

Handwriting Without Tears® History

In 1977, Jan Olsen set out on a mission to help her son. Responding to John's tears over handwriting in first grade, Jan used her occupational therapy training and background to develop strategies to facilitate his handwriting. John's teacher noticed his progress and asked Jan to help other students in the class. Soon Jan became known in the area as the tutoring solution for handwriting, and her ideas became the basis for the first therapists' guide, *Handwriting Without Tears®*.

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Design and Information Compiled by: SSPT
Information taken from: Handwriting Without
Tears®

Handwriting Without Tears®

**A complete Handwriting
Curriculum for all Children**



Handwriting Without Tears®

Why is Handwriting Without Tears® so Successful?

- Engaging techniques and activities that help improve a child's early self-confidence, pencil grip, and body awareness skills
- Multisensory techniques and consistent habits for letter formation to help all children learn handwriting—from preschool through cursive
- Instructional methods that use fun, entertaining, and educationally sound principles

What Unique Techniques and Materials are Used?

- Music: sing along songs
- Roll-A-Dough Letters
- Stamp and See Screen
- Wood Piece set for Capital Letters
- Flip Crayons
- Slate Chalkboard
- Double Line Paper
- Pre-K through 5th Grade workbooks

For More Information About Handwriting Without Tears®

Visit their website at:
www.hwtears.com

Handwriting Benefits with Handwriting Without Tears®

- Is easy to teach and easy to learn
- Gets results with just 15 minutes of handwriting instruction a day
- Reduces need for one-on-one time
- Uses unique strategies to teach good letter formation, spacing, neatness, and cursive connections

Interactive Metronome Training has shown to improve the following areas:

- Focus/Attention
- Control of Aggression or Impulsivity
- Overall Coordination
- Motor Planning
- Reading and Language Processing

Interactive Metronome:

A World of Rhythm & Timing



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Rhythm & Timing

Interactive Metronome (IM)

A computer based interactive program based on the traditional music metronome. Sensors that are activated with the hands and feet are used to provide an objective measure of a person's ability to create specific, repetitive movements while maintaining a constant rhythm. The responses are recorded and measured in how many milliseconds before and after the beat that they occur. The program contains 13 different exercise patterns to address motor planning skills. This requires the person to maintain an optimal attention level for an extended period of time.

What type of diagnosis has the IM proven to be effective in treating:

- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Sensory Integration Disorder (DSI)
- Traumatic Brain Injury (TBI)
- Pervasive Developmental Disorder (PDD)
- Autism
- Cerebral Palsy (CP)
- Academics (Reading/Language Processing)
- Athletics (Overall coordination)

How do I get started?

- Contact a Certified provider located at **Stepping Stone Pediatric Therapy, LLC**
- Commit to the program designed by the provider.
- Monitor changes.

Visit Interactive Metronome's website at:
www.interactivemetronome.com

IM Research Studies

ADHD Study: A double-blind, placebo study of 9-12 year old boys diagnosed with ADHD, found that those undergoing IM training showed significant patterns of improvement in attention, coordination, control of aggression/impulsivity, reading and language processing.

Motor Control Study: A comparison of IM trained special education students to a control group found the IM trained group improved significantly in both motor control and motor coordination as measured by independent tests (Bruininks-Oseretsky and SIPT Motor Accuracy).

Symptoms of S.I. Disorders & Indications for Treatment

- Short attention span
- Frequent tantrums/irritability
- Unpredictable emotional outbursts
- Feeding problems/aversions (avoid certain food textures)
- Impaired learning
- Poor social skills
- Poor balance/clumsy
- Under or over reaction to sensation (certain textures or clothing are bothersome)
- Difficulty remaining alert or calm (trouble concentrating)
- Discomfort with cuddling
- Self injurious behavior
- Self stimulation (bumping into other children), rough play

How do I get Started?

Contact a Certified SI provider located at **Stepping Stone Pediatric Therapy, LLC** to schedule an evaluation.

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Information taken from: Sensory Integration and the Child by A. Jean Ayres, Ph.D.

Sensory Integration

*“Traffic Jam in the
Brain”*



Sensory Integration

Normal Sensory Integration

Sensory Integration begins when the brain takes different pieces of information from seeing, hearing, tasting, feeling, smelling, and moving. The brain acts like a traffic director, acknowledging and sending sensory information to its correct destination. Information flows in an organized manner so we can use the past experiences to form perceptions, develop behaviors, and learn about how our bodies work in the environment. Then we have the proper sensory integration for appropriate behavior and learning.

