

“Sense-sational” Play Therapy: Play Interventions & Consideration for Sensory Sensitivities



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Learning Objectives

- Develop a basic understanding of the clinical presentation of sensory processing disorder (SPD) and how it relates to neurodiverse populations.
- Articulate 3-5 unique challenges associated with this population and how this necessitates treatment with play therapy.
- Identify the primary sensory and neurobiological functions that inform sensory-processing challenges (e.g., vestibular deficits).
- Learn and be able to apply 5-6 play therapy interventions that are sensory-specific, as well as, create a sensory-lifestyle for a case example.
- Experience hands on interventions for the playroom
- Learn how to collaborate and refer to outside resources to assist families.

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As Play therapists we...

We learn about mental disorders, behavioral disorders,
child development, neurobiology, specific modalities of
treatment, specific modalities within play therapy to meet
the various needs of the children we meet.

However, we often lack training about the “machinery” of
the child. The function of how the body interacts with its
environment
externally & internally!

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We learn play is the language of children...

I'm here
I hear you
I understand
I care

Can we translate correctly
if we don't know about the
brain-body glitches?

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Regulation is Foundational

Body before Brain

We must treat a child understanding the functioning of their sensational aspects of life
-their way of being.

The aspects of life to
soothe, comfort, alert, & warn us.

We assume that the body will integrate the brain and the body seamlessly without a glitch. We know neurobiology informs the efficacy of play therapy, and this knowledge is needed especially for children with trauma and sensory sensitivities

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What is SPD?

Sensory Processing Disorder (SPD,) is a condition that exists when sensory signals don't get organized into appropriate responses.

Pioneering occupational therapist and neuroscientist A. Jean Ayres, PhD, likened SPD to a neurological "traffic jam" that prevents certain parts of the brain from receiving the information needed to interpret sensory information correctly.

Preliminary research suggests SPD is often genetic, prenatal maternal stress, birth complications & environmental factors may be at play- it is neurodevelopment.

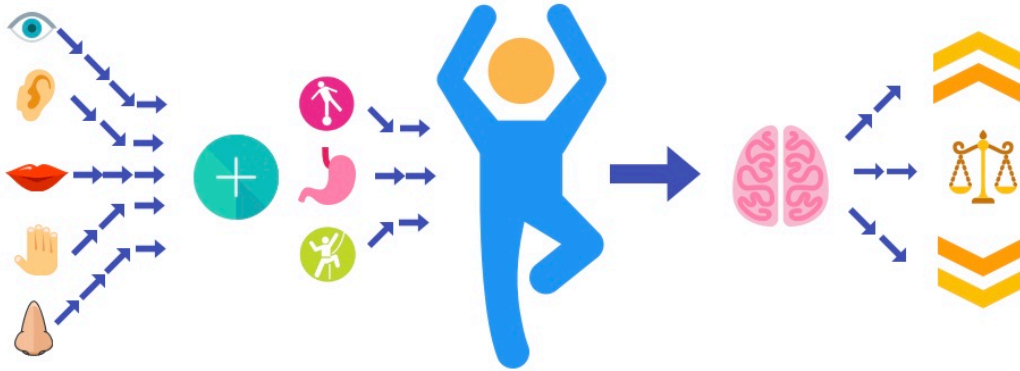
General Population is 1 in 6 children have sensitivities.

Likely a factor of both genetics & environment

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What is SPD?



1. External stimuli (visual/sight, auditory/sound, olfactory/smell, tactile/touch, and gustatory/taste) enter the body through sensory receptors.

2. Internal stimuli (proprioceptive/movement and position in space, vestibular/balance, interoceptive/awareness of internal organ needs) activate the peripheral nerves.

3. External and internal sensory input travels to the brain and is processed as either over-arousal, under-arousal, or neutral information.

4. Input that our brains process as over-arousal, register in our bodies as a hypersensitivity. Hypersensitivity can present as fear, avoidance, distraction, or poor balance.

5. Input that our brains process as under-arousal, register in our bodies as hypo-sensitivity. Hyposensitivity can present as overly touchy, close proximity to others, an inability to sit still, thrill-seeking, or clumsiness.

6. Input processed as neutral information do not present in our bodies as problematic behaviors. SPD arises when the hyper- or hypo- sensitivity to sensory input causes dysfunction in the person's daily life. Every person with SPD can experience a different combination of sensory challenges.

