Auditory Development in Young Children

By Alex Doman

The ability to hear, listen, and make sense of the sounds around us is something most of us take for granted. Yet, these abilities elude many, especially children with developmental challenges. As early as 18-24 weeks in utero the human fetus can not only hear, but also respond to the sounds of his mother’s voice and the sounds in her environment. Internal sounds of the mother pass to her unborn child; her reassuring voice, rhythmic heartbeat, blood flow, mastication, digestion and the breath of life, all heard although somewhat muffled, through the amniotic fluid. These sounds are the earliest sensory experiences of the developing auditory system.

The ear serves to provide the sensory foundation of balance, coordination, listening, learning, communication and social engagement. The brain of a healthy newborn rapidly develops in response to the sounds of its surroundings, building a deep, rich network of auditory neural connections that will be strengthened by healthy sounds or weakened by noise.

Each day 3 out of 1,000 newborns are born with permanent hearing loss, the most common of birth defects. The American Academy of Pediatrics recommends that all babies be screened for hearing impairment before

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Tummy Time

By Gay L. Girolami

Each year, one in 40 children is diagnosed with an early motor delay, and more than 400,000 children are at risk in developing some form of motor delay.¹ This delay can occur when a child does not meet critical physical milestones, potentially affecting his ability to learn basic skills such as chewing, grasping, crawling, standing and walking. Ideally, a delay should be addressed as early as possible, and this can mean as early as three months.

In a national survey undertaken by Pathways Awareness, a national not-for-profit organization dedicated to raising awareness about the benefit of early detection and early therapy for children who have early motor delays, found that 66% of the over 400 responding pediatric, physical, occupational and speech therapists reported seeing an increase in early motor delays over the past five years, and the therapists who reported an increase in early motor delays felt that a lack of “tummy time” was the number one contributing factor.

Tummy time is the supervised time babies spend on their stomachs while awake. According to the American Academy of Pediatrics (AAP) babies should be placed on their backs when sleeping to minimize the threat of Sudden Infant Death Syndrome (SIDS). Because back-sleeping has been absolutely vital in reducing SIDS by 40%, parents should continue adhering to AAP guidelines. However, this combined with more time in containers like car seats, bouncers and strollers can delay the development of the baby’s neck and back muscles. Lack of tummy time can also contribute to positional plagiocephaly, a condition that leads to the development of a flat spot on the child’s head, or torticollis, a condition which occurs when one side of the neck muscles is shortened or constricted. This being said, the dilemma is obvious. How can a child develop those muscles integral to proper development when the time she spends on her stomach may be limited?

The answer is tummy time. Adequate supervised tummy time must be included in each infant’s daily schedule.

New parents are understandably concerned with the basics: sleeping, eating, changing and nurturing. Similarly, teachers and child care professionals must often care for several children at once. Because of this, it is not surprising that tummy time may seem like one more item on an ever growing to-do

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they are discharged from the hospital. However, not all hospitals in the United States are equipped with Universal Hearing Screening Programs. As a result, without the universal screening, the average age at which children are diagnosed with hearing loss can be anywhere between the ages of 2-3 years old. However, if detected before 6 months of age, a child who receives hearing amplification and comprehensive intervention will have fewer learning and language problems than his peers who go unidentified and untreated. If not identified early, it can be very difficult for these children to acquire the language, social, and cognitive skills that are fundamental to their education and success in life. To put it simply, infant hearing screenings are essential.

The most common type of infection is that of the middle ear (otitis media). These

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From the Editor’s Desk

As editor of an early childhood publication solely dedicated to providing the relevant and timely, the Eddie Report remains unyielding in its commitment to preserving reader interest. We will not compromise on this. As mentioned in the past, most run-of-the-mill journals target a specific audience. However, parents, teachers and other childcare providers require immediate knowledge in areas of child advocacy and other pertinent topics to the often monotonous and random theoretical analyses that perchance will appeal to an academic population. Childcare providers need to be made aware of what their child or the child in their classroom may be experiencing, how to identify the tell-tale signs that may in fact suggest a delay, as well as the myriad of services available to the child and childcare provider alike—services designed to nip the developmental delay “in the bud” in its early stages. This is where the Eddie Report comes in and that has been our steadfast pledge. The present winter edition successfully marks our one year anniversary as a publication. The positive responses we have received far exceeded any expectations imaginable and it is to you, our reader, that we offer our humble appreciation. Please continue sending in your comments and suggestions, as we sincerely appreciate them. Thank you again for reading and enjoy our latest issue.

Elan Forman, Editor eforman@includedny.org

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A Word from

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Mission Statement:
In an easy-to-read and user-friendly format, the Eddie Report strives to present parents, teachers, child-care providers and clinicians with relevant and edifying information and promotes dialogue centered on cutting edge topics and issues that impact on the development and early education of young children.

Thank you,
Morton Kramer, Publisher
Auditory Development—Cont. from page 2

infections, as well as middle ear fluid damage, carry the potential to affect sound transmission (thus sending inconsistent messages to the brain), cause hearing delays in brain development, as well as preventing the child from functioning at his full potential.

