

Sensory Issues Discussion

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January 19, 2016

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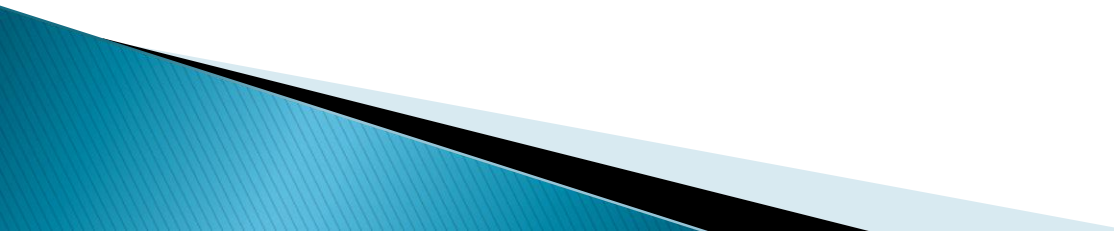
Does your child have sensory issues?

Sensory processing challenges can co-exist with many diagnoses (e.g. Autism Spectrum Disorders, Attention Deficit Disorders, Cerebral Palsy, Down Syndrome, and can be seen alone.

This is typically diagnosed by the pediatrician.



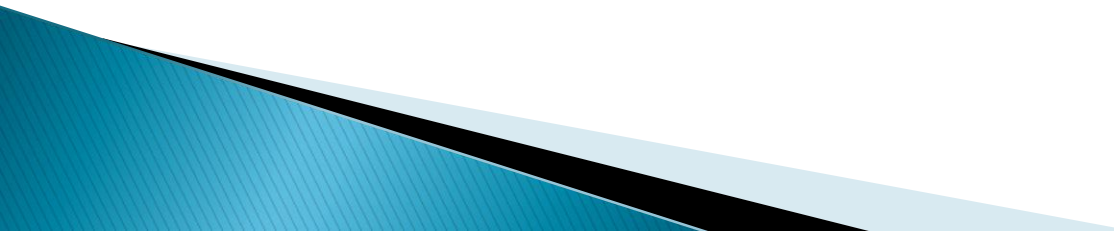
There are three sensory processing patterns and/or subtypes:

1. Sensory Modulation Disorder
 2. Sensory-based Motor Disorder
 3. Sensory Perception/Discrimination Disorder
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1. Sensory Modulation Disorder

The CNS (central nervous system) regulates neural messages about sensory stimuli and organizes the degree, intensity, and nature of our response.)

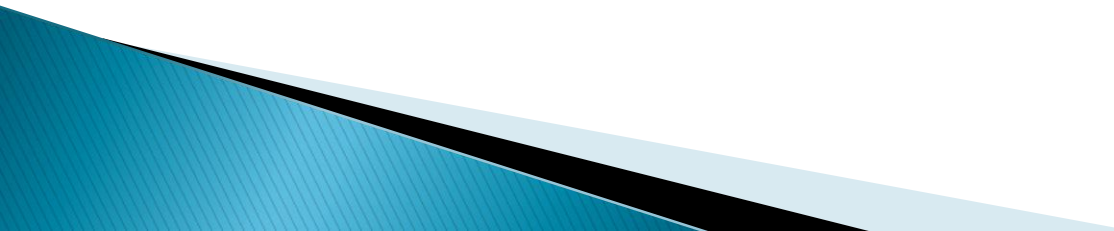
This is very strong sensory likes and dislikes and the reaction is atypical. Such as over-responsivity, under-responsivity, and/or sensory seeking behaviors.



2. Sensory-based motor disorder:

A postural disorder like motor activities with fear of falling, (swings), your child appears very timid compared to other children playing.

A dyspraxia where they feel 'stuck' and cannot figure out how to move their bodies for running, jumping, kicking a ball, and fine motor for coloring, puzzles, or oral motor for talking or eating activities.

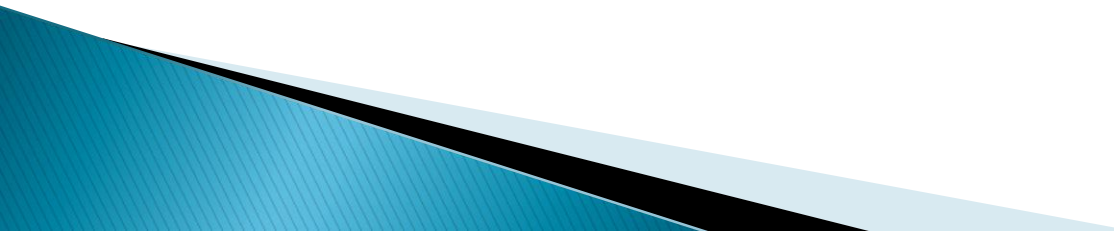


3. Sensory Perception/Discrimination disorder

(This is the capacity to interpret the meaning of sensory input/perception).

