

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

otrecommended



publishers note

Issue No. 4, coming at ya! Many of the topics in this issue hit close to home. I have found myself in heart-wrenching conversations with parents suggesting ways they can connect with their kiddos, sat on teams where we brainstormed how to introduce new foods, and explained to children, parents, and teachers alike, the concept of multisensory learning.

The cutie on the cover inspired the creation of our 'How My Family Learns' packet which helps little learners understand that everyone learns differently, but chances are, they learn similarly to someone in their family. We will be adding this download to the FREEBIE section of our website for a limited time, so go grab that!

In this issue you will find more video content accompanying the articles. Our contributors are able to connect with you, and appeal to your learning style.

There are also a number of links included, make sure you are clicking on anything and everything that sparks an interest, chances are, it's linked!





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contributors



NANCY AMAR Miss Mancy















DIANA BALNIS Diana Lee Photography









COR BEHAVIORAL Autism/Disability Service















ERIN DEMCHER Autsim & Behavior Resources









KATE DOLE Pineapple Speech & Language





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NANCY O'MEARA KRENEK ROCK (Ride On Center for Kids)









KRISTEN MCSHANE The Learning Specialist









RACHEL MADEL Rachel Madel, CCC-SLP





















TONI ROZZI Hamptons Ed





KENLEY SMITH Mommy & Me OT





What's in the bag

BCBA EDITION
(BOARD CERTIFIED BEHAVIOR ANALYST)

BY: ERIN DEMCHER, MS, BCBA AUTISM AND BEHAVIOR RESROUCES









Being a Board Certified Behavior Analyst in a variety of settings; schools, homes, and community, I always have to have a variety of materials ready. I think having preferred items in my bags, make me highly preferred when I walk into the classroom or an individual's home. I also like to have a variety of items in my bags that can be adapted for all individuals whom with I work. I always say the best kind of learning is when the individual doesn't know it is happening.

Mouse stacks Mou

BALANCE GAME

I would have to say this is one of my favorite games for the reason that it is simple and functional. The object of the game is to balance all the items on the large bottom piece. The game can be found in a variety of different topics. Depending on the skill level, the individual can label the item, name three things about the item, find the item in a small field size or even describe the item. This game is easy to play and teaches winning and losing in a fun and simple way.

STRAWS, PAINTER'S TAPE & POM-POMS

When you have all these items, the possibilities are endless, but one of my favorite activities is making mazes with painters tape and blowing the pom-pom's through with straws. The individual is able to work on requesting items, requesting help, fine motor skills of blowing, and understanding the process of winning and losing.



SENSORY BOX



A sensory box can be used as a calm down activity or independent activity, but it also can be used as a search and find. The individuals I work with enjoy when I put targets into the sensory box, they have to search and identify the item before finding the next one.

SQUEEZE POPPER

This item always turns out to be one of the favorites. Even though I keep this in my reinforcer box, it great for teach an individual to ask for help and problem solving.



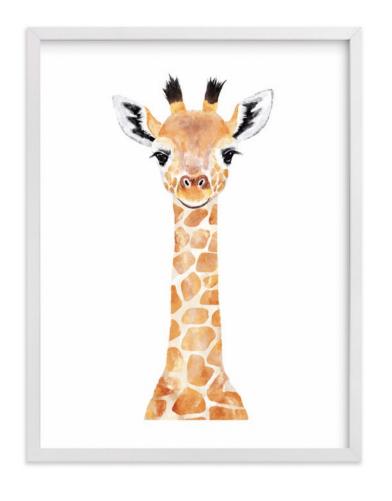
FIRST 100 WORDS BOOK

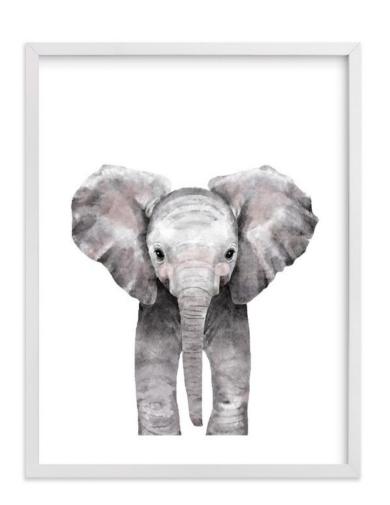
Having a simple and indestructible book helps when an individual wants to move the work environment, for example outside, or when they are struggling sitting at a table with materials. These books have a variety of topics and multiple skills can be targeted during a session. I also enjoy that dry erasers can be used on these books.

LEGOS

Having a set of Legos in my bag allows me to work on a variety of skills in a fun way. One of my favorite things to do is take a dry erase marker and write on the Legos. When an individual wants to build a tower, we can identify numbers, spell words or identify letters. Having a variety of Legos also allows me to work on sorting colors or sorting by size.











minted.

TIPS with

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!

















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TRENDING STEADY

LOOKING FOR AVENUES TO CONNECT?
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instagram



@AUTISMADVENTURES83

As a former special education teacher, Melissa knows the importance of collaborating. She firmly believes that teachers must work together to develop a curriculum to help students succeed. Melissa holds multiple certificates and uses her background to better create materials for students who have speech and language deficits, or use other means of communication. Melissa shares her strategies, techniques, and products on Instagram with an occasional photo of a cutie in sunny California!

SHUT THE FRONT DOOR

Lisa Marie is a force. Self proclaimed honestly funny and totally random, Lisa shares the humorous reality of living with Bipolar, raising 7 children, dealing with Autism, not killing the husband and standing at the forefront for the advocacy of children. Lisa Marie has an active Facebook community with over 2million followers that she uses to make you laugh but also to bring light to issues impacting children.





THE DESIGNER TEACHER



Are you a Type A teacher, parent, or therapist? You're going to want to head on over to Sarah's blog and swoon over her beautiful content and products. Sarah empowers passionate special ed teachers with her peaceful & purposeful reading resources. Her background in design combined with her experience in elementary special ed provides clear and accessible materials. She also runs Teacher Care Crate -- parents, if you're looking for a unique and wonderful teacher gift, consider this option!

