How Can I Help This Child?

A Guide for Teachers of Students with Sensory Integrative Disorders

As your child's first teacher,
parents will find this guide helpful, too!

Parents Reaching Out
Your One Stop Resource for a Stronger Family

A Note for Parents—

This booklet was recreated by Parents Reaching Out with permission from the author. Although this booklet was originally created for teachers, we have found this information is valuable for parents as you work together with others in your child's life. As your child's first teacher, you have daily opportunities to watch your child grow and develop. Sharing this information with educators, service providers and other professionals who work with your child can be a tool for building a better understanding your child's needs.

Originally created by
Maryann Colby Trott and illustrated by Lynn Anaya
©1989 Albuquerque Therapy Services, Inc.

Dedicated to the memory of my father
John Bradford Colby Sr. 1918-1988

"They that wait upon the lord shall renew their strength; they shall mount up with wings as eagles; they shall run and not be weary; and they shall walk, and not faint."

Isaiah 40:31

This booklet was written by a teacher for teachers. I hope that you will find the information interesting as well as useful. For me, learning about sensory integration has helped to fill in many missing pieces concerning how children learning. It has helped to fit others into place. The outstanding occupational, speech and physical therapists and other staff members of Albuquerque Therapy Services have contributed much of their considerable knowledge and experience as well as their time, patience and understanding. Particular thanks must go to Sue Windec, Mary Sue Williams Patti Oetter, Lynn Anaya, Dolores Colby and especially children who teach us all so much.

Table of Contents

Sensory Integration:

The ability of the of the central nervous system to receive, process, and learn from sensations (such as touch, movement, sight, sound, smell, and pull of gravity) in order to develop skills.

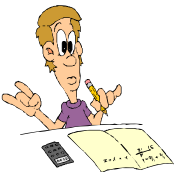
What is Sensory Integration?

Do you twist your hair around you fingers or chew on pencils when you are deep in thought or in a new situation? Perhaps you sip drinks, chew gum or munch on whatever is available at various times throughout the day. Do you sometimes find yourself swinging your foot, jiggling your legs or rocking in your seat when you are tired or bored and have to continue to pay attention? Maybe you don't do any of these things but chances are you have some "peculiar" habit or mannerism that a spouse, parent or close friend would recognize as something you do when you are tired, nervous, concentrating or upset. We all use our bodies in various ways both consciously and unconsciously to help us to concentrate and to make us feel good mentally and emotionally as well physically. Much of what we do helps us to process, organize and use the information we are constantly receiving from vision, hearing, smell, taste and touch as well as from movement and gravity. That is what sensory integration is all about; the ability to organize and process sensory information and to use that information to make appropriate responses.

We, as teachers, are very much concerned with helping children to use the information that they receive. Our efforts are usually focused on visual and auditory information. Many children, by the time they get to school are ready to obtain more and more information through these sophisticated channels. The ability to learn, however, is based in large part on the ability to organize and use information received through the more primitive tactile, proprioceptive and vestibular channels as well as through the auditory and visual channels. Children learn best when they are aware of, and comfortable with, where their bodies are in relation to their environment, when they feel safe and when they receive accurate information about where and how they are being touched.

In addition, they must be able to take in information through all channels. They must perform several skills on an automatic level and also be able to determine what information must be attended to and what can be disregarded. As in all other areas, children differ in their abilities to organize information and perform the many complex tasks related to learning. “When the flow of sensation is disorganized, life can be like rush-hour traffic jam.” (Ayres,1979). Children who are unable to process and use the information they receive in ways comparable to the majority of their peers often have a sensory integrative disorder.

There are many ways in which we as teachers can make the difficult task of learning in a classroom setting less stressful and more pleasant for these children. There are many more ways in which we can make it even more confusing and difficult than it already is. Expecting children with sensory integrative dysfunctions to meet the ordinary demands of the classroom without our help and support can lead to the frustration and low self-esteem that causes students to give up, to dread school, and to seek the fastest, easiest way out.

