

ISSUE NO. 8



THE BLUE UMBRELLA

collective



THE BLUE UMBRELLA COLLECTIVE

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OUR NAME

BLUE:

blue is the color of trust. it is sincere, reliable and tranquil. blue reduces stress and creates a sense of calmness, it enhances communication and conveys wisdom.

UMBRELLA:

the umbrella is all encompassing, it is a protecting force, an enveloping shelter. the umbrella is something that covers many different elements, concepts, and subjects. it is an all inclusive agent offering sanctuary for those impacted.

COLLECTIVE:

a cooperative enterprise, an aggregate with a unified goal. people acting with combined efforts towards a shared end point. a group coming together where individuals have a unique elements to contribute.

collective credo

* WE SPREAD KNOWLEDGE, EXPERIENCE,
AND EXPERTISE

* WE ARE COMMITTED TO MAKING
INFORMATION MORE ACCESSIBLE

* WE ARE A COMMUNITY THAT CELEBRATES
THE HIGHS AND SUPPORTS THE LOWS

* WE OFFER SOLIDARITY ON THE JOURNEY
OF EMBRACING DIFFERENT

* WE PLEDGE TO PROMOTE ACCEPTANCE
AND AWARENESS



publishers note

This issue has been a long time coming! We all experience some setbacks in life and The Blue Umbrella Collective is not exempt, but we are back and better than ever.

Collaborating with the contributors on this issue has been fun. I had the chance to expand my design skills and create some amazing resources for you readers based on the knowledge and experience of a repeat Collective Contributor, Antonia Llull, a very skilled Occupational Therapist.

Her article on getting more glorious sleep (pg 32) gives parents some useful resources to try with their team.

It also gives other therapists a comprehensive list of environmental considerations for children with Sensory Processing Disorder.

It's a must read, because, we could all use a little more sleep!

-foni



TABLE OF

10

whats in the bag

PHYSICAL THERAPY

Favorite tools from a pediatric physical therapist

tales of a first year

A TEACHER'S ACCOUNT

Trials and tribulations of a first year in the classroom

13

14

what to read

GRAPHIC NOVEL SERIES

Suggested books for children with dyslexia

CONTENTS

visual supports

USE IN THE HOME

Scientific information and
ready to use materials

19

to tell or not to tell

COLLECTIVE COLLOQUY

Include your child's diagnosis
when you introduce them?

26

sleepy sleepy

BEDTIME STRATEGIES

A look into bedtime considerations
for children with SPD

32

contributors



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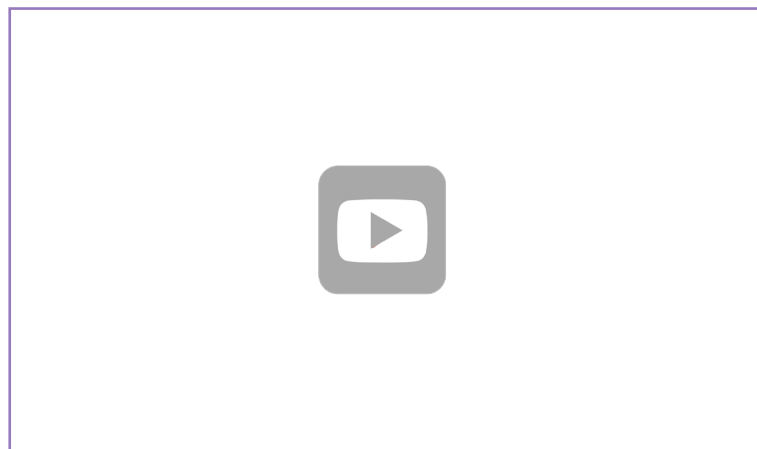