Some of the symptoms of an ear infection that parents can watch for:
- fever
- irritability
- pulling on the ear
- lethargy
- more frequent crying
- whining
- loss of balance
- more or less frequent bottle sucking

Being that each child is unique, it may even occur that some children will not experience fever or pain which may make early detection rather difficult. Most importantly: If parents do suspect an ear infection or fluid, they should make it a priority to visit their pediatrician.

Everyone knows that noise can cause hearing loss. However, what is considered too loud of a noise? Exposure to sounds which can negatively affect physiological or psychological well being and quality of life are considered noise. Noise can be especially harmful during the early childhood years. Even everyday sounds such as the lawnmower, car stereo, and even children’s electronic toys can cause permanent damage to the delicate organ of hearing in the inner ear. Parents and child-care providers are encouraged to monitor a child’s auditory environment for hearing safety.

A few suggestions in using sounds to develop and support a healthy auditory system:
- Play a variety of recorded music at safe volume levels: classical, children’s, jazz, folk, blues, country, etc.
- Speak with a nurturing tone. Avoid harshness
- Read children’s books aloud with a dynamic and entertaining voice quality
- Sing lullabies and nursery rhymes while holding, bouncing, and rocking your child, encouraging them to sing along
- Provide bells, chimes, hand drums, and other simple instruments to encourage a child to explore making sounds and music
- Expose a child to a wide range of nature sounds: animals, water, wind, etc.
- Play sound games by making and mimicking sounds together with the child
- Avoid noisy environments wherever possible
- Provide periods of quiet, especially at nap or bedtime

With education, awareness and positive action, many of the challenges we see in auditory development are preventable or treatable. Remember that noise hurts, but the right sound also heals. Support a child’s brain development with a safe, enriched auditory environment and help them to have a healthy, happy, and successful life.

Here is the average decibel level for everyday sounds around you.

- 140 dB firearms
- 120 dB car stereo on max volume
- 100 dB chain saw
- 90 dB lawnmower
- 80 dB alarm clock
- 70 dB vacuum cleaner
- 60 dB conversation
- 40 dB quiet room
- 30 dB whisper

Not sure how loud a sound is? A decibel meter can tell you. Many electronics stores sell decibel meters relatively inexpensively and there is even an iPhone® application available. Thus far we have explored development of hearing in utero, infant hearing screening, and the negative effects of ear infections and noise. However, equally important is providing those opportunities to use sounds to develop and support a healthy auditory system.

A common sense approach is that if you have to raise your voice to be heard, the auditory environment for hearing safety.

Support a child’s brain development and noise. However, equally important is providing those opportunities to use sounds to develop and support a healthy auditory system.

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Alex Doman is founder and CEO of Advanced Brain Technologies. He is the developer of music and brain improvement products including: Music for Babies™, Sound Health®, The Listening Program®, and BrainBuilder®, and trains therapists and educators worldwide. Alex is a third generation member of a family that has been innovating methods to improve brain function and help people reach their fullest potential for more than 60 years. He is co-author of a new book titled Healing at the Speed of Sound™, about how the new science of sound and music can help us improve our lives, publication in 2011. His company website is: www.advancedbrain.com
Setting the Stage for Successfully Learning

By Stacey Ratner

Setting the stage for successful learning requires specific steps taken in both the home and school settings. This requires that we:

**Modify the environment for safety and learning**
- Furniture should accommodate the size of the child
- Visual supports at child’s eye level
- Wall displays are meaningful and spaced out so children can view and focus
- Keeping materials we want the children to use at their reach
- Safely locking away those items the children should not use

**Set the tone so the child will feel protected and valued**
- Warmly greeting each child
- Taking time to listen
- Stable and predictable routines
- Consistent responses and “rules”

**Being empathetic to a child’s pain**
- Provide that understanding ear: “I hear how hard that was for you.” Not getting a “turn”, or even spilling water on their shoe may seem trivial to an adult, however, it can mean worlds to the child!
- Listen and help problem solve

**Remember that punishment may only work temporarily**
- It will not necessarily lead the child to self-mastery. “Punishment teaches a child what not to do but does not teach the child what to do…punishment is not an effective teaching tool.” (Bloch, 1987)

**Use individualized instruction**
- Always taking into account each child’s learning style

**Child Groupings, Physical Environment**
Interestingly enough, educating children is most effective when they are placed in a group sizes corresponding to their age. For example, a two year old should be placed in a group of two, a three year old in a group of three, and so on. When setting up play centers, small group instruction, or even play dates, these numbers should be kept in mind. Additionally, day-care providers should make high interest areas (centers) with enough materials and chairs to delineate how many to a play area. To create a pro-social environment, that is, an environment that by design encourages peer interactions, place containers or toys in the center of the table with chairs at either end or at each side. Regarding placement of toys and materials, it is imperative to remember there should be enough toys so the children will have choices. Children may learn to share by group interaction but with careful orchestration it can be taught more effectively. For example, having them share a toy that may not be one of their favorites, or even distributing napkins from a stack. This is a great tool in reinforcing the not-so-easily acquired skill of sharing.

