

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

October 16, 2021, 2:00 - 5:00 pm

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Annual APT International Conference ★ October 2021

This presentation explores the unique presentation, neurobiology, and challenges associated with SPD and other sensory-related/neurodiverse mental health disorders in the playroom. It introduces specific sensory concepts and their presentation in the playroom. As well as play therapy interventions, provides experiential applications in the playroom, and a neurobiologically-informed treatment conceptualization and planning.

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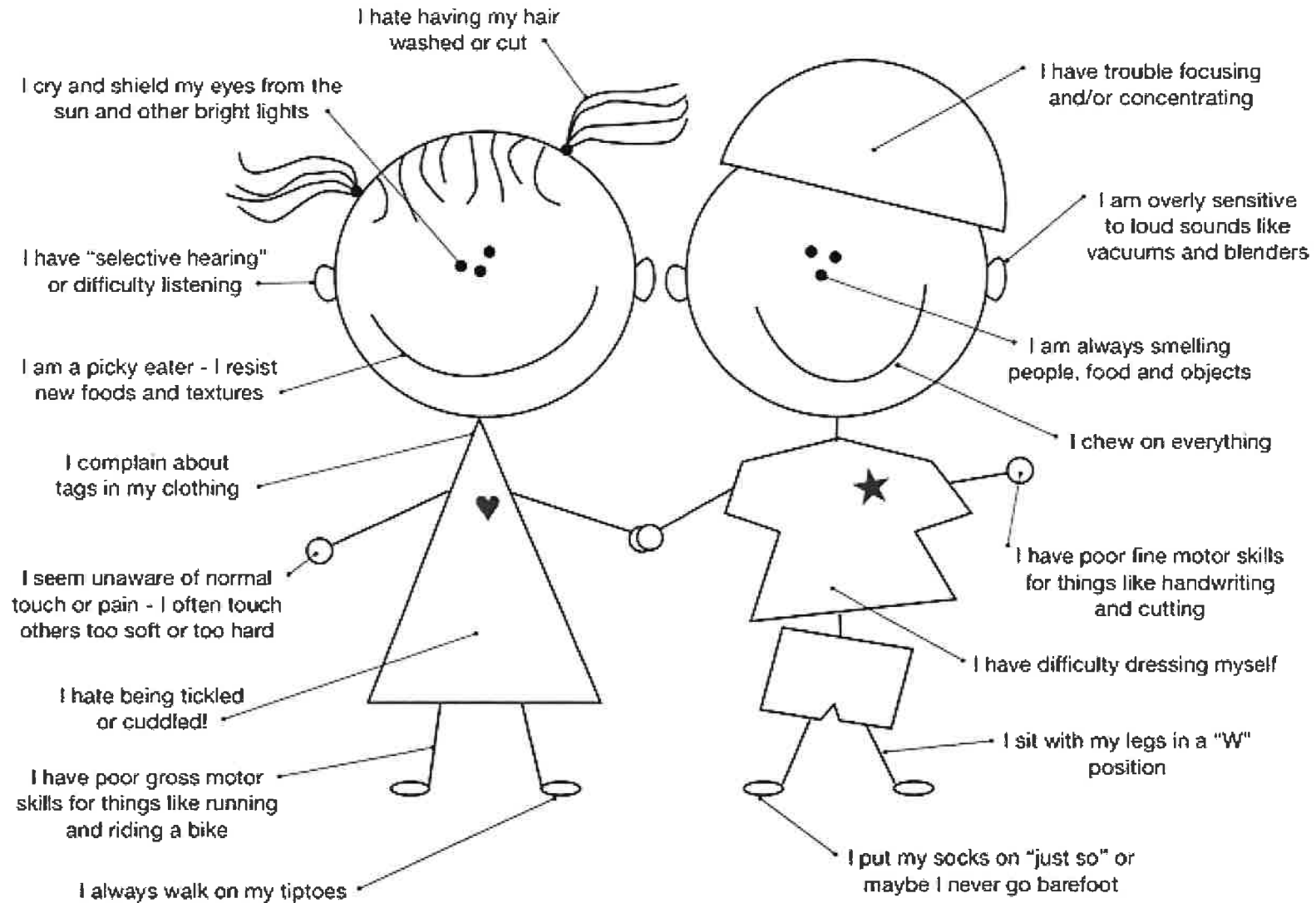
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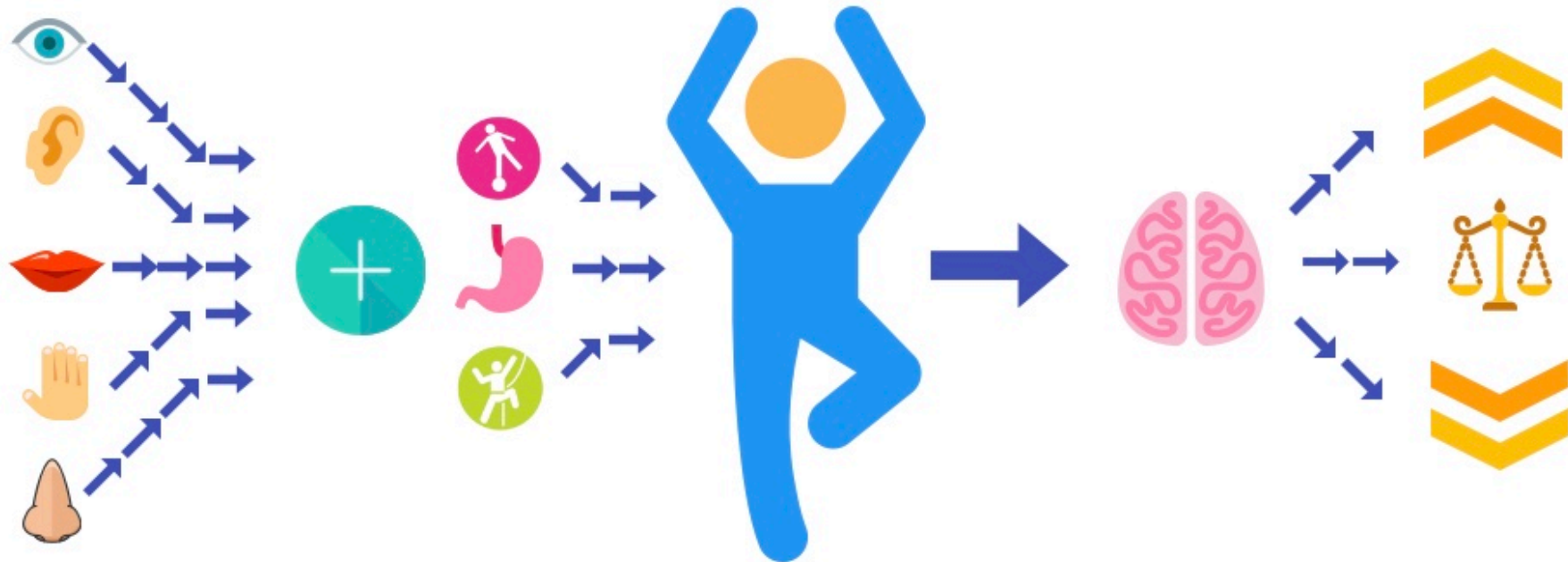


	Typical Sensory Processing	Sensory Processing Disorder
WHAT	The brain's ability to take in sensory information and use it in daily life.	Over-responsivity and/or under-responsivity to vestibular, proprioceptive and interoceptive input. The same may occur with the other senses as well.
WHERE	Typical Sensory 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.

DO YOU KNOW ME?



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.

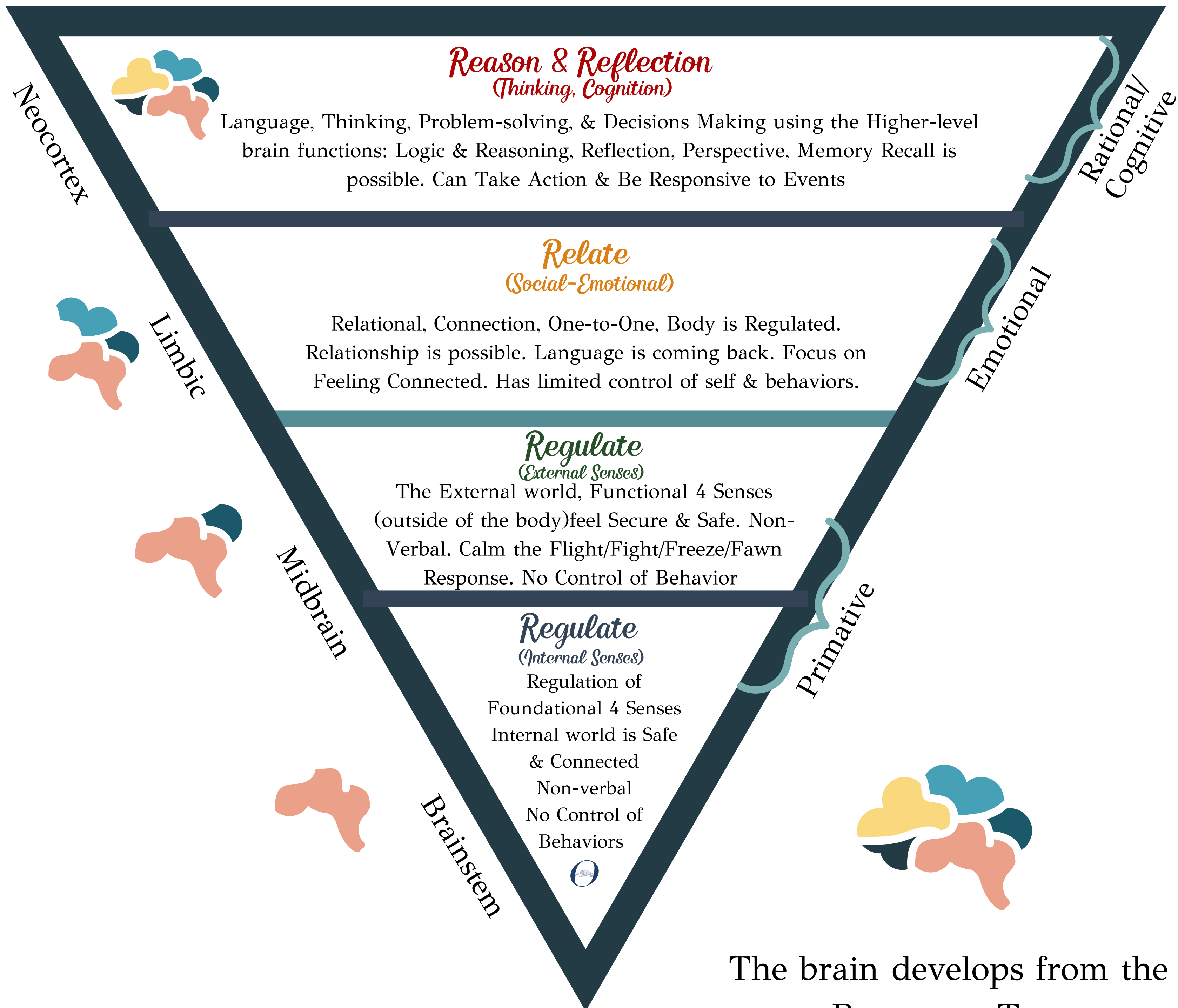
4. Input that our brains process as over-arousal, register in our bodies as a hypersensitivity. Hypersensitivity can present as fear, avoidance, distraction, or poor balance.