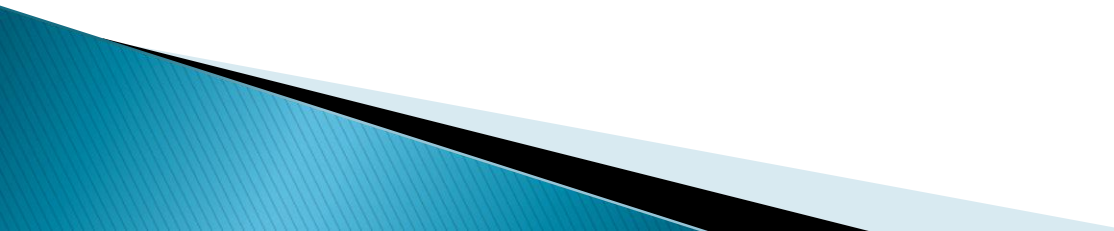
Discrimination is detecting the location, intensity, and timing of a specific sensory stimulus or between two or more stimuli.

These children break their toys or hold the dog or cat too tightly. They do not know their own strength.



The Good News

The good news is that these behaviors can be addressed, unlearned, and/or managed by therapy and home programs being taught to the caregiver.

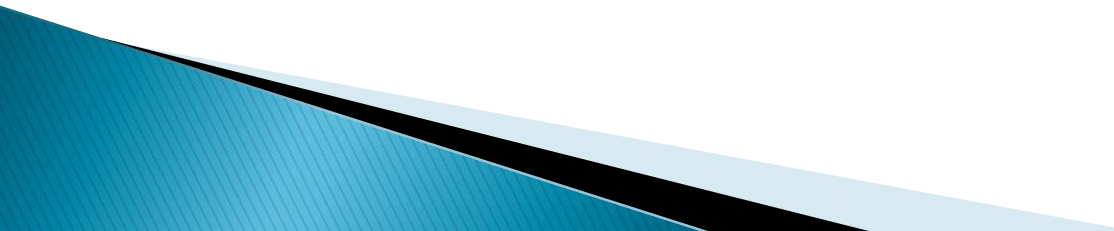
A decorative graphic in the bottom-left corner consisting of overlapping blue and black geometric shapes, possibly representing a stylized wave or a modern design element.

Disclaimer

These suggestions and tips you are about to receive should really be started under the direction of a licensed professional therapist.

Many children cry and resist and do not do well at first. They must be slowly introduced and monitored for positive changes and modified to each individual child.

A child's cries should be honored as they are scared.



Characteristics of sensory disorders and Tips

1. Sensory Modulation disorder:

SENSORY OVER-RESPONSIVITY, covers ears with loud noises, sensitive to bright lights, does not like to be touched unexpectedly, poor tolerance to hair washing, frequently cries and is hard to console.



TIPS: Provide slow rhythmic movement like rocking or a swing in overwhelming situations. Use stress balls to squeeze, stuffed bean bag toys, a weighted vest or hat (bean bag sewn into top of hat for gentle weight), helps child organize feelings. Talk to child ahead of time what to expect, I am going to wash your hair, I need to fix your shirt. Use firm compression versus light touch, and dim the lights.

Sensory modulation disorder tips

1. cont'd

UNDER-RESPONSIVITY:

Delayed reaction time, slow to respond to name, flat affect much of the time, observes play or action but does not participate.

TIPS: pushing and pulling activities, tug of war, play shopping cart loaded or weighted, pinch and pull putty (play-doh), upbeat music with fast rhythm, brighten the lights, mouth fidgets, (that do not pose a choking hazard), seated bounce edge of bed.



Sensory modulation disorder tips

1. cont'd

SENSORY SEEKING:

Moving all the time, touches everything, excessive risks, demanding and hard to calm, expelled from daycare or school.



TIPS: use a crash pad, carry heavy toys with running or walking, give the child an obstacle course (slows them down some), monkey bars, jungle gyms, swinging, movement cushion, weighted vest for calming during story time or work at desk at school, long underwear with spandex for gentle compression for calming, visual schedule of events, calming scents.