As a rule, the room should be organized in a way that encourages the child to slow down and navigate his surroundings. Its’ design should promote the high interest play areas, helping to prevent them from running and crashing around the given setting. Noisy activities like blocks should be set further away from quiet activities like reading. Large open areas encourage running, crashing, and often non productive play and learning. Remember to keep safety a priority when organizing the furniture and materials in the day-care setting.

Providers need to create an energy in the room that is calming, organized, and will set the stage for successful learning.

Sitting activities should be followed by movement activities. Young children (ages 2-5) are not developmentally ready to sit for long periods of time. Kindergartners on average sit for 10-15 minutes at a time. Periods of movement allow the child to focus, attend and learn (NAEYC, DAP 3rd edition). Since developmentally young children (ages 2-7) are in constant motion, offering movement activities will allow the child to focus and keep attention for longer periods of time. Depending on the age and energy level of the child, sitting activities may need to be broken up with some movement exercises to keep the child alert and focused.

Transitions can typically be a difficult adjustment for a child. Therefore, use of a picture schedule will allow the child to visualize his successes, enabling him to understand that sections of the day are now over and the next stage is about to begin. It helps to organize the mind of child through providing a visual display, answering the questions he in fact may be wondering, “What do I do now”, “What comes next?” The knowledge that he knows where he is and where he is up to can be very soothing to him. One need only think what our planners, palm pilots, and “to do” lists accomplish for us! The parent or provider can even sing to facilitate transition. For example, “play time is over, and now it’s time to …” Let a child feel some control. Allow them to turn out the light, or shake the tambourine to signal the cue or even to hold the basket for clean-up time. This provides the child with a feeling of confidence. Remember, unless the child can tell time, the cue “5 more minutes” may be insufficient in properly preparing them to wind down.
Successful Learning

Give cues in terms they can understand.
- “Two more blocks...”
- “Three turns down the slide...”
- “Who can help with the count off?”
- “Let’s use your visual schedule to see what’s next...”

Group activities such as circle time or story time at the local library can be a wonderful experience for children. However, it must be noted that not all children may be able to participate for the full length of the activity. Formulating an individual schedule allows children to participate at a rate they can tolerate, helps to minimize their anxiousness. Even displaying a visual timer can allow the child to see where he is, helping him move toward his next activity. Try to make sure it is not one that makes a loud noise as it should not distract the rest of the group. An individual visual representation of their schedule allows them to see what is next. You may want to start the child in the group activity for the last 5 minutes, gradually easing them in for longer, tolerable periods, i.e. the last 10 minutes, then 15 minutes, etc. Eventually, they should be participating for the entire activity.

Communication
Be positive! You may often find yourself admonishing the child, often telling them what not to do, i.e. “Don’t hit”, “Stop running”, “No throwing play-dough”. However, what we must keep in mind is that the child is in the learning phase of life. In fact, you may need to tell them more than once, so remember not to ask, “How many times do I have to tell you?” Also, save the “no,” “stop,” or “don’t” for the very serious and very important. If you find yourself using this negative terminology, you are not teaching the child what he should be doing or what is expected. Speak to the child in clear and positive language, “Let’s walk”, “Please, keep the play-dough on the table,” “What terrific listening you have been doing!” Keep in mind the golden rule: It is not always what we say, but how we say it. Be a positive role model for the child! Try to speak with a smile in your voice. Another important, but often neglected art in raising a child is listening. Being an effective communicator means being a good listener. Children have a lot to say and need to know that what they have to say has value. Too often children are criticized and told to be quiet. Remember that old adage: “Children should be seen but not heard?” That is certainly not the correct approach! We need to step back and listen to what the child has to say, and model the good listening skills we want them to learn.

Another important fact that cannot slip by: If a child forgets, it may not be because they weren’t listening when you had asked them to do something. In fact, memory recall and the ability to pay attention are skills children are still developing.

In the Course of the Day
Young children thrive when there is a predictable sequence to the day. They feel a sense of security in this consistency. We must find opportunities to be outdoors most days, as this enhances physical, mental and emotional growth. We have all noticed how toddlers and preschool age children are constantly moving, running, or jumping. They will gladly accept opportunities for dancing, creative movement, and physical dramatic play. Being outdoors where they can move without restriction or constraint will stimulate their development. “One quarter of a school day should be spent in physical activity.” (Wood 2007) Besides preschoolers needing opportunities for appropriate levels of physical activity, they also require frequent occasion to eat and drink throughout the day. Nutritious food/beverage breaks will help a child to stay energized, avoid headaches and fatigue, maintain focus, and enjoy their surroundings.

When a child is in a day-care and or preschool setting, parents and teachers must work together, keeping the child their absolute focus. This requires setting aside time to regularly share information in ways that are clear and respectful, as well as making decisions regarding the child’s development and learning. It is imperative that a day-care provider try and understand the parents’ goals and expectations for their child and respect the family’s personal and cultural preferences. They must also learn to work together when there is a problem or difference of opinion. Remember, the ultimate goal is to set the stage for successful learning. In this way, we can do our part in helping to ensure a new generation of confident, caring, and healthy adults.

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Sensory Integration Issues

A Mind-Eye Approach

By Deborah Zelinsky

The eyes may be the windows to the soul, but did you know that in infants, children and adults, eyes are also a door to the senses? When it comes to the eye, a whole lot more is going on inside than people may realize. In fact, undetected visual problems may contribute to future learning and/or behavioral issues.

