2011

Improving the potential of children with disabilities at a Chinese orphanage

Ashley Culver
Pacific University

Mandy Littlewood
Pacific University

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Improving the potential of children with disabilities at a Chinese orphanage

Description
The Fuling Social Welfare Institute is located in Fuling, China in the countryside high above the city. It originally opened in 1998 as a 2 room facility in the middle of Fuling providing care for children and elderly without families. This facility quickly became too small and inefficient for the growing number of children, particularly children with disabilities. Anticipating the day when most of China's orphans will be primarily children with disabilities and unlikely to be adopted, Fuling orphanage directors and Chongqing Civil Affairs Authorities came together and developed a plan for a premier facility for the kids. A 16 and 1/2 acre plot of land was purchased to build a new orphanage site. In 2008, construction of the new orphanage site began designed with the complex needs of the children in mind. The dream for this institute is to provide the highest level of quality care in a beautiful and welcoming setting for children and adolescents. In 2008, the first children moved into this new site to live. It is expected that this orphanage will be home to over 800 children, most with disabilities.

Today the orphanage faces the challenge of a growing number of children with special needs. Cerebral palsy, autism, Down syndrome, and various mental disabilities not well diagnosed are common conditions seen within the orphanage. These caregivers have limited knowledge and experience working with developmental disabilities. Their future goal is to provide excellent therapy and care for the children living at the orphanage and to find loving foster families for as many children as possible.

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In 2009 a group of physical and occupational therapists from Pacific University traveled to Fuling, China to start the therapeutic collaboration. Additional therapists returned in 2010 to provide initial care and treatment to children living in the orphanage and foster care. Now in 2011 the therapy team has grown into an interdisciplinary partnership including special education and occupational therapy students.

Disciplines
Occupational Therapy | Rehabilitation and Therapy

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2011

Improving the potential of children with disabilities at a Chinese orphanage

Ashley Culver, MOTS
Mandy Littlewood, MOTS
Sandra Rogers, Ph.D
OTR/L, project advisor

Pacific University School of Occupational Therapy
Innovative Practice Project
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Attached Documents

*Autism Handbook*

*Power point: Improving the Potential of Children with Disabilities Living in a Chinese Orphanage*
Partnership

Fuling Kids International

Fuling Kids International (FKI) is a 501 (c) 3 U.S registered not-for-profit association of families and friends devoted to their children adopted from the Fuling orphanage. FKI began partnering with the orphanage staff (Social Welfare Institute) in 2001 on behalf of the children. Their mission is to provide education and support for children of all abilities at the orphanage in Fuling China. FKI partners with the orphanage staff and utilizes the skills and vision of adoptive parents and specialists in a range of fields. FKI builds collaborative, international and innovative programs that expand the possibilities for both orphans living in Fuling and those adopted into families around the world.

FKI has been a wonderful organization for Pacific University to partner with as they are extremely supportive of our goals and vision for providing therapy to the children living in the orphanage with special needs.

Social Welfare Institute (Fuling Orphanage)

The Fuling Social Welfare Institute is located in Fuling, China in the countryside high above the city. It originally opened in 1998 as a 2 room facility in the middle of Fuling providing care for children and elderly without families. This facility quickly became too small and inefficient for the growing number of children, particularly children with disabilities. Anticipating the day when most of China's orphans will be primarily children with disabilities and unlikely to be adopted, Fuling orphanage directors and Chongqing Civil Affairs Authorities came together and developed a plan for a premier facility for the kids. A 16 and 1/2 acre plot of land was purchased to build a new orphanage site. In 2008, construction of the new orphanage site began designed with the complex needs of the children in mind. The dream for this institute is to provide the highest level of quality care in a beautiful and welcoming setting for children and adolescents. In 2008, the first children moved into this new site to live. It is expected that this orphanage will be home to over 800 children, most with disabilities.

Today the orphanage faces the challenge of a growing number of children with special needs. Cerebral palsy, autism, Down syndrome, and various mental disabilities not well diagnosed are common conditions seen within the orphanage. These caregivers have limited knowledge and experience working with developmental disabilities. Their future goal is to provide excellent therapy and care for the children living at the orphanage and to find loving foster families for as many children as possible.

Project History

Kathlene Postma is FKI’s Chair and co-founder and teaches at Pacific University, College of Arts and Sciences. Kathlene’s passion for the orphanage spread to her then current student, Mandy Littlewood. In 2008, Mandy began her studies at Pacific University’s School of Occupational Therapy where she introduced Kathlene to the occupational therapy professors. Collaboration for this project
began to grow as the professors began to discuss the needs of the orphanage. Shortly after, this endeavor grew with the College of Health Professions at Pacific University.

In 2009 a group of physical and occupational therapists from Pacific University traveled to Fuling, China to start the therapeutic collaboration. Additional therapists returned in 2010 to provide initial care and treatment to children living in the orphanage and foster care. Now in 2011 the therapy team has grown into an interdisciplinary partnership including special education and occupational therapy students.
Proposal for and Innovative Practice Project for MOT-3 Students

**Faculty Supervisor:** Sandra Rogers & Sandra Pelham-Foster

**Title:** Improving the Potential of Children with Disabilities Living in a Chinese Orphanage

**Summary/Description**
Interprofessional Project in conjunction with Pacific University, Schools of OT, PT and Special Education, Fuling Kids International and Social Welfare Institute of Fuling, Fuling China. The overall goal of this endeavor would be to create and maintain a sustainable therapy and educational program for infants and older children with disabilities or institutional delays at the Fuling Social Welfare Institute. The aim is to train and support local staff and to help children progress as much as possible toward educational/academic, physical, social, and cognitive independence.

This project would entail working with graduate and undergraduate students from potentially 4 other programs (OT, PT, Special Education & Arts & Sciences) to develop a working model of a special education and rehabilitation program for children with disabilities currently living in an orphanage in Fuling, China. The specific objectives of the program would be to:

- The occupational therapy program portion would include participation in a preparatory seminar, which will include, language study in mandarin Chinese, use of international sign language, presentations of a special education model, a international rehabilitation model and developing a collaborative model to be implemented in Fuling (a 2-week to 4-week program in Fuling).
- Students would participate in the seminar, present the IDC classification model for rehabilitation (use IDC language), and develop a model for integration of special education and therapy for the orphanage.
- Train & support Fuling orphanage staff on care and development for children with physical and/or cognitive disabilities.
- Assist caregivers in implementing appropriate occupational activities that the children at the orphanage can engage in together.

**Outcomes:**

- Fuling caregivers will have an increased knowledge and understanding of the common developmental delays, and physical/cognitive disabilities present at the orphanage.
- A collaborative bond with Pacific University and the Fuling orphanage will be maintained for future therapeutic and educational opportunities.
- Fuling caregivers will have the adequate knowledge and competency to carry out therapy plans which have been created by the therapy team.
- Caregivers/interdisciplinary team will be educated on occupational therapy benefits for Fuling.
Biographies for Pacific University and Fuling Kids International

Occupational Therapy
Mandy Littlewood, OTS   Ashley Culver, OTS
Spring 2011

About Us

**Mandy Littlewood** will graduate in May 2011 with her Master’s of Occupational Therapy from Pacific University in Hillsboro, Oregon. She has a background in Psychology, which inspired her to pursue a career in occupational therapy for its flexibility and holistic nature in client population and environment. She has focused her interest in mental health and pediatrics. Mandy first learned about the Fuling Orphanage from a friend and director of Fuling Kids International 7 years ago; and since then interest and connections have grown! She is excited to be involved in this project and provide therapy to an under-served population. Mandy joined the FKI therapy team in 2010.

**Ashley Culver** will graduate in May 2011 with her Master’s of Occupational Therapy from Pacific University in Hillsboro, OR. She first became interested in occupational therapy after learning about the profession’s unique and holistic approach to health and wellness during a health occupations course in high school. Ashley is passionate about working with children in under-served populations and communities. She first learned about the Fuling orphanage 2 years ago, and has been looking forward to being a part of the therapy team. Ashley joined the FKI therapy team in 2010.

**Kathlene Postma** is Chair of the Board and co-founder of FKI. Her oldest daughter was adopted from the Fuling orphanage. Kathlene is the liaison between Pacific University and the orphanage. She is a writer and teaches at Pacific University.
Sandra Rogers is an occupational therapist and professor in the graduate program at Pacific University in Oregon. Pediatric assessment and therapy is one of her areas of expertise. Sandra joined the FKI therapy team in 2008.

Sandra Pelham-Foster is an occupational therapist and fieldwork coordinator at Pacific University. Pediatric assessment and therapy is one of her areas of expertise. Sandra is on Fuling Kids International’s advisory board and joined the FKI therapy team in 2008.

Nancy Cicirello is a physical therapist and professor in the graduate program at Pacific University. Nancy has provided pediatric therapy and training services to children and professionals around the world. Nancy is on Fuling Kids International’s advisory board and joined the FKI therapy team in 2008.

Chris Macfarlane is a professor of education and Director of the Special Education program in the college of Education at Pacific University. Chris joined the FKI therapy team in 2011 and has had previous international experiences.

Ashleigh Stroud will graduate in May of 2012 with her Doctorate in Physical Therapy from Pacific University in Hillsboro, Oregon. She has a Bachelor of Science degree in Exercise and Sport Science with a minor in Chemistry from Oregon State University, and it was in college that she discovered the field of pediatric physical therapy. When she learned about Fuling Kids International this past spring, she was excited at the opportunity to join the Pacific University team and gain more experience working with children while learning more about the Chinese culture. Ashleigh joined the FKI therapy team in 2011.
Innovative Practice Project Contract
Pacific University College of Health Professions
School of Occupational Therapy

**Project Title:** Improving the Potential of Children with Disabilities Living in a Chinese Orphanage

**Faculty Supervisors:** Sandra Rogers & Sandra Pelham-Foster

**MOT3 Students:** Ashley Culver & Mandy Littlewood

**Summary/Description of Project:** Interprofessional project in conjunction with Pacific University, Schools of OT, PT and Special Education, Fuling Kids International and Social Welfare Institute of Fuling, Fuling China. The overall goal of this endeavor would be to create and maintain a sustainable therapy and educational program for infants and older children with disabilities or institutional delays at the Fuling Social Welfare Institute/orphanage. The aim is to train and support local staff and to help children progress as much as possible toward educational/academic, physical, social, and cognitive independence.

This project would entail working with graduate and undergraduate students from potentially 4 other programs (OT, PT, Special Education & Arts & Sciences) to develop a working model of a special education and rehabilitation program for children with disabilities currently living in an orphanage in Fuling, China.

**Contract:** By May 6, 2011, Ashley Culver & Mandy Littlewood will have met the following goals in order to complete OT 633 Enacting Innovative Practice and the requirements for the IPP to prepare for the upcoming project to work in the Social Welfare Institute/ FKI, Fuling, China, summer 2011. Additional meetings and assignments may still be needed to be completed prior to leaving for China; as well as the therapeutic implementation at the Fuling orphanage.

**In Preparation For The Course:**
- Lead/Co-lead at least 6 seminars to prepare Fuling team for therapeutic FKI project. (See seminar outline for more details).
- Delegate team members in various preparatory assignments.
- At least one OTS to attend all meetings related to IPP/FKI project.
- Obtain airplane ticket and all necessary travel documents required for China.
- Obtain necessary vaccinations required for China.
- Complete Level One of Rosetta Stone, Mandarin Chinese
- Know a minimum of 10 basic international sign language words/phrases for basic daily needs.
- Complete reading list of books related to China, disabilities, international rehabilitation, culture, etc.
Will adhere to “Innovative Practice Project: Faculty Advisor’s Evaluation of Student Performance”, please see this document.

**Written Project**: (to be uploaded to Common Knowledge)
- Project overview/proposal
- Team biographies
- FKI & Pacific University School of OT biographies
- Minutes-seminar information
- Project timeline
- Research questions
- Resource list
- OT information & how this relates to FKI
- Therapeutic groups to implement in at the orphanage
  - i.e. feeding group protocol, autism activities

**To Be Covered During Project Presentation**: (By April 29, 2011)
- Overview of Social Welfare Institute & Fuling Kids International (FKI)
- Review of the past therapeutic work regarding Fuling Project.
  - what has been done so far
- Our vision, goals, and objectives for our IPP to have accomplished during summer 2011.
  - **Objectives**:
    - The occupational therapy program portion would include participation in a preparatory seminar, which will include, language study in mandarin Chinese, use of international sign language, presentations of a special education model, an international rehabilitation model and developing a collaborative model to be implemented in Fuling (a 2-week to 4-week program in Fuling).
    - Students would participate in the seminar (OT Innovative Practice Project), present the ICD classification model for rehabilitation (use ICD language), and develop a model for integration of special education and therapy for the orphanage.
    - Train & support Fuling orphanage staff on care and development for children with physical and/or cognitive disabilities.
    - Assist caregivers in implementing appropriate occupational activities that the children at the orphanage can engage in together.

