Play is FUNdamental: Developmental Aspects of Play as Applied to Children and Individuals with Language and Developmental Disabilities

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- [Amy] Once again welcome to our webinar today, the first in a four-part series. Today's event is Play is Fundamental, Developmental Aspects of Play as Applied to Children and Individuals with Language and Developmental Disabilities. Our presenter today is Dr. Lisa Audet, CCC-SLP. Coming to us from Kent State University. Lisa, I'm gonna hand over the microphone to you now. Welcome.

- [Lisa] Thank you. I'm very glad to be here, on this September afternoon, September 1st, as we're all getting used to whatever our new normal is. As was mentioned, I'm on faculty at Kent State University in speech pathology and audiology. I am a speech language pathologist. And a former special educator. And I've been providing these kinds of services for about 35 years. I'm hoping that our discussion of play can really enhance your understanding of the children and adults that you work with and enhance your ability to provide them with services. So with regard to disclosures, I am receiving an honorarium for presenting. I am the director of the Autism Initiative for Research, Education and Outreach, which happens out of my lab at Kent State University. I am the owner of a private speech-language pathology practice, and I have no non-financial relationships to disclose.

This learning event does not focus exclusively on any particular product or service. And when I discuss cases the names have been changed to protect the identity of the client. And this course is sponsored by SpeechPath.com. The learning outcomes for today there are three. One is that you will be able to list developmental processes related to engagement and play behavior. The second is that you will be able to describe the language cognitive stages of play. And the third is that you'll be able to explain the connection between observable play behaviors and corresponding levels of intentional communication and motor development. Our agenda is as follows. We have our little introduction. Then I'm gonna talk about the physical motor developmental principles that are important for us to understand in play, stages of intentionality,

stages of play from sensory motor to pretend, some application opportunities, and then I'll entertain questions at the end. Feel free to type your questions as we go along. And I will be answering those at the end. So with this introduction I wanna give you, tell you a story about a young lady named Asia who was non-verbal and developmentally disabled. She was living in a group home. And I was providing services to her in a group, and during the group, we had small sand boxes filled with fill and dump toys and soft sand. And as she was playing, she was not playing with any of the materials but she was really enjoying the sand, picking it up, squeezing it, digging her hands into it. Two of her care providers were sitting on the other side of her window with headsets on and at one point as she was playing with the sand, I heard her say, "I love the sand." Now I thought maybe I didn't really hear her. But in response, I started imitating her actions in the play. But she was historically, considered non-verbal. At the end of the sessions when her care providers came in. They were so excited.

They said, "Did you hear her say that? "She said, 'I love the sand.'" So we had all heard the same thing. And that moment made me think that play is really powerful. And additionally, that her behaviors with the sand were really developmentally appropriate for where she was as a person. So it got me really thinking about the importance of play in the work that we do. And so now I would like to talk about some motor aspects and principles that are important for us to know about. Why do we need to know about motor skills, gross and fine motor skills? Well, motor development really aligns with speech language following and communication development. So when we understand motor development, we can begin to understand the whole person and begin to see patterns in their behavior. Our observation skills are so essential to our work, and oftentimes what we observe cannot really be assessed using a formal tool, particularly when we're talking about individuals with developmental delays. And an individuals ability to move through space really influences their ability to access materials that they want to play with and explore. It influences their ability to effectively manipulate the materials that they want to use in their play. So having that big picture can really help

us to select appropriate materials and to provide access to individuals with developmental difficulties, and to consider how play can be chronological and developmentally appropriate for individuals who are older. Deficits in individuals play development oftentimes appear as maladaptive, but they really may reflect where the person is developmentally. So understanding a behavior as part of the human beings development is very different than labeling a behavior as maladaptive, and then setting up a behavior plan to reduce or eliminate or extinguish the maladaptive behavior. When we view it and understand it as developmental. Then we can look at developmental scales and say to ourselves, what would come next?

And then provide opportunities for that next level, so really provides much more of a humanistic and a developmental approach to our work. I already mentioned that our materials need to match where our client is. And we also need to be aware that as we develop activities, do our intervention, maybe assessment, that when we increase a motor demand, an individual's ability to communicate to use speech, language, communication, swallowing, may decrease.

