive gross/fine motor movements, etc.

ESCAPE/AVOIDANCE

- Controlled by a negative reinforcement process. The behavior allows them to escape/avoid an object, activity, place, etc.

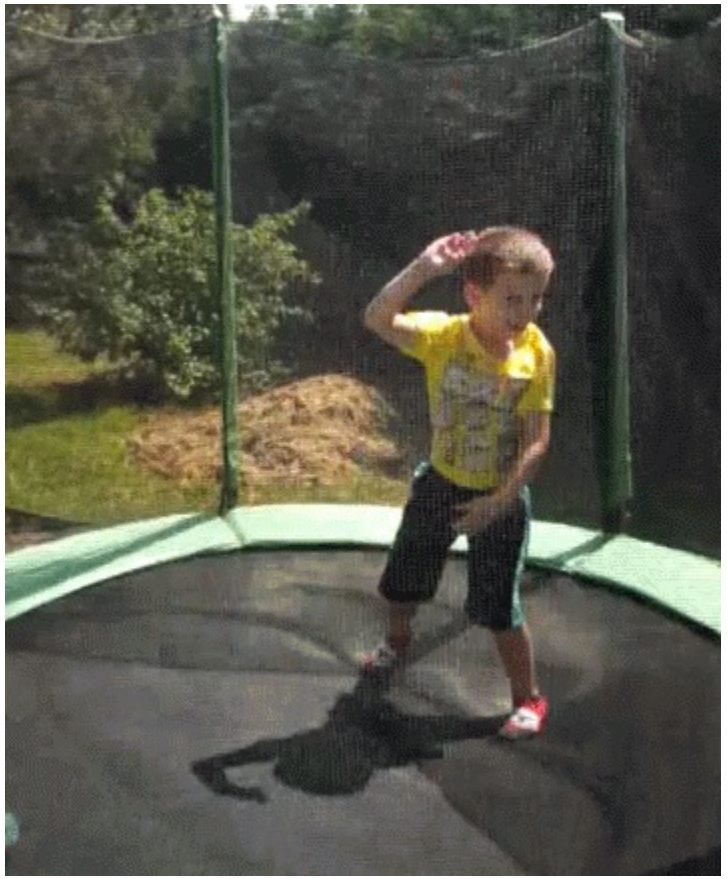
ATTENTION-SEEKING

- Controlled by a positive reinforcement process. These behaviors occur in order for the individual to gain attention from a person/people.

TANGIBLE/ACCESS

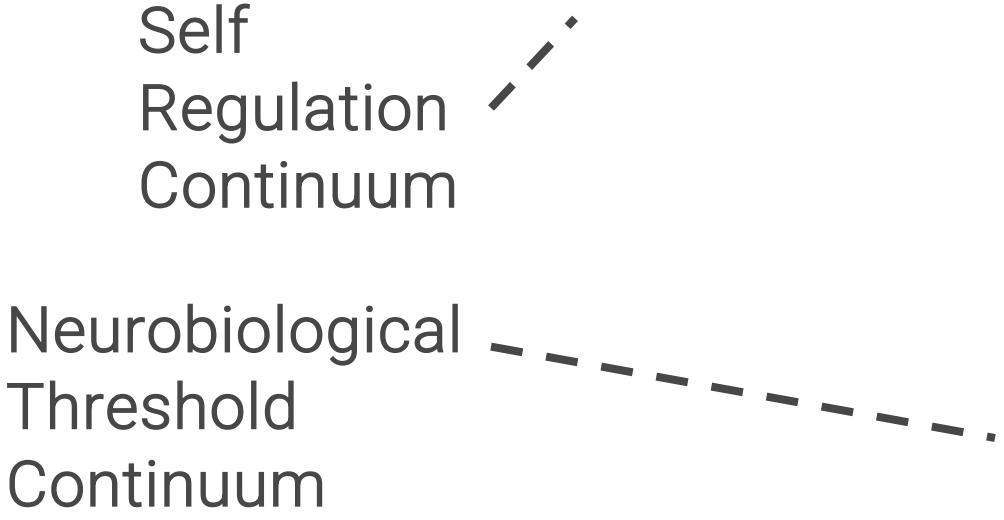
- Controlled by a positive reinforcement process. These behaviors function for access to a tangible item or an activity that they WANT.

SENSORY/AUTOMATIC



- The function of these behaviors is to either increase or decrease sensory input or obtain self-soothing or self-stimulating reinforcement in some way.

