

Sensory Strategies: An OT Perspective for Home and Community

Presented by TUSD Occupational Therapists:

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Objectives

- What is occupational therapy
- Overview of sensory integration in occupational therapy
- Overview of sensory systems
- Precautions when implementing sensory strategies
- Individual sensory system behaviors and strategies
- Sensory vs. Behavior
- Additional sensory and behavior strategies
- Resources

Occupational Therapy

- The profession of occupational therapy involves skilled treatments that help individuals achieve independence in all areas of their lives – activities of daily living, work/education, play/leisure and social participation.
- Occupational therapists are skilled, degreed and licensed professionals whose education encompasses occupational science, human growth and development with specific emphasis on social, emotional and physiological effects of impairments, illness and injury.



Overview of Sensory Integration in Occupational Therapy

Overview of Sensory Integration Theory – Jean Ayres, 1972

- Ayres Sensory Integration ®
- Today's varied used of terminology and approaches.
- Definition: Sensory integration refers to the way in which children register and perceive information through a variety of sensory systems.

Sensory strategies are implemented to help children attempt to adapt responses to sensory stimuli in order to access their daily environment.

There are sensory strategies for the home and community that can benefit all children with sensory needs.

Overview of Sensory Systems

- Children may be hyper-responsive (over responsive) to their environment.
- Children may be hypo-responsive (under responsive) to their environment.
- Children use a variety of sensory systems to take in information in their environment –sensory processing.
- Five traditionally recognized human sensory systems (senses) are:
hearing, sight, touch, smell and taste
 - *Hearing (Auditory)
 - *Sight (Visual)
 - *Touch (Tactile)
 - *Smell
 - *Taste
- Two additional (hidden) senses considered in sensory processing:
 - *Movement (Vestibular)
 - *Muscles (Deep Pressure /Proprioceptive)

Precautions when implementing sensory strategies

- *Sweating
- *Fatigue
- *Dry Mouth
- *Loss of bowel or bladder control
- *Increased/decreased respiration or heart rate
- *Change in face coloration – pale or flushed
- *Excessive giggling
- *Appearing disoriented
- *Increased distractibility
- *Negative emotional/behavioral response (anger, striking out)
- *Avoidance of certain sensations
- *Change in activity level – hypo/hyperactive

Sensory Systems- Hearing (Auditory)

- The ability to perceive and understand what is heard in the environment.
- There is a difference between listening (active) and hearing (passive).
- These children typically do not have documented hearing deficits.

Behaviors you may see in the home and community:

- Looks around and appears to not be listening.
- Easily distracted by background noise and misses verbal instruction from family.
- Seem oblivious to surrounding activities.
- Covers ears.
- Speaks too loudly or softly.
- Hums, makes vocal noises or sings to self.
- Adversely reacts to everyday environmental sounds (fire alarm).
- Doesn't answer questions immediately.
- Tells other family members to be quiet.

Suggested strategies:

- Make sure to look at the child when giving instruction.
- Allow the child additional time to "process" the instruction.
- Ask the child to repeat what was instructed when asking them to do something
- Decrease verbal directions by using supporting visuals of words or pictures.
- Decrease noise.
- Play calm music in the car and/or home
- Front load child when identified adverse environmental sounds are scheduled.
- Wear head phones/ear plugs.

Sensory Systems- Sight (Visual)

- The ability to perceive and understand what is seen in the environment.
- Children that typically do not have visual or oculomotor limitations.

Behaviors you may see in the home and community:

- Visually distracted by things in the environment, i.e. looks around, stares into space.
- Decreased eye contact.
- Doesn't watch during parent instruction.
- Shows distress at bright lights.
- Trouble finding items in their familiar environment.
- Walks into objects or people as if they are not even there.
- Flips light switches off/on.
- Enjoys looking at spinning and moving objects.
- Covers or squints eyes.

Suggested Strategies:

- Limit amount of “clutter” in their room and pictures on walls.
- Store materials inside containers.
- Organize and label all materials to identify where they belong.
- Use dim lighting and avoid fluorescent lighting.
- Wear hats and/or sunglasses in visually stimulating environments, ex. restaurant.
- Limit screen time
- Front load child when identified adverse environmental visual stimuli are scheduled.