So we want to balance that and understand that if we have just upped the ante, metaphorically, we've increased the demand metaphorically, we should not be surprised that we see less from the person with regard to speech or swallowing, because they're putting so much energy into the motor component. So we can begin to create a balance and make decisions about which aspects of human functioning we want to be heavier or more or weightier at a particular time, and which demands we want to reduce, because we want our client to save their energy for the harder task. And then lastly, with interprofessional practice, SLPs are always working with OTs and PTs. It's important for us to have some foundational knowledge of what they're thinking about as they view a client so we can have better dialogues with other professionals. So let's talk about the physical motor developmental principles. And what I tell my students is you can always trust human development. If we know these principles, we

can apply them and think about where there are gaps, think about where our client is functioning, and it really provides us with a much healthier lens for doing our work. So there are three concepts. One is cephalocaudal. And if there are PTs and OTs here today, they would know this particular principle. Cephalocaudal basically means we develop from the top to the bottom, from head down to toes. And it's the reason why babies hold their heads up right before they are able to sit up. The reason why they're able to get into all fours before crawling before they're able to stand. So it's important for us to look at that. And those of you who may be working with individuals who are in wheelchairs, who have complex communication needs, we would not be surprised if we were to go in and observe two clients the same age, both in wheelchairs and one is able to hold and stabilize their head up and the other sits there with their head down.

They cannot control their head and lift their head, we would not be surprised to say, you know what? I guess my hunch is that the one who can keep her head up and stabilize it is going to be a safe feed. I don't know that for sure. But I'm gonna create this hypothesis that that person may be safer to feed than the one who cannot hold their head up. And they might not be an aural feed the one who can't hold their head up. It also would not surprise us that then the person might be at a lower level with regard to play, they might be at a lower level with regard to verbal communication, or even understanding of language.

The second principle is proximal distal. And that basically says that we develop from the inside out. So from midline out, and I think that's an important consideration for us as SLPs too. The best example I have for proximal distal is when we think about individuals and their fine motor movement. Young children early on, they develop stability and movement from their shoulders. So an 18 month old with a marker or a crayon is gonna make movements that originate from their shoulder, they're gonna have those wide arching movements if you give them a marker, and it most likely will be on a vertical plane in front of them why moms don't give 18-month old markers, as

that 18-month old gets older, two years a little older than two years, that movement will then begin to originate from their elbow. And they'll have those smaller arches, the arcs in their movement. And then as they hit three and a half, the movement is going to be at their wrist and they'll begin to work on coloring in the lines, right? And then as they hit kindergarten, they now have that fine mode of movement where they're just moving their fingers. Why is this important? Well, we need to consider that when we present our client with materials, right? If we give a client who is functioning at an 18-month level, but they're chronologically six years of age, we give them a bucket filled with Legos, they are going to dump that bucket, they do not have the fine motor skills that they need in order to manipulate the objects. So there's this direct correlation between their fine motor skills and their movement and their ability to utilize the materials that we give them. We need to think about that when we're planning our sessions.

Our sessions quickly go, down the tubes, our client has made a mess of the room, thrown everything everywhere because that's where they developmentally. And the last one is stability to mobility. Basically, this is the principle that the mechanism must be stable in order to be mobile and those of you who work with swallowing would know this. The chin needs to be stable, before the person can engage in a mature chew, right? We know that the person needs to be able to sit and stabilize in sitting before they're able to cross midline or to twist or to reach. And again, this has important implications of where we put materials when we're working with clients. If they are not stable, they're going to gradually slide down the chair or out of the chair. They're going to lose attention if they're not stable. And where we're gonna put our equipment to that if we're working with AAC, where do we put it in their view so that they can access it if they're not stable. So these three principles really help us as we talk to OTs and PTs, to talk about ways that those professionals can help us in our sessions to put in some adaptations to support stability, so we are likely to get mobility. Okay, so our next three slides, go over those points. So head to toe. Head, shoulders, knees and toes, cephalocaudal and let me give you an example. This is Juanita, 17 year old CP and not

ambulatory. So she's in a wheelchair. So she tends to drop her head. It takes her a lot of energy for her to keep her head up. It's not surprising that she is fed via a peg. So she is not at safe feed. She's reluctant to use devices, which is not surprising, given that she can't use her head. It stabilized her head. She can't really use a head switch for scanning. So we would have to come up with some other alternatives. And Juanita wants to be vocal. She's motivated to engage in strategies, to strengthen her core, so that she can create a set of vocalizations that she can use for communicative purposes, although not symbolic. Billy cephalocaudal he had a stroke at six weeks of birth because of heart surgery. And as a result of that he had cerebral atrophy as an infant. Billy is mobile, but he has this wide base of support.