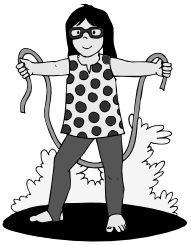


In the next few pages you will find a very brief, simple discussion of the tactile and vestibular systems as well as discussion concerning motor planning arousal. If you are further interested, refer to the bibliography at the end of the booklet. Much of this booklet is devoted to suggestions for enhancing educational programming for children with sensory integrative disorders. You will also find some specific information about your student who receives therapy at Albuquerque Therapy Services. Please share the information with P.E. instructors and others who work with your student. Your student’s therapist can also provide an abundance of information concerning the specific dysfunction and goals of therapy.

The Tactile System

The tactile system deals with the information we receive from our sense of touch. It is actually composed of two systems, the protective and the discriminative. The discriminative system provides information concerning where we are being touched and what it is that is touching us. The protective systems tell us when we are in contact with something dangerous and causes a fright, flight or fight responses which involves our whole body.

Both systems are extremely important for interpretation of information as well as for survival. In order for the system, as a whole, to function correctly the discriminative and protective systems must perceive information correctly and work in balance.



Children whose tactile systems are dysfunctional are likely to have a difficult time learning fine motor skills since it is through the tactile system that our brain receives the information (feedback) necessary to develop writing, dressing, and other fine motor skills. Dysfunction in the tactile system may also cause the protective system to interpret ordinary contact as threatening. Imagine walking alone down an unknown, dark alley suddenly feeling a hand on your arm. Your whole body would immediately react! Children whose tactile systems give inaccurate information are frequently in this state of “red alert”. Casual contact causes extreme reactions and children are labeled as behavior problems because they fight with others, run away (flight) or whine and cling (fright).

It is difficult, if not impossible, to learn or to behave appropriately in a classroom or on a playground when your brain is telling you that you are not safe.

Tactile defensiveness is an aspect of tactile system dysfunction in which tactile sensations cause extreme reactions. Children who are tactilely defensive may be very picky about clothing and food textures. They may be reluctant to be touched, especially by unfamiliar people and hesitant to use their hands in sand, finger paints or other gooey substances. What teachers intend to be a reinforcing pat or a playful hair tousling may be extremely unpleasant.

Children with tactile system dysfunction need to be touched and have different kinds of tactile experience but these experiences must be carefully directed in order to help correct the erroneous messages received by the brain. In addition, social relationships are affected since it is difficult for these children to judge how much personal space is adequate, yet not excessive for themselves and others. An occupational therapist is the best source of information concerning how to help each child. Some general suggestions are provided in this booklet.

The following list of indicators of tactile problems may help you to understand your student's behavior. Other students who display a number of these behaviors may also have problems in this area.

1. Does the child sleep the entire night
2. Has nightmares
3. Is a bed wetter
4. Hyperactive
5. Shifts sitting position constantly
6. Squirms, rocks, bounces, cannot sit in a chair for any length of time
7. Constantly talking (nervous talking); bragging; disrupts class
8. Never completes his lesson, although he can do the work
9. Short attention span for age
10. When hugging, it is a "crushing bear hug"; can not hug softly
11. Will hug others but does not like to he hugged back
12. Overreacts when a peer "touches" him
13. Moves away when he thinks he is going to be touched/allows teachers to touch him but he becomes rigid or he stands passively but the eyes show that he has turned inward and shut out the world
14. Too cuddly. as if seeking attention
15. Overly ticklish