DUNN'S CONCEPTUAL MODEL FOR SENSORY PROCESSING



INFANTS & TODDLERS

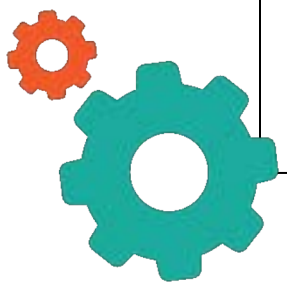
EMERGING SENSITIVITIES

Important Concepts:

- Avoid jumping to conclusions.
- Recognize individual personality and temperament.
- Abilities of the parent(s), home life and conditions, or possible trauma.

SARAH

Sarah is always the cranky child! Getting her to nap is trying one thing after the other and many times she really is not interested in being held. While the other children in your home respond well to the routines established for them by following your cues, Sarah is just a nightmare and she cries all the time!



SARAH

Sarah's Sensitivities Include:

- Difficulty getting to sleep.
- Resisted being held.
- Inconsistent responses to everyday routines.
- Crying for no apparent reason

IDEAS TO HELP SARAH

Decrease stimulation:

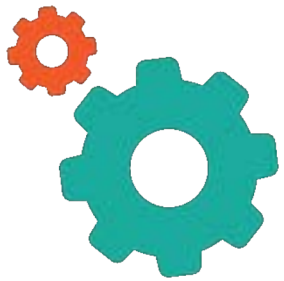
- May need to be away from others
- Recognize that pictures and lots of activity is too stimulating
- May need to be swaddled when held
- Avoided rocking when holding Sarah

Awareness of sensitivities:

- Note times and activities of crying (maybe the time of the event is too much for Sarah?)
- Avoided moving or transitioning Sarah quickly and without warning

JACKSON

Jackson is the first baby and grandbaby. As time has progressed, engaging with others doesn't seem to be of any real interest for him. You start to notice that he is late in smiling, jabbering, and sitting seems to be a real problem for him due to his "loosy goosy" inner core. He also seems to sleep through any kind of disruption in and around your home environment.



JACKSON

Jackson's Sensitivities:

- Does not engage or acknowledge other children
- Late in smiling, jabbering, and sitting
- Sleeps frequently and more than other children

IDEAS TO HELP JACKSON

Parental involvement:

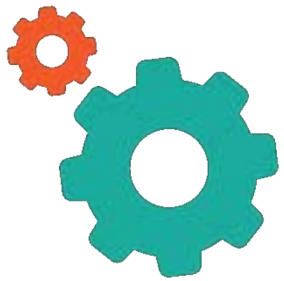
- This might be a first baby, parent has no knowledge of developmental milestones.
- Behavior consistent at home and in your presence.
- Held most of the time at home.

Provide opportunity during classroom activity:

- Add toys during floor time.
- Parallel play with one other child.
- Transition from holding to playing on floor with gradual extension and scaffolding.

MAX

Max will fight to the death for the same puzzle to work each morning when he arrives! If someone else has it, the fight is on…..if he has it and another peer or teacher strives to take it away, the fight is on! Mealtimes are always a challenge. If his foods touch, it's a complete refusal to eat which includes wiggling out of his chair, crying or hurting others until you remove him from the table. Another challenge, circle time—sitting and participating with others is just too hard for Max.



MAX

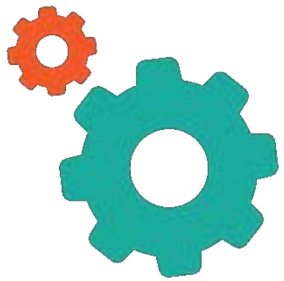
Max's Sensitivities:

- Prefers same toy/activity.
- Difficult when foods are introduced (such as a snack time).
- Refusal to eat.
- Avoids circle time or activity time as well as play with other children.

KEEP HANDS BUSY

ABE

Abe avoids noises at all costs. In addition, having others touch him, which includes everyone within the home environment, this creates havoc for everyday routines. During free play times, Abe would rather hide under tables or when outside, just sit and watch the others play. You have noticed that lately he can be easily upset and overwhelmed over the simplest tasks that are placed before him.



