

Dyspraxia

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Dyspraxia is a neurologically based developmental disability which is present from birth. Dyspraxia means difficulty (dys) planning and sequencing movements required to perform a skill. There are three types of dyspraxia - Oral, Verbal and Motor. A child with dyspraxia may have one or a combination of all three types and in varying degrees of severity. It is believed that dyspraxia is an immaturity of parts of the motor cortex (area of the brain) that prevents messages from being properly transmitted.

Children with this disability appear the same as any other child however it is only when a skill is performed that the disability is noticeable. This disability does not impact on intelligence; however it can have a major impact on the child's social skills and acceptance by peers. The disability may also overlap with other conditions such as autism spectrum disorders, attention deficit hyperactivity disorder or dyslexia.

Verbal dyspraxia is a speech disorder that affects the programming, sequencing and initiating of movements required to make speech sounds. Children with verbal dyspraxia have difficulty forming words and letters. The muscles within our mouth and tongue assist in forming words. Children with verbal dyspraxia do have trouble with this but it is not the muscles themselves that are at fault. It is the messages being sent backwards and forwards to the brain that cause the problems. Children with verbal dyspraxia have to think out each mouth movement to form words, thus taking a long time to say something or even one word. This is tiring and frustrating for the child. Asking a child to repeat one word can be a difficult task.

Children with motor and oral dyspraxia have difficulties in coping with everyday activities, with movement difficulties that are complex and long lasting.

Effects on Developmental Areas

Social and Emotional

- May have a minimum social experiences
- May experience difficulties making and keeping friends
- May lack certain amount of independence
- May have lack of self esteem and confidence
- May avoid attempting or joining in with tasks
- May have attacks of rage and aggression

Motor and Physical Development

- May have difficulty swallowing or sucking
- May have poor coordination skills and appear clumsy in fine and gross motor activities
- May tire easily

Language and Communication Development

- May have difficulty speaking at all
- May have unintelligible speech
- May adopt a complex gesture system to aid communication skills
- May simplify words e.g. “har” for “harbour”
- May have delayed expressive language
- May have inconsistent speech patterns
- May exhibit “lost” or searching movements of the tongue and lips as they endeavour to find the position to make a sound
- May have difficulty with sequencing words, and sounds in words
- May understand instructions but find it hard to reply
- May not understand or use appropriate forms of communication
- May have difficulty in making or expressing choices
- May have more problems with speech when excited
- May learn to repeat rather than create sentences
- May mix up the order of sounds within a word
- May mix up the order of words within a sentence

Cognitive

- May have learning difficulties
- May not stay long at activities due to intense need to concentrate on words/speech
- May get frustrated when trying to describe something verbally
- May require instructions, directions etc. to be repeated 2 or 3 times and requires some time to process before responding or acting
- May have delays in skills of concentration, memory and ability to generalise
- May have difficulty understanding concepts of turn taking, sharing or how to enter into play situations

Dyspraxia Inclusion Strategies

Each child diagnosed with **Dyspraxia** will be different and individual. It is important to gain information from the parents as to what characteristics of **Dyspraxia** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social Development

- On arrival and farewell and when wanting child's attention say the child's name first to catch his attention e.g. "Jack, good morning" rather than "Good morning, Jack"
- These children tend to panic easily and respond badly to sudden changes in routine. Try to keep to routines
- Explain what you are doing as you are doing it when presenting an activity, giving instructions or encouraging turn taking/sharing
- Provide a quiet area with objects for child to explore independently
- Let other children know what child is doing to reinforce the concept of him being part of the group. Do this with all children e.g. "Look Jack is doing a puzzle as well"

Physical Development

- Hand eye coordination games actually help these children to talk better because these games encourage the child to learn how their bodies responds to actions and teaches them to understand how their bodies relate to the word about them
- Keep things in the same place to assist child to be able to move from one place to another. If you change the environment walk and talk this through with the child
- Count stairs, number of steps from each room to aid independence
- Provide finger plays to encourage the use of both hands in a controlled manner as well as developing fine motor skills
- Consider adapting the tools and materials used. For example, providing a larger brush that is easier to grip, or providing a smaller amount of clay to make it more manageable to hold. Tasks can be adapted to increase the chance of success. For example, they may be required to provide less detail in a drawing.
- Ensure the seating at table activities (including meal times) allows children to sit with their feet flat on the floor and provides good back support. Encourage an upright sitting position

Language

- Try to be patient with these children and do not keep interrupting or finishing a sentence for them
- Utilise the use of large clear pictures to reinforce what you are saying
- Para-phrase back what the child has said
- Clarify types of communication methods the child may use e.g. Makaton
- Provide puppets/pictures as an extra prop when using finger plays and songs
- Reduce the amount of instructions in one statement to allow time for the child to gain an understanding of what is been said e.g. “Hold the puppet up high” rather than “hold the puppet up high and wave it around so that all the children can see it.” Once child understands to “hold the puppet up high” you can then add “Good, now all the children can see it”
- Avoid nagging and correcting as this can make the child tense and angry
- Ascertain from parents words that are familiar with the child e.g. family words that represent aspects of child life, and use these in your program

Cognitive

- Encourage use of a bright easily recognisable bag for child to be able to recognise his hook/locker
- Gain information from parents about child’s likes, interests and dislikes and incorporate these in your program
- Break tasks down to smaller steps e.g. placing one puzzle piece in a time rather than expecting the puzzle to be completed
- Use a sequence of photos for regular tasks to support the child’s understanding of how to do the task and in what order
- Allow the child time to complete tasks and practice skills at own pace
- Acknowledge level of achievement e.g. “you have placed that piece in the puzzle, well done” rather than just “Good boy”

Reference

Aspen Reference Group (1997) **Caregiver Education Guide for Children with Developmental Disabilities**. Aspen Publication

Brownlow, Andrea (1998) **More than Just Words: A handbook of Games and Activities to help include children with language and communication impairments**. Playcare PROGRAM & Dept Families, Youth & Community Care: Brisbane

Christmas, J. (2009) **Hands on Dyspraxia: Supporting Children and Young People with Sensory and Motor Learning Challenges**. Speechmark Publishing Ltd: Milton Keynes

Macintyre, C. (2000) **Dyspraxia in the Early Years**. David Fulton Publishers: Great Britain

Portwood, M. (1999) **Developmental Dyspraxia: Identification and Intervention A Manual for Parents and Professionals**. David Fulton Publishers

Vize, A. (2010) **A Practical Guide to Supporting Children with Dyspraxia**. Teaching Solutions: Albert Park, Australia

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