5. Input that our brains process as under-arousal, register in our bodies as hyposensitivity. 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.

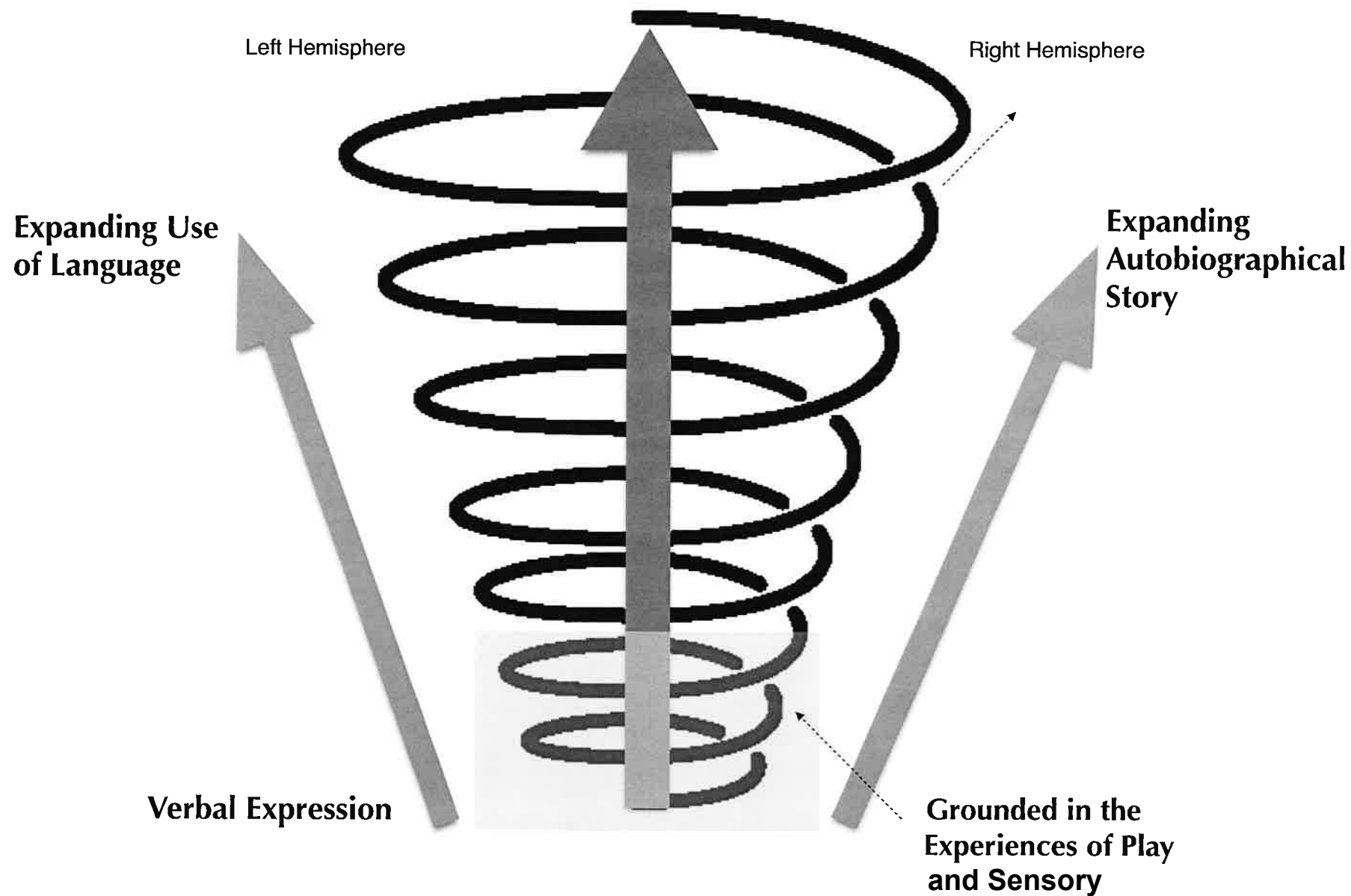


Brain Developmental Model



The brain develops from the
Bottom to Top,
Inside to Outside
Back to Front,
Right to Left

Right + Left+ Right Progression





Sensory Profile Questions

Auditory(Ears)

- Do you like loud or soft sounds?
- Do you like sound or no sound?
- What types of music do you like? not like?
- Do you hear things others don't?
- Do you get startled easily?
- Are you told you never hear what others say?
- Do you hear clocks and other regular background sounds?
- Do you get distracted by sound? Lawnmower, vacuum, blowers etc.
- Do you prefer headphones or not?

Visual (Eyes)

- What colors are your eyes drawn to (bright or dark)?
- Do you like bright or dark rooms?
- Do you like seeing things that move or that don't move?
- Do you like patterns or B&W?
- Do you have to wear hats or sunglasses?
- Do you get tired reading?
- Do you find it difficult to track things with your eyes?
- Do you like spot it games?

Gustatory (mouth):

- What types of tastes do you like? Not like? Love or hate?
- What types of textures do you like? Not like?
- Do you prefer bland food or seasoned food? Spicy, Tart, Sour?
- Do you prefer certain temperatures? Hot or Cold
- Do you prefer certain types of food over others?
- Are you always chewing on pen caps/bottle caps?
- Chew your lips/cheek?
- Love or hate gum?
- Do drink from straws preferably?

Olfactory (nose)

- What kind of smells do you like? Smells you do not like?
- Do you have to be close to smell things or can you smell from far away?
- Can you smell things others can't?
- All food tastes the same?
- Do you like perfume? Essential oils? Prefer nothing?

- Do you avoid people or places because of how they smell?

Tactile (Head/body):

- Do you like your hair up or down?
- Do you like wet hair or dry hair?
- Do you like having your hair brushed?
- Can you wear make up?
- Do like lotion application or hate it?
- What kind of clothing material do you like? What do you not like?
- Do you like tight clothes or loose clothes?
- What textures do you like to touch? What textures do you not like to touch?
- Do you like shoes and socks off or on?
- Do tags or seams bother you?
- Do you prefer leggings/shorts/skirts? Hate jeans or tight clothing?
- Do you like to touch sand? Mud? Be dirty?

Proprioception (muscles/joints)

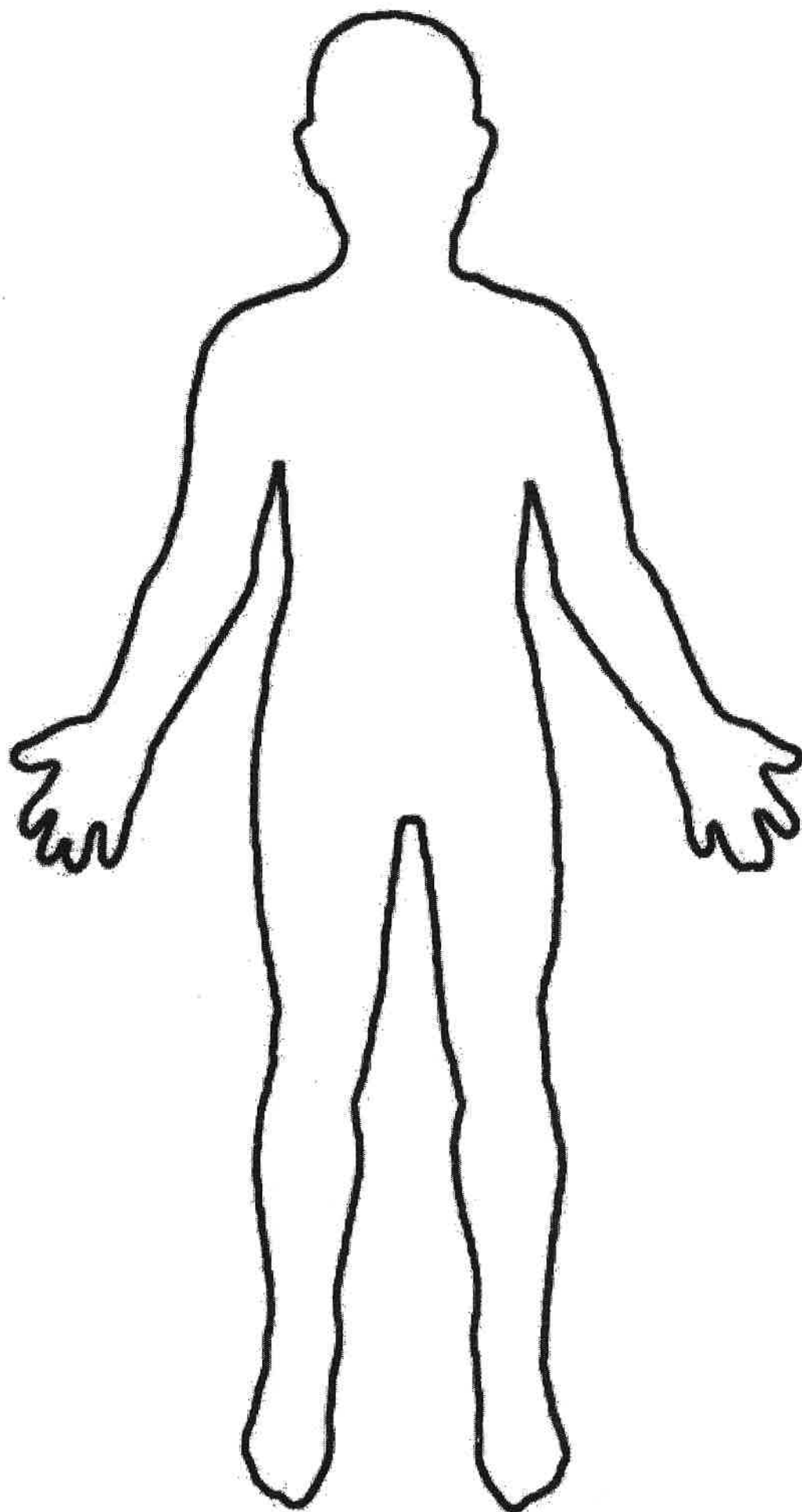
- Do you like light touch or hard touch?
- Do you lean against things when standing?
- Do you prefer sitting or standing?
- Do you like heavy blankets at night? Or light?
- Do you press hard when writing?
- Do you like to work out or hate it?
- DO you know when you get bruises?

