

# Working with Sensory and Modality Strengths

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# Working with Sensory and Modality Strengths

## Verbal Ability

### *Strong Verbal*

- Can communicate even under stress
- Like to talk about what they're learning
- May be overreactive to noise, touch, visual input (difficulty paying attention)

### *Verbal/Communications Limited*

- May need more time to think, respond
- May be able to demonstrate understanding in other ways
- May do better in conversation than in front of the class or "on the spot"

## Visual Ability

### *Strong Visual*

- Can take in and understand visual input, even under stress
- May notice visual dimensions of an experience (ex: scenery, lighting, color, texture)
- Receive info by looking, watching, reading or being shown
- Need eye contact, need to see speaker
- Do well with maps, charts, diagrams

### *Visually Limited*

- Can overload in a "busy" environment
- May look away from teacher or close eyes to concentrate
- Keep maps, charts and diagrams simple
- Provide verbal directions

## Auditory Ability

### *Strong Auditory*

- Can take in and understand auditory input, even under stress
- May notice auditory dimensions of an experience (ex: dialogue, sounds)
- Receive info by listening or being told
- May process with self-talk, inner voice
- May need to look away (shut out visual distractions) or not look at speaker

### *Auditory Limited*

- May tune out speaker after a while

- May close eyes to concentrate, turn dominant ear toward speaker
- Put directions in writing, make visual info avail, allow to create mental image

## Kinesthetic Ability

### *Strong Kinesthetic*

- Would rather touch than look
- May notice kinesthetic dimensions of an experience (ex: action scenes)
- Receive info by touch, movement
- Often described as hyperactive (can become agitated, restless when movement is restricted)
- May have difficulty with visual or auditory input if kinesthetic needs are not met (especially if movement is restricted for a long time)
- Provide kinesthetic outlets (ex: playing with string, clay, beanbag; chewing gum; stretching, moving, bouncing) throughout the day or during "quiet" (non-kinesthetic, listening) activities

### *Kinesthetically Limited*

- Fewer kinesthetic demands in traditional classroom, so will probably do OK
- May have problems in classes that require movement
- Work from their strengths

## *Keeping Modality Channels Open*

- Minimize stress in environment (weaker channels shut down under threat)
- Do integration activities to "wake up" various parts of the brain
- Accommodate more than one modality whenever possible (ex: saying and writing directions)
- Teach kids to self-regulate (without disturbing anyone else)
- Provide outlets, various ways of paying attention (options you can live with, options that will not disturb other learners)

# Conditions with ADHD “look-alike” symptoms

- Highly Kinesthetic and/or Tactile Learners
  - Strong in bodily-kinesthetic, spatial, musical intelligences
    - Auditory Dominant
  - Communications-Limited (needs time to process, retrieve and articulate information)
    - Sensory Integration Dysfunction
      - Depression
      - Bi-polar Disorder
      - Asperger’s Syndrome
    - Absence seizures (Petit Mal Epilepsy)
    - Chronic middle ear infection, Sinusitis
      - Visual or hearing problems
      - Sleep disorders
  - Lack of natural light, sensitivity to fluorescent lighting
    - Scotopic Sensitivity Syndrome
    - Seasonal Affective Disorder (SAD)
      - Too-warm temperatures
      - Thyroid problems
  - Poor diet, food allergies, sensitivity to food additives
    - Chemical, environmental sensitivities
  - High extrovert, processes through social interaction, talking, writing
    - Emotional problems
  - Post-Traumatic Stress Disorder (trauma or abuse survivor or witness)
    - Lack of clear guidelines or instructions
      - Inadequate feedback
    - Inadequate instructional stimulation  
(lack of novelty, relevance, choices or autonomy)
      - Fetal Alcohol Syndrome/Effect
      - Absence or petit mal seizures
    - Obsessive-compulsive disorder (OCD)
      - Child abuse and neglect
      - Reactive Attachment Disorder
  - Oppositional-Defiant Disorders, Conduct Disorders
    - Temperament-related patterns
- (oversensitivity to sounds or sights, difficulty sequencing movements or processing visual or auditory input, or a tendency to be distracted by details).
- Use of stimulants
  - **Deliberate misbehavior: Better to be “bad” than “dumb”**

*These conditions are often misdiagnosed and treated as Attention Deficit Hyperactivity Disorder. This information comes from a variety of sources as reported in Creating Emotionally Safe Schools, by Jane Bluestein, Ph.D. (Deerfield Beach, FL: Health Communications, Inc., 2001) with additions to this list as suggested by readers and workshop participants. (Many workshop participants and email correspondents have added to this list. Check Website under Hand-outs for Educators for an up-to-date listing.)*

# Some Kids Really Do Study Better When...

*There are several ways to change or maintain our level of alertness and attentiveness. Even if your study habits are different from your children's, it is possible that they will be able to concentrate and learn by using some of the following options. Watch for consistency of completion and quality of work. If either start to drop, remember the phrase, "This isn't working," and be willing to suggest other strategies! (Think "trial-and-error" and stay positive!)*

- Listening to music
  - With headphones; without headphones
  - Various types (Thomas Armstrong, author of *The Myth of the ADD Child*, suggests that some kids are more focused and less hyperactive when listening to loud rock music. Note: It's OK to restrict music with "mean or obscene" lyrics.)
- Accommodating lighting needs
  - Availability of natural light
  - Preference for subdued light
  - Avoidance of fluorescent lights (can increase hyperactivity and irritability in some individuals)
  - Use of colored acetate (EZC Readers) to reduce glare and improve focus (colored acetate over text; reduces contrast of black text on white paper)
- Chewing, munching (Note: Watch for food allergies and sensitivities!)
- Moving, stretching, rocking
- Hydrating (drinking water)
- Changing seats
  - Sprawling out on the bed, couch or floor
  - Using a different kind of seat (therapy ball, bean bag chair, chair with arms)
  - Putting a bungee cord or heavy-duty rubber band around the front legs of the chair at your child's desk or work space
- Working alone, working with a friend or study partner; going over work with you
- Tactile anchor (when doing a listening activity; focusing in class)
  - Beanbag, stress ball, other "fidget" toy
  - Less obvious: string, piece of clay, twist-tie, pipe cleaner; velcro (can stick to underside of desk)
  - Drawing, doodling

*Many of these suggestions have come from various occupational therapists, physical therapists, kinesiologists, and special education teachers, among others. Their sources include research, books and workshops focusing on the needs of non-traditional learners, as well as contributions from workshop participants and website visitors.*

*For more information, see *The Win-Win Classroom* (Thousand Oaks, CA: Corwin Press, 2008) and *Creating Emotionally Safe Schools: A Guide for Educators and Parents* (Deerfield Beach, FL: Health Communications, Inc., 2001). both by Jane Bluestein, Ph.D.*

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