

Therapeutic and Fun Activities within the Natural Environment that Build Skills and Facilitate Independence

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What You Will Learn Today:

- The role that occupational therapy, physical therapy, and speech therapy play in providing services in the natural environment
- The definition and importance of providing services in the natural environment
- Key findings from the evidence related to providing therapy in the natural environment
- Ideas and suggestions to facilitate a child's development around various activities and daily routines

Speech Therapy ¹

“Speech-language pathologists (SLP) are qualified to address delays and disabilities in communication, language, speech, emergent literacy, and feeding/ swallowing...”

“The SLPs role in early intervention is providing services and supports for families and children with disabilities as a member of an early intervention team”

Pediatric Speech Therapy

- Promotes Functional Communication
- Facilitates independence through the use of Augmentative Communication (i.e. sign language, picture boards, voice output systems)
- Improves oral motor strength & verbal speech production
- Improves eating and drinking skills
- Promotes independence in daily routines
- Support the family

How to Become a SLP? ¹

- License requirements vary from state to state
- All SLPs must graduate from an accredited University
 - most states require a masters degree
- SLPs need a State License to practice or ASHA certification
 - certificate of clinical competence (CCC)
- Continuing Education is required to maintain a current license to practice
- Additional training: pediatric development and interventions around speech, feeding, augmentative communication, coaching techniques, motor development, & sensory integration

My Role: Early Intervention (EI)

- Services provided through federal program: The Individuals with Disabilities Education Act (IDEA)
- To start services:
 - Child evaluated and determined eligible for early intervention / early childhood special education
 - Team develops an Individual Family Service Plan (IFSP)
 - A primary service provider is determined
 - Team determines service level and location of services
- Services include:
 - Consultations from a team of OT, PT, SLP, Teacher
 - Coordinate with private therapy and community agencies
 - Coaching parents and/or caregivers on intervention

Occupational Therapy ²

“Occupational therapists (OT) help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations)”

“8 Areas of Occupations: Activities of Daily Living, Instrumental Activities of Daily Living, Education, Work, Play, Leisure, Social participation, Rest & Sleep”

Pediatric Occupational Therapy

- Facilitates Independence & participation in daily occupations
- Improves motor planning & coordination
- Addresses sensory processing difficulties
- Educates children, parents, family members, and caregivers
- Improves health, well-being, & life satisfaction

How to become an Occupational Therapist ³

- All OTs graduate from an accredited university
 - Masters level is a requirement, doctoral degrees are now being offered
- Pass the certifying exam
- Registration with the National Board Certification of Occupational Therapy is optional dependent on state
- Licensing requirements vary state to state
- Continuing Education is required to maintain licensure, continuation to practice, and to further specialize in specific pediatric fields

Pediatric Physical Therapy ⁴

“Pediatric physical therapists (PTs) work with children and their families to assist each child in reaching their maximum potential to function independently and to promote active participation in home, school, and community environments.”

Pediatric Physical Therapy

- Promotes independence
- Increases participation
- Facilitates motor development & function
- Improves strength
- Enhances learning opportunities
- Eases caregiving
- Promotes health & wellness

How to Become a Pediatric PT ⁴

- Each State has laws governing licensure and practice of PT
- All PTs are graduates of an accredited university
 - Doctorate of Physical Therapy (DPT) for new graduates
- Pediatric PTs have specialty training in & a desire to work with children and families.

Our Role: Private Therapy

- Service provided through insurance or private funds
- To start services:
 - Evaluation in the natural environment
 - Therapist determines need for service based upon results of evaluation
 - No age limitations or specific scores required to start service
- Services include:
 - Working with the child and family in the natural environment to achieve family-centered goals
 - Collaboration with other providers (including other therapists, EI or school team, medical providers, etc...)

The Natural Environment



What is the Natural Environment? ⁵

A variety of settings where children live, learn, and play:

- Home (family life)
- Community-life settings
- **Natural and typical** for children without a disability and their families
- Where the child, family, and care providers participate in **everyday routines**
- Activities that serve as important learning opportunities

Natural Environments in EI ⁶

- Part C of IDEA requires:
 - "to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate."

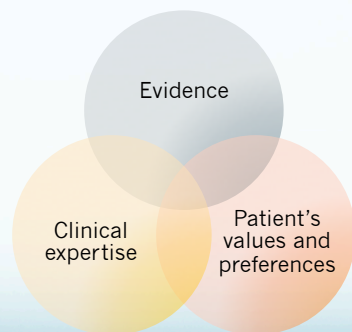
Natural Environments are Important Because They: ⁵

- Are included in the law (under Part C of IDEA)
- Support families in promoting their children's development, learning, and participation in family and community life
- Emphasize children's, families', and care providers' abilities during everyday activities, rather than teaching a new skill out of context
- Focus on function and socialization

Natural Environments are Important Because They: ⁵

- Promote learning in locations where the child will use the new skills
- Enable children to learn by modeling their families and peers
- Provide children with opportunities to practice skills throughout their day
- Strengthen and develop lifelong natural supports for children and families
- Recognize family members and care providers as the primary influence for nurturing growth, development, and learning

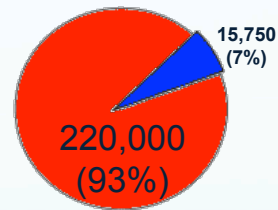
What is Evidence-Based Practice (EBP)? ⁷