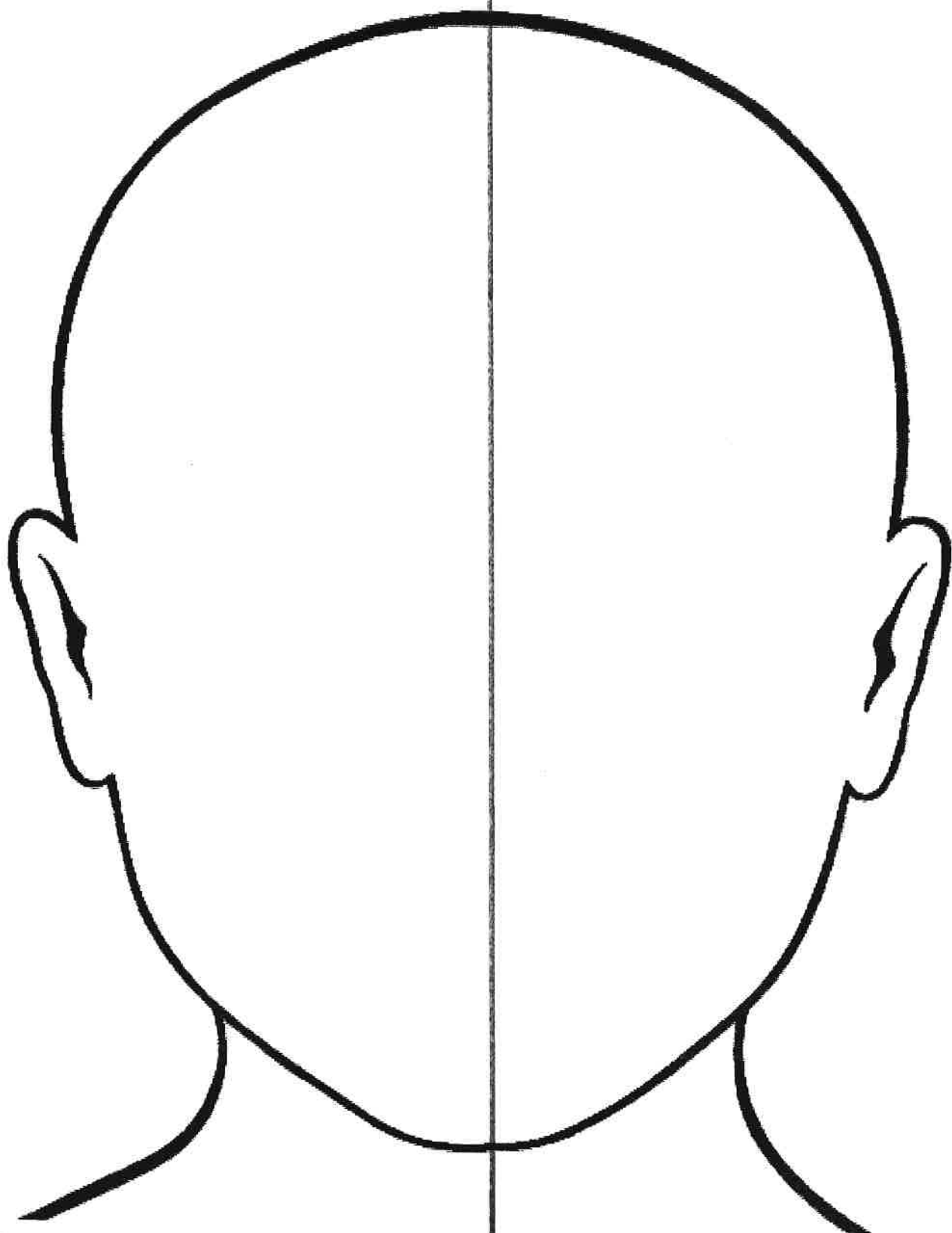
Vestibular (head in space/balance)

- What kind of movement do you like? What kind of movement do you not like?
- Do you like spinning, swinging, sliding, roller coasters?
- Do you get dizzy easily?
- Do you get carsick?
- Do you like to be right side up or laying down?
- Do you like heights?
- Do you trip up or down stairs?

Interoception(internal organs/neurons)

- Do you prefer to be hot or cold?
- Do you feel your hear beat or lungs expand?
- Do forget to eat or drink?
- Do you know when you have to go to the bathroom? Is it sudden?
- Do you feel pain or have a high pain tolerance?
- Do you get bruises often?







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Play Therapy vs. Occupational Therapy for Children with Sensory Processing Challenges

Play Therapy helps children learn to communicate with others, express feelings, modify behavior, develop problem-solving skills, and learn a variety of ways of relating to others.

- Play Therapy focuses on supporting the child's ability to self-regulate their emotions.

Occupational Therapy uses purposeful sensory stimulation to work on "occupations" such as eating, dressing, playing with others, social participation, self-regulation, and self-esteem.

- Occupational Therapy focuses on supporting the child's ability to self-regulate their bodies.

Occupational Therapy (OT) is a Healthcare Profession. They have specific education in Sociology, Biology, Kinesiology, and Anatomy.

At Olympia Therapy we are Mental Health Professionals. We are educated in Psychology, Child Development, Family Systems, and Creative Therapies.

What we CAN do for Sensory Processing Challenges:

- Initial assessment for under-responsive or over-responsive senses
- Make referrals to Occupational Therapists in the area
- Incorporate low-levels of sensory stimulation in play therapy, through the use of sensory toys, kinetic sand, and weighted blankets

What we CANNOT do for Sensory Processing Challenges:

- Provide a comprehensive and holistic evaluation of the child's needs
 - Accommodate the specific sensory needs of each child
 - Utilize the specialized equipment needed to address many sensory challenges
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October 1st, 2021

RE: [REDACTED]

Dear [REDACTED] Pediatrics,

This letter is being sent in reference to my client [REDACTED], whom I began treating in August 2021. Her parents engaged her in therapy to address: anxiety, major meltdowns, aggression, impulsivity, sleep disturbances (trouble falling asleep and waking up), and difficulty around transitions.

I have observed [REDACTED] to demonstrate behaviors that indicate sensory processing challenges, including:

- Avoids touching certain materials
- Distressed by texture of clothing (shirt tags, socks, shoes); clothing needs to fit just right
- In constant motion, fidgeting
- Seeks big body movements (jumping, spinning, hanging upside-down, roughhousing)
- Difficulty with transitioning between activities
- Poor body awareness, appears clumsy
- Mouthing objects
- Biting fingers/finger nails
- Visual sensitivity (prefers room to be dark, distracted by visual stimuli)
- Possible interoception challenges (challenges around toileting and registration of hunger/fullness)
- Picky eater, limited repertoire of food
- Forgetfulness
- Low frustration tolerance
- Poor body awareness: tripping/falling, bumping into things/people, knocking things over
- Leaning on furniture, propping self up during play
- Sitting in the "W" position
- Needs directions repeated; often asking "What?"

Due to the concerns listed above, and the frequency that this child brings up sensory sensitivities impacting her daily life, it is my recommendation that [REDACTED] be evaluated and treated by an Occupational Therapist to gain foundational skills for body awareness and regulation, so that she can safely interact with the world around her, increase self-confidence, and reduce anxiety. I have recommended the following providers to the client's parents: [REDACTED]. Please assist in this referral so that the family can utilize their insurance. If there are any further questions or comments please feel free to contact me at [REDACTED].

Respectfully,

Sarah Moran, MA, LMFT, RPT
Licensed Marriage and Family Therapist
Registered Play Therapist
Certified AutPlay Therapy Provider

Glossary of Sensory Terms

- **Apraxia:** the inability to execute an action do to motor skills (applies to speech and moving muscles within the mouth)
- **Auditory:** sensory input from the ears
- **Chaotic Registration/Sensory Craving:** inability to get enough; sensory needs cannot be fulfilled
- **CNS:** Central Nervous System
- **Co-Regulation:** regulation done in conjunction with a safe adult
- **Discrimination of Stimuli:** The ability to distinguish between stimuli that are similar or multiple stimuli at once (i.e, hear, see, feel at once and know how to respond)
- **Dyspraxia:** the inability to think, plan, or sequence an action; inability to plan movement (applies to all gross motor and fine motor skills)
- **Dysregulation:** the lack of alignment of the hierarchical system of the brain
- **Fine motor:** are the abilities required in order to control the small muscles of the body (fingers, toes, wrists, lips, tongue) for small movements such as picking up small objects, holding silverware, zipping a coat, fastening buttons, etc.
- **Gross motor:** Also known as Large Motor, are the abilities required in order to control the large muscles of the body (arms, legs, torso, feet) for walking, running, sitting, crawling, and other activities.
- **Gustatory/Oral:** sensory input from the mouth; taste receptors
- **Habituation:** the diminishing of a physiological or emotional response to a frequently repeated stimulus.
- **Hyper-arousal/Over-responsive:** disorganized cognitive processing; presents as emotional reactivity, hypervigilance, high anxiety, and over-functioning
- **Hypo-arousal/Under-responsive:** disabled cognitive processing; presents as low-energy, numbing of emotions, and under-functioning
- **Integration:** the neurological process that organizes sensation from ones own body and environment, makes it possible to use the body effectively within the environment
- **Interoceptive:** sensory input that originates from within the body, like the feeling of hunger or thirst, sickness, heart rate, and the feeling that one needs to use the bathroom.
- **Interoceptors:** internal body states, internal organ regulation to manage physiological needs, often delayed in coming online
- **Lower Brain/Subcortical:** The lower regions of the brain that are responsible for safety, body regulation, sensory input, gross and fine motor development
- **Modulation:** adjusts the flow of sensory information in the CNS
- **Olfactory:** sensory input from the nose; smelling
- **Perception:** the ability to become aware of something through the senses.
- **Postural-ocular Disorder:** sensory-based motor disorder involved in controlling movement
- **Praxis:** motor planning; the ability to think, plan, sequence, and then execute an action
- **Proprioceptive:** sensory input that informs us of our body position in space. Receptors for this system are located primarily in our muscles and relay information on muscle strength and tension.
- **Limbic Regulation:** feeling undone to calm, infants don't have it, developed by parent mirroring self-control, parallel avenue to learning about the world, coping strategies needed, oral is most soothing mechanism to regulate.
- **Regulation:** the alignment of the hierarchical system of the brain