Most of the brain activity that occurs when light strikes an eye, about eighty percent, is related directly to sight. Yet the remaining twenty percent gives the brain a whole gamut of information about the surrounding environment. For instance, researchers at Stanford University Medical Center have used MRIs to definitively demonstrate brain connections between visual and auditory processing. (Human Brain Mapping. 2008 July; 29(7): 848–857. In addition to hearing, the eye is linked with spatial orientation and balance, sleep cycles and body temperature. And since visual systems are so significant, changes to them can have far-reaching effects.

A growing group of rehabilitation professionals are focusing on the untapped potential of treatment via the eye. One organization, NORA, the Neuro-Optometric Rehabilitation Association, brings together doctors, therapists, and researchers from a range of disciplines to find new ways to help patients. The research also gives parents and caregivers insight into how to assist a child’s sensory development from earliest infancy, so that many common issues can be avoided. Challenged children stand to benefit quite a bit from early neuro-optometric evaluation, allowing caregivers to head several types of problems off in advance.

For instance, four-year-old Eric, who had multiple ear infections as a baby, refuses to speak with his grandmother on the phone. In fact, although he adores her in person, he becomes very distressed when she calls. His hearing tests fine, but since his visual and auditory development are out-of-sync, he can’t visualize his grandmother’s face when he hears her voice.

Little Gina was recently prescribed glasses. She is suddenly unable to locate her mother at the playground. “I’m right here, honey,” calls her mother from behind her. She looks this way and that, but for some reason is not able to locate the source of her mother’s voice. The glasses corrected Gina’s central vision, but they changed the way she experiences her outer environment. Light bending onto her peripheral retina in a different way is confusing her auditory systems.

Later, in kindergarten and first grade, Eric and Gina are not ready for reading. They cannot seem to connect the printed shapes of words and letters with the familiar sounds and words they know, while their classmates have no trouble relating sounds to pictures and symbols. As they get older, they cannot take notes and understand the teacher at the same time. They also have subtle social skills problems. They are among the many children who are unable to watch and listen simultaneously.

Eric and Gina could have had an easier road if their sensory integration problems had been pinpointed earlier. Their parents certainly would have noticed a motor problem. But they could not peer into their children’s eyes to see if their visual skills were developmentally on par.

Preschool screenings did not “catch on” to their problems as they were tested for eyes and ears separately, however life requires that they are used together. General optometry, as well, usually tests aiming and focusing abilities separately under controlled conditions concentrating on eyesight functions. Since Eric’s eyesight was 20/20, who would think he had a visual problem? Specialized neuro-optometrists look for many integrated issues, which allows them to often give a fuller picture of the child’s neurological development. It is then possible to offer solutions in the form of customized eyeglasses or other appliances to remedy the problems.

WHAT CAN PARENTS DO?

Besides professional attention, parents can do a lot at home to promote healthy linkages. It’s important to understand that development of visual processing requires stimulation at different stages and of different types. Central processing, peripheral vision, and linkages with other senses have typical timetables. If a child has missed some of these milestones due to health issues or other impairments, his long-term development will also be affected. Watching out for warning signs, supplementing with stimulating activities, and intervening early can help the child integrate later into school, older childhood, and adult life much more easily.

BEFORE BIRTH

Eye-brain development and its integration with other senses starts in the uterus, as the baby’s head shifts from place to place. If the pregnant woman can’t provide enough movement due to bed rest, or if the uterus is crowded with multiple fetuses, this stage in visual development could be delayed.
While there is not much you can do to change these situations before birth, make a mental note to provide additional stimulation after he is born.

NEWBORNS AND INFANTS
Peripheral eyesight should typically begin to develop right after birth, when the baby begins to visually scan his surroundings. If, however, he is fighting an internal struggle for health or survival, he won’t be spending much time analyzing the external world, and peripheral eyesight development will be delayed. Parents can stimulate and enhance this crucial growth in several simple ways. For instance, they can alternate arms during feedings so each eye gets equal action. This will happen naturally for breast-fed infants, but the parent can remember to do it for bottle-fed babies as well.

(Binocular vision begins to develop between four and six months of age. Before this, it is common to see one eye wandering around while the other is fixating. This is normal and should not be a cause for concern.)

Making sure the baby’s neck and shoulders are working properly is also important. The brain is learning how to control and direct the eyes, what to anticipate in the environment, and where the individual is located in space. The reflexive visual processing centers in the brain are also supposed to develop a neurological connection to neck and shoulder muscles -- if the child is not able to move her neck and shoulders freely at an early age, many aspects of her vision will also be affected.

Eye muscle control is developing as the baby first looks at large, general objects and later at smaller details. This is important because when it’s time for reading, the child will have to progress from big colorful pictures to large words and then to smaller printed text. Parents can encourage eye muscle use by changing the crib location from time to time. The baby will scan the room for important features such as the door (“that hole in the wall where my Mommy comes in”). They could also occasionally move the baby’s car seat to a new spot in the car. An added benefit: Besides the scanning practice, it will also help get the child’s senses used to reacting to changes in her environment. Doing this from infancy can help prevent the distress that some challenged children have when everything suddenly “looks different.”