HOMEBASE HOPE

Rhiannon is an occupational therapist and passionate autism advocate. She thinks outside the diagnostic box and sees every child as an individual with unlimited potential. She is dedicated to offering parents a smorgasbord of ideas and interventions as she understands that there is not a one-size-fits-all approach to the complexities of autism. She is rethinking existing autism paradigms by blending traditional therapy with natural lifestyle approaches. Rhiannon has worked with children on the spectrum at special education and mainstream schools, childcare centres and in her own private practice. Her untiring spirit and her heart to serve sees her presenting workshops, hosting a podcast and working with parents to make real positive change. Check out her most recent project - *AutismSummit*





THE THERAPY MAMA

Jennifer is an SLP turned homeschooling mama of two daughters with special needs. She fluidly integrates her professional knowledge into everyday life. Jennifer's Pinterest Boards are expansive! She has organized them by category. Make her account a 'go to' when you're searching for materials for special events, seasons, and thematic ideas. Jennifer also has a Board dedicated to her products on TPT.



BY: NANCY AMAR MISS MANCY INC













Having a child with different abilities can be challenging to new parents. There are different stages of healing and it's important to respect that. However, it's also important to move from the grief and enter a place of healing.

A child with Autism does not know any different than to be who they are. Therefore when we look at them with eyes of sadness and pity, we delay the healing process.

Once we work through our own grief and accept their perfection as they are, we begin the journey of walking with them, hand in hand, to become the best version of themselves.

As parents we want our children to be happy and to thrive. However, many times we define happiness from societal norms

such as getting married, having children, etc., that don't always reflect true happiness.

I encourage you to challenge your definition of happiness. Isn't happiness the freedom of being your authentic self and giving and receiving unconditional love?!

Isn't that accessible to EVERYONE?!

One of the challenges of raising a child with Autism can be to connect to them.

Many do not use words to express themselves, others don't seek connection themselves, thus making connecting that much more challenging.

As a result, we often doubt ourselves every step of the way and feel a separation from our own children.

So, how do I connect with my child with Autism?

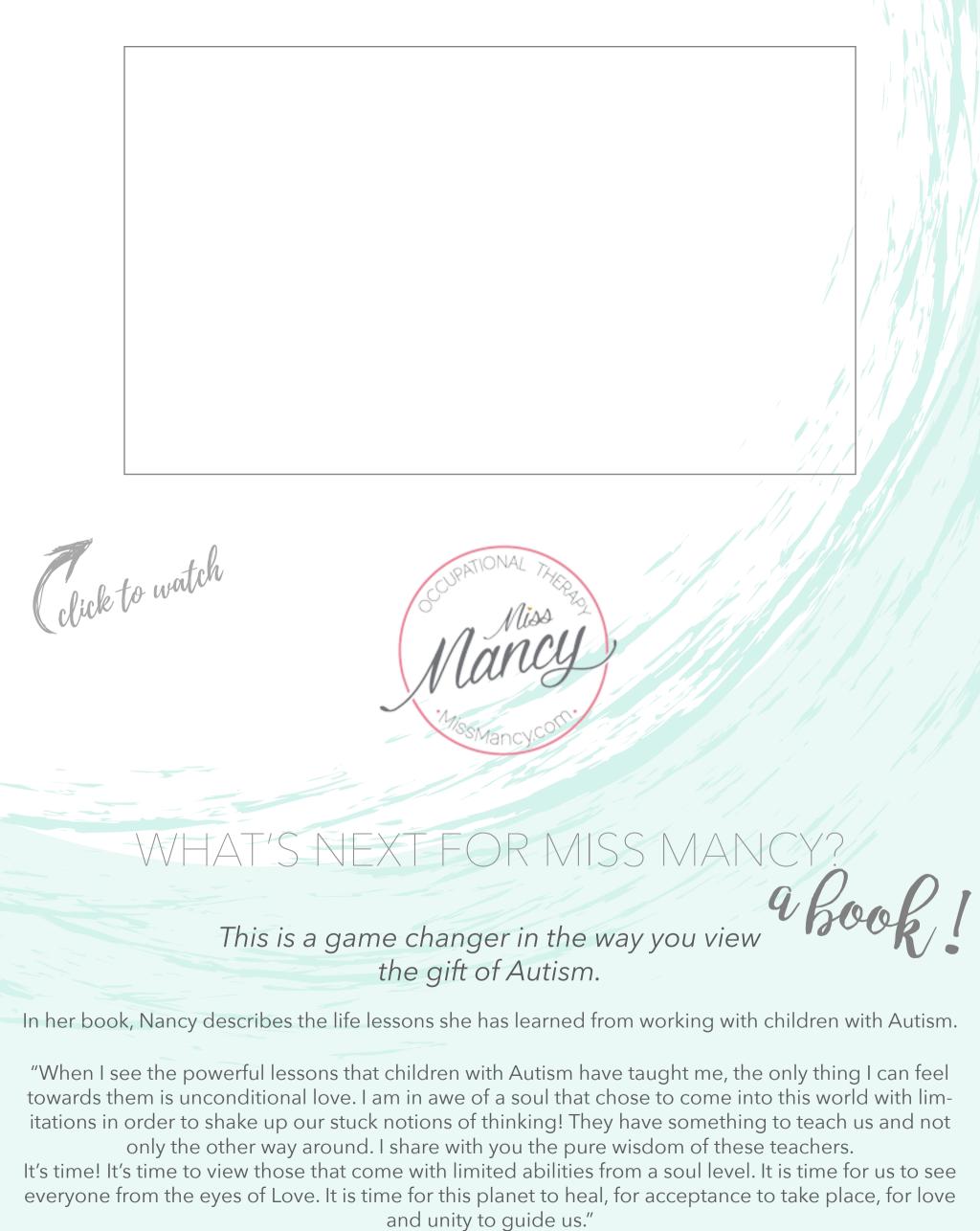
Begin by looking at the world through their own eyes, look at life, the environment, situations, challenges, everything through their eyes. Most of the time, children with Autism are happy, carefree, curious, intense! See life through their lenses.