  - **Outcomes**:
    - Fuling caregivers will have an increased knowledge and understanding of the common developmental delays, and physical/cognitive disabilities present at the orphanage.
    - A collaborative bond with Pacific University and the Fuling orphanage will be maintained for future therapeutic and educational opportunities.
    - Fuling caregivers will have the adequate knowledge and competency to carry out therapy plans which have been created by the therapy team.
○ Caregivers/interdisciplinary team will be educated on occupational therapy benefits for Fuling residents.
• What we have been doing to prepare (seminars, Roesetta Stone, international sign language words/phrases, readings, models of practice, using ICF and WHO principles)
• Potentially participate in a research project
  ○ Develop a qualitative research question that will be carried out through interviews with the staff at the Social Welfare Institute and members of the Fuling community.
• Cultural norms and cultural competency of the Chinese community.
• Therapeutic groups for children in orphanage
• Interdisciplinary experience (OT, PT, Special Ed, FKI, future collaborators such as optometry)
• Case study of children

_______________________________________  ______________________________
Mandy Littlewood, MOTS                    Ashley Culver, MOTS

_______________________________________
Sandra Rogers, PhD.,OTR/L
Occupational Therapy: IPP - China Seminars Topics

All seminars will be held in conference room #330 HP2 unless further notified
Facilitated by: Mandy Littlewood, litt1944@pacificu.edu & Ashley Culver, vonc5108@pacificu.edu

<table>
<thead>
<tr>
<th>Topic</th>
<th>Speakers</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Fuling Project. OTs role for the children. Project overview &amp; estimated costs/pragmatics. (travel documents, vaccinations, etc)</td>
<td>OTS, Kathlene Postma, &amp; team invited: Larry Clawson, SHP, Nicole M (OHSU scholar) (Interested PT students if available to attend! Open invite to interested MOT1 students)</td>
<td>Thursday Feb 17 4:30pm</td>
</tr>
<tr>
<td>Special Education Models</td>
<td>Chris Macfarlane, Director of Special Education Team</td>
<td>Thursday March 3 4:30pm</td>
</tr>
<tr>
<td>ICF (International Classification of Functioning, Disability, &amp; Health) &amp; WHO perspective on Disability Language</td>
<td>Nancy Cicirello Team [<a href="http://www.who.int/classifications/icf/en/">http://www.who.int/classifications/icf/en/</a>]</td>
<td>Thursday March 17 4:30pm</td>
</tr>
<tr>
<td>Mandarin Chinese</td>
<td>Lily, Pacific University Chinese Professor</td>
<td>Thursday April 7 4:30pm</td>
</tr>
<tr>
<td>Global Perspective: Rehab in other countries &amp; China Community based rehabilitation (CBR)</td>
<td>Tiffany Boggis, Nancy Cicirello, Sandra Pelham Foster Team</td>
<td>Thursday April 21 4:30pm</td>
</tr>
<tr>
<td>Finalize plans, cultural norms, China as Tourists: Extracurricular fun &amp; details Development</td>
<td>OT’S &amp; team</td>
<td>Thursday May 5 4:30pm</td>
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<tr>
<td>Meet as needed prior to trip</td>
<td></td>
<td>PRN</td>
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Timeline of Travel Requirements for China

March 25th, 2011: Book Air Tickets
- If you would like Mandy to reserve your flight through the travel agent/USChinaTrip.com please send me the name as it appears on your passport by March 25 with your specific travel dates & locations.

May 27th, 2011: Send Passports to courier service
- Please have all necessary paperwork given to Ashley/Mandy by this date (including passport, passport photo (colored, with ears showing), paperwork, and money) in order for them to be sent to the consulate together.

May 20th, 2011: Visit health clinic/doctor for any needed travel medication/vaccinations
- Providence has a travel clinic. Make sure to see your physician at least 4-6 weeks prior to leaving.
- You may need Typhoid, Malaria, Hep A., etc.

Miscellaneous:
- Money: it may be a good idea to have some money with you at time of arrival. It is best to contact your back to order the amount of Yuan you would like, as it is difficult to exchange US money while in China; of course ATM/Cards work as well.
- Medical/traveler’s insurance

Travel Dates
Leave for China July 4, 2011
Hospital Training in Chongjing July 11-15, 2011
Fuling Social Welfare Institute July 18-22
## Budget for Fuling, China 2011

### TRAVEL

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<td><strong>Visa</strong></td>
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<td>processing $130 ea</td>
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<tr>
<td>courier service</td>
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<tr>
<td>Photos for visa</td>
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<tr>
<td><strong>Hotel</strong></td>
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<tr>
<td>lodging provided by FKI/Hospital (14 days) approximately for 14 nights (50.00/night)</td>
<td>$700.00</td>
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<td><strong>Meals ($10 per day)</strong></td>
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<td>14 days</td>
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<td><strong>Airport transportation</strong></td>
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<tr>
<td>group rate ($75 each way)</td>
<td>$150</td>
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<tr>
<td><strong>Total for individual</strong></td>
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<td></td>
<td>$3,104.00</td>
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Hospital: July 11-15  
Orphanage: July 18-22
Seminar Minutes

China Seminar Agenda
Seminar 1: Introduction to Fuling Project
February 17, 2011. 4:30 - 6:00pm
HPC 2, Room 330

Those in Attendance:
- Therapy team:
  - Mandy Littlewood, OTS
  - Ashley Culver, OTS
  - Sandra Rogers, OT
  - Nancy Cicirello, PT
  - Sandra Pelham Foster, OT
  - Kathleen Postma, FKI/Pacific
  - Chris Macfarlane, Special Education
- Guests:
  - Elisabeth Sullivan, MOT1

Agenda Items to be discussed:
- Group introductions/bio’s. why interest in the project
  - Nancy:
    - SPF: I was involved in first trip to China with Nancy, during H1N1 breakout, hence we had difficulties entering, and unable to get into orphanage and spent time working in the hospital in Chongjing (this also was where the orphanage staff trained). Here we learned about their training and programming of the children. We gained an opportunity to pass on so much, there were so many avenues to support them, & the Chinese people were very receptive. We learned where they were coming from/what they needed - a functional emphasis was very important with them. Saw children being done to, then we facilitated interaction, with.
    - Kathleen Postma: Co-founder of FKI, has lived in China, oldest daughter was first to be adopted from Fuling.
  - Sandra Rogers:
    - Chris: has spent time in Slovakia, with the Communism movement, somewhat similar to China. Has a high interest in Autism & providing disability information to the orphanage/hospital.
- Overview of Fuling Project (OT, PT, Kathleen - those who have been there)
  - Social Welfare Institute (SWI) = the orphanage itself. It never occurred to the orphanage to have floor time, to put kids on the floor, let them walk, have floor mats, etc. Would
like to have more contact with the elders and children; including circle time, reading stories, language development, generational interaction while watching, outside activities. The worry is liability with elders hurting/dropping children d/t fragility.

○ Fuling Kids International (FKI): celebrating its 10th year anniversary (Feb 6th). Promotes medical care, adoption & fundraising, over 800 children were adopted in the first year. Today, 2000 children have been placed through FKI. Currently there are 45 children living in the orphanage. The previous orphanage site is now an elementary school, which FKI pays small part of teacher’s salary = have a say in the progress. Created infant nurture program, around 500 kids have entered this program - which have progressed the children in many skill sets (motor, emotional, etc.). Our focus is on the children with special needs and we rely on a donor base. Goal is to have the caregivers excited about these kids; in society these children are “flawed”, they have no one and this is a big challenge. The therapy team gives some hope and shows the caregivers what the children are really capable of.

○ Chongqing Hospital - people came from all over the region come to receive a training program (2 weeks) and then returned to their region in other orphanages/hospitals. During first trip, we were able to see the assessments they used as well as introduced the PEDI (evaluation of function vs developmental milestones they are used to), Chinese version. John White is to follow up the PEDI process with Wendy in China.

- OT IPP project (Ashley & Mandy) Introduction
  - pictures
  - OT goals & projects - review OT IPP contract
    ■ Special projects:
    ● autism booklet, sign booklet to give to orphanage
    ● Therapeutic groups: feeding, dressing, ADLs (activities of daily living)
      ○ Feedback from group, formats, etc.?....
      ○ Chris suggested having the text, hand shape and picture, emphasizing spatial relations. Text along with information aides in language & literacy. Tactile contact of any sign is easier for people to pick up on and use (i.e. touching hands together, hand to mouth) - this must be mirror image to teach others correctly. Must be able to adapt for those with poor FM skills. Suggested looking into “Bliss Symbols” a picture based language used across cultures, character based. - Mandy will look into this further.

- Guests can leave at this point - team to stay to discuss travel options, dates - see below.

- China & Pacific University Involvement
  ○ Nancy’s presentation to International Studies Council @ Pacific U - did not cover
  ○ Jeff Barlow communication/Wenzhou program - use Fuling as a model orphanage
    ■ Suggested having a sustainable program for therapy and student involvement; hence need some research, qualitative interviews = people involved with the
disabilities (Aunties, director, hospital workers, etc.), “what is the disability perspective?, etc..” Possibly draft questions and have Lily translate them? Chris suggested “Portrait Research” (come from the perspective of who I am, what is the connection, change of cross cultural communication to document individual growth) - perhaps a good starting point, gathering information that is specific to them and disability.

Follow up with certain people, progressive, KWL chart - used to gain an impact of what we are providing.

“What do you want to see happen, what do we need to do to get the kids outdoors, etc.”

- Kathlene sent info about Prof Deng Meng (Autism in China) - can we contact him for more information on this?????
  https://app.e2ma.net/app/view:CampaignPublic/id:25355.2314265/rid

Travel Options & Timeline -

Budget - have handout for team from last year estimates

- Sarah Hopkins Powell Scholarship, Kerseg memorial fund applied for
- Updated for FKI funds? - Kathleen will check on this
- Pacific to fund some of the travel expenses, benefit to students.

- Travel options (1-3 weeks?) - Mandy to present travel agent information
- Proposed 1 week fly into Beijing to pleasure travel, travel to Fuling together for orphanage, travel to Chongqing for work/presentations in the hospital.
- We hope to be in Fuling July 18th-22nd, Kathlene will check with Fuling for approval
- Please send Mandy your name as it appears on your passport if you wish for me to hold a reservation with the travel agent.

- Travel Requirements - did not cover - will send out via email at later date.
  - Visa procedures - Ashley
  - Passports up to date - Ashley
  - Health documents - Ashley
  - Tickets, to follow - Mandy

- Reminder for next seminar will be held: March 3, 2011 in HPC2 room 330 at 4:30pm. - Kathlene unable to attend, can we podcast this?!

China Seminar Agenda

Seminar 2: Special Education Models
March 3, 2011. 4:30 - 6:00pm
HPC 2, Room 330

Attendance:
- Nancy Cicirello, PT
- Chris Macfarlane, Special Education
Agenda Items to be discussed today:

- **Travel options**
  - Book airline tickets through travel agent during last week in March or first week in April.
  - Ashley and Mandy created a website for fundraising to raise money for travel expenses. Will send out website link to everyone once completed.
  - Shared travel options: cooking school
  - Discussed cooking school, river cruise.

- **Hospital update**
  - Dates are to be determined. Nancy will follow up on this.
  - Should Chris be there? To be determined.
  - Hospital will want to host a meal at least one night for the therapy team.

