Creating Sensory-Rich Speech Therapy Sessions

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Disclosure Statements

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**Why We Are Here**

Many children with speech and language impairments also have sensory differences that are interfering with learning and development, making it a challenge to address the speech and language goals in our therapy sessions.

Today we are going to identify some strategies for helping SLPs create sensory-rich learning environments for children who are dysregulated.

**Creating a sensory-rich environment is about more than playing in a bin of rice!**

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**Quick Note about Sensory Processing Disorder and Autism**

*Atypical responses to sensory input in children with autism may be as high as 95%.*  
*(Tomchek, Dunn 2007)*

*While most people with autism have sensory processing disorder, not all people with sensory processing disorder have autism!*
Sensory Processing

• The way we process and respond to sensory input is what makes each of us unique.

• “Sensory processing refers to the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioral responses.”
  - SPD Foundation

• Our bodies must process and integrate constant sensory information coming from the environment and also from inside our own bodies.

• To be in a ready state for learning, all the sensory systems must work together to provide us with the optimal level of arousal.

Sensory Processing Disorder (SPD)

• “Sensory Processing Disorder exists when sensory signals don’t get organized into appropriate responses and a child’s daily routines and activities are disrupted as a result.”
  - Lucy Jane Miller, 2006

• Children with Sensory Processing Disorder have atypical reactions to typical experiences.

Sensory Processing Disorder

• Sensory Processing Disorder (SPD) is treated by an experienced occupational therapist.

• However, all therapists, educators, and school staff need to have a basic understanding of sensory processing and be equipped with strategies on ways to help children who struggle with self-regulation.

• Today, we are talking about children with sensory differences, who may not have a formal diagnosis of SPD. We describe these children as having “sensory differences.”
The Dysregulated Child

• A dysregulated child has difficulty turning sensory messages into appropriate and expected behaviors.

• It can be difficult to address speech and language goals with children who are dysregulated...because they are not in a “ready state” for learning.

• There are three ways a child can be dysregulated:
  1. Over-responsive to sensory input
  2. Passively under-responsive to sensory input
  3. Actively under-responsive and craving/seeking sensory input

Dysregulation

H₂O Analogy

**Neurotypical person** = filling a glass up with tap water (controlled and efficient)

**Over-responsive** = filling a shot glass with a firehose (getting too much input too fast)

**Passively under-responsive** = filling a large pitcher with an eye dropper (takes an extended amount of time to get enough input)

**Actively under-responsive/Craving** = filling a Styrofoam cup that has holes in the bottom (can’t ever get enough input, no matter how long you try)
Over-Responsivity

• Oh no! response
• Nervous system over-responds to sensory input
• Low threshold to sensory input (responds too quickly)
• Sensory information rushes in like a runaway train
• Sensory avoider; sensory defensive
• Overwhelmed, anxious, emotionally laden, overly cautious, resistive to change
• Has a fight or flight response to sensory input
• Difficulty with transitions

Under-Responsivity

• Huh? response
• Nervous system under-registers sensory input
• These kids require more input for longer periods of time with greater intensity in order to perceive information coming in through the senses
• Inattentive, withdrawn, difficult to engage, poor self-motivation, slow to respond, unaware of what’s going on in the environment, less socially active, doesn’t consistently respond to name being called
• Low activity levels; prefer sedentary activities such as screen time

Sensory Craving

• More, more, more! response
• Nervous system never seems to get enough or the right kind of sensory input – therefore the sensory input never seems to regulate the child
• Child seeks unusual amounts of sensory input
• Lacks safety awareness, takes bold risks, is impulsive
• Constantly moving, touching, chewing, licking
• Highly active, but extremely disorganized
• Knows no fear, is a risk-taker and is often described as “naughty”
A child can be dysregulated in more than one way...

Example 1: A child can be over-responsive to certain kinds of sensory input and under-responsive to others.

Child is over-responsive to certain food textures and under-responsive to pain

Example 2: A child can be under-responsive to certain kinds of sensory input and constantly seeking other types of input.