I often ask myself, what would I need in this moment? Try to put yourself in their shoes. Sense things around them by taking cues from their actions, responses, habits, likes, and dislikes. So much is expressed without the use of language.

Most especially with children with very limited abilities, it can be easy to look at them with pity. But what good does that do for the child? I would hate to have people look at me in that way! I want people to see me for my uniqueness, not my limitations! I therefore remind myself that THIS is the only body they've got for this lifetime and instead of focusing on fixing them, we need to think of exposing them to the world! Don't forget that you are that bridge for them!

There is no shame in having a child with different abilities. They chose you as parents! Step into embracing what they came to teach and help them reach their highest potential (and have fun doing it!!!)

As we embrace Autism Awareness Month, my prayer to the world is that we collectively raise not only our awareness of Autism but also raise our consciousness to become more accepting of all differences as unique abilities. It's time!



COMING WINTER 2019











NANCY O'MEARA KRENEK RIDE ON CENTER FOR KIDS







Improving independence and life skills in partnership with the horse.



This was a unique interview for The Blue Umbrella Collective, as we were able to travel to ROCK and perform the interview on site. The facility was amazing with a large riding arena lined on one side by an indoor therapy gym, classrooms, offices, and community rooms. We were able to speak with Nancy O'Meara Krenek, who formed ROCK, as well as Hunter Adkins, a young woman who is very active in the local special needs community, and a friendly therapy dog in training.

ROCK has built an extraordinary community. The scheduling and organization for staff and volunteers is top notch, therapy horses are on cards like your favorite baseball player, staff and volunteer rooms decorated seasonally with inspirational notes left to each other. ROCK's comprehensive team is made up of PATH certified instructors, Speech-Language Pathologists, Physical Therapists, Physical Therapist Assistants, and Physical Therapy students. After working at ROCK, Dr. Priscilla Lightsey, Physical Therapist, formed an equine center in Beijing, China called HOPE (Horses Offering People Enrichment), originally for special needs orphans, the center now offers Equine-Assisted Activities and Therapies (EAAT) to the greater community.

What became very apparent is that Nancy, and her staff, continue to stay involved in the development of Hippotherapy. The therapy gym contained a machine made in conjunction with Baylor to simulate a horse's gate, the walls are filled with boards from presentations, and articles from peer-reviewed journals are at the ready. Documentation and data are at the heart of this progressive work.

*A special thank you to Kathy White for a being an excellent tour guide!

C: What led you to forming ROCK?

Nancy: I was starting to work with power wheelchairs as a PT in a school district and when kids received movement and mobility they started to wake up and be different people.

Hunter, if you didn't have the freedom of this power wheelchair and you had to depend on somebody to push you around all of the time, don't you think it would affect your personality?

Hunter: Absolutely, I hate asking now.

Nancy: When people realize they can be the CEO's of their own life in any capacity, it opens up worlds of things.

I had always wanted a horse my whole life and I had been reading about this industry and I had a dream of starting a program like this. Of course, if there had been a program like this already here I would've just joined it.

I decided I was either going to specialize as a



Physical Therapist in power wheelchairs (which I still love) or, horses.

I quit my job, didn't have a horse, didn't have any training, didn't have any land, so 20 yrs later, here we are! I got the training and we just set up a pilot program, and it grew because the families wanted it and needed it.

We have 20 years of life-changing stories for sure, but we also have research that defines what it is that happening.



There's still so much we don't know, we're in the middle of a study right now where we put electrodes on the people on the horse and then electrodes on the horse to study the movement.

C: So how do you see riding impact families?

Nancy: The movement of the horse simulates normal walking. So if you right now fell and broke your hip, you have a higher incident of getting a cold or the flu, because you are not moving your organs. So Hunter here, who's in her wheelchair a lot of her day, she doesn't get that normal walking movement to help facilitate her liver and her kidneys and her heart

Her muscles right here in her stomach don't ever get challenged, but when she gets on a horse, the horse moves 200 times in one minute. Hunter has to get on the horse and respond to the horse, to try to stay balanced, 200 times in one minute, and she usually rides 45 minutes, so 45x200. Which is a challenge like no other.

So if Hunter came to a clinic, and I was her Physical Therapist, I don't have a piece of equipment that can challenge her 200 times per min x 45 min, in the motion of walking. I can't do it.

It's what her lungs need, what her heart needs, her respiratory system, just good health; besides the fact that it loosens up all these muscles here in her back, it changes her tone.

And from another perspective, she gets to compete in the Rodeo, and she has friends so it brings a social aspect for her that is so cool.

For some of our little kids, doctors will say they're never going to walk or talk or do all this other stuff, and they come here and we say "we don't KNOW, let's just

see" and then they walk and then they talk and it's because the horse is such a motivational catalyst for change and it's fun, and they don't know they're getting therapy.



C: Where do your services take place? Is everything on site?

Nancy: Well, no. Texas A&M hired us 7yrs ago to run a program on campus, which 2yrs ago led to a college credit course that we teach on this industry.

Hunter: That is amazing in itself, bravo to you, sister!
Nancy: Thank you, Hunter.
She's an Aggie, that's why she's excited!



C: In addition to just riding therapy, you provide more of the hands-on Physical Therapy aspect before or after a session?

Nancy: Sometimes, like this morning when it was too cold to ride, they come in the therapy gym, we brought a horse in the gym that they were working with.

There are many different types of activities that we can do; they can work on ground lessons and use equipment.

We also have a veteran's program, they provide meals, and so part of what we do is fellowship, it is the horse, but it's also the fellowship.

C: What continues to drive you to do this work?

Hunter. Well, little babies keep being born and people keep having strokes.

I'm motivated because I believe in the worth of human life.

We tend to put people in boxes, so if you just met Hunter and you didn't know anything, you'd say "You know Hunter, the girl with the power wheelchair" well, that's not who Hunter is, but we put her in the power wheelchair box; so for me, it's to help people break out of boxes.

That's probably the bottom line.

Hunter: I love that analogy.

C: What advice might you have for therapists who want to break out and try something new, or follow a non-traditional path?

