



Active Learning Space at www.activelearningspace.org

Active Learning Study Group

April 18, 2019 from 3:00-4:00 PM (CST)

Presented by:

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Developed for:

Penrickton Center for Blind Children

Perkins School for the Blind and

TSBVI Outreach Programs

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Facilitated by:

Charlotte Cushman, Perkins School for the Blind

With content from:

Patty Obrzut, M.S., OTR/L, Assistant Director, Penrickton Center for Blind Children

Co-Host



Figure 1: Photo of Patty Obrzut

Patty Obrzut, Penrickton Center for Blind Children

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Figure 2: Screenshot of archived webinar for the September 2018 Active Learning Study Group.

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Active Learning Newsletter

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This is our first eNewsletter and we hope to send them out regularly to let you know what's new.

Figure 3: Screenshot of the newsletter mailing list sign-up page

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Modules



Figure 4: Screenshot of Introduction to Active Learning Principles module

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Oral Motor Development

- Refers to the use and function of the lips, tongue, hard and soft palates, jaw, and teeth
- Movement and coordination of these structures is very important in speech production, safe swallowing, and consuming various food items
- Begins prior to birth and continues beyond the age of three

Movement and Eating

- There is a correlation between how a child moves and how a child eats.
- Typically children who are unable to roll over eat foods of pureed texture.
- Child who is able to sit up is introduced to pureed foods.
- As a child gains skills in crawling and walking table foods are introduced, first as a mashed texture and then as a regular texture.

Dynamic Learning Circle

- **Stage 1:** child becomes aware of sensory or motor aspects of oral motor activity.
- **Stage 2:** child begins to act and gains further awareness.
- **Stage 3:** child completes learning.
- **Stage 4:** child is ready for new sensory, motor, cognitive, and social-emotional oral motor experiences.

Oral Motor Development

- Begins in utero
- Birth to 3 months:
 - Spends most of day in reclined position
 - In/out motion of tongue (or suckle) to move liquids in mouth
 - Coordinating suck and swallow with breathing
 - Developing head control and flexion

Oral Motor Development: 4-6 months

- Moves from a semi-recline position to a more upright position
- Can roll over and is beginning to sit upright
- Increased trunk stability and strength
- Introduced to pureed foods; transition from suckling to sucking foods off a spoon
- Tongue begins to move up and down instead of in and out
- Social aspect of eating is more apparent

Oral Motor Development: 6-8 months

- Can get into seated position independently and begin to crawl.
- Eating while upright and table mashed foods are introduced.
- Tongue begins to move laterally to the sides of the mouth.
- Phasic bite and release or rapid up and down movement of jaw is seen.
- Introduced to sippy cup

Oral Motor Development: 8-12 months

- Consistently eats in an upright position
- Beginning to pull to stand and bear weight in standing
- Eating finger foods and introduced to pureed meat.
- Has a controlled bite and develops first a diagonal then rotary chewing pattern
- Strength and agility of the mouth are increasing
- Produces more vocalizations

Oral Motor Development: 12-18 months

- Learns to chew with lips closed
- Mobile; walking independently
- Table foods are offered, although meats are still chopped
- Straw is introduced
- Child does not need to extend the neck when accepting food

Oral Motor Deficiencies

- Sensory
- Motor
- Behavioral

Sensory Deficiencies

- Physiological issue due to neurological differences
- Physical problem related to sensory processing
- Development of trust is of utmost importance when working with children who have oral sensitivity.
- Recognizing and respecting the responses of child, while slowly introducing changes to routines is best method of intervention.

Sensory Deficiencies

- Problems are focused on characteristics of food and liquids, including texture, smell, temperature or taste
- Can be hyper or over sensitive, or hypo or under sensitive to these characteristics.
- Evaluate current preferences of child related to texture, smell, temperature, and taste
- Offer new learning environments, which introduce slight developmental changes.

Texture

The texture of food and liquid can alert the senses or calm the sense. Textures from least alerting to most are:

- Liquids
- Smooth puree and then lumpy puree
- Mushy and soft foods
- Ground or chopped foods
- Firm and crunchy items that can be easily dissolved
- Crunchy items that are hard
- Foods that contain mixed, such as fruits with skins still attached, or yogurt with fruit mixed in

Temperature

- Least alerting to most alerting food temperatures:
 - Room temperature
 - Warm items
 - Cool foods (refrigerator)
 - Cold foods (freezer)
 - Hot items
 - Alternating temperatures (e.g. warm pie with ice cream)

Taste

Food tastes: least alerting to most alerting:

- Bland foods
- Savory flavors
- Sweet items
- Salty
- Spicy items
- Sour flavors

Pressure

- Pressure applied to lips and tongue is another tactile characteristic that occurs during mealtimes.
- Deep pressure is least alerting to the body
- Light pressure is most alerting
- Be aware of vibrating tools
- Skin around the mouth is an extremely sensitive area

Motor Issues

- May have difficulty or exhibit premature movement of the lips, tongue, jaw, teeth, head or other part of the body
- Children with limited mobility or with oral motor deficiencies must be allowed to engage the mouth to explore

Activities to Practice Motor Skills

Adults may assist in providing oral motor activities from which motor skills can be practiced, e.g.:

- opening and closing the mouth
- moving the lips
- biting down
- moving the tongue in and out, up and down, laterally and rotary

When presenting an object for a child to explore using the mouth, offer it in a position that allows the child to move.

Behavioral Issues

- Behavioral-based oral motor problems include picky eaters, aversion to eating, food refusal, and limited eating.
- Past medical, sensory, motor, psychological or social experiences can influence reactions.
- Behavioral responses are a form of communication and should be acknowledged.

Why might a child mouth objects?

A child with special needs could be trying to:

- explore the environment
- gain attention from adults
- receive sensory input
- simply relating to the world at his or her emotional level of development

Vocalization

- In addition to eating & drinking, mouth is also used to express self through vocalization.
- Provide Active Learning environments to encourage vocalizations.
- Allow for repetition of vocalizations.
- Encourage imitation of vocalizations and sounds.

Conclusion

- Thoroughly assess child in area of oral motor.
- Develop rich play opportunities for child to practice oral motor skills outside of feeding times, based on child's preferences related to texture, temperature, and taste.
- Sensitivities may arise out of differences in neural development.
- Behavioral challenges may relate to food in response to past experiences.

Thank you for joining us!

Notes:

Penrickton Center for Blind Children



Figure 5: Penrickton Center for the Blind logo

Perkins School for the Blind E-Learning



Figure 6: Perkins eLearning logo

Texas School for the Blind & Visually Impaired Outreach Programs



Figure 7: TSBVI logo



"This project is supported by the U.S. Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S. Department of Education."

Figure 8: IDEAs that Work logo and OSEP disclaimer.