



NEWSLETTER

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REACH THERAPY CENTER TURNS 6 YEARS OLD!

We've sure come a long way, from one therapist and two spaces 6 years ago, we are now a team of 9; each of us having varied interests and areas of expertise, working in a state of art facility since the last 3 years. We have expanded in many ways. As a team we successfully provided direct clinical care to lots of dear families and children through over 172 sessions/weeks (individual therapy, school based occupational therapy, group therapy and aquatic therapy) in the past year. We have also conducted a variety of group therapy sessions working on handwriting, fine motor and social skills for our children, and received wonderful results with these.

In the past year we started and are now running an ongoing Aquatic therapy program with both individual and group sessions. We have been associated with the American School of Bombay where we provide School based OT services. We are also actively involved in mentoring and training parents and professionals through our workshops and observership programs.

Each one of us is a firm believer of learning, growing and working incessantly towards the betterment of our children. We practice and encourage the practice of being mindful. Mindfulness is being aware of everything within and around us; In our context it is being aware of how a child comes into the room, what he or she feels, understanding if and when they need to be pushed to do better or allowed to relax and lay low for a bit. Being mindful helps us truly connect with our children and families, build their trust in us and confidence in themselves.

SENSORY PROCESSING



When we are born into this world, our senses are flooded with sights, sounds, smells and touch and many other sensations. These senses help us experience the world and learn more about ourselves, the space around us, the materials in the environment around us and the environment itself.

How does this happen? The most complex thing we've discovered in the universe is the human brain. The reason that we touch, feel, see, hear, smell, breathe and live in this richly textured world, is because of our brain's ability to take in information, sift through it, to find patterns and use it to build a multi-sensory technicolor show that is our reality. This reality is built over a period of time, right from the time we are born. This is sensory processing. It is shaped and moulded by our experiences, our learning and the environment around us. If this reality is our perception of the world around us, then your perception maybe different from mine!

Similarly, our children with Sensory Processing Disorder (SPD) may have different perceptions of their environment, they may respond to these environmental stimuli differently.

The information perceived by their brain maybe too much (over responsive to sensory information) or too little (under responsive to sensory information), making it difficult for them to be able to use it effectively, to engage and interact with their environment. This impacts their ability to attend and participate in activities and their process of development and learning.

Along with our five basic senses that are touch (tactile system), taste, sight, sound and smell, two other important senses include the sense of movement and balance (vestibular system) and the sense of body awareness (proprioceptive system). SPD may affect one of these above sense or multiple senses and the same individual can be over or under responsive to different sensory systems.

Research states, 95% of children with Autism Spectrum Disorder demonstrate some degree of SPD, they especially show higher incidence of auditory hypersensitivity, tactile hypersensitivity and proprioceptive hyposensitivity. Whereas, children with Attention Deficit Hyperactive Disorder commonly show hyposensitivity to the proprioceptive and vestibular system i.e. they have a tendency to seek movement and are fidgety. Children with Cerebral Palsy also show sensory processing dysfunctions; mainly with respect to poor proprioceptive processing i.e. they have a poor sense of body awareness, visual and vestibular processing. Some studies also show affectations in tactile processing in children with cerebral palsy. SPD can occur in the general population

of children as well, including those with or without various developmental conditions.

For children with SPD our reality and the world around may seem chaotic. Those children who are oversensitive to light, sound and touch; it can all be too overwhelming. For example, just stepping out, onto a noisy street with a traffic jam, full of glaring headlights and horns may make them want to scream their lungs out, or entering a crowded supermarket overloaded with various smells, sound and light touch from passerby's, may be too distressing. Children who are under sensitive to movement, have a constant need to move or fidget, they may be seen leaning on their hands and changing

“Our children with sensory processing disorder may have different perceptions of the environment and may respond to this environmental stimuli differently”

positions constantly, rocking in their chair, or jumping or pacing whether at circle time in a classroom or at home. Sometimes their need to seek movement can be excessive, such as hanging upside down and swinging really fast to the extent that it may make others dizzy. These kids maybe often called thrill seekers and may put themselves and others in danger. Their need for movement may seem unjustified, but it can have a sensory basis and must be



For children with SPD our reality and the world around us may seem chaotic

Sensory integration therapy along with sensory-based strategies as home program seems to provide the best outcomes. It impacts the child's:

Ability to concentrate

Ability to organize

Academic learning ability

Self-esteem and self confidence

Capacity for abstract thought and reasoning

Motor planning and execution and the overall process of learning

channelized for efficient learning and to create an understanding of safety.