Sensory based motor disorder tips

2. Motor disorder/postural:

Fears movement due to inadequate postural control, decreased muscle tone, loses balance easily, has difficulty using both hands or both feet at the same time.

Tips: Hold your child on different toys, swings, etc. to feel safe and begin gentle movements side to side or forward or backward, hold on your knee or tricycle with gentle movement. Have them push someone else on a swing or tricycle, pull another on a blanket then pull them on a blanket while seated, knock over a tower of blocks by swinging the arm or kicking the feet.



Sensory perception/discrimination disorder tips

3. PERCEPTION

DISORDER: They do not feel the clothing is twisted on the body, holds things too tightly, does not feel food on the face, trouble judging body in space, bumps into things, trouble knowing how close or far things are.



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Tips: Provide play where the child walks or crawls over, under, and through objects, wear a lycra vest for compression, use clip boards to hold paper for writing or coloring tasks, massage around the outside of the mouth, have child kiss teddy bear, etc. to increase sensory around the mouth.

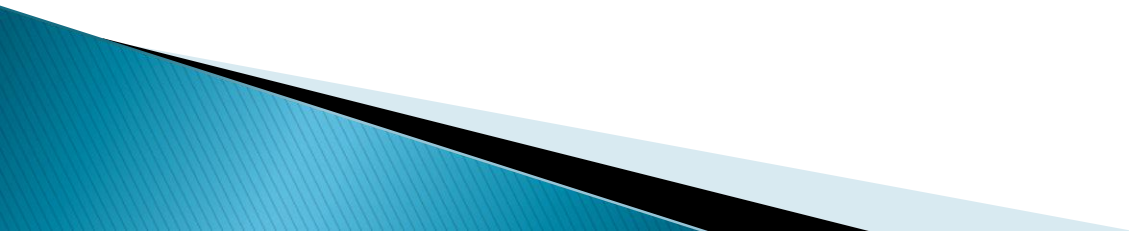
Strategies

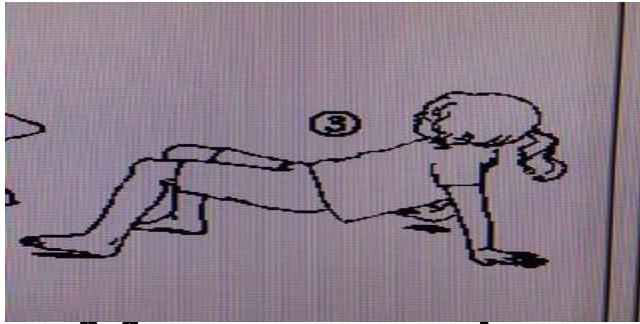
To engage your child get down on their level physically and emotionally!

Be silly!

Over exaggerate!

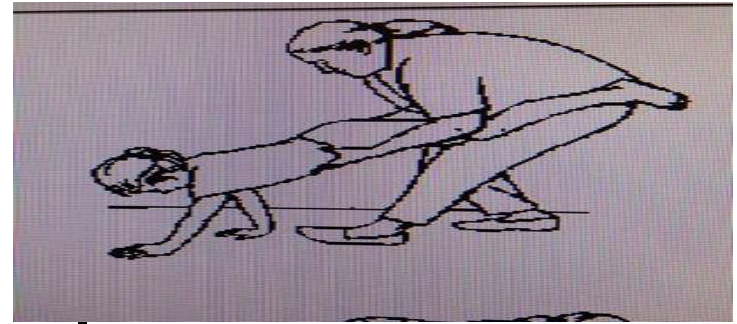
All to increase the child's eye contact, verbalizations, and touch!





Movement:

Rocking, jumping, mini trampoline with assistance, crawling in, out, and through obstacles such as furniture, cardboard box, a blanket draped over chairs, swinging, sliding, and climbing.



Muscle:

Pushing/pulling activities, (mini grocery cart, child's wheel barrel), weighted eating utensils, lycra or weighted vest, wheel barrel walking, bear walking on all fours, or crab walk.

Tools cont'd

Touch:

Hand fidget tools such as stress balls, textured balls, play doh, firm touch on shoulders, vibrating toys, put toys in dry rice or beans for them to find, walk on bubble wrap, pinch bubble wrap with fingers.