Child is under-responsive to loud noises and craves oral-sensory input

The Sensory Systems

The 8 Sensory Systems

<table>
<thead>
<tr>
<th>External Senses</th>
<th>Internal Senses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visual (sight)</td>
<td>• Proprioception (body position and awareness sense)</td>
</tr>
<tr>
<td>• Auditory (hearing)</td>
<td>• Vestibular (balance and movement sense)</td>
</tr>
<tr>
<td>• Gustatory (taste)</td>
<td>• Interoception (internal physiological body condition sense)</td>
</tr>
<tr>
<td>• Olfactory (smell)</td>
<td></td>
</tr>
<tr>
<td>• Tactile (touch)</td>
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</tbody>
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These are considered the 5 basic sensory systems.
Pause to Grasp the Enormity of the Situation

There are 8 sensory systems
There are 3 ways to be dysregulated in each system
1. Over-responsive
2. Under-responsive
3. Craving

The Big 3

Nervous System

Visual

Auditory

Gustatory

Olfactory

Tactile

Vestibular

Proprioception

Interoception

The Big 3
The Big 3

• According to Dr. Jean Ayres, PhD, OTR, the tactile, proprioceptive and vestibular senses are the “Big 3” for kids with sensory dysfunction. The other senses can’t work properly if the Big 3 aren’t doing their job.

• It is the integration of these three **power senses** that allow us to experience, interpret and respond appropriately to the constant bombardment of sensory information.

Pyramid of Learning (Williams & Shellenberger, 1996)

Why the “Big 3” are Relevant for the SLP

“Creating Sensory Rich Speech Therapy Sessions,” presented by Cari Ebert, MS, CCC-SLP
2019 Iowa Speech Language Hearing Association Conference, October 17th, West Des Moines, IA
The Tactile Sense and the SLP

- Tactile receptors are located not only on the skin, but also inside the mouth.
- If the child is over-responsive to tactile input in the mouth (is defensive), challenges related to eating may occur such as:
  - Transitioning from a liquid to a solid diet
  - Moving from smooth pureed to chunky baby food
  - Trying new foods
  - Eating with certain utensils
  - Drinking from certain cups

Others may not “feel” right in the mouth.

- When seeking tactile input, the child may always be putting his or her hands and objects in the mouth (long past the developmental stage of oral exploration).
- If the child doesn’t receive appropriate feedback from the articulators, his/her speech may be highly unintelligible. Inaccurate oral feedback can hinder the perception, pressure and speed of the articulators. Remember that speech requires rapid and accurate alternating movements of the articulators (think diadochokinetic rate).

The Proprioceptive Sense and the SLP

- Gesturing, pointing and writing are all proprioceptive tasks that are performed without constant visual monitoring of the extremities (which means they require body awareness).
- Poor body awareness may lead to oral-motor difficulties that can negatively affect eating/swallowing (for example, the child with inaccurate tongue movements may have difficulty forming a bolus which could lead to choking and other difficulties with eating).
• Poor awareness of the articulators can contribute to speech challenges (many young children we work with don’t even know they have lips and a tongue).
• A child who is craving proprioceptive input through his jaw may always have something in his mouth (may chew constantly on his shirt, pencil, or toys).
• The child who craves proprioceptive input may clench his jaw when talking, creating significant problems with intelligibility.
• Since proprioceptive input is calming, some kids may overstuff their mouth, grind their teeth, or mouth non-edibles as a way to calm down in stressful or overstimulating situations.

The Vestibular Sense and the SLP

• There is a connection between the vestibular sense and speech and language development.
• The vestibular and auditory systems work together as they process sensations of movement and sound—these senses are closely connected because they both begin to be processed in the receptors of the ear.
• The vestibular system plays a role in the development of language—therefore children with vestibular dysfunction may also have speech, language, and/or auditory processing difficulties.