16. Prefers to wear long sleeved garments at all times/ will refuse to wear long sleeved garments
17. Will not take off cap in class; refuses to take off shoes and or socks.
18. Will not participate in any activities that involve light touch, i.e. finger painting, pasting, etc., but craves activities involving heavy touch, i.e. wrestling, football, etc.
19. If placed in center of room he will gravitate either to the end of the back row or the seat closest to the door/gravitates to seat closest to the teacher
20. Fights when in the middle of a line/is passive regardless of where he is in line
21. Explosive, destructive behavior
22. Overly sensitive; feelings easily hurt
23. Immature
24. Is cruel to animals
25. Tells tall tales after age four
26. Constantly looking around/sits and “daydreams” (turns the world off)
27. Does not play with other children; is a “loner”
28. Shows excessive fearfulness

The Vestibular System

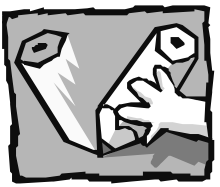
The information we receive and process from the vestibular system is so basic to everything that we do that it is very difficult to imagine what it would be like not to use that information correctly. The discussion provided here is, by necessity, quite short. Keep in mind, as you read, that this is a very simplistic discussion of a very complex issue.

Input from the vestibular system allows us to react to the pull of gravity and to movement. It tells us where we are in relation to the earth, if we are moving, how quickly we are moving and in what direction we are moving. Input from the vestibular system interacts with input from other sensory systems to help us with posture, balance, and movement. It also gives us, in some cases, a physical reference that helps to make sense of visual information, particularly our orientation in space. Research also indicates that vestibular processes in the lower (sub cortical) levels of the brain support processes, including speech and language that occur in higher (cortical) levels of the brain. (Stilwell, Crow and McCallum,1978). Therefore, children who have vestibular dysfunctions may also have trouble with the speech and language so essential for academic learning.

"The vestibular system is the unifying system. All other types of sensation are processed in reference to this basic vestibular information. The activity in the vestibular system provides a framework for the other aspects of our experience." (Ayres,1979). Obviously then, children with vestibular system dysfunctions are likely to have problems in school. They often appear to be uncoordinated, have poor visual perceptual skills and memory, are slow to learn basic academic skills and reluctant to take part in physical activities. They can not direct themselves or others in games or other social activities

Inaccurate vestibular processing can also cause inappropriate emotional reactions and behavior in much the same way that inaccurate tactile processing can. Children who are uncertain about whether they are safe on earth and where they are in space will have a hard time knowing how to behave appropriately. They will also need a great deal of support and understanding in order to make progress in academic areas. The activities that children with vestibular system dysfunction are most likely to avoid may be activities most helpful in organizing vestibular input. Once again, consultation with an occupational therapist will provide the most accurate information concerning your student with vestibular system dysfunction.

Possible indications of vestibular system disorders:



1. Dominance not established
2. Holds pencil in peculiar manner
3. Holds pencil too tightly
4. Writing pressure too hard
5. Poor hand writing
6. Turns paper to draw lines in different planes
7. Rotations in drawing
8. Mirror writing
9. Reversals after age eight
10. Miscopying (but no focusing problems)
11. Poor spatial relationships
12. Poor figure ground perception
13. Poor depth perception (but no focusing problems); will not climb monkey bars
14. Poor right/left discrimination
15. Problems in crossing midline of body
16. Excessively slow in learning alphabets and numbers

17. Poor abilities in reading, spelling and arithmetic.
18. Very slow processing of auditory or visual information
19. Turns head to track moving objects
20. Excessive blinking while tracking, especially when changing directions or crossing midline
21. Stop and go tracking
22. Clumsy-poor balance
23. Poor muscle tone (muscles too soft)
24. Gets dizzy too fast/does not get dizzy at all
25. Stomach gets upset when tumbling, rolling, or turning
26. Cannot jump/hop/skip
27. Cannot jump rope
28. Fear of height or movement on playground
29. Will not get on swings, slides or merry-go-rounds
30. Is passive, shuts out the world
31. Rocks, swings legs, or spins self excessively
32. Perseveration

Motor Planning (Praxis)

Motor planning is what allows us to combine various motor skills to perform new, more complex skills. After the new skill has been planned (i.e., practiced) several times, it becomes automatic. We do not have to think about how to drive a car each time we wan to go somewhere. Our legs and arms make the proper responses without our conscious thought. Everything that we do, including speaking and writing requires motor planning until the skill becomes automatic.