Nancy: Two things, I would say always do a pilot program.

You think you might like acupuncture and then you do it and you're bored or something. So do a pilot and see if it really works and you really enjoy it.

If you find things that work, gosh, that's the amazing thing. It still has to be incredibly professional and a business and make sense.



Then I would say if there isn't a lot of research, do research. That's the only way anything is ever going to be successful. Documentation. Even though we have lots of fun stories, it comes down to documentation.

C: What advice do you have for parents and children who are considering equine therapy?

Nancy: Don't give up! There

are big waiting lists.

Come visit. Watch a lesson. We are happy to share other programs in Central Texas or other places. You can also search on PATH's website. But it can be very effective, so don't give up just because of a waiting list.

C: What is your favorite part of this journey so far?

Nancy: Seeing individuals, whether it's the volunteers, or the family, or an instructor, or student, choose this industry and seeing them develop so I know that it's going to carry on.

I also love that this industry keeps surprising me. So I've done this for 20yrs, so I think I've got it figured out and then I'm surprised.

There was a woman here in her 80's, she had scoliosis which can be a problem for riding because with scoliosis you can feed into that curvature every single time you ride. She had ridden her whole life, a lovely lady, she wanted to ride a horse again, and I had decided that she couldn't, but I was going to let her ride one time. She got on and she looked like the Queen of England, her scoliosis completely went away and she looked gorgeous up there. Her muscle memory, from being a rider all her life, made her sit tall. I had probably spent 6

or 8 weeks convincing myself that she couldn't ride, and then on that token ride, I just wept.

C: Do you have a quote that provides inspiration for you?

Nancy: "Movement creates change." Often times, the movement of the horse and the connection with the horse is what helps people break out of boxes. We all have so much unlimited potential that we don't even

Hunter: "I feel free when I'm on a horse"

Nancy: Do you think a horse helps you break out of a box, do you think what I said is true?

Hunter: Oh, it's true. It breaks down barriers.



DOWN SYNDROME

SPEECH DELAY

SEIZURE DISORDER

TRAUMATIC BRAIN INJURY



AUTISM

CEREBRAL PALSY

DEVELOPMENTAL DELAY

PTSD

88.5%

IMPROVEMENT IN LIFE SKILLS*

VISUAL IMPAIRMENT

71.2%

IMPROVEMENT IN FOCUS & ATTENTION*

83.6%

IMPROVEMENT IN POSTURE*

*RESULTS FROM 2017-2018

ROCK PARTICIPANT SURVEY

TO FIND AN EQUINE ASSISTED THERAPY CENTER NEAR YOU



Professional Association of Therapeut Horsemanship International

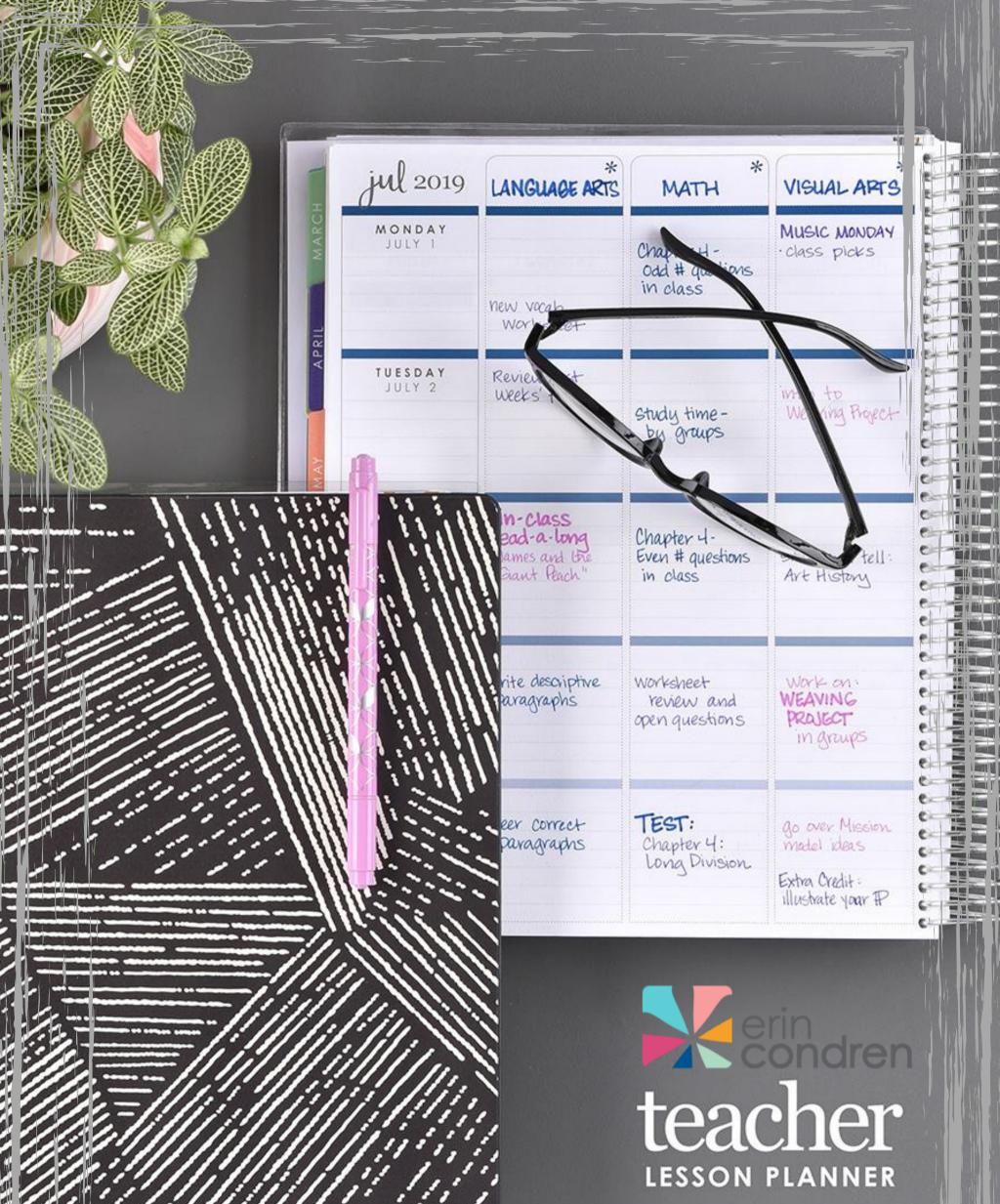
94.6%

IMPROVEMENT IN INDEPENDENCE*

FOR MORE INFORMATION ON H.O.P.E. IN BEIJING







elopement

/ih-lohp-m*uh*nt/

noun

an act or instance of leaving a safe area or safe premises, often done by a person with a cognitive difference, leave without consent