So he's stable from his head, shoulders, hips, it's all developing, but gross motor-wise, he is still developing and has some deficits in that area. So his and he's not able to cross midline which is that stability to mobility. Cephalocaudal, proximal distal is fine motor skills are also delayed. He does a lot from his elbow. But Billy wants to be social. Billy likes kids. So when Billy runs to approach other children, he's very awkward. And he looks kind of scary. Other kids will, shy away from him, they think he's being aggressive.

The adults also think he's being aggressive as he approaches them, his arms wide, his legs wide, and he's running because he wants to be social. Understanding him from this motor developmental perspective assists us in helping him versus say, you can't do that. We can give him other ways of gaining attention from his peers versus just having him believe that he's bad as he's trying to maneuver through life or have the other children affirm for the other children that yes, indeed Billy is scary and he is aggressive, when indeed he's not. He's just has significant motor delays. In the proximal distal, the arms, large movements, elbow, wrist and then fine motor to fingers that's explained on this slide. And here's a great example. So Stephen, another seven year old, he's non-verbal, diagnosed with CP and has autism. His problem the family

complains about the problem, school is complaining about the problem is he throws and he dumps everything. So the school brings in a behavioral consultant who witnesses Stephen dumping and throwing and her recommendation is to put gloves on his hands to prevent him from throwing and dumping. That doesn't really work because he can still throw and dump with gloves on. Because his problem is really a gross motor problem and throwing and dumping are two gross motor acts. So if somebody for example, were to give Stephen markers, he would roll them on the table, he would not pick up the markers with his hands.

Now we might say he does not have functional object use for markers. That may be true. But what we're seeing from him motor-wise, fits with that gross motor rolling of the markers, fits with the gross motor movement of dumping. And fits with the gross motor movement of throwing. So what we know is that developmentally he has not begun that proximal distal development of being able to move from his elbow, from his wrist or from his fingers. So, instead of viewing his behavior as maladaptive and preventing him from developing fine motor skills by putting gloves on his hands, right. We need to consult with OT and PT and begin to look at strategies to help him develop from the elbow being able to use his elbows to manipulate objects, and then his wrist and then his hands.

This boy needed some pretty intensive occupational therapy. He did not need gloves on his hands to prevent him from further developing his fine motor skills. In my work with Stephen, I worked with OT and PT and developed activities that were simultaneously addressed the motor skills as we addressed his communication needs. So that was really a benefit. As an aside, if you were to look at his hands, at this point in time, he did not have any lines on his hands, which is an indicator that the person has not really been using their hands. So that their hand is pretty unremarkable. So that was another indicator that he really needed some occupational therapy to continue that proximal distal development. As we continue to work on functional object .

Stability to Mobility. So we've talked about that's standing stability to movement. We need it for kicking and hopping torso stability, crossing midline, being able to stabilize with one hand as we use another, turning our head, engaging in oral-motor acts and speech acts. So here are some examples of stability to mobility. We have Max who's four years old, has Down Syndrome. And when he sits on the floor, even though he is four years of age, his torso collapses and his back begins to curve. He sits with a wide base of support so his legs are out like in a V. So he has this wide base of support. And his attention is poured to the task. He's kind of caved in on himself and his tongue is extended. When the therapist, that was me. I looked at this as an issue of stability to mobility and after talking with OT and PT had come up with some strategies to support him in developing more strength, so he could be more stable, and consequently more mobile. The strategy was to put toys on a child size chair in front of him so that it was at eye level. And then to support him in kinda moving his hips so that he wouldn't be caved in on himself.

And I did this basically just by sitting behind him and making those, and encouraging to sit cross-legged, and I was able to do this without giving him any directives, I was simply touching him, tapping his leg, so that he would fold it in rubbing his knee so that he would fold it in and be cross-legged. So when he would be in this posture, it was kind of remarkable because his tongue would retract. And he would engage with the toy that was now at eye level on the chair. And his hands were also at eye level. His hands weren't down on the floor, and his eyes looking on the floor, but he was much more stable, and then could engage with the toy. Important to remember when we're working with children on these skills, and we're doing this kind of integrated approach, that the child is gonna fatigue, he isn't gonna be able to sustain the posture, and he's gonna collapse down right so we can then take a break, reduce the demands, engage in a different activity, and then return to it and keep that flow going. Here's another example. Ezra, eight years old. He had autism and minimal verbal skills. He would walk around the periphery of a playground and not really engage with others and so a plan

was created that where he was presented with options of activities he could do on a playground. Now we know playground activities require a great deal of stability, mobility, and gross motor refinement, right? Cephalocaudal proximal distal, it's all the whole package. But he would walk around the periphery and they wanted to change that, they wanted him to go down the slide, or right on the swing, or climb up the monkey bars and do playground activities. So they had a board that had the different types of equipment on it and that his aide was told that he was to select which activity he wanted to do and that her job was to ensure that he did it.