• The vestibular system and the cochlea (the hearing portion of the inner ear) are anatomically connected. Therefore, stimulating the gravity receptors impacts the hearing receptors. Research (by Ray, Kin & Grandin, 1988) has shown that vestibular stimulation can increase spontaneous speech productions.
• Movement is important to enhancing speech development in children with speech delays.
• The vestibular sense is tied to speech and language development—it is the integration of the vestibular and auditory senses that allows for processing of auditory information. Kranowitz, Kashman & Mora

• Stimulating the vestibular system directly impacts the auditory system, which facilitates speech and language development (this is why an OT can get some kids to talk better than the SLP).

• “Integration of the tactile system, along with the vestibular and proprioceptive systems, allows accurate speech articulation.” Kashman, OTR/L & Mora, CCC-SLP

• “The vestibular system influences motor control and motor planning that are necessary to use those fine muscles to produce intelligible speech.” Carol Kranowitz

• According to Kranowitz, “Moving activates the ability to speak. A child with vestibular and language problems benefit greatly from therapy that simultaneously addresses both types of dysfunction…therapists report that just putting the child in a swing during treatment can have remarkable results.”

Creating Sensory-Rich Speech Therapy Sessions
Question to Ask Ourselves

“What supports can I provide to help these children be successful today?”

• How can SLPs modify the environment, activity or expectations to help each child participate and have success in speech therapy?
• What can we do to help “sensory kids” achieve a ready state for learning?
• Think of each child’s body as a car engine: sometimes it revs on high, sometimes it putters on low, sometimes it runs just right
• Consider using the “Zones of Regulation”
  ➢ Blue zone = moving too slow
  ➢ Green zone = good to go
  ➢ Yellow zone = a little out of control
  ➢ Red zone = out of control

General Strategies for Supporting a Child with Sensory Differences

1. Have a best friend who is an OT.
2. Focus on the Big 3 (tactile, proprioceptive & vestibular) by incorporating deep pressure touch, heavy work, and play-based movement throughout the child’s day.
3. Consider the need for sensory input when a child starts to lose focus, attention or engagement and prior to difficult transitions.
4. Choose your battles wisely (if a behavior is not dangerous, destructive, or seriously distracting, maybe it doesn’t need to be addressed).
5. Use visual supports as much as possible.
6. Be in tune with what each child needs from day to day (what works one day, may not be effective the next; what works with one child may not be effective with another child).
7. Keep in mind that our overall goal should be to increase the child's participation, independence and engagement (P.I.E.).
8. Prepare the child for unexpected changes in the routine or schedule.
9. Reduce demands when the child is experiencing one of the four “overs”: over-hungry, over-tired, over-stimulated, over-scheduled.
10. Advocate for play-based movement dispersed throughout the day and limit screen time.

11. Introduce mindfulness activities.
12. Read storybooks about sensory differences (Sensory Like You by Rachel Schneider; Listening to My Body by Gabi Garcia; My Magic Breath by Nick Ortner).

13. Determine whether the child needs alerting or calming input.
Alerting Input

- Jerky movements/changes in direction
- Fast movements/speech
- Side to side movement
- Being upside down
- The unexpected/being startled
- Bright or flashing lights
- Upbeat, loud music
- Light touch
- Loud sounds/voices
- Cold or changing temperatures
- Rough textures
- Strong odors
- Bright colors
- Pokey or prickly
- Bold, bright, colorful stimuli
- Busy background

Calming Input

- Rhythmic movements
- Slow, steady movements/speech
- Linear movement
- Eyes right with horizon
- The familiar
- Soft, natural lighting/dimly lit rooms/lava lamps
- Noise-cancelling headphones/white noise
- Quiet sounds/voices
- Warm/neutral temps
- Smooth texture
- Mild odors
- Muted colors
- Deep pressure touch/heavy work
- Subdued backgrounds
- Slower-paced music

Tactile Strategies & Activities for Use in Speech Therapy

T-1: If child is tactiley defensive, it is important to approach her from the front and avoid light touches
T-2: Embed speech targets into water play; “paint” the fence using large paintbrush and bucket of water
T-3: Explore messy play with finger paint, shaving cream, pudding, whipped cream (can put in plastic bag filled with tiny toys related to speech and language targets)
T-4: Play in sensory bins—for tactiley defensive kids, move gradually from dry textures (lentils, beans, pebbles, bird seed, rice) to messy, wet or sticky textures (this is how the brain accepts and processes tactile input); add small toys related to speech targets
Dry Beans, Pasta, Rice

