

WINTER 2016

WHAT ABOUT NEW YEAR'S RESOLUTIONS?

Pamela Bloch, M.S., CCC-SLP

New Year's Resolutions: The time you and your child spend away from our clinic and out in the "real world" is critical to his or her growth in speech and language. Help ring in 2016 by thinking about how you can include your child's communication development in your New Year's resolutions. Maybe you have been meaning to take advantage of natural language opportunities at home more often. Or maybe you'd like to see your family make more of an effort to practice speech homework just as diligently as school work. Talk about resolutions with older children, and help them brainstorm what they'd like their speech resolutions to be. Write out goals together, and check back in a month to see if you've been able to maintain them. Here are some ideas for speech resolutions we know many parents would like to see happen for themselves on a more regular basis:

- **Stay motivated for homework with a speech chart:** Create a decorative chart, and mark the number of times you and your child practice a target sound, vocabulary sheet, or oral-motor exercise. Consider working towards some sort of treat (e.g., an ice cream sundae, a trip to The Jungle, an extra half hour of TV, etc.) if your child needs help keeping the motivation strong.
- **Make a play date:** Invite that potential friend from class or after school program to your home so your child can practice social language with a peer.

- **Get organized:** Keep all your speech homework and handouts in one place so you can refer to it easily. Periodically return to older handouts as your child progresses.
- **Take notes:** Bring a communication notebook to your child's therapy sessions. Keep track of questions or new words you notice at home. Write down notes about the session to help remind the whole family and/or teachers of different techniques to try.
- **Work language into daily routines:** You don't have to set aside special "speech time" to work on your child's communication. Get in the habit of looking at routines like mealtime, bath time, bedtime, getting dressed and sharing household chores as excellent opportunities for natural language practice.
- **Be a good speech model:** Pay attention to your own speech! If your child is working on a certain articulation sound, make a conscious effort to exaggerate your sounds each day. If your child is working on decreasing his or her rate of speech, make a point to think about slowing down your own speech rate. Get the whole family on board, including siblings.
- **Volunteer in your child's classroom or for school events:** Check up on how your child is generalizing skills being practiced at the clinic and at home. Fill your therapist in on what you see happening at school.



MAKING SENSE OF SENSORY CHALLENGES

Joanne Hughes, M.S., CCC-SLP

As a leading provider of pediatric speech - language therapy services, SPG recognizes that many of our young language delayed clients present behaviors associated with sensory processing difficulties. The following article is intended to inform parents, teachers and the broader SPG community about sensory processing disorder.

Grant is an energetic four-year-old. In fact, some might describe him as being a bit too energetic. He can't seem to keep his hands to himself during Circle Time. Instead, he squirms. He leans on anyone sitting beside him. He falls out of his chair at the snack table. He has trouble with friends even though he's considered a sociable child. He likes being with peers, but often hugs them too hard. He participates in cooperative play, yet irritates peers by grabbing toys. He tends to be clumsy and is apt to knock over the block tower, inciting laments from nearby peers. His parents contend with comparable behaviors at home. Baffled, they wonder what might be causing Grant to behave like this. His parents doubt that he is purposefully being naughty. His misbehavior appears fueled by something intrinsic, but what?



Susan Marcus, OTR/L, occupational therapist and owner of Suma Kids in Concord, maintains that Grant's behavior is typical of youngsters with sensory processing challenges. If troublesome behaviors are sensory driven, they will be seen across all environments, according to Ms. Marcus, in contrast to learned behavioral outbursts, which often originate in response to "I want it my way" situations.

To describe sensory processing difficulties, Susan Marcus puts it this way, "Imagine yourself in a dark parking lot when suddenly you sense someone behind you. You'll likely have one of three reactions:

Fight, Fright, or Flight. Either way, your system becomes flooded with stress hormones, which can trigger shallow breathing and maybe even trembling. When that happens to us as adults, we know to use self-calming strategies. Young children, however, usually haven't developed those compensatory skills. Imagine further if that stress response were to occur multiple times a day. It would become overwhelming and exhausting. That is exactly what happens with sensory challenged children."

Our nervous systems are innately equipped to receive sensory messages, organize them and convert them to appropriate physical and behavioral responses. However, for some, sensory information does not get to the brain in an organized, efficient manner, which results in varying degrees of sensory processing difficulties. An estimated 1 out of 20 children entering school is sensory challenged. Many of these children present with speech and language delays as well. Sensory processing issues can be secondary to other identified disorders, such as autism spectrum disorder.

Some individuals with sensory processing issues become easily overloaded by sensory input, while others are under-responsive to information from the senses. Moreover, some children fluctuate between over and under responsiveness.

The child who is overly sensitive to sensory stimulation may:

- have difficulty tolerating bright lights and loud noises
- be easily distracted by background noise
- avoid particular foods and clothing based on texture
- be fearful of swings
- upset by having messy hands
- resist activities associated with grooming, such as hair cuts and trimming nails
- withdraw when touched and have difficulty tolerating hugs.