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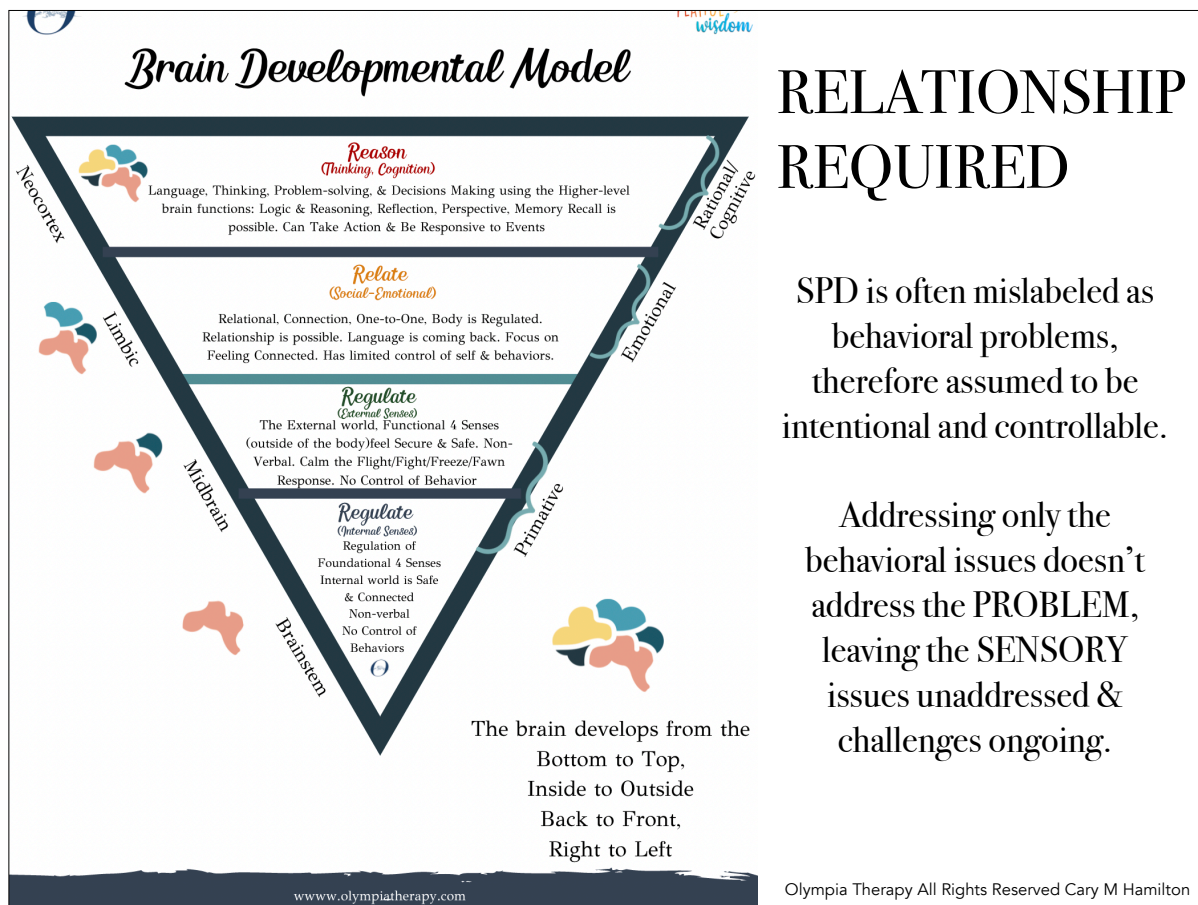
	Typical Sensory Processing	Sensory Processing Disorder
WHAT	The brain's ability to take in sensory information and use it in daily life.	Over-responsivity and/or under-responsivity to vestibular, proprioceptive and interoceptive input. The same may occur with the other senses as well.
WHERE	Typical Sensory Processing occurs in the Central Nervous System in a step-by step process.	Occurs in the Central Nervous system but the normal process is disrupted between sensory and motor functions.
WHEN	Starts developing in the womb and continues throughout childhood and adolescence.	Sensory Processing Disorder seems to happen in utero, during birth or in early infancy.
WHY	Sensory processing allows a person to survive, make sense of their surroundings and interact with their world.	Connections between neurons in the Central Nervous System are ineffective.
HOW	When a person takes in information through the sensory receptors (eyes, inner ear, ears, muscles, nose and mouth) it is processed automatically.	The sensory information taken in is not sent effectively through the Central Nervous System and/or sensory information sent out of the body is not effective.

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RELATIONSHIP REQUIRED

SPD is often mislabeled as behavioral problems, therefore assumed to be intentional and controllable.

Addressing only the behavioral issues doesn't address the PROBLEM, leaving the SENSORY issues unaddressed & challenges ongoing.

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SPD can be mislabeled as behavioral problem due to lack of understanding of the difference between a ...

Tantrum:

- Goal oriented
- Intensity changes based on how the "in charge" person responds
- Avoid injuries
- In control of their actions
- Stops once they get what they want

Meltdown:

- Demands do not precede it, typically springs from sensory overload
- Reactions from those "in charge" do not change it
- Lasts longer
- Could get injured
- No control, acting from a primal state
- Stops when another person acclimates the child's surroundings

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What happens when sense of safety is constantly thwarted?

Their Window of Tolerance is significantly smaller, with even smaller moments of possible repair.

A "Flipped lid" happens more often

"Joy Juice" is blocked, thus impeding learning

Seeking system is focused on searching for safety

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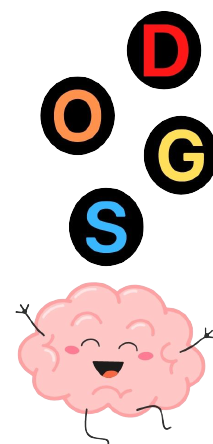
What is the Seeking System?

Seeking System: In general, the system in our brain that actively looks for things that feel good to our Brain and Body.

The seeking system in a child with SPD is constantly looking for things that make their body feel Good and Safe.

The release of "Joy Juice" is one sign that tells the brain and body they are feeling good.

Only when Safety is present:
Can ones Perception of the world lead to
Learning & Knowing the World.



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“Joy Juice”

Occurs naturally when there is a strong, emotional connection and relationship.

Joy Juice & Connection are needed for the glitches to Reintegrate & Improve

When dopamine, serotonin, oxytocin, and gaba (joy juice) are prominent in the brain, the world is a warm and inviting place.
Allowing for: security, curiosity, & happiness

When the body is in fight or flight it blocks the release of “Joy Juice.”

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The Role of the Play Therapist is to:
Engage the Seeking System for
Regulation & Be In Relationship

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How Play Heals!

Play provides the safety needed
for the SENSES to integrate the
Brain & Body.