Many children with sensory processing problems have difficulty with motor planning. Frequently, they have difficulty learning new movement patterns (like skipping, jumping rope, or hand writing) or have difficulty combining movement patterns into new sequences. The children often appear clumsy and are confused about directionality, sequences, timing and so on. Many times, children don't appear to self-correct, or to get better with repetition. This is because of their inability to process the feedback from the activity. Surprisingly, the same child may be able to organize the activity on day, but not repeat it the next, as feedback can be quite variable from day-to-day.

Often children with motor planning problems do not see their environment in terms of movement possibilities. They often interact in only one way, with little refinement or they may appear purposeless running around a space rather than exploring the features of a space and challenging their bodies to perform in new ways.

Adequate motor planning is a result of accurate information from the tactile, vestibular and proprioceptive systems. (Proprioception is the information we receive from muscles, tendons and joints that allow us to know where our body parts are at any given moment).

Children who do not have this accurate information will have a hard time learning new skills or may have to consciously think about how to perform a skill each time. They may tend to break things and be accident prone.

Many times, children with motor planning difficulty give up on a task before they begin simply because it appears so complex that they don't have a clue as to how to begin. If we recognize and acknowledge this it helps children's self-esteem and gives them confidence to try new skills one step at a time.

Arousal

Being able to sit in a chair and pay attention is thought of as one of the basic pre-requisites to learning in a school setting. We take it for granted that most school-age children should be able to do it for at least several minutes at a time. That ability is, however, quite complex and one of the components of that ability is an appropriate level of arousal.

Our level of arousal changes, sometimes several times, during the day. For most of us, it is fairly low as we awake and then rises as we get up and move about. During the rest of the day we automatically do various things that help us to stay in an alert state. It is in this alert state that we are best able to attend and learn. If we sit, very quietly, either by requirement or choice, for long periods of time our level of arousal drops. Occasionally, if we feel threatened, in danger, or emotionally distraught our level of arousal will rise to such an extent that it becomes impossible to attend. When this happens, we must be able to calm ourselves back down to an appropriate level of arousal.

Children with sensory integrative disorders are often unable to maintain an appropriate level of arousal through ordinary activities. Their level of arousal can easily be too low or high to allow them to attend to the tasks at hand.

If the level of arousal is too low, children appear to be tired or bored. These are the children that we often perceive as being “too lazy to care.” They are frequently reluctant to participate in classroom activities or discussion and may just wander about aimlessly during recess. They often choose sedate pastimes over minor active ones. On the other hand, they can become inordinately upset over minor occurrences.

If the level of arousal is too high, children can not be still long enough to attend to or complete an activity. They seem to be constantly in motion yet unable to engage in purposeful activities, even on the playground. Their emotions are constantly on edge and “blow-ups” are frequent.

As teachers, we have the freedom to get up and walk around the classroom, sip drinks, chew gum or do what ever we have learned is necessary for us to maintain an appropriate level of arousal. This is a freedom we frequently deny our students. Movement is the key to optimal levels of arousal and is easy to build into the daily routine.

There are several suggestions in this booklet that should be beneficial for all students.

Suggestions

Perhaps the previous sections have given you some idea of how confusing and frustration a place the world can be to a child with a sensory integrative disorder. The additional demands that we place on children in the school setting can certainly make it more so. Our goal is to help children to learn all that they can and to give then the skills necessary to sort out, make use of, and function effectively in a very complex world.

Basic to the work that we do with children should be the knowledge that, for the most part, children want to do what we want them to do. Children, particularly young children, are anxious to please the significant adults in their environment. They are, for various reasons, not always able to do so.