Key Concepts in the Evidence

- **Family Centered Care**
 - Supporting the family to help the child
- **Natural Learning Opportunities**
 - Building on activity settings and learning opportunities
- **Integration of services**
 - Promoting integration of services

Who Has the Greatest Impact? ⁸



■ Parent ■ Therapist

What is Family-Centered Care?⁹

- Family priorities and routines are addressed
- Merely moving services to a natural environment is NOT enough
- Continuing to focus only on working directly with a child does NOT provide adequate support to families for how they can enhance their child's learning

Why Family-Centered Care? ¹⁰⁻¹⁴

- ↑ family's perception of competency, self-efficacy, & sense of control
- ↑ family's acquisition of developmental knowledge & ability to identify child's gains
- ↑ developmental appropriateness of home environment
- ↑ family satisfaction with evaluation/assessment process
- ↑ family satisfaction with care
- ↑ child's skills including motor and cognitive developmental gains
- ↑ psychological adjustment of child

NO NEGATIVE FINDINGS NOTED!

What are Natural Learning Opportunities? ¹⁵

- Young children learn throughout the course of everyday life, at home and in the community
- **Everyday experiences** that are...
 - Interesting and engaging
 - Provide a context for exploring and practicing
 - Promote child competence and sense of mastery
 ...are development-enhancing!

Why Natural Learning Opportunities? ¹⁵

- Learning is enhanced when children engage in **meaningful** activities
 - Kids do what they like!
- Children are more likely to develop when they have **frequent opportunities** to engage in interactions that support and strengthen existing and emerging abilities
 - Building on their skills!

What are Integrated Services? ¹⁴

- Interventions based on functional, integrated goals
- Team-based approaches
- Collaborative efforts

Why Integrate Services? ¹⁴

- Keeps the perspective on the whole child, in the context of everyday activities and relationships
- Points intervention toward functional, integrated supports and services
- Helps avoid duplication and fragmentation
- Blends multiple perspectives and expertise

Case Example: Jonny

- Jonny is a 2 year old boy
- He has a 5 year old brother, Mom does not work outside of the home, he attends story time and does not go to preschool yet
- He really loves music and books
- He has global developmental delay
- He just began to walk

Case Example: Jonny

- He is using gestures and emerging sounds for communication
- He is having an overall difficult time with play and engagement with others
- He has a history of reflux and recurrent ear infections
- He is a picky eater and recently he has been frustrated at meal time and hasn't been eating

Assessment

- General Routines:
 - What does your day look like?
 - What parts of your day are challenging?
 - What parts are easier?
- Play Routines:
 - What does play time look like? What types of toys does he play with?
 - What does it look like when he plays with other kids? When he plays, where does he typically play and what does that environment look like?
 - How does he tolerate being moved/different movements?
 - How does he move in various environments (indoors, outdoors, etc.)?

Assessment

- Meal Routines:
 - What does Mealttime look like?
 - Where does he sit when he eats? What does that set up look like?
 - What types of food does he eat?
 - Tell me more about what does being a picky eater look like?
 - How does he react to different types of foods?
- Social Routine
 - Does he seem to understand you when you talk to him?
 - What have you tried (Sign language, pictures, etc.)?
 - What gestures and sounds is he using?
 - What cause him to get frustrated and what does it look like?

Assessment

- Health Review:
 - Birth history?
 - Tell me more about his ear infections? Does he have tubes?
 - Tell me more about his difficulties with reflux?
 - Any other health concerns?
 - Any Medications?
- Other Services or Activities:
 - Early Intervention? Private Therapy?
 - Play/Social Groups?

What can Therapists do to Help?

- **Goals** are established based on **family priorities**
- We all look at the child and family as a whole but we use different lenses, through our different disciplines, to help achieve participation and independence



What can a SLP do to help?

- Possible initial goals could include:
 - Expanding functional gestures
 - Imitate mouth movements and sounds in play
- Explore the use of signs and pictures to make choices during routines
- Coordinate with OT around feeding and oral motor strength and mobility
- Coordinate with PT for positioning during play and feeding
- Coordinate with PT about core strength activities to help with phonation

What can an OT do to help?

- Help parents provide input, appropriate activities, and address environmental set up to increase body awareness and related engagement
- Decreasing oral sensitivities for an increase in participation and ease with meal time
 - Work with SLP on feeding and oral motor components
- Develop play and self-help skills
 - Improving motor planning skills, fine motor coordination, and Visual motor (hand-eye) coordination
- Collaborate with PT for positioning during play, meal time for play and difficulties with managing movement through novel environments

What can a PT do to help?

- Provide support to help improve independence with mobility in a variety of environments
 - Help integrate activities to improving strength, coordination, balance and control
 - Work up to practicing movement play in environment with social/peer interaction
- Help with positioning during table play activities and meal time to provide optimal support/posture
 - Coordinate with OT and SLP
- Work with SLP on communication supports during play activities

All Therapists & Families Working Together ⁸

- Collaboration between PT/OT/SLP/Family/etc...
- Our main goals as therapists:
 - Empower families to have a active role in your child's therapy and development



■ Parent ■ Therapist

What is a Routine? ¹⁷

- A predictable set of steps
- Has the same order
- Is repeated many times
- There are specific roles



Therapeutic Opportunities during Routines:

Daily Routines:

- Meal time
- Bed time
- Bath time
- Play time
- Dressing
- Community

Social Routines:

- Play time
- People Games
- Peek-a-boo
- Blowing Bubbles
- Songs and Finger Play

Questions or Comments!



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