synonyms

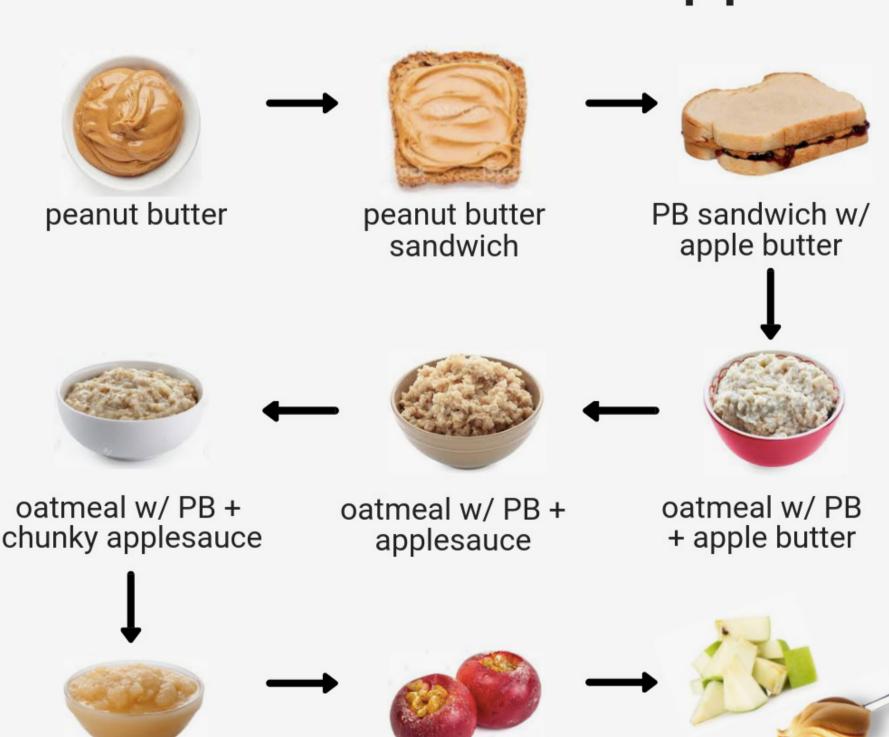
wandering, flight, evasion, avoidance, disappearance, evasiveness, escape, flee

9 SIMPLE STEPS TO USING COOCH CHAINING

TO INTRODUCE NEW FOODS TO A PICKY EATER WITH AUTISM

cubed apple w/ PB

Peanut Butter to Apple



baked apple drizzled

w/ PB

homemade chunky

applesauce + PB



BY: JENNY FRIEDMAN, MS RD JENNY FRIEDMAN NUTRITION











a way to help children expand their food choices and learn to enjoy eating"

-JENNY FRIEDMAN

How can I get my kid to try eat new foods? As a dietitian who works with autistic children, this is the question I receive most often.

Eating is a struggle in up to 89 percent of children with autism (Ledford and Gast 2006). While the majority of parents will tell you they, too, have a fussy eater, picky eating in most kids is a phase just like the Terrible Twos. Selective eating in autism rarely self-corrects.

Parents tell me stories of progressively shrinking diets, complete food refusal, fear of new foods, gagging, and mealtime meltdowns. They're so often convinced there is no way to help - they've tried every typical picky eating trick in the book!

Only autism picky eating isn't typical. So it makes sense that typical approaches don't apply.

Many picky eating remedies focus solely on what to add to the diet. They look at what's missing and offer creative tactics for including them - sometimes sneakily - in the diet. If that works, great! But it doesn't for everyone.

What I've found to be more effective for kids with autism is using a strategy that leverages a child's favorite foods to help you identify foods that your child will be most likely to eat. Food chaining is one of these approaches.

What is Food Chaining?

Food chaining isn't your typical "try this new food" approach. Instead, it is a method that takes into account a child's individual sensory preferences and builds on what he likes through small changes. Food chaining expands food repertoire by emphasizing similar features between accepted foods and goal foods. It is a way to help children expand their food choices and learn to enjoy eating.

5 STEPS Pureed Pouch to Homemade Smoothies

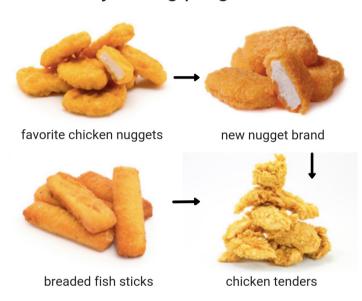


How Food Chaining Works

Food chaining seeks to minimize the anxiety that many picky eaters experience when faced with a new food. The program starts with an assessment of the flavor, texture and visual properties of your child's favorite foods and ends with a selected goal food.

When you start food chaining, you will strategically introduce foods that your child is mostly likely to embrace. Instead of offering a random vegetable, you intentionally introduce new foods by making gradual changes to accepted ones.

Picky eating progression

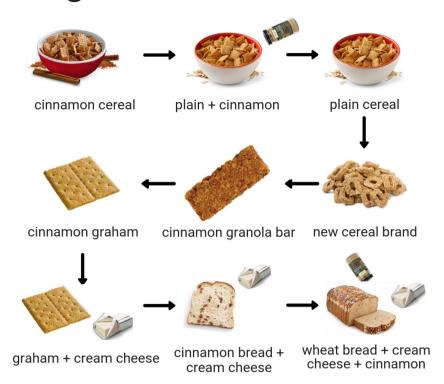


Have you ever served your child a new food (say meatballs) by telling her it's just like her favorite food (say hamburger)? Food chaining uses the same principle, just broken down into intentional micro-changes.