I purchase the “Large Trinkets” from this website. I use them in sensory bins, hide them in plastic eggs, and have kids sort them in silicone baking cups, etc.

www.dinkydoodads.com

Dinky Doodads

Cari’s Tiny Toys
T-5: Offer different tools for scooping and pouring (look for tools that support vocabulary development - corn, carrot, bear, funnel, etc.)

T-6: Create with play-dough (use alphabet stamps or cookie cutters to target speech sounds; use cookie cutters of animals and vehicles to address target words and specific syllable shapes in therapy; buckets of cookie cutters are available at Michael’s, Hobby Lobby, Walmart, and Five Below)

T-7: Place objects of target words behind a pin toy and have child guess what they are

T-8: Have child identify objects by touch from inside Ned's Head (game is called “What’s in Ned’s Head?” but use objects related to child’s speech targets instead of the objects that come with the game)

T-9: Make edible jewelry by stringing cereal or popcorn

T-10: Offer different textured pencil grips

T-11: In group therapy, allow child to sit on the end so there is a person only on one side (to reduce chance of imposed touch)

T-12: When doing group activities on the floor, offer a carpet square or small hula hoop to help define personal floor space (to reduce imposed touch)

T-13: When in line, allow child to be the caboose (to reduce chance of imposed touch)

T-14: Offer a bear hug (deep pressure is calming)

T-15: Make a fort or secret hideaway using a blanket or tablecloth...and do speech therapy inside with a flashlight

T-16: Provide a weighted blanket, weighted lap pad, or weighted ball during speech therapy sessions (deep pressure is calming to the nervous system)
3-Pound weighted ball

4-Pound Gecko
(weighted lap pad)

Weight provides deep pressure touch which is calming and organizing to the nervous system

T-17: Embed speech goals into outdoor activities such as collecting bugs, digging in the garden, pulling weeds, collecting acorns and pinecones, going on a nature walk (“Cari’s Nature Scavenger Hunt” form is a free download)

T-18: Take care of a pet: brushing a dog, petting a kitten or snuggling a guinea pig (pair talking and sequencing tasks…what do you do first, next, last)

T-19: Role the child up in a blanket like a burrito

T-20: Make a “sandwich” with the child in between two couch cushions and “spread” mustard or mayonnaise on child’s extended arms and legs with a brush or washcloth

T-21: Decorate cardboard boxes with paint, markers, stickers, or tape

T-22: Connect Squigz to elicit multiple repetitions of speech targets

Squigz
(20 Squigz = 20 Repetitions)
T-23: Encourage child to discriminate among different textures by feeling and describing the objects (hard/soft, bumpy/smooth, cold/warm, heavy/light, etc.; Ruff's House)
T-24: Dress up like characters in books using hats, scarves, gloves, boas
T-25: Pop bubble wrap
T-26: Play with wood chips, rocks, pebbles, potting soil
T-27: Freeze tiny toys in ice cube trays
T-28: Write/draw with a vibrating pen

T-29: Create a tactile path (rugs, bubble wrap, bathmat, sandpaper, foam egg crate, artificial grass)

T-30: Explore and play with small toys in water beads
T-31: Toss different textured bean bags onto speech target flash cards spread out on the floor
T-32: Rub lotion on arms and legs as a sensory break
T-33: Wear a pressure vest or weighted backpack
T-34: Offer interesting writing utensils for paper/pencil tasks

Interesting Writing Utensils
T-35: Play with Water Wiggles
T-36: Play catch with Koosh balls
T-37: Make and play with Goop (water and corn starch)
T-38: Draw or write in salt
T-39: Draw on sandpaper or cardboard
T-40: Walk on textured stepping stones
T-41: Wear a “onesie” or undershirt that is 1-2 sizes too small (feels like a hug)
T-42: Offer toys made from “mermaid” sequins
T-43: Place objects related to speech targets in an indoor sandbox (use a pie plate and kinetic sand)