- **Special Education Models** - Presented by Chris McFarlane (Powerpoint will be emailed)
  - U.S has disability categories:
    - Learning/cognitive, behavior, sensory, motor. Thinking in these 4 categories is a simplistic approach to thinking about preschoolers.
  - Look at each person as a whole person—don’t concentrate on just the disability.
    - Activity: worksheet about ourselves.
  - Cascade of services: segregated (most restrictive) -> integrated (general ed/neighborhood school).
    - Goal: help orphanage understand that children adopted to US families will be integrated into our school systems.
  - What we do in the U.S is not necessarily done in China.
  - Peer modeling/small groups beneficial
  - Physical assistance, hand over hand, academic prosthesis (a support. Can’t do it without it). Can be communicative in nature.
  - Adaptations- Can’t always come up with a modification that will allow the person to function independently, but can increase level of participation, and thus independence.
  - Functional skills: what skills would you need to be independent? What skills would you need in the next environment? What skills do you need to function in the immediate and current environment?
  - Frame functional curriculum by thinking about “chocolate chip cookies.”
  - Functional curriculum: community, domestic, vocational, leisure/recreation
  - Pinwheel activity: teach within the domains. It’s great to visually prompt someone.
○ Community-referenced instruction: find out what is available in the community. Teach what is available. Use local materials that are available. What raw materials are available?
○ We need to have a reference to the community when we are teaching.
○ We all do tasks differently.
○ Task analysis: Size of steps, branching, sequence of steps, individual needs, principle of participation.
○ Sandra PF: “have aunties break down tasks to know the steps.”
   i. Nancy: “do around their care giving. Take half the staff and do something, then take the other half.”
○ Backward chaining is more appropriate than forward chaining with children who have disabilities.
○ Handout: component analysis (grilling a cheese sandwich)
○ Skill analysis= “how am I going to do that?”
○ Fade the point of control/assistance
○ Sandra R: “think about the opportunities for practice.” “How are we going to work that in?” “Expectations for kids with disabilities in China, motivations.”
○ Redundant cues- a cultural thing (ex: red/blue=hot/cold)
○ To help discriminate words: words in different colors (ex: push, pull (in red)). Work on reducing differences until they look the same.
○ Big/small concept: have identical objects with two different sizes.
○ Color concept: use identical objects with different colors
○ Do functional activities- look for items/activities they will be doing everyday and look for repetitive.
○ We need to be careful on what we teach...they will continue on and on with these activities... want to make sure it is functional.
○ Teaching concepts: easy to hard
○ Sandra PF: “Come up with a couple of themes of things. Collect empty boxes and cans.”
   - in order to do activities of function
○ Nancy: “match to sample” have cubby holes, working on 1-2 step directions, matching, and putting things away.
○ Sandra R: “Have a place to store toys, need to have something to do.” Help aunties understand this expectation. They should expect children to act and behave. What are the expectations for kid’s participation within their cultures?
○ Concrete - > abstract

• We all need to start thinking about how we plan on teaching concepts
• Partial participation concept. Scheduling, what are they comfortable having the children do? What are some questions we want to ask the Dr’s at the orphanage?
• Developmental steps: find out Chinese norms for a “regular kid” in a Chinese home at each age.
• Chinese expectations are high for “regular kids” but doesn’t tent to be around activities of daily living...it’s more around academics.
- Communication kit- have something similar, picture based.
- Can we get a cubby shelf made to place toys inside the classroom?
- Can Kathlene send a video of the room?

China Seminar Agenda
Seminar 3: WHO & ICF perspective on Disability Language
March 17, 2011. 4:30 - 6:00pm
HPC 2, Room 330

Attendance:
- Nancy Cicirello, PT
- Sandra Rogers, OT
- Mandy, Littlewood, OTS
- Ashley Culver, OTS
- Kathlene Postma, FKI
- Chris Macfarlane, Special Ed
- Ashley Stroud, PT student
- Yin- Kathlene’s friend and supporter of Fuling Kids International

Agenda Items to be discussed today:

- Business:
  a. Number of people going & parameters of how we are going to work & PT students involvement
     i. Ashley Mildren, PT student informed us she cannot attend this year’s therapy trip
     ii. People going so far: Sandra R, Sandra PF, Nancy, Ashley, Mandy, Chris, Kathlene [+ translators, 4 perhaps] (7 of us total) - possibility of 2 PT students
     iii. Kathlene will talk to board about this issue, but wants to keep the teams together (same city) - to be continued!!
     iv. Logistics of perhaps splitting the group up, some traveling around (home visits) and some in the orphanage.
        1. Sandra R suggested having “2 Teams”: 1 team with people in orphanage/some in the school, one team to go to the foster families.
        2. Each team would need an interpreter.
        3. Could we handle more people going this way?
        4. Nancy suggests: if we do units of teaching with 4-6 aunties, then they can have 1:1 with kids, so each can practice
           a. Communication, behaviors, motor strategies, understanding typical development. Using communication book
5. Feedback on communication books - Mandy and Chris are taking on this project
   a. questions to consider: what is their daily routine like, what is the age range of kids to be using this system
   b. option to change and addition while we are there, using board maker program, portable scanner
   v. Is the idea of doing group stations at the orphanage still a good idea?

b. Updates on Hospital
   i. no news on hospital dates yet
   ii. Chris pending to go/work in hospital if they want her services on adult/adolescent special education

- [Kathlene, can we have the courier information for the visas? - save this till we get flights]

- Flights: Remember, flights to be booked by end of march/first of April
  a. SPF suggested the Li river cruise to get to Gulin (leave from Chongjing) then take a bus to Yangshou for the cooking school, then back to Gulin and fly from here to Beijing. Perhaps at the end of the trip to be able to return PDX via Beijing. This is a beautiful way to see China!
    i. This sounds good! Nancy and SPF might go to terra cotta warriors. Chris must leave as soon as Fuling is done.
    ii. Mandy will send out more information on this via email.

- Nancy’s Presentation on ICF of disability and health (international classification of functioning). - This power point will be sent out. Thanks Nancy!
  a. the ICF/a new model is looking at people on their ABILITY on versus what they can’t do (a medical model)
  b. disability does not equal ill health
  c. in china/hospital are more geared more to a passive way of doing and making them “better” rather than the therapist view of being interactive, their own potential, help them achieve their own capabilities and helping the kids find their abilities (rather than be done to) - our goal is to met both of these goals/a merge of both viewpoints
  d. Kids who do it themselves, have better outcomes vs having things done for them - active participation!! Helping aunties/medical people see this is key!
  e. The hospital sees children with primarily motor impairments.
  f. Our goal is to generalize the skills learned on one child to others in the orphanage, more effective than to work with EVERY child. - Skill development
  g. Is there a possibility of visiting a local preschool or elementary school while we are there? i.e. to see the regular schedule, enforcement, routine, rules, etc. Chris is interested in information in Fuling Teachers College.
h. Concern is that toys at the orphanage are locked up when we are not there; it is time to break this model! They toys must be out!! and we want the kids to participate
   i. Kathlene suggests bringing a picture of what the room should look like to show the orphanage as a model - Chris may be able to get this photo, a Head Start Program in Cornelius.
   ii. Developmental norms - Ashley and Mandy are working on a chart of Chinese and US norms for us to use while we are there and perhaps having a chart of the Chinese version be translated for them to use/understand.
   iii. It’s important to keep in mind the cultural aspect and typical development of a child when performing tasks/activities
i. This presentation would be great to have (again) at the hospital.
j. Special discussion questions: “How will special education/OT/PT fit in with the ICF view?” - Ongoing development!
   • Possibility of bringing things to the orphanage, but it is better to go out and buy objects there.
   • If time: Communication book (Mandy’s project (discussed earlier). Developmental levels in comparison to China & USA – Ashley & Mandy will put this together for us to use as well as having a translated version for them to use at orphanage. Autism project (Ashley’s project). Mandy made contact to find a book in orphanage about autism.

China Seminar Agenda
Seminar 4: Mandarin Chinese Lesson
April 7, 2011 4:30-6:30pm
HPC 2 room 330

Attendance:
- Nancy Cicirello, PT
- Sandra Rogers, OT
- Sandra Pelham-Foster, OT
- Mandy, Littlewood, OTS
- Ashley Culver, OTS
- Chris Macfarlane, Special Ed
- Yin, FKI
- Guest lecturer: Lily Tsang, Chinese professor at Pacific University.

1. Basic pronunciation lesson of vowels, consonants and tones.
2. Lily has agreed to come back to expand on this language lesson at a later date.
China Seminar Agenda
Seminar 5: Global Perspective: Rehab in other countries & China
Community based rehabilitation (CBR)
Guest Speaker: Tiffany Boggis, MBA, OTR/L
April 21, 2011. 4:30 - 6:00pm
HPC 2, Room 330.

Attendance:

- Nancy Cicerello, PT
- Mandy, Littlewood, OTS
- Ashley Culver, OTS
- Sandra Pelham-Foster, OT
- Kathlene Postma, FKI
- Chris Macfarlane, Special Ed
- Ashley Stroud, PT student
- Tiffany Boggis, OT, guest speaker

Agenda Items to be discussed today:

- Kathlene to sign release forms for Mandy & Ashley’s publication
- Visa applications
- Developmental & activity charts to be translated & used at orphanage
- People going.
- Tiffany Boggis to present on CBR & global rehab

1. Community Based Rehabilitation (CBR) (WILL EMAIL POWERPT)

   o Developed by WHO
   o Disability: in the broad sense
   o A social model: issue/challenge stems from barriers in society (attitudes, stigmatization, less access, poverty)
   o The individuals themselves are empowered to make changes
   o Train the people in the community to help individuals out
   o Promote education & sustainable services
   o Bring together associations and organizations within the community

      ▪ Can bring in the government, youth groups
      ▪ Ministry of Civil Affairs in China
      ▪ Best to have their government behind us

   o Find any stakeholder interested in your same population
   o Use the country’s resources and not ours
   o How did Tiffany deal with barriers of language & their community: relied on their foundation who had contacts to begin with...they helped set up their meetings to the Ministry of Health; invited interested individuals to a reception at their place; they have a gerontologist in Nicaragua who is their key collaborator who helps them (helped them find an NGO);
Language: they learn Spanish and bring interpreter; they are working in 4 Ogars (homes for elderly) in Granada; they network with donors to get food/clothes

- Is there a network in China for children?
- In China, there is more respect for the elderly with disabilities than the children
- With their new contacts Tiffany’s group made, they increased awareness among the organizations; rotary clubs, elder groups, & their university has all helped out as well
- On Nicaragua trip, 20 of their students came in to work with our students to learn, and they will continue to volunteer (they are supervised by their supervisors)
- In China, children with disabilities with families don’t even get any services
- China does not have OT services
- Sling therapy in China: University of Taiwan brought this to Chongqing

- Hong Kong has therapy services (British relationship)
- In the orphanage, the equipment was all purchased from catalog & some of their equipment is old
- Challenge: changing attitudes in people living in Fuling
  - What would be their motivation?
  - Teacher’s college near by
  - Orphanage is now in the mountain...how to get people in/out?? This keeps the population invisible as well...can’t get local staff due to logistics...more rigid schedules...kids poorly attended after 5pm...
  - We are trying to hire people to live there with the kids...
  - Ogars in Nicaragua do offer places for caregivers to live/work their (they are given the incentive of continuing to be educated)
- How do we want to build the Capitol in China?
  - For Nicaragua, there is a lady (President of their partner organization) who goes down 6-8 times a year
- China: population is enormous. There are hundreds of orphanages...“Half the Sky” is a model organization in China (SWI is based off this model a little); wealth in China does not “trickle down.” Chinese government has offered to step in to help orphanages; will be providing teaching in education from their individuals (sharing knowledge without providing resources.)
- In China, sometimes as parents move to cities, the kids go to state run homes & only see parents maybe 1x year due to not being able to bring their children with them (millions of children!) This is emerging
- Supervisors were trained, and then went into home to train
- Try to train the foster families as well at the hospital (families come in to hear training and take this information home with them...)

- do something very basic with parents
- Cluster training topics around communication, mobility, ADLs, feeding, education/academics, and allowing children to do more themselves
- Parents will be able to learn new techniques/ideas
- Kathlene is going to try to get foster care reports...there is about 60-80 foster families today
- Get the training into the community
Nicaragua target the health professionals to do the training; are working on funding...they don’t have much...difficult getting them to their location; they are educating their caregivers but have no training in elder care, so they presented basic information, but this was still to “over their head” so presentations need to very basic there. Now, they introduce a topic and the gerontologist follows up on all their information by continuing to teaching caregivers (they teach gerontologist-over 40 hrs over 1 yr) Nicaraguans are motivated by certificates and awards for doing trainings, they had a big ceremony/party/food (they lose salaries when attend trainings)

Caregivers at SWI still don’t know much about disabilities

- They want us to fix the disability..
- We need to help them see that children can grow in other ways
- What is the motivation for them to participate?
- They are protective over kids (may not allow us to be alone with their kids...worry about child’s behaviors)
- Are not paid to do clean-up..they are paid to play/care for kids
- Small group instruction?
- They each attend to 5 kids
- Nicaragua has had students be with kids while professors trained
- Award system? Compensation? Certificates of participation from Pacific?
  - concern with China’s tendency to duplicate things....they have no problem with copyright
  - Need to get school’s ok
- There is no standardized rigorous approach to get outcomes
- Engage in the doing...this is how people learn best
- Orphanage staff loves games, dancing

Visas:

- Chris will take our pics on her digital camera May 5
- We will do Visa’s next seminar (May 5th)

Chinese toilets: wear capri’s, squat toilets

Charts: simplify

Communication book: Mandy and Chris met to discuss options with board maker, have a good example. Communication book for (1) therapists, (1) children to use at orphanage, (1) foster families to use

# of team members going: Kathlene, Mandy, Ashley C, Sandra R, Sandra PF, Chris, Nancy, and Ashley S. has officially joined the team!
China Seminar Agenda
Seminar 6: Team planning, travel vaccinations consult
May 5, 2011. 4:30 - 6:00pm
HPC 2, Room 330.