LIMIT TELEVISION, ELECTRONICS AND SCREENS
In today’s technology-packed world, parents may have to try harder to provide the types of low-tech physical experiences so beneficial for eye-brain development. Car travel, television viewing and computer use must be well-balanced with old-fashioned, outdoor, large muscle play. Also, the modern trend of quickly flashing images is confusing to developing visual systems, not allowing enough time for central processing and throwing things off-kilter. Choose tamer programs with one central character to follow, such as Dora the Explorer, if you must.

BROADEN YOUR VIEW
“Go outside and play” is a great piece of advice. In addition to the wide variety of visual stimuli out of doors, children must continually focus on near and far objects.

HOP, SKIP AND JUMP
Physical activity affects the sensory system. A mobile child of five should be able to skip down the block, with the right arm and left leg moving forward together, and vice versa. Difficulty doing this could be a warning sign for neurological problems. Less mobile, even wheelchair bound kids can visualize the movements, which some studies show can be similarly effective. For the child whose neck and shoulder movement was restricted in infancy, exaggerated arm swinging while walking can be very helpful.

LEFT AND RIGHT
Use the words “left” and “right” as part of your daily vocabulary. Even if the child is not yet able to distinguish sides, she should be made aware of the concept.

GAMES
Parents could provide opportunities to exercise visual memory, adding in verbal cues and motions. Can your child visualize something without seeing it? Four-year-olds will enjoy the pillowcase game: gather some familiar objects inside a pillowcase. Take turns feeling the items, describing them and guessing what they might be. Other blind-fold games such as “Pin the Tail on the Donkey” and “Marco Polo” are great for this, too.

IN YOUR MIND’S EYE
Here are some other games that will stimulate visual imagination. Draw ABC letters on your child’s back instead of on paper or reading them from a book. This is a great bed-time activity. While waiting at a restaurant, make a design with forks and spoons on the table, then cover it up with a napkin. Next, ask the child to copy the pattern from memory with her own forks and spoons.

KEYS
Giving children their own keychain with keys helps them learn to visually distinguish sizes, shapes, and color differences.

MARKING TIME
You can even teach children to visualize time! Mark off days on a calendar toward a birthday or other event. It’s seven pages (months) until their party. Now it’s only five pages. Now it’s only three boxes (days).

WATCH AND LISTEN
Emphasize the auditory component: Make a game of clapping in patterns and ask the child to repeat the rhythm. Play an easy version of “Simon Says”. Read picture books aloud and have the child point in answer to questions.

CONCLUSION
All of these activities stimulate those hidden brain centers that are connected to the peripheral retina. Developing these senses together will help your child connect what is heard, seen and felt, and will prepare your child for higher level tasks such as reading, picking up on other people’s facial expressions, and understanding abstract concepts.

QUICK TIPS FOR THE VERY YOUNG CHILD

Dr. Deborah Zelinsky is an optometrist specializing in neuro-optometric rehabilitation at the Mind Eye Connection in Northbrook, Illinois. She is a fellow in the College of Visual Development (F.C.O.V .D.) and a Charter Member of the Neuro-Optometric Rehabilitation Association. Learn more at her website: www.mindeyeconnection.com
Phonological Awareness

By Denise Boggs

Phonological awareness refers to the ability to recognize and manipulate sound units (also known as phonemes) in spoken language. A child should be able to recognize that the word “cat”, for example, is not just “cat”, but rather it is made up of 3 individual sounds “/k/-/ae/-/t/” (written in phonetics).

A child with strong phonological awareness skills will quickly appreciate words that rhyme in addition to recognizing that simply changing the first sound in a word will allow it to rhyme with a second word. These children will be able to distinguish parts of words (syllables), as well as being able to add and remove parts of words. For example, “Say ‘cowboy’; now say it again but this time, don’t say ‘cow’.” (boy).

Later, the child should be able to manipulate certain sounds within a word. For example, the child may be told, “Say “car”; now take out the /k/ and put in a /t/, now what does it say?” (“tar”).

Children with a secure foundation in phonological awareness have been found to do better in their overall development in other areas within academics, such as reading and spelling skills.

If you notice that your child is experiencing certain types of speech difficulties, he will certainly benefit from training in phonological awareness, as it will help him recognize the importance of each sound in a word, as well as how the meaning can change if all of the sounds are not there or produced correctly.

As stated above, difficulty with these skills may have an impact on your child’s ability to acquire reading and spelling skills. If you notice that your child is having difficulty with any of these skills, early intervention is the most powerful tool in your arsenal. Contact your school reading specialist or speech-language pathologist to help rectify these issues immediately.

