

# COLLABORATION IN EARLY INTERVENTION FOR STUDENTS WITH OPTIC NERVE HYPOPLASIA

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## PART I REVIEW

- ONH is a complex condition that causes visual impairment
- Non-visual associations include neurological, endocrine, and behavior differences
- These differences may manifest as developmental delays or sensory processing issues
- Sensory dysregulation may affect social and language development
- Careful assessment must be performed when autism is suspected

## PART 2 REVIEW

- Children with ONH have a variety of unique strengths and challenges
- Strategies can be implemented to help with
  - Behaviors and sensory needs
  - Social skills development
  - Language development
  - Visual needs in the home and classroom

# IFSP TEAM MEMBERS

- DTV/TVI
- PT
- OT
- SLP/Feeding specialist
- O&M
- Others?

## COLLABORATOR QUESTIONS

1. What are 2 ( PT, OT, feeding O&M) issues that you have observed in children with ONH?
2. What are some strategies that you have found successful with these children?
3. Does working with a DTV change your approach? If so, how?

# PHYSICAL THERAPY (PT)

Gross Motor Development

Michelle Yuen, PT, DPT

Early Intervention Specialist

# TAKING OFF: MOTOR DEVELOPMENT

- Running, Walking, Sitting
  - We do them everyday **BUT** how did we learn them?
  - Imitate, practice and get feedback
- We learned movement because we watched others do it, we watched ourself do it, we saw things we wanted.



# ORTHOTICS/ FOOTWEAR







# ADAPTIVE SEATING & EQUIPMENT





Special  
Tomatoe



Rifton Activity  
Chair



Kaye Bench



Kimba Stroller  
System



Tumble  
Form Seat



# ORIENTATION & MOBILITY (O&M)

Orientation & Mobility Skills & Strategies

Carol Otten, COMS

DT/Orientation & Mobility

## ISSUES OBSERVED IN CHILDREN WITH ONH

- Lacks initiative in exploration of environment.
- Rigid routines resulting in difficulty with transitions.
- Often seek sensory stimulation and vestibular input.

## STRATEGIES & SUGGESTIONS

- Identify significant and favorite motivators which should have auditory and tactile components. Many great toys available that have sounds and lights. Also consider toys that vibrate. “Google” toys to motivate rolling and crawling. Bright Starts Wobble Bobble is a favorite.
- Provide opportunities for “practice” during daily routines-move towards diaper changing, move to the kitchen for a snack, etc. Encourage exploring and moving to find a basket/bin of books and toys. Use a floor scooter or ride on toy to move through the home in addition to a toddler walker toy or grocery cart. Verbalize when the child is rolling/crawling/walking towards an object or new floor texture. Use sounds, smells and texture changes to identify specific rooms.
- Provide sensory stimulation and vestibular input prior to a motor activity (deep massage, bounce on a large yoga type ball, swing in a blanket or on a swing, rock in a rocking chair, spin on an appropriate toy; Fisher Price Bounce and Spin Puppy, Sit and Spin).

## WORKING WITH A D/TV

- Working with A DTV does not change my approach when working with a child and family. Co-treating and working together with all of the team is beneficial for the child, the family and therapists as we can continue to reinforce the skills and strategies that need to be routine and consistent for continued success with our little ones.

# OCCUPATIONAL THERAPY (OT)

Occupational Therapy Skills & Strategies

Sarah Alter, MS, OTR/L

Early Intervention Specialist



# ISSUES OBSERVED IN CHILDREN WITH ONH

## Sensory seeking behaviors

- Vestibular (movement) input
- Proprioception (deep pressure/heavy work) input
- Oral input

## Tactile sensitivities (tactile defensiveness)

# STRATEGIES & SUGGESTIONS

## Sensory seeking:

Identify what type(s) of sensory input the child is seeking out.

Provide sensory input to help the child meet their specific sensory needs.

Incorporate sensory activities into a therapy session before working on more challenging skills.

