THERAPY NEWSLETTER

Term 5 2022

Meet the Therapy Team

Our team of 3 speech and language therapists (SaLT), 2 occupational therapists (OT) and a therapy assistant work alongside external professionals including physiotherapists, OTs, play therapists and an art therapist.

Therapy Provision at Five Acre Wood School

SaLT and OT are fully integrated into the curriculum and across the school day.

If a pupil is experiencing challenges that cannot be supported by their specialist classroom team, a referral can be made to the Therapy Team.

How to receive support:

- Contact us on therapy@five-acre.kent.sch.uk or 01622 743925 (ext. 1161/1146)

Speech and Language Therapists

Carol Parry

Sian Williams

Zoe Thompstone

Occupational Therapists

Charley Whittaker

Gem Byrne

Therapy Assistant

Gemma Allen

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Occupational Therapy

Backwards Chaining Technique

When teaching a new skill we often start at the beginning. This can be challenging for children who are struggling to master a skill. The backwards chaining technique is a way for children to learn a new task while giving them a sense of achievement, which increases motivation to practice. It has been found to be particularly useful when learning self-care skills.

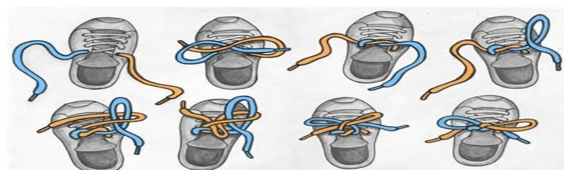
The steps for backward chaining

1. Break the task down into steps, it can help to do the task and write down each action in turn.
2. Complete all the steps of the task except for the last one for your child.
3. Now teach the child the last step. You can help the child by showing them, verbally explaining to them or doing the action with them.
4. Practice, practice, practice this step until the child can do it without your help.
5. Now complete all the steps except for the last two for the child.
6. Teach them the second last step and let them complete the last step.
7. Once they have mastered the second last step, complete all steps except the last three, teaching them the third last step and let them do the last two steps themselves.
8. Repeat until they can do all of the steps independently.

Example:

Step 1: Tie the knot	**Step 2:** Make a bunny ear	**Step 3:** Loop the second lace round the bunny ear	**Step 4:** Poke the second lace loop through the hole	**Step 5:** Pull to tighten
Model	Model	Model	Model	Teach
Model	Model	Model	Teach	Mastered
Model	Model	Teach	Mastered	Mastered
Model	Teach	Mastered	Mastered	Mastered
Teach	Mastered	Mastered	Mastered	Mastered
Mastered	Mastered	Mastered	Mastered	Mastered

*please note, practice is required between each step.



FIVE ACRE WOOD SCHOOL

Growing and Learning Together

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Occupational Therapy

Toilet Training and Advice

Is your child ready?

Are they aware when they are wet or feel dirty? Are they coming to you just before going or do they take themselves off to quiet area and then go? Are they showing more interest in the toilet and how other people use the toilet? If so they are possibly ready to begin toilet training.

Be aware: Toilet training is an extreme time commitment and requires diligence from the whole of the family.

If toilet training is beginning at school, family will need to try to carry on with the program at home to make it effective.

Begin with bladder training! Don't try to do too much in one go.

The plan:

- Use their communication skills so that they can request the toilet spontaneously. This can be done through using the child's best method of communication e.g. PECS, signing, communication books, or verbalising
- When the child begins to request toilet spontaneously then reward this with something that is motivating to them
- Reward the child for first standing in the bathroom with a particular food or toy then to be played with in this area, then to be increased over time so they are tolerating the bathroom for longer periods
- Teach the child to tolerate being in the bathroom and sitting on the toilet first clothed and then unclothed
- Maintain a toileting schedule/timetable and data on each trip to the toilet as well as data on accidents, a log on bowel movements, and antecedent behaviours

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Occupational Therapy

Toilet Training and Advice Cont'd

Ensure when sitting they are not worried about feeling unstable; use a step if necessary to help with stability and creating a good base of support for the child. Also look at the child's toilet seat so they don't feel like they are going to fall through the middle into the toilet.

Start to encourage more drinking and then communication and encouraging the use of the toilet 20–30 minutes after fluid or food intake. When they are successful, offer a favourite food/treat that is only used when they are successful and not at any other time. Hopefully this will be a motivator for them to be successful again and over time increase the value of the treat so it is more of an incentive to earn them.

Once you have achieved two days with only a few incidents then increase to 35 minutes; once they have achieved this for more than two weeks then increase the schedule to 40 and 45 minutes intervals, still using the timer, the child's best communication method and an incentive.

There may be setbacks along the way and may begin wetting themselves. This is treated with over-correction for accidents: when they have an accident, get them to change all their clothes and clean their chair or the area where they were when they had the accident.

