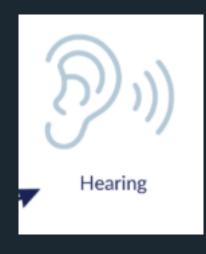
Sensory and Emotional Regulation

Identifying and Supporting Strategies

What are the senses?











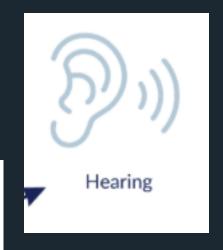
What are the senses?











The three hidden senses are:

- 1. Interoception Sense of Our Internal Organs
- 2. Proprioceptive System Sense of Body Awareness
- 3. Vestibular System Sense of Balance and Movement







Sensory Processing

Sensory Processing Disorder

Sensory processing disorder can impact the brain's ability to receive, organize, or respond to sensory input via any of the eight senses, and it can include any of the following specific challenges:

- **Sensory modulation disorder** includes the distinct profiles of sensory overresponsivity, sensory under-responsivity, and sensory craving (i.e., never satiated by a sensation).
- **Sensory-based motor disorder** covers conditions like dyspraxia and postural disorder, which affect movement, balance, and coordination.
- **Sensory discrimination disorder** is characterized by difficulties accurately sensing sensory input.

Not many people realize that the sensory systems are foundational to development, functioning and wellbeing. Differences in sensory processing may undermine the acquisition of skills of a higher order – from behavior to learning. This is why sensory challenges in kids often manifest in school, show up as behavior problems, and make daily living difficult.

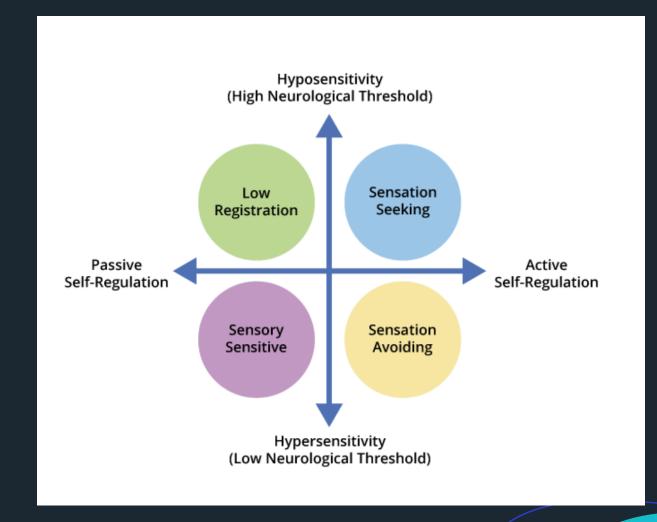








Sensory Profiles











What does all this mean?

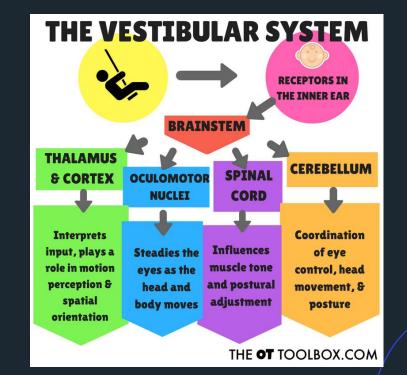




Interoception

Helps me feel when I'm thirsty, lets me know when I have to use the potty, and tells me when







PROPRIOCEPTIVE

System

KIDS WHO STRUGGLE MIGHT:

- Have 'no fear' when jumping or walking down stairs
- Be overly fearful of walking down steps/jumping.
- Look at their body parts (hands/feet) when completing simple tasks
- · Sit down too hard or miss chairs when sitting
- · Fall out of their seat
- . Be constantly on the move







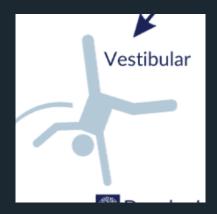


- Mouth objects
- Dislike or avoid messy play
- > Avoid touch or contact
- > Dislike hair brushing or wearing a hat
- > Have difficulty tolerating touch by a washcloth or towel
- > Dislike crowds or groups of people/children for fear of physical contact
- > Have difficult showing tactile affection, such as giving/receiving hugs, kisses or pats on the back
- > Avoid using the whole hand during functional activities and uses only the fingertips
- > Have poor gross motor control