Our job then is to provide a safe, supportive and reinforcing environment, both physically and emotionally, that will allow all our students to be valued and accepted for what they are. By acknowledging, and building on their efforts we can help them to develop the strategies and skills necessary to become secure, happy and productive adults. In order to do this some adaptations are necessary for children with sensory integrative disorders. Many of the suggestions offered on the following page will be helpful for all students. You should also keep in mind that children may have more than one type of sensory integrative dysfunction.

Activities

It is becoming more and more apparent to the educational establishment what experienced, perceptive teachers have known for a long time-children need to move to learn. In the normal development sequence and throughout our lives, movement has many functions beyond allowing us to get from place to place. Children move through and experiment with their surroundings. Movement helps the brain to organize visual, spatial and sequential information. Movement reduces stress. Movement comes before language. Efficient body movement is one of the primary tasks of childhood. It is therefore important to include movement of various kinds throughout the day. It is impossible for many children to "sit still and pay attention." They can do one or the other, not both.

The following suggestions may be helpful:

- Allow children to get up and move around the room, go to the bathroom or get a drink when they are doing seat work. When this idea is first introduced, there may be some minor chaos but the novelty will soon wear off.
- Do some "wake-up" activities before starting instruction. Long bus rides to school are not conductive to the best level of arousal. Some calisthenics, movement to music, running and/or jumping in place are all good. Similar activities can be used for a minute or two throughout the day, whenever you sense the need.
- Include movement in instruction as much as possible. With a little creativity, bean bag tosses, relays, treasure hunts and obstacle courses can be used to reinforce learning in most areas.
- Make sure that children do not just sit or wander around during recess. This should be a period of strenuous activity. Running, swinging, sliding, hanging or climbing on the monkey bars are all activities that help organize themselves.

- Keeping children in for recess, as a consequence for not getting work done, is counter productive. It creates a cycle that is hard to break. Children who do not finish their work and are not allowed to get the movement they need will be less likely to finish the work as more time without movement goes by. If you feel strongly about providing a consequence, give those children who do finish their work, five extra minutes of free time. You may also consider sending children who have not finished their work out to run a lap around the playground. They must return to the classroom to finish their work.

- Allow children particularly those who need the movement, to run messages to the office or other teachers, carry books or move furniture. It is sometimes helpful to keep one or two stacks of heavy books that "need" to be taken to another teacher across campus. By agreement between the two teachers, both can use this strategy for students who need heavy work.
- Allow children to write on the chalkboard prior to writing with pencil and paper. The large movement of trunk, shoulders and arms will facilitate the posture, control and feedback for this fine motor task.
- Some children may be better able to work if allowed to stand by a high counter or bookshelf. Also, many children benefit from sitting on a large therapy ball, which allows them to get the movement they need while working (see equipment suggestions).

- It may be difficult for some children to sort out all the visual, auditory and tactile stimuli of being in a classroom. Allowing them to work in a study carrel (see equipment suggestions). Also, working in close proximity to other students may be too challenging. Consider allowing them to stand or sit slightly away from, behind or with their backs to, the rest of the group. This will help to cut out excess stimuli.

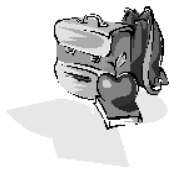
Scheduling/Seating

- Schedule activities in such a way so that periods of sitting are alternated with periods of movement.
- Activities that require fairly intense concentration (reading, math, language) should ideally follow P.E., recess, or therapy, if the child receives therapy.
- Try to schedule a change in activities frequently. Fifteen minutes can be a long time for children to concentrate.
- Children who are easily distracted should be seated in the quietest part of the classroom, away from noise, bulletin boards, etc. Children who have a hard time staying focused and/or on task should be seated near the teacher.

Language

Many children will have some difficulty attending to advanced language and learning a new skill at the same time. If you are teaching new math concepts (or any other) keep the rest of your language fairly simple so that, during math period, math is the challenge, not language.

