HOW CAN I HELP THIS CHILD?
BUILDING SUPPORTS IN THE MONTESSORI ENVIRONMENT

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WASHINGTON MONTESSORI INSTITUTE
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Let’s consider:

WHAT IS KNOWN?
SUPPORTS AND PRACTICES

WHAT DOES THIS MEAN FOR ME?

Speech and language concerns
Sensory processing issues
Selective mutism
We’ll focus on these questions:

What does a guide need to know?

Who can help?

How do I develop Montessori supports and adaptations at my program level?
### Speech and Language Communication Concerns

<table>
<thead>
<tr>
<th><strong>SPEECH</strong></th>
<th><strong>LANGUAGE</strong></th>
<th><strong>ENGLISH LANGUAGE ACQUISITION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical act of producing verbal language</td>
<td>Rule-based and pragmatic systems of communication</td>
<td>Simultaneous or Sequential</td>
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**Speech**
- Physical act of producing verbal language

**Language**
- Rule-based and pragmatic systems of communication

**English Language Acquisition**
- Simultaneous or Sequential
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<tr>
<td>EXPRESSIVE</td>
<td>RECEPTIVE &amp; EXPRESSIVE</td>
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</tr>
<tr>
<td>ARTICULATION</td>
<td>FORM (Rule systems)</td>
<td>UNEVEN DEVELOPMENTAL PROCESS OVER TIME</td>
</tr>
<tr>
<td>• Substitution</td>
<td>• Phonology</td>
<td>STAGE 1: Preproduction</td>
</tr>
<tr>
<td>• Omission</td>
<td>• Morphology</td>
<td>STAGE 2: Early Production</td>
</tr>
<tr>
<td>• Distortion</td>
<td>• Syntax</td>
<td>STAGE 3: Speech Emergence</td>
</tr>
<tr>
<td>• Additions</td>
<td></td>
<td>STAGE 4: Intermediate Fluency</td>
</tr>
<tr>
<td>FLUENCY (Dysfluency)</td>
<td>CONTENT (Semantics)</td>
<td>STAGE 5: Advanced Fluency</td>
</tr>
<tr>
<td>• Stuttering</td>
<td>• Vocabulary</td>
<td>POSITIVE COGNITIVE IMPACT</td>
</tr>
<tr>
<td>• Cluttering</td>
<td>• Comprehension</td>
<td>CONSIDER PHONOLOGICAL DIFFERENCES IN LANGUAGES</td>
</tr>
<tr>
<td>VOICE</td>
<td>• Word finding</td>
<td>FOCUS ON ORACY SKILLS</td>
</tr>
<tr>
<td>• Pitch</td>
<td>• Multiple meanings</td>
<td></td>
</tr>
<tr>
<td>•Intensity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phonation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Resonance</td>
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What does a guide need to know?

- First language/articulation in place at 5 - 6 yrs
- Developmental sequence for speech sounds
- Developmental sequence for language
- English language acquisition considerations
Considerations for English language learners:

✓ Understanding directions

✓ Unfamiliar sounds not in first language:
  Spanish: /dg/, /j/, /sh/, /th/, /z/
  Chinese: /b/, /ch/, /d/, /dg/, /g/, /oa/, /sh/, /th/, /v/, /z/

✓ Remembering puzzle words

✓ Retelling a story

✓ Confusing pronouns, conjunctions, homophones

✓ Processing, concentrating, frustration level
Speech and language concerns
Sensory processing issues
Selective mutism
Who can help?

**Speech Language Pathologist (SLP)**

Screenings
Speech/Language Assessments

*Therapy Sequence for Speech*
- Isolation
- Syllables
- Words
- Sentences
- Connected Speech

Consultation
Montessori supports and adaptations at my program level?

Model articulation with vocal emphasis

Model grammar

Three-period lesson

Expand vocabulary, expressive abilities, precision

Practical Life

Name attributes and functions
# Sensory Processing Issues

<table>
<thead>
<tr>
<th>7 SENSES</th>
<th>DYSFUNCTION</th>
<th>IMPACTS</th>
</tr>
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<tbody>
<tr>
<td>Sound, taste, smell, vision, touch, proprioception, vestibular</td>
<td>Over responsive or Under responsive in organizing information from each sense</td>
<td>Emotional regulation, fine/gross motor skills, visual and auditory processing, learning</td>
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What does a guide need to know?