What Does a Food Chain Look Like?

A food chain looks like a road map. The chain originates with an accepted food - one that your child eats willingly and reliably - and ends with an established goal food. In between are many foods that are the stepping stones leading from accepted to favorite food.

Sugar Cereal → Sandwich



There's no specific formula for creating a food chain and the chain isn't set in stone; it might evolve in unexpected directions as your child begins to develop new preferences.

Who Does Food Chaining Work For?

Food chaining is beneficial for any restrictive eater and especially one who experiences sensory challenges. The emphasis on foods' sensory profile is part of why food chaining works so well for kids with autism.

Food chaining requires intentionality and time. It is most effective with close monitoring and ongoing assessment, so it works best for families who have energy to commit to the process or those who are interested in professional support.



hour to food chain

*use the download from the previous page to collect data mentioned in steps 1, 2, and 6

- 1. Write down all of the foods your child currently eats.
- 2. Assess them for for patterns in texture, flavor, shape, color, and any other properties that jump out to you.
- **3.** Identify a goal food (a food you want your child to learn to eat). Having trouble singling one out? Consider foods that are missing from your child's diet (Is she not eating much protein? Or produce?). Or choose a food that your family frequently eats (Do you love going out for pizza? Is chicken on the menu every other day?).
- **4.** Select one of your child's favorite foods as a starting point. You do want to be somewhat strategic here. Starting a chain with candy and hoping to end with zucchini may not be realistic. Though I can envision a chain starting with cookies and ending with zucchini, so the possibilities really are open!
- 5. Pick a time to serve that favorite food, except instead of preparing it as usual, introduce a very small change to its visual presentation (how it looks). A visual change could be cutting the food in a different shape or introducing a new brand of the same food.
- **6.** Track your child's acceptance using the linked tracker every time you offer foods from the chain.
- 7. Continue to offer the slightly modified favorite food on different eating occasions until your child willingly accepts it at least three times. Remember to keep tracking her reaction as you go.
- 8. Head on to the next step by now making a small change to either the food's texture or flavor.
- **9.** Continue to introduce incremental changes to texture, flavor, and appearance until your child eventually accepts the goal food.

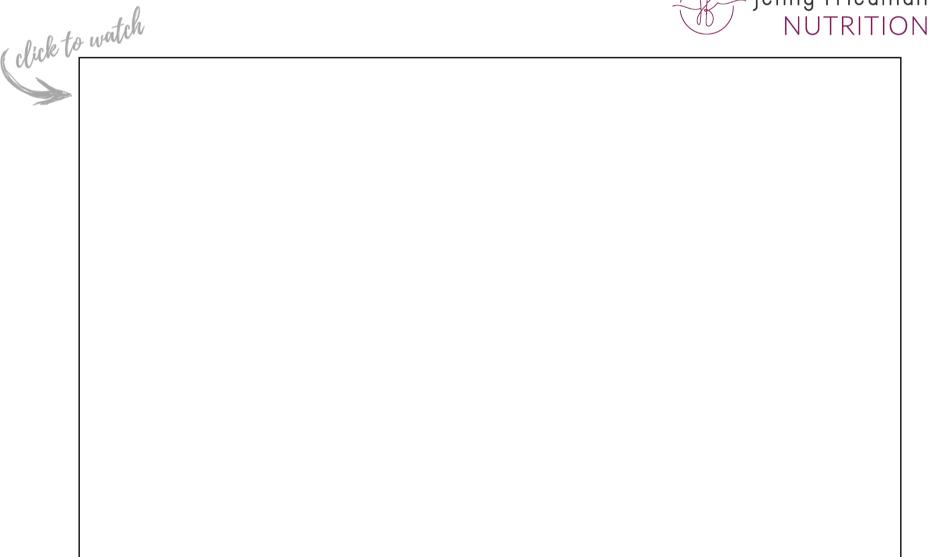
Tips for Success

- * Remember to make just one small change at a time.
- * Only focus on one chain and one food at a time.
- * Only introduce changes once your child readily accepts a new food without resistance for at least three days. Remember that the goal is to make changes that have the highest likelihood of being successful. Small changes are cumulative and lead to big changes (new foods!) over time.
- * Using favorite sauces, dips, or dressings might encourage your child accept new foods. Use them if it helps.

What I love about food chaining is that it makes sense. So many adjustments in our lives are made with incremental change (that's why so many schools start new kindergartners with just a half day). Big changes are scary, and when it comes to food and feeding a child with eating anxiety or sensory

barriers, big changes are a shock to the system.

Food chaining will probably take time, and it might not end or evolve the way you expect (that's okay!), but with persistence it will help your picky eater eat new foods. jenny friedman





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What is Multi-Sensory Learning?

Information can be received in a variety of ways, such as through our senses of sight (visual), hearing (auditory), touch (tactile), or body movement (kinesthetic). Multi-sensory learning involves the use of more than one of these senses to receive and process information.

So, instead of learning a number name by sight on flashcards for example, a student engaging in multi-sensory learning may say the number aloud to hear their own voice (auditory input), as they see the number (visual input), feel the formation of the number as they trace it on a textured surface (tactile input) and then finish up by hopping the corresponding value (kinesthetic input). The additional modes of input afford students with processing breakdowns extra opportunities to experience and retain the concept.

Who Benefits from Multi-Sensory Learning Opportunities?

Everyone! Multi-sensory learning experiences benefit people of all ages and all learning profiles. However, multi-sensory learning is especially important for learners who experience breakdowns in information processing, such as those with dyslexia or ADHD. For these learners, multi-sensory instruction allows the brain to receive information in a variety of ways which assists in understanding and retention.

Where Can I Find Someone to Work With My Child Using a Multi-Sensory Approach?