Traffic Jam in the Brain

Abnormal sensory integration is like a traffic jam in the brain. Sensory information comes in but is not directed to the right department of the brain. Information that is not sent to the correct area of the brain cannot be organized or interpreted properly. The information may feel too slight to register or it may feel like an over-whelming jumble of sensations. That's when integration is poor or "dysfunctional" and potentially interferes with motor coordination, academics or social skills.

Why is Sensory Integration Important?

Usually, children are constantly in motion and getting into everything. This is because all children have a natural need to take in information through the sense by moving, touching, feeling, hearing, tasting, and smelling everything that they can. Children do this because that information is nourishment for their developing brains. Their brains need this information in order to learn how to react to their environments. Babies have limited experience and so they must use trial and error to understand how they can interact with and be successful in their environment. When a baby wants a toy that is out of reach they must use all their senses to figure out a way to get that toy. For instance a child must:

- See the toy
- Visually gauge the distance to the toy
- Understand where their arms are in relation to the toy
- Understand how to move their arms
- Feel the speed of their arms moving towards the toy
- Feel the toy when they touch it
- Feel the pressure necessary to support the weight of the toy
- Understand how to move their arms to bring the toy back to their body.

SI GOALS

Issues such as dressing difficulties, behavioral problems and learning impairments may not be directly addressed initially. This is because the root of these problems lie in the child's inability to understand and organize their sensory information.

- **Sensory diet**-this allows the child's brain to be stimulated with the correct type and amount of sensation it needs to function more efficiently.
- Active, child-directed participation in therapy increases the effectiveness of therapy and keeps the child more motivated

Example: A child who is hypersensitive to touch should be actively engaged in a fun game involving a textured item (such as a bin of beans). The child will meet the challenge of touching the beans because he/she is motivated to play. The functional goal to be met may be tolerating brushing his/her teeth or walking barefoot in grass at home.

Treatment should begin as early as possible, because young brains are still developing, thus are easier to organize and improve.

COMMENTS

- From a mom of a 4 year old diagnosed with Autism:
“It’s been amazing to hear the words come out of my daughter’s mouth even as she’s listening to the CD’s. I’ve definitely seen improvement in her communication since we started therapeutic listening.”
- From a mom of a 7 year old diagnosed with Asperger’s Syndrome:
“We have seen a great improvement in our son’s attention span using the therapeutic listening CD’s. His ability to focus on tasks is much better since starting the program. He loves doing this program!”

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Therapeutic Listening & Vital Links Journal,
Spring 2003

*Therapeutic
Listening:*

*Listening with the
Whole Body*



Therapeutic Listening

Therapeutic Listening with the whole body can help children with the following:

- ADD/ADHD
- Cerebral Palsy
- Autism Spectrum Disorder (ASD)
- Pervasive Developmental Disorder (PDD)
- Middle Ear Infections
- Poor Social Skills
- Short Attention Span
- Irregular Sleep Patterns
- Sound, touch and oral sensitivities
- Difficulties following directions
- Uncontrolled Behavioral Outburst
- Bed Wetting
- Picky Eater or Poor Appetite
- Limited Speech Output Filtering
- Poor test taker after studying and knowing material
- Not a good listener, frequently asks “huh”
- Clumsy-Uncoordinated
- Speech Delays

What is Therapeutic Listening?

- A whole body approach which combines auditory listening and body movement.
- An auditory program that utilizes electrically altered music in conjunction with movement and daily skills.
- Each child listens to specifically selected CD's through headphones for 30 minutes, 3x a day for 8-12 weeks.
- Research has indicated children using Therapeutic Listening Program have achieved therapy goals more rapidly than children who are not receiving Therapeutic Listening.

How do I get started?

- Contact a Certified provider located at **Stepping Stone Pediatric Therapy, LLC**
- Commit to a listening home program lasting approximately 8-12 weeks.
- Monitor changes

Visit Therapeutic Listening's website at:
www.vitallinks.net

Expected Outcomes

Modulation

- Improvement in sleep/wake cycles.
- Reduction of sensory defensive behaviors.
- Toilet training.
- Cessation of bed wetting.
- Increased regularity of hunger and thirst cycles.
- Improved focus and attention.
- Improvement in transitions.

Postural Tone, Attention & Adaptation

- Establishment of body midline.
- Ability to sustain active posture on stable and dynamic surfaces.
- Improved concentration around shoulders and hips.
- Active use of rotation in movement patterns.

Motor Control

- Use of bilateral motor patterns.
- Improved articulation & fine motor skills.

Spatial-Temporal Organization

- Improved timing of motor execution.
- Improved timing of social interactions.
- Improved ability to maneuver through space.
- Improved handwriting and visual motor skills.

Communications

- Greater range of nonverbal communication.
- Nonverbal communication matches communicative intent.
- Greater emotional expressiveness.
- Improvement in pragmatic language use.