Sensory Systems- Touch (Tactile)

-The ability to perceive and understand information in the environment by the receptors in the child's skin.

Behaviors you may see in the home and community:

- Withdrawal from hygiene activities, i.e. soap.
- Displays unusual need to touch items.
- Wanting to wash hands frequently during messy tasks.
- Child may not want to stop messy activity.
- Flinches if people get too close to them.
- Don't seem to notice when hands/face are dirty.
- Easily upset by minor injuries or touches by others.
- Difficulty playing in close proximity to other children.

Suggested Strategies:

- Always approach the child from the front where they can see you.
- When engaged in hygiene activities try different textures and let the child have as much control as possible.
- Bear hugs and firm back rubs may be more pleasing than tickling or a shoulder pat.
- Lycra shorts under the pants or a light jacket.
- Vary play environment – floor, table, grass, sand.
- Experiment with clothing.
- Explore toys - Vibratory toys, soft/hard.

Sensory Systems- Smell (Olfactory)

-The ability to perceive and understand information in the environment by the receptors in the child's nose.

Behaviors you may see in the home and community:

- Shows distress of odors from different foods.
- Shows distress of odors from materials, i.e. toothpaste.
- Does not notice strong or unusual odors.
- Cannot distinguish between odors.
- May hold nose during certain activities.
- May smell many items they encounter.

Suggested Strategies:

- Respect that child may have a limited food preference given the aversion to smell.
- Respect that child may have a limited ability to participate in activities with materials they find aversive.
- Introduce smells and allow child to smell items (explore).
- Be aware from a safety perspective, i.e. gas leak in the home.

Sensory Systems-Taste (Gustatory)

-The ability to perceive and understand information in the environment by the receptors in the child's taste receptors in the mouth.

*It is important to take into consideration that issues with feeding may require family, child and medical intervention. Feeding difficulties could be related to a variety of factors including but not limited to: sensory, behavior, environmental stressors and underlying medical issues, such as digestive complications, nutritional deficiencies.



Sensory Systems-Taste (Gustatory)

-The ability to perceive and understand information in the environment by the receptors in the child's taste receptors in the mouth.

Behaviors you may see in the home and community:

- Shows distress of tastes from different foods.
- Tries to taste or lick objects or people.
- May have a limited tolerance to trying new and different foods.
- May have very limited diet.
- May have limited places child will eat.
- May have adverse reaction to certain tastes, i.e. gagging, vomiting.

Suggested Strategies:

- Respect that child may have a limited food preference given the aversion to taste.
- Respect that child may not wish to participate in parties where new or different foods are being offered.
- Introduce tastes when appropriate with respect that child may not eat the item.
- May need to consult with pediatrician and other medical professionals.

Sensory Systems-Movement (Vestibular)

-The ability to perceive and understand information in the environment by the receptors in the child's inner ear. A child's awareness of their head in relation to gravity.

Behaviors you may see in the home and community:

- Slouches or sprawls out on couch or floor.
- Is constantly on the move.
- Rests head in hand and/or table during dinner.
- Does not like to have head upside down.
- Easily becomes car sick.
- Fearful of climbing activities.
- Easily becomes dizzy or never gets dizzy.

Suggested Strategies:

- Allow natural movement breaks throughout the day, i.e. park, backyard.
- Encourage use of swings, slides, trampolines, bikes, scooterboards.
- Encourage participation in extra curriculum sports and activities.
- Movement songs and games.
- Use of alternative seating, i.e. stadium seat, rocking chairs, sit cushions, therapy ball.

Sensory Systems-Muscles and Joints (Proprioception)

The ability to perceive and understand information in the environment by the receptors in the child's muscles and joints. Provides information about body position and movement.

Behaviors you may see in the home and community:

- Clumsy and accident prone, poor body awareness.
- Touches the wall when walking.
- May lean on wall, sibling or parent when walking.
- May play rough with others or use excessive force.
- May put too little or too much pressure when grasping objects or people.
- May drop objects frequently.
- Chews on clothes or other non edible objects.
- Difficulty following motor instruction, i.e. sports.
- Decreased sitting posture at dinner table, car.