Below is the beginning areas of phonological awareness a child should have around age 5

**Rhyming detection:** Recognizing if words do or do not rhyme

**Rhyming production:** Tell me a word that rhymes with “cat”

**Syllable counting:** How many parts do you hear in the word “cat”; “table”; “elephant”?

**Syllable manipulation:** Say “hamburger”; now, say it again but don’t say “ham”

**Initial sound detection:** What is the first sound you hear in the word “cat”?

**Final sound detection:** What is the last sound you hear in the word “cat”?

**Phoneme blending:** If I say the word parts (/k/-/ae/-/t/); now tell me what word I just said… (Child should say “cat”)

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Parenting a Child with ADHD: The Challenges and the Joys

By Angel Adams

Parents who have children with ADHD love them, as they are usually quirky, think outside the box, are straight forward with their feelings, energetic, charming, and creative. Parents also know that they can be demanding, fiery, and very difficult to raise. Sometimes parents can feel shattered and helpless and don’t know where to turn.

Evidence-based treatment for ADHD includes a package of psycho-educational information, classroom strategies, parent training, medication, social skills groups, and if necessary specialist school placement. Parent Training (PT) offers methods to learn specific behavioral management training to apply the principles at home. PT in a group may also give parents a sense of support and affinity with the other parents.

PT teaches behavioral strategies to parents and is one of the most effective forms of treatment as validated by multiple clinical trials. It helps parents to assist their children by giving them specific strategies. We know that the use of effective parenting techniques is one of the best predictors of success in adulthood. PT needs to be specific for ADHD because often the straight forward parenting programs do not always work for these kids with challenging behaviors.

What are effective parenting techniques for kids with ADHD? I have been facilitating groups for many years and the components of the PT always begin with systematically providing parents with factual information about ADHD and the common coexisting conditions these kids have. Parents need to know the facts and not be deceived by the sensationalism of the media and personal agendas promoted by those who ignore scientific evidence. Russell Barkley states: “Education and knowledge about the disorder is more powerful than anything else you do. Teaching people about their disorder is crucial. Our studies show it actually changes more behavior than the active treatment. It gives people (teachers, family members, employers) knowledge from which they can re-frame their understanding of sufferers. That’s a very powerful act. So much change takes place just from giving people accurate information.”

PT utilizes cognitive therapy techniques to enhance parental acceptance, understanding and management of the disorder. Parents have had to struggle with the stigma of having a child with a challenging behavior. They have often felt judged by professionals who indicated that their child’s problems were caused by poor parenting despite the puzzling aspect that their other children who did not have the condition were faring relatively well in most cases.

Parents need specific help (i.e. managing their children in public places). PT gives them specific techniques for managing their own temper and frustration when they are disciplining. The apple never falls far from the tree, and research shows that ADHD is highly inheritable, so often one or both parents can have ADHD themselves. The strategies are welcomed and appreciated by most parents. The saying, “If you keep doing what you’ve always done, you will keep getting what you’ve always gotten” is an appropriate description of the parent-child dynamic. PT helps parents to try out and become skilled at new and specific training steps to change old patterns in themselves and their parenting.

PT teaches strategies to parents to target not only their primary ADHD symptoms, but also many co-morbid features including oppositional defiant behaviors and conduct problems. PT interventions utilize parents as co-therapists, thus deriving indirect therapeutic benefits from their involvement in treatment. It helps parents to make clear, specific requests of children, to use praise and rewards for complaint and positive behavior more than focusing on punishment. At the same time the use of natural, logical consistent consequences with empathy are crucial in helping kids with ADHD become more responsible and accountable for their behavior.

PT involves various methods of contingency management (e.g. improving the effectiveness of commands) transition planning, altering tasks and environmental settings and modifying points of performance to help children with ADHD. Positive attending, token point systems, response cost, and tailor made time out (or loss of privileges for teens) from reinforcement are also key components.

Parents are taught specific ways to communicate verbally (or when to say nothing and detach) and to become more aware of their body language expressed to their children. The focus is also on enhancing their child’s strengths and talents, as this often gets overshadowed by the day to day problems. Helping parents create monitoring methods such as daily home-school cards and developing a partnership with teachers and understanding their child’s educational rights are vital to their child’s educational progress. Parents are also encouraged to take better care of themselves through self-nurturing and a healthy lifestyle.

Many children with ADHD suffer from problems with self-regulation much more than attention problems. Executive functioning deficits become an obstacle for the child to transfer external events into mental internal events, to move from other-control to self-control, to distinguish the here-and-now from the anticipated future, and to progress from immediate to delayed gratification. PT offers strategies which include planning, problem solving, organization, and using externalization of time (clocks, beepers, calendars, visual time tables) to help with their time-blindness.

There are also lots of great books for parents of children and adolescents with ADHD, but I recommend Russ Barkley’s Taking Control of your Child’s ADHD. In addition, check out Super-parenting for ADD: An Innovative Approach to Raising Your Distracted Child by two giants in the field of ADHD, Dr. Edward Hallowell and Dr. Peter Jensen.

Angel Adams, PhD, has worked as a clinician for over 28 years. She is an autism specialist and her work involves assessment and diagnosis, psychometric testing, and implementation of therapeutic interventions for children/adolescents and adults with a broad range of diagnoses. She has conducted research on group intervention for children with ADHD which she presented at two International CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) conferences. She appeared on British prime time TV, in which BBC2’s Horizon science programs featured ‘Living with ADHD’. Since 1994, she has been a guest speaker at many conferences and seminars across the UK, Europe and USA. For more information, visit her website at: www.drangeladams.com
All morning long, Jenny has been looking forward to playing with the toy tractor in the sandbox and has repeatedly told her teacher all about it. When it’s recess time, she runs to the sandbox only to discover that another child has gotten there first. Though her teacher reminds her that she’ll get a turn when her friend is done, instead of expressing her disappointment effectively or telling her friend how she had been waiting to use the tractor, Jenny identifies what she is feeling in the only way she knows how: anger. She screams at her friend, grabs the toy and is promptly escorted to the thinking spot for some cool-down time.