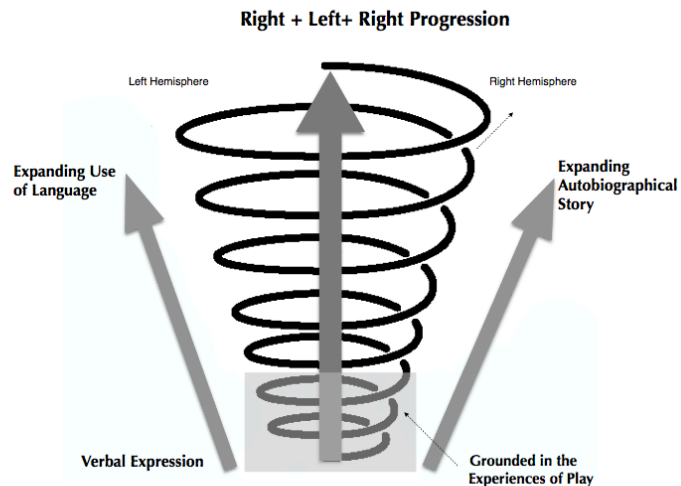
Neuroception of Safety in Play Therapy

My body is safe

My feelings are safe

My thoughts, words, ideas are safe

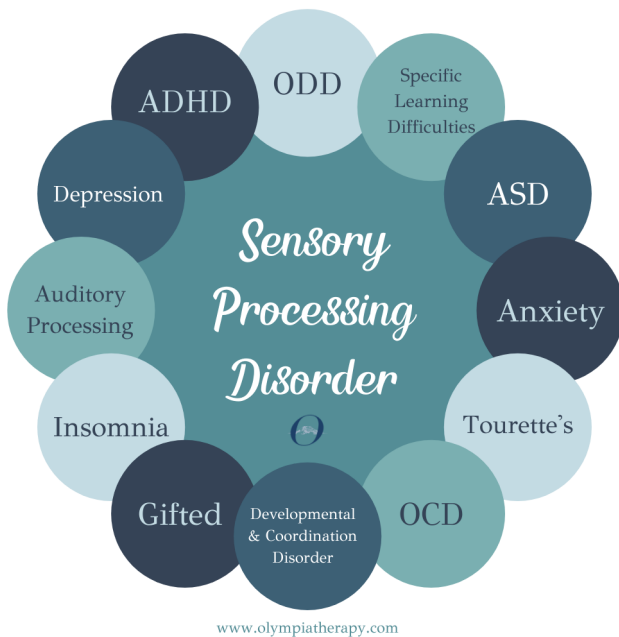
Things I make are safe



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Clinical Considerations Specific to SPD



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This knowledge about
SPD & Neurodiversity
helps avoid:

- Misdiagnoses
- Blaming a child or parent
- Ineffective treatment
- Not referring to the appropriate provider and/or services
- Harm being caused

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Clinical Considerations Specific to SPD

Sensory Processing Disorder and/or difficulties share similar symptoms and behaviors as common diagnoses like ADHD, Anxiety, etc.

It is important to know if SPD is the perpetrator of behavior, if it is combined with another diagnosis.

Without this knowledge and incorporation, treatment may not be as effective.

Dysregulated children in the play room often appear with similar symptoms of ADHD, Anxiety, & Trauma.

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Raise a Hand & Keep it up if...

- Chew on pens/bottle caps/random stuff
- Rock or sway when standing
- Prefer the lights off
- Like to wear hats
- Always has music on/must have quiet
- Dislike mushy foods or mixed textures
- Leans against things like walls/couches/chairs
- Prefer to be under/on top of the blankets
- Prefers the the corner of the couch
- Always have their shoes/socks off
- Slouch/ Lay down vs Sitting up
- Always clumsy, run into things
- Has bruises but don't know how it got there
- Prefers sour/tart foods
- Chews gum frequently
- Only drinks out of straws
- Can smell stuff others can't or before they do

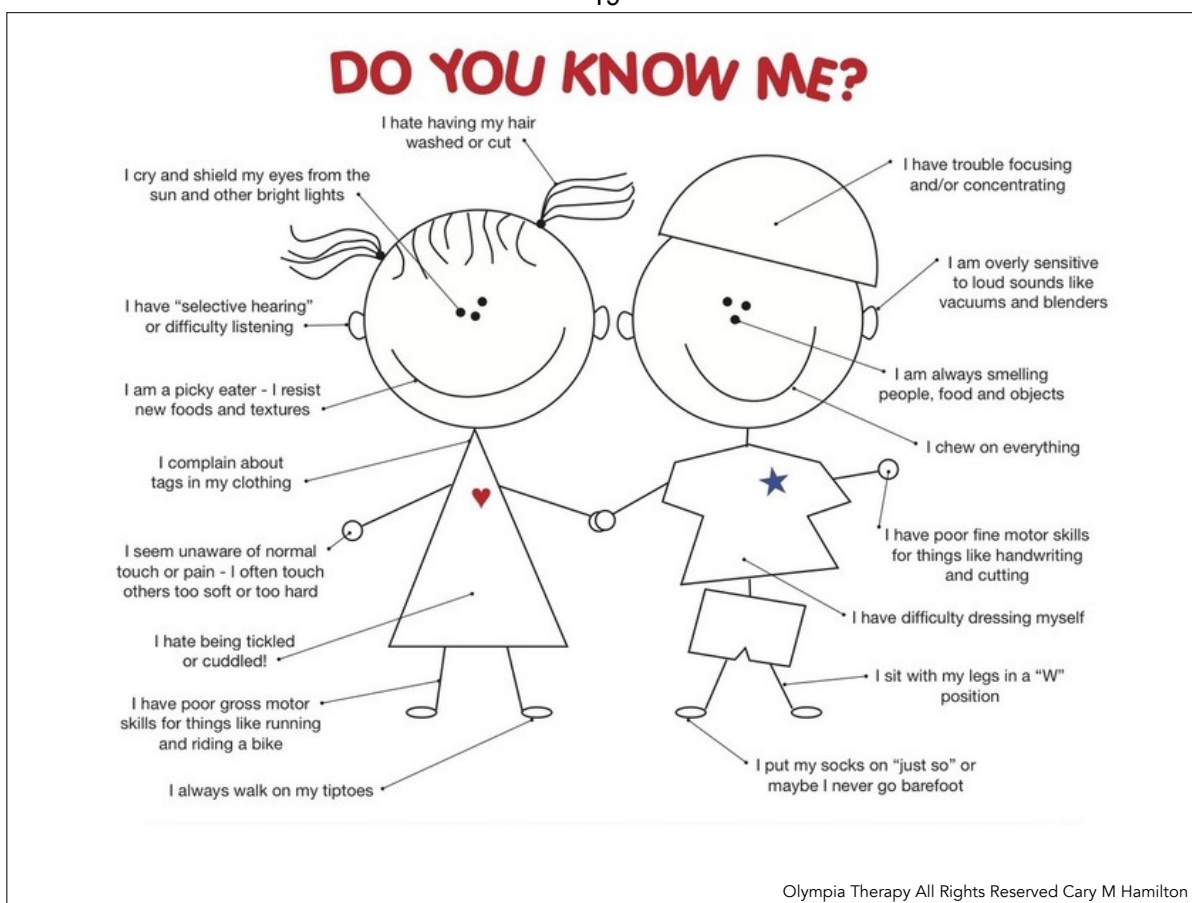
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Now, a snapshot of our Senses, what to look for, & tools for regulating them!