- Most children integrate senses by age 6 - 8
- Issues may appear as early as infancy
- Each sense must be considered
  - Hypersensitivities - child avoids or acts out
  - Hyposensitivites - child creates stimulation
- SPD not yet fully accepted as a disorder
- Can occur with ADHD, ASD
Who can help?

Occupational Therapist (OT)

Screening + Parent Interview
Evaluation + Observations
1 on 1 (OT room, classroom, home)
Sensory Diet and Assistive Tech
<table>
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<tr>
<th>Sensory System</th>
<th>Input Seeker</th>
<th>Input Avoider</th>
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<tbody>
<tr>
<td><strong>PROPRIOCEPTIVE SYSTEM</strong></td>
<td>sandwiching, push &amp; pull, carry weight, jumping, outdoor activity, weighted vests, weighted blankets</td>
<td>child informs input, gentle rocking movements, massage, time and practice to learn new movements</td>
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<tr>
<td><strong>VESTIBULAR SYSTEM</strong></td>
<td>swinging, rolling down a hill, freeze dance, going upside down, spinning, rocking chair</td>
<td>child says “stop” don’t force activities that lead to overstimulation</td>
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<td>TACTILE SYSTEM</td>
<td>water table, sand box, putty, touch books, finger paints, whole body activity</td>
<td>place at end of line, end cubby, rolling pin for dough, paint brushes for painting, remove tags from clothing, seamless clothing</td>
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<tr>
<td>AUDITORY SYSTEM</td>
<td>shakers, drums, songs, music in background, nap w/sound, headphones</td>
<td>headphones, advance warning, desensitization for toilet, flush, desensitization for fire drills</td>
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<td><strong>VISION SYSTEM</strong></td>
<td>visual stimulation, mirrors, color, I-Spy, paintings, kaleidoscope</td>
<td>use natural lighting, use lamps, reduce glare, soft and neutral colors, sunglasses outside</td>
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<td><strong>SMELL &amp; TASTE SYSTEMS</strong></td>
<td>crunchy foods, spice jars, new tastes, cooking, straw to drink yogurt, and applesauce</td>
<td>smell bottle to neutralize, unscented soap, seat away from food smells, foods separated on plate, one food at a time, bland/soft foods</td>
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**Sensory Diet (AT)**

*To regulate arousal & behavioral responses*
- Weighted vest (am/pm)
- Heavy work/job options
- Movement/ Quiet breaks
- Set expectations
- Data & observation driven
- Frequently revised in collaboration with OT and child

**Assistive Tech**

*For calming & stimulating*
- sand & water tables
- weighted pads, vests
- chairs & cushions
- tents & cubes
- carry, wash, push/pull
- balance & jumping boards
- headphones, chewlery
Montessori supports and adaptations at my program level?

Consultation with Occupational Therapist
Observation for under/over responsiveness
Consistency in routines
Quiet spaces for calming
Movement spaces (inside and outside)
Lighting
# Selective Mutism

The child who does not speak

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<td>Selective mutism is caused by trauma or abuse.</td>
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<td>Children with selective mutism have delayed speech.</td>
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What does a guide need to know?

• Selective mutism is an anxiety disorder while shyness is a temperamental trait.
• Selective mutism usually first appears in children ages 2 - 4. It is more common among second language learners.
• Selective mutism is not an inability to speak or a refusal to speak.
• The guide may be the first to notice and the last person to hear the child speak.
Who can help?

Psychologist

Evaluates input from parents and school
Meets with child
Determines other co-existing conditions
Considers settings where child is verbal or nonverbal.
Through Cognitive Behavioral Therapy, the child very gradually eases into situations.
Montessori supports and adaptations at my program level?

Do not ask the child to speak
Never show frustration about a lack of speech
Do not ask the child direct questions
Do not make direct eye contact when speaking to the child
Be supportive if the child whispers
If the child talks, do not act surprised or excited

(www.childmind.org)
Planning Guide for Parent Communication

What I noticed:

What I did:

What happened:

What I wonder:

Next steps:
We hope your knowledge base was expanded and your curiosity was activated!

Remember to consider new and valid information through your Montessori lens and then decide what it means for you in your environment.

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