What's in the bag

PEDIATRIC PHYSICAL
THERAPY EDITION



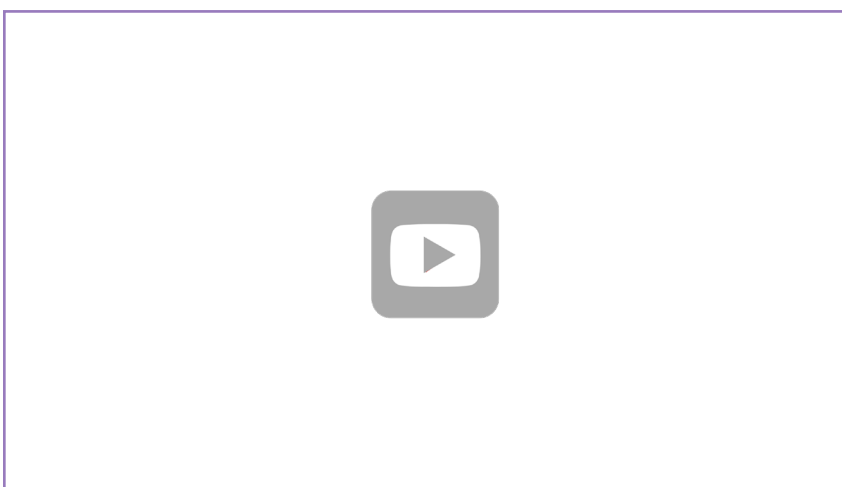
BY: SARA BRUMMER, PT
PEDIATRIC PHYSICAL THERA-



As a traveling pediatric physical therapist, it's important to me to have equipment that is light, transportable, and versatile. I love when a therapy tool can be put to good use in lots of different ways! It's definitely a "must" that the supplies I use are affordable and accessible as well. This way, if they don't already have them in the house, parents can easily buy them without spending a lot of money. Here are my top 4 physical therapy tools:

STEPSTOOL

My first tip is to not use a bag at all but to use a stepstool! Flip the stepstool upside down and use it to hold your therapy supplies. This way, you have everything you need....plus a step! I love that they are easy to move and just the right size for toddlers working on stair climbing. Put them in a child's path so he will step onto it to continue on his way or to reach what he wants.



YOGA WEDGE

Perfect for correcting slouched posture! Order a yoga wedge online and cut it in half down the middle. Now you have two! When kids sit on the wedge with the thicker part toward the back, they immediately sit more upright, with more weight through their feet. Use the wedge on the floor for circle time, in a small chair for tabletop activities, or even in the highchair. Without knowing it, kids are working on getting stronger simply by sitting!



PAINTER'S TAPE

I take this with me everywhere! No matter the surface, the tape is easy to remove and doesn't do any damage. Go ahead and put it on hardwood floors, walls, furniture.... whatever! Put the tape in strips on the floor for a makeshift balance beam or hopscotch court. Tape little animal figurines onto the wall and have the kids reach, jump, or step up to "rescue" them. I even tape between doorways or furniture in fun patterns to create a mission impossible laser beam style obstacle course! The possibilities are endless with this tape!



LYCRA FABRIC

You would spend a fortune if you bought this from a therapy supply company! Instead, visit your local fabric store and get a yard of lycra. This fabric is great for kids who really crave sensory input and need help with body awareness. Wrap the kids up in the fabric and let them push through it with their feet to really feel grounded. Hold both ends up to make a swing and get great vestibular input too! Many uses and kids love it!





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TIPS & with TRICKS

COR is an ABA and Autism Service provider in NY, NJ & MO. They offer ABA, parent training, early intervention (ei), multidiscipline training, center-based programming, and these fantastic videos!

COR
BEHAVIORAL



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Trips to the Dentist

— THE COR —
BEHAVIORAL GROUP

Autism Services, ABA Therapy, and Adaptive Fitness

www.corbehavioral.com

TEACHERS: THE TRUTH ABOUT YOUR

first year



BY: KATE KARPINSKI
A VERY INCLUSIVE CLASSROOM



Lice! Messages from
parents at 10pm! Class pets!

Those were just some of the things I found myself having to deal with in my first year of teaching that were never once brought up in any education class or student teaching experience.

There are some parts of my first year of teaching I remember like the back of my hand, but on the whole it felt like it went by in a total blur.

My masters in special education taught me how to craft engaging lesson plans, how to adhere to state standards, and how to understand the nuances of child development and the best strategies to use to teach during these different stages.

When I graduated with my diploma in hand and received my credential after passing the dreaded (that's the general feeling I still get in my stomach when I flashback to it, anyway) EdTPA, I felt prepared to handle anything the classroom tossed my way, by the first day that feeling

had vanished completely and pure panic took its place.

How am I going to fill up an entire day?! A month?! A YEAR?! was pretty much the mantra playing on repeat in my brain the entire summer before my first year.

I prepared the first day of activities-ice breakers, procedures and rules, games and songs-this was first grade after all-but still showed up with a sinking feeling that the plans I had crafted carefully over weeks wouldn't even get us past noon.

Let me tell you, was I wrong. If you have the same worry, let me ASSURE you-you're wrong.

Connecting with and teaching an entire room full of tiny humans TAKES TIME.

Everything will take longer than you think. And when you by some miracle finish a lesson that every student seems to have mastered (because this will happen and it will be exciting!) and you have extra time-you'll have no problem finding another topic, game, or activity to move too.

My lessons should have been the least of my worries. It was all the OTHER stuff, stuff I never even thought of, that really defined my first year and taught me the most about what teaching is "really like".

i'm sure all careers come with some level of this but i was not prepared for just how hard it would be to leave thoughts of all 20 of my first graders at school

We take all kinds of classes on classroom management and behavior strategies, and we discuss in those classes ad nauseam the pros and cons of each.