Some kids have difficulty automatically planning the series of movements required in the right order with the right amount of force and may be seen bumping into things and are often clumsy. They have difficulty understanding where their body is in space and hence their movements are uncoordinated with respect to time and space. These children have nervous systems that are constantly in a state of fight, flight or fright response and may either always be anxious, nervous or avoidant. Alternatively, another set of children may have systems that make them appear lethargic and slow. They may have difficulty getting started, sustaining and finishing activities or basic tasks through the day. Children with SPD may easily get labelled as having "bad" behaviours and tantrums, or have emotional meltdowns influencing their social functioning. These children may be loners with very few friends or class clowns always trying to cover up for their sensory difficulties by making it a joke.



Occupational therapists use sensory integration therapy and sensory supports in the environment to help these children feel supported and safe. Using a fun, child specific and play centered approach; sensory integration therapy aims at providing graded sensory experiences that help the child's brain form new neural pathways and patterns to perceive and experience our world in a reformed manner.

Using the child's inner drive we encourage engagement in sensory motor play, primarily rich in tactile, vestibular (sense of movement and balance) and proprioceptive (sense of body awareness) stimulus, designed to meet each child's sensory need. The activities thus presented to the child in the form of play provide him/her with an optimal challenge, such that the child responds meaningfully, forming a foundation for new learning.

SI therapy is a fun play centered approach that use the child's inner drive therapeutically"

CONSISTENCY IS THE KEY!

When working with children who have behavioural challenges, we must keep our plan of intervention simple, achievable and doable. Generally, parents start out extremely motivated, but remember to be realistic about what you can maintain over time. Unfortunately, when the going gets tough, our consistency and attention to the plan is lost.

Implement the plan for a prolonged duration (although the time frame is subjective to different children and their behaviours, and the plan may need to be utilised gradually but consistently over longer periods of time), if we plan on using reinforcers or external prompts (visual or verbal) to help increase the occurrence of a behaviour, then also incorporate fading or reducing them as part of your plan.

Also, discuss the probable “what if” scenarios and back up plans for the same with your therapist.

Be upfront about the plan when implementing it with an older child. Set clear, precise and understandable expectations or rules. Be as specific as possible. Visual or written rules that everyone can see are extremely beneficial.

No one likes monotony, what interests a child today maybe boring tomorrow and the same reward everyday can get boring. It is important for us to keep things interesting and fresh. Making a list of rewards that they can pick from can be helpful.



Things will get rough in the beginning. But remember, **CONSISTENCY IS THE KEY** and **all good things take time and great things take work!**

TEACH FUNCTIONAL SKILLS AND ENABLE INDEPENDENCE

“No matter what our child's level of ability, he will do best in the future if you help him develop practical skills now.”

- More than a Mom, by Amy Baskin and Heather Fawcett.

It is not what you do for your children, but what you have taught them to do for themselves, that will make them successful human beings. Also, when children do something meaningful on their own, the sense of achievement and satisfaction they feel is immense. This boosts their self-confidence and motivates them to learn and grow.

All children have an inner drive to be independent and do things on their own. The essence of independence is to be able to do something for one’s self. Hence, it is of utmost importance to teach them self-help skills like self-feeding, grooming and dressing, toileting and hygiene or even just daily chores like setting a table or picking up and putting away toys.



An added bonus is that doing these activities will also help improve their gross motor, fine motor skills, sequencing and organization skills.



Along with self-help skills, functional skills also include communication, choice making, safety awareness, leisure/recreation and work skills. Every child should have the opportunity to use words, pictures, signs or gestures to express themselves, make choices and indicate what they want.

This prevents the child from engaging in maladaptive behaviours and reduces their frustration. Also, learning safety skills is essential, one such example of a safety skill is that a child should be able to remember and recite his address and contact number to a police man/adult for help, in case of emergency.

An effective way to teach functional skills is to use task analysis. Task analysis breaks down the skill or routine into its component parts. Each component should be practiced separately and eventually the task can be performed as a whole, to achieve functional competence. The routines should be consistent, but for effective generalisation, they need to be practiced across varying settings and with different people in order to teach the child to apply the routine in any relevant situation. Teaming the process of learning a difficult skill with a positive reinforcer, preferred by the child will encourage his/her willing participation next time. Children with imitation skills learn a lot just by watching; hence, modeling can be a great way to teach some of these skills to a child.

We, as parents are generally in a haste to get the job done and most often we end up doing it ourselves. But, teaching self-help skills are worth the time and effort for our children. The secret to success is to give children appropriate experiences and provide the appropriate supports.



Modeling; a great way to teach functional skills

Practice makes perfect; therefore we must offer opportunities for children to develop self-help skills and give them ample time to work on these important skills to enable their independence.



“All kids need a little help, a little hope and someone to trust them.”

For any question or concerns regarding the newsletter please write to us on: reachtherapycenterforchildren@gmail.com

- Simoni Parikh
Occupational therapist
Reach Therapy Center for Children