

When Young Children Have Difficulty Attending

by Lucy Collier

Very young children experiencing difficulty with alerting, sustaining, and shifting attention are more likely to have cognitive delays at three years of age, according to one study conducted by Georgia DeGangi and her colleagues (DeGangi, G.A. et.al., 2000). These children are also more likely to be diagnosed with regulatory disorders. They are at risk for learning difficulties and behavior problems during the early school years. DeGangi found that 55 to 64% of children with regulatory disorders have difficulty sustaining their attention during visual, auditory, tactile or multisensory activities and are more likely to be distracted by sights and sounds. Besides being highly distractible, they are more likely to have difficulty shifting attention to something new.

The process of attending consists of active selection of information that leads to an activity or thought process. For a child to attend and be functionally competent, they will need to effectively screen out irrelevant stimuli (e.g., a bell ringing, a fan blowing, the room temperature, etc.) Irrelevant stimuli may be internal (involuntary and sensory) or external. We can help a child attend and increase their persistence by providing experiences that help the child organize their sensory systems. Increasing the frequency and duration of activities can help regulate a child's arousal levels. Minimizing distractions or stimuli that over arouse can increase a child's attention or persistence. Here are some suggestions to help increase a child's attention span and level of persistence:

Environmental

- ◆ put toys and activities into clearly defined bins;
- ◆ limit the number of toys available;
- ◆ recycle toys to maintain novelty;
- ◆ provide enclosed spaces in which to play and explore (large box, pup tent) with soft carpet and pillows;
- ◆ eliminate distracting sounds;
- ◆ keep visual clutter to a minimum.

Body Comfort and Timing

- ◆ do quiet concentration activities when child is most alert in the day;
- ◆ provide a few minutes of organizing body input before focused activity - for example, squeeze toys, Play Dough or therapy putty, pulling and carrying heavy objects, gentle bouncing and rocking;
- ◆ give the child "heavy work" or intense pressure or movement activities between focused activities;
- ◆ before and during activities, provide a child with crunchy or chewy snacks;
- ◆ before and in between activities, have the child lie under a heavy pillow and provide soothing pressure as comfort for the child;
- ◆ before and in between activities, swing child;
- ◆ experiment with the use of weighted vest to help organize child during focused activities.

Recreation

- ◆ include in child's daily schedule opportunities for high intensity active play such as wrestling, climbing, swinging, throwing; running, jumping, rocking, bouncing, etc.;
- ◆ consider more formal opportunities for physical activities such as karate, gymnastics, swimming, horseback riding;
- ◆ avoid high intensity activities after dinner and before winding down for bedtime.

Auditory

- ◆ try Gregorian chants, Mozart, New Age music or female vocalists for calming background music;
- ◆ consider headsets for some children to minimize extraneous noise;
- ◆ turn off the TV;
- ◆ talk less and use language geared to the child's communication level.

Visual

- ◆ highlight with colors or line boundaries the visual information you want child to attend to;
- ◆ focus lighting on the visual information you want child to attend to;
- ◆ eliminate visual clutter in the area you are working with child.

Behavioral

- ◆ encourage engagement for longer increments overtime;
- ◆ provide reward for maintaining attention for given period of time;
- ◆ give "breaks" to do activity child enjoys (and chooses for themself);
- ◆ give limited choices of things you want child to do so they can feel in control;
- ◆ consider whether social/relational/emotional factors need to be addressed.

You can also utilize well-documented behavioral strategies to elicit and teach attending behaviors (e.g., incidental teaching and pivotal response training).

DeGangi, G.A., Breinbauer, C., Roosevelt, J.D., Greenspan, S., & Porges, S. (2000). Prediction of childhood problems at three years in children experiencing symptoms of poor regulation during infancy. *Infant Mental Health Journal*, 21, 156-175

For a comprehensive review of suggested interventions, please see DeGangi, G.A (2000). Pediatric disorders of regulation in affect and behavior: A therapist guide to assessment and treatment. Academic Press.

Announcements



Updating UPDATES

Remember, in order to keep receiving UPDATES, send in the survey form to Betty Hinojos bhinojos@salud.unm.edu by **Sept. 1, 2003**

IFSP Forms On-Line

The new IFSP forms, in Spanish and English, are available on-line through the ECN website! Log on to <http://cdd.unm.edu/ec/ecn/staffdev.html> to access this new resource.

READ ALL ABOUT IT!

by Mette Pedersen

N*natural Resources* is a weekly, one-way listserv available at no cost to interested subscribers. Originating from the Frank Porter Graham Center at the University of North Carolina, *Natural Resources* provides regular updates and information about early childhood issues and research. If you would like to join this listserv, go to: <http://listserv.unc.edu/>



Using the “Search for Lists” tool, find `natural_resources` and follow the directions for subscription.

To view past *Natural Resources*, please visit:
http://www.fpg.unc.edu/~scpp/nat_allies/na_resources.cfm

(The *Natural Resources* listserv is made possible through the U.S. Office of Special Education Programs and Natural Allies.)