Attendance:

- Mandy, Littlewood, OTS
- Ashley Culver, OTS
- Sandra Rogers, OT
- Kathlene Postma, FKI
- Nancy Cicerello, PT
- Chris Macfarlane, Special Ed
- Ashley Stroud, PT student

1. Individual visa photo’s taken by Chris – group photo postponed until next week (perhaps include Yin, Sue Nelson)
2. Overall master planning for hospital
   - They want autism and special education information.
   - Oral-motor & feeding issues
   - Autism in conjunction with feeding issues, sensory issues,
   - Suggest keeping autism as one separate topic and not blend with other topics (Cx, treatment, etc.) - Chris, Sandra R, SPF to lead. Ashley/Mandy to present autism booklet. We need to get the autism book translated by the hospital. Kathlene will look into how to have autism book translated
   - We need to talk more about motor control
   - If we did a lecture/lab format (talking and then try it out) esp for oral-motor & motor control/motor-learning. Have the therapy team break up into groups to help facilitate and practice techniques. – ex: use oral-motor checklist to compare.
   - Have typical developing kids in the am come in to learn a concept and again in the pm to compare the difference with atypical development. Facilitate kids with disabilities doing tasks – this could be done with use of videos (must be played from a computer – i.e. youtube format would be best to incorporate into presentation to create a vision to have accomplish a lot in spite of disability)
   - What are intellectual/learning concepts?
   - Ashley, Mandy, Ashleigh to help with facilitation with lab section/facilitation “the hands on”
o First day of training, explain basics, work with family – visit again later on in week to do follow up – to understand things aren’t fast fixes, time to practice, develop, and ask questions later on. This would be especially good for more intense kids to treat earlier – good for orphanage/foster care, etc.

o Want some orphanage staff & Dr. Zha to come to the training at the hospital as well – Kathlene will follow up on this.

o Nancy idea: have one team lead first and other team members will follow that lead for next round, step by step.

o Emphasize having children to “wait” give them the opportunity for them to RESPOND – this is an overall goal – count to (5) before you repeat instructions. Speak in Chinese (count to 5) – this is the doing WITH not doing TO. *the success is getting closer to the goal, not perfection – principle of partial participation** be good to have a catch phrase for this concepts (wait)

o Perhaps create scale system 1-5 (1 not functional, 5 perfect) when doing skills, label this “that’s skill they did is a 4”

o Deb Ferguson could help with providing videos on autism, sensory, etc.

o Ashley, Ashleigh, Mandy can also be models during the presentation

Master list of topics – TBD on what we will present:
What is the order of these presentations?

o Typical development vs atypical development with family/kid demonstrations (option to split into groups to facilitate)

o Play (Chinese don’t see play as a correlation to learning), this would be a mindset change, direct a task by using play, assist in honing observation skills. Play = exploration, explore your environment – Title: “Learning to explore, exploring to learn” (Chris to talk about task analysis, modifications/accommodations, Sandra about sensor aspect, Nancy motor aspect, etc.) Ask how do you see typical kids explore the environment?

o Autism

o Special education – Chris to contribute to all presentations

o Function of behavior (as means of communication) - Chris

o Oral-motor & Feeding – SPF to take lead

o Motor control & motor learning

3. Overall master planning for orphanage – for another time

4. Therapists can also have additional meetings, Kathlene not required to come to all initial planning

5. We need to get documents translated: be very specific i.e. “Chinese can only be on the same pages as there are English words”, perhaps one side English one side Chinese. Perhaps have Yin come to the next meeting to suggest titles so phrases will translate easily.

6. Please have Visa’s apps completed for next meeting May 19th

7. Next Seminar meetings scheduled for: May 19, June 2 4:30-6:00 [due to time constraints of project deadlines, these minutes are not included in this publication]
<table>
<thead>
<tr>
<th>Age</th>
<th>Gross Motor</th>
<th>Fine Motor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-1 month</td>
<td>- Lies on side of face when on tummy; legs and arms under trunk&lt;br&gt;- Holds head to the side on back due to lack of head control</td>
<td>- Hands in fisted position&lt;br&gt;- Beginning to place hands in mouth&lt;br&gt;- Grasps caregivers finger or flexes fisted hands across chest</td>
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<tr>
<td>1-3 months</td>
<td>- Lifts head to 45 degrees at 1 month when lying on tummy&lt;br&gt;- Lifts head to 90 degrees at 3 months&lt;br&gt;- Bears weight through the lower chest and forearms</td>
<td>- Hands are fisted and clasped together&lt;br&gt;- Brings hands to mouth, bottle, breast&lt;br&gt;- Has full active range of motion of fingers, wrists, and hands&lt;br&gt;- Holds onto objects placed in hands momentarily with gross fisted grasp (beginning grasping skills, but not yet functional)&lt;br&gt;- Begins to reach for objects with poor motor control</td>
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<tr>
<td>3-6 months</td>
<td>- Lifts head to 90 degrees when on tummy&lt;br&gt;- Weight bears through the lower chest and forearms&lt;br&gt;- Props on hands with back and neck extension&lt;br&gt;- Weight shifts from upper to lower trunk and from side to side&lt;br&gt;- Pivot on tummy&lt;br&gt;- Keeps head in midline when lying on back&lt;br&gt;- Brings feet to mouth when lying on back&lt;br&gt;- Brings hands to midline&lt;br&gt;- Begins to flex neck to keep head aligned with shoulders when sitting&lt;br&gt;- May begin to sit independently for short periods, with hand support&lt;br&gt;- May start rolling prone to supine and supine to prone&lt;br&gt;- Partial weight bearing in supported standing</td>
<td>- Strong hand to mouth pattern&lt;br&gt;- Transfers objects from one hand to the other&lt;br&gt;- Grasp reflex under volitional control&lt;br&gt;- Picks up small objects with a raking motion and by trapping the object between the thumb and the side of the index finger&lt;br&gt;- Picks up and hold objects like a 1 inch block using primarily an ulnar, palmar, fisted grasp&lt;br&gt;- Reaches for objects easily&lt;br&gt;- Holds spoon or cup when feeding&lt;br&gt;- Shakes rattles/toys&lt;br&gt;- Holds larger objects (tennis ball) using both hands together with poor motor control</td>
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<tr>
<td>6-9 months</td>
<td>- Starts to crawl and cruise independently&lt;br&gt;- Sits independently while turning and reaching for objects&lt;br&gt;- Begins to move in and out of sitting independently&lt;br&gt;- Uses both hands to play while sitting&lt;br&gt;- Sits with back straight&lt;br&gt;- Bears weight in supported standing&lt;br&gt;- May take some steps with both hands held&lt;br&gt;- Pulls self up to stand using furniture&lt;br&gt;- Walks with one hand being held or behind a push toy</td>
<td>- Hands are more coordinated with movement&lt;br&gt;- Demonstrates a mature grasp, beginning pinch skills&lt;br&gt;- Improved accuracy with finger feeding&lt;br&gt;- Attempts to help with cup and spoon feeding&lt;br&gt;- Able to reach further in all directions due to increased trunk control&lt;br&gt;- Transfers objects from one hand to the other&lt;br&gt;- Places objects in the mouth&lt;br&gt;- Picks up tiny objects with a raking motion&lt;br&gt;- Holds larger objects with both hands</td>
</tr>
<tr>
<td>9-12 months</td>
<td>- Increased trunk control and protective reflexes&lt;br&gt;- Can sit on small chair or stool&lt;br&gt;- Improved postural control and trunk rotation when reaching&lt;br&gt;- Able to stand using weight shifting and transitional movements with more controlled separation of body movements&lt;br&gt;- May take first steps&lt;br&gt;- Walks well with one hand held or behind a push toy</td>
<td>- Improved hand and forearm movement and accuracy&lt;br&gt;- Beginning independent spoon use&lt;br&gt;- Improved finger feeding and cup drinking skills&lt;br&gt;- Improved play and orientation with hands at midline</td>
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<tr>
<td>12-16 months</td>
<td>16-18 months</td>
<td>18-24 months</td>
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<tr>
<td>May crawl up and down stairs with supervision</td>
<td>Crawls up and down stairs with supervision</td>
<td>Walks short distances</td>
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<tr>
<td>Refining balance reactions in upright positions</td>
<td>Refining hand skills with maturation of tool use for self-feeding</td>
<td>Walks alone for short distances using a wide base of support; falls frequently</td>
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<tr>
<td>Walks alone for short distances using a wide base of support; falls frequently</td>
<td>Has controlled release of objects</td>
<td>Rides a push riding toy</td>
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<tr>
<td>Throws ball with little accuracy</td>
<td>Uses a mature pincer grasp to hold tiny objects</td>
<td>Throws ball with little accuracy</td>
</tr>
<tr>
<td></td>
<td>Uses a radial palmar grasp to pick up a 1 inch cube and a pronated finger grasp for cylindrical objects</td>
<td>Operates push riding toys easily</td>
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<tr>
<td></td>
<td>Has controlled release of objects</td>
<td>Begins to run although poorly coordinated</td>
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<tr>
<td></td>
<td>Improved spoon and fork accuracy</td>
<td>Jumps down from a raised surface of a few inches with one foot leading</td>
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<td></td>
<td>Accuracy with eye-hand coordination emerging</td>
<td>Jumps clearing both feet from ground</td>
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<td></td>
<td></td>
<td>Kicks and tosses a ball but with little accuracy</td>
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<td></td>
<td></td>
<td>Enjoys playing on playground equipment designed for toddlers</td>
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<td>4-6 years</td>
<td>4-6 years</td>
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<tr>
<td>□ Manages sitting and mobility skills safely to use standard toilet and to get in and out of a child’s bed; may use a booster seat for meals.</td>
<td>□ Cuts out large shapes with scissors</td>
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<tr>
<td>□ Manages stairs going up and down alternating feet.</td>
<td>□ Learns to tie shoes; fastens buttons, snaps, and zippers.</td>
<td></td>
</tr>
<tr>
<td>□ Can play safely on playground equipment.</td>
<td>□ Efficient with chop sticks; begins using fork and knife for cutting.</td>
<td></td>
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<tr>
<td>□ Able to toss, kick, and catch a medium-sized ball with some accuracy.</td>
<td>□ Can print name.</td>
<td></td>
</tr>
<tr>
<td>□ Learns to tie shoes; fastens buttons, snaps, and zippers.</td>
<td>□ Able to copy letters, numbers, and short sentences.</td>
<td></td>
</tr>
<tr>
<td>□ Efficient with chop sticks; begins using fork and knife for cutting.</td>
<td>□ Completes puzzles up to 20 pieces.</td>
<td></td>
</tr>
<tr>
<td>□ Can play safely on playground equipment.</td>
<td>□ Enjoys building with construction toys such as Lego blocks.</td>
<td></td>
</tr>
</tbody>
</table>

Created by Ashley Culver, MOTS. *Ages are approximate & may vary in each child. This data represents typical development in children based on research in the U.S. Research has shown in China, that developmental milestones are 2-3 months behind U.S norms.

