ILLINOIS SCHOOL FOR THE DEAF OUTREACH

FREE training and consultation for Illinois children with hearing loss

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DESIGNATED SERVICE COORDINATOR TRAINING 2018

Supporting Families who have children who are deaf, hard of hearing, visually impaired, blind or deaf-blind

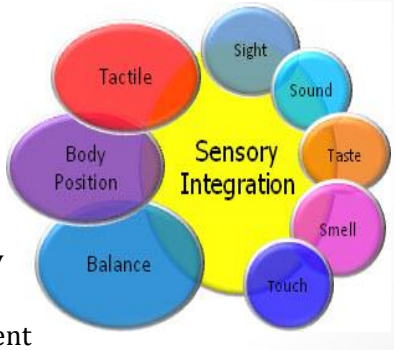
Welcome to DSC training year 2, Bridges Conference 2018 in Bloomington at the ISU Alumni Center.

SOME EXAMPLES OF COMORBID DISABILITIES THAT CAN RUN ACROSS BOTH VISON AND/OR HEARING

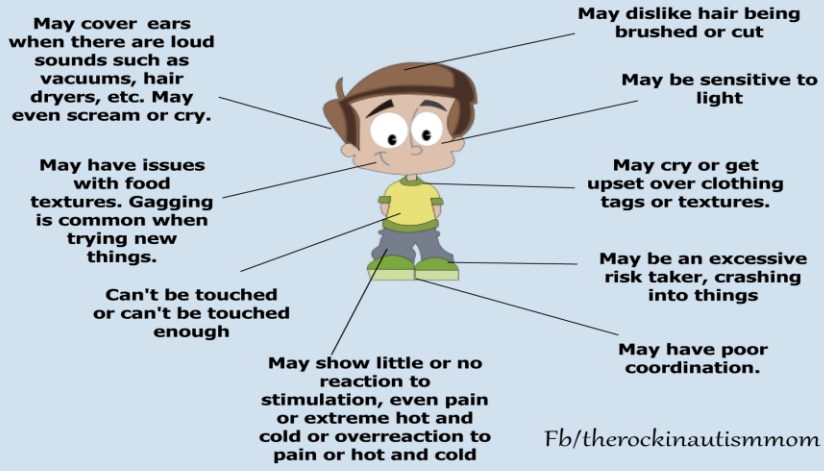
Sensory Processing Disorder

SENSORY INTEGRATION

- Overly sensitive to touch, movement, sights or sounds
- Under reactive to touch, movement, sights or sounds
- Easily distracted
- Social and/or emotional problems
- Activity level that is unusually high or unusually low
- Physical clumsiness or apparent carelessness



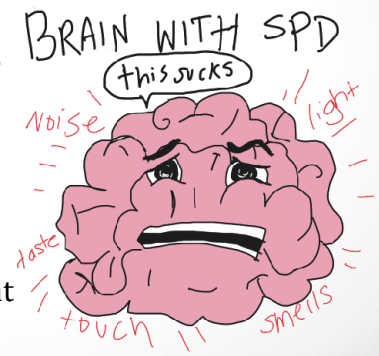
Some signs of Sensory Processing Disorder / SPD




SPD RED FLAGS
fussy eater
Distressed by dirty hands or face
Uncomfortable in clothes
May resist cuddling
Floppy or stiff body
Can be clumsy
poor motor skills
Cannot calm themselfs
doesnt like having their teeth brushed
Over sensitive to noise
motor delays
Problems sleeping
Light hurts their eyes
Fidgety
Irritable when getting dressed
easily overwhelmed
may be unaware of pain
Eats bland foods
(c)FB/Autism storms and rainbows

SENSORY PROCESSING

- Impulsive, lacking in self control
- Difficulty in making transitions from one situation to another
- Inability to unwind or calm self
- Poor self concept
- Delays in speech, language or motor skills
- Delays in academic achievement



FINE MOTOR

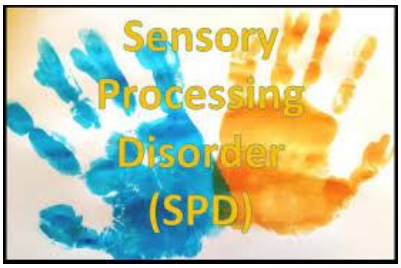
- Poor sitting posture
- Difficulty with handling pencil and paper
- Difficulty cutting (age appropriate)
- Lack of established hand dominance
- Fingers seem floppy, loose or stiff when doing an activity
- Unable to tie shoes

GROSS MOTOR

- weak, tires easily
- stiff, awkward, clumsy
- confuses right and left (beyond 7 years)
- difficulty catching, throwing
- reluctant to play on playground
- exaggerates falling in a sport - clowns it up
- slow learning to ride a bike

DIAGNOSIS OF SENSORY PROCESSING DISORDER

- Evaluation by qualified PT or OT
  - Standardized testing
  - Structured observations of:
    - responses to sensory stimulation
    - posture
    - balance
    - coordination
    - eye movements
  - Information from teachers, parents and other therapists



After careful observation and consultation with others who know the child, the recommendations about appropriate treatment will be made by the OT or PT.