Kinetic sand, pebbles, and plastic animals

T-44: Make mud pies
T-45: Offer fidget toys when the child starts to lose focus and attention

www.therapyshoppe.com and www.orientaltrading.com are excellent resources for fidget toys
Proprioceptive Input

- Proprioceptive input can be obtained by lifting, pushing and pulling heavy objects, including one’s own weight (activating muscles through joint compression and joint traction)
- Proprioceptive input can be used to help the child calm down, increase alertness level, and improve focus and attention
- Almost everything we do provides proprioceptive input EXCEPT: screen-time activities

Proprioceptive Strategies & Activities for Use in Speech Therapy

P-1: Incorporate activities that require pushing, pulling, lifting, or dragging bulky items (this “heavy work” provides input to the muscles, joints, tendons, and ligaments)
P-2: Do wall or chair push-ups while counting or repeating target words
P-3: Play with weighted balls
P-4: Water the plants
P-5: Hang by arms on chin up bar or monkey bars
P-6: Use a pool noodle bat to hit balls off a tee while practicing final /t/ in the words “bat” and “hit”
P-7: Bounce feet on stretchy band attached to chair legs

T-46: Play with Mardi Gras beads
T-47: Play in a ball pit (provides tactile and visual input)
T-48: Incorporate touch and feel books into speech therapy sessions (add Velcro to books to make them touch and feel)
T-49: Throw Loofahs at artic cards hung on the wall
T-50: Play outside every day

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Kick Bands
(to improve focus and attention)

- Play tug of war (can use a dog toy)
- Pound golf tees into sturdy Styrofoam while repeating "boom-boom"
- Climb in and out of a pool float when reading books about the beach
- March and stomp during speech activities (singing The Ants go Marching song)
- Do the wheelbarrow walk
- Tear cardboard
- Arm wrestle
- Walk like different animals while making animal sound effects (ribbit while jumping like a frog, growl while walking like a bear, trumpet while stomping like an elephant, waddle while quacking like a duck)
- Pour different consistencies (water, sand, etc.)
- Tackle a blow-up punch bag
- Crash into pillows or beanbag chairs while repeating "crash" to work on /r/ blends or final /ʃ/
- Climb the wrong way up a slide while repeating "up-up-up" to address final consonant inclusion
- Jump on a trampoline (use a timer...after 20 seconds of jumping, do 10 speech reps)
P-21: Carry tubs of toys from one location to another
P-22: Bear weight through the upper extremities by crawling around on the floor during play time
P-23: Encourage child to give big bear hugs
P-24: Pull small beads out of Thera-Putty
P-25: Go bowling
P-26: Jump over a rope repeatedly
P-27: Pull a small wheeled backpack
P-28: Do the army crawl
P-29: Jog in place
P-30: Incorporate the Play-Doh Fun Factory into speech therapy tasks
P-31: Squeeze and relax hands when frustration or anxiety sets in

P-32: Play with telephone book steps (carry them, stack them, jump off them)
P-33: Play speech target hopscotch
P-34: Wear wrist or ankle weights
P-35: Open and hold heavy doors for others
P-36: Put together Pop Beads and then pull them apart (place a letter on each bead and string together to address coarticulation)
P-37: Wear a body sock
P-38: Push a friend in a laundry basket
P-39: Crawl through a resistance tunnel
P-40: Pull stretchy bands
   Strive to provide the path of MOST resistance!

