



Level 2 Resources Table of Contents

| | |
|--|-------|
| Child Profile Form..... | Pg 2 |
| CIRCLE 2: Discovering a Child's Sensory Motor Profile..... | Pg 5 |
| The SMP Checklist..... | Pg 8 |
| The SMP Chart..... | Pg 9 |
| The PLAY Project: 6 FDLs "Thumbnail" Summary..... | Pg 10 |
| Functional Developmental Level Descriptions..... | Pg 11 |
| Graphing Mateo's Levels..... | Pg 13 |
| Rabbit Hole Techniques..... | Pg 14 |
| Fidelity Manual Narratives..... | Pg 15 |



THE PLAY PROJECT CHILD PROFILE FORM

| | | |
|--|----------------------|-------------|
| Your Name: | Child's Name: | Age: |
| Initial Reactions: | | |
| Comfort Zones (CZ): | | |
| Sensory Motor Profile (SMP) & Regulation Profile: | | |
| 1. Visual Processing: | | |
| 2. Tactile Input: | | |
| 3. Auditory: | | |
| 4. Taste/Oral Motor: | | |
| 5. Smell/Olfactory: | | |
| 6. Vestibular: | | |
| 7. Proprioceptive: | | |
| 8. Motor Planning: | | |
| 9. Regulation: | | |



THE PLAY PROJECT CHILD PROFILE FORM

Functional Developmental Level (FDL):

Level 1: Self Regulation and Shared Attention

Level 2: Engagement

Level 3: Two-way Communication

Level 4: Complex Two-way Communication

Level 5: Shared Meanings & Symbolic Play

Level 6: Emotional Thinking



THE PLAY PROJECT CHILD PROFILE FORM

Methods:

1. Read the child's cues and intent
2. Slow the pace of play, observing and waiting for the child's idea
3. Follow the child's lead, responding to what the child wants
4. Open and close circles of communication (back and forth interactions)
5. Build on the child's interests

Keys to Progress:



CIRCLE 2: Discovering a Child's Sensory Motor Profile

Introduction:

The Sensory Motor Profile (SMP) refers to the unique way that a child experiences the world through the 7 primary senses and through movement. Determining a child's SMP is the next step toward discovering a child's complete profile. It is not enough to simply *play at the right FDL*; one must also understand how the child's SMP impacts his ability to interact, problem-solve, play, and participate in activities of daily living. The SMP is best discovered through a combination of skilled observation, standardized assessments, and parent interview. In The PLAY Project, the SMP is identified using information and video gathered from the first visit.

The 7 senses:

There are 7 primary senses that nearly all people are born with. These include visual, auditory, gustatory, olfactory, tactile, proprioceptive, and vestibular. However, the way in which children and adults experience each of these 7 senses varies greatly from person to person. It is important to understand *how* a child processes and interprets information through each of the 7 senses as difficulty with any of the senses can greatly impact a child's ability to move through each level of development. Below are brief descriptions of each of the 7 senses.

1. **Visual** - a child's ability to process & interpret the sights around them
2. **Auditory** - a child's ability to process & interpret the sounds around them
3. **Gustatory** - a child's ability to process & interpret tastes (e.g. food/drink)
4. **Olfactory** - a child's ability to process & interpret smells
5. **Tactile** - a child's ability to process & interpret touch (i.e. the feeling of objects, etc.)
6. **Proprioceptive** - a child's ability to process & interpret input through their muscles & joints
7. **Vestibular** - a child's ability to process & interpret where they are located in space

Discovering the Child's SMP:

Parent interview is typically the first and best way to determine how the child experiences their world. In The PLAY Project, this interview takes place during the first visit. The PLAY Consultant might ask the child's parent(s) about the child's favorite and least favorite activities, experiences, toys, foods, etc., all of which will help the PLAY Consultant form ideas about the child's SMP. From there, the PLAY Consultant will observe how the child explores his environment, carefully taking note of how the child responds to sounds, sights, and other types of sensory input. Additionally, the PLAY Consultant will use an assessment measure (e.g. The Greenspan Social Emotional Growth Chart, The Sensory Profile, or a sensory checklist) which will help to pinpoint any area(s) of difficulty within the child's SMP.