Suggested strategies:

- Gross motor play activities – animal walks, climbing.
- Extracurricular activities - swimming, trampoline, karate, gymnastics, organized sports.
- Carrying heavy backpack or marching during transitions.
- Assist parent by pushing shopping cart or carrying items.
- Household chores of raking, sweeping, dusting, taking out trash.
- Isometric activities, i.e. squeezing/pulling hands.
- Chewing (mouth) activities, i.e. chewy/crunchy foods, gum.
- Weighted equipment, i.e. blankets, vest, lap pads.

Sensory vs. Behavior

- * For every negative reaction there is usually a sensory AND behavior component.
 - * Holidays = sensory overload
 - * Long car trip = sensory deprived
 - * Both situations may cause sensory imbalance and episodes of behavior (tantrum).
- Combination of being a sensory detective and using basic behavior modification techniques usually work best.
- Behavior Reactions
 - Child can usually turn negative reaction on and off like a switch.
 - Responds well to lots of structure and clear boundaries.
- Sensory Reactions
 - Unable to calm self down immediately, even if you give them what they want. The negative reaction simply spirals out of control, then requires time to wind down.
 - Response is usually the same across all situations and environments.
 - Responds well to some flexibility for sensory situations within clear boundaries, routine and structure.
 - Behavior modification alone will be USELESS if the child is in “fight or flight” mode.

Additional Sensory and/or Behavior Strategies

* Strategies

- * Clearly defined rules, expectations, boundaries
- * Daily schedule and routine – homework, dinner, hygiene, bedtime
- * Consistent rewards and reasonable consequences (all clearly and simply defined ahead of time)
- * **CONSISTENCY**
- * Give 1 warning with stated consequence, then **FOLLOW THROUGH** with stated consequence
- * Visual support for token/reward system
- * Implement First → Then terminology
- * Introduce timer for reward and to structure activities

* Strategies

- * Provide sensory input at regular intervals.
- * Know what sensory needs your child has.
- * Positive time out in a calm space.
- * Learn the child's sensory triggers and best way to avoid/modify/adapt to them.

RESOURCES

- * The following resources are for informational purposes. Please consult with an occupational therapist, physician and the individual company for specific uses and any related questions.

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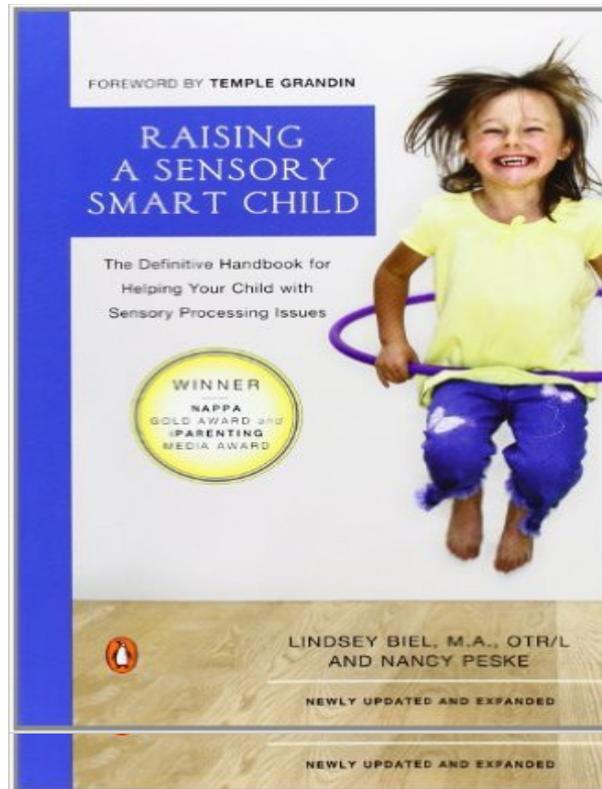


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Questions? And Discussion

Thank you for attending this session. We hope that it was helpful and informational.

Kathy, Holly, and Ashley