This outcome could have been prevented with some social cueing and an increase in Jenny’s emotional vocabulary.

Consider the scenario with a little pre-intervention from the teacher:

All morning long, Jenny has been looking forward to playing with the toy tractor in the sandbox and has repeatedly told her teacher all about it. When it’s recess time, she runs to the sandbox only to discover that another child has gotten there first. Her teacher reminds her that she’ll get a turn when her friend is done and that while it’s okay to feel disappointed, the other child wasn’t aware that Jenny wanted the tractor.

Jenny remembers her conversation with the teacher and tells the other child, “But I was so excited to use the tractor, I want it to be my turn.” The two children work out how long it will be until Jenny’s turn.

How Can Adults Help Enhance Emotional Vocabulary?

The example of Jenny and the tractor shows one very specific way an adult can intervene to help a child use her emotional vocabulary to successfully navigate a social situation. In providing Jenny with more words for her experience, it helped her to see there was a broader range to her emotions and that there were options for how she chose to respond.

There are a number of other, everyday ways that teachers and parents can help children increase their emotional vocabulary, beginning with expressing and regulating your own feelings out loud and with a broader range of words. Instead of letting loose with a string of expletives when you can’t get the DVD player to work or yelling at the third student of the day to spill his juice, take

The Importance of Emotional Vocabulary

The creation of an extensive emotional vocabulary is key in helping children to identify what they are feeling and in giving them insight into what others are feeling as well. Developing the ability to tune in to other people’s emotions plays a big role in enhancing a child’s social development and competence. A child who can read emotional cues has an easier time building and maintaining friendships because she can gauge other children’s reactions to her overtures and respond in a socially appropriate manner. It’s that ability to respond to other people’s feelings in a socially appropriate manner that takes a child beyond just having a good emotional vocabulary and into the realm of emotional literacy.

However, reading those cues and knowing how to respond doesn’t come naturally to children, it needs to be taught. Even adults can find reading those cues hard and we are aware that situations often have complexities not always apparent on the surface.

Let’s look at the example of Jenny and her classmate in a little more depth. While it may seem straightforward—Jenny wanted a toy, her classmate took it, she got angry and grabbed it back—here’s the scenario as it really occurred:

“I’m mad at you!” screams four-year-old Jenny as she yanks a coveted toy from her classmate’s hand. Five tearful minutes later she returns from her assigned thinking spot and announces, “I’m sad.” Most teachers and parents help children identify the words for strong feelings such as anger and sadness. We coach toddlers and preschoolers by telling them it’s okay to be angry, and we tell them when they seem sad. However, we sometimes overlook the importance of adding depth and breadth to our children’s emotional vocabulary. In order for children to effectively read other people’s emotions, as well as to accurately express their own, we need to enhance their emotional vocabulary and literacy.

By Amanda Morin
a deep breath and say, “I’m frustrated that you can’t watch the movie you wanted to watch because the machine isn’t working” or “I’m irritated that I have to keep cleaning up messes when I’d rather be reading the class a story.”

By far, the best way to enhance emotional literacy is to continually label emotions and role-play social scenarios. Many teachers find it helpful to come back to situations that didn’t go very well and examine with students how it could have been handled differently. As children learn there are more feelings than just sad, mad and happy, the world opens up to them and they learn not only about themselves, but about others as well.

**Resources:**

**Books About Emotions:**
- On Monday When it Rained, (Cherryl Kachenmeister)
- Glad Monster, Sad Monster: A Book About Feelings (Anne Miranda & Ed Emberley)
- My Many Colored Days (Dr. Seuss)
- When Sophie Gets Angry—Really, Really Angry (Molly Bang)
- Feelings (Aliki)
- When I Feel Angry (Cornelia Maude Spelman)

**Articles:**


**Feelings charts:**
Created by and available from the Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) at www.challengingbehavior.org.

Amanda Morin served as a kindergarten teacher and early intervention specialist for over 10 years, working with children with special needs and children in therapeutic foster care and teaching parenting classes. She has written for Education.com, the Maine Department of Education and others, covering pediatric mental health, developmental disorders, parenting and stress management for families and children. She can be reached via email at: morin.email@gmail.com.

Here are some other easy, fun ways to enhance emotional vocabulary:

- **Read, read, read!** Emotional literacy goes hand-in-hand with general literacy. Though there are a number of great children’s books that explore feelings, including books such as My Many Colored Days (Dr. Seuss); When Sophie Gets Angry—Really, Really Angry (Molly Bang); and Glad Monster, Sad Monster: A Book About Feelings (Anne Miranda & Ed Emberley), you don’t have to limit yourself to books with emotional content. It’s simple enough to read a classic fairy tale and have children help you identify and predict what the characters are feeling, using the pictures and context as clues.