# Movement and Sensory Activity Checklist

<table>
<thead>
<tr>
<th>Skill</th>
<th>Activity/Ideas</th>
<th>Success/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Movement</strong></td>
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<td></td>
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<tr>
<td></td>
<td>○ Running</td>
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<td></td>
<td>○ Jumping</td>
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<td></td>
<td>○ Bouncing</td>
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<td></td>
<td>○ Climbing</td>
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<tr>
<td></td>
<td>○ Fast dancing</td>
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<tr>
<td></td>
<td>○ Vigorous/fast movement</td>
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<tr>
<td><strong>Passive Movement</strong></td>
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<tr>
<td></td>
<td>○ Slow rocking</td>
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<tr>
<td></td>
<td>○ Slow, easy movements</td>
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<tr>
<td><strong>Posture</strong></td>
<td>○ Resistance activity (safe pushing or pulling activity, using arms &amp; shoulders)</td>
<td></td>
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<tr>
<td></td>
<td>○ Exercises and activity to strengthen abdominals, chest, back, and shoulders</td>
<td></td>
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<tr>
<td></td>
<td>○ Movements on stomach, back, sides of body</td>
<td></td>
</tr>
<tr>
<td><strong>Sensory</strong></td>
<td>○ Songs that incorporate movement <em>(heads, shoulders, knees, and toes)</em></td>
<td></td>
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<tr>
<td></td>
<td>○ Swinging on a swing</td>
<td></td>
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<td></td>
<td>○ Ball massage</td>
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<tr>
<td></td>
<td>○ Swaddling (e.g. rolling in a blanket)</td>
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<tr>
<td></td>
<td>○ Sitting in a bean bag chair</td>
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<tr>
<td></td>
<td>○ Sitting in a tub of balls</td>
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<tr>
<td></td>
<td>○ Lay on a therapy ball and slowly move the ball in a variety of directions</td>
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<tr>
<td></td>
<td>○ Sitting on a therapy ball while performing activities</td>
<td></td>
</tr>
</tbody>
</table>

## Movement and Sensory Activity Checklist: Master Therapist Copy

<table>
<thead>
<tr>
<th>Skill</th>
<th>Activity/Ideas</th>
<th>Success/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities to increase postural tone</strong></td>
<td>o Running</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Jumping</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Bouncing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Climbing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Fast dancing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Vigorous movement</td>
<td></td>
</tr>
<tr>
<td><strong>Activities to decrease excessive extensor tone</strong></td>
<td>o Slow rocking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Facilitation of slow, easy movement (NDT technique)</td>
<td></td>
</tr>
<tr>
<td><strong>Activities to improve postural stability</strong></td>
<td>o Resistance Activity (safe pushing or pulling activity, using arms &amp; shoulders)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Exercises and activity to strengthen abdominals, chest, back, and shoulders</td>
<td></td>
</tr>
<tr>
<td><strong>Activities to improve Sensory Awareness and Organization</strong></td>
<td>o Songs that incorporate movement (<em>heads, shoulders, knees, and toes</em>)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Carefully selected vestibular activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Swinging on a swing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Ball massage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Swaddling (e.g. rolling in a blanket)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Sitting in a bean bag chair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Sitting in a tub of balls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Lay on a therapy ball and slowly move the ball in a variety of directions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Sitting on a therapy ball while performing fine motor activities</td>
<td></td>
</tr>
</tbody>
</table>

### Sensory-Motor Activity Checklist

**Child’s Name:**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Works on</th>
<th>Activity</th>
<th>Success/observations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sucking</strong></td>
<td></td>
<td>o Use a straw to eat thicker foods (milkshake, pudding, applesauce)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Suck on a variety of hard foods or ice/frozen food</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>o Suck on a wet wash cloth</td>
<td></td>
</tr>
<tr>
<td><strong>Blowing</strong></td>
<td></td>
<td>o Blow up balloons</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Blow bubbles</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Blow small piece of paper with a straw, try to race others</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Musical instruments</td>
<td></td>
</tr>
<tr>
<td><strong>Fine Motor</strong></td>
<td></td>
<td>o Build tower</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Draw with chalk, markers, paint, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Pinch clothespins</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o String beads of different sizes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Push toy car or trains</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Chopsticks, fork, spoon to pick up various items (not just for food)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>o Pop bubbles with finger</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Connect dot-to-dot</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Trace pictures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Cutting paper (thick &amp; thin)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Button, zip, snap variety of objects</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>o Sort variety of objects into piles</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Open doors with keys</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Put coins/money in a jar with slots</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>o Clapping games</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Clay/dough</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Open/close variety of lids</td>
<td></td>
</tr>
<tr>
<td><strong>Gross Motor</strong></td>
<td></td>
<td>o Throw ball back and forth</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>o Roll ball back and forth</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Kick ball</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Bowling (knock items over using a ball, can use bottles for pins)</td>
<td></td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Activities</td>
<td></td>
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<tr>
<td>--------------</td>
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</tr>
<tr>
<td><strong>Throw ball in a basket (basketball)</strong>&lt;br&gt;<strong>Keep a balloon in the air with hands or objects</strong>&lt;br&gt;<strong>Throw bean bags or socks filled with rice</strong>&lt;br&gt;<strong>Play tennis or golf by hitting balloons or balls with an object into a target</strong>&lt;br&gt;<strong>Jumping</strong>&lt;br&gt;<strong>Running</strong>&lt;br&gt;<strong>Crawl</strong>&lt;br&gt;<strong>Push or pull large, heavier objects</strong>&lt;br&gt;<strong>Swinging</strong>&lt;br&gt;<strong>Obstacle course (around, under tables, etc.)</strong>&lt;br&gt;<strong>Climbing</strong></td>
<td><strong>Fill a thick liquid (pudding, gel, etc) in a locked bag to draw on with finger</strong>&lt;br&gt;<strong>Put objects in a bag, reach in and guess what they are</strong>&lt;br&gt;<strong>Roll child up tightly in a blanket</strong>&lt;br&gt;<strong>Squeeze into a tight space</strong>&lt;br&gt;<strong>Give a child hug, apply pressure</strong>&lt;br&gt;<strong>Child lie under cushions or other heavy soft objects</strong>&lt;br&gt;<strong>Play or draw in shaving cream with hands and/or feet</strong>&lt;br&gt;<strong>Rubbing lotion over the body</strong>&lt;br&gt;<strong>Rub/brush a rough towel over skin</strong>&lt;br&gt;<strong>Be barefoot</strong>&lt;br&gt;<strong>Play with dough/clay</strong>&lt;br&gt;<strong>Finger paint</strong>&lt;br&gt;<strong>Sand and water play</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Touch</strong></td>
<td><strong>Vestibular</strong>&lt;br&gt;<strong>Moving in all directions:</strong>&lt;br&gt;<strong>Sitting move/lean side to side</strong>&lt;br&gt;<strong>Rock back and forth</strong>&lt;br&gt;<strong>Roll entire body in both directions</strong>&lt;br&gt;<strong>Jump or swing</strong>&lt;br&gt;<strong>Spinning around</strong>&lt;br&gt;<strong>Tug-of-war (2 people pull opposite)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skill</td>
<td>Developmental</td>
<td>Activity</td>
<td>Success/observations</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Sucking</strong></td>
<td>Promotes oral-motor development, trunk flexion, near vision with binocular lock, eye-hand coordination, calming/regulation of nervous system, &amp; improved posture</td>
<td>○ Use a straw to eat thicker foods (milkshake, pudding, applesauce)</td>
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<tr>
<td></td>
<td></td>
<td>○ Suck on a variety of hard foods or ice/frozen food</td>
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<td></td>
<td>○ Suck on a wet wash cloth</td>
<td></td>
</tr>
<tr>
<td><strong>Blowing</strong></td>
<td>Promotes oral-motor development, trunk extension, far vision with binocular lock, eye-hand coordination, breathing control, improves respiration, &amp; speech volume</td>
<td>○ Blow up balloons</td>
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<td></td>
<td></td>
<td>○ blow bubbles</td>
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<td></td>
<td></td>
<td>○ Blow small piece of paper with a straw, try to race others</td>
<td></td>
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<td></td>
<td></td>
<td>○ Musical instruments</td>
<td></td>
</tr>
<tr>
<td><strong>Fine Motor</strong></td>
<td>Using one’s hands &amp; fingers in skilled activity. Developing mature fine motor skill is important to stabilize the larger muscles of the body. Promotes vestibular system (our body’s response of our total body movements), proprioception (knowing where our body is in our environment), &amp; eye-hand coordination</td>
<td>○ Build tower</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>○ Draw with chalk, markers, paint, etc.</td>
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<td>○ Pinch clothespins</td>
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<td>○ Chopsticks, fork, spoon to pick up various items (not just for food)</td>
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<td></td>
<td></td>
<td>○ Pop bubbles with finger tip</td>
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<td></td>
<td></td>
<td>○ Connect dot-to-dot</td>
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<td></td>
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<td>○ Trace pictures</td>
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<tr>
<td></td>
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<td></td>
<td>○ Button, zip, snap variety objects</td>
<td></td>
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<td></td>
<td></td>
<td>○ Sort a variety of objects into piles</td>
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<td>○ Open doors with keys</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>○ Open/close variety of lids</td>
<td></td>
</tr>
<tr>
<td><strong>Gross Motor</strong></td>
<td>Using one’s larger muscles of the body supports fine motor control, overall</td>
<td>○ Throw ball back and forth</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Roll ball back and forth</td>
<td></td>
</tr>
</tbody>
</table>
**strength, balance, & coordination. Promotes vestibular system (our body’s response of our total body movements), proprioception (knowing where our body is in our environment), & eye-hand coordination**

- Kick ball
- Bowling (use bottles for pins)
- Throw ball in a basket (basketball)
- Try to keep a balloon in the air with hands or objects
- Throw bean bags or socks filled with rice
- Play tennis or golf by hitting balloons or balls with an object into a target
- Jumping
- Running
- Crawl
- Push or pull large, heavier objects
- Swinging
- Obstacle course (around, under tables, etc.)
- Climbing

**Tactile/Touch**

**Touch activities facilitate attention, enhances self-image, body awareness, & emotional responses.**

Deep pressure: tends to be calming to our nervous system

- Fill a thick liquid (pudding, gel, etc) in a locked bag to draw on with finger
- Put objects in a bag, reach in and guess what they are

***Deep pressure activities:***

- Roll child up tightly in a blanket
- Squeeze into a tight space
- Give a child hug, apply pressure
- Child lie under cushions or other heavy soft objects
- Play or draw in shaving cream with hands and/or feet
- Rubbing lotion over the body
- Rub/brush a rough towel over skin

**Light pressure activities:**

- Being barefoot
- Play with dough/clay
- Finger paint
- Sand and water play
<table>
<thead>
<tr>
<th>Vestibular</th>
<th>Our body’s response of our total body movements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Moving in all directions:</td>
</tr>
<tr>
<td></td>
<td>○ Sitting move/lean side to side</td>
</tr>
<tr>
<td></td>
<td>○ Rock back and forth</td>
</tr>
<tr>
<td></td>
<td>○ Roll entire body in both directions</td>
</tr>
<tr>
<td></td>
<td>○ Jump or swing</td>
</tr>
<tr>
<td></td>
<td>○ Spinning around</td>
</tr>
<tr>
<td></td>
<td>○ Tug-of-war (2 people pull opposite)</td>
</tr>
</tbody>
</table>

Created by Mandy Littlewood, MOTS - spring 2011
## Oral-Motor Development

<table>
<thead>
<tr>
<th>Age</th>
<th>Skill</th>
<th>Comments &amp; observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-1 month</td>
<td>□ Child primarily in flexion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Rooting reflex present (turn toward food source)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Sucking reflexes (place finger/object on lip, child sucks)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Tongue, lower lip &amp; jaw move as one unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Can breathe &amp; swallow at the same time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Sucking is a reflex-lip flexion-pumping action with good lip closure, little tongue movement</td>
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</tr>
<tr>
<td></td>
<td>□ Rhythmical open/close of the jaw</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Fed by bottle or breast fed</td>
<td></td>
</tr>
<tr>
<td>1-3 months</td>
<td>□ Develops control over rooting reflex (1 month)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Learns to coordinate suck-swallow breath patterns (2-4 months) when top/sides of mouth stimulated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Control of sucking reflex (2-3 months)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Strong gag reflex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Increased facial expression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Upper lip beginning dissociated discrete movement</td>
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</tr>
<tr>
<td></td>
<td>□ Beginning to use lips more during sucking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Reflexive urge to suck decreases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Continue to breast feed/bottle</td>
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</tr>
<tr>
<td>3-6 months</td>
<td>□ Using more of sucking motion (up/down)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Suction on nipple is strong (4 months)</td>
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</tr>
<tr>
<td></td>
<td>□ Rooting and bit reflex suppressed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Swallow becomes volitional without initial suckle reflex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Larger oral cavity allows for more tongue movements toward taste or touch to lateral sides of the tongue</td>
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<tr>
<td></td>
<td>□ Sucking decreases to promote active lip movement and increased jaw stability</td>
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<tr>
<td></td>
<td>□ Gag reflex trigger moves posterior (back)</td>
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<tr>
<td></td>
<td>□ Increase postural control, begin sitting upright (6 months)</td>
<td></td>
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<tr>
<td>6-9 months</td>
<td>□ Tongue protraction-retraction (forward-backward) reflex when lips are touched under control</td>
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<tr>
<td></td>
<td>□ Able to bite through foods with pressure on gums, increased jaw strength and stability</td>
<td></td>
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<tr>
<td>9-12 months</td>
<td>12-24 months</td>
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<td>-------------</td>
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<td></td>
</tr>
<tr>
<td>□ Able to chew some foods, emerging lateralization with food placed on side of mouth (able to move food from side to side)</td>
<td>□ Rotary chewing becomes proficient, child can manage soft meat and variety of cut up table food (small)</td>
<td></td>
</tr>
<tr>
<td>□ Able to adjust jaw movements to tolerate open cup drinking, still use tongue to stabilize</td>
<td>□ Lip closure around cup more defined</td>
<td></td>
</tr>
<tr>
<td>□ Drooling may occur during activities (teething, babbling, feeding)</td>
<td>□ Oral-motor becomes refined as speech develops</td>
<td></td>
</tr>
<tr>
<td>□ Up and down munching jaw movements with solid foods, with some diagonal jaw movements during chewing (7-8 months)</td>
<td>□ Decrease loss of food from mouth</td>
<td></td>
</tr>
</tbody>
</table>