Children who are under-sensitive to sensory input will seek out increased levels of sensation. Like Grant, they may:

- need to constantly touch people and surfaces
- not understand personal space
- seemingly have a high tolerance for pain
- be fidgety and unable to sit still
- like bear hugs
- enjoy bumping and crashing into things.

Suma Kids in Concord has been providing pediatric occupational and physical therapy services since 2002. Its facilities include a “sensory gym” with suspension equipment, fine motor equipment and lots of opportunities for guided movement experiences. Through assessment, the occupational therapist acts as a “sensory detective” to discern if underlying sensory issues are keeping a child from functioning successfully, according to Susan Marcus, OTR. As owner of Suma Kids, Ms. Marcus routinely conducts free telephone screenings (925-676-9165) with parents to determine if OT services are reasonable to address parental concerns. Check community listings for an OT clinic near you.

In public school settings, parents can request a SST meeting (alternately referred to as Student Success Team or Student Study Team) if sensory processing difficulties are suspected to be interfering with a child’s academic performance. SST meetings provide a forum in which parents and school personnel collaborate to brainstorm ways of understanding and managing puzzling behaviors. In those instances, a school-based OT can be instrumental in consulting with staff to develop sensory strategies that allow increased classroom participation.

If eligibility for special education is being considered, evaluators test all areas of suspected delay. When indicated, school-based OTs evaluate sensory processing skills as part of a special education assessment team. For eligible students, school-based occupational therapy is provided as a related service solely to support the student’s participation in the educational setting. Moreover, a diagnosis of sensory

processing disorder on its own does not qualify students for special education intervention services.

Sensory integration, now commonly referred to as sensory processing, made its appearance in educational circles in the 1970s with the seminal work of Dr. A. Jean Ayres. Dr. Ayres, an OT, added **proprioception** and **vestibular** as systems that receive sensation along with the traditional five senses (taste, touch, hearing, sight and smell). Proprioceptive input influences body awareness, motor precision and posture with receptors in the joints and ligaments. Vestibular input is activated by receptors in the inner ear and is key in establishing one’s position in space, balance, and coordination.

Treatment of sensory processing difficulties involves discovering ways of moving that help organize and regulate a child’s responses. Deep touch or proprioceptive input can have a calming and organizing effect on children with sensory processing issues. Ms. Marcus suggests that parents engage their youngsters in brief bouts of physically active, functional tasks prior to times when concentration is required. Examples cited by Ms. Marcus include: pushing a grocery cart, carrying a laundry basket heaped with clothes, doing yard work, swinging on a swing set, pulling a wagon that contains gardening tools and walking to school.

Additionally, oral motor activities can have a centering effect on a child’s sensory system. Ms. Marcus credits her colleague, Angee Dowdy, OTR/L, for compiling a list of home program ideas that include oral motor activities, such as drinking thickened liquids through a straw, blowing bubbles through a straw into a cup of water that contains a drop of liquid soap, sucking on hard candies, blowing through a straw to move cotton balls across a hard surface, playing with whistles and chewing gum.

*For additional information about sensory processing difficulties, refer to *The-Out-Of-Sync Child*, by Carol Kranowitz, *Sensational Kids: Hope and Help for Children with Sensory Processing Disorder*, by Lucy Jane Miller, PhD, OTR, *Is It Sensory or Is It Behavior?* by Carolyn Murray-Slutsky.*

DYSLEXIA

Shari Krell, M.S., CCC-SLP

Did you know that speech language pathologists can aide in the diagnosis and remediation of



Dyslexia? Dyslexia, a neurological disorder that often runs in families, is the most commonly diagnosed learning disability affecting approximately 7 to 10% of the school population. Despite average to above average intelligence and adequate exposure and instruction, students with dyslexia have trouble cracking the code of how letters and sounds go together. Although children with dyslexia may look very different depending on age and severity, there are some common symptoms of children who are at risk for Dyslexia. These include:

- Trouble recognizing and producing rhyming words
- Difficulty listing words that begin or end with the same sound
- Slow to learn the sounds of letters and letter combinations
- Difficulty recalling the sounds of letters and letter combinations rapidly
- Difficulty learning to decode unknown words
- Reading slowly and/or in a word-by-word manner
- Reluctant to read
- Weak spelling skills
- Writes far less than other children

Although dyslexia is life-long, individuals with dyslexia frequently respond successfully to timely and appropriate intervention. If you think your child may be at risk for a reading disability, it is important to seek professional help. Typically, licensed psychologists, specifically neuropsychologists are suggested for obtaining a dyslexia diagnosis. Early

identification is the key so that the necessary intervention can begin. Reading invention services are currently being offered at The Speech Pathology Group clinic in Walnut Creek. If you have a child who has been diagnosed with dyslexia or your child is having trouble learning to read, you can schedule a consultation with one of our trained speech-language pathologists to help design an effective treatment plan.

HAVE YOU HEARD

SPG will be offering Camp Super Communicators again this summer. Watch for the flyer with details coming in February.