We think we have the perfect system and maybe we're even ready to implement it in punny ways perfect for kids with catchy phrases, cute graphics on the walls, or a color coded system (doesn't every teacher dream in color codes?).

But what they DON'T prepare you for is that even if the system is working for you and a majority of your kiddos-because no system or strategy will work perfectly for every body in that room-there is no

management system that will teach your students how not to interrupt by the second day or guarantee perfect behavior every day. That system doesn't exist.

I wasn't prepared for what to do when lice broke out not once, not twice, but three times during the year.

And, I most definitely was NOT prepared when my school decided it would be fun to have a collective pet that each classroom would keep for a week and pass around the entire year.

Keep a hamster alive?! I'm already trying to keep 20 tiny humans alive AND make it until 2:00 when my kids go to specials so I can use the bathroom!

I wasn't prepared for parents sending emails and Remind App messages past ten at night and on the weekends.

Just don't check it! My husband would insist, as if I could forget about work with my phone consistently buzzing.

And, can I mention how hard it is to not think about work outside of school hours?

I'm sure all careers come with some level of this, but I was not prepared for just how hard it would be to leave thoughts of all 20 of my first graders at school.

After all, I had just come from graduate school, a magical place where you learn from 3-10 and outside of that it's pretty much Netflix and hanging out with classmates near campus.

So if there was one thing I went into the year positive I knew, it was relaxation. Another thing I was wrong about.

When you have a kiddo struggling with fitting in, or another who couldn't stop celebrating when they moved up a level in reading, it's hard to turn those thoughts off when you turn off the class-

room light and get into your car.

Teaching is the business of people-of emotions-of compassion and joy, and I felt like I realized early on how easy it could be to succumb to the dreaded teacher burnout if you didn't learn how to balance all of that with your home life.

*teaching is the business
of people of emotions
of compassion and joy*

But, like everything else, I figured it out. If I have any "wisdom" to impart, which I most definitely do not, as it's just been year three and I still don't have everything figured out (can anyone tell me which year that starts, by the way?), it's that you will:

- a) Be unprepared for so many things BUT
- b) you will figure it all out anyway.

Whether you're entering your first year, have just finished it, or are simply reflecting on the years gone by-I think the thing that really brings teachers together is that no one has it all together all the time.

I've yet to find a teacher who has no papers in that ever-growing "to be graded" stack, who has every kid in their classroom (no matter the grade) exhibiting perfect behavior consistently, AND is flying through their lessons without ever having to go back and reteach a concept.

Forget all of those things, it's hard to find someone else who even has ONE of those things down! And that's what makes teaching so hard.

But that's also what makes it so easy for teachers to so easily relate to one an-

other and ask each other for advice.

Everyone is taking things as they come and no one has it all figured out, because what works for a group of 20 kids one day might not, and let's face it-most likely won't, work for them the next day.

My first year taught me to be able to be flexible.

To remember how to write those "perfect" unit plans and how to arrange the furniture to make the classroom welcoming and all the other important things we learned in school, but it also taught me to remember that you never know what one group of kids is going to be like and what is going to work best for them.

Teaching, like learning, is a lot of trial and error.

Finding what works best and then sticking with it until you feel like you've got it down, and being willing to adapt when things aren't working.

If your first year wasn't picture perfect like you see on Instagram, that was probably really frustrating and I'm sorry-but I guarantee you learned a lot and are even more ready for year two.



minted.

love



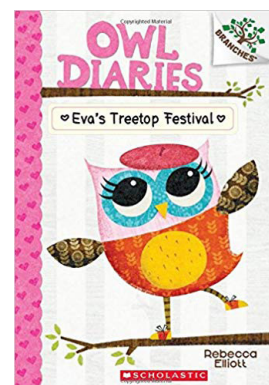
dyslexia

MEDIA

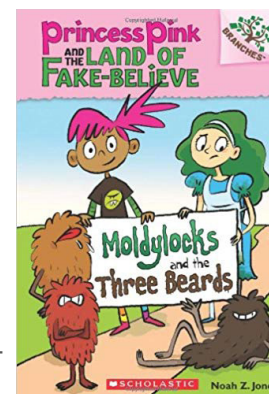
Many children with Dyslexia struggle to find books of interest that are on their reading level. Graphic Novels are a great alternative to traditional books because of their high visual content, however some of the vocabulary is still challenging and may discourage a struggling reader. Here are a few friendly options you may want to look into!

GRAPHIC NOVELS FOR GIRLS WITH DYSLEXIA

Owl Diaries- We love Owl Diaries series because of the format in which the text is presented. The pages are colorful, the font is friendly to early readers, and each page is lined, making tracking less difficult. Some pages are reminiscent of a rebus reader, providing pictorial cues to support decoding. There are a limited number of words on each page so reading is not visually overwhelming. The story is presented in chapter format, providing a bit of an esteem boost to challenged readers.