CIRCLE 2: Discovering a Child's Sensory Motor Profile

Difficulty with Sensory Processing:

When a child struggles to process, appropriately interpret, and/or respond to sensory input, he may be showing signs of **Sensory Processing Disorder (SPD)**. SPD is a complex neurological condition that results in missed or poor connections between the brain (central nervous system) and peripheral nervous system (body). When this occurs, children may exhibit symptoms in various ways. For example, some children may demonstrate clumsiness, whereas others demonstrate strong aversions to certain smells or sounds. It is not uncommon for children with autism spectrum disorders (ASD) to demonstrate symptoms of SPD. Sometimes, these symptoms can simply appear to be "bad" behaviors (i.e. screaming or running away); however, in many cases, the behavior (i.e. response) can be traced back to sensory input.

The Subtypes of SPD:

There are several different ways to describe the symptoms of SPD. These include: sensory over-responsive (aka over-reactive), sensory under-responsive (aka under-reactive), sensory craving (aka sensory seeking), postural disorder, dyspraxia (aka difficulty with motor planning), and sensory discrimination disorder. In The PLAY Project, we recommend that you become familiar each of the 6 subtypes; however, it is not expected that you will become experts in this area. We recommend that you refer children who show signs of SPD to a pediatric occupational therapist for a formal evaluation. Below are brief descriptions of each of the 6 subtypes.

1. **Sensory over-responsive** - the child may demonstrate an exaggerated or heightened response to sensory input
2. **Sensory under-responsive** - the child may not respond or may demonstrate a delayed or slower than average response to sensory input
3. **Sensory craving** - the child may seek excessive stimulation and/or movement without contentment or satisfaction
4. **Postural disorder** - a child who demonstrates difficulty with postural control to the extent that it affects his ability to stand, sit, or participate to complete various motor tasks.
5. **Dyspraxia** - a child who demonstrates decreased motor planning skills (i.e. difficulty with ideation, sequencing, and coordination of fine and gross motor movements).
6. **Sensory discrimination disorder** - a child who struggles to accurately interpret the subtle characteristics of various stimuli (i.e. sounds, sights, sensations, etc.)

Often, it is difficult to determine how a child is interpreting input through one or more of the 7 primary senses. When this happens, it is helpful to try and isolate each sense in order to determine how a child reacts to variability. Here is an example:

- a) If you notice that a you are working with child flinches or puts his hands over his ears whenever people clap next to him, it is safe to assume that he may be reacting strongly



CIRCLE 2: Discovering a Child's Sensory Motor Profile

to the auditory and/or visual input (i.e. the sound of the clapping or the sight of hands moving rapidly). If you then learn from the child's parents that this child responds in a similar way to other loud, unexpected noises, it is likely that he is reacting to the auditory input. This child may therefore be **over-responsive** (aka over-reactive) to auditory input, which means that his parents, therapists, teachers, etc. should be mindful of the amount, frequency, and duration of auditory input that this child is exposed to.

Motor Planning:

Motor planning (praxis) involves 3 parts:

- 1) **Ideation** - the ability to come up with an idea/an intention
- 2) **Motor planning** - the way the brain organizes and sequences motor actions
- 3) **Execution** - the ability to perform (execute) motor actions

The 3 senses involved in motor planning include the tactile, proprioceptive, and vestibular sense. These senses allow the child to respond to the sensory information around them (e.g. the sound of their mother's voice). If a child is experiencing difficulty in any of these 3 senses, they may have difficulty responding appropriately to sounds, sights, smells, etc. This is because the tactile, proprioceptive, and vestibular senses are the movement-based senses, which means that they allow the child to react by coordinating their intentions with the needed motor actions (e.g. turning her head, smiling, and looking at her mom).

Take-Home Message:

In summary, a child with noted difficulty in the areas of sensory processing or motor planning will likely exhibit related difficulty with the skills outlined in each of the 6 FDLs (e.g. fine or gross motor difficulties, limited initiation, and/or decreased problem-solving skills). Therefore, it is crucial for PLAY Consultants to recognize and address any signs of difficulty early on. Given that PLAY Consultants are not required to have training or experience in the area of sensory processing, it is important to recommend a formal evaluation by an occupational therapist or other qualified professional when signs of SPD are identified.