ABE

Abe's Sensitivities:

- Avoids loud noises
- Avoids being touched by other children and adults
- Has a tendency to hide under tables instead of playing with peers or joining the group activity throughout the day
- Easily upset and overwhelmed

IDEAS TO HELP ABE

Changing the Environment

- Decreased auditory and visual stimuli in the classroom area, especially during the planned play activities
- Provide a “cool off tent” or pod swing for Abe and other children to use when needing a break

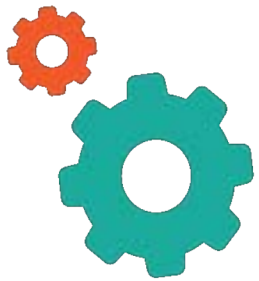
Anticipate and Support

- Consider modeling words for actions for Abe and peers.
- Add structure to transitions, use a visual timer
- When planning activities consider flexibility for “bad days”

PRESCHOOL

NICK

Nick is a 4-year-old who is having trouble napping. This includes constant complaining about the shelves and other cots being “too close” or that they “make too much noise”. You have tried to give him books and toys to try and keep him on his cot, yet he is still loud and disruptive to others. To make matters worse, his behaviors escalate in the afternoons because he is so tired.



SENSORY SENSITIVE CHILD (NICK)

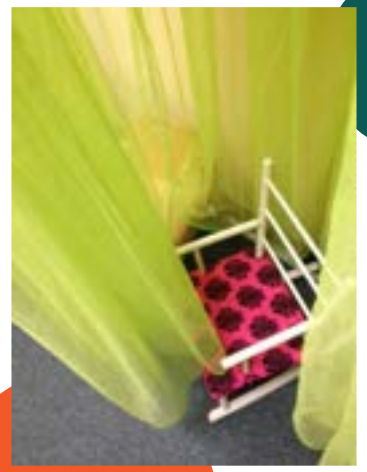
Typical Behaviors

- Avoids group time or peer interaction
- Difficulty making friends
- Easily distressed

Adult Responses

- Assist in sitting with peer, scaffolding of interaction
- Pair with “calm” and encourage one on one time
- Provide a safe place to escape when distressed

CONSIDERATIONS FOR NICK



Placement when there is activity- especially during group activities

“Cool Off” spot

Use Pictures and Signs

Sit on balls or cushions

MORE IDEAS

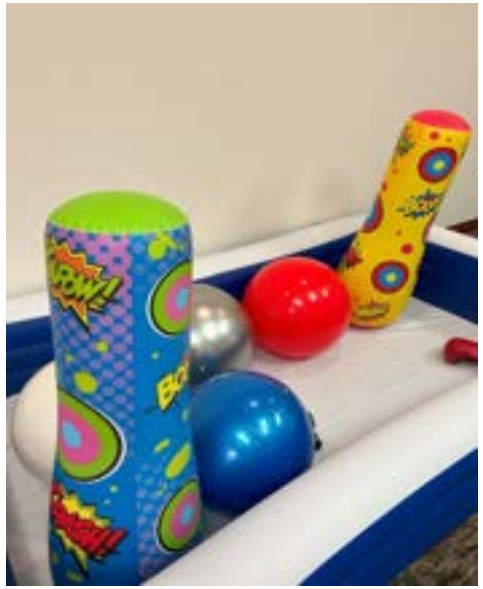
10 Deep Breaths

5 Jumping Jacks

5 Push Ups

Bite the Noodle

Squish the Noodle



Pet the Softie

Mash Dough

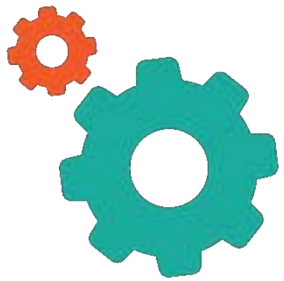
Heavy Hugs

Rock and Roll

Smell the Flower/Blow Out Your Birthday Candle

ALYSSA

Alyssa is a 4-year-old that loves to eat! However, when lunch time arrives and it's time to eat from her pre-plated meal, she becomes really cranky. Her complaints are always related to the color or texture of the foods. She dislikes her food to touch and often refuses to eat. She gets so frustrated that many times, especially when she gets food on her hands and face; she pushes away from the table and will not finish her meal—IF she'll even try to eat it. The afternoons result in a hungry and very cranky Alyssa who then refuses to participate in afternoon activity.