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Our 8 Sensory Systems?

Functional 4
Oral/Gustatory
Olfactory
Visual
Auditory

Foundational 4
Tactile
Proprioceptive
Vestibular
Interoception

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The Foundational Four

The What? When? How? Play?
of Tactile, Proprioception, Vestibular, & Interoception

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Tactile Sense: Touch/Skin

Receptors are located within the skin- Particular areas that are extremely sensory rich: face, mouth, hands, & feet

Many types of information are processed:
pain, pressure, texture, temperature

High protective function: alerts us to Danger

Immense discrimination and precision needed

GLOBAL: Whole body & Subcortical
Contributes to body awareness (proprioception)
Praxis (motor planning)

Learning and social skill development (fundamental to interpersonal behaviors)

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Tactile Sensitivity: Over-Responsivity & Under-Responsivity

Sensory Over-responsive:

Avoids touching textures, such as dirt, sand

Rigid with types of clothing worn (rough clothes, seams in socks)

Refuses or resists messy play

Resists cuddling and light touch

Resists baths/showers/going to beach

Sensory Under-responsive:

Does not notice when hands are messy

Does not notice cuts and bruises

Doesn't realize hands or face are dirty

May play rough with peers or not feel pain

Sensory Craving:

Seeking out experiences to touch things

Constantly fidgets with objects

Sensory Discrimination:

Constantly runs hands through certain texture

Puts non-food objects in mouth

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Tactile Sense

Engagement

- Fidgets galore! Figure out what they like what they don't like. Make it a game.
- Orbeez/water beads- Make stress balls, have hands in while reading a psycho-education book.
- Shaving cream/Pudding drawing
- Ice cubes- wet/dry, cold/hot
- Punch Balloons- Tactile/visual/proprioception

Playroom Activities

- Sensory bins filled with rice, lentils, beans
- Sensory dough such as play dough, kinetic sand, etc.
- Practice squeezing objects (progressive muscle relaxation exercises)
- Weighted materials, stuffed animals, lap pads, vests or blankets
- Bobo doll to punch or roll on, drag or push
- Bean Bags- reading or learning in
- Large Pillows- soft

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Proprioceptive Sense: What Is It?

Proprioception informs us of our body position in space. Receptors for this system are located primarily in our muscles and relay information on muscle length and tension.

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Proprioceptive Sense: Muscle & Joint Input

Used to promote calm... down regulates us (BRAKES)

Used to alert...up regulate us (GAS)

Firm input may be not perceived as dangerous or alerting the way light touch might be

Function is modulation & discrimination

Adjusts all actions: strength, precision, coordination (gross and fine motor)

Often involved in mediating physical pain or discomfort

Functional Receptors are in the muscles, tendons, joints, and sheaths around bones

Where is my body including: awareness location & state of body parts:

Position of body and limbs

Force and pressure

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Proprioceptive Sensitivity: Over-Responsivity & Under-Responsivity

Sensory Over-responsive:

Unable to sit for long periods of time due to discomfort

Avoids jumping or bouncing activities

Sensory Under-responsive:

Slouches when sitting in a chair or floor

Sits in one position for long periods of time

Sensory Craving:

Seems to always be jumping or bouncing

Crashes into couch cushions or bed at home, walls, and poles

Sensory Discrimination:

Falls or bumps into objects(steps)

Does not use the right amount of force to push/pull/grasp

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Proprioception

Engagement

- Sensory Sock
- Weighed blanket-Placement
- Punching balloons
- Yoga poses Ind/Together
- Pile under pillows or Bobo doll
- Putty or Model Magic
- Tape Mazes
- Animal walks/ Hopscotch
- Bean bag game

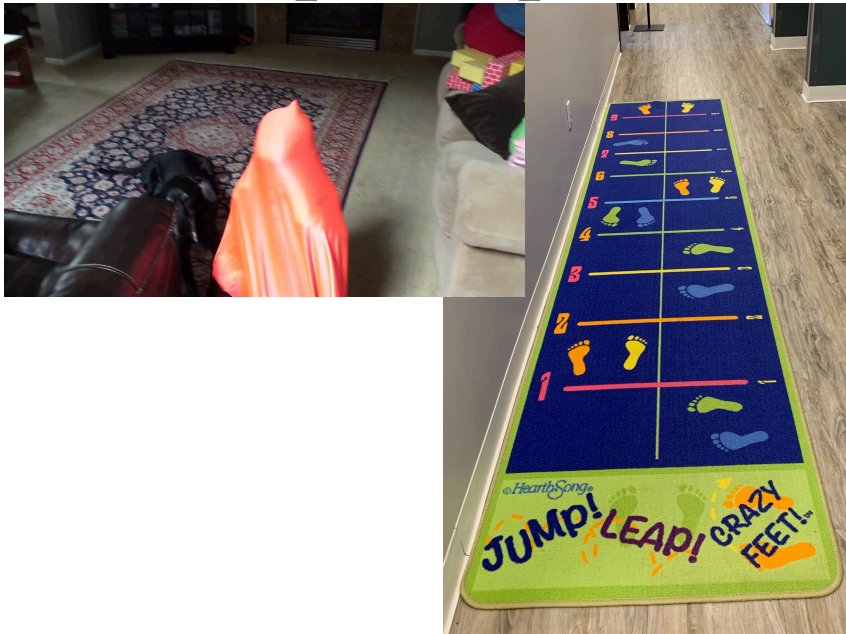
Playroom Activities

- Lifting boxes/toys/medicine ball
- Weighted lap pads/blankets/throw heavy bean bag game
- Play with vibrating toys
- Trampoline or Bobo doll (awareness of self in relation to others), ROWDY
- Wall push-ups
- Play dough kneading, tug of war with therapy band
- Use minimal words
- **Note: light touch is more activating; up-regulate by moving muscles