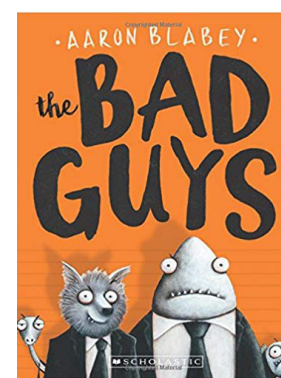


Princess Pink- Oh, Princess Pink. This is a great series for your not so girly girl. Classics with a zany twist and full of puns, these stories play with words, making reading fun. Some children with Dyslexia will mix up sounds in words, or choose words that sound the same yet have different meanings, author Noah Z. Jones has made these little mishaps into silly stories which children with language based learning differences can totally relate to.

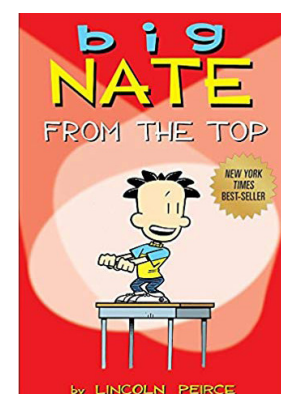


GRAPHIC NOVELS FOR BOYS WITH DYSLEXIA

The Bad Guys- With high interest content for all ages, there is a great mix of full page illustration as well as pages with multiple frames for a more traditional graphic novel feel. The use of fonts along with the illustrations give the reader contextual cues and no page has an overwhelming amount of text. Your reluctant reader will fly through these chapters building confidence as they go!



Big Nate- This series is presented as a more traditional graphic novel with each page broken up into smaller frames, the text is in speech bubbles or thought bubbles and is written in all uppercase letters. While there is some more advanced vocabulary, it is often supported by the drawings and the sentences per page are very limited. Big Nate's themes are incredibly relatable to readers making the books of high interest.



*SUGGESTIONS FOR ELEMENTARY AGED STUDENTS



rose & rex

USING visual supports IN THE HOME

FOR YOUNG CHILDREN

WITH AUTISM AND COMPLEX
COMMUNICATION NEEDS



BY: BECCA EISENBERG
LANGUAGE AT MEALTIME



For the past twenty years, I have been specializing in the field of AAC and have seen firsthand the power of visuals in my work with both children and adults with complex communication needs and Autism.

What is a visual support?

A visual support refers to using a picture or visual item to help communicate with a child that has difficulty with language. This visual support can be a photograph, word, symbol or list.

Another key concept for parents to know is ***Aided Language Stimulation***. What does this mean? It is the process of modeling speech while pointing to visuals. For more information about Aided Language Stimulation, watch the video on the following page. Aided Language Stimulation and Modeling are key strategies to help improve communication when using any type of Augmentative and Alternative Communication.

One of my most passionate interests is working with parents of children with complex communication needs.



What are complex communication needs?

This refers to any individual that has a communication disorder which impacts their ability to communicate effectively. This can include a non-verbal child, minimal verbal or someone who is unintelligible (difficult to understand).

I love working with families in a variety of environments because I see such significant changes in a child's progress when I am working with the entire team and in both the home and school.

Currently as a speech language pathologist on the tech team at Westchester Institute for Human Development, I work in a variety of environments training both staff, family and children in the field of AAC. As an evaluator and trainer, part of my job is training parents on how to communicate more effectively with their children and expand expressive language.

The biggest question I get is "How can I add visuals in my home?" "Should I label everything?" I would like to take this opportunity to reflect on an article titled ***Use of a Visual Graphic Language System to Support Communication for Persons on the Autism Spectrum*** (2009) by Howard Shane, Meghan O'Brien and James Sorce.

This study addressed "the use of visual graphic language to promote learning and communication for individuals on the autism spectrum via a comprehensive framework." In the paper, "Seven key communicative functions are defined and

discussed, including protesting and refusal, organization and transitions, requests, directives, comments, questions and social pragmatics.” (Shane, O’Brien & Sorce, 2009).

How can we take the results of this paper and apply it in the home?

click to print 

First	Then

Protesting and Refusal:

Print out a picture of “no”, “not” or “finished”. Words like “help” and “more” can also be helpful for this function of language. Over time, the use of this visual will hopefully replace the negative behaviors that often accompany protesting and refusal. For example, if your child is “all finished” with dinner, point to the picture of “finished” as you say, “all finished”.

Organization and Transition:

Print out a first then board to help organize time. According to this paper and clinical experience, visual schedules, countdown boards and activity schedules can be key!