* □ □ □ □ □ □


* Ages are approximate and may vary in each child. This data represents typical development in children based on research in the U.S. Research has shown that developmental milestones in Chinese children have a 2-3 month difference from U.S. norms (Kail, R.V. & Cavanaugh, J.C. (2010). Human development: A lifespan view. (5th ed). Belmont, CA: Wadsworth Cengage Learning)
# Developmental Progression of Feeding Skills

<table>
<thead>
<tr>
<th>Age</th>
<th>Type of food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-1 month</td>
<td>Thin liquids (breast or bottle) only&lt;br&gt;Takes 2-6 ounces of liquid per feeding (6 or more feedings per day)</td>
</tr>
<tr>
<td>3 months</td>
<td>Thin liquids (breast of bottle)&lt;br&gt;Takes 7-8 ounces of liquid per feeding (4-6 feedings per day)</td>
</tr>
<tr>
<td>6 months</td>
<td>Thin liquids mastered&lt;br&gt;Introduce cereal and pureed texture (thin purees first, then thick purees)&lt;br&gt;Takes 9 or more ounces of food or liquid per feeding (4-6 feedings per day)&lt;br&gt;Expanding of tastes primarily bland, sweet, some salty&lt;br&gt;Temperature of foods primarily room temperature to slightly warmed&lt;br&gt;May gag with new textures</td>
</tr>
<tr>
<td>9 months</td>
<td>Thin liquids (breast milk or formula) 6-8 ounces 3-5 times per day&lt;br&gt;Pureed and fork mashed table foods&lt;br&gt;Dissolvable solids/meltabale hard solids&lt;br&gt;Soft foods/soft cubes at 10 months&lt;br&gt;Single textured soft mechanical at 11 months</td>
</tr>
<tr>
<td>12 months</td>
<td>Breast milk or formula (6-8 ounces 3-4 times per day)&lt;br&gt;Beginning to eat table foods (chopped coarsely)&lt;br&gt;Mixed texture soft mechanical&lt;br&gt;Easily chewed foods, including meats&lt;br&gt;Increased finger feeding with improved security when seated&lt;br&gt;Cup drinking by exploring coordination of suck-swallow-breathe for up to 2-3 consecutive swallows</td>
</tr>
<tr>
<td>16 months</td>
<td>Mashed foods&lt;br&gt;Coarsely chopped table foods&lt;br&gt;Some cut up soft meats and steamed vegetables&lt;br&gt;Hard mechanical&lt;br&gt;Refinement and maturation with increased textures</td>
</tr>
<tr>
<td>18 months</td>
<td>Coarsely chopped table foods&lt;br&gt;Most meats and raw vegetables&lt;br&gt;Mixed textures</td>
</tr>
<tr>
<td>24 months</td>
<td>All table foods except those with skins, very tough meats, or foods that break into large pieces</td>
</tr>
</tbody>
</table>

Created by Ashley Culver, MOTS. Ages are approximate & may vary in each child. This data represents typical development in children based on research in the U.S. Research has shown in China, that developmental milestones are 2-3 months behind U.S norms.


Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

38
# Feeding Development from a Texture Perspective

<table>
<thead>
<tr>
<th>Purees</th>
<th>Melttable Hard Solids (foods that dissolve with spit only)</th>
<th>Soft Cubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice cereal, Single-grain cereal&lt;br&gt;Fruits/Applesauce&lt;br&gt;Custard/Pudding/Yogurt&lt;br&gt;Mashed Sweet Potato&lt;br&gt;Creamed Soups&lt;br&gt;Sauce/Dips/Dressing&lt;br&gt;Oatmeal/Cream of Wheat&lt;br&gt;Pureed Chicken/Salmon/Egg&lt;br&gt;Salad&lt;br&gt;Refried Beans&lt;br&gt;Mashed Potatoes&lt;br&gt;Pureed Vegetables&lt;br&gt;Pureed Meats&lt;br&gt;Fork Mashed or Pureed Baked Beans</td>
<td>Graham Crackers&lt;br&gt;Dry Cereals&lt;br&gt;Puffed Cheetos&lt;br&gt;Crackers/Cookies with High Butter Content&lt;br&gt;Cotton Candy&lt;br&gt;Cheese Puffs&lt;br&gt;Dried Strawberries&lt;br&gt;Corn Puffs&lt;br&gt;Cooked Fruits&lt;br&gt;Cooked Vegetables&lt;br&gt;Granola&lt;br&gt;Chocolates</td>
<td>Boiled Potatoes&lt;br&gt;Bananas&lt;br&gt;Avocado&lt;br&gt;Overcooked squash&lt;br&gt;Vegetable soup (without broth)&lt;br&gt;Peas&lt;br&gt;Kiwi&lt;br&gt;Cheese&lt;br&gt;Cooked yams&lt;br&gt;Deli meats&lt;br&gt;Eggs&lt;br&gt;Fish&lt;br&gt;Rice</td>
</tr>
</tbody>
</table>

**Single texture soft mechanical** (foods that break apart in mouth easily)
- Soft Pasta<br>- Muffins<br>- Thin Meats in Small Rectangles<br>- Fruit breads<br>- Soft meat soups (without broth)<br>- Soft Pretzels<br>- Barley<br>- Scrambled eggs<br>- Peanut butter<br>- Soft Bread (no crust)<br>- Grounded Meat<br>- Cut Up Cooked Vegetables

**Mixed texture soft mechanical**
- Pasta and sauce<br>- French Fries<br>- Soft chicken<br>- Egg and Cheese<br>- Soups with Vegetables<br>- Soups with Soft Meats<br>- Bread and Topping<br>- Fish Sticks<br>- Chicken Nuggets<br>- Rice with sauce

**Hard mechanical**
- Pretzel Sticks<br>- Chips<br>- Ritz Crackers<br>- Bitter Biscuit<br>- Raw Vegetables<br>- Mango<br>- Pretzel Rods<br>- Licorice-stale<br>- Frozen Pancake cut into Strips<br>- Bacon<br>- Hard Bread with Crust/Toast<br>- Chewy dried fruits<br>- Crunchy foods<br>- Tough and Chewy meats

Created by Ashley Culver, MOTS. Adapted from Occupational Therapy Early Childhood Learning Center, IUSD. (n.d.). OT Newsletter: Strategies to Improve Feeding at Home; Rathbun, K. (n.d). Bumpy puree/thick puree, dissolvable solids, Fork mash/mechanical soft table foods, Non-dissolvable hard foods
## Food Progression Based on Texture Consistency

<table>
<thead>
<tr>
<th>Pureed</th>
<th>Mashed</th>
<th>Ground/Well Cooked</th>
<th>Soft</th>
<th>Soft/Some Regular</th>
<th>Full Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meats and meat textures</td>
<td>Strained meats and egg yolk</td>
<td>Commercial junior foods; soft meats ground fine in food grinder with liquids added; mashed egg yolk</td>
<td>Ground meats with gravy; soft cooked eggs</td>
<td>Ground meats; scrambled eggs; smooth peanut butter</td>
<td>Well-cooked, soft meats, hard-cooked eggs</td>
</tr>
<tr>
<td>Dairy products</td>
<td>Thinned puddings, plain yogurt; strained cottage cheese</td>
<td>Fork-mashed cottage cheese; pudding; custard; thickened cream soups</td>
<td>Cottage cheese</td>
<td>Yogurt with soft fruits; ice cream; some soft cheeses</td>
<td>Cheeses of medium hardness (cheddar)</td>
</tr>
<tr>
<td>Breads and cereals</td>
<td>Infant cereals thinned with milk</td>
<td>Thicker infant cereals; Cream of wheat</td>
<td>Cooked cereals such as oatmeal; crackers; toast; plain cookies; bread without crust</td>
<td>Cooked cereals with soft fruits added; breaded with crust; wee-cooked pasta</td>
<td>Dry cereals with milk; sandwiches with smooth filling cut into small pieces; rice; firmer texture pasta</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>Strained fruits and vegetables</td>
<td>Junior fruits, applesauce, ripe mashed bananas; junior vegetables; mashed potatoes</td>
<td>Fork-mashed, soft canned fruits without skins; soft ripe mashed fresh fruits; fork-mashed, well-cooked vegetables cut into small pieces</td>
<td>Canned fruits (peaches, pears); soft ripe fresh fruits (peeled); well-cooked vegetable s cut into small pieces</td>
<td>Canned fruits of increased texture (fruit cocktail); vegetables of increased texture (cooked carrots); soups with well-cooked vegetables</td>
</tr>
</tbody>
</table>

Oral-Motor/Feeding Assessment Checklist

Child’s Name ___________________________  Date ________________________
Age ___________________________  Sex ______________________________
Examiner ___________________________  

Typical foods eating and/or exposed to:

_________________________________________________________________________________
_________________________________________________________________________________

<table>
<thead>
<tr>
<th>Initial Body Position for Eating:</th>
<th>Comments/observations</th>
<th>Tools for Eating:</th>
<th>Comments/observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Child’s basket</td>
<td></td>
<td>□ Spoon</td>
<td></td>
</tr>
<tr>
<td>□ Highchair</td>
<td></td>
<td>□ Fork</td>
<td></td>
</tr>
<tr>
<td>□ Floor</td>
<td></td>
<td>□ Bottle</td>
<td></td>
</tr>
<tr>
<td>□ Booster/Toddler seat</td>
<td></td>
<td>□ Hands</td>
<td></td>
</tr>
<tr>
<td>□ Table</td>
<td></td>
<td>□ Chopsticks</td>
<td></td>
</tr>
<tr>
<td>□ Lap</td>
<td></td>
<td>□ Cup</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
<td>□ Other(s)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head Position</th>
<th>Comments/observations</th>
<th>Shoulder Position</th>
<th>Comments/observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Head supported</td>
<td></td>
<td>□ Normal alignment</td>
<td></td>
</tr>
<tr>
<td>□ Normal alignment</td>
<td></td>
<td>□ Elevated</td>
<td></td>
</tr>
<tr>
<td>□ Chin tucked</td>
<td></td>
<td>□ Rounded</td>
<td></td>
</tr>
<tr>
<td>□ Hyper-extended</td>
<td></td>
<td>□ Symmetrical</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Asymmetrical</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Consistencies Presented</th>
<th>Comments/observations</th>
<th>Behavior/Engagement</th>
<th>Comments/observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Regular</td>
<td>List foods presented:</td>
<td>□ Engaged/alert</td>
<td></td>
</tr>
<tr>
<td>□ Mechanical Soft</td>
<td></td>
<td>□ Calm</td>
<td></td>
</tr>
<tr>
<td>□ Puree</td>
<td></td>
<td>□ Irritability</td>
<td></td>
</tr>
<tr>
<td>□ Thin liquids</td>
<td></td>
<td>□ Aggressive</td>
<td></td>
</tr>
<tr>
<td>□ Thick liquids</td>
<td></td>
<td>□ Other(s)</td>
<td></td>
</tr>
</tbody>
</table>

41
### Oral Structure & Function

<table>
<thead>
<tr>
<th>Mouth at Rest</th>
<th>Comments/observations</th>
<th>Lips</th>
<th>Comments/observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Open</td>
<td></td>
<td>□ Symmetrical</td>
<td></td>
</tr>
<tr>
<td>□ Closed</td>
<td></td>
<td>□ Asymmetrical</td>
<td></td>
</tr>
<tr>
<td>□ Tongue protruded</td>
<td></td>
<td>□ R weak</td>
<td>□ L weak</td>
</tr>
<tr>
<td>□ Drooling</td>
<td></td>
<td>□ Active use of lips</td>
<td></td>
</tr>
<tr>
<td>□ Tremor</td>
<td></td>
<td>□ Ability to pucker</td>
<td></td>
</tr>
<tr>
<td>□ Low muscle tone</td>
<td></td>
<td>□ Adequate lip closure</td>
<td></td>
</tr>
<tr>
<td>□ High muscle tone</td>
<td></td>
<td>□ Ability to suck</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Lip retraction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jaw</th>
<th>Comments/observations</th>
<th>Dentition</th>
<th>Comments/observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Munching pattern</td>
<td></td>
<td>□ Normal</td>
<td></td>
</tr>
<tr>
<td>□ Rotary movement</td>
<td></td>
<td>□ Over-bite</td>
<td></td>
</tr>
<tr>
<td>□ Jaw retraction</td>
<td></td>
<td>□ Under-bite</td>
<td></td>
</tr>
<tr>
<td>□ Jaw thrust</td>
<td></td>
<td>□ Missing teeth</td>
<td></td>
</tr>
<tr>
<td>□ Wide jaw excursions</td>
<td></td>
<td>□ Jaw closure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tongue</th>
<th>Comments/observations</th>
<th>Comments/observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Moves tongue independently of jaw</td>
<td>□ Deviations</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Tongue lateralization</td>
<td>□ Right □ Left</td>
<td></td>
</tr>
<tr>
<td>□ Right □ Left</td>
<td>□ Tongue thrust</td>
<td></td>
</tr>
<tr>
<td>□ Fasciculations (involuntary muscle contractions)</td>
<td>□ Range of Motion</td>
<td></td>
</tr>
<tr>
<td>□ Good □ Fair □ Poor</td>
<td>□ Gag reflex present</td>
<td></td>
</tr>
</tbody>
</table>

Concerns:______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Recommendations:____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Resources

Books:


Publications:

China & Disability

Models of Practice

- DIR/Floortime: http://www.icdl.com
- NDT: Neuro-developmental Treatment

Child Development:

- Vista Medical Center, Beijing, China. http://www.vista-china.net/templates/T_About/index.aspx?nodeid=82

Evaluations & Assessments:


Interdisciplinary:


Other Work/Publications of Interest:

- Gelya Frank, USC, anthropologist
- Janet Njelesani, University of Toronto
- Helen McCabe, autism research in China

Websites:

- Fuling Kids International: http://www.fulingkids.org/
- Ashley Culver & Mandy Littlewood Fundraising site: http://ashleymandyfki.yolasite.com/
- Bliss communication: http://blissymbolics.org/pfw/
- Travel Agent booked with: www.USChinaTrip.com
- Tourism information: www.topchinatravel.com
“Hua Xia Publishers” (华夏出版社) in Beijing. They have published a lot of books about special education including a few about autism. The orphanage or its staff would be able to order directly from them.