So as we know most of paraprofessionals are older. So older women go that's might be a stereotype but in this case, it fits it was an older woman. And so on this particular day he has picked the slide and his paraprofessional is now charged with making sure he does the slide. That means going up the slide and down the slide. What ensues is him running off and her running around trying to catch him so that he can do the slide. Now when we think about it, there's a lot of movement that goes with alternating feet on a ladder, visual spatial stuff for the slide, and my response to them was, could he have selected watching as or doing? Or could he change his mind and say, "I don't wanna do the slide now. "I wanna do the swing."

Those were not options. So when we get into this kind of mentality that is really kind of rigid, and really overlooks the fact that with human communication, we're always allowed to change our mind number one, and with human development, doing a slide is a pretty complex act. There's all kinds of visual perceptual issues that go into it as well as alternating your hands and your feet on a vertical plane, which is different than running on a horizontal plane. So we try to encourage them to begin to look at Ezra develop mentally, versus just behaviorally and that he was refusing to do it. And so we had to make him do it, which didn't work anyway and created quite a scene with this older woman, overweight woman running around after an eight year old, developmental perspective, understanding of motor skills would have really avoided all

of that. Okay, and this is the continuation about him being able to change his mind and understanding his need, if they would have said he can watch, slide, he could have stood at the base of the ladder. And given other kids high fives as they went up the ladder. He could have handed out little tickets for kids to go up the ladder. There's so many options for him, communicatively and socially when we get out of this mindset of of course, he's eight years old. Of course he can do a ladder. No, maybe he can't do a ladder. But how are we gonna make playground use? How are we gonna make that play meaningful? He could have stood at the bottom when the kids came down and given them a high five, he could have stood at the bottom and had his hand up for stop and go, look at all the great functional stuff that they could have done with him on the playground for him socially, or they could have just allowed him to watch and commented how the other kids were climbing up, and all that good learning versus making him do which didn't happen anyway.

Sometimes good for the kids. When they trip us up, and good for us when we say, you know what, he just got me, what do I have to learn from this? Maybe my approach was wrong. So lessons learned, we need to integrate play into speech language therapy, by integrating our knowledge of motor skill development. We need to become better observers of children and their motor skills so that we can better understand how the child is interacting with the world. I think that example of the kid who dumps and throws he needs to be occupied.

He wants to play. He's gonna play with the objects in the way that his body allows him. The boy who was walking the periphery, he was trying to find something to do on the playground, because he couldn't interact with that equipment. When we are better able to observe motor skills, we can select better materials for our therapeutic activities that are lower demand. If we wanna focus on the social linguistic speech components. We can then support our individual as happened with the little boy with down syndrome and developing that stability and using the child size chair so that he would have to sit

up tall. And it gets us away from thinking of things as inappropriate or appropriate, maladaptive and aberrant. We begin to look at them developmentally. Okay, so that was the motor component of development and basic principles we need to be aware of as we observe children. As we think about children as individuals with developmental delays, as intentional communicators, I always rely and continue to rely on Elizabeth Bates work that basically identifies three stages of intentionality that human beings move through. Now Elizabeth Bates and her colleagues provided us with what happens on a normal trajectory. But when we're working with people who have developmental delays, they may still be on this trajectory, but it is really prolonged. So the first stage that Elizabeth Bates talks about is the perlocutionary stage, where there's the child, the individual is not communicating for any particular reason. And they certainly don't have language which, for us, they're not thinking symbolically, they're not using symbols to communicate.

They are reacting to either their internal environment such as a stomach ache, allergies, a headache, and they're responding to their external environment if something pinches them, or hurts or is too hot, et cetera. The next stage of intentionality is the illocutionary stage where the person is now intentional. They're taking somebody by their hand and guiding them to what they want. They are crying to gain attention.

