

# THERAPY BALLS and CLASSROOM BEHAVIOR

Schilling, D.L., Washington, K., Billingsley, F.F., & Deitz, J. (2003). **Classroom seating for children with attention deficit hyperactivity disorder: Therapy balls versus chairs.** *American Journal of Occupational Therapy, 57*, 534-541.

The study examined the use of therapy balls for classroom seating as an intervention for children with ADHD. The population was three children with said diagnosis. In-seat behavior in the chair and the ball was measured using momentary real-time sampling following each 10 second interval. Legible word productivity was measured by a method described by Hasbrouck, Tindal, and Parker (1994) that involves using a window card to expose only one word at a time starting at the end of the document and progressing to the beginning so that words were read out of context. During the baseline and intervention phases of the study each student either sat on a ball fitted to their size (intervention phases) or a chair (baseline phase) for a 60 minute language art class. The writing assignment done during the language art class was used to measure legible word productivity. This study provides evidence that the use of therapy balls for students with ADHD may help facilitate in-seat behavior and legible word productivity.

Mulligan, Shelley (2001). **Classroom strategies used by teachers of students with attention deficit hyperactivity disorder.** *Physical & Occupational Therapy in Pediatrics, 20*, 25-44.

A survey was passed out by special education directors to general education teachers in their school districts for the purpose of identifying potentially useful classroom strategies for students with ADHD. The strategies used most frequently were preferential seating, frequent contact, and enforcing routine and structure. The strategies used least frequently were sensory modulation techniques and peer tutoring. The strategies that were perceived as the most effective was enforcing routine and structure. After that the most perceived effective strategies were frequent contact, preferential seating, use of motor breaks, and teaching self-monitoring of behaviors. The strategies that received the lowest effectiveness rating were peer tutoring, time out, and sensory modulation strategies.

Schilling, D.L., Schwartz, I.S. (2004). **Alternative seating for young children with autism spectrum disorder: Effects on classroom behavior.** *Journal of Autism and Developmental Disorders, 34*, 423-432.

Four males with a diagnosis of ASD ranging in age from 3 years 11 months to 4 years 2 months were examine regarding the effects of therapy balls on their in-seat behavior. The time of the day that each participant would use the ball was determined through teacher interview in which the teacher would identify the time of the day that was most difficult for the student to stay seated and engaged. During the baseline and

withdrawal phases each child was observed at the same time daily and the data was collected on seating behavior and engagement. Once the baseline's for both variables were stable intervention phase was initiated. The intervention phase was implemented for a minimum of two weeks. During the intervention phases the only difference was the implementation of the therapy balls as seating devices. Each participant continued to be observed at the same time and data collected on the two variables. The data was collected using real-time sampling. Results indicated significant improvement across all subjects in engagement and in seat behavior when the children were seated on therapy balls. Social validity findings also indicated that the teachers preferred the therapy balls.