- **Seeking System:** The limbic region in the brain that when activated, increases learning and curiosity
- **Sensitivity & Responsiveness:** relationship of the child signals with consistently appropriate adult response appears "in sync."
- **Sensory Challenges/"Glitches":** Difficulty with integrating sensory information, which leads to negative emotional and behavioral manifestations; the cause is unknown, there are differences in brain scans
- **Sensory Discrimination Disorder:** Difficulty recognizing or interpreting differences or similarities in qualities of stimuli
- **Sensory Modulation Disorder:** Difficulty taking in sensation so that response, level of arousal, and emotional tone are not appropriate to the situation
- **Sensory Processing Disorder (SPD):** a condition that exists when sensory signals don't get organized into appropriate responses. A person with SPD finds it difficult to process and act upon information received through the senses, which creates challenges in performing countless everyday tasks. Motor clumsiness, behavioral problems, anxiety, depression, school failure, and other impacts may result if the disorder is not treated effectively.
- **Sensory-Based Motor Disorder:** See Dyspraxia, Postural-ocular Disorder
- **Steps of Sensory Input**
 1. **Reception:** receiving sensory input through specific receptors
 2. **Detection:** CNS notices that sensations have arrived
 3. **Integration:** connecting messages among various sensory systems
 4. **Modulation:** regulating & organizing the degree, intensity, and nature of sensory input
 5. **Discrimination:** differentiating among & between sensory stimuli
- **Steps of Outcome of Motor Output:**
 1. **Postural Responses:** moving or stabilizing the body
 2. **Praxis:** interacting successfully with the environment
- **Synchronicity:** gaze, attention, vocalization, emotional expressiveness, job of parents to engage for attachment. Emotional availability, encouragement, responsiveness to each other, "I can be ok."
- **Tactile:** sensory input from touch; skin receptors
- **Upper Brain/Cortical:** The upper regions of the brain that are responsible for socio-emotional relationships, emotion regulation, reasoning, and problem-solving
- **Vestibular:** sensory input that contributes to balance and equilibrium; responds to a change in your head position or having your feet lifted off the ground
- **Visual:** sensory input from the eyes
- **Window of Tolerance:** The neuroception of safety; the window in which we are regulated and capable of learning new things



WINDOW of TOLERANCE



Hyper-Aroused

What do I feel?

How do I know I'm here?

How to Regulate:



What do I do?

What do I feel?

Regulated (My Window)

Regulation for me is:

How do I know I'm here?

What do I do?

What do I feel?

Hypo-Aroused

How do I know I'm here?

What do I do?

How to Regulate:





Window of Tolerance



Need to Down

Regulate

HyperArousal

- Emotional Reactivity
- Increased Sensitivity
- Hyper-Vigilance
- High Anxiety
- Over-Functioning
- Disorganized Thinking



Be Here

Window of Tolerance

- Can regulate Emotions & Body
- Information can Integrate
- Felt sense of Safety & Security
- Thinking/Problem solving occurs
- A calm person can help regulate another person



Need to Up

Regulate

HypoArousal

- Low Energy
- Under Functioning
- Emotions are Numb/Absent
- Cognition/Thinking are Offline
- Too long in Hyper Arousal results in dropping to here

Tantrums vs Meltdowns

www.playfulwisdom.net

T A N T R U M

Tantrums are goal oriented, the person will make a scene to get what they want.

Goal Oriented?

Intensity or nature of the tantrum may change depending on how who is 'in charge' reacts.

Reactions

Individual avoids injury

Getting hurt

Once the goal is achieved or the person gets tired, the tantrum ends.

Duration

During a tantrum the individual is in control of their actions the entire time.

Self Control

Tantrums usually begins when they are faced with the inability to achieve their desired outcome.

Warning Signs

M E L T D O W N

No demands are made before or after the melt-down

The person melting down has no interest in how others react

Because they are reacting in a primal way to being overloaded, the person melting down may be injured

Meltdowns last longer and slow down once a person acclimates their surroundings

Due to massive overstimulation there is no control. They are in survival mode, acting instinctively from distress.

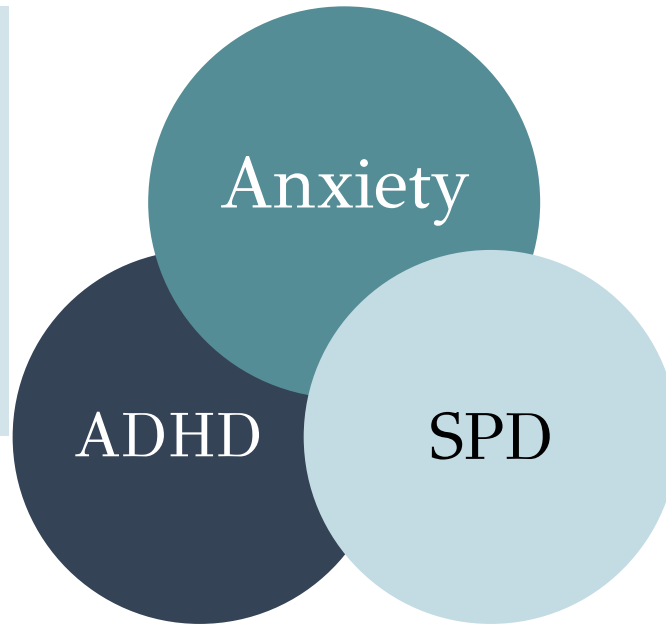
Spacing out could be linked to medical issues. Look for symptoms of becoming overwhelmed by sensory stimulation.



Symptoms Can Overlap

ADHD & Anxiety

- Excessive worries about school
- Failing grades
- Has trouble taking turns when playing games or talking



Anxiety & SPD

- Afraid of new situations
- Difficulty sleeping
- Low tolerance when frustrated
- Irritability
- Physical complaints
- Frequent absences from school
- Isolating behavior

SPD & ADHD

- Distracted
- Forgetful
- Short attention span
- Leaves tasks uncompleted
- Difficulty staying focused
- Trouble listening, even when spoken to directly
- Impulsive
- Has trouble staying seated
- In constant motion
- Aggressive; in everyone else's "face and space"
- Fidgets and squirms
- Runs around; climbs on things excessively

Anxiety, ADHD, & SPD

- Easily overwhelmed
- Frequent meltdowns
- Often "spaced out" or lost in thought
- Poor self-esteem
- Difficulty making/maintaining friends







Overlapping symptoms of Anxiety, Attention-Deficit Hyperactivity Disorder (ADHD), and Sensory Processing Disorder (SPD) symptoms in children ages 3-12 years old.



Signs of Sensory Overload

in children with Sensory Processing Disorder

When children are sensitive to external stimuli they may behave in ways that show that they are using all their energy to process or avoid input completely. They may not be able to participate in other activities or engage as they would otherwise. There are also internal senses (proprioception, vestibular, and interoception) that a child may be responding to. If you think your child may have Sensory Processing Disorder please talk to a medical provider.

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- 
- 
- 
- Increasingly distracted & disoriented
 - Tremors/Shaking
 - Rapid breathing
 - Covering ears
 - Shutting down
 - Refusal to participate
 - "Sudden" anger
 - Laying on the ground
 - Uncontrollable screaming & crying
 - Covering ears
 - Shutting down
 - Refusal to participate
 - Fidgeting & Restless
 - Cannot complete tasks
 - Doesn't want to be touched
 - Sleeplessness
 - Laying upside down
 - Hiding
 - Covering eyes
 - Drooling
 - Wetting accidents
 - Running away
 - Repeated statements
 - Loss of words instead uses grunts, squeals

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 too 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.



Interoceptive Input

The Interoceptive System allows us to feel what is going on inside our bodies. Nerve receptors all over our bodies in our organs, muscles bones and skin send messages to our brain telling it what is going on inside the body. In Sensory Processing Disorder these nerves are under or over responding to stimuli.

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Overresponsive

CHILD EXPERIENCES PAIN
IN THE BODY WITH STRESS
AND ANXIETY

OVERLY AWARE OF
DIGESTIVE DISCOMFORTS

CHILD FREQUENTS THE
NURSES OFFICE
COMPLAINING OF
DISCOMFORT

OFTEN HAS PAIN,
DISCOMFORT, HEADACHES
AND MUSCLE PAIN

Underresponsive

CHILD HAS LITTLE
AWARENESS OF THEIR
BODY IN SPACE

UNAWARE OF BOWEL
DISCOMFORTS AND WILL
HAVE FREQUENT
ACCIDENTS

DOES NOT EXPERIENCE
NORMAL PAIN

UNAWARE OF DIGESTIVE
DISCOMFORTS SUCH AS
HUNGER OR NAUSEA

Activities for the Interoceptive System:

- HOT WATER BOTTLE FOR STOMACH ACHES
- WARM BATHS
- USE ICE TO TREAT BRUISES AND SCRAPES
- EAT SOUPS AND TEAS HOT OR COLD
- ASK IF YOUR CHILD NEEDS TO GO TO THE BATHROOM
- WATCH FOR SERIOUS INJURIES AS CHILD MAY NOT FEEL PAIN
- EXERCISE AND BALANCING
- YOGA, MEDITATION AND BREATHING ACTIVITIES



Proprioceptive Input

The Proprioceptive System allows us to feel what is going on with our joints and muscles. Nerve receptors all over our bodies in those joints and muscles send messages to our brain about our movement and body's position. In Sensory Processing Disorder these nerves are under or over responding to stimuli.

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Overresponsive

HAS TROUBLE USING THE STAIRS

APPEARS LAZY

AVOIDS CLIMBING, JUMPING AND RUNNING

SEEMS UNBALANCED AND UNCOORDINATED

DOES NOT LIKE TO BE TOUCHED

CHILD WOULD RATHER SIT STILL THAN BE ACTIVE

PICKY ABOUT CERTAIN FOODS

Underresponsive

RUNS OR SLUMPS ALONG WALLS OR FURNITURE

USES TOO MUCH FORCE IN EVERYDAY MOVEMENTS

NOT AWARE OF BODY

WALKS LOUDLY (I.E. STOMPING)

LIKES TO WEAR TIGHT CLOTHING

NEEDS TO CHEW ON EVERYTHING (PENCILS, TOYS, CLOTHING ETC.)



Activities for the Proprioceptive System:

- BEING SQUEEZED TIGHTLY
- HEAVY WORK (LIFTING, PUSHING, CARRYING HEAVY WEIGHTS)
- MESSAGES
- PUSH-UPS
- VIBRATING MASSAGERS
- CHEWING GUM
- BLOWING BUBBLES
- STRETCHING
- KNEADING DOUGH
- SQUEEZING STRESS BALL
- SENSORY SOCK



Vestibular Input

The Vestibular System allows us to feel balanced in our bodies. Nerve receptors in our inner ear send messages to our brain about where our bodies are in respect to equilibrium, balance and gravity with movement. In Sensory Processing Disorder these nerves are under or over responding to this stimul.