They're using behaviors on purpose, but they may not or they might be just beginning to develop a symbolic thought. And we see the development of symbolic thought through their gestures, particularly the gestural complex, which is a combination of beginning to learn how to point using a distal point, which is very significant and requires its own presentation. By pointing, they'll take an object and they'll show a person the object, they will give, and they will use their eyes for communicative reasons, joint attention, they'll look at the person, the object and back to the person. They won't sustain eye contact 80% of the time, but you'll see which is aberrant. But they will shift their eye gaze to communicate what the topic of the conversation is so

be at their bottle, they'll look at their purse, the caregiver, the bottle back up to the caregiver, very rapid shift in eye gaze and that would be considered joint attention that develops during the illocutionary stage. Then we have the locutionary stage which we're all in where we are intentional and we use language. Normal development children, by three months have moved out of the perlocutionary. Well, I should say by six months have moved out of the perlocutionary stage. Now, some newer research is showing that some illocutionary behaviors develop even earlier than six months. So when I first learned this, we were saying nine months. Now we're looking at six months, but some research is looking at some of these illocutionary behaviors developing earlier on. The illocutionary stage, certainly children nine to 12 months should be developing these particular skills. If you have a child who's over 12 months, 16, 18 months, it becomes a red flag that they have not yet developed intentionality and a set of gestures that they're using communicatively and we know first words appear by 12 months. So 12 to 18 months for the locutionary stage to begin to develop.

So, now that we look at intentionality, we looked at motor skills and then we look at intentionality play differs depending on what stage you're at, intentionally, right. Play for somebody who's in a perlocutionary stage, who isn't intentional, isn't really gonna have much cause effect, they're not gonna act on things on purpose to make something happen. It's going to be more random that something happens and maybe they'll notice it. So let's think about what play is. And I will try to tie in the motor component and the intentionality component. At its root play is enjoyable. It's self-directed. It is something we all do, and we do it throughout our life. Right, those we know always talk about, self-care, and hobbies. What is that? That's an extension of play. It's something that is enjoyable, it's self-directed, and it's something that it comes from within, and it's something that is meaningful to the individual, and that there are different aspects of play, right. Some of us find play in the gross motor realm, going out for a run, swimming laps. Others find play as adults. And looking at sporting events as being an observer in our play, we enjoy that. Some of us have fine motor play, we so do

cross-stitch as we become adults. So play continues throughout our lives. And it begins very early on with exploratory play, and then later in pretend play. One of the takeaways from this presentation is that as therapists we need to accept the stage where the child is functioning in order to support them and scaffold up in their play, so that it is meaningful for them. It is something that they can then use to occupy themselves in a meaningful way. So stages of play I'm gonna be looking at. And this as an overview and future presentations, we'll be breaking this down even more. But stages of play sensory motor to pretend, gestural development and symbol use is linked to fine motor skills. And the understanding that objects represent other objects. Why is that? Well, when we think about a distal point, a distal point symbolizes look over there, right?

A gestural point also requires that we have good fine motor skills and we can isolate our pointer finger. So there's this intricacy between if you can't use a distal point, how are you gonna signal to your partner that you want them to look in a particular area. And if you are symbolic, this is the symbolic and play link. When I am symbolic, if I were to hear the word pencil, I conjure up an image in my head. And it's of a pencil. But then if I'm in pretend, or if I'm in other play, and there's like a pretend pencil, and it's really small for the little Barbie, I might not understand that that little pencil that Barbie holds, represents that pencil that I use when I write.

So that's an important thing for us to think about but if our individuals are not symbolic thinkers, their pretend play skills are gonna be impaired as well. And if we think about it, if you can't turn an object, Or isolate your fingers to eat finger foods, it's gonna be hard for you to use other gestures, like pointing and showing and giving. So the adults when we expand on that, and think about what happens when kids use a distal point, and they are with their adult or another, they were with the caregiver, and they're walking on the sidewalk, and they point over into a yard where there's an animal that has a white stripe, and they point and the adult sees them. What does the adult do at

that point in time, they say, "Oh, my, that's a skunk. "We need to be careful." In that process, the adult is labeling the child's world and giving him vocabulary. At a later time, the child points to something on the table. And it's a piece of broccoli. And when the kid points to it, the adult says, "Broccoli that's really good for you. "It's crunchy look, we eat it." Developing the child's vocabulary, developing their semantic base. It is not surprising then, that a kid who does not have a distal point would also have receptive and expressive vocabulary deficits. Cause the main way in which young children are learning vocabulary is by adults pointing to that which is of interest to the child. This is huge. And it can change so much of what we do and how we think about the children. So if we know they don't have a point, we might pay attention to their eyes, what are their eyes looking at? And begin to label that.