Early Intervention Workshop Calendar



MONTH	WORKSHOP	LOCATION	CONTACT
August 15, 2003 **CANCELLED**	FIT Orientation to PART C	Gallup **CANCELLED**	FIT Consultant: Deb McCue 265-9414
September 15, 2003	FIT Orientation to Part C	Farmington	FIT Consultant: Deb McCue 265-9414
September 15, 2003	FIT Orientation	Las Cruces to PART C	FIT Consultant: Kathleen Trumbull 525-9673
September 30, 2003	Service Coordination Module 4	PRO Office Albuquerque	FIT Program: Doreen Sansom 827-2162
October, 10, 2003	FIT Orientation to PART C	Albuquerque	FIT Consultant: Sherri Davidman 256-1224
October 28, 2003	Service Coordination Module 1	Ruidoso	FIT Program: Doreen Sansom 827-2162
December 4-5, 2003	Service Coordination Modules 2 & 3	Socorro	FIT Program: Doreen Sansom 827-2162

SERVICE COORDINATION modules are required for all new Service Coordinators working in Early Intervention programs:

- **Module 1:** Family Centered Service Coordination
- **Module 2:** From Intake to Eligibility Determination
- **Module 3:** The IFSP process
- **Module 4:** Smooth & Effective Transitions

It is highly recommended that these modules be taken in order, if at all possible.

Doing it!

Teamwork Using the Routines-Based Interview in Northern New Mexico

by Mary Zaremba

There continues to be high interest generated by community early intervention program staff and consultants in the use of the Routines-based Interview (RBI) following Robin McWilliam workshops in March 2003. Service coordinators, developmental specialists, and therapists alike have been reporting to the Early Childhood Network on their experiences using the RBI. Many providers have taken to heart McWilliam's recommendation to use the "Nike Principle." *They are doing it!*

Barbara French (DS) and Emily Higginbotham (OT) with The Children's Workshop have been teaming together to do RBIs with families in the Clayton area. So far, they have conducted 4-5 RBIs together and seem to be quite pleased and impressed by the results. Barbara and Emily have met with families to do the interview following the completion of intake and evaluation activities. At this point, they say they have "rapport established" with the family. Building on that rapport facilitates the interviewing process and lends itself to development of functional outcomes for the IFSP.

The following are several key comments/points Barbara and Emily have identified as a result of their recent RBIs with families and would like to share with us:

- ❶ "Bottom line – it's so respectful...It (RBI) gives them (family) the opportunity to talk about their child...they take on their role as parent as opposed to them being an observer watching their child be evaluated."
- ❷ Expect the unexpected! "The information is so different from what we are used to getting from initial intake, case history or evaluation. Our results keep getting better and better, more functional and meaningful to the family."
- ❸ Utilizing the RBI may require an agency to examine choices of assessment and evaluation tools, team practices and decisions about outcomes and strategies in preparation for and in developing the IFSP.
- ❹ It is helpful to team up with another team member to conduct the RBI and be insightful when the team members have different backgrounds. As an OT teamed with a Developmental Specialist, Emily realized during one interview "when the parent said their child could climb out of the high chair by himself, (that) told me that motor was possibly not a concern."

FAQ

**To this frequently asked question,
*How do I get comfortable with this?***

Robin McWilliam responds:

- ◆ Do RBI's until you are happy with them.
- ◆ Give yourself permission to make support-based home visits, attending to all the dimensions of the three kinds of support (material, emotional, informational).
- ◆ Focus on the outcome of hoping families become more satisfied with their routines including child care, if appropriate.

- ⑤ We knew this was working when during one of the interviews, Barbara and Emily noticed that “the light went on” for one of the families. The parents seemed to understand the connection between “the reason why we are asking (you) these questions is so we can incorporate examples of family activities with goals (IFSP).”

Barbara and Emily explained further that they didn't and couldn't at this point in time know very much about their child. Only the family could provide essential information about their life with their child on a daily basis to help create meaningful, functional next steps.

The above experiences by two practitioners from different backgrounds teaming together to conduct the Routines-based Interview with families, offers us just a small glimpse into the possibilities this kind of activity can produce. As we continue to inform families over time that our visits are more about consulting with them to ease and support their day to day life with their child and less about our directly *teaching* their child, we are on our way to a trusting, growth-producing relationship.

Barbara and Emily are interested in connecting with other providers who are using the RBI with families. If you are and would like to share your experiences and exchange information with them, call The Children's Workshop (Clayton Office) at: (505) 374-2104, You can send email messages to Barbara: childrenswork@plateautel.net and to Emily at emilyjohnson@mindspring.com



From the presentation, Capacity Building for the DOH-FIT System:
Natural Environments, Robin McWilliam, Ph.D. Vanderbilt Center for Child
Development & Research, March 4, 2003.