WHAT AREAS ARE ADDRESSED IN SENSORY PROCESSING THERAPY?

- Tactile
  - touch
- Vestibular
  - movement
- Proprioceptive
  - body position

WHAT CAN BE DONE ABOUT IT?

- Individualized treatment plan may include:
  - Therapy in a sensory enriched environment
  - Lots of swinging, spinning, tactile, visual, auditory and taste opportunities
  - A combination of alerting, organizing and calming techniques
  - Attention to child's reaction to more vs. less complexity
  - Caregivers being taught correct techniques for additional "at home" therapy
  - Child's motivation and selection of activities guides the therapy

The sensory integrative approach is guided by one important aspect – the child's motivation in selection of the activities. By allowing them to be actively involved, and explore activities that provide sensory activities most beneficial to them, children become more mature and efficient at organizing sensory information.

By combining alternative and conventional treatments, and providing these therapies at an early age, sensory integration disorder may be managed successfully. The ultimate goal of both types of treatment is for the individual to be better able to interact with her or her environment in a more successful and adaptive way.

WHAT TYPES OF ACTIVITIES MIGHT BE USED BY THE OT?

- Therapeutic body brushing
- Lifting and pulling heavy things
- Swinging/rocking
- Scooter board
- Deep joint compression
- A weighted vest
- Rolling a big ball over the body
- Dimming the lights
- Arts and crafts activities

Students who are “low tone”, need more stimulation to intensify their sensory capabilities. **Slow rhythm** can be used to calm a hyperactive child, as well as **turning down the lights** and decreasing stimuli. It is a trial and error attempt to see what the brain is seeking. If a child is spinning, it is apparent that the brain needs stimulation, and the theory is to “feed the need”, therefore the child needs high stimulation. After a period of this, when the brain is satisfied with being stimulated, then work may be done for a few minutes, until the need again arises.

Deep pressure is calming…rolling a soft ball firmly over the body may calm a hyper child. **Light touch** works just the opposite, and activates the “fight or flight” facility. The child is agitated by light touch and often “goes off” when touched by another child, thus making it hard to plan activities. After deep touch or swinging, you may get 10 or 15 minutes work.

Rolling a child up in a blanket for deep pressure is a method, as is a neoprene vest, which fits firmly on the child’s body.

ON TO THE NEXT THING


medical
interaction
social
interest
Q&A
communication
child
Autism Spectrum Disorder
neurodevelopment
symptoms
delay
disorder
unique
pattern
behaviour
intelligence
language
skills

WHAT ABOUT AUTISM?

"…autistic spectrum disorder is not a mental illness…it is a developmental disability thought to be caused by an anomaly in the brain."

(Lisa Lewis, Ph.D.)

The National Institutes of Health estimates that as many as 1 in 68 children are affected.

WHAT DOES AUTISM LOOK LIKE?

Children with autism have trouble with:

- Looking at other children
- Playing with other children
- Communicating
- Signing or speaking
- Showing imagination
- Many children with autism like to do the same things over and over again. They can get very good at doing certain things, like math or music.

DOES THIS CHILD HAVE AUTISM?

If you think a child has autism, ask yourself these questions:

- Does he have trouble watching people as they talk or sign to him?
- Does he shy away from playing with other children?
- Does he not enjoy playing games that involve imagination, like "house" or "firefighter" or "store", etc.?
- Do you have to teach him phrases over and over again so he can talk to people?
- Does he like to play with or do certain things over and over again?
- Are there times when your child MUST follow a certain pattern or a routine? Does he get very upset if that routine is changed?

SOMETIMES AUTISM AND DEAFNESS GET MIXED UP

- Many parents think that their child's strange behaviors are caused by deafness, and that everything would be different if their child could just hear. But autism is a separate problem that happens to hearing children, too.
- Some people say that children with autism "act like they are deaf" because they do not look at you or answer when you call them. But hearing aids do not fix this problem for hearing children - or for deaf children.
- Deaf children learn about the world through their eyes.
  For a long time, people thought that problems caused by autism were really caused by deafness. Now we know that they are not.
- Deaf children use their eyes to learn about the world. They love to watch other people. Even before they start speaking or signing, they learn how to make people understand them (like by using gestures). But deaf children with autism don't do this well.