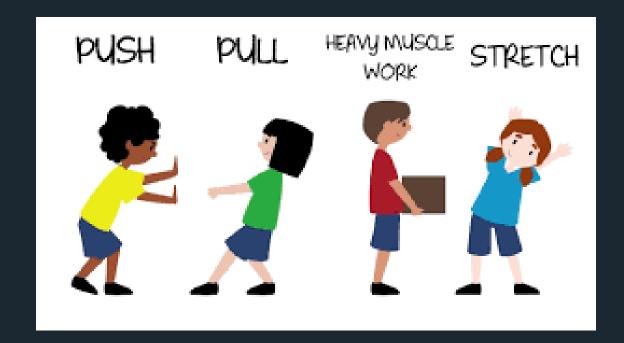
- Avoid playground activities
- Dislikes or constantly seeks being upside down
- Become fearful when his/her feet leave the ground
- Crave or avoid movement
- > Appears to be a daredevil or thrill-seeker
- Needs to be constantly moving
- > Turn their entire body to look at you
- Constantly change positions in sitting
- Dislike automotive transportation (e.g., car, bus, train)
- > Need to take frequent movement breaks and sit still for a while
- > Have difficulty with visual tracking and therefore easily loses his/her place when reading or unable to catch a ball or has difficult with other activities that require hand/eye coordination

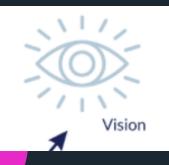






- Enjoy rough and tumble type of play
- > Relaxes with deep pressure (e.g., bear hug, firm massage, heavy object)
- > Exert too much or little pressure with objects
- Displays a weak grasp
- Lock joints to maintain posture
- > Seem accident prone
- Prefer gross motor toys to fine motor manipulation toys
- > Chew on toys to increase attention and/or postural stability
- > Display difficulty with appropriate chewing of foods
- > Appear clumsy by crashing, bumping or crashing into things easily





Does your child:

- > Get easily distracted by visual input
- > Hang head close to food when eating to block out extra visual input
- > Squints to improve visual input
- > Frequently lose his/her place when reading
- > Hesitate to ascend/descent stairs
- > Have trouble matching and sorting objects
- > Display more calm, grounded behavior in the darkness or lower lighting
- Look intensely at objects or people
- > Frequently stare off into space
- > Complains of seeing double
- > Has difficulty shirting gaze from one object to another
- > Has difficulty tracking moving objects
- > Omits words/numbers when reading
- Misjudges spatial relationships
- Displays poor sense of direction/orientation









- > Become upset with loud or unexpected noises
- > Hum or sing to screen out unwanted sounds
- > Become easily distracted by sounds or noises
- Cover his/her ears to screen out loud noises
- Appear not to hear, even when being directly called
- > Stop playing in the presence of unfamiliar sounds
- Dislike crowds or noisy places
- > Display sensitivity to sounds from an outside source
- Looks to others before responding
- Displays difficulty reading out loud or speaking intelligibly
- Has weak vocabulary, grammar or syntax

Supporting a child who has an auditory processing disorder

- 1. Provide visual cues.
- 2. Give them more time.
- Be aware of environmental distractors.

- Pay attention to how you deliver spoken information.
- Teach specific listening strategies.
- Reinforce language skills.



Read & Spell Blog



- Display extreme sensitivity to smells
- Dislike certain clothing (e.g., new, wool, particular fabrics) because of the smell
- > Smell toys prior to playing with them
- Overreact to new people and new scents
- Appear to have no sense of smell at all
- Appear to be a picky eater

- Have difficulty tolerating toothpaste
- > Hesitate to try new foods
- Display strong preferences for certain foods and/or wants to eat the same foods at every meal
- > Exhibit chewing and/or eating of non-edible items
- > Tastes toys prior to playing with them
- Gags during self-care activities





- SENSITIVE TO HOT AND COLD FOODS
- GAGS ON FOOD TEXTURES OFTEN
- DOESN'T LIKE THE TASTE OF
- PREFERS BLAND PLAIN FOODS
- ANXIOUS TO GO TO THE DENTIST
- AVOIDS CERTAIN FOOD TEXTURES
 - DISLIKES BRUSHING TEETH
- DOESN'T WANT TO TRY NEW FOODS
- HAS DIFFICULTY CHEWING
- PREFERS PUREED FOODS







How can we support?