SMP CHART

| SENSORY MOTOR DOMAIN | OVER-REACTIVE LOW THRESHOLD | UNDER-REACTIVE HIGH THRESHOLD | REGULATING IMPUT |
|-----------------------------|------------------------------------|--------------------------------------|-------------------------|
| Visual | | | |
| Tactile/Touch | | | |
| Auditory | | | |
| Oral/Taste | | | |
| Vestibular | | | |
| Proprioceptive | | | |



THE SMP CHECKLIST

Visual Processing

Tactile

Auditory

Taste/Oral Motor

Smell/Olfactory

Vestibular


Proprioceptive

Motor Planning

Regulatory Profile

The PLAY Project: 6 Functional Developmental Levels

“Thumbnail” Summary




FDL 1:
Self-Regulation & Shared Attention

***begins at birth to 3 months**

- Can remain calm and regulated enough to share attention with people
- Can sustain brief episodes of interaction
- Regulation derailed by *Comfort Zone* activities
 - Stimming, scripting, lining up, etc. remove attention
- When you see CZ, child has holes in FDL 1
- Use ‘The Rabbit Hole Techniques’ to join the child at FDL 1


Key Questions:
How much is the child with us?
Where is the child’s attention? What is the child’s intention?



FDL 2:
Engagement

***begins between 2 and 7 months**


- More sustained attention = engagement
- You call to them and they look—Circles begin!!
- Peek a boo is the classic FDL 2 game
- Key Question: How easy is it to engage the child?
- **This is the ‘sweat’ level.** The parent/professional has to do the work (i.e. sweat) to keep the child engaged
- Hard to follow child’s lead, but you can!
- Watch out for visual activities
- Use Rabbit Hole Techniques



FDL 3:
Two-way Communication

***begins between 3 and 10 months**


- Opening and closing of 6-10 circles
- Key activities: Simple cause and effect games
- Key Question: Is the child initiating?
- We want to ‘create a monster’ (i.e. child won’t leave you alone!)
- This is the ‘wait’ level. The parent/professional has to wait to see if the child will initiate (i.e. open circles)
- Beginning of understanding routines
- Beginning of first single words



FDL 4:
Complex Two-way Communication

***begins between 9 and 18 months**

- Opening and closing of 10-30 circles
- Solid 4 =Totally ‘with us’. Continuous flow of interaction
- Gestural communication along with words. Imitation
- 50+ words
- Follows spontaneous 1 step commands: Go, get, give to. . .
- Feelings more and more organized
- Problem solver! Has his/her own ideas
- ‘Little stories’: ‘Gets’ meaningful sequences
- Simple pretend: Phone to ear. Bottle to baby’s mouth



FDL 5:
Shared Meanings & Symbolic Play

***begins between 24 to 30 months**

- Classic two year old communication
- 1-2 word phrases
- What, Where, Who, Actions, Yes/No
 - Not open ended ‘What’, Why, or When or Pronouns
- One thematic pretend play with adults
- Follows 1-2 step commands.
- Greetings emerging
- Compliance
 - It is not following their lead to follow their lead



FDL 6:
Emotional Thinking

***begins between 36 to 48 months**

- Talking in sentences
- ‘Why’. Can recall the immediate past
- Builds bridges between ideas
 - Identifies own and others’ feelings
 - Recognizes relationship between feeling, behavior and consequences
- Two thematic play
- Carries on simple conversations
- Peer play established
- Misbehavior as developmental accomplishment



FUNCTIONAL DEVELOPMENTAL LEVEL DESCRIPTIONS

FDL 1: Self-Regulation & Shared Attention

Begins between birth & three months

- Can remain calm and regulated enough to share attention with people
- Can sustain brief episodes of interaction
- Child is 'with us'
- Regulation derailed by Comfort Zone activities (Stimming, scripting, lining up, etc. remove attention)
- When you see CZ, child has holes in FDL 1
- Use Rabbit Hole Techniques to join the child at FDL

FDL 2: Engagement

Begins between two & seven months

- More sustained attention = engagement
- You call to them and they look – circles begin!
- Key question: how easy is it to engage the child?
- This is the *sweat* level. The parent/professional must do the work (i.e. sweat) to keep the child engaged
- Hard to follow child's lead, but you can!
- Watch for visual activities
- Use Rabbit Hole Techniques