WHAT ABOUT INTERVENTION?

HELPFUL STRATEGIES

- Figure out their sensory diet
- Analyze repetitive behaviors for possible transfer
- Give time for transition
- Provide visual schedule
- Develop and drill on communication strategies
- Develop calming strategies
- Think of replacement behaviors

INTERVENTIONS FOR THIS DUAL DIAGNOSIS:

- Parent Training
  - Social communication skills
  - Importance of communication
  - Language access
- Social Skills Groups
- Social Stories
- Peer groups
  - Understanding cultural norms for both hearing and deaf worlds.

ON TO THE NEXT THING


CYTOMEGALOVIRUS

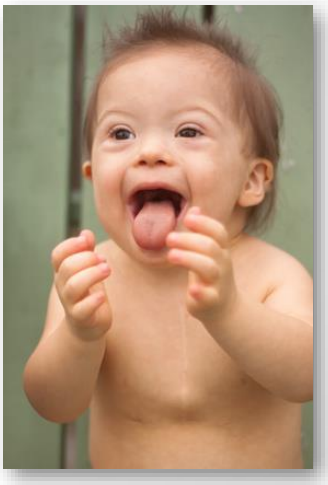
SIGNS AND SYMPTOMS OF BABIES BORN WITH CMV

Most babies with congenital CMV infection never show signs or have health problems. However, some babies may have health problems that are apparent at birth or may develop later during infancy or childhood. Although not fully understood, it is possible for CMV to cause the death of a baby during pregnancy (pregnancy loss).

HOW CMV SPREADS

People with CMV may shed (pass) the virus in their body fluids, such as saliva, urine, blood, tears, semen, and breast milk. CMV is spread in the following ways:

- *From direct contact with saliva or urine, especially from babies and young children*
- *Through sexual contact*
- *From breast milk*
- *Through transplanted organs and blood transfusions*



A woman who is infected with CMV can pass the virus to her developing baby during pregnancy.

Women may be able to lessen their risk of getting CMV by reducing contact with saliva and urine from babies and young children. Some ways do this are:

- kissing children on the cheek or head rather than the lips
- washing hands after changing diapers.

These cannot eliminate your risk of getting CMV, but may lessen your chances of getting it.

To learn more about congenital CMV infection, visit CDC's https://www.cdc.gov/cmv/index.html.

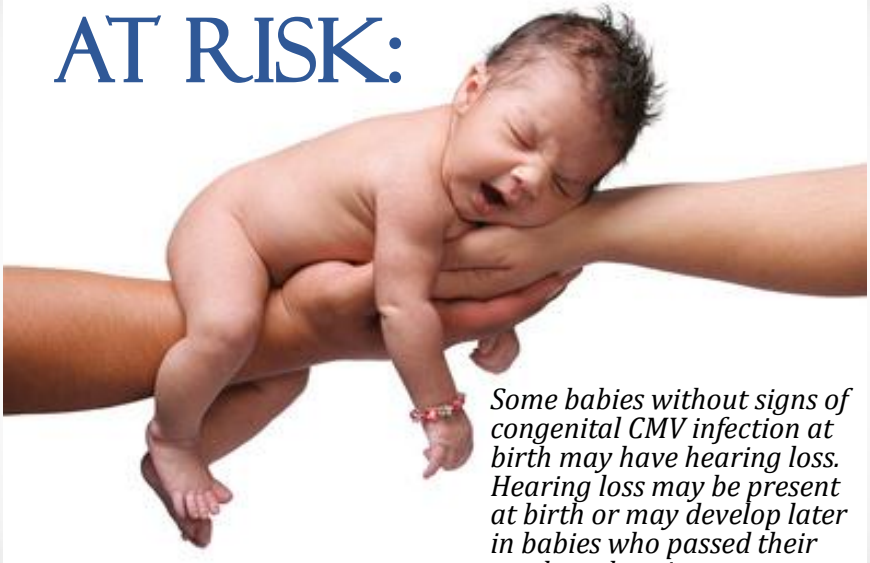
SIGNS OF CONGENITAL CMV INFECTION AT BIRTH. THESE SIGNS INCLUDE:

- Premature birth
- Liver, lung and spleen problems
- Small size at birth
- Small head size
- Seizures

