

Mandy Hart, MS, CCC-SLP, RDT, uses a bag of props to facilitate spontaneous imaginative play and other therapeutic goals in a program at the Apple Montessori School, in Bethesda, MD, for preschoolers and kindergarteners who are challenged by various developmental delays and learning styles. The Apple Seed Option is a program for children ages 3-K that addresses developmental issues systematic of autism spectrum disorders, including attention, organization, motor planning development, perception, language, communication, sensory integration and social skills.

Hart creates an environment where the children can express themselves appropriately. She uses dolls, cars, hats and jackets to move the children from concrete sensorimotor play to more abstract pretend play as they work on routine greetings and ask and answer appropriately. She guides the children in important basics, such as interpreting different facial expressions, so they are able to be aware of social cues, read them, and respond appropriately with language rather than physical aggression.

The registered drama therapist uses drama techniques to facilitate other therapeutic goals. "There's a progression in pretend play," she said. "A role is a safe place to be. It gives the children confidence to express themselves. You take your cue from the child, use what they give, and then extrapolate so you're not restricting them. When they are in a role, they start to blossom, become more assertive, and go from concrete to pretend while the therapist stimulates and facilitates."

Even though the children have formulation and retrieval difficulties, the high-affect activities she employs engage them and allow language to flow.

The Apple Seed Option model of inclusive therapy involves children, parents, teachers and school administrators. "Teachers can observe the therapist so they can follow through, carry over, and monitor individual therapeutic goals," Hart said. They can learn to use a sign cue to handle a situation in a nonverbal way. Simple tasks can yield enormous gain with cues for turn-taking during games, play and conversation. "The more whole-body experience children have with a concept," she said, "the easier it will be for them to use and generalize it appropriately."

Inclusive therapies meet the children's needs throughout the day in a natural environment. "The therapist benefits from the teacher's integration, too, because everyone is looking at the whole child and looking outside their individual goals," she said. Her greatest rewards have been the increased enthusiasm, expressiveness and self-confidence of the children. They are more willing to cooperate and support one another.

A mainstay of the program is the communication therapists have with teachers and with one another. Hart and Kimberly Geary, MS, OTR/L, frequently share notes.

"It's so important to be aware of all the sensory issues," Hart said. "If there's too much coming in, you won't get much coming out. When you're aware of sensory needs, you can better understand the child's behavior." The impact of motor planning on sequencing affects the child's ability to form sentences. "We work with the children to respect social boundaries because this affects their social interactions profoundly," she said.

During their first co-treatment session, Geary and Hart shared techniques. Geary demonstrated using a soft-bristled brush on the skin while applying deep pressure to assist in regulating the children. Hart shared oral-motor techniques to help with regulation, to decrease chewing on clothing and classroom objects, and to hinder inappropriate biting.

"It was wonderful to see each other's styles and share information about the children's different needs," Hart said. "Kim has made me more aware of some of the expressive and receptive language difficulties the children are experiencing, and I learned techniques to use sensory equipment in the classroom better."

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