Okay, and then it's important for us to know that when we are working with individuals who are at a gross motive stage, regardless of age that they don't sit. These are not sitters. These are kids who are running around, you might have these in, you might be in a third grade, but you have a third grader who has a significant developmental delay and they are not sitting through a class. They do not sit for the entire lunch period, because that's what they do. They move at this stage of development, kids are moving. It's really hard to parent older kids who are in a gross motor stage because they are moving all the time and it might appear like restlessness. But when we look at the whole package, it might be like, oh, it's not just gross motor. They're also non-verbal. They don't have a point. They fatigue quickly, we might see, short attention span and begins to put a developmental package together for us. It's only when kids are at a fine motor stage that they like to sit and engage in visual motor activities have their eyes working with their hands, building things, playing with blocks, putting things together, taking them apart, making puzzles, you give a kid at a gross motor stage a puzzle, and those pieces are going flying. So we take that into consideration when we're planning our sessions. We're not thinking, "Oh, he's not gonna play with this appropriately." We're thinking, how will he play with this developmentally? And that's a

very different question. So application to assessment, a lot of this I've been talking about, observe, observe, observe, right? How does the person sit? How do they move across space? How do they learn that? How do they use their hands? When left to their own devices, how are they using their hands? How are they combining their sensory systems to explore the environment, to engage and solve problems. Are they interested in making something reign, making something light up? How many objects can they combine together in their play? Now, we'll talk about this in the next session. But the number of objects integrated in play is really aligned with the child's MLU up until an MLU of four.

So a child who plays with a solitary object is really at a single word stage. If they just push a truck back and forth, there is single word stage. So it's inappropriate for us to see an eight year old who's pushing a truck back and forth, and to say to them, use your big boy words, tell me I want more cookie, please. That's a violation of that child's developmental process. He's at a single word stage, cookie would be good enough. So we want, as I mentioned, to not get into this mindset of good, bad, maladaptive, inappropriate, et cetera. We want to think about how can we understand where they're and developmentally see that pattern and scaffold them up to the next level. Because the developmental aspects of behaviors, we will begin to see, that patterns emerge, and a bigger broader understanding a more holistic humanistic understanding of the person develops when we consider these fundamental principles of human development related to play. So I went through that quite fast. I am more than happy, we have a good chunk of time to take your questions, to elaborate on what I've said. Give you more examples. So go ahead and shoot.

- [Amy] Thank you so much, Lisa. I'm gonna give a few minutes for our participants to throw some questions up in the box. And I was wondering, too, if you could give us maybe a little quick preview of the upcoming three parts what you're gonna be talking about in those next parts two, three, and four, just so that people will know what's

coming. And that will probably help them focus their questions on just this event instead of asking things that may be covered in the next few parts?

- [Lisa] Okay, good. So I'm gonna be talking about the cognitive aspects of play, particularly the development of pretend play skills, and how that aligns with receptive and expressive language as well as literacy. So that's gonna be a part of something that we discuss in an upcoming presentation. And then our third component is going to be on principles of habits of the mind, which are aspects that we develop in play, that allow us to be successful learners and workers and have successful relationships. So we're gonna focus on how we can use these habits of the mind to support the development of executive functions and to support healthy relationships and work skills. So an example of that would be one other thing, one of the habits of the mind is persistence. And children learn how to persist in play. And how do our behaviors as speech language pathologists support the development of persistence? Or do we jump in and solve problems quickly so that the child doesn't learn to persist? And what's the outcome when a child doesn't learn how to persist in play? What's the outcome for that in the workspace? Do we create, does that create more options for them in terms of work? Or does it restrict their options because they give up quickly, and then in the fourth, we're really gonna focus a lot on literacy and play and merging the two of those. So we're gonna be looking at how we can support literacy development using play--

- [Amy] Yeah, the questions are rolling in now. That's great. Thank you for giving us the preview. I'll start asking some of these questions, and we'll see how many we can get through. Here's an interesting question from Rachel, who ask, "For the child who throws and dumps "because that is developmentally appropriate for that child. "If that behavior distracts "or negatively impacts the learning of other students, "then how do you deal with that situation?"