Ear:

Music fast or slow, end play time with a song every time such as “cleanup, cleanup, everybody everywhere, everybody do their share.” Try 1,2,3 Go! To start activities and 1,2,3 Stop to end activities.

Read stories aloud about bath time, or dressing, or play, use soft, quiet talking, reduce the amount of verbal instructions. Picture sequence cards of activity such as dressing, etc.

Tools cont'd

Eye:

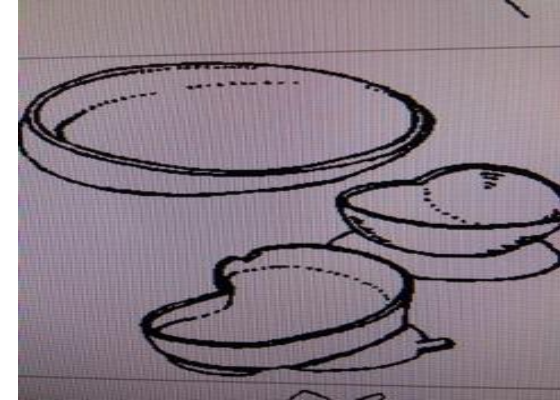
Brighten or dim the lights, use bright or pastel room colors. Use separate compartments on dinner plate, cut food in fun shapes with cookie cutters, use colorful plates. Have the child help prepare the food such as smashing bananas for bread, rip bread apart for bread crumbs. Use mirrors for play time and eating. Use a visual timer. Use food coloring in toilet so child can see the water changes color if they use the toilet.

Nose:

Use calming scents such as lavender and vanilla. Stop and smell the flowers. Use a scarf with mom or dad's cologne on it for comfort for separation times.

Mouth:

Use non-toxic sensory chews, chewy snacks, thick liquids through a straw, bubble blowing, blow on a pinwheel, blow on cold windows to make it fog and draw on the condensation.



REFERENCES

1. “Tools for Tots” Diana A. Henry, MS, OTR/L, FAOTA,
Maureen Kane–Wineland, PhD, OT/L, Susan
Swindeman, OTR/L

“Tools for Teens” “Tools for Parents”

“Tools for Students” same author as #1

2. Henry OT Services, Inc. Supporting Sensory
Integration and Sensory Processing

www.ateachabout.com

3. Nuk Brushes and Oral Massagers:

www.mealtimenotions.com



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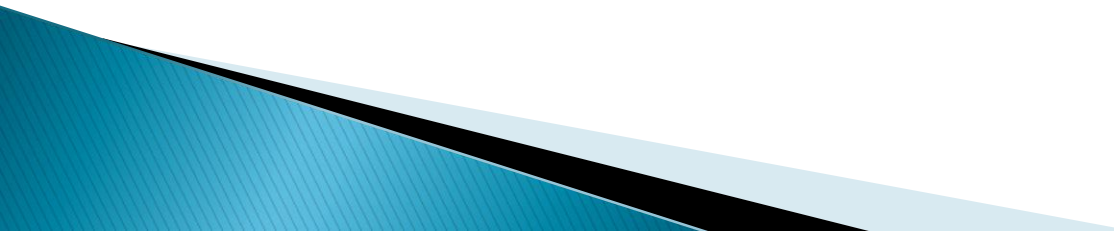
- ▶ www.pattersonmedical.com

Wrap Up

These are just a few of the many, many suggested activities that may be used as appropriate for your child.

Reminder:

Not all of these can be immediately implemented without caution. Sensory input such as swings and balls have to be introduced in small increments.



Discussion and questions

- ▶ I hope this information session has been helpful to you the audience for your child or the child of someone you know. Please seek out the assistance of your child's pediatrician for a referral to a licensed professional such as in occupational therapy, physical therapy, and speech therapy to evaluate your child and begin a program designed especially for your child.

▶ QUESTIONS?