- Begin with one instruction at a time. As you see the children are easily able to follow written instructions (words, pictures, diagrams) and others are able to follow verbal instructions.
- If following directions is difficult, ask children to repeat instructions in their own words. Also, reinforce these children for asking for repetition of instructions or clarifications. Consider allowing children to consult with their neighbors. Other children can sometimes explain better than you.
- Make sure children are attending to you before speaking. You may have to wait until they finish what they are doing or interrupt. It is often difficult to listen and do something else at the same time. You can help children who have trouble attending by standing close and putting a hand on their shoulder while explaining.
- Using simple language, make your expectations clear before beginning. Include both, expectations for the activity and behavior during the activity.
- Keep instructions as simple and specific as possible.
- Demonstrate as much as possible while explaining.
- Do not ask rhetorical questions or use sarcasm. Children may take you literally. When you use humor, help the children to understand through using gesture and facial expression. Also, ask questions such as “Does that make sense?”



Touch

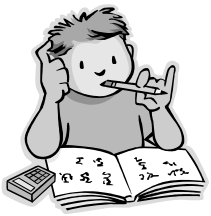
- Use firm pressure when touching children. Never use light touch. Pats on the head, back or shoulders are not reinforcing for children with tactile system dysfunction. Straight, downward pushes on the top of the head or on both shoulders are calming for many children. A heavy bear hug is also excellent. Touch should always be expected by the child, not a surprise.
- Do not tickle children or touch their hair during play. This can provide unpleasant stimulation.
- Avoid touching or approaching children from behind. Make sure children see you before giving instructions or asking for responses.
- When using physical prompts, instruction or guidance, use as firm a touch as possible without hurting.

Equipment

- A large therapy ball, available from sporting goods stores, can be inflated to chair height and used for seating. Three sizes are available: Yellow for small children, orange for younger school age children and green for larger children.
- An inner tube, size 13 or 14, can be placed under the ball to keep it from rolling and can also be used for seating on the floor. Larger inner tubes are fun for sitting and bouncing on. They may also be used for small group sessions.
- Heavy pillows are great for the reading corner. They can also be used as punching bags and some children will benefit from having the pillows pilled on top of them. This provides proprioceptive input. Old tee-shirts stuffed with kapoc (or other heavy stuffing material) and sewn shut are popular with children.

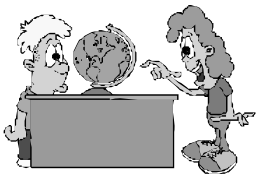
- A rocking chair is wonderful for students and teachers. Check to make sure the chair you want to put in your classroom will meet fire code.

- Large card board tubes, available from Burke concrete, are useful for crawling through, rolling over, and resting in different diameters and lengths are available. And 18” diameter is most versatile.
- A free standing dome tent, available at Best, will provide a place for over stimulated or fearful children to withdrawal for short periods of time. It can also be used for one-on-one instruction and small quiet groups.
- A small plastic wading pool filled with pinto bens can be used in several ways. Many children enjoy sitting in the pool pouring the beans over their heads, arms, and legs. This provides the deep input that many children crave. Puzzle pieces, flash cards, picture cards, or small items for naming or other language activities can be hidden in the beans. Finding them provides valuable tactile and proprioceptive input.
- Sandpaper and shallow trays filled with clay or wet sand are useful for all kinds of writing activities.
- Study carrels come in various sizes and can be purchased or made from cardboard or plywood. In order to be most useful they should be placed in such a way that they eliminate visual stimulation from both sides.