- [Lisa] Yes, absolutely. I think we need to. That's a great question. And what we need to do is look at our storage methods, because yes, it could be it could interrupt right with the other kids. But if they don't have access to small things that they can throw and dump or things that they're gonna throw and it's gonna hit another child, if they can't have access, meaning there's a lid on containers. And so that's one is access. The other is are there things, is there a place in the room where they can throw and dump? So for example, beanbags, is there a place in the room where they can throw beanbags to do that little Tic Tac Toe game, let's say, is there a place where they can do like waterplay and sensory tables so that they can be directed to those areas where they can have meaningful experiences, but all those little pieces are removed. Reminds me, this isn't necessarily related to developmental stages, but I worked with a boy he was about 12 and he had developed pica, and pica is eating inedible objects. And the classroom the teacher had a can, trash can that didn't have a lid.

And she would put their work up on the bulletin board with push pins while he was going through the trash, and he was eating push pins, which is very dangerous. The recommendation to her was to not use push pins and to get a trash can that had a lid on it. One of the things she said to me, which was very disconcerting was, "Well, that's not fair to the other kids." Well, the other kids don't care if you put up a piece of paper with tape or a push pin or if the trash has a lid on it. So we need to, be thinking in those terms too like, what kinds of modifications can we make, and that really don't interfere with the welfare of the other children actually can enhance the welfare of their other children and direct the child to adaptive activities that they can use that where they could continue to develop those skills. And thirdly is to talk to the PT and OT, about various activities that you might be able to integrate into the classroom. That would not be disruptive, you would be surprised at how many strategies and ideas PTs and OTs would have that you could integrate into a classroom that would support a child who has those particular needs that are so far away from where the rest of the children are.

- [Moderator] It's so great to have fellow professionals to lean on for things like that. This is a bit of a segue, it's somewhat related to the previous question. But someone's asking, "When is it appropriate "to label behaviors as, quote unquote maladaptive? "I have seen that written in many reports, "especially reports for autistic children."

- [Moderator] Me too. And it's probably why I'm doing this presentation. So I think if we were to do, we do functional behavior analysis to look at antecedents, behaviors and consequences to the behaviors, and that's all great, but how often do we do functional behavior analysis and integrate the information that was obtained from a PT and an OT report? So if we're integrating information from OT and PT and the test results, those evaluation their evaluation results we're integrating that with the findings from our functional behavior analysis, we might see, yeah, that behavior, this behavior is maladaptive. They're using this behavior to escape or for attention or whatever other reason. But we really can't say that unless we have a sense of the big picture. So for example, I consulted at a facility in the state of Ohio and one of the problems they were having with a young lady was that she would not and she was in her 20s, that she would not allow anybody to sit with her while she ate.

Now, we could have said, "Oh, maybe she has swallowing problems. "Maybe she's, whatever." But when we looked at the video, she was feeding herself with a spoon and a fork just fine her motor skills were just fine, getting the food to her mouth. And she wasn't losing a lot. She didn't have, any kind of oral weakness or anything like that where she would have to really focus on her eating. And as people would approach, she would stop eating and start screaming and bang her head. And as soon as they would walk away, she would stop, and very calmly pick up her fork, and continue to eat. Well, in that case, she had trained everybody around her to leave her alone. Because everybody when they would approach her, and she would hit her head, they would leave. So yeah, that was now a maladaptive behavior that was being reinforced by the environment. And when we looked at her motor skills, and we looked at her

awareness of others, that was intact. She, could, this wasn't because of any other motor or communication impairment. This was something that she had learned because she wanted to eat by herself. And so, we had had to work on that. But the work to be done was not with her, it was with other people in teaching them that, well, I guess it was with her and creating a plan where people could sit closer and closer to her, and she could tolerate them in her space.

- [Moderator] Someone is asking about teaching distal pointing, besides having adults in the environment modeling pointing or using hand over hand. Do you have any other suggestions to assist with teaching that skill?

- [Lisa] Yes. So there are activities that you can do that will encourage a child to isolate a point. I don't know if you guys have those puzzles that behind the puzzle there's a little hole where you can poke the puzzle piece out. I use those and we poke the pieces out and they need to use that pointing finger to get into the space and poke the pieces out. Now, how do I access that point? I don't use hand over hand. What I do, and I learned this from an OT, is I just rub the tip of the finger. Not hard, not playing uncle. I've had people say, "I don't wanna hurt his fingers." But you're gonna do hand over hand. It's just a gentle rub to stimulate up the point.