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Overresponsive

SCARED OF MOVING THEIR BODIES

CHILD APPEARS UNCOORDINATED AND UNBALANCED

DISLIKES ELEVATORS

DOES NOT LIKE TO BE PICKED UP OR TURNED UPSIDE DOWN

CHILD SEEMS STUBBORN

AFRAID OF THE PLAYGROUND STAIRS, MERRY-GO-ROUND ETC.

Underresponsive

CANNOT STOP MOVING (TAPPING, SWINGING, ROCKING)

DOES EXCELLENT AT MOVEMENT ACTIVITIES (GYMNASTICS, ROCK CLIMBING)

IMPULSIVE, MAKES RISKY CHOICES INDOORS AND OUTDOORS

WOULD RATHER BE UPSIDE DOWN OR HANGING ON FURNITURE

ALWAYS RUNNING



Activities for the Vestibular System:

- SWINGING
- SPINNING
- DANCING
- GAMES THAT MOVE THEIR BODY
- TRAMPOLINES
- RIDING A BIKE
- BALANCE BOARDS
- HANGING UPSIDE DOWN



Tactile Input

The Tactile System allows us to feel all touch sensations on our skin. Nerve receptors in the skin covering our bodies send messages to our brain about what we are touching including vibrations, temperature, textures and pain. In Sensory Processing Disorder these nerves are under or over-responding to the tactile inputs a person experiences.

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Overresponsive

AVOIDS CERTAIN CLOTHES AND TEXTURES

DOES NOT LIKE HAVING THEIR HAIR DONE, SHOWERS OR BEING KISSED

MAY WALK ON TOES OR GO BAREFOOT

DOES NOT LIKE THEIR FACE BEING TOUCHED OR WASHED

EXTREMELY TICKLISH

REACTS TO CERTAIN TEXTURES LIKE SLIME AND CLAY

Underresponsive

CHOOSES TIGHT CLOTHING OFTEN

OFTEN NOT AWARE OF BEING TOUCHED

NEEDS TO TOUCH EVERYTHING

CHEW ON OBJECTS

DOES NOT RESPOND TO BEING CUT OR SCRAPED

MAY BE AGGRESSIVE TOWARDS OTHER CHILDREN, HITTING PUNCHING AND PUSHING.

Activities for the Tactile System:

- FINGER PAINT
- PLAY WITH KINETIC SAND, SLIME AND DOUGH
- COZY FORTS AND TIGHT SPACES
- SENSORY BINS (LENTILS, DIRT AND SAND,
- SWADDLING
- FIDGET TOYS, SQUISHY AND STRESS BALLS
- WARM BATH
- WEIGHTED BLANKETS AND CLOTHES

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Olfactory Input

The Olfactory System, or sense of smell, allows us to smell. Nerves located in our noses tell us whether something smells strongly or for safety. In Sensory Processing Disorder these nerves are under or over-responding to the olfactory inputs a person experiences.

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Overresponsive

AVOIDS CERTAIN
SMELLS

BOTHERED BY LOTIONS,
PERFUMES AND STRONG
SMELLS

GAGS ON FOODS WITH
CERTAIN SMELLS

AVOIDS HUGGING OR
BEING CLOSE TO OTHER
PEOPLE

SENSITIVE TO
RESTAURANTS OR
CAFETERIAS

Underresponsive

LOVES "ODD" SMELLS

DOES NOT NOTICE BAD
SMELLS

NOT BOTHERED BY SPICY
OR OFF-TASTING FOOD

CANNOT SMELL
DANGEROUS SMELLS (IE
CHEMICALS, ROTTEN
FOOD, MOLD)

SMELLS PEOPLE AND
OBJECTS FREQUENTLY

CAN HAVE POOR
HYGIENE



Activities for the Olfactory System:

- PLAY WITH SCENTED DOUGH
- GUESS THAT SMELL
- SMELLING ESSENTIAL OILS
- LAVENDER PILLOW
- EXPLORE SOUR/SPICY SMELLS
- TASTING DIFFERENT TASTES
- SNUGGLE SCENTED STUFFED ANIMALS/TOYS



Visual Input

The Visual System, or sense of sight, allows us to see. Nerves located in our eyes and tell our Central Nervous System what we're seeing around us. In Sensory Processing Disorder these nerves are under or over-responding to the visual inputs a person experiences.

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Overresponsive

PREFERS LOW LIGHTS
OVER BRIGHT LIGHTS

EASILY DISTRACTED BY
BRIGHT COLORS OR
ACTIVITIES

WEARS BASEBALL CAPS
OR SUNGLASSES TO
PROTECT EYES

OFTEN COMPLAINS
ABOUT HEADACHES AND
SQUINTS

AVOIDS EYE CONTACT

SEES DETAILS

Underresponsive

CANNOT FOLLOW A
MOVING OBJECT WITH
EYES

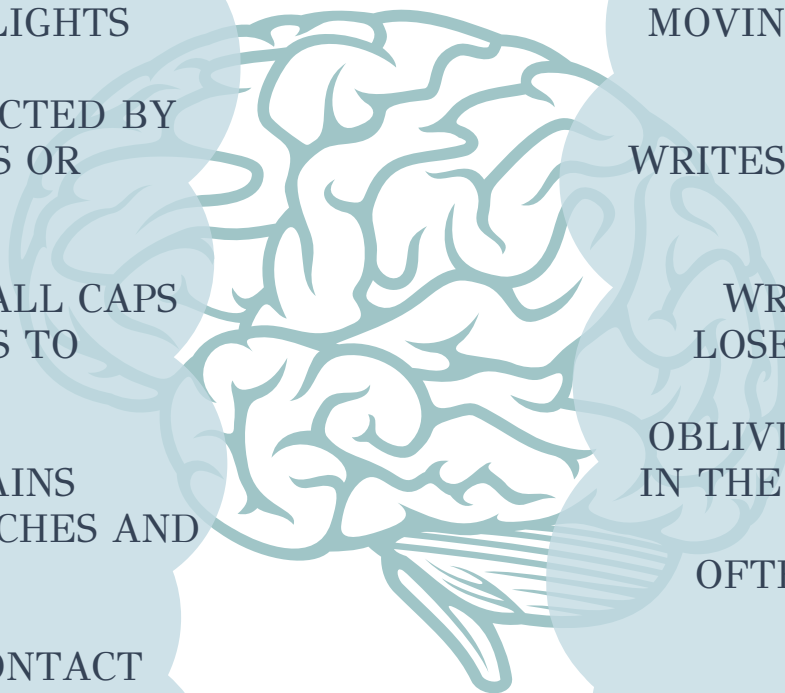
WRITES WITH A SLANT

WHEN
WRITING/READING
LOSES THEIR PLACE

OBLIVIOUS TO THINGS
IN THE ENVIRONMENT

OFTEN HAS "TIRED"
EYES

HAVE POOR READING
SKILLS



Activities for the Visual System:

- USE NATURAL/DIM LIGHTS
- USE NEUTRAL PAINTS AND LEAVE WALLS CLEAR OF DECOR
- GIVE CHILD A BASEBALL CAP
- USE A VISUAL COUNTDOWN
- PLAY FLASHLIGHT TAG
- USE FLORESCENT COLORS/TAGS
- BRIGHTEN DARKENED ROOMS AND USE A FLASHLIGHT TO FIND THINGS

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Gustatory Input

The Gustatory System allows us to perceive taste and smell. Nerves located in our mouths, cranial nerves and the gustatory cortex tell us what we are tasting and send that information to the brain. In Sensory Processing Disorder these nerves are under or over-responding to the gustatory inputs a person experiences.

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Overresponsive

AVOIDS CERTAIN FOODS

GAGS ON CERTAIN
FOODS AND TEXTURES

HAS A HARD TIME
TRYING NEW FOOD

AVOIDS MUSHY OR SOFT
FOODS

HAS POOR DENTAL
HYGIENE AND REFUSES
TO GO TO THE DENTIST

Underresponsive

PREFERS HOT AND
SPICY FOODS

CHEWS NAILS AND/OR
HAIR

MAY EAT FOOD THAT
HAS GONE BAD

HAS ORAL FIXATION,
OFTEN CHEWS ON
EVERYTHING

BITES OTHERS



Activities for the Gustatory System:

- ADD ONE FOOD AT A TIME TO CHILD'S PLATE AT MEALTIME
- SUCK ON ICE AND POPSICLES
- LIMIT "GRAZING"
- CRUNCHY/DISSOLVES EASILY
- BLOW BUBBLES
- OFFER CHEW BEADS AND CHEW TOYS
- GIVE A CHILD AN EDIBLE NECKLACE (CHEERIOS AND STRING)



Auditory Input

The Auditory System allows us to hear what is going on around us. Nerves located in our outer ear, middle ear, inner ear and auditory nervous system tell us what we're hearing and where it is. In Sensory Processing Disorder these nerves are under or over responding to the auditory inputs a person experiences.

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Overresponsive

OFTEN HAS HANDS OVER EARS TO PROTECT FROM LOUD SOUNDS

HAS TROUBLE FOCUSING WITH BACKGROUND NOISES AROUND

AFRAID OF LOUD NOISES

AFRAID OF EVERYDAY SOUNDS (VACUUMS, SIRENS, HAIR DRYERS)

LITTLE INTEREST IN GOING TO MOVIES OR CONCERTS

Underresponsive

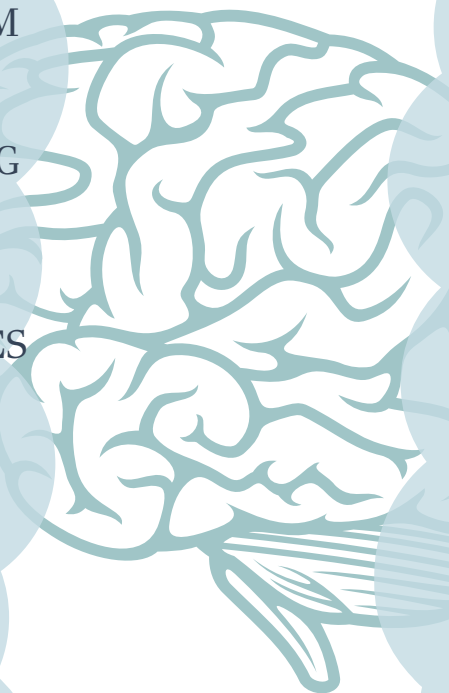
DOES NOT FOLLOW DIRECTION WELL

ENJOYS BACKGROUND SOUNDS, MUSIC, TV, LOUD SOUNDS

DOES NOT LISTEN WHEN NAME IS CALLED

SINGS OR HUMS TO THEMSELVES WHEN FOCUSING ON A TASK

LOVES LOUD MUSIC



Activities for the Auditory System:

- USE SHORT SENTENCES, DON'T TALK TOO MUCH
- PLAY AND DANCE TO MUSIC
- HAVE THE OPTION OF NOISE CANCELING HEADPHONES
- SPEAK IN LOUD AND SOFT TONES
- LISTEN TO WHITE NOISE OR SOFT MUSIC
- PLAY "SIMON SAYS" WITH MUSIC PLAYING
- CHANGE UP YOUR DANCE MUSIC, SLOW AND FAST

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The Extremes

When there are multiple sensory systems that are sensitive and not integrated, the result is to have intensified behavioral disruption. This can occur on both ends of the spectrum of over/under-functioning. These are often called Seeking/Craving or Avoiding behavioral dysfunction.