FDL 3: Two-Way Communication

Begins between three & ten months

- Opening and closing of 6-10 circles
- Key activities: simple cause and effect games (peek-a-boo)
- Key question: is the child initiating?
- We want to 'create a monster' (i.e. the child won't leave you alone!)
- Purposefulness
- This is the *wait* level. The parent/professional must wait and see if the child will initiate (i.e. open circles)
- Beginning of understanding routines
- Beginning of first single words



FUNCTIONAL DEVELOPMENTAL LEVEL DESCRIPTIONS

FDL 4: Complex Two-way Communication

***Begins between nine & eighteen months**

- Opening and closing of 10-30 circles
- Solid 4 = Totally 'with us,' there is a continuous flow of interaction
- Gestural communication along with words, imitation
- 50+ words
- Follows spontaneous one step commands: get, give, bring
- Feelings are more organized
- Problem solver! Has his/her own ideas
- 'Little stories': 'gets' meaningful sequences
- Simple pretend: phone to ear, bottle to baby's mouth

FDL 5: Shared Meanings & Symbolic Play

Begins between twenty-four & thirty months

- Classic two-year-old communication
- 1-2-word phrases
- "What," "Where," "Who," actions, yes/no
 - Not open-ended What, "Why" or "When" or pronouns
- One thematic pretend play with adults
- Follows one-two step commands
- Greetings emerging
- Compliance
 - It is not following their lead to follow their lead

FDL 6: Emotional Thinking

Begins between thirty-six & forty-eight months

- Talking in short to long sentences
- Why and when questions
- Can recall the immediate past (what did you eat for breakfast?)
- Builds bridges between ideas
- Identifies own and others' feelings
- Recognizes relationship between feeling, behavior, and consequences
- Two thematic play
- Carries on simple conversations
- Peer established play
- Misbehavior as developmental accomplishment
- Two ideas connected logically



“Rabbit Hole” Techniques

The “**Rabbit Hole**” is our euphemism for the perseverative, repetitive, restrictive, and stereotypical behaviors characteristically exhibited by the child with autism spectrum disorders.

- The child in the “rabbit hole” seems like they don’t want to be part of our world.
- Perseverative and stereotypical behaviors are not ‘bad’. They are a form of comfort the child that the uses to stay in their Comfort Zone.
- These behaviors help child regulate a chaotic world. However, these behaviors may become habits & keep the child isolated. These are addictive for the child and need to be monitored.
- ‘Joining’ in these behaviors helps our engagement with the child. As our engagement with the child increases (FDL 2), the perseverative and repetitive behaviors naturally decrease!

There are 5 Rabbit Hole Techniques:

1. **Being With**: Simply *be* with the child and sit near him/her quietly, waiting expectantly for the child to engage or re-engage.
2. **Narrate**: Label and provide a running commentary. What you should do is focus on paying attention to what the child is doing. This means to watch and describe **out loud** what it is that he/she is doing. You may sound just like a sportscaster -- that's good! As an example, let's say he is coloring. You might follow what he's doing by saying, " ... and now you're coloring the hat red." *Don't* tell the child what to do. You should just describe their actions.
3. **Help him do it better**: For example, if the child is lining up cars you would begin to hand him or her additional cars to add to the line of cars.
4. **Imitate/Parallel Play**: Do something similar to what the child is doing (and see if he/she will imitate you). If the child is lining up his or her toy cars, you can begin to line up a set of cars next to them but add a slight variation (e.g., line them up facing in the opposite direction).
5. **Theme and Variation**: Do something different with the same activity. For instance, open and close a door. Sing a song while you open and close the door, hold the door closed until the child complains.
6. **Change the Sensory Mode**: If the child is “off in his or own world,” you can try to engage their attention with a really fun activity (e.g., bubbles or offer other sensory activities). **Keep in mind the child's primary/preferred sensory modality (i.e. visual, tactile, auditory, etc.)*



The PLAY Project Consultant Advanced Course Fidelity Manual Narratives

Introduction The PLAY Project Fidelity Manual was created to establish research criteria for successfully training PLAY Project Consultants (PPC) as they went through full certification so they could deliver PLAY with high fidelity to caregivers of young children with autism. While the *Advanced Course Fidelity Manual Narratives* do not have the level of detailed description used in the implementation/full certification course, they accurately describe the research based criteria for each of *The PLAY Project's Fidelity Manual* sections including Keys, Comfort Zone Activities (CZA), Sensory Motor Profile (SMP), and Functional Developmental Levels (FDL.)