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Proprioceptive Activities

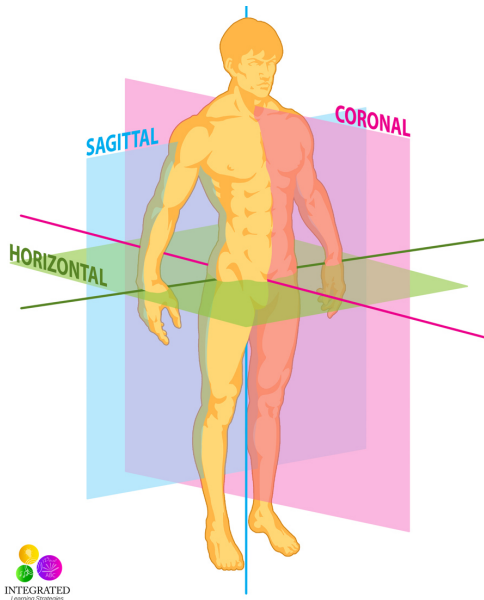


Yoga poses Ind/Together
Pile under pillows or Bobo doll
Putty or Model Magic
Tape Mazes
Animal walks/ Hopscotch
Bean bag game

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Vestibular Sense: What Is It?



Our vestibular sense responds to a change in your head position or having your feet lifted off of the ground.

Movement internally and externally

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Vestibular Sensory Input: The Great Integrator

The body knows if it is moving or not, head up or down?

Are we balanced or not?

Are we moving “safely” in the world?

Arousal, Vision, Posture, Balance, Coordination

Timing, Sequencing, Coordination

If the body is not safe in space,
my emotions are not safe.

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Vestibular Sensitivity: Over-Responsivity & Under Responsivity

Sensory Under-responsive:

Does not get dizzy when spinning
“Wakes up” with intense movement

Sensory Over-responsive:

Refuses the swing, slide, and spinning : prefers sedentary activities
Anxious when climbing or when feet leave the ground

Sensory Craving:

Enjoys climbing/ jumping from tall heights
Constantly spinning, climbing, rolling, running, hiding IN things

Sensory Discrimination:

Does not adjust posture when on a swing to prevent falling off
Trips when walking up the stairs or falls when climbing

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Vestibular

Engagement

- Tape Maze
- Oball Crossing the Midline
- Ceiling Walk (Laying on back)
- Balance Board/Wiggle seat
- Rock body/ Boat Pose
- Get them Upside Down on the floor or hanging off a chair

Playroom Activities

- Crossing the Midline is the GOAL!
- Swinging
- Jumping/moving during play
- Spinning
- Hanging upside down (is like being in water)
- Games that facilitate movement
- Sit on flexible objects, wiggle seat
- Sit and bounce on an object, therapy ball, Rody

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Regulating Tasks for the Play Room

Frog hops
Bear Walk
Gorilla Shuffle
Starfish jumps
Crab Crawl
Elephant Stomp
Superman Pose
Cross shoulder touch
Knee to elbow- cross body

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Interoceptive Sense: What Is It?

Interoception refers to our internal senses.

Any sensations that originate from within the body, intuition, like the feeling of hunger and thirst, sickness, heart rate, and the feeling that one needs to use the bathroom.

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Interoception Sense: Internal states of Being

Sensors are in the internal organs,
and nerves throughout the body.

Sense of Physiological & Physical
body safety

Purpose is to maintain
physiological balance

Linked to emotion regulation &
awareness of self

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Interoception



Engagement

- Warm baths, warm tea
- Texture play with foods
- Ice cold drinks
- Sucking on ice cubes
- Hot Cold Recognition
- Engage multiple sense at once,
balance activities

Playroom Activities

- Jumping Jack with Stethoscope after
- Wiggle seat/ balance board
- Yoga Core muscle poses- Boat
- Language use of differences-
opposites: Hot/cold, tight/loose,
soft/hard touch
- Weighted blanket

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Our Senses develop A synchronistically

- The 8 Senses develop at different rates.
- Often it will appear as regression "they used to be able to do that" or "they could do it last week"
- They spend more time in interests that are younger than age, seek comfort in old known toys/cartoons of their youth.
- As the focus is heightened in one area balance(vestibular) they may start to drool losing oral abilities.
- They were ok with goldfish crackers yesterday and today it causes a meltdown.
- Helping parents to understand this is growth and positive, and not a set back to prevent shame, and consequences for behavior.

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CCPT to Sensory in the Play Room

Using the CCPT of reframing and reflecting with the focus on what the body is doing. The child maybe aware of it or not. The Goal is to guide them to recognize their engagement of the sensory need just as we would feelings. Providing the language and cognitive link to their behavior.

- It looks like you need to calm your body by jumping/crashing/spinning/bundling up
- You turned the lights out telling me it's to bright in here.
- You enjoy balancing on the stones. You are showing me you like how that feels.
- You are practicing balancing on the BOA
- You are showing me how strong you are by picking up the heavy BOA
- You like how the sand feels on your hands. You are showing how much you love sand on your skins you put your elbows in.
- You are exploring that with all of your senses (smell, taste, touch, squeeze)
- You are showing me you feel the need to move and stretch your body in that (sensory sock)
- You enjoy smelling everything
- You know what your body needs to feel calm, you enjoy being that heavy blanket.
- You are using that chair to spin in circles you know what your body needs,(now we need to unpin your brain, and go the other way)
- You are taking care of your body. I trust that you know best what your body needs.

Interoception

Warm baths, warm tea
Ateure, they will food
A cold drinks
A cold drinks
Hot Cold Recognition

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The Functional Four

The What? When? How? Play?
of Gustatory, Olfactory, Visual, & Auditory

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Gustatory Sense: In the mouth

Discrimination: “I know my world...”

Tastes are associated with specific
taste, texture, temperature, feel

Closely linked to Olfactory, association between
past experiences or memory with scent—pleasant
or unpleasant

Sense Function is both protective &
discriminatory!