## Proprioceptive Input:

- Great for self-regulation and reducing all sensory seeking behaviors
- Some strategies I use are: Deep pressure massage, joint compressions, weighted items (weighted blanket, weighted lap pad, weighted vest), compression garments, and toys that provide resistance when pushing or pulling.

## Oral Input:

- Some activities I use are: oral motor tools, chewy tubes, crunchy/chewy foods, etc.

## Vestibular Input:

- Some activities I might use to provide kiddos with movement input are: seated bouncing on a therapy ball, rocking side to side on a therapy ball or peanut ball, sitting on a little cushion, facilitator jumps, blanket, swings, head, inversions, etc.

## Tactile sensitivities:

Incorporate proprioceptive input before and during tactile play. This type of input can help calm the nervous/sensory system.

Exposure to different textures and touch experiences on a regular basis. Start small and follow the child's lead. Some tactile-based activities I use to work on expanding a kiddo's tolerance include: introducing dry textures then progressing to sticky/messy textures, sensory bin exploration, food play and exploration, textured toys, textured floor spots, and vibrating toys.

## WORKING WITH A D/TV

Working with a DT-V changes my approach around adapting sensory materials and modifying the child's sensory environment to build functional skills.

While working with a DT-V, we often target activities that promote pre-braille skills that the child will need for learning braille. Pre-braille skills involve fine motor skills as well as sensory skills because children must feel comfortable exploring textures with their hands (using their tactile sensory system) when learning braille.

- Purposeful release of objects
- Bilateral coordination
- Finger isolation
- Exploration of textures with open hands

# SPEECH & FEEDING (SLP)

Feeding Therapy Strategies

Kristin Faulkner, MS, CCC-SLP/L, CLC

Early Intervention Specialist

CHILDREN WITH ONH CAN BE OFTEN  
PRESENT WITH FEEDING CHALLENGES  
RELATED TO

1. ORAL MOTOR/SKILL DEVELOPMENT
2. SENSORY PREFERENCES
3. FEEDING ISSUES ASSOCIATED WITH  
HYPOTHALAMIC DYSFUNCTION



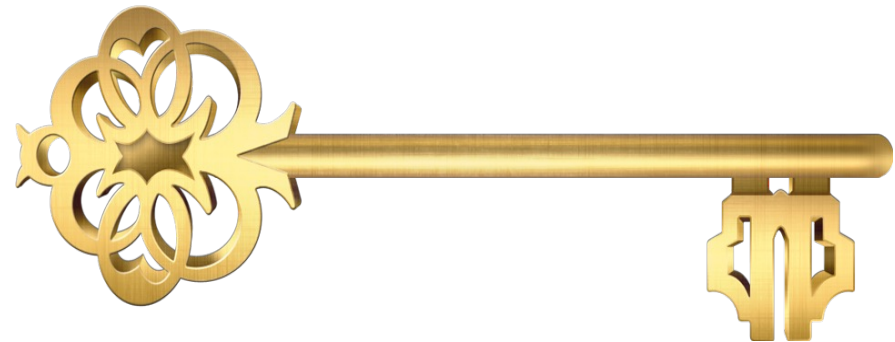
# STRATEGIES FOR MEALTIME SUCCESS

- 1)Preparation
- 2)Routine
- 3)Exploration and Mouthing
- 4)Go Slowly with sensory changes



# COLLABORATION IS KEY.

- Collaboration with a DTV is essential for a feeding therapist in treatment of a child with ONH.
- With collaboration with the DTV and use of prevention techniques, some of the feeding challenges for children with ONH can be avoided or diminished.



# CONCLUSION

Collaborating with other professionals is critical

- ONH is a complex diagnosis
- Children with ONH need all disciplines to understand the diagnosis and their unique needs
- Implement strategies to help the whole child
- Every discipline has a role in each outcome/goal



## QUESTIONS & RECORDINGS

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- Birth to Three Recorded Educational Webinars
  - Illinois School for the Visually Impaired
  - Parent Resources
  - <https://www.dhs.state.il.us/page.aspx?item=129866>