- De-escalate
- Pro-active

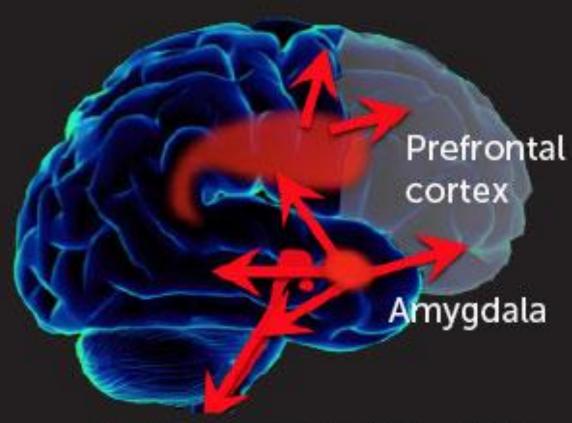
- Space
- Calm/co-regulation
- Being there

Unstressed

Stressed



Tight control of thoughts, emotions and actions



Weaker control of thoughts, emotions and actions

What we do when we are stressed?

- We often act punitively
- We think consequence first you did this now you need to be punished!
- We enter into back and forths
- We shout
- We get embarrassed, we feel shame and don't want to revisit or think about it

De-escalation and Co-regulation

1	2	3	4	5	6
Anxiety / Trigger	Defensive / Escalation	Crisis	Recovery	Depression	Restoration
Need for diversion, support and reassurance	Need for diversion, reassurance, clear limits, boundaries and choices	Possible need for Intervention appropriate for the service user	Need for coordinated letting go. Support, reassurance	Need for observation, support and monitoring - recovery and repair	Reflect Repair Reconnect

What is co-regulation?

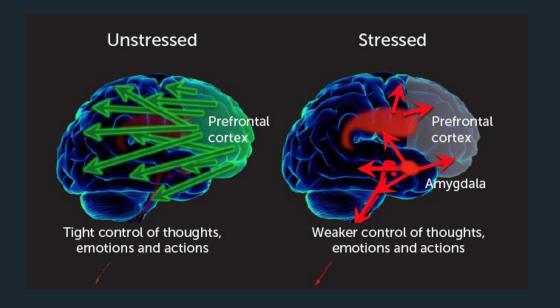
If we ourselves are not in a regulated or calm state - we are escalating the situation.

Consider the following:

You are at pizza express for a family dinner. It is the first family dinner you have not had to cook and not having to worry about getting up early to take the kids swimming or doing work etc.

The kid/s are impatient. They are playing with the cutlery, coming across as rude while they ask for their pizza, interrupting the conversation you are trying to have.

You snap. People notice, You feel ashamed/embarrassed. Your child either snaps back or goes quiet the rest of the evening. Instead of the enjoyable evening it gets replaced with stress and shame.



Consider the following:

What was the environment like there? Was it noisy? Did it trigger yourself and your child?

What were your expectations of your child?

If it was overwhelming, would it be possible for someone to take for a quick walk or outside air for a few minutes?

How did you pre-empt?

What is de-escalation?

What leads to escalation and what our role is in this?

- There is always a trigger, but some are easier to find then others
- Space is valuable to everyone, overtalking everyday can lead to outbursts
- What are the expectations and the day/activity going to involve? Fatigue can lead to outbursts

Behaviour is broadly speaking, based on communicating:

- Escape Demands
- Attention
- Sensory
- Tangible

1	2	3	4	5	6
Anxiety / Trigger	Defensive / Escalation	Crisis	Recovery	Depression	Restoration
Need for diversion, support and reassurance	Need for diversion, reassurance, clear limits, boundaries and choices	Possible need for Intervention appropriate for the service user	Need for coordinated letting go. Support, reassurance	Need for observation, support and monitoring - recovery and repair	Reflect Repair Reconnect

Ways to de-escalate:

(Remember, this is for in the moment, consider are there patterns to behaviour, same time? Same place? Same people?)

- Give space if you can
- Movement breaks, walks, fresh air
- Distract! Sensory preferences
- Comfort and assurance
- Comfort toys or objects

The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize

the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond

by fully integrating knowledge about trauma into policies, procedures, and practices

Resist

re-traumatization of children, as well as the adults who care for them

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