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Craving/Seeking

- DOESN'T HAVE AN INDOOR VOICE
- CONSTANTLY MOVING & CLIMBING
- DOESN'T RECOGNIZE PERSONAL SPACE OF OTHERS
- CAN BE PHYSICALLY AGGRESSIVE
- ENGAGES IN RISKY BEHAVIOR
- CAN BE MISTAKEN FOR ADHD/TRAUMA

Avoiding

- HAS FREQUENT MELTDOWNS, MISTAKEN FOR TANTRUMS OVER "NOTHING"
- HATES TAGS, SEAMS ON CLOTHING, SOCKS/SHOES
- MAYBE A PICKY EATER
- FREQUENTLY COVERS EARS AT SUDDEN OR LOUD NOISES
- CONSTANTLY WEARS SUNGLASSES, EVEN INSIDE
- CAN BE MISTAKEN FOR ANXIETY DISORDERS

Activities to do daily & often

YOGA - WHEEL BARREL WALKS - CRAB WALKS - GORILLA JUMPS - LEAP FROG - BIG STRETCHES - SOMERSAULTS - JUMPING - ROLLING - CHEW GUM - CRUNCHY FOOD - DRINK MILKSHAKE WITH STRAW - CHEW FIDGETS - VIBRATING MASSAGER - PILLOW FIGHTS - JUMPING ROPE - SCOOTER BOARDS - SWINGING - MONKEY BARS - CRASH PAD - RESISTANCE TOYS - TRAMPOLINE - BALANCE BOARD - PILLOW SANDWICH SQUISHING - SWIMMING - JUMPING GYM - PUSH & PULL A WAGON - SANDBOX PLAY- CARRYING GROCERIES - MEDICINE BALL - WEIGHTED BLANKET - ANKLE WEIGHTS - HAMMOCK SWING- STRESS BALL - DEEP PRESSURE MASSAGE - THERAPY PUTTY - WEIGHTED VEST - TAG - TUG OF WAR - WEIGHTED LAP PADS - SLIME - HOPSCOTCH MAT- SOUR/TART CHEWS - WIGGLE CUSION- BALANCE BEAM- BOSU BALL - WATER BEADS - ROWDY- DRIBBLE BALLS - STRETCH BANDS

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Supporting a Sensory Sensitive Child

1. Use visual schedules



2. Transition warnings



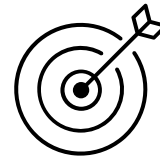
3. Sensory breaks throughout the day



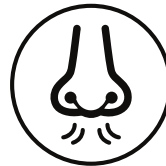
4. Identify reaction moments



5. Label & name emotions



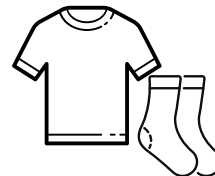
6. Role model deep breathing



7. Ensure foundational four senses are met



8. Identify clothing that is comfortable



9. Do a sleep hygiene routine



10. Ensure your child knows their 8 sensory systems:



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

Generally, An SPD child will be able to regain a center or have moments of high cognitive function and prosocial behaviors when their sensory inputs are met on a regular and consistent basis. Those with ADHD, even when given sensory input will struggle to manage impulsive and executive functioning tasks. Notable that SPD is often comorbid with ADHD, however SPD can stand alone or be present with anxiety. Sensory needs when met achieve regulation and calm within the body. Executive functioning skills are separate from the body's state of regulation. **Body Regulation Before Brain Function.**



Sensory Smart Sleep Tips



Propioceptive 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



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/seeks out "squishing" activities
- ☐ enjoys bear hugs; loves to be wrapped in many or weighted blankets
- ☐ excessive banging 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.

Self-Regulation:

- ☐ can't calm or soothe self through pacifier, comfort object, or caregiver
- ☐ requires excessive help from caregiver to fall asleep; i.e., rubbing back or head, rocking, long walks, or car rides

Internal Regulation (The Interoceptive Sense):

- ☐ becoming too hot or too cold sooner than others in the same environments; may not appear to ever get cold/hot, may not be able to maintain body temperature effectively
- ☐ respiration and heart rate that takes longer than what is expected to slow down during or after exertion or fear
- ☐ severe/several mood swings throughout the day (angry to happy in short periods of time, without visible cause)
- ☐ unpredictable state of arousal or inability to control arousal level (i.e., hyper to lethargic)
- ☐ does not seem to know when they need the bathroom; cannot feel the sensation that bowel or bladder are full
- ☐ unable to regulate hunger and/or thirst; seems hunger/thirst is constant, nonexistent, or oscillates back and forth
- ☐ has little to no appetite and/or will be "starving" one minute then full two bites later, then back to hungry again

Signs of Tactile Dysfunction

Sense: input from the skin which is a protective sense, to feel pain, temperature, touch, pressure, and textures.

1. Hypersensitivity To Touch (Defensiveness)

- ☐ becomes fearful, anxious or aggressive with light or unexpected touch
- ☐ resists friendly or affectionate touch from anyone besides parents or siblings (and sometimes them too!)
- ☐ a raindrop, water from the shower, or wind blowing on the skin produces adverse and avoidance reactions
- ☐ may overreact to minor cuts, scrapes, and or bug bites
- ☐ avoids touching certain textures of material; refuses to wear clothes with rough textures; refuses certain types of clothes: turtlenecks, jeans, hats, or belts, etc.
- ☐ avoids/dislikes/aversive to "messy play": sand, mud, water, glue, glitter, playdoh, slime, etc.
- ☐ will be distressed by dirty hands and want to wipe or wash them frequently
- ☐ excessively ticklish
- ☐ distressed by seams in socks and may refuse to wear them
- ☐ distressed about having face washed; hair brushed; hair, toenails, or fingernails cut
- ☐ may refuse to walk barefoot on grass or sand
- ☐ may walk on toes only

2. Hyposensitivity To Touch (Under-Responsive):

- ☐ may crave touch; repeatedly touches surfaces that are soothing (i.e., blanket)
- ☐ is not bothered by injuries, like cuts and bruises
- ☐ may not be aware that hands or face are dirty, may not feel their nose running
- ☐ may be self-abusive; pinching, biting, or banging his own head
- ☐ frequently hurts other children or pets while playing
- ☐ thoroughly enjoys and seeks out messy play

3. Poor Tactile Perception And Discrimination:

- ☐ may not be able to identify which part of their body was touched if they were not looking
- ☐ may be afraid of the dark
- ☐ may be a messy dresser; looks disheveled, does not notice clothes are twisted, shoes are untied, etc
- ☐ has difficulty figuring out physical characteristics of objects (i.e., shape, size, texture, temperature, weight)

Signs of Vestibular Dysfunction:

Vestibular Sense: input from the inner ear about equilibrium, gravitational changes, movement experiences, and position in space.

1. Hypersensitivity To Movement (Over-Responsive):

- ☐ avoids/dislikes playground equipment; i.e., swings, ladders, slides, or merry-go-rounds
- ☐ prefers sedentary tasks, moves slowly and cautiously, avoids taking risks
- ☐ avoids/dislikes elevators and escalators; may prefer sitting while they are on them
- ☐ fearful of feet leaving the ground
- ☐ afraid of being tipped upside down, sideways or backwards; will strongly resist getting hair washed over the sink
- ☐ startles if someone else moves them; i.e., pushing his/her chair closer to the table
- ☐ may be fearful of or have difficulty riding a bike, jumping, or balancing on one foot
- ☐ loses balance easily and may appear clumsy

2. Hyposensitivity To Movement (Under-Responsive):

- ☐ in constant motion, can't seem to sit still (rocks body or shakes leg while sitting)
- ☐ could spin for hours and never appear to be dizzy
- ☐ always jumping on furniture, trampolines, spinning in a swivel chair, or getting into upside down positions
- ☐ loves to swing as high as possible and for long periods of time
- ☐ is a "thrill-seeker"; loves the fast, intense, and/or scary rides at amusement parks

3. Poor Muscle Tone And/Or Coordination:

- ☐ frequently slumps, lies down, and/or leans head on hand or arm while working at his/her desk
- ☐ difficulty simultaneously lifting head, arms, and legs off the floor while lying on stomach ("superman" position)
- ☐ often sits in a "W sit" position on the floor to stabilize body
- ☐ fatigues easily!
- ☐ difficulty turning doorknobs, handles, opening and closing items
- ☐ difficulty catching self if falling (often observed by scrapes on knees but not on hands)
- ☐ has poor body awareness; bumps into things, knocks things over, trips, and/or appears clumsy
- ☐ poor gross motor skills; jumping, catching a ball, jumping jacks, climbing a ladder etc.
- ☐ poor fine motor skills; difficulty using "tools" (pencils, silverware, combs, scissors, fastening zippers/buttons)
- ☐ may appear ambidextrous, frequently switching hands for coloring, cutting, writing etc.; does not have an established hand preference/dominance by 4 or 5 years old

Signs Of Oral Input Dysfunction:

1. Hypersensitivity To Oral Input (Oral Defensiveness):

- ☐ picky eater, often with extreme food preferences; i.e., limited repertoire of foods, picky about brands
- ☐ may gag with textured foods; or may only eat "soft" or pureed foods (over 24 months of age)
- ☐ has difficulty with sucking, chewing, and swallowing; may choke or have a fear of choking
- ☐ resists/refuses/extremely fearful of going to the dentist or having dental work done
- ☐ may only eat hot or cold foods
- ☐ dislikes or complains about toothpaste and mouthwash
- ☐ prefers bland foods; avoids seasoned, spicy, sweet, sour or salty foods

2. Hyposensitivity To Oral Input (Under-Registers)

- ☐ may lick, taste, or chew on inedible objects; constantly putting objects in mouth (past the toddler years)
- ☐ prefers foods with intense flavor; i.e., excessively spicy, sweet, sour, or salty
- ☐ excessive drooling (past the teething stage)
- ☐ frequently chews on hair, shirt, or fingers
- ☐ loves vibrating toothbrushes and even trips to the dentist