Closely linked to Pleasure & Pain

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Gustatory Sense: Over- Responsitivity & Under-Responsivity

- Very picky eaters: few food choices
 - Avoids certain textures of food; difficulty with new foods
 - May not notice ‘bad foods’
- Some may have long history of food refusal, feeding challenges
- Sometimes gagging or nausea at thought of foods
- May be drawn to crispy foods that break up easily in teeth-
munch/crunch
- Food choices/demands may lead to problems with nutrition,
Grazing results in 50% less calorie consumption

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Gustatory



Engagement

Hi- chews
 Vibrating chew toys
 Vibrators on jaw.
 Blowing bubbles in water/juice/
 milk
 Straws: blow pom-poms
 Pudding play: tactile & oral

Playroom Activities

- Blow bubbles and pinwheels
- Blow whistles or other instruments
- Blow objects across a table
- Drinking through a straw (exposure to sensation/good proprioceptive input as well)
- Chewable necklaces
 - Alternative chewy toys-different levels of intensity
 - Vibrating teething toys

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Olfactory Sense

Scents are associated with specific people, places,
items

I “know” a place or thing by its smell

Our Culture

Closely linked to Gustatory

Direct neuronal link to memory center in brain- Fast
Track to memory

PRIMITIVE Reactions

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Olfactory Sensitivity: Over-Responsivity & Under-Responsivity

Acutely aware of scent and odor - smells everything! OR Can't
smell anything

May be accompanied by psychological reactions (panic)

May be very precise or picky about food choices OR eats
everything, including none food items

May use sense of smell to identify objects or “know” people OR
doesn't recognize danger e.g. smoke

May have difficult time in community gathering or eating places:
cafeteria, restaurant, etc

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Olfactory Playroom Activities

- Scented markers
- Scented play dough or sand- Be consistent
- Shaving cream with Essential Oils
- Fresh Cut herbs
- Guessing smells and reactions to them(vinegar, garlic, orange, vanilla, rosemary)
- Make Smelly Paint(vanilla, cinnamon etc.)
- Avoid candles or other scents in playroom OR have calming scents
- Avoid having children in office after lunch (microwave)

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Visual Sense

Vision provides us with 80% of information
about our environment
High discrimination needed

Closely linked to Auditory & Vestibular.

We constantly scan for visual patterns
Guides motor actions: especially fine motor

Requires very well coordinated eye muscles

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Visual Sensitivity: Over-Responsivity & Under-Responsivity

Sensory Over-responsive:

Avoids being in room with bright lights/turns lights off/on

Wears hats, squints a lot, dislikes crowded spaces, big box stores

Sensory Under-responsive:

Complains eyes are tired when looking at book, rubs eyes often, covers eyes up

Difficulty focusing on a still image

Sensory Craving:

Stands in front of mirror or reflective surfaces for long periods of time

Spins wheels, fans, or self and intently watches

Sensory Discrimination:

Confuses the letters “d” and “b” frequently

Difficulty finding a specified object in a busy/complex picture

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Visual Playroom Activities

Be aware of lighting; have options

Play flashlight tag or “I spy”

Sensory sensitive rooms: Toys are in bins, visually less chaotic

Decorations in spaces are limited or areas of high focus are needed

Do visual activities after other inputs

Use a timer -as a cue

Sunglasses & Hats

Hiding cups activity

Playing Catch across the Midline

Have a hiding place that is squishy

10 VISUAL PROCESSING SENSORY TOYS



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Auditory Sense

Hearing Highly protective
Linked to Visual & Vestibular

High Discrimination

Relationship of sound to me (gives spatial awareness of my
world, shape, distance, size, timing)

Extremely Precise:
Phonemes/letter sounds, sounds in words, words in
phrases phrase in sequences and sentences

Speech challenges often a result

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Auditory Sense: Over-Responsivity & Under-Responsivity

Sensory Over-responsive:
Covers ears in noisy environment
Fears unexpected/excepted noises eg. toilet

Sensory Under-responsive:
Does not respond to name being called; unaware of source of sound, makes sounds
themselves

Sensory Craving:
Requests music that is fast or loud
Makes noises in quite environments

Sensory Discrimination:
Has a hard time differentiating words such as “think vs. thing”
Poor ability to adjust volume of voice

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Auditory Playroom Activities

Use of headphones (ILS)

Sing songs while doing movement exercises: Simon Says

Have a white noise machine/or not

Talk slowly, clearly, while making eye contact

Use American Sign Language

Use other signals: touch, chime/bell, body movement

Musical instruments, Microphone

Rainstick

Pop tubes

Use mouth to make animal noises

Guess the sound games

Drumming

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Sensory Craving (Chaotic Registration)

Behaviors will not remediate, they are unconscious, they can become aggressive and often belligerent to meet their needs.

They are often deemed out of control.

They tend to be thrill seekers- they need constant supervision.

Unreachable locks a must.

Lots of expulsions from primary school and day care

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Sensory Craving (Chaotic Registration)

- Obsessively Active Or Fidgety, loves hanging from bars, climbing and stretching
- Can't sit still, Runs not walks, uses a loud voice
- Cracks knuckles, neck, joints
- Appears impulsive, unruly, nothing is enough
- Grinds Teeth, picks skin, bites/mouthes everything
- Jump, Swing. Spin- Excessively
- Bumps into people or things- Often the same place on the body, falls on the floor and rolls around
- Difficulty figuring out how to do new tasks

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Sensory Craving Exercises

Tape maze
Jump Mat/ Hopscotch
Trampoline
Punch balloons
Beach Balls
Balance Boards

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Sensory Craving(Seeking)