Requesting:

This is a favorite communicative function for many children because it can be motivating and very tangible. Print out pictures of motivating items such as snacks, toys, people, etc. Give your child access to these symbols so they can use them for requests. For example, I often tell parents to put a picture of motivating items on their fridge, so the child has quick access to a favorite snack or meal.

Directives:

This is “language used to control the behavior of another”. According to the paper written by Shane, O’Brien & Sorce (2009), this is separated into four categories. They include instructional (cut, point, etc.), control (sit down, be quiet), routine based (get, open, etc.) and play based (roll, throw, blow bubbles).

Comments:

Comments is a very important communicative function. Comments can be broken down into two categories such as objective (e.g. describing someone, something) and subjective commenting (thoughts, emotions).

Questions:

This function is defined as "sentences, phrases, or gestures that are said, written or expressed in the interrogative form and directed to someone in order to receiving information in reply". For example, you might want the visual "Who" for "Who do you want to play with?" Use aided language stimulation strategy with this visual provided.

Social Pragmatics:

This function is extremely important for because it is "a means of engaging communication partners in an exchange to initiate, maintain and terminate interactions" (Shane, H., O'Brien, M., & Sorce, J. 2009). This includes greetings such as hello, goodbye, how are you? etc. As you are greeting each other or someone else used Aided Language Stimulation (point to Hello as you say "Hello").

Question Board



click to print

How can I create these visuals?

Here are my recommendations!

Boardmaker®



Check out my other article with more embedded content:



5 Ways to Incorporate Visual Supports in Everyday Routines

click to read



Resources

Shane, Howard C., et al. "Use of a Visual Graphic Language System to Support Communication for Persons on the Autism Spectrum." *Perspectives on Augmentative and Alternative Communication*, vol. 18, no. 4, 2009, p. 130., doi:10.1044/aac18.4.130.

Shane, Howard C., et al. *Enhancing Communication for Individuals with Autism: a Guide to the Visual Immersion System*. Paul H. Brookes Publishing Co., 2015.

*First/Then Board made with Smarty Symbols

*Question Board made with Boardmaker Online



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and approaches to
support the littles in
your life!



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tea



Are you raising a maker? A kiddo who likes to create things with their hands, is interested in robotics, coding, or how things work?

MakeCrate is a subscription box that delivers STEM activities to your doorstep. If your school doesn't offer a robotics club, or you're looking for a homeschool option, this comprehensive set comes right to you.

Included are all the parts you need to create. If you aren't as technologically savvy as your maker, no worries! Each kit includes step-by-step instructions with illustrations, but if you're still lost, just log on to the MakeCrate Club and get video support!

MakeCrate was founded by an educator, Katie Stephens; so you can feel confident that your child is fostering their learning as they tinker through the MakeCrate curriculum.

Each kit teaches the fundamentals of engineering and coding,



bringing stimulating, progressive opportunities to your child.