Signs Of Olfactory Dysfunction (Smells):**1. Hypersensitivity To Smells (Over-Responsive):**

- ☐ reacts negatively to/dislikes smells which do not usually bother/ get noticed, by other people
- ☐ tells other people (or talks about) how bad or funny they smell
- ☐ refuses to eat certain foods because of their smell
- ☐ offended and/or nauseated by bathroom odors or personal hygiene smells
- ☐ bothered/irritated by smell of perfume or cologne

2. Hyposensitivity To Smells (Under-Responsive):

- ☐ has difficulty discriminating unpleasant odors
- ☐ may drink or eat things that are poisonous because they do not notice the noxious smell
- ☐ makes excessive use of smelling when introduced to objects, people, or places

Signs Of Visual Input Dysfunction (No Diagnosed Visual Deficit):**1. Hypersensitivity To Visual Input (Over-Responsiveness)**

- ☐ sensitive to bright lights; will squint, cover eyes, cry and/or get headaches from the light
- ☐ easily distracted by other visual stimuli in the room; i.e., movement, decorations, toys, windows, doorways etc.
- ☐ has difficulty in bright colorful rooms or a dimly lit room
- ☐ rubs his/her eyes, has watery eyes or gets headaches after reading or watching TV
- ☐ avoids eye contact
- ☐ enjoys playing in the dark

2. Hyposensitivity To Visual Input (Under-Responsive Or Difficulty With Tracking, Discrimination, Or Perception):

- ☐ has difficulty telling the difference between colors, shapes, or similar printed letters or figures (p & q, b & d)
- ☐ makes reversals in words/letters when copying, or reads words backwards; (i.e., "was" for "saw") after 1st grade
- ☐ has a hard time seeing the "big picture" (i.e., focuses on the details or patterns within the picture)
- ☐ has difficulty locating items among other items (clothes in a drawer, items on a grocery shelf, or toys in a bin)
- ☐ often loses place when reading or copying from a book or the chalkboard
- ☐ complains about "seeing double"
- ☐ difficulty with jigsaw puzzles, copying shapes, and/or cutting/tracing along a line
- ☐ tends to write at a slant (up or down hill) on a page
- ☐ fatigues easily with schoolwork

Auditory-Language Processing Dysfunction:

- ☐ difficulty identifying people's voices
- ☐ difficulty discriminating between sounds/words (i.e., "dare" and "dear")
- ☐ difficulty filtering out other sounds while trying to pay attention to one person talking
- ☐ bothered by loud, sudden, metallic, or high-pitched sounds
- ☐ difficulty attending to, understanding, and remembering what is said or read; often asks for directions to be repeated and may only be able to understand or follow two sequential directions at a time
- ☐ difficulty putting ideas into words (written or verbal)
- ☐ often talks out of turn or "off topic"
- ☐ if not understood, has difficulty re-phrasing; may get frustrated, angry, and give up

Signs Of Auditory Dysfunction: (no diagnosed hearing problem)

1. Hypersensitivity To Sounds (Auditory Defensiveness):

- ☐ distracted by sounds not normally noticed by others (humming of lights or refrigerators, clocks ticking)
- ☐ fearful of the sound of a flushing toilet (especially in public bathrooms), vacuum, hairdryer, or a dog barking
- ☐ bothered/distracted by background environmental sounds; i.e., lawn mowing or outside construction
- ☐ frequently asks people to be quiet; i.e., stop making noise, talking, or singing
- ☐ runs away, cries, and/or covers ears with loud or unexpected sounds
- ☐ may refuse to go to movie theaters, parades, skating rinks, musical concerts etc.

2. Hyposensitivity To Sounds (Under-Registers):

- ☐ often does not respond to verbal cues or to name being called
- ☐ appears to "make noise for noise's sake"
- ☐ loves excessively loud music or TV
- ☐ talks self through a task, often out loud

CLINICIAN USE ONLY- DO NOT PRINT

This resource is to be used for assessment and referral for sensory sensitivities. This is not a formal evaluation, it is a resource to support clinicians in making timely and appropriate referrals for Children, Teens, Adults.

Generally the guidelines for referral are:

- Please keep in mind developmental norms for ages 3-12;
- You are looking for several checks (over 50%) in one area;
- Multiple checks(more then less) in several areas:
 - Noting if the categories are either in the Foundational 4(Tactile, Prop, Intero, Vest), or the Functional 4(Oral, Visual, Auditory, Olfactory) or spread out in ALL, or if several are in multiple senses in all HYPO or HYPER areas.
- Heavy in the Sensory Seeking category;
- If there are sleep, eating & speech delays in conjunction with sensory sensitivities/challenges(even minimal) this is reason to be curious and send to Occupational Therapy trained in SPD for a Sensory Processing Evaluation (not all OT's have the training for SPD evaluation).



Lista de verificación sensorial para identificación y referencia

Signos de propiocepción y disfunción propioceptiva

Sentidos: información de los músculos y articulaciones sobre la posición del cuerpo, el peso, la presión, el estiramiento, el movimiento y los cambios de posición en el espacio.

1. Comportamientos de búsqueda sensorial:

- ☐ busca actividades de saltos, golpeando y chequeando
- ☐ Patea sus pies en el piso o una silla mientras está sentado en pupitre/mesa
- ☐ bites or sucks on fingers and/or frequently cracks their knuckles
- ☐ Muerde o chupa los dedos y/o con frecuencia cruje los nudillos
- ☐ ama/ busca actividades de “aplastamiento”
- ☐ disfruta de fuerte abrazos; le encanta estar envuelto de muchas mantas pesadas
- ☐ golpes excesivos con juguetes otros objetos
- ☐ le encantan los juegos de lucha y choqueo
- ☐ intencionalmente y con frecuencia se tira al suelo
- ☐ saltaría en un trapolín durante horas y horas
- ☐ rechina/muele los dientes durante el día
- ☐ le encanta empujar/tirar/arrastrar objetos
- ☐ le encanta saltar desde los muebles o desde lugares altos
- ☐ con frecuencia golpea, choca o empuja a otros niños
- ☐ mastica bolígrafos, pastas, mangas de camisa, etc.

2. Dificultad con el “tipo de movimiento”:

- ☐ juzga mal cuanto flexionar y cuanto extender los músculos durante funciones/ actividades
- ☐ dificultad para regular la presión de la mano al escribir/dibujar; y el trabajo por escrito es desordenado
- ☐ siempre parece estar rompiendo objetos y juguetes
- ☐ juzga mal el peso de un objeto; se queja de que los objetos son demasiado pesados ☐ parece hacer todo con demasiada fuerza (es decir, caminar, cerrar puertas, golpear objetos)

Social, Emocional, Juego y Disfunción de Autorregulación:

social:

- ☐ prefiere jugar solo y con objetos o juguetes en vez de con personas
- ☐ funciona mejor en grupos pequeños o individualmente
- ☐ otros tienen dificultad para interpretar las señales, necesidades o emociones del niño
- ☐ no busca conectarse con personas conocidas

emocional:

- ☐ tiene dificultades para aceptar cambios en la rutina (hasta el punto de tener berrinches)
- ☐ se frustra fácilmente
- ☐ estados de ánimos variables y que cambian rápidamente; es propenso a tener arranques de enojo y berrinches

___ dificultades en dar de saber sus necesidades apropiadamente

jugar:

___ dificultad para seguir el juego con otros (más de 10 meses)

___ necesita orientación de adultos para jugar, tiene dificultad para jugar de manera independiente (más de 18 meses)

___ participa en juegos repetitivos durante horas; es decir, alinear juguetes, bloques, ver una película una y otra vez, etc.

Auto-Regulación:

___ no puede calmarse o tranquilizarse por sí mismo a través del chupón, un objeto de consuelo, o las cuidadoras

___ requiere ayuda en exceso del cuidador para dormir; es decir, masajes en la espalda, o la cabeza, arrullos, caminatas largas o paseos en automóvil

Regulación Interna (El Sentido Interoceptivo):

___ llegando a tener demasiado calor o demasiado frío antes que otros en los mismos ambientes; puede que nunca parezca que tenga calor/frío, puede que no pueda mantener la temperatura corporal efectivamente

___ le toma más tiempo de lo esperado disminuir la respiración y frecuencia cardíaca después de hacer un esfuerzo o tener miedo

___ severos / varios cambios de humor a lo largo del día (enojado a feliz en cortos períodos de tiempo, sin causa visible)

___ es impredecible el estado de emocionarse o incapacidad para controlar el nivel de emoción (es decir, hiper a letárgico)

___ no parece saber cuándo necesitan ir al baño; no puede sentir la sensaciones de que el intestino o la vejiga están llenos

___ incapaz de regular el hambre y /la sed; parece que el hambre /sed es constante, inexistente, u oscila hacia adelante y hacia atrás

___ tiene poco a ningún apetito y / o será "hambre" un minuto y luego lleno dos bocados más tarde y luego volver a tener hambre de nuevo

Signos de disfunción táctil

Sentido: entrada de la piel que es un sentido protector, para sentir dolor, temperatura, tacto, presión y texturas.

1. Hipersensibilidad al tacto (defensiva)

___ se vuelve temeroso, ansioso o agresivo cuando se la toca de manera sutil o inesperada

___ resiste el toque amistoso o afectuoso de cualquier persona excepto de los padres o hermanos (¡y a veces también ellos!)

___ una gota de lluvia, agua de la ducha o viento soplando sobre la piel producen reacciones de desagrado y evasión

___ puede reaccionar de manera exagerada a cortes menores, rasguños y/o picaduras de insectos

___ evita tocar ciertas texturas de materiales; se niega a usar ropa con texturas ásperas; rechaza ciertos tipos de ropa: cuellos de tortuga, pantalones vaqueros, sombreros o cinturones, etc.

___ evita/no le gusta/le desagradan los juegos donde se ensucia: arena, barro, agua, pegamento, brillo, plastilina, slime, etc.

