

Matrix Session Planning The Process: Example 1

Child Information

XXXXX is a 24-month old girl who lives in a nursing home. She has a very rare genetic condition, which results in Light Perception due to corneal opacities. The disorder also involves facial anomalies. Her primary caregivers are the nursing home workers. She has a grandmother that comes to visit her a few times a month. She is walking and exploring her nursing home environment. XXXXX has begun to mimic more sounds and vocalizations. She has access to some toys, but spends the majority of her time in a playpen or bouncy seat near the nurses' station. She is fed via G-Tube.

Family Outcomes & Daily Routines:

Desired Family Outcomes:

1. XXXXX will develop tactile tolerance and exploration.
2. XXXXX will develop a sustained grasp when playing with toys.
3. XXXXX will demonstrate safe travel skills.

Daily Routines:

1. Getting dressed/undressed
2. Play time
3. Bath time

Strategies and Needed Adaptations

Tactile Tolerance/Exploration: XXXXX demonstrates curiosity and motivation to explore her environment. When walking, she typically has her "safe hands" out and ready to act as her bumpers. She demonstrates some tactile defensiveness. She has been observed to have closed fists, and will pull her hand away at undesirable textures. XXXXX benefits from a hand under hand approach when working with non-preferred textures. According to Lueck, Chen, Kekelis, & Hartmann (2008) exploring different textures is a 4-6 month skill. In order to develop further exploration of textures, XXXXX should be encouraged to play with objects of different textures. Caregivers should present non-preferred textures on most receptive body parts, gradually working towards acceptance by her hands. Encourage XXXXX to explore and differentiate textures, especially when dressing/undressing.

Sustained Grasp: XXXXX will typically pick up, then immediately drop objects. She will sometimes pick the item back up, but only to drop it again. She uses her fingers to reach for and grab toys/objects. She uses both hands to reach for, pick up, then drop the object. No hand preference is noticed. According to Lueck et al. (2008) XXXXX is in the birth-3 month age range for this skill. She is working on using her hands for purposeful action. Some intervention strategies and ideas include: providing opportunities for XXXXX to practice interactive games and routine activities, provide little buckets and floating toys during bath times, and provide toys on the changing table and different textured toys in her crib.

Safe travel skills: XXXXX is walking and has recently begun tolerating pushing a stroller in front of her. She will bump her stroller into obstacles (including walls) and will then abandon her stroller. She becomes frustrated and walks away. XXXXX demonstrates good coordination while walking, until she encounters an obstacle. She will hold out her hand and seek out adult assistance. According to Lueck et al. (2008) XXXXX is in the 10-12 month range in her locomotion. In order to work on overcoming

obstacles XXXXX should practice moving through larger space via trial and error. Allow XXXXX time to detect an obstacle then clear a path so she can learn to move around them. XXXXX has an Orientation and Mobility Assessment coming up this week.

Session Planning Matrix

	Dressing/Undressing	Play time	Bath time
Tactile Tolerance and Exploration	Touch different textures of clothing. Use hand under hand to help with zippers, snaps, Velcro etc.	Surround XXXXX with a variety of toys within reach. Encourage XXXXX to explore different toys. Use hand under hand, give enough time, and work from behind.	Put a variety of toys in the bath tub, buckets, and small toys, including squeaky plastic toys and soft sponge toys.
Sustained Grasp	Place dangling sound objects overhead while changing. Encourage XXXXX to reach and grasp dangling toys.	Place various sized textures and objects in her hands (foam hair curler, sponge, rattle, one-inch block)- items that are about the size of her hands.	Put a variety of toys in the bath tub, buckets, and small toys, including squeaky plastic toys and soft sponge toys.
Safe travel		Use push toy device in front while walking. When XXXXX bumps into an obstacle verbalize what she has detected, and then help from behind to navigate into open/clear space or path. Practice this over and over.	

Rationale for Session from Planning Matrix

The session I am choosing to expand on is using a push toy device in front of her while walking for safe travel. It is difficult to involve the caregivers in XXXXX' sessions because her caregivers always change from day to day. When Early Intervention services are in the nursing home, the nurses are attending to other kids on the floor. I would first check in with the nurse on duty at the beginning of the session and ask how things are going, and see if there are any concerns. I would also ask if there was a portion of time someone could be involved in our session. It would be helpful if I worked with a new nurse each time in order for all the nursing home staff to know about XXXXX' travel needs, strategies and skills.

I would take XXXXX in the hallway with her stroller and walk along the hallway until she bumps into something. When she contacts an obstacle or wall, I would describe to her what she bumped into, and

help her navigate around it. According to Lueck et al. (2008), learning to overcome obstacles is a process of trial and error, and the child needs lots of opportunities to practice.

According to Ferrell (2011) it is important to let XXXXX explore her environment with overprotecting her. XXXXX may tend to do less and less on her own, and depend on the caregivers to help her move if caregivers are being overprotective. I would talk to the caregivers about not moving obstacles in her path- letting XXXXX bump into things, so that she can learn to move around obstacles independently.

The long white cane might also be introduced early on; however, considering XXXXX' lack of maintaining grasp- it might not be appropriate for her yet. According to Cutter (2007) the cane- not a pre-cane- should be given to XXXXX first, as soon as it facilitates independent movement and travel. Since the long white cane does not yet facilitate independent movement for XXXXX, the pre-cane might be a necessary first step for XXXXX. Once her grasp improves, the cane might be an appropriate tool to facilitate her independent movement.

Since nursing home caregivers' involvement in the sessions is not typical, it would be really important to provide the staff with a copy of her matrix after each session. I would try hard to involve the staff at the most convenient time for them at some point during our session. XXXXX has a bulletin board in her room where the matrix could be posted. It might also be beneficial to video or take pictures of what the strategies look like.

References

Cutter, J. (2007). *Independent movement and travel in blind children*. Charlotte, NC: Information Age Publishing.

Ferrell, K. A. (2011). *Reach out and teach: Helping your child who is visually impaired learn and grow*. New York, NY: AFB Press.

Lueck, A. H. Chen, D., Kekelis, L., & Hartmann, E. (2008). *Developmental guidelines for infants with visual impairment: A guidebook for early intervention*. Louisville, KY: American Printing House for the Blind.