Contact information

- Mandy Littlewood: litt1944@pacificu.edu
- Ashley Culver: vonc5108@pacificu.edu
Autism Handbook

Facts, Tips, and Techniques to increase play and social interactions

Compiled by Ashley Culver, MOTS Pacific University
ABOUT AUTISM

Autism is a complex developmental disability that typically appears during the first three years of life and affects a person’s ability to communicate and interact with others. Autism is defined by a certain set of behaviors and is a "spectrum disorder" that affects individuals differently and to varying degrees. There is no known single cause for autism, but increased awareness and funding can help families today.

Children do not "outgrow" autism, however it is treatable. Studies have shown that early diagnosis and intervention lead to significantly improved outcomes. The symptoms of autism can change over time and the long term outcome is highly variable. How a child with autism is functioning now may be very different from how he or she will function later on in life.

CAUSES OF AUTISM

There is no known single cause for autism, but it is generally accepted that it is caused by abnormalities in brain structure or function. Brain scans have shown differences in the shape and structure of the brain in children with autism. In most instances, autism is likely caused by a combination of genetic risk factors that interact with environmental factors. It is not caused by bad parenting, diets, or vaccinations.

EARLY WARNING SIGNS

A child should have evaluations completed by healthcare professionals who are knowledgeable about autism if he or she demonstrates any of the following five behaviors:

- Does not babble or coo by 12 months
- Does not gesture (point, wave, grasp) by 12 months
- Does not say single words by 16 months
- Does not say two-word phrases by 24 months
- Has any loss of any language or social skill at any age

Having these behaviors does not mean that the child has autism. It indicates the need for further evaluation.
THE SYMPTOMS OF AUTISM

A child with autism must have impairment in social interaction, communication, and repetitive behaviors. Autism can look very different in each child and therefore the severity of symptoms varies greatly from child to child.

SOCIAL SYMPTOMS:

- Prefers to play with objects and may fail to initiate social interaction or engage in communicative babbling and imitative play.
- Eye contact may be limited or non-existent.
- May have difficulty using gestures such as pointing, waving bye-bye, and showing objects to others.
- Are slower in learning to interpret what others are thinking and feeling.
- Social cues such as a smile, a wave, or a grimace may have little meaning to a child with autism. Without the ability to interpret gestures and facial expressions, the social world may seem confusing.
- Have difficulty seeing things from another person’s perspective. A child with autism may lack an understanding of other people’s thoughts and feelings which leaves them unable to predict or understand other people’s actions.
- May have difficulty regulating emotions. This may take the form of “immature” behaviors such as crying or verbal outbursts that seem inappropriate. Sometimes they may become physically aggressive and disruptive, making social relationships even more difficult.
- Might “lose control” when they’re in a strange or overwhelming environment, or when they are angry or frustrated. At times they may break things, attack others, or hurt themselves. In frustration, some bang their heads, pull their hair, or bite their arms.
COMMUNICATION SYMPTOMS:

- Most infants who later show signs of autism will “coo” and babble during the first few months of life, but over time, they stop. Others may be delayed, developing language as late as age five to nine years old. Some children may learn to use a communication system such as pictures or sign language.

- Children with autism who do not speak often use language in unusual ways. They seem unable to combine words into meaningful sentences. Some speak only single words, while others repeat the same phrase over and over. They may repeat (echo) what they hear, a condition called echolalia.

- Children with autism who are only mildly affected may only show slight delays in language, or may even seem to have intelligent language with unusually large vocabularies, but still have difficulty sustaining a conversation. They may be able to carry on a monologue of their favorite subject, giving others little opportunity to comment.

- A common difficulty is the inability to understand body language, tone of voice, or “phrases of speech.” They may be unable to interpret sarcastic expressions.

- It may be difficult to understand what a child with autism is saying, as well as what their body language means. Facial expressions, movements, and gestures may not match what they are saying.

- Their tone of voice may also not reflect their feelings. They may use a high-pitched, sing-song, flat, or robotic-like voice.

- Some children with autism who have relatively good language skills speak like little adults, failing to pick up on the “kid-speak” that is common in their peers.
**REpetitive Behaviors:** (behaviors may be highly apparent or more subtle)

- May repeatedly flap their arms and hands
- May walk on their toes
- May suddenly freeze in a position
- Might spend hours lining up objects and toys in a certain way rather than playing with them. If someone moves one of the toys, the child may become very upset
- May become obsessed with learning all about a certain subject or object of their interest. Often children with autism have a great interest in numbers/letters, symbols, dates, or science topics
- May become intensely preoccupied with an object or part of an object
- May engage in repetitive rituals
- May twirl and spin continuously
- May rock back and forth
- May bang their head on the floor or wall
- May repeat a word or phrase
- May clench their muscles
- May flick their fingers
**Other Characteristics of Children with Autism:**

- It is common for children with autism to be either overresponsive or underresponsive to sound, light, touch, textures, or pain.
- May have an impairment in their thinking skills.
- May be very smart and have one area that they are interested in, and become experts in.
- May be delayed or behind in most areas of their life.
- May have anxiety or depression. This is more common as children get older and more socially aware.
- May regularly eat items that are not food (clay, dirt, crayons). Most children do this sometimes, but children with Pica do it often and it continues over time.
- May have seizures.
- May be clumsy and have difficulty developing motor skills. May have delayed coordination development.
- May have weak upper body strength.
- May have chronic constipation or diarrhea.
- May have trouble falling asleep, or staying asleep at night.
HOW TO AVOID DIFFICULT BEHAVIORS FROM ARISING:

- Focus on the child’s positive behavior. One way to help eliminate negative behaviors is to reinforce the positive behaviors that the child engaged in throughout the day. This will increase the likelihood that the child will repeat those behaviors. When a child finishes a task, it is important to give some kind of reinforcement such as a verbal praise or a treat.

- Tell the child what to do, rather than what not to do with a clear and direct command.

- When speaking to a child with Autism, use fewer words that are concrete.

- Warn the child of any upcoming transitions or changes to his daily routine to allow the child time to prepare and adjust for the change to reduce anxiety.

- Use visual schedules and reminders. This can be as simple as placing a picture of an activity on a calendar that the child can look at to allow the child to prepare for what’s next.

- Have a structured daily routine that remains consistent day to day as much as possible. Many children with autism demand absolute consistency in their environment. A slight change within their daily routine can be extremely stressful.

- Be consistent with rules and consequences. Remember that you are in control of the situation and therefore you determine which behaviors are acceptable.

- If child engages in unacceptable behavior, make it clear that the behavior is not acceptable, and remove the toys or objects that are causing the problem.
How to speak to a child with autism:

- **Speak slowly**
- **Give meaning to the child’s verbal and nonverbal actions.** If the child makes a sound without intending to communicate anything, respond as if the sound was purposeful. At times you may have to guess what the child wants.
  - Example: Child reaches arms up in air to be picked up. Respond by saying “up” and pick up child.
  - Example: Child is stacking blocks. Respond by saying “stack the blocks.”
- **Simplify your language.** If the child is not yet speaking, model single words. If child is using single words, model 2-word phrases. This will help the child better understand you.
- **Give the child time to respond** to verbal requests.
- **Be repetitive.** Use the same language over and over. Repeat specific words and phrases.
- **Use gestures** with your language to give the child visual cues.
- **Talk to the child about the things the child and you are seeing, hearing, or doing as it happens.** This increases the chances that the child will use your language for his experiences.
  - Example: when child is drinking milk, point to the milk and say either “milk,” “drink milk,” or “you are drinking milk” depending on their current level of language.
  - Example: when child is putting shirt on, say “shirt on.”
- **Avoid asking the child a lot of questions.** Instead make comments and give labels to items.
- **To teach a child new words, repeat the child’s speech while adding one additional word to it.**
  - Example: A child playing with a car says “car.” Respond by saying “push car.”
  - Example: A child playing with a car says “push car.” Respond by saying “push car fast!”

*Always respond to the child’s behavior as meaningful. Comply with it, and demonstrate the behavior you would like your child to be using.*
Setting up the Child’s Home for Success

Children learn best when they are engaged in meaningful activities. The most meaningful activities for young children are their everyday routines such as, playtime, mealtime, dressing, or bathtime. The following 4 steps can greatly improve a child’s engagement with their caregiver.

1. **Schedule Predictable Routines:** Try to make sure that major routines (naps, mealtimes, bathtime, and going to bed) happen at the same times each day. Also, try to carry out each activity the same way each time. One important routine is play, which can be difficult for children with autism. Help a child get used to playing by scheduling a time to play each day. This will help the child anticipate playtime by keeping it predictable.

2. **Set Up a Defined Play Space:** Set up a room or space to use when playing with the child. This space should have physical boundaries to keep the child close to you. It should also have visual boundaries to limit distractions. If there is no room available, or there is only a wide-open space, try arranging furniture to make a smaller, more intimate space.

3. **Limit Distractions:** To increase the child’s attention to you, limit sounds, smells, sights, and other sensations in the room. You want to make sure that you are the most interesting thing in the room when playing with the child. Reduce distractions by turning off the TV and other noise makers. Dim the lights, avoid clutter, and put away distracting items. Only have a few toys available at one time when playing with the child. Help the child attend to you by taking out one toy at a time and putting the toy away when finished.

4. **Rotate Toys:** Rotating toys keeps toys interesting. Separate toys into several groups, having only one group of toys available at one time. Once the child loses interest in these toys, put them away and bring out the next group. Children tend to remain more engaged when toys are rotated every 2-3 weeks.
HOW TO INCREASE SOCIAL INTERACTIONS WHEN PLAYING WITH A CHILD WITH AUTISM:

*Allow the child to choose the toy or activity* when it is time to play. This ensures that the child will be interested and motivated. Use their motivation and expand ideas.

*Place yourself in the child’s line of sight, face to face with the child, and join in the play.* For example, if the child is building a tower with blocks, give the child the blocks or take turns putting blocks on the tower.

*Follow the child’s lead* by allowing the child to be the director. Be patient and join in the play at the child’s developmental level by building on the child’s natural interests. Help the child do what they want to do.

*Treat whatever the child is doing as intentional and purposeful.* If child is playing with a toy in a non-functional manner, such as repeatedly shaking a toy, provide activities that are based upon that action and further expand functioning.
Comment on the child’s play. Comments can be about what the child or you are doing. Try to not ask the child questions or give directions; doing this takes the lead away from the child. The goal is to increase the child’s spontaneous communication.

Imitate the child’s play (example: if a child is stacking blocks, stack your own blocks next to or in front of theirs. If a child is pushing a small toy car, push a small toy car next to theirs). You can imitate the child’s play with toys, their gestures and body movements, and their vocalizations. Only imitate appropriate behaviors. If the child is behaving in a way that you do not want to increase, you can “imitate” the emotion while shaping it into something more appropriate.

Be excited about the activity. Being excited may motivate a child with autism to try new things. This can be done with your tone of voice and facial expressions.

Be animated in your gestures, facial expressions, and tone of voice when playing with the child. Using animation in play increases the child’s engagement with you and the activity, and makes play and the interaction more fun. Adjust your animation to help the child remain regulated. If a child appears tired or uninterested, increase your animation to increase child’s arousal. If child is wound up, calm child down by using a quiet voice and decrease your animation.
- **Exaggerate gestures.** Use big gestures with your hands and arms when you speak. Exaggerated gestures make it easier for a child with autism to interpret what you are saying (example: point with big movement “the car is over there”). Songs and social games are great for gestures. If reading a book, act out the content on the page with your arms (flap arms like a bird). When eating a meal, take small bites and exaggerate how it tastes (take bite, lick lips, rub your belly, and say “yummy!”).