SENSATION AVOIDING (ALYSSA)

Typical Behaviors

- Physical response to overstimulation
- Difficulty making friends
- Refusal to join any activity

Adult Responses

- Describe feelings and appropriate reactions
- Pair with a “calm” friend
- May need visual supports

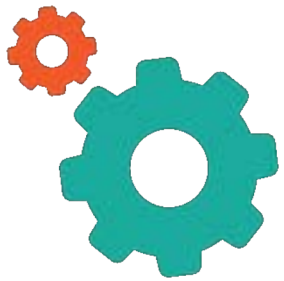
CONSIDERATIONS FOR ALYSSA

- Placement with adult help, away from friends who could touch when transitioning
- Visual Boundaries for Alyssa and other children
- Decrease Sensory Stimulation- but incorporate opportunities to engage

SENSATION AVOIDING

RYAN

Ryan loves to be outside. As soon as Ryan is able, he takes his shoes and socks off and runs in the grass. Ryan runs into children and you find him to be very “rough” with you and others. He refuses to play in the sand box and hides outdoors and you have to find him each time. His behaviors are getting old!



SENSATION SEEKER (RYAN)

Typical Behaviors

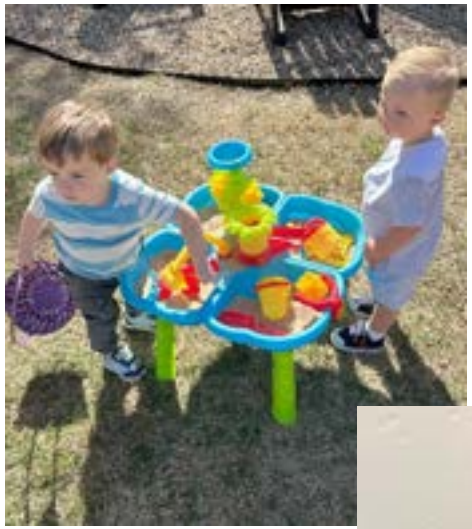
- Difficulty being still or quiet
- Touching peers or objects when not appropriate
- Always moving—lying on floor, sitting on hands, or standing on tip toes

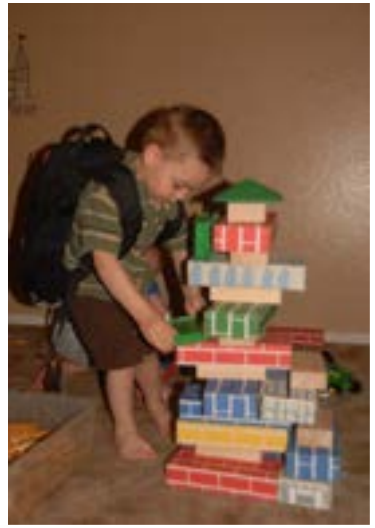
Adult Responses

- Provide fidget toy
- Give them something to touch during quiet time
- Provide ample opportunity for movement-consider this child for the “helper”

CONSIDERATIONS FOR RYAN

- Add sensory as much as possible
- Fidget toys during the classroom activity time
- Add weight-backpack, vest, blanket, bags
- Add to all senses



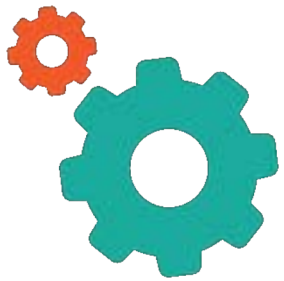


SENSATION SEEKER

SENSATION SEEKER

ANA

Ana is a 5-year-old that struggles to sit through group time. Ana does not sit beside the other children, she gets up and rolls behind them, stands up in the middle of the group, or leaves the area altogether. Ana does her own thing and rarely "knows what's going on" like the other kids. She also cries to sing 'Itsy Bitsy Spider' over and over until the other children complain. Ana avoids and ignores the other children and you struggle to keep Ana engaged.



LOW REGISTRATION (ANA)

Typical Behaviors

- Easily absorbed in own activities and/or refuses to participate in group activity
- Difficult playing with toys or in parallel play

