





Bringing It Home:

Physical Supports for Speech at Home and in Other Environments

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Our homes are comforting places. They provide space to come together, be nurtured, and have fun. But, let's be honest: most of our homes aren't so much fun that they make spectrum kids laugh and vocalize for an hour at a time. But when these same kids go to sensory/motor based therapy—occupational therapy (OT) or physical therapy (PT)—that's all they seem to do. Except for the occasional protest when activities change, they sound genuinely happy. And from the standpoint of the kids' speech development, OT/PT wonderlands seem to elicit much more vocalization than other places—speech therapy rooms included.

Most of us can't seem to encourage the range of vocal output we hear coming from even our "nonverbal" kids once they get moving in the right ways. As a speech language pathologist (SLP), this used to bother me immensely until our clinic committed itself to building in physical supports and partnering with movement experts to get spectrum kids' speech moving. When the body is moving well, it's so much easier to coordinate breathing with voice and articulation. Pure and simple: speech is movement.

Is there something we can do to support OT, PT, and speech—all at the same time? Can we promote spectrum kids' appropriate movement, laughter, and speech in all our environments? And if so, how can we bring OT/PT expertise and supports into our homes, our schools, and other therapies?

Why Aren't There More Built-in Physical Supports?

First of all, let's look at what we're faced with in our living environments: our schools and homes. To begin with they're basically flat and offer little variety of movement surfaces. Our schools are necessarily divided up into spaces that kids aren't particularly free to move in—until physical education or recess. And speech and language therapy usually takes place in the classroom itself, or in an even smaller room in the building. Movement potential is limited; something seems out of sync here!



Families are challenged with similar limitations at home. Besides being flat, our houses are fairly square and divided up by function, not movement potential. Even basements have to be seriously cleaned up to find space to put an old mattress to jump on. And what about the rest of the house? Kids might like to “do therapy” in the basement, but we want them to be a part of our families upstairs, too, where there’s nothing but the dining room table to climb on. How can we replicate the fun of sensory/motor clinics short of allowing behavior like flying off the tallest dresser in the house? What are some alternatives we can live with?

Let’s address this topic by first admitting that it’s not an easy one. If it were we would have figured it out long ago, and our homes would have had routine makeovers to promote movement and speech. But they don’t. Why not? Our first barrier is the design itself, starting with the architectural premise that houses should be easy to move in. This may be right for many activities, but wrong for spectrum kids, who need more challenging movement rather than less. Besides floors being mostly flat, rooms are limited by their configurations and all the untouchables in the way. That kids prefer the stairways and hallways is no surprise. Space there is better defined and less restricted—and movement is fun.

Second, let’s address the need to think outside the proverbial box of our interior spaces and take advantage of the expertise that went into designing the clinics spectrum kids love. Let’s apply the advice from the experts, our children’s occupational therapists (OTs) and physical therapists (PTs), on how to set up supportive spaces and how to use them.

Finally, let’s take a shortcut through this thinking by looking at what the author’s clinic did 12 years ago when it needed a

makeover. We wanted to support our kids with ASD as the OTs and PTs did, not by doing occupational and physical therapy per se, but by applying their physical recommendations for each of our children. Our goal was to use movement principles from OT and PT to foster the regulation, interaction, and communication we saw in their clinics. In the process of our makeover, our speech and language clinic became more flexible so it could support and challenge the kids as they grew.

How Did We Do It?

First, we inventoried the physical supports we had seen in movement clinics over the years. We weren’t interested in the particular pieces of equipment that would be necessary to work on specific OT/PT goals. Rather, we were interested in the elements of those clinics that supported kids’ movement, regulation, and interaction—the same supports they needed for speech development and access. We realized there were several qualities that seemed to work well: defined spaces to move in; a variety of ways to climb, slide, and jump; flexible surfaces to walk, balance, and play on; moveable, soft things to make movement safe; and some means of suspending swings and Lycra fabric. But because we wanted kids to know they were free to move independently, and thus free to self-regulate, we had to make our space less challenging than OT/PT clinics. We didn’t want to have to say “no” to the things kids really wanted to access for regulation. We wanted kids to feel safe and supported, and to use that support to spontaneously engage with us.