___ estará angustiado por las manos sucias y querrá limpiarlas o lavarlas con frecuencia

___ excesivamente cosquillosos

___ angustiado por las costuras en los calcetines y puede negarse a usarlos

- ☐ angustiado por haberse lavado la cara; cepillarse el pelo; su cabello, uñas de los pies o uñas cortadas
- ☐ puede negarse a caminar descalzo sobre hierba o arena
- ☐ puede que camine sobre los dedos de los pies solamente

2. Hipo sensibilidad al tacto (responde bajamente):

- ☐ puede pedir por tocar cosas; toca repetidamente superficies que son calmantes (ej., su mantita)
- ☐ no se molesta por lesiones, como cortes y moretones
- ☐ puede que no sea consciente que las manos o la cara estén sucias, puede que no sienta que su nariz moquee
- ☐ puede ser auto-abusivo; pellizcándose, mordiéndose o golpeándose la cabeza
- ☐ con frecuencia lastima a otros niños o mascotas mientras juega
- ☐ disfruta y busca los juegos que implican desorden o ensuciarse

3. Mala percepción táctil y discriminación:

- ☐ puede que no sea capaz de identificar qué parte del cuerpo fue tocada si no estaban mirando cuando se le estaba tocando
- ☐ puede tener miedo de la oscuridad
- ☐ puede que se vista desordenadamente; se ve despeinado, no siente que la ropa está retorcida, que los zapatos están desatados, etc.
- ☐ tiene dificultades para averiguar las características físicas de objetos (es decir, forma, tamaño, textura, temperatura, peso)

Signos de disfunción vestibular:

Sentido vestibular: entrada del oído interno sobre el equilibrio, los cambios gravitacionales, las experiencias de movimiento y la posición de la conciencia espacial.

1. Hipersensibilidad al movimiento (sobre receptivo):

- ☐ evita/no le gusta el equipo del parque o del patio de recreo; es decir, columpios, escaleras, toboganes o carrusel.
- ☐ prefiere las actividades sedentarias, se mueve lenta y cautelosamente, evita tomar riesgos
- ☐ evita/no le gustan los ascensores y escaleras mecánicas; puede preferir sentarse en ellos mientras los utiliza
- ☐ temerosos de que los pies se vayan del suelo
- ☐ temerosos de ser inclinados boca abajo, hacia los lados o hacia atrás; fuertemente se resistirá a lavarse el cabello sobre el fregadero
- ☐ alarmado si alguien los mueve; por ejemplo, si alguien empuja/retira su silla más cerca/lejos de la mesa
- ☐ puede tener miedo o tener dificultades para andar en bicicleta, saltar o balanceándose en un pie
- ☐ pierde el equilibrio fácilmente y puede parecer torpe

2. Hipo sensibilidad al movimiento (sub responsivo):

- ☐ está en constante movimiento, parece que no pueda quedarse quieto (mece el cuerpo o sacude la pierna mientras está sentado)
- ☐ podría girar dando vueltas durante horas y parecer no marearse
- ☐ siempre saltando sobre muebles, trampolines, girando en una silla giratoria, o entrando en posiciones invertibles de abajo a arriba
- ☐ le encanta columpiarse lo más alto posible y durante largos períodos de tiempo

___ es un "buscador de emociones de riesgo"; le encantan ir rápido, tener emociones intensas y / o aterradoras en los parques de diversiones

3. Tono muscular pobre y / o pobre coordinación:

___ con frecuencia se hunde, se acuesta y / o inclina la cabeza en la mano o el brazo mientras trabaja en su escritorio

___ dificultades simultáneas para levantar la cabeza, los brazos y las piernas del suelo mientras está acostado en el estómago (posición "superman")

___ a menudo se sienta en una posición de "W" en el suelo para estabilizar su cuerpo

___ Se cansa fácilmente!

___ tiene dificultad para girar las perillas de la puerta, las manijas, los elementos de apertura y cierres

___ dificultad para mantener el equilibrio si se cae (a menudo observa rasguños en las rodillas pero no en las manos)

___ tiene poca conciencia corporal; choca con las cosas, golpea las cosas, tropieza y / o parece torpe

___ habilidades motoras gruesas son deficientes; saltando, atrapando una pelota, saltos tijeras, subiendo una escalera, etc.

___ deficiencias de habilidades motoras finas; dificultad para usar "herramientas" (lápices, cubiertos, peines, tijeras, cremalleras/botones a presión)

___ puede parecer ambidiestro, cambiando con frecuencia de manos para colorear, cortar, escribir, etc.; no tiene una preferencia/dominio de la mano establecida a los 4 o 5 años de edad

Signos de disfunción de entrada oral:

1. Hipersensibilidad a la entrada oral (defensividad oral):

___ quisquilloso para comer, a menudo con preferencias alimenticias extremas; ej. repertorio limitado de alimentos, exigente con las marcas de comida

___ puede vomitar con alimentos de diferentes texturas; o solo puede comer alimentos "blandos" o de puré (mayores de 24 meses de edad)

___ tiene dificultad para chupar, masticar y tragar; puede atragantarse o tener miedo de atragantarse

___ se resiste / se niega / extremadamente temeroso de ir al dentista o tener trabajo dental

___ sólo puede comer alimentos calientes o fríos

___ no le gusta o se queja de la pasta de dientes y del enjuague bucal

___ prefiere alimentos desabridos; evita los alimentos sazonados, picantes, dulces, agrios o salados

2. Hipo sensibilidad a la entrada oral (subregistros)

___ puede lamer, probar o masticar objetos no comestibles; poner objetos constantemente en la boca (más allá de los años del niño pequeño)

___ prefiere alimentos con sabor intenso; es decir, excesivamente picante, dulce, agrio o salado

___ babeo excesivo (más allá de la etapa de dentición)

___ mastica con frecuencia su cabello, su camisa, o los dedos

___ le encantan los cepillos de dientes vibrantes e incluso los viajes al dentista

Signos de disfunción olfativa (olores):**1. Hipersensibilidad a los olores (sobre sensibilidad):**

- ☐ reacciona negativamente a / no le gustan olores que no suelen molestar / ser notado, por otras personas
- ☐ le dice a gente (o habla de gente) en cuanto lo mal o gracioso que huelen
- ☐ se niega a comer ciertos alimentos debido a su olor
- ☐ ofendido y / o nauseabundo por olores de baño o olores de higiene personal
- ☐ molestado / irritado por el olor de perfumes o colonias

2. Hipo sensibilidad a los olores (sub-sensible):

- ☐ tiene dificultad para discriminar olores desagradables
- ☐ puede beber o comer cosas que son venenosas porque no notan el olor nocivo
- ☐ hace un uso excesivo del olfato cuando se introduce a objetos, personas o lugares

Signos de disfunción de entrada visual (sin déficit visual diagnosticado):**1. Hipersensibilidad a la entrada visual (sobrecapacidad de respuesta)**

- ☐ sensible a las luces brillantes; entrecierra los ojos, se cubre los ojos y/o tendrá dolores de cabeza por la luz
- ☐ fácilmente distraído por otros estímulos visuales en la habitación; es decir, movimiento, decoraciones, juguetes, ventanas, puertas, etc.
- ☐ tiene dificultad en habitaciones de colores brillantes o una habitación poco iluminada
- ☐ se frota los ojos, tiene los ojos llorosos o tiene dolores de cabeza después de leer o ver la televisión
- ☐ evita el contacto visual
- ☐ disfruta jugando en la oscuridad

2. Hipo sensibilidad de entrada visual (baja-sensibilidad o dificultad con el seguimiento visual, la discriminación o la percepción):

- ☐ tiene dificultad para distinguir entre colores, formas o letras o figuras impresas similares (p & q, b & d)
- ☐ hace inversiones con palabras/letras al copiar, o lee palabras hacia atrás; (es decir, "Zorra" y "Arroz") después de primer grado
- ☐ tiene dificultades para ver el "panorama general" (es decir, se centra solo en los detalles o patrones dentro de la imagen)
- ☐ tiene dificultades para localizar artículos entre otros artículos (ropa en un cajón, artículos en un estante de comestibles o juguetes en un contenedor)
- ☐ a menudo pierde el lugar donde lee o cuando copia de un libro o la pizarra
- ☐ se queja de "ver doble"
- ☐ dificultad con rompecabezas, copia de formas / cortando / trazando a lo largo de una línea recta
- ☐ tendencia a escribir en inclinación (colina arriba o abajo) en una página
- ☐ se fatiga fácilmente con las tareas escolares

Disfunción del procesamiento del lenguaje auditivo:

- ☐ dificultad para identificar las voces de personas
- ☐ dificultad para discriminar entre sonidos/palabras (es decir, "amas" y "jamás")
- ☐ dificultad para filtrar otros sonidos cuando trata de prestar atención a una persona sola que habla
- ☐ se molesta por sonidos fuertes, repentinos, metálicos o agudos
- ☐ tiene dificultad para entender, comprender y recordar lo que se le dice o se lee; a menudo pide que se repitan las instrucciones y sólo puede ser capaz de entender o seguir dos direcciones secuenciales a la vez
- ☐ tiene dificultad para poner ideas en palabras (escritas o verbales)
- ☐ a menudo habla fuera de turno o "incluso fuera de tema"
- ☐ puede frustrarse, enojarse y darse por vencido cuando tiene dificultad para formular conceptos verbales

Signos de disfunción auditiva: (sin problema auditivo diagnosticado)**1. Hipersensibilidad a los sonidos (defensiva auditiva):**

- ☐ distraído por sonidos que normalmente no son notados por los demás (zumbido de luces o refrigeradores, relojes en marcha)
- ☐ temeroso del sonido de la cisterna de agua en un inodoro (especialmente en los baños públicos), aspiradora, secador de pelo, o un perro ladrando
- ☐ molesto / distraído por sonidos ambientales de fondo; ej. cortando el césped o construcción exterior
- ☐ con frecuencia pide a la gente que se calle; es decir, cortadora que dejen de hacer ruido, hablar o cantar
- ☐ huye, llora y/o cubre los oídos con sonidos fuertes o inesperados
- ☐ puede negarse a ir a salas de cine, desfiles, pistas de patinaje, conciertos musicales, etc.

2. Hipo sensibilidad a los sonidos (subregistros):

- ☐ a menudo no responde a las señales verbales o cuando se le llama por su nombre
- ☐ parece "hacer ruido solo para hacer ruido"
- ☐ ama la música o la televisión excesivamente fuerte
- ☐ se habla a sí mismo haciendo tareas, a menudo en voz alta

SOLO USO CLÍNICO: NO IMPRIMA

En general, las pautas para la remisión son:

- Por favor, tenga en cuenta las normas de desarrollo para las edades de 3-12;
- Usted está buscando varios chequeos (más del 50%) en una zona;
- Múltiples comprobaciones (más que menos) en varias áreas:
 - Teniendo en cuenta si las categorías están en el 4 fundacional (táctil, prop, Intero, chaleco), o el funcional 4 (Oral, Visual, Auditivo, olfativo) o extendido en ALL;
- Pesado en la categoría búsqueda sensorial;

Además, si hay sueño, comer y retrasos en el habla junto con sensibilidades sensoriales /desafíos(incluso mínimo) esta es razón para ser curioso y enviar a terapia ocupacional entrenado en SPD para una evaluación de procesamiento sensorial.