A seasoned learning specialist, educational therapist, or special education teacher will be well-versed in multi-sensory instruction. It's considered essential in our field and an approach we find beneficial for all learners. If you homeschool or are hiring a skilled professional to work with your child privately, you can find some of my favorite multi-sensory resources, and databases of professionals in your area:

Still Wondering What Multi-Sensory Learning Can Look Like?

EDUCATIONAL THERAPIST

READING INSTRUCTION

MATH INSTRUCTION

MATH U SEE

TIMES TALES

parents & educators

View the video for an example of how you can adapt a common paper-pencil task to involve the senses of sight, sound, and touch!



MULTI-SENSORY LEARNING



multi sensory learning



When students engage in learning activities that utilize multiple forms of sensory input

auditory input

Taking in information through sense of sound (e.g., listening to others, listening to yourself speak, listening to music)



tactile input

Taking in information through sense of touch (e.g., tracing with finger or drawing on textured surface, tracing handwriting to "feel" the formed letters, tapping out sounds with finger when sounding out words)

kinesthetic input

Taking in information through body movement, usually through bigger body movements (e.g., moving your arms to demonstrate a concept, hopping out syllable sounds, tracing your foot to draw a letter or number)



visualinput

Taking in information through sense of sight (e.g., seeing a concept drawn out, mind mapping, using color to enhance visuals)





COLLECTIVE

Is toe-walking a major red flag for Autism?



-Lauren P







dr emily heisey

PEDIATRIC SPECIALIST, PT, DPT

Not necessarily. As a PT, toe walking is a diagnosis that I evaluate and treat daily. Causes include atypical muscle tone causing either excessive or restricted range of motion, visual field impairments such as depth perception or Strabismus, sensory integration issues and or idiopathic. While Autism is linked to toe walking due to sensory issues, its not one of the typical causes that I see in practice. So as a parent, educator, or Clinician, I would rule out several other causes of toe walking before I landed on Autism. This is why toe walking is not a diagnostic criteria for Autism.



tonirozzi **EDUCATIONAL SPECIALIST**

No. It is not a MAJOR red flag for Autism. Red flags for Autism are deficits in language and communication, social interaction, as well as restricted or repetative behavior manifesting in early childhood. Toe walking is common for children learning to walk, sometimes this learned habit will be carried beyond the age of 3. If toe walking is something your child does beyond 3, you may want to observe their sensory habits and speak with your pediatrician to identify the cause.

There are many parents and teachers who think toe walking is a red flag for autism- it is NOT. It does not even make the list of the 3 core symptoms that every child diagnosed with autism needs to demonstrate. If you are concerned-check your child for sensory red flags like intolerance to clothing tags, hypersensitive to noise, craves or avoids movement, craves or gives extremely tight hugs, clumsy and takes a long time to calm or soothe. Sometimes, it could just be a phase your child is going through. In rare cases, checking out their eye sight with a developmental optometrist may correct this habit!!













kenley smith PEDIATRIC OCCUPATIONAL THERAPIST

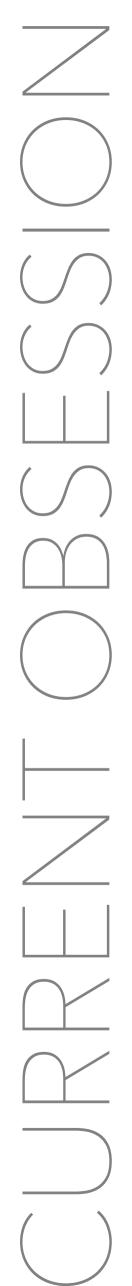
Not necessarily. Toe walking is a red flag for underlying processing issues; it can be due to tactile and/or proprioceptive processing difficulties, but can often be linked to something called 'retained primitive reflexes'. Retained primitive reflexes can cause balance difficulties and are linked with visual processing problems, which in turn can cause toe walking. I have seen and treated many kids that are "toe walkers" that are not anywhere on the Autism Spectrum, but have these other underlying issues for any number of reasons. However, persons with Autism also often have retained reflex patterns, sensory processing difficulties, and visual processing difficulties that cause toe walking. When a child is toe walking, it means there are underlying processing issues that should be addressed, but does not necessarily mean a child also has Autism.

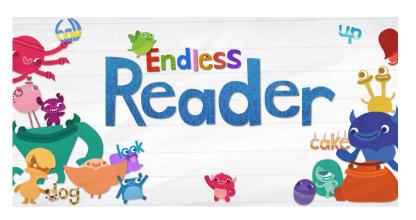
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Sleep is not a luxury



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Endless Reader, by Originator, is an application for Apple and Android that follows up their previous app, Endless Alphabet.

Endless Reader has been around for quite some time, it won Apple's Best of 2013 Award, but we have yet to find anything that compares.

The adorable Endless monsters help children learn their sight words. This app introduces the most commonly used words in school, library, and children's books.

Each word becomes a puzzle where the child has to place the letters correctly. This is done using a self-correcting technique, where there is an outline of the letters correctly forming the word. If the

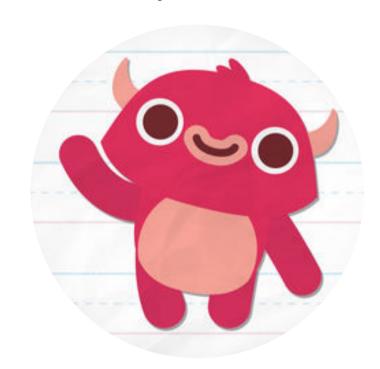
child places a letter in an incorrect place, the letter won't stay!