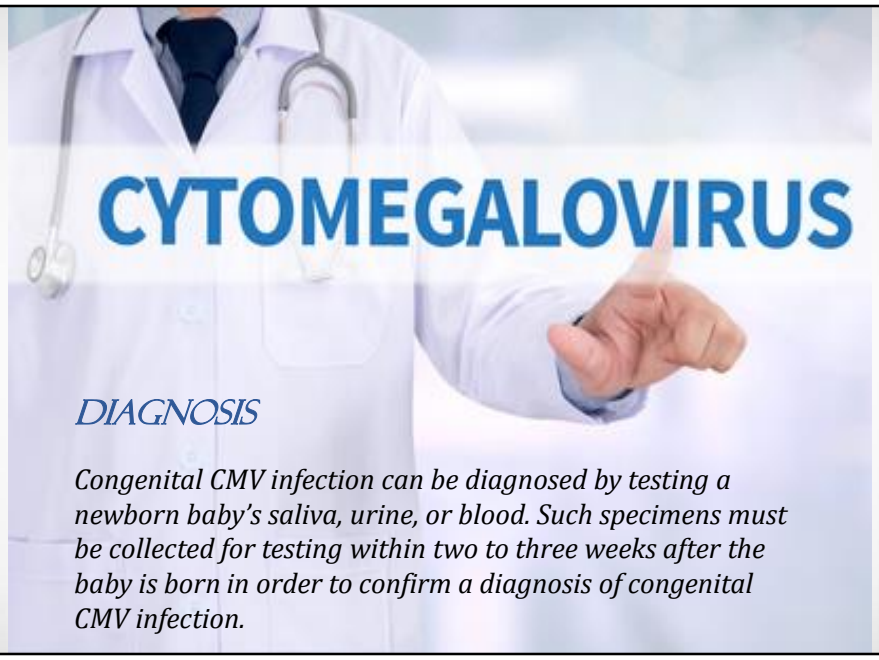
POSSIBLE LONG-TERM HEALTH PROBLEMS:

- Hearing loss
- Vision loss
- Intellectual disability
- Small head size
- Lack of coordination
- Weakness or problems using muscles
- Seizures

AT RISK:



Some babies without signs of congenital CMV infection at birth may have hearing loss. Hearing loss may be present at birth or may develop later in babies who passed their newborn hearing test.



DIAGNOSIS

Congenital CMV infection can be diagnosed by testing a newborn baby's saliva, urine, or blood. Such specimens must be collected for testing within two to three weeks after the baby is born in order to confirm a diagnosis of congenital CMV infection.

TREATMENT AND MANAGEMENT

- Medicines, called antivirals, may decrease the risk of health problems and hearing loss in some infected babies who show signs of congenital CMV infection at birth.
- Use of antivirals for treating babies with congenital CMV infection who have no signs at birth is not currently recommended.
- Babies with congenital CMV infection, with or without signs at birth, should have regular hearing checks.
- Regularly follow-up with your baby's doctor to discuss the care and additional services your child may need.

GET HEARING CHECKS AND THERAPIES

Symptoms of congenital CMV infection will be different for each child. The symptoms can range from mild to severe. Parents can help children with congenital CMV infection develop to their full potential by:

- *Having their child's hearing checked regularly.* *Hearing loss can affect your child's ability to develop communication, language, and social skills.*
- *Bringing their child to services such as speech, occupational, and physical therapy.*
- *The earlier the child can access these services, the more the child can benefit from them.*

RESOURCES

Identifying Congenital Cytomegalovirus (CMV) Early in Life: Information for Healthcare Providers
https://www.cdc.gov/cmv/downloads/identifying-cmv.pdf

Talking with Pregnant clients about CMV: A Resource for Healthcare Providers
https://www.cdc.gov/cmv/downloads/pregnant-patients-cmv.pdf

Congenital CMV and hearing loss: what's the risk?
http://www.medscape.com/viewarticle/881035?src=par_cdc_stm_mscpedt&faf=1

National CMV Foundation
http://www.congenitalcmv.org/index.asp

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PARENTS ARE KEY!!!

- Parents can:
  - Maintain consistency in the child's life.
  - Help the child maintain self-discipline.
  - Help with continued therapy between sessions.
  - Provide good nutrition and a good night's sleep.
  - Give positive reinforcement and encouragement.
  - Provide love and acceptance.

We can't do it alone. We can't underestimate the power of a parent to support and encourage the child. Without their support, the battle is almost insurmountable. If education is not important to the parents, chances are, it won't be important to the child, either, and no matter how hard you work, you may not be able to accomplish what you could with the parent's support.

EXCELLENT INFORMATION IS AVAILABLE FROM PARENT CENTER HUB

http://www.parentcenterhub.org/

YOUR DSC CONTACT

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FREE TRAINING AND SERVICES!!

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