P-41: Pull and talk into Pop Toobs
P-42: Do jumping jacks
P-43: Play leapfrog
P-44: Empty trashcans or recycling bins
P-45: Squeeze stress balls
P-46: Swat artic cards with flyswatters
P-47: Incorporate storybooks that involve jumping (e.g., Five Little Monkeys Jumping on the Bed)
P-48: Incorporate yoga poses into speech therapy
P-49: Make fun sounds with Boom Whackers (remember that rhythm sets the stage for syllableness, so have the child whack the number of syllables in target words—great for building speech motor planning and phonological awareness skills)
P-50: Play outside every day

Vestibular Input

• Vestibular input is provided through movement (back and forth, side to side, rotary, vertical, starting and stopping), inversion, and balance activities

• Reactions to vestibular input can be very powerful, so we must watch closely for signs of sensory overload, especially if the child is minimally verbal

• There are two types of input:
  ➢ Passive input is when someone provides input to the child
  ➢ Active input is when the child provides the input himself

"...the vestibular sense is our most primal and powerful sense and therefore the one we must address with the highest caution. We must never impose vestibular experiences under any circumstance." Carol Kranowitz, 2003

"...any vestibular activity should be undertaken carefully, and only for short periods of time at first, until the child builds a greater tolerance for the sensation...keep a close eye on any overreactions by the child (nausea, change in pallor, excessive sweating), which are indications to cease the activity." Melanie Hawke, OTR
Important Activities for Building the Vestibular Sense in the Early Years

• Play-based movement
• Tummy time
• Rolling
• Crawling
• Running
• Climbing
• Jumping
• Rocking
• Swinging
• Being bounced and held in different positions

Concern: Containerized Babies

Vestibular Strategies & Activities for Use in Speech Therapy

V-1: Jump and bounce/provide vertical input ("jumping improves rhythm and helps regulate the nervous system" - Carol Kranowitz)

V-2: Walk on uneven surfaces such as a mulch, grass, rocky terrain, piles of pillows

V-3: Sit in a rocking chair for rhythmic movement

V-4: Do somersaults

V-5: Swing child upside down ("tick-tock"); this is for kiddos who like inversion

V-6: Climb up the stairs; slide down the stairs

V-7: Give piggyback rides

V-8: Dance, march, and twirl (use dance ribbons)

V-9: Roll down hills

V-10: Play on a teeter-totter

V-11: Ride in a wagon

V-12: Jump rope

V-13: Ride prone on a scooter board to retrieve puzzle pieces, potato head pieces, etc.

V-14: Play Ring Around the Rosy or Duck, Duck, Goose

V-15: Roll back and forth across floor (log rolling) while practicing the /r/ sound

V-16: Play on a Sit-n-Spin

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**V-17:** Roll on a peanut ball or a bolster pillow

**V-18:** Swing on a traditional swing, in a hammock, on a porch swing, on a tire swing, in a cuddle swing, or in a blanket

**V-19:** Swing in different positions (prone, seated, standing)

**V-20:** Pull child around on a blanket (works best on hardwood floors or linoleum)
**V-21:** Fill socks with dry soup beans, rice or sand and have child walk on them (this will challenge their balance)

**V-22:** Have kids pass a ball over their head or through their legs to the person standing behind
**V-23:** Run, gallop or skip

**V-24:** Bounce child rhythmically on a ball (pair with speech sound)
**V-25:** Hop on a ball with a handle
**V-26:** Spin on a merry-go-round
V-27: Slide and climb on playground equipment
V-28: Bounce child on your lap
V-29: Play on a Bilibo (indoors or outdoors)

V-30: Offer dynamic sitting options in speech therapy:
• Ottoman
• 2 stacked couch cushions
• Disc'o Sit cushion
• Tennis balls on 2 adjacent chair legs
• Partially inflated beach ball
• Coffee can stools
• Video game chairs
• T-stool
• Large therapy ball
• Cabela's silent spin bucket seat
• Rocker chair (www.schoolsinc.com)
• Wobble chair (www.schoolinc.com)
V-31: Walk on stone walls or landscaping railroad ties
V-32: Swing from monkey bars
V-33: Sing “Row, Row, Row your Boat” while rocking back and forth with a partner
   Row, row, row your boat
   Down the jungle stream
   If you meet a crocodile
   Don’t forget to scream!
   “AAAAHHHHH”
   Row, row, row your boat
   Gently bac to shore
   If you meet a lion
   Don’t forget to roar!
   “ROAAAAARRRR”