Environments

- Many researchers (Painter, 1977) have concluded that fluorescent lighting is detrimental to students who are "hyperactive." If there is adequate natural lighting in your class room consider turning off the fluorescent lights. If not, you may want to use some incandescent lamps. Once again check fire codes before bringing lamps to school. If it is impossible to eliminate the fluorescent lights, turn on only the number necessary and turn them off periodically when children need calming.
- While it is important to have stimulating classroom environments and displays that allow for incidental learning, it is also important to provide an area without excess visual stimuli. Some children may need to use this area for seat work. Areas for group instruction (reading table, etc.) Should be placed away from doors, windows or heavy traffic areas. Children should not be facing bulletin boards or anything else that will be visually distracting.
- Provide a quiet, soft, comfortable corner or tent that children can use as needed. It should be softly lit and filled with pillows and soft blankets. Stuffed animals are a nice addition for young children. Many children can calm themselves if given the place and opportunity to do so. This area should not be used for disciplinary time-out or for play. It can, however, be used for one-on-one instruction.



- Soft music may be calming for some children and distracting for others. Experiment with ways of using headsets for those children who benefit from it.

Behavior Management

- Reinforce children who are behaving appropriately. The others will frequently follow along.
- Do not insist that children can perform if they want to or if they try harder. This can only lead to frustration and low self-esteem and most often is not true.
- Reinforce SMALL improvements in behavior. In this way you can shape the behavior in such a way that it will get better in time. One example is for children who can not complete assignments. If a child typically completes two items before attention begins to wander, make a point of asking the student to complete three items and then give immediate reinforcement if successful. After a few days of success, you can increase the number to four. Also, do not expect consistent performance at first. Some days are bound to be better than others.
- Remember, you can not take away a behavior without replacing it with another similar, non-compatible behavior. This can sometimes be very challenging, but it is an important principle of behavior management as well as an appropriate instructional strategy for students with sensory integrative disorder. If a child is making annoying oral noises, reinforce the child for quietly chewing gum or sucking on hard candy. This is an appropriate oral behavior that is incompatible with making noises.

- It is sometimes easy to ignore quiet children who never disrupt the class. These children may, however, have problems at least as serious as those who require constant attention.
- Dealing with children who can not easily control their own behavior can be quite exhausting. Seek out a support system in your school. Perhaps another teacher would be willing to trade duties with you for short periods of time. Children may be allowed to help the P.E. instructor or cafeteria workers if they are able to perform simple tasks. Therapists may be happy to have a child run errands or move materials. Parent volunteers, if carefully directed, can also be quite helpful. Take care to reduce your own stress as much as possible An overloaded adult is probably the worst person to deal with an overloaded child.

Over-Coming Fear

- Children with sensory integrative disorders may be fearful when asked to perform unfamiliar tasks or activities. Let them watch others perform the task or activity.
- Do the activity with children using firm touch. (i.e., go down the slide while holding the child).
- Give children the option of trying one time and then allow them to not continue if they do not want to participate.
- If children are resistive or demonstrate extreme reluctance in other ways, do not attempt to force participation. Children often know what is best for them.

Other Suggestions

- We all use our mouths to organize ourselves. Think about how many times a day you put your hand to your mouth or put something in your mouth.
- Many children will be better able to concentrate and have more appropriate level of arousal if they are allowed to chew gum (large wads are best-Sorry!) or suck on hard sour candy. You may want to consider making available containers filled with gum, hard sour candy (sugarless is fine), pretzels or some other hard, crunchy food. You may also consider allowing children to sip water from individual sports bottles (the ones with large attached plastic straws) throughout the day. Food is, of course, often used as reinforcement. You can continue to use it in this way if you allow children to earn various food items for use when they are needed. Make sure there is plenty of opportunity to earn reinforcement. You may need to make some items, sour candy for example non-contingent. This is another concept that may cause some initial disruption but eventually the children who need it will be the ones who use it the most.
- Children may have a hard time knowing where to start when presented with an entire page of written material. Teach them how to use a cardboard mask to block out all but a few lines at a time.
- Children often need demonstration as well as verbal direction. Complex activities can be broken into small tasks and then chained together. The child will benefit from your feedback about their success, so they will know what a correct pattern “feels” like.

Bibliography

Ayres, J.A. (1979). Sensory integration and the child. Los Angles: Western Psychological Services.