SPD vs ADHD



SPD vs ADHD Behaviors

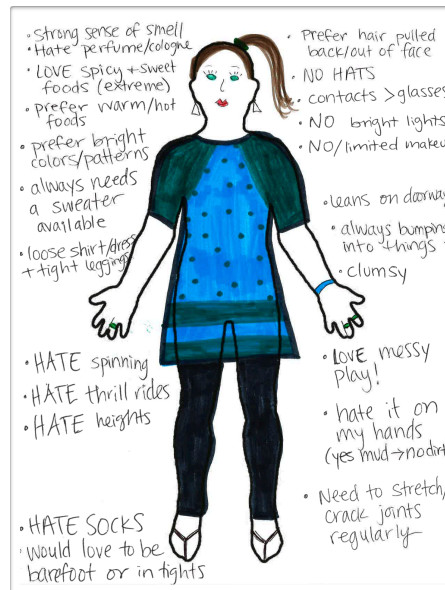
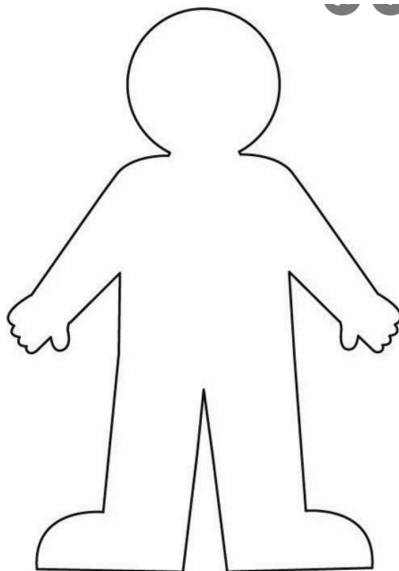
Common Behavior in Both Disorders	SPD Behavior: Sensory-Craving Subtype	ADHD Behavior: Hyperactive/Impulsive Subtype
Acts impulsively	Can stop impulsive behavior if sensory input is sufficient	Difficulty stopping impulsive behavior regardless of the sensory input
Extraordinarily active	Craves activity that is specifically related to sensory (usually visual and sometimes proprioceptive)	Craves novelty and activity that is not necessarily related to specific sensations
Seems disorganized	Looks more organized after receiving intense sensory input	Does not become more organized after receiving intense sensory input
Impatient and demanding	More patient if given appropriate levels of sensory input while waiting or prior to the activity, not a distraction	Has difficulty waiting, or taking turns. Can wait better when given sensory input to meet the need of constant movement
Lacks self-control	Touches pulls, and/or pokes people or objects: needs more tactile input than most children	Tends to talk all the time, impulsively interrupts: has trouble waiting for a turn in the conversation

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Explore for Sensory Sensitivities

Sensory Profile Activity



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Characteristics of Calming and Alerting Sensations

Calming
Slow
Simple
Soothing/relaxing
Soft/mild intensity
Rhythmic
Positive association
Predictable
Familiar

Alerting
Quick paced
Complex
Irritating
High intensity
Non-rhythmic
Negative associations
Unpredictable
Novel

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Glazed over, Shut down, Non responsive
When integrating is too much, it stops.
ALL SYSTEMS GO HYPO

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Sensory Integration...

Works to change the neurological system in the brain so that the child processes sensory input more effectively.

Over time, the more sensory input the brain receives in a therapeutic way, the better equipped the brain becomes to integrate all the sensory input from a variety of environments.

While sensory integration helps to find a balance in the brain, the child will continue to need a variety of sensory outlets to help stay regulated—just like any well-organized adult. This is why understanding that it is a lifestyle.

Because children have brains that are more plastic than adults, they are still developing and the connections can be changed, the sooner SPD is recognized and services are pursued, the better the outcomes.

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SPD & Speech

Children with SPD: often verbalization is inhibited due to the lack of integration in mind & body.

Speech Disorder: When a person is unable to produce speech sounds correctly or fluently, or has problems with his or her voice

Difficulties pronouncing sounds, articulation disorders, and stuttering are different types of speech disorders

Example: Childhood Apraxia of Speech

is a motor speech disorder

They have problems saying sounds, syllables, and words.

The brain has problems planning to move the body parts (e.g., lips, jaw, tongue) needed for speech.

The child knows what he or she wants to say, but his/her brain has difficulty coordinating the muscle movements necessary to say those words.

Red Flags:

Delay in talking, articulation problems, lisps, inability to move out to make sounds, grunts or squeals.

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SPD & Sleep

Almost all children with SPD will have sleep challenges

The brain chemicals that promote typical sleep cycles are at insufficient levels to support typical sleep in a child with SPD

Red Flags:
Takes a long time to fall asleep, wakes up often throughout the night, does not sleep very long, does "odd" behaviors to fall asleep (head bangs, rocks, etc.), needs someone there to hug them or cuddle them to fall asleep, has a pre-existing sleep disorder.

Sleep disorders should be considered in children presenting with irritability, behavioral problems, learning difficulties, and poor academic performance. (American Family Physician, 2014)

Sleep Apnea
Sleep Walking
Sleep Terrors
Nightmares
Sleep Arousal Disorders

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Sleep & Speech Tips for Parents

Evaluation with a Speech or Occupational Therapist
Sleep studies to rule out:
apnea
Parasomnias
seizures.

At Home Activities for Sleep:
Deep Pressure
White Noise
Routines
Decreased blue light before bed

Sensory Smart Sleep Tips

- Proprioceptive Input:** DEEP Pressure- Heavy/weighted blanket- Blanket Burrito- Bear Hugs- Pillow Squishes -Stretch Sheets
- Tactile Input:** Warm Plush Animal/Blanket- Heated Pad- Warm Comforter from Dryer- Warm Rice Pillow
- Vestibular Input:** Movement- Rocking chair, Swinging, Rolling on an exercise ball, Balance board
- Olfactory Input:** Calm Smell- Soothing smells- Lavender, Chamomile, Vanilla, Orange
- Auditory Input:** Sound- White Noise Machine- Fans- Audio Apps -Drumming, Ocean, Rain sounds- Humming a Nursery rhyme
- Visual Input:** Soothing- Watch an Aquarium- Watching a relaxing Nature video-Lava Lamp, Star Lamps- Bubble Tubes - Red Light
- Gustatory/ Interoceptive Input:** Internal -Bathroom, Tea, Warm Bath, Teeth brush, Deep Breaths

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Sensory Issues in Teens & Adults

SPD looks like:

- Bothered by clothes, often wears loose or comfortable clothing
- Dislikes touching, struggles to respect others personal boundaries
- “Still” a picky eater
- Overacts to sudden loud noises
- Clumsy, frequent accidents
- Avoidant of sensory stimulation (Couch Surfers) or overly seek it- (Dare Devils)

Disrupts life:

- Struggles in workplace, busy or loud environments
- Wearing business attire
- Often considered Anti Social
- Considered High Strung & Difficult
- Panic attacks/Irrational Thoughts & Beliefs
- Depression & Self harm

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Sensory Issues in Teens & Adults

Referring to OT to get
Evaluation to then know how
to focus treatment

Most OT's don't see over
10-12y.