These activities are annoying and time-consuming and serve as further incentive to use the toilet. It could be that the current treat is not motivating enough to teach spontaneity. Therefore change the reward to something else, such as five minutes of watching a preferred video or five minutes on the iPad/tablet. Both the over correction and extremely motivating rewards enable the achievement of using the toilet spontaneously.

Once bladder training is successful, bowel training can begin. During bladder training, keep a log of times when the child opens their bowels.

Look for isolated certain antecedent behaviours to this activity. Before the child passes stool, they may hide in a corner, crouch down and have a certain look in their eyes.

To train your child to open their bowels on the toilet, you need to wean them off going in a pad. Bear in mind this is very familiar and comfortable for your child. This can be done by working and playing with the child in the bathroom during target times e.g. (4-6pm) during initial phases.

When these antecedent behaviours are displayed (e.g. going to a corner, crouching down) have them sit on the toilet. You can use bubbles to encourage a blowing motion or blowing balloons as this will help with the pushing action.

If your child is very averse to opening their bowels on the toilet, cutting the pad may help. This way, they will still have the security of the pad. Over time increasingly make bigger holes in their pad so they are having bowel movements on the toilet, with only the waist of the pad around their waist.

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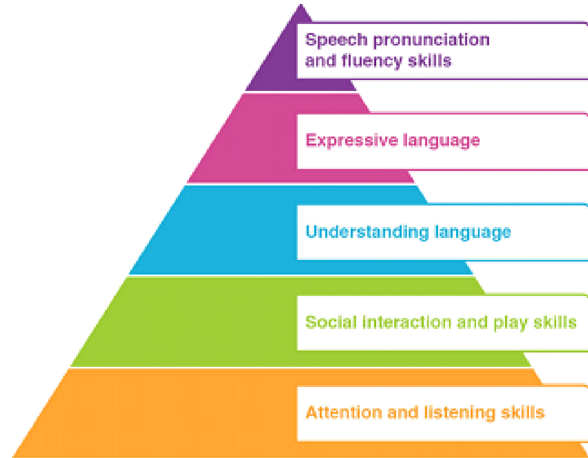
Speech and Language Therapy

Development of Speech Sounds



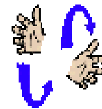
The Language Development Pyramid reminds us that many important stages of development need to be in place before we can work directly on a child's speech sounds.

There is a lot we can do indirectly to promote speech sound development:

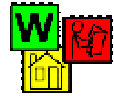
Attention and listening games such as 'ready steady go!'

Listening to and copying everyday sounds and animal noises

Songs, rhymes and repetitive stories

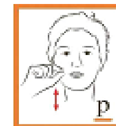


Using signs and symbols



Using a mind map to help develop knowledge of words and how to say them

Linking a specific gesture with a speech sound, as in cued articulation



Some children benefit from direct work on their speech. The Speech and Language Therapist may support your child to work through the hierarchy of steps shown below using a variety of pictures and fun activities to help the child develop clearer speech

Please contact the Therapy team if you have any questions or concerns about your child's speech sounds.

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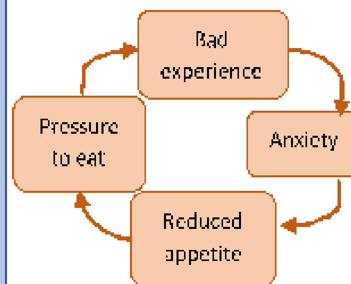
Speech and Language Therapy

Reluctant eaters

Background...

- Eating and drinking skills take years to learn
- Up to 80 % of children with developmental delays may have feeding difficulties
- Different to dysphagia which means the young person's swallowing is unsafe. Signs include choking/coughing frequently around mealtimes and frequent chest infections.



What impacts on successful eating?

- Low muscle tone
- Pain including constipation
- Fine motor difficulties
- Previous negative experiences
- Taste/texture aversions
- Ability to communicate wants
- The environment e.g. noise

Sensory strategies...

- Before eating try proprioceptive calming activities e.g. crawling, wheelbarrow walk
- While eating trial calming equipment e.g. ear defenders, weighted products, music

Physical strategies...

- Find a good seating position:
  Hips and knees at 90°
  Feet on the floor

Communication strategies...

- Neutral language e.g. 'you're still learning about that food' rather than 'you don't like that food'
- Talk about properties of food e.g. it's soft, sticky, crunchy, sweet. This helps students to compare new foods to familiar foods e.g. 'this plum is juicy like an orange'

Play strategies...

- Play helps to replace negative experiences with positive ones
- Not about eating but interacting with a variety of textures/scents

Messy play

Food experiments

Food stories

Mealtime strategies...

- Have a mealtime routine
- Include the young person in preparing and plating food
- Deconstruct meals for the student to see separate ingredients
- Allow sensory exploration before eating e.g. looking and smelling
- Always provide safe/preferred foods as well as unfamiliar food

More support...

- Contact the therapy team
- https://www.bbc.co.uk/tiny-happy-people