Three sensory processing patterns

- ▶ 1. **Sensory modulation disorder:** this is very strong likes and dislikes and the reaction is atypical. Such as over-responsivity, under-responsivity, and/or sensory seeking behaviors.
- ▶ **OVER RESPONSIVITY TIPS:** slow rhythmic movement rocking or swing, stress balls to squeeze, weighted vest or lycra for gentle compression .Firm compression touch vs. light touch, dim lights.
- ▶ **UNDERRESPONSIVITY TIPS:** pushing/pulling activity, tug of war, shopping cart, pull putty, upbeat music, brighten lights, mouth fidgets (that do not pose a choking hazard, seated bounce at edge of bed. **SENSORY SEEKING TIPS:** use a crash pad, carry heavy loads, obstacle course, monkey bars, jungle gym, movement cushion, swing, weighted vest for calm with story time or desk work, visual schedule of events.
- ▶ 2. **SENSORY BASED MOTOR DISORDER:** fear of falling, cannot figure out how to move body to kick a ball, jump, or run. Hard to hold a crayon or pencil for writing, coloring, puzzles, oral motor difficulty for talking and eating. **TIPS:** hold the child on the swing on lap, hold on tricycle, gentle side to side and forward movements on the swing. Child pushes another on a swing, help them swing an arm or leg to knock over a tower of blocks.
- ▶ 3. **SENSORY PERCEPTION/DISCRIMINATION DISORDER:** They break toys or hold dog or cat too hard. Break their pencils and crayons with activity from too much pressure. Clothing is twisted, does not feel food on their face, trouble judging body in space, bumps into things.
- ▶ **TIPS:** Provide play where the child walks or crawls over, under, and through objects like cardboard boxes, end tables. Weighted or lycra vest for gentle compression, clip boards to hold paper for writing and coloring tasks, massage around the outside of the mouth, have child kiss dolls or teddy bears to increase sensory around the mouth.
- ▶ Get down on their level physically and emotionally.
- ▶ Be silly! Over exaggerate!
- ▶ All to increase the child's eye contact, verbalizations, and touch!

TOOLS

- ▶ **MOVEMENT:** rocking , jumping, mini trampoline with assist, crawling in, out, and through boxes, furniture, a blanket draped over chairs, swinging, sliding, and climbing.
- ▶ **MUSCLE:** pushing/pulling , lycra or weighted vest, wheel barrel walking, bear walk on all fours, or crab walk.
- ▶ **TOUCH:** hand fidget tools such as stress balls, textured balls, playdoh, firm touch on shoulders, vibrating toys, small toys in dry rice or beans, walk on or pinch bubble wrap.
- ▶ **EAR:** music fast or slow, end play time with song “cleanup, cleanup, everybody everywhere, everybody do their share.” Try 1,2,3 Go! To start activity, and 1,2,3 Stop to end activity. Read books aloud about bath time, dressing, or play in soft quiet voice, and reduce amount of verbal instructions given.
- ▶ **EYE:** Brighten or dim lights, use bright or pastel paint colors on walls. Use divided compartments on plates, cut food in fun shapes with cookie cutters, use colorful or plain plates. Have the child help prepare the food such as help stir, smash bananas for bread, crush toast for bread crumbs, help place food on the plate. Use mirrors for play time and eating. Use a visual timer. Use food coloring in toilet so child can see the water changes color if they use the toilet.
- ▶ **NOSE:** Use calming scents such as lavender and vanilla. Stop and smell the flowers, a coffee shop. Use a scarf with mom or dads cologne on it for comfort with separation times.
- ▶ **MOUTH:** Use non-toxic sensory chews, chewy snacks, thick liquids through a straw, bubble blowing, blow on a pinwheel, blow on cold windows to make it fog and draw on the condensation.

3 Sensory processing patterns

1. SENSORY MODULATION DISORDER:

This is very strong sensory likes and dislikes and the reaction is atypical. Such as over-responsivity, under-responsivity, and/or sensory seeking behaviors. A) Covers ears with loud noises, sensitive to bright lights, does not like to be touched unexpectedly, poor tolerance to hair washing, frequently cries and is hard to console. B) Delayed reaction time, slow to respond to name, flat affect much of the time, observes play or action but does not participate. C) moving all the time, touches everything, excessive risks, demanding and hard to calm, expelled from daycare or school.

2 . SENSORY BASED MOTOR DISORDER:

This is a postural disorder with motor activities that have a fear of falling and cannot figure out how to move their body for running, jumping, kicking a ball, or manipulate crayons or a pencil, puzzles or oral motor tongue movements for eating and talking. A) Fears movement due to inadequate postural control, decreased muscle tone, loses balance easily, has difficulty using both hands or both feet at the same time.

3. SENSORY PERCEPTION/DISCRIMINATION DISORDER:

These children do not know their own strength and hold the dog or cat too tightly or break their toys.

These children do not feel that their clothing is twisted on their body, holds things too tightly, does not feel that food is on their face and needs to be cleaned off, trouble judging their body in space, bumps into things, trouble knowing how close or far away items are.