- **Exaggerate facial expressions.** Exaggerated facial expressions make it easier for a child with autism to understand your meaning. It also brings the child into interaction while teaching the child that expressions hold meaning. If you are happy, make your smile bigger and more obvious and clap your hands. If you are tired, surprised, or bored, exaggerate the facial expressions and movements that go along with those feelings.

- **Exaggerate vocal quality.** Exaggerate your vocal speed, tone, and volume. Children with autism often have difficulty using and interpreting changes in vocal quality. Exaggerating your own will help the child notice them. Have vocal quality match your movements.

**Use attention-getting words** (words that will gain the child’s attention). Use words that are of interest to the child such as, “uh-oh,” “wow,” or “look!” These words cue the child that you have something that you want to share. These words may increase the child’s attention to your face which will increase eye contact.

**Wait with anticipation.** Say or do something, then wait while giving the child an expectant look and exaggerate your gestures. This works great with games such as peek-a-boo, chase, or the tickle game. Also use when singing a song the child likes. Sing a portion, then stop and wait to see if the child gives any indication that you should continue.

Structured play activities, such as block construction or games that include cueing, prompting, and reinforcement, are effective in enhancing turn-taking, sharing, communication, and social interaction in children with autism.
COMMUNICATION STRATEGIES:

Children with autism communicate at all different levels. Some talk, some use sign language, some use pictures to communicate messages, and some children reach and point for the things they want. Throughout each day there are endless opportunities to motivate a child to want to communicate with you across the whole day. The following strategies listed are examples of how you can provide opportunities for a child with autism to practice their communication skills.

Out of reach: If the child likes watching a specific movie or playing with a specific toy, place the movie or toy too high for the child to reach. The child will then have to communicate with you to get what they want by pointing, using pictures, or verbally asking you for what they want.

In containers/jars: If the child really likes a particular food and is able to get to the kitchen and get whatever they want, then try placing that food item in a container or jar that has a tight lid. This forces them to engage with you and ask for your help before they can get what they want.

Toys that are motivating but too difficult for the child to use by themselves: If the child has difficulty using a toy by themselves, try pausing before helping the child with the toy and wait for the child to ask for help, or communicate with you for your assistance to make the toy work.

All but one: During daily routines such as getting dressed, try giving the child the clothes that they need to get dressed but miss out something like a sock or shoe so that they have to request the missing item for you. (This will only work from routines that the child is familiar with).

Bit by bit: If the child really likes playing a game or with a toy set that contains numerous items, try giving items to the child one by one instead of the items all at once. This will create opportunities for the child to ask for more.

Offer items that the child doesn't want: To encourage the child to communicate “no” appropriately, offer the child things that you know they do not like. This can be done during meal time and play time.
Do something out of routine or unexpected: During a daily routine, get creative and ask or do something unexpected to provide an opportunity for you and the child to comment about “silly” things. For example, when dressing, place the sock over their hand, or pretend to place another clothing item in the wrong spot or backwards.

Hide an item: Hide an item that the child usually gets on their own so that the child has to ask for your help to find it.

Keep quiet: Instead of asking what the child wants to eat or play with, you might want to say nothing and wait for the child to indicate they want something to eat or want to play with a particular toy.

Offer something different: If the child always wears a specific set of clothing items or a specific toy, try offering something different that is similar.

Make mistakes on purpose: Try pretending that you do not know something or that you made a mistake ‘accidently’ (but you are actually intentionally doing something to get a reaction). This encourages the child to communicate with you by either requesting what they want, commenting that you haven’t done something correctly, or by telling you how to do it. For example, you could pretend to put your child’s socks on your own feet and wait for their reaction, or try to unlock the door with a pencil and leave your keys in the other hand so that the child can tell you what you have done wrong and then what you must do.

Use opportunities when things go wrong: If the child falls and hurts themselves and are bleeding, you can ask the child what band-aid they would like.

Choice making: Instead of offering the child the same thing (example: milk), you can create communication opportunities by giving them choices like, “do you want milk or juice?” This can also be done with toys during play time. If the child is unable to speak to make these choices, hold the two items in front of them and encourage them to point or reach for the item that they want and then you can give verbal labels to each item.
### STRATEGIES AND TECHNIQUES TO HELP CALM AND AROUSE A CHILD WITH AUTISM:

<table>
<thead>
<tr>
<th>Touch</th>
<th>Activities to Calm</th>
<th>Activities to Arouse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Massage</td>
<td>Gentle, light touch</td>
</tr>
<tr>
<td></td>
<td>Hugging child (“bear hug”)</td>
<td>Tickling</td>
</tr>
<tr>
<td></td>
<td>Firm touch</td>
<td>Soft textures</td>
</tr>
<tr>
<td></td>
<td>Firm stroking in direction of hair growth</td>
<td>Unexpected touch</td>
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<tr>
<td>Movement</td>
<td>Slow movement</td>
<td>Fast movement</td>
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<td>Rocking</td>
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<td>Swaying</td>
<td>Jumping</td>
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<td></td>
<td>Moving against resistance (pushing, pulling, carrying heavy objects)</td>
<td>Spinning</td>
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<tr>
<td></td>
<td></td>
<td>Rolling</td>
</tr>
<tr>
<td>Sound</td>
<td>Soft or gentle music</td>
<td>Loud or exciting music</td>
</tr>
<tr>
<td></td>
<td>Quiet, rhythmic sounds</td>
<td>Loud or sudden noises</td>
</tr>
<tr>
<td>Vision</td>
<td>Few visual distractions</td>
<td>“Busy” or complicated décor</td>
</tr>
<tr>
<td></td>
<td>Dimmed lights</td>
<td>Bright colors and lights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Objects in motion</td>
</tr>
<tr>
<td>Taste</td>
<td>Sweet or bland foods</td>
<td>Spicy, sour, or salty foods</td>
</tr>
<tr>
<td></td>
<td>Chewy textures</td>
<td>Crunchy textures</td>
</tr>
<tr>
<td></td>
<td>Sucking through a straw</td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td>Warm, moderate temperature</td>
<td>Very cold or very hot</td>
</tr>
<tr>
<td>Smell</td>
<td>Familiar odors</td>
<td>Strong or noxious odors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unfamiliar odors</td>
</tr>
<tr>
<td>Other</td>
<td>Teach child to take deep breaths and count to 10</td>
<td></td>
</tr>
</tbody>
</table>

**Activities to Calm**

- Massage
- Hugging child (“bear hug”)
- Firm touch
- Firm stroking in direction of hair growth

**Activities to Arouse**

- Gentle, light touch
- Tickling
- Soft textures
- Unexpected touch

- Slow movement
- Rocking
- Swaying
- Moving against resistance (pushing, pulling, carrying heavy objects)

- Fast movement
- Bouncing
- Jumping
- Spinning
- Rolling

- Soft or gentle music
- Quiet, rhythmic sounds

- Loud or exciting music
- Loud or sudden noises
- Unexpected changes in pitch or tone

- Few visual distractions
- Dimmed lights

- “Busy” or complicated décor
- Bright colors and lights
- Objects in motion

- Sweet or bland foods
- Chewy textures
- Sucking through a straw

- Spicy, sour, or salty foods
- Crunchy textures

- Warm, moderate temperature

- Very cold or very hot

- Familiar odors

- Strong or noxious odors
- Unfamiliar odors

- Teach child to take deep breaths and count to 10
Play is essential to the development of children because it contributes to their cognitive, physical, social, and emotional well-being. Play allows a child to make sense of the world around them and offers caregivers the opportunity to engage with a child. Caregivers can teach children how to engage in appropriate play by demonstrating how to play with a toy, and by providing positive words and phrases of encouragement when the child engages in positive behaviors.

<table>
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<tr>
<th>Types of Play</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Thematic Play</td>
<td>Toys that represent real life experiences</td>
</tr>
<tr>
<td></td>
<td>(kitchen, work, house)</td>
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<td></td>
<td>Adult and child figures</td>
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<td>Super heroes</td>
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<td>Popular figures</td>
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<td></td>
<td>Make believe figures</td>
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<tr>
<td>Music and Dance</td>
<td>Musical instruments</td>
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<tr>
<td></td>
<td>Ribbons</td>
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<tr>
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<td>Music</td>
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<td>Dress up clothes</td>
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<td>Sensory Motor Activities</td>
<td>Balls</td>
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<td></td>
<td>Swings</td>
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<td></td>
<td>Obstacle course</td>
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<td>Bikes, scooters</td>
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<td>Squeeze toys</td>
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<td>Whistles</td>
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<td>Straws</td>
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<td>Painting</td>
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<td>Drawing</td>
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<td>Construction blocks</td>
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<td>Mazes</td>
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<td>Puzzles</td>
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<td>Copy shapes and letters</td>
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<td>Build or draw three dimensional shapes</td>
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HELPING THE CHILD TO BUILD A SYMBOLIC WORLD:
Children with autism have difficulty with symbolic play. Symbolic play involves imaginative activities such as pretending to drink from a cup or feed a doll. Because symbolic is a foundation for later language abilities and social relationships, it is important to teach these skills.

Strategies to build a symbolic world:
- Identify real-life experiences that the child knows and enjoys and have toys and props available to play out these experiences
- Respond to the child’s desire through pretend play
- Encourage role playing with dress-up props, or through puppets
- Use specific figures or dolls to represent family members and friends
- Give symbolic meaning to objects as you play
- Substitute one object for another when props are needed
- As you play, help the child elaborate on his or her intentions
- Use symbolic figures the child knows and loves to generate symbolic play
- Use play to help the child understand and master ideas and themes
- Let the child be the director
- As you play, match your tone of voice to the situation
- Focus on the process while you play and have a beginning, middle, and end
- Reflect the ideas and feelings in the story both while playing and later on as you would with other real life experiences
REFERENCES


Overview

- Partnership organizations
- Project history
- Mission & objectives
- Preparation
- On-site work
- Challenges
- Future opportunities
Partnerships

Fuling Kids International
- FKI U.S. non-profit
- Support & create programs for SWI & other regions
- Support to families adopted from SWI

Social Welfare Institute
- SWI = Fuling orphanage
- Houses infants - 6 years
- ~ 80 kids at SWI
- Foster care (60-80)
- Increase in children with special needs

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2011 Therapy Team

Why China?

- Over 83 million individuals with a disability live in China
- Individuals with disabilities are a vulnerable population due to China’s social attitudes & stereotypes
- Limited services & resources
- Limited education & training in treating individuals who have a disability
Fuling, China

- 200,000 people live in the Fuling proper, although the total population exceeds 2 million
- Fuling is a rural city surrounded by villages and mountains
- Located along the Yangtze River and is part of the Chongqing Municipality
- Mandarin Chinese is the dominant spoken language

Typical Day at the Orphanage
Current Mission

- Create/maintain sustainable therapy & educational program for infants & older children with disabilities or institutional delays at the Fuling orphanage
- Train/support local staff & to help the children progress as much as possible towards independence:
  - Educational/academic
  - Physical
  - Social
  - Cognitive

Conditions

- Cerebral Palsy
- Autism
- Down syndrome
- Limb deformities
- Cognitive impairments
- Physical challenges
- Institutional/developmental delays
Preparation Objectives

- Develop educational seminars
  - Special Ed models, CBR, ICF language
- Mandarin Chinese lessons
- Research
- Communication books
- Autism education
- Developmental charts
- Assessment tools
- Activity checklists
- DIR/Floortime

Plans at the orphanage

- Assess children
- Develop therapy plans
- Provide therapy
- Educate, train, & support caregivers
- Implement occupational activities
- Provide long-term goal guidance
- Develop hybrid therapy & education model
- Create a vision
- Reinforce positive relations
Challenges

- Difference of societal acceptance for children with disabilities
- Few expectations for children with disabilities in China
- Difficulty anticipating futures of the children
- Limited resources in Fuling
- Caregivers have limited education
- Sustainability of proposed therapy and educational program
- Implementing culturally sensitive programs that blends eastern and western views

Fundraising

www.ashleymandyfki.yolasite.com
Sustainability

- Fuling Kids International hired Chinese special educator
- Hybrid education & therapy model for other Chinese orphanages
- Scholarship
- Cross-cultural education
- Research
- Funding for future

Special Thanks

- Sandra Rogers, OT
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Questions?

Xie Xie !!

Ashley Culver
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Mandy Littlewood
litt1944@pacificu.edu

http://www.fulingkids.org/
http://ashleymandyfki.yolasite.com/
Improving the potential of children with disabilities living at a Chinese orphanage

Ashley Culver, MOTS
Mandy Littlewood, MOTS

Innovative Practice Project
April 29, 2011
Pacific University School of Occupational Therapy

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