Keys to the Child's Progress (Keys) Keys integrate The PLAY Project (TPP) principles and methods into main points that the Advanced Course Trainees (TRAINEES) should summarize as the most important suggestions for caregivers (CG). Special attention is given to the child's profile (CZ, SMP, FDL) and the caregivers interactional process (IP). Keys should *accurately summarize a set of overall strategies* that help the CG know what to do to improve interactions with this child (i.e. have fun) and promote this child's functional development. Language should be clear and understandable (PLAY jargon/terms should be defined).

- 3-5 key points specify an overall strategic approach
- Keys most often emphasize principles and/or methods *as they specifically apply to the child and CG*
- Keys should note progress and focus in on constructive advice (i.e. avoid negative language but supportive honest feedback is important)
- Keys may suggest specific *techniques* or *activities* if they are central to this child's progress. (Techniques and Activities are an important part of PLAY Project Consultant (PPC) implementation training and not emphasized in the Advanced Course.)
- Language should be understandable for the CG
- Keys are often determined after the child profile—CZA, SMP, FDL—is evaluated.

Comfort Zone Activities (CZA) are defined as 'what the child will do when you let them do whatever they want to do'. CZA takes the child OUT of the relationship (examples: lining up, opening/closing doors, visually stimming on trains or cars, flipping pages of books, flicking string/long objects, etc.). Note that CZA are often limited in a 15 minute video and may not be seen. The CZA section of the Child Profile Form should have the following elements:

- CZA briefly defined
- TRAINEE lists CZA captured on the video
- TRAINEE notes if there are no CZA present on video

The Sensory Motor Profile (SMP) should have two components listed in the Child Profile Form:

a.) reactivity profile (over, under, mixed reactivity) and b.) consideration of ALL sensory/motor modalities. Often the parents will play in one modality (e.g. visual) and other modalities are not explored. The TRAINEE should emphasize other modalities to see which are most engaging. All modalities should be defined. The SMP section of the PP should have the following elements:

- All SM modalities (see SMP/Regulatory Checklist) are considered.
- Over-reactive and/or under-reactive considered and described. For example, if a child is 'under-reactive' to sound, for instance, then he/she will seek rather than avoid that modality and vice versa.
- Brief suggestions or explanation given of how the CG could play based on the SMP
- SMP modalities not used by CG are noted by the TRAINEE
- Suggestions should be made to CG about what to do more of/less of related to each modality

Functional Developmental Levels (FDLs) The TRAINEE's ability to accurately profile the child's FDL is fundamental to The PLAY Project approach. The TRAINEE should be systematic and describe each of the child's FDLs from 1 through 6 as part of TPP analysis. Furthermore, the FDL profile must be succinctly and clearly described so as to be understandable and useful to the CG. The FDL analysis is useful to the degree that it links FDL to strategies (e.g. 'sweating' for FDL 2, 'waiting' for FDL 3, 'going for continuous flow' at FDL 4, etc.) as well as methods, activities, and techniques that will be specified later in TPP implementation course. The more subtle and accurate the TRAINEE is in profiling the FDL, the better. The TRAINEE should also document a percentage of how 'solid' the child is on a 9-point scale (see below) and can include a *bar graph* designed for that purpose. This percentage should correlate with the AC course evaluator ratings. An FDL profile should include the child's 'affective level' i.e. the FDL at which the child prefers to function *when left to do what he/she wants*. This affective level also typically identifies where the fun is for the child and where the work is for helping the child take the next step in development. This level will often coincide with their most 'solid' FDL. In summary, the FDL section of the PP should have the following elements:

- The FDL profile is consistent with the AC course evaluator analysis and the *FDL criteria*
- FDL percentage ratings are consistent with AC course evaluator ratings
- FDL % is described using a 9-point scale: 0, 0-25, 25, 25-50, 50, 50-75, 75, 75-100, 100
- TRAINEE displays FDL percentages in the form of a bar graph
- FDL profile is succinct, clear, understandable, and useful for the CG
- TRAINEE notes the child's affective level (i.e. their preferred level of functioning/ where the fun is/work is)