V-34: Ride on a rocking horse
V-35: Balance on a rocking board
V-36: Play the Twister game

V-37: Play airplane or horsey

V-38: Ride a trike or bike
V-39: Navigate an obstacle course
V-40: Engage in balancing activities at the park or playground
V-41: Walk on a suspended bridge
V-42: Do Yoga poses (Downward Dog)
V-43: Do jumping jacks
V-44: Play hopscotch (the number that the rock lands on is the number of repetitions of the speech target)
V-45: Walk across a balance beam or stand on a rocking board
V-46: Stand on one foot
V-47: Do Headstands
V-48: Hang upside down on playground bars
V-49: Single point axis spinning activities
   Note: Spinning (rotary movement) needs to be limited and supervised. Angie Voss, OTR, recommends working closely with your OT before doing spinning activities—this type of vestibular input can be disorganizing and may lead to dysregulation. Voss recommends that spinning be limited to one revolution per second with a maximum of 10 revolutions, then switch directions.
V-50: Play outside every day

Let’s Practice Creating Sensory-Rich Speech Therapy Activities

Drawing/Handwriting Activity
   Ways to make this a more sensory-rich activity:
   • Allow alternative table and seating options: clipboard, beanbag chair, vertical surface
   • Add vestibular input: have the child act out what she is drawing first; play charades and have peers guess the word before writing it
   • Add auditory input: listen to a story on tape through headphones and draw a picture while listening; have white noise on in the background during the drawing activity
   • Add visual input: use different colored pens and markers; offer character pens

“Creating Sensory Rich Speech Therapy Sessions,” presented by Cari Ebert, MS, CCC-SLP
2019 Iowa Speech Language Hearing Association Conference, October 17th, West Des Moines, IA
• Add tactile input: draw letters in sand, salt or cornmeal; use a squiggle wiggle writer pen; write on sandpaper or other textured surface
• Add olfactory input: provide scented markers; offer scratch 'n sniff stickers

Quiet Reading
Ways to make this a more sensory-rich activity:
• Add visual input: turn off lights and allow children to use a mini flashlight; make a reading nook in the room
• Add auditory input: play white noise or classical music for the whole room or just for kids who prefer it through headphones; listen to a book on tape as a class
• Add tactile input: offer touch and feel books; provide quiet fidgets to use during reading time
• Add oral sensory input: allow the child a chewy toy, a snack, or a water bottle

• Add vestibular input: allow kids to read in various positions around the room (beanbag chairs, video game chairs, rocking chairs, spin bucket seats, floor pillows, riding on a stationary bike, book boat, laundry basket)
Learning with Flashcards

Ways to make this a more sensory-rich activity:
• Add play-based movement: walk like an animal to retrieve the card on the floor; throw “snowballs” at cards taped to the wall
• Add proprioceptive input: stomp or jump on laminated flashcards; slap flashcards with a fly swatter
• Add tactile input: hide flashcards in a sensory bin; replace flashcards with actual manipulatives

Worksheets

Ways to make this a more sensory-rich activity:
• Add tactile input: laminate worksheets and use with Velcro pieces; offer different textured pencil grips
• Add visual input: laminate worksheets and use with colorful dry erase markers
• Add vestibular input: offer dynamic seating options; provide a clipboard and encourage child to lie prone on the floor to complete the worksheet

“All About Me” Handout

• Create an individualized handout to use at team meetings that provides an overview of the child’s strengths, needs, interests, and sensory preferences

• Include topics such as:
  ➢ Things I like
  ➢ Things I don’t like so much
  ➢ When I get upset I...
  ➢ Here’s how you can help me calm down
Closing Thoughts

Helping children get in a ready-state for learning is critical for success in therapy, in school and in life.

Sensory trumps everything!

References & Recommended Readings
Hannaford, Carla (2005). Smart Moves: Why Learning is Not All In Your Head.
Kashman, Nancy & Mora, Janet. The Sensory Connection: An OT and SLP Team Approach.


Websites:
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* www.sensory-processing-disorder.com
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