Often likely there is ASD or
ADHD

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Engaging the Family

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Develop A Sensory Lifestyle

Includes combination of alerting, organizing, and calming activities SPECIFIC to CHILD'S Sensory Profile

Alerting Activities benefit Under Responsive child (e.g., crunching dry cereal/popcorn/chips/etc.; taking a shower; bouncing on a therapy ball; jumping up and down...)

Organizing Activities assist in regulation of behavioral responses (e.g., chewing granola bars/fruit bars/etc., hanging by hands, pushing or pulling heavy loads, getting in upside-down position)

Calming Activities decrease sensory Over-Responsivity and overstimulation (e.g., sucking a frozen fruit bar/peanut butter/etc., pushing against walls with hands and body, rocking/swaying/swinging, cuddling or back rubbing, taking a bath, etc.)

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(Stock-Kranowitz, 2016, pp. 10-11)

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Parents Coping

DO:

Build on the child's strengths
Build on child's interests
Suggest small, manageable goals to strength child's abilities (and sense of self efficacy)
Encourage self help skills
Let child engage in appropriate self therapy (e.g., spinning)
Offer new sensory experiences

DON'T:

Compare with other children
Do for your child what she/he can do for herself/himself
Expect consistency
Make your child do things that distress him/her
Overload child with multi sensory experiences
Be afraid of "labeling" your child
Feel helpless

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Support & Understanding

- Understand the difference between a tantrum vs a meltdown
- Touch your child in ways that the child can tolerate and enjoy(teach family)
- Encourage movement(cues)
- Offer your physical and emotional support(Play With)
- Allow your child to experience unhappiness, frustration, or anger
- Provide appropriate outlets for negative emotions
- Reinforce/encourage child's feelings and actions
- Give child a sense of control (PLAY THERAPY!)
- Set reasonable limits-Let expectations go

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Sensory Lifestyle is Forever

It doesn't go away

It is Asynchronous

Others won't understand

Impact on Sense of Self/Esteem

Educating Family & Friends

Managing in public spaces

Family Dynamics- immediate & extended

Often requires multiple rounds of Occupational
Therapy

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Occupational Therapy

Get to know your local OT's.

Ask if they do sensory evaluations? How young/
old do they work with?

Ask about what populations they work with listen for: foster care,
ASD, ADHD, birth trauma, medical trauma, OCD, vision and
hearing impairments, developmental trauma, motor planning and
coordination, DIR floor time.

Coordinate care referrals- letters to PCP with screener and
concerns.

PCP's have to provide the referral for OT services because it is a
medical referral.

("SPD" Biel & Peske, n.d.)

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An Occupational Therapy Report

Reason for Referral-Behavioral challenges

List of assessment tools used: Sensory Profile Measure(SPM2),
Adult one is available,

Sensory checklist: Reported and observed,

Results of Assessing tools: noted as to Under or Over,

Discrimination Type

Discussion of results: What is likely to help most, & why

Goals: Achievable for homeostasis by doing....

Recommendations: Treatment plan for sessions, at home, &
school. Length of time to expect moderate changes to occur.

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Sensory Checklist

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Sensory Checklist for Identification & Referral Only

Signs of Proprioceptive Dysfunction:

Sense: input from the muscles and joints about body position, weight, pressure, stretch, movement, and changes in position in space.

1. Sensory Seeking Behaviors:

- ___ seeks out jumping, bumping, and crashing activities
- ___ kicks his/her feet on floor or chair while sitting at desk/table
- ___ bites or sucks on fingers and/or frequently cracks his/her knuckles
- ___ prefers clothes (and belts, hoods, shoelaces) to be as tight as possible
- ___ loves/needs out "squishing" activities
- ___ enjoys bear hugs; loves to be wrapped in many or weighted blankets
- ___ excessive hanging on/with toys and objects
- ___ loves "roughhousing" and tackling/wrestling games
- ___ frequently falls on floor intentionally
- ___ would jump on a trampoline for hours on end
- ___ grinds his/her teeth throughout the day
- ___ loves pushing/pulling/dragging objects
- ___ loves jumping off furniture or from high places
- ___ frequently hits, bumps or pushes other children
- ___ chews on pens, straws, shirt sleeves etc.

2. Difficulty With "Grading of Movement":

- ___ misjudges how much to flex and extend muscles during tasks/activities
- ___ difficulty regulating pressure when writing/drawing; written work is messy
- ___ always seems to be breaking objects and toys
- ___ misjudges the weight of an object; complaining about objects being too heavy
- ___ seems to do everything with too much force (i.e., walking, slamming doors, slamming objects down)

Social, Emotional, Play, And Self-Regulation Dysfunction:

Social:

- ___ prefers playing by self with objects or toys rather than with people
- ___ functions best in small group or individually
- ___ others have a hard time interpreting child's cues, needs, or emotions
- ___ does not seek out connections with familiar people

Emotional:

- ___ difficulty accepting changes in routine (to the point of tantrums)
- ___ gets easily frustrated
- ___ variable and quickly changing moods; prone to outbursts and tantrums
- ___ difficulty appropriately making needs known

Play:

- ___ difficulty with imitative play (over 10 months)
- ___ needs adult guidance to play; difficulty playing independently (over 18 months)
- ___ participates in repetitive play for hours; i.e., lining up toys cars, blocks, watching one movie over and over etc.

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Resources for Sensory Processing

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