- **Go on an emotion treasure hunt.** It’s amazing what you can do with a pair of scissors, glue and some old magazines. You name the emotion and set the children loose on the magazine to cut out a picture of a face expressing that emotion. You can enhance this activity by having children tell you about a time they felt the same way.

- **Make a list of feelings and the noises they make.** Create a list of emotions (it helps to put matching faces next to them for a visual cue) and then spend a little time brainstorming the sounds that go with them. For example, children frequently know that “boo-hoo” and “wah” go with sad, but they may not understand that a scream can indicate pain, surprise and anger or that “oof” is often paired with clumsiness.

- **Play Feelings Bingo.** This game is played just like regular Bingo, but the board has feelings faces on it. Call out the feeling and have children cover the appropriate square. Children can make their own boards or you can use one of the many Bingo-board creation sites available to educators to make them yourself.

- **Post a chart of Feelings Faces in a high traffic area.** The feelings chart is a great tool for when children don’t have the word to describe what they are feeling. They can point to the corresponding face, giving you a better idea of what’s going on with them (See Feelings charts above for a reproducible chart).
**Tummy Time—Continued from front page**

list. In addition, babies that are not used to being on their tummy often protest—loudly!

However, tummy time can be made into a fun and natural part of baby’s day by incorporating a few easy tummy time moves. Simple changes in how you carry out everyday tasks can make all the difference. Try one or more of these activities:

- **Tummy to Tummy:** Lie down on the floor or a bed, flat or propped up on pillows. Place baby on your chest or tummy, so that you’re face-to-face. Babies love faces, and this position is also great for social interaction.
- **Eye-Level Smile:** Get down level with baby to encourage eye contact. Roll up and place a blanket under her chest and upper arms for added support.
- **Lap Soothe:** When burping or soothing baby, place him face down across your lap instead of up on your shoulder. A firm hand on his bottom will help steady and calm him.
- **Tummy-Down Carry:** When carrying baby from room to room, carry her with one hand under her tummy and between her legs. Nestle baby close to your body for added stability.
- **Tummy Minute:** After a diaper change, place baby on his tummy for a minute or two. Babies love routine, and once baby expects tummy time, he may not be protesting as much.

Start with a few minutes at a time and aim for an hour per day—in several shorter intervals—by three months of age. Don’t get discouraged if you can’t meet this goal intervals—by three months of age. Don’t aim for an hour per day—in several shorter:

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Statistics compiled by the Pathways Awareness Medical Round Table from a variety of sources, including the March of Dimes, Pediatrics Annual Summary of Vital Statistics, and the Centers for Disease Control and Prevention.

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**Recent Findings**

**Can poor sleep increase the risk of infections?**

By Dennis Rosen

The Archives of Internal Medicine recently published a study which looked at the association between sleep habits and susceptibility to the common cold. In this study, 153 healthy men and women between the ages of 21-55 were asked to record their sleep duration and sleep efficiency (the amount of time they actually slept divided by the amount of time in bed) on a daily basis for 14 days. At the end of this period, they were placed in isolation, and given nose drops containing rhinovirus, the virus which causes the common cold. Cold symptoms were monitored starting one day prior to exposure and during each of the 5 days following exposure to the cold virus. 66 participants (43%) developed a cold following exposure to the virus.

The researchers found that those study participants who slept fewer than 7 hours/night on average during the 14 days preceding the exposure were almost three times more likely to develop clinical signs of a cold than those who slept 8 or more hours/night on average during that time. Likewise, people with sleep efficiency less than 92% were five and a half times more likely to get sick than those whose sleep efficiency was greater than 98%. Developing a cold could not be explained by differences in levels of antibodies to the cold virus, the season, the participants’ body weight relative to height, their age or socioeconomic status. There was no correlation between whether a participant reported feeling well rested after a night’s sleep and whether or not he became infected.

Why does insufficient sleep lead to an increased susceptibility to infection? The researchers suggest that this may have to do with the way sleep regulates the expression of inflammatory mediators, and that alterations in their levels may, in turn, lead to variability in the way that symptoms are expressed. The lack of correlation between feeling well rested or not and infection suggests that there is a basic need for a certain quantity of sleep independent of whether or not one feels sleepy.

Insufficient and/or poor quality sleep is known to be associated with a whole host of health problems, all more serious than coming down with a cold. Still, the protective effects of getting adequate sleep may well extend to other types of infections, and as we all know, there’s no such thing as being too healthy. This gives one more reason to turn off (the TV, computer, cell phone), tuck in, and get a good night’s sleep.

Gay L. Girolami has been the Executive Director of Pathways Center in Glenview, IL, since 1985. She is currently enrolled in a doctoral program in Motor Control and Learning in the Department of Kinesiology and Nutrition at the University of Illinois at Chicago. Gay has trained over 2,000 therapists, in the U.S., Switzerland, Finland, Greece and Brazil. She is a member of the American Physical Therapy Association, Neuro-Developmental Treatment Association and the American Academy of Cerebral Palsy and Neuro-Developmental Medicine. For more information, visit the Pathways Awareness website: www.pathwaysawareness.org or email: friends@pathwaysawareness.org

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