

## **USING SENSORY INTEGRATION THEORY TO SOLVE PROBLEMS AT HOME AND AT SCHOOL**<sup>46</sup>

Below is a list of the ideas generated by the small group problem solving sessions that were held during this workshop. The ideas are not presented in any order, but rather they represent the order in which they were taken off the group recorder sheets. Our thanks to the parent who assisted Dr. Bundy by sharing some of the ideas she learned in working with her own child and to the O.T.'s who were also willing to share ideas with the group. All of these are included below.

### **EATING/ORAL MOTOR PROBLEMS**

#### **CHILD HAS TROUBLE SITTING THROUGH ENTIRE MEALTIME, FIDGETS, SQUIRMS, CHANGES POSITION FREQUENTLY.**

1. Stand while eating or kneel stand.
2. Do not have child come to the table until dinner is served.
3. Allow for "run around" break between main meal and dessert.
4. Use a Tripp Trapp chair or put something under the child's feet for good support.
5. Have the child jump on a trampoline prior to meals.

#### **CHILD DAWDLES AND DOESN'T EAT DURING MEALS. CHILD MAY ALSO TALK AND NOT EAT.**

1. Use a timer.
2. Use breaks for "talking" after a bit or several bites.
3. Cut down on distractions.
4. Discuss with teacher the possibility of having a snack later on in the day if the child is unable to finish lunch.

#### **CHILD FREQUENTLY KNOCKS OVER GLASS WHEN EATING.**

1. Put the glass in a soft, foam drink holder to provide extra cues when holding the glass or picking it up.
2. Provide the child with a place mat that has the top marked for the glass. By only saying "top" the parent can remind the child to put the glass as it will not be knocked down. This minimizes the child's embarrassment at being reminded in front of others.

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<sup>46</sup> A Course By Anita Bundy, ScD, OTR/L, FAOTA (May 30, 1992), Sponsored by: The Shriver Center Occupational Therapy Department, Waltham MA.

## **LOW TONE CHILD WITH FEEDING PROBLEMS**

1. One therapist found that spicy foods helped the child get better lip control. As an example, she used Cheetos or similar type food to stimulate the sides of the tongue for better tongue movements and to prepare the mouth for other foods.
2. A low tone child who eats slowly might take a "fast" lunch with him on field trips or days when lunch must be finished early. This might include Carnation Instant Breakfast or yogurt.

## **CHILD CRUMBLES FOOD, OR PUTS HAND IN MOUTH, PLAYS WITH FOOD FROM MOUTH AND/OR STUFFS MOUTH WITH FOOD.**

1. Reduce the quantity of food; use smaller pieces or bite size pieces such as teddy grahams. Cut sandwiches with cookie cutters so they are smaller.
2. Use smaller utensils.
3. Provide another tactile activity on the table while the child is eating so his/her hands have something to do other than play with food. (Might give him a wash cloth or napkin to play with).
4. Use a behavior mod. approach with a "sensory" reward for appropriate eating, additional sensory input in inappropriate ways.
5. Provide the child with a fork with a uniquely textured handle so he/she holds the utensil rather than playing with food.

## **CHILD WHO IS HAVING TROUBLE USING UTENSILS.**

1. Instead of doing hand over hand, press up on the utensil from the bottom as you help the child to increase the proprioceptive/tactile input.
2. For the child who is having difficulty learning to use stencils because of a developmental delay and/or refusal to hold the spoon, try tying the utensils to the child's hand so he/she only has to practice hand to mouth movement. Grasp will come automatically once this pattern is learned. If the child does not like the feel of the spoon in his/her hand, the therapist might pad the spoon. Also the therapist might want to tie the spoon so the child can not shake or pull the spoon out of his/her hand. As you are assisting the child, do not hold the child's hand, rather hold the protruding tip of the utensil, and if necessary assist at the child's elbow-use as little sensory input of your hands on the child's hands or arm as possible. Let the child do as much of the activity as possible – e.g. once the spoon is on the way to the mouth reduce/take away your cues. It was suggested that the therapist/family use a large bowl filled with foods with a consistency that will stick to the spoon (e.g. pudding, food mixed with mashed potatoes). The bowl is filled with more food than the child will eat so he/she continues to have the feel of the spoon leaving the bowl and does not yet have to learn to scoop. The therapist let the spoon "sink" into the food and then encourages the child to lift the spoon to the mouth (often by tapping up on the child's hand or arm). The change in resistance when the spoon leaves the food provides feedback to the child.

As the arm returns naturally to the table after leaving the mouth, the therapist moves the bowl to meet the