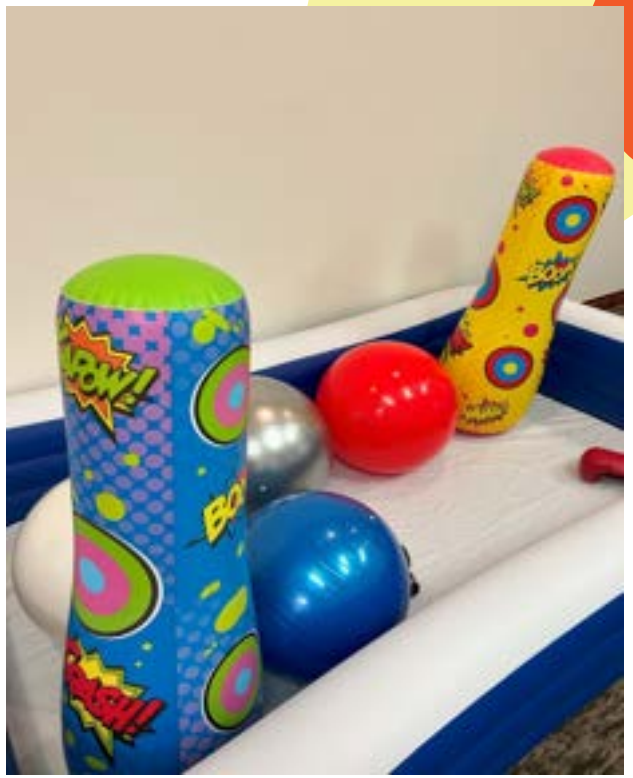
Adult Responses

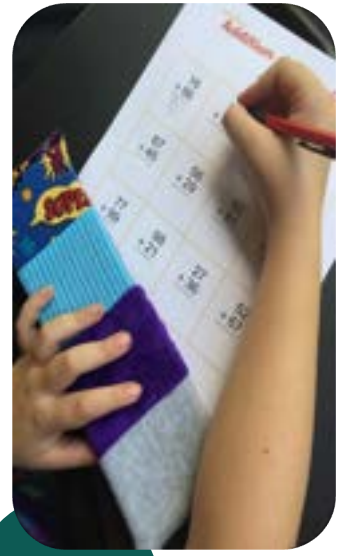
- Warm up before group time or time to interact
- Play with peers, demonstration of toys, encourage interaction with high energy peer

CONSIDERATIONS FOR ANA

- Add sensory to all activities
- Use visual cues, timer
- Add movement, weight
- Allow time for warm up before group or structured activities

LOW REGISTRATION





LOW REGISTRATION

GENERAL INTERVENTION STRATEGIES

- Communicate transitions, tell before touching, what to expect
- When in doubt=reduce! Reduce smells, visual input, touch…
- Use short, simple directions
- Allow for differences-stand while putting puzzle together, lay under table to read
- Provide opportunities for movement-never take away movement as punishment
- Heavy work/play- add weight to backpack, haul books, keep hands busy

TRANSITION STRATEGIES

- Develop a consistent routine
- Prepare for changes using visual supports
- Notice when routine changes- talk about it
- Use Visual/Picture schedules
- Use transition games or songs as much as possible
- Provide visual cue or environmental cue for lengthy transitions
- Add movement to transitions

COMMUNICATING WITH PARENTS

Families are assets, not barriers to overcome or work around. They are vital resource to themselves and for one another. Classroom programming for children builds on the strengths of the families served. Encourage parents by telling them that seeking services is a sign of strength.

THIS WORK IS HARD AND NOT EVERYONE CAN DO IT

IT TAKES:
COMMITMENT
CARE
COMMUNICATION
COLLABORATION

SPEAKER INFO & RESOURCES

DR. JANE HUMPHRIES

Drjane@fiddlefocus.com

KARI RAINS

Kari@fiddlefocus.com

Michael Humphries

Michael@notyoureverydaytherapy.com

Facebook.com/fiddlecess

Facebook.com/Notyoureverydaytherapy

CITATIONS

American Speech-Language-Hearing Association. (n.d.). *ASHA*. American Speech-Language-Hearing Association. https://www.asha.org/

Alberto, P., Troutman, A. C., & Axe, J. B. (2021). Applied Behavior Analysis for Teachers. Pearson Education, Inc.

Cooper, J. O., Heron, T. E., & Heward, W. L. (2020). Applied Behavior Analysis. Pearson Education, Inc. Materials available via D2L.

CITATIONS

Dunn, W. (2001). The Sensations of Everyday Life: Empirical, Theoretical and Pragmatic Considerations. *American Journal of Occupational Therapy, 55 (6), pp. 608-620.*

Dunn, W. (1997). The Impact of Sensory Processing Abilities on the Daily Lives of Young Children and Their Families: A Conceptual Model. *Infants and Young Children, 9 (4), pp. 23-35.*

Humphries, J. & Rains, K. *(2017). A Fighting Chance Supporting Young Children Experiencing Disruptive Change*. St. Paul, MN: Redleaf Press.

Humphries, J. & Rains, K. (May/June, 2015). Lean on Me: Helping Children and Families through Disruptive Change. *Child Care Information Exchange.*

Humphries, J. & Rains, K. (November/December, 2012). Creating In-Sync Environments for Children with Sensory Issues. *Child Care Information Exchange.*