And if I were to go around, if I could reach through the computer and access you, and I were imagine right now I'm going and I'm rubbing your pointer finger, what happens to the rest of your hand? The rest of your fingers will fall in and you'll have the point. So I encourage you to use that technique to find poking kinds of activities, poking in Play-Doh. I use Connect For Game and poking things through the hole like you might, be able to poke your finger, put a piece of construction paper in and poke your finger through the paper. That kinda thing to get the point going. That's one part of it right. The other part is getting the child to understand that they can point to objects. And what I will do is I will start with proximity, I will use a proximity approach, where I'll have

the item really close and I'll touch whatever they're looking at, I will be pointing to and then I stimulate their finger for them to point to the object and then I , the picture or the object probably better to use an object and then I'll gradually increase the distance and maybe have some choice activities, do you want this or this? So starting close and then increasing the distance basically a proximity approach which is really kind of--

- [Moderator] Someone was asking for more information about the association that we know you and use of objects. She's saying this is new info for her.

- [Lisa] Good. Tune in next week. I hope that person is coming back next week cause we will talk about it. But yes, what if you all have read the work of Carol Westby. She has a play scale, and we'll be referencing it in the next session. But the number of so think about this. We learn classes of words, right. And the two classes of words that are most important that we learn initially are nouns and verbs. And that allows us to use semantic relations build two-word utterances, nouns and verbs. When a child is playing with a single object. What semantic category is that? It's a noun. When the child like puts something in the truck, so in truck, they take a block and they put the block in truck, then we now have two objects and now we have in truck or block in or block truck. So now we have two objects in play.

And we have two words. Then if we have as we develop, let's say the child takes a man and puts the man inside the truck and puts the block there's now three objects. And so man drive truck, we now have three objects in play. We now have three words. So it really is aligned in that way. And it's such a great trick to knowing this is so helpful because I can sit in a waiting room and watch a young child that I'm supposed to do an assessment on, watch them play with the toys in the room and make a hypothesis of what their expressive language is going to be like. And that helps me because I know when I go to meet them, how complex my language should be. The kid who's playing with a single object, I'm gonna use very--

- [Moderator] I wanted to let our audience know who you are. Free to go if you need to, I'm gonna ask, but sort of a combo question. I'm combining a couple questions together here and then we will wrap up. So we have a couple of folks asking questions that are somewhat related to age appropriate materials versus developmental stage appropriate materials. Deborah was asking, "How do you deal with the expectation "in certain schools that students be given "only age appropriate materials "as opposed to stage appropriate?" And then someone else is commenting that she works with adults with autism who are basically functioning at teenage level or so and is it inappropriate to use younger type toys with them if they prefer them to work on language expansion activities?

- [Lisa] Right, so, I think that there are many items on the market that are developmentally and chronologically appropriate. If you were to go to any store that sells executive kinds of toys, you have, so you have like neck vibrators, right, you have those things that vibrate that look like bugs. Okay, so that would be a kid in a sensory motor stage. You have the items that like an hourglass that you turn over and it has all the cool items that float down, and you go into a CEOs office and she or he will have these on their desk.

Those are toys. So we can use those kinds of toys in our treatment. Gross motor-wise, we have lots of available to us, right? You have all kinds of ball games and running games and adaptive bikes and all of that. I think with regard to the fine motor, you have all the little magnets that people use, and executives might have them on their desk. That toy that if you put your hand on it, it will make an image of your hand. It has all those little fine pieces that drop down. Well that's a great toy and that would be more developmentally appropriate. So I think we have to think, broadly. And we have to remind ourselves that people play throughout their lives. And some people really enjoy

even as they get older, that sensory motor play and they might have, marble works or any of those kinds of activities.

- [Amy] All right, folks, we're gonna have to wrap it up here. I don't wanna go over by too much. I noticed that Lisa was kind enough to put her email address on the handouts if you didn't get questions answered, but also know that some of these questions may be answered in subsequent events. Part two will be on Thursday of this week. And then it'll be another couple of weeks before we hear parts three and four. And yes, . Part two is Thursday, this week. And then parts three and four are two weeks from this week. So if you cannot make the live events that is okay, we will be offering them in recorded format afterwards so you'll be able to take video recorded versions later on. But anyway, I'm gonna wrap up here. Lisa, thanks so much. This was a very interesting event and got our series off to a great start.