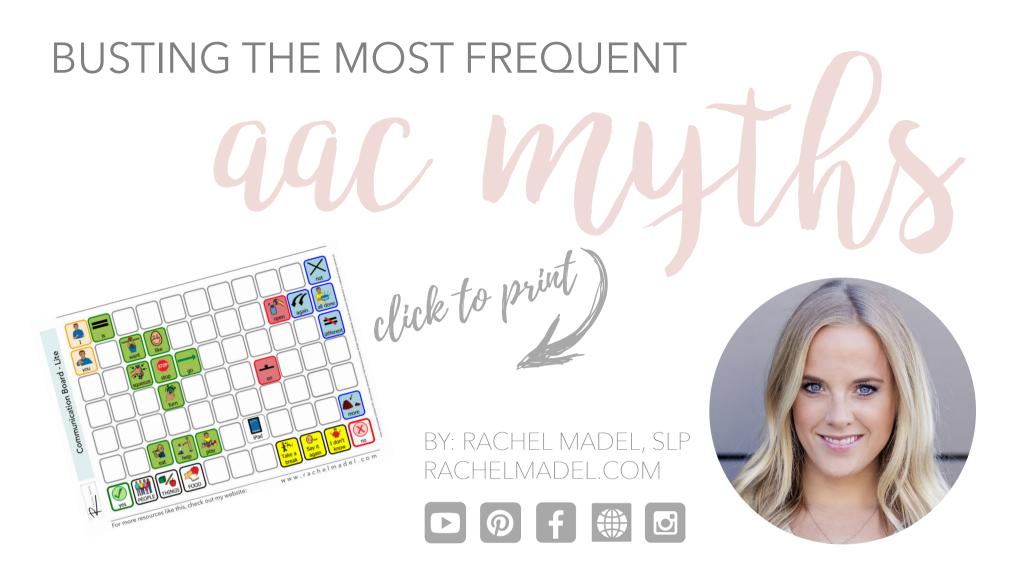
When a child touches a letter, it wiggles and jiggles and says the phonetic sound.

After the puzzle is completed, an Endless monster will help demonstrate the context and meaning of the word in a sentence.

The words also come alive and depict their definition, so 'd o g' looks and sounds like a barking dog.

This app is highly recommended for your beginning reader or learner with Dyslexia!





If you're a parent with a child with autism then you're probably overwhelmed with all of the acronyms thrown around in the special needs community. After all, many speech therapists (myself included) have a number of acronyms at the end of their title.

The acronym I'm talking about today happens to be my favorite: AAC. AAC stands for Augmentative and Alternative Communication, and I've already written a blog post explaining exactly what it is here.

Essentially, AAC refers to any kind of communication system, beyond spoken language, that helps children communicate. This includes communication options like sign language, pictures exchange (PECS), and visual supports like a printed communication board (you can download mine for FREE above), but also high-tech systems like an iPad loaded with apps to support communication.

But with communication systems like this, especially those involving technology, there are often common myths. So today we're busting the most frequent AAC myth:

"IF MY CHILD WITH AUTISM STARTS US-ING AAC, THEN THEY WON'T EVER LEARN HOW TO TALK."

This is a concern of many parents and teachers who are afraid that AAC will discourage spoken communication. However, there's absolutely no research proving that kids stop talking when you give them AAC. In fact, I find that once kids start using a device it actually encourages more verbal communication.

Let me give you an example...

I began working with a three-year-old boy named John because his mom was concerned that he wasn't talking. I tried getting him to imitate words but he was having a difficult time. So I told mom that we should start using pictures to help him start communicating.

Initially, she was really nervous because she thought that using pictures would prevent him from talking. Yet after just a few weeks of using pictures to help John ask for his favorite toys, he started becoming a lot more vocal during our sessions. One day, we were playing outside and out of nowhere he gave me a picture of a ball and said "buh." And this my friends, was John's first word!

Fast-forward six months later and we completely stopped using pictures because John started talking so much that we didn't even need them anymore.

In my experience, children choose the path of least resistance. At first, it was eas-

ier for John to use pictures, but this shifted as talking became easier for him. That's why I always incorporate different modalities of communication until we figure out what works best.

While this is one of the *click to watch* most common AAC myths, I bust more of these myths in my free video series,

"Communication Crash Course"

for autism parents. This 4-part video series teaches communication strategies that parents can start implementing to help get their child with autism talking.

If you're an SLP and you want to learn more about AAC Myths you can access the free video below, and more on my YouTube Channel.



3 TECHNOLOGY MYTHS

\bigvee	MY CHILD WONT TALK IF THEY START USING AAC



rose & rex



BY: KATE DOLE, SLP PINEAPPLE SPEECH & LANGUAGE

STUTTERING OUICK FACTS



CLICK ME!

STUTTERING QUICK FACTS

No one has perfectly fluent speech. We all occasionally experience disfluencies or "bumps" in our speech or stumble over words. Some find this happens during times No one has perfectly fluent speech. We all occasionally experience disfluencies or breaking or stumble over words. Some find this happens during times of pressure or fatigue. Prevalence

Less than 1% of the population experiences stuttering as a long-term difficulty.

Incidence

Approximately 8% of children stutter representately o 76 or emitteen stutter for up to a period of six months during childhood.

Stuttering is more common between the Stuttering is more common between the ages of 2 and 6. This means most children ages or < and o. This means most ching stop stuttering naturally or with clinical stop stuttering naturally or with clinical intervention also aids natural

Yairi & Ambrose, 2013

Is stuttering a problem for my child?

Is stuttering a problem for my child?
"Stuttering is characterized by an abnormally high frequency and/or duration of stoppages in the forward flow of speech." (Guitar, 2006).

Occasional typical disfluencies are not usually cause for concern. Stuttering and stoppages in the forward flow of speech." (Guitar, 2006).

Occasional typical disfluencies are not usually cause for concern. Stuttering and observable tension when speaking are concerning and benefit from intervention. Occasional typical disfluencies are not usually cause for concern. Stuttering and benefit from intervention. Typical Disfluencies

- Repetitions of words and phrases Repetitions of words and phrases
 Interjections ("like" or "um")
 Restarting or revising a sentence

Stuttering

- Repetitions of sounds or syllables Long pauses or hesitation
- Freezing up
- Difficulty starting a word or

Is stuttering caused by anxiety? There is no evidence to suggest stuttering is caused by anxiety. Anxiety is not more prevalent in people who stutter compared to the general may experience anxious feelings as a consequence of stuttering and people who stutter may experience anxious feelings as a result of negative listener reactions over time.

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It will help others to find our magazine and we can work harder on providing you with more amazing content.