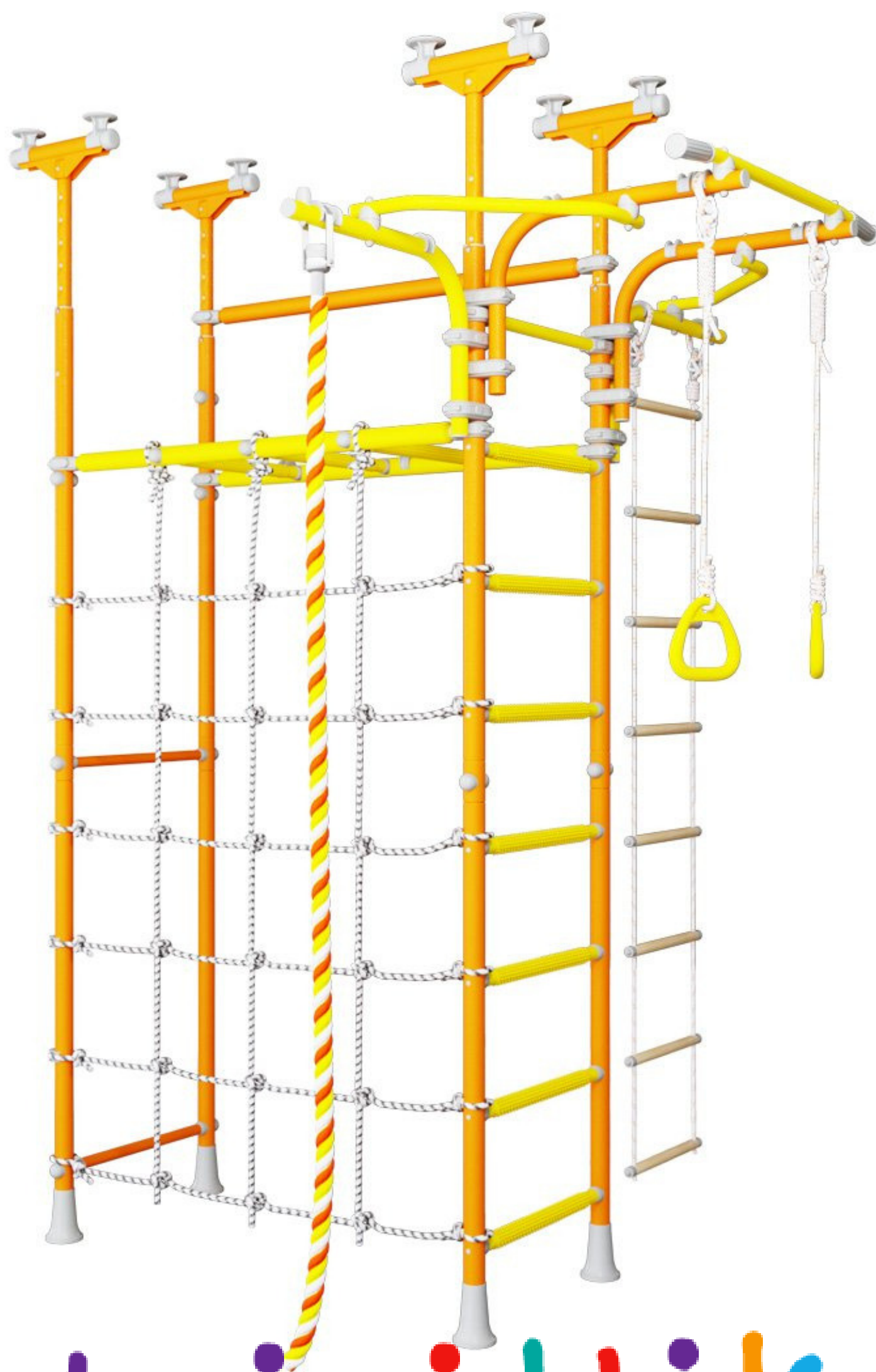
Teachers, wondering if you can get this box for the classroom? You most certainly can! There are even bulk ordering options for schools.

Through the amazing MakeCrate learning management system, teachers can track student progress! Students earn badges and points as they work through the curriculum.

*While MakeCrate is for makers of all ages, it has been field tested for independent use with ages 13+

Sign up for the MakeCrate email list to get the latest news on the development of kits for younger makers.





brainrichkids

“

What is the best way to introduce my child and not make it all about his diagnosis?

-Linda K.

COLLECTIVE COLLOQUY



jaime roche
SPECIAL NEEDS COACH

This is a great question. Although I am not opposed to sharing a child's diagnosis with those that inquire, I think when first introducing a child to new peer or family its best to introduce them like you would any other child; by their name. While I understand how providing the diagnosis to new families might help them to understand his social needs and behavior better, I think it's just as important to separate identity from diagnosis. Simply put, your child is not their disorder and we don't want others to view him as such. More importantly we don't want him to view himself in that way either. So let your child start off new relationships the same way a neurotypical child would. If difficulties arise socially and/or behaviorally gently provide guidance. If the parents of the new peers seems confused or put off by his behavior then you can briefly explain his challenges so they too can help provide proper support.



marikate carabase

BOARD CERTIFIED BEHAVIOR ANALYST

I do not feel that the diagnosis should be apart of introducing your child at all because they are so much more than their diagnosis and should not be defined by such! When parents introduce their children, they typically do not introduce them and identify all of their strengths, therefore, you do not need to identify your child's disabilities. The people meeting your child will quickly learn all of wonderful characteristics that make your child unique.

Terri Muuss

SOCIAL WORKER & LIFE COACH

First, it is important to speak with your child about their diagnosis before discussing it with others. It is also essential to make sure that whomever you do share it with, you do so from a positive, strengths-based perspective. Every child, no matter their diagnosis, has what I call a "super power." Lead with that. Lastly, sharing your child's diagnosis with others, particularly children, should only happen when necessary--in order to explain certain behaviors--not as a way of describing the totality of who they are. In such cases, make sure you present the information in a positive, matter-of-fact way.

(i.e. "Joe's autism gives him amazing hearing! It's his superpower! Sometimes, he hand flaps because it helps him to focus on playing rather than his super hearing! What are you building on your sand castle now?")



Laureen MacCallum

FAMILY ADHD LIFE COACH

Introduce your child without the diagnosis at all. We don't hear other moms at the playground introduce their child's medical diagnosis! As moms, we feel the need to excuse our child's behavior, often before anything ever happens. If we truly believe our child is more than the diagnosis, WE need to be able to be comfortable enough to talk about them without a diagnostic excuse. It often comes from our discomfort rather than a necessary action.

glorious SLEEP!