Secondly, we solicited donations. Here are types of materials we were given, and what we used them for:

- > old couches, to create surfaces for jumping and crashing, and backdrops for slides
- > old mattresses, to prop against the wall for climbing
- > cushions, to build with
- > large yoga ball, to bounce on
- > large inner tube, to balance on, climb on, and jump on
- > inner tubes in various sizes, to stabilize the yoga ball, and to duct tape together for climbing, rolling, tumbling, and hanging (to create a swing with a swing hook)
- > large storage bucket, to climb in and hide
- > foam rubber and old sheets, to create crash pillows

Next, we purchased several items. The following are items we bought and how they were used:

- > plastic slides, with 2' x 4's attached, to secure to backs of couches, for climbing and resisting gravity
- > swing hooks (as many as our space could architecturally support), from which to hang swings and Lycra, so we could replicate some of the swings we saw in movement clinics
- > Lycra fabric, to hang in a variety of spaces for movement experiences, such as climbing and swinging, and to create enclosures and smaller spaces
- > trampoline (6-foot-wide surface, total span of 8 feet, 18 inches off ground), to provide a movable, alerting surface to play on
- > mirrors on a frame so they could be removed, to help kids who often lose "sight" of themselves in relationship to their surroundings or other people
- > duct-tape strips on the floor, to create a race track or obstacle course and promote crawling, which gives extra input to joints and muscles

All along the way we consulted with OTs and PTs to see how each of our children could be best supported. We asked therapists to visit our space whenever possible and consult with us there. It was kind of like a sensory diet turned inside out: rather than take flat, orderly daily life and build sensory breaks into it, we thought of the sensory diet that is 24/7 as the foundation for happy, vocal kids. We applied Lindsey Biel's (2010) advice: "For a child with sensory processing issues, a sensory diet...[is] 24/7 nourishment...and it's just as essential as eating breakfast, lunch, and dinner."

Instead of searching for sensory diets, we went straight to the expert in each child's sensorimotor system, his OT or PT. We learned how they set up kids for the goals they are working on, how to translate those principles to our clinic, and how to adapt this information to children's homes.

For example, let's start with a goal of using core muscles to walk upright on uneven surfaces. We would think: an uneven surface means pillows all over the floor—that's how we can support this child's movement using an appropriate setup every time he moves. Another goal might be accessing postural support to resist lateral movement. We'd consider objects like a giant inner tube this child would find fun but might slide or fall off during play. Another goal might be moving in space against gravity. We'd think of ways we could interact and play that included a slide propped against the back of the couch.

In this way we tried our best to set up our kids for what they did in OT/PT. Watching therapy was important, of course, but we also found that kids' confidence in us increased exponentially once they "knew we knew" how to support them as they were supported in OT or PT.



WE CONSTRUCTED A PINE LOFT BY POSITIONING IT AT THE HIGHEST POINT IN OUR SPACE TO CLIMB TO, JUMP FROM, AND PROVIDE A DEFINED SPACE FOR INTERACTION.

you clear out a space and have something in the middle that focuses attention, you will see an immediate difference. Once you share it with your child, you will have created a "fun zone."

And with that fun zone becoming the center of family life, you will find you don't even miss the designer look because of what you see and hear instead: your child's joy at being able to be an active part of the family. His voice resounds with happiness and inclusion, and you see how appropriate movement becomes the key to the interaction—and the speech—we are all seeking from our spectrum kids. Those happy sounds now come from your living room or family room where they should be. Our kids' supports have truly come home! ■

Do Try This at Home!

Translating these physical supports to your home may seem daunting at first, but remember that the simple equipment and materials described here are accessible, and can be brought into your home one piece at a time. You can begin by clearing a room for free movement and putting a sturdy couch in the middle. Attach a slide to the back, start to acquire extra sofa cushions, and then make your first pillow. Take it one step at a time. You will be encouraged, because once

Marge Blanc, SLP, directs the Communication Development Center (CDC) in Madison, Wisconsin, which specializes in communication services for children who benefit from sensory-motor supports. Marge's articles are available at the CDC website: www.communicationdevelopmentcenter.com.

Reference

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