Neill, L.P. (1987). Sensory integration and the classroom teacher. Presented at Professional Development Program Workshop, Albuquerque, NM

Painter, M. (1977). Fluorescent lights and hyperactivity in children: An experiment. Academic Therapy (2) 12, 181-184

Pearce, J.C. (1980). Magical child: Rediscovering natures plan for our children. E.P. Dutton, New York.

Stilwell, J.M., Crowe, T.K. & McCallum, L.W. (1978). Post rotary nystagmus duration as a function of commutation disorders. American Journal of Occupational Therapy, 32, 22-228

Turecki, S. (1985). The difficult child. Bantam Books, New York.

Parents Reaching Out

Your One Stop Resource for a Stronger Family

As a statewide non-profit organization, we connect with parents, caregivers, educators and other professionals to promote healthy, positive and caring experiences for New Mexico families and children. We have served New Mexico families for over twenty five years. Our staff and Family Leadership Action Network volunteers reflect the unique diversity of the communities throughout our state.

Children do not come with instructions on how to deal with the difficult circumstances that many families experience. Parents Reaching Out believes that families' needs go beyond the bounds of formal services. *What we can offer to each other is uniquely ours.*

Our Mission

The mission of Parents Reaching Out is to enhance positive outcomes for families and children in New Mexico through informed decision making, advocacy, education, and resources. Parents Reaching Out provides the networking opportunities for families to connect with and support each other. This mission supports *all families* including those who have children with disabilities, and others who are disenfranchised. Parents Reaching Out achieves this by:

- Developing family leadership
- Connecting families to each other
- Building collaborative partnerships
- Providing families knowledge and tools to enhance their power

Our Beliefs

- Families need support where ever they are in their journey.
- All families care deeply about their children.
- Families may need tools and support to accomplish their dreams.
- All families are capable of making informed decisions that are right for their family.
- Families in the state benefit from our organization having the staff and materials that meet their diversity.
- Systems that listen carefully to the family perspective improve outcomes for our children.

Parents Reaching Out is the home of:

NM Parent Information and Resource Center (NMPIRC)

NM Parent Training and Information Center (NMPTIC)

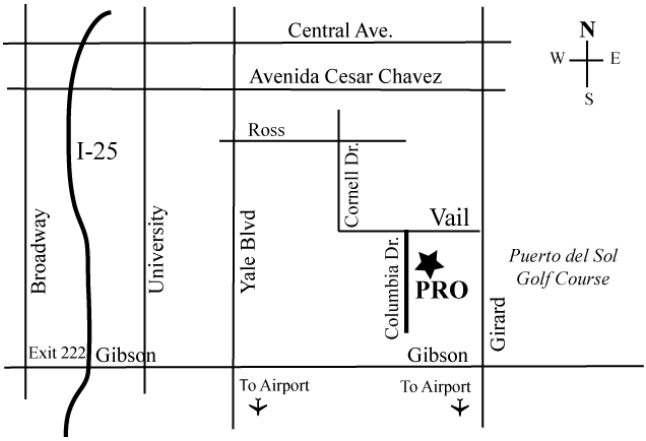
NM Family to Family Health Information Center (NMF2FHIC)

We offer support through parent to parent connections in the areas of early intervention, education, children at risk, special education, health care access, and systems change through:

- Workshops for families, parents, educators, service providers and other professionals;
- Encouragement, problem solving and information to help parents make informed decisions;
- Resource Center with free lending library about the programs and systems families use.

Parents Reaching Out

1920 B Columbia Drive, SE
Albuquerque, NM 87106
1-505-247-0192 ◆ Fax: 505-247-1345
1-800-524-5176
www.parentsreachingout.org



From I-25—take the Gibson Blvd Exit and go East on Gibson. Turn left at the third stop light (Girard). Turn left on the first street—Vail. Go one block to Columbia. Turn left on Columbia. Go about a half of a block (past brown apartments). Parents Reaching Out is the concrete building on the left. Welcome!