BEDTIME STRATEGIES AND SLEEPING ENVIRONMENT CONSIDERATIONS FOR CHILDREN WITH SENSORY PROCESSING DISORDER (SPD)

BY: ANTONIA LLULL
MPOWERME

Glorious Sleep! Most of us long for the days we don't have to set the alarm clock.

Sleep is critical for growth, healing, bolstering the immune system, sustaining good concentration levels, memory, emotional control, preventing impulsivity and clumsiness, anxiety and stress reduction. Studies even show adequate sleep helps to promote a healthy weight.

Researchers have found that as little as 1 hour less sleep, over just 4 days, greatly impacts children's level of well-being and functional performance.

Sensory Processing Disorder (Sensory Integrative Dysfunction) can impact the ability to prepare for sleep and to remain asleep for an adequate sleep cycle.

The ability to shift from a waking

daytime level of alertness to one that prepares the body and brain for sleep can be impaired in children with SPD.

Here we will discuss recommendations and strategies to trial with your children that struggle to fall asleep and/or to stay asleep.

Our recommendations center on alleviating difficulties with processing tactile, vestibular, proprioceptive, visual, and/or auditory information that directly impact the sleep cycle.

Learn more about each sensory system and Sensory Processing Disorder [here](#).



These recommendations do not replace the direct consultation with a skilled Occupational Therapist

RULE OUT BIOLOGICAL CAUSES

A physician
should
be consulted to
rule out:

- Sleep apnea
- Low levels of melatonin
- Reflux
- Low levels of vitamins and minerals
- Other physical causes
- Medication Side-effects also need to be considered

ENVIRONMENTAL CONSIDERATIONS ARE CRITICAL

- The amount of lighting
- The amount of sound
- Where is the bed positioned
- How high is the bed
- What types of sheets are being used
- What are the types of pillows being used
- What are the types of pajamas being offered
- Are there electronic devices present

...To determine which sensory systems may be contributing to sleep disturbance.

Take note of his/her
sleeping
environment:

SLEEP DIARY

Use a sleep diary
so that patterns
become obvious
and tailor
strategies.

- A sleep diary is critical to provide valuable information to an occupational therapists specializing in sensory integration as part of the evaluation process.

click to print

SLEEP DIARY

WENT TO BED: ____ FELL ASLEEP: ____ DATE: ____

Bedtime Routine?	<input type="radio"/> Y <input type="radio"/> N	Tried New Pajamas?	<input type="radio"/> Y <input type="radio"/> N	How did your child wake up? <input type="radio"/> appears rested <input type="radio"/> happy <input type="radio"/> grumpy <input type="radio"/> sluggish
Electronics Off?	<input type="radio"/> Y <input type="radio"/> N	Tried New Sheets?	<input type="radio"/> Y <input type="radio"/> N	
Night Light?	<input type="radio"/> Y <input type="radio"/> N	Tried New Blanket?	<input type="radio"/> Y <input type="radio"/> N	
Sound Machine?	<input type="radio"/> Y <input type="radio"/> N	Tried New Night Light?	<input type="radio"/> Y <input type="radio"/> N	
Essential Oil Diffuser?	<input type="radio"/> Y <input type="radio"/> N	Tried Sleeping Bag?	<input type="radio"/> Y <input type="radio"/> N	
Fell Out of Bed?	<input type="radio"/> Y <input type="radio"/> N	Tried Bed Tent?	<input type="radio"/> Y <input type="radio"/> N	
Woke for Bathroom?	<input type="radio"/> Y <input type="radio"/> N	Notes:		
Up in the Night?	<input type="radio"/> Y <input type="radio"/> N			
Took Nap?	<input type="radio"/> Y <input type="radio"/> N			

OBSERVE

- What types of materials calm, over-excite, or “bother” your child?
- What cloth textures do they avoid or seek out?
- Use the type of material that soothes him/her for bed sheets and pajamas
- Use t-shirt material, flannel, silky bedding/pajamas if they relax your child; lambs wool or a down comforter, etc.

Take note of his/her reaction to different materials:

ESTABLISH A BEDTIME ROUTINE

- Turn off ALL electronics at least 2 hours before bedtime
- Engage in activities that have been observed to relax your child – options may include activities like a warm bath, rocking in a “glider rocker”, dimming the lights, cuddle corner story time, etc.
- Use a weighted blanket, resources to consider:



click to visit



- Cover the mattress with more padding.
*****If the child is old enough and with no other risks for suffocation*****
Consider a memory foam cover or comfort top padding.

- Use bed rails for the child who is gravitationally insecure and may fear falling.
- A type of bed that provides a feeling of safety from “falls”

*****Always research for safety prior to using*****



click me

- Use a bed tent for children with gravitational insecurity and/or poor body awareness. The fear of falling and limited processing of where their body

is in space can impact their comfort within the boundaries of the bed.
Check out these:



- Use a sleeping bag (on top of the bed) – this gives the child a smaller space providing more proprioceptive-tactile input that may be comforting. A child may have a favorite cuddle toy to bring in there with him/her
****Only use if there is no risk of suffocation****
- Have the child sleep in snug fitting but breathable “pajamas” like “long johns”, body suits made of spandex, tights, spandex shorts and tank tops
****Not the therapeutic deep pressure vests or therapeutic compression garments, which should only be used for short intervals****
- If your child calms with **‘resistive suck’**, provide him/her with something to suck on at dinner time, during home work completed in the evening, or play time after dinner. Resistive suck can be achieved by drinking through a narrow curvy straw, or through the use of a water bottle that requires suck to pull water/juice/milk through. **Kids who calm with resistive suck tend to suck their thumb, use a pacifier, and/or use a bottle beyond the typical age expected for those types of soothers.*
- Use music as ambient noise as part of a bedtime routine – a player can even be put on a timer.
- Use body pillows on either side of your child – avoid anything that would be a suffocation risk.
- Use an Epsom Salt bath before bedtime.
- Use a lotion massage after their bath and before bed – if typically calming.
- Use room darkening or sound minimizing shades if he/she tends to wake up too early or if it is still light out when they go to bed.
- Use dim red night lights and/or light projectors, see examples:



Read More on
‘Why Red’ at bedtime



- Use an aromatherapy diffuser: lavender, geranium, roman chamomile, and marjoram are recommended. If using essential oils be sure to use quality products to ensure safety. DoTerra products are well reviewed.

****Consult with physician to avoid allergic reactions****



- Use white noise machine or nature sound machine to help reduce the ambient sound he/she may not be able to inhibit. Fans may also provide a comforting sound.
- Use a low bed frame or place the mattress directly on the floor – this can help if the child is gravitationally insecure and has a fear of heights or falling.
- Use a gently vibrating mattress or bassinet to help child fall asleep. Once deeply asleep turn off the gentle vibration.
- During the Bedtime Routine is a good time to include cuddling while processing the day’s activities and resolving issues...talk about the day, prepare for any changes in routine for the next day, talk about one or two positive accomplishments of the day. This may help a typically anxious child.



****Working with a skilled occupational therapist to resolve sensory integrative dysfunction may be necessary, if the above general recommendations are not helpful or minimally helpful. Ruling out medical issues is critical and if the sleep problem becomes serious, consulting with a Children’s Hospital with a clinic, for children with sleep disorders, may be warranted.****

For further consultation regarding sleep and sensory processing disorder (sensory integrative dysfunction), please email us at: mpowerme.therapies@gmail.com



Antonia Llull, MOT, OTR/L

CHECK OUT THIS GREAT PRINTABLE YOU CAN USE FOR YOUR CHILD!



CHILD

PREFERENCES

DOES MY CHILD LIKE	YES	NO	DOES MY CHILD LIKE	YES	NO	FABRICS	YES	NO
special blanket			jumping from a high place			cotton		
lots of blankets			climbing high-up			flannel		
tight hugs			playing in small spaces			silky		
snuggling			relaxing in small spaces			t-shirt		
being rocked						fringe		
toys in bed						fleece		
night light						chenille		
darkness						sateen		
thumb sucking						shaggy		
calming smells						minky		
fan on						plush		
being carried								

ADDITIONAL NOTES:

MPOWERME

THE BLUE CAMPBELL

MPOWERME



BY: ANTONIA LLULL, OT
BEDTIME SENSORY SHOPPING LIST



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LEARN
MORE!

BEDTIME SHOPPING LIST	
IF MY CHILD...	WE CAN TRY...
SEEKS EXCESSIVE PRESSURE	<u>weighted blanket</u>
GRAVITATIONALLY INSECURE (FEARS FALLING)	<u>bed rail bumper</u>
POOR BODY AWARENESS, GRAVITATIONAL INSECURITY, LIGHT SENSITIVITY	<u>bed tent</u>
REQUIRES MORE PROPRIOCEPTIVE/ TACTILE INPUT	<u>sleeping bag</u>
CALMS WITH RESISTIVE SUCK (THUMB SUCKING, PACIFIER)	<u>crazy straw before bed</u>
CALMS WITH SMELLS	<u>diffusers</u>
IS SENSITIVE TO LIGHT	<u>use light blocking curtains</u>
SENSITIVE TO SOUND	<u>white noise machine</u>
DIFFICULTY FALLING ASLEEP	<u>red night lights</u>
SENSITIVE TO CLOTH TEXTURES	<u>bedding of preferred texture</u>
SCREEN TIME BEFORE BED	<u>blue light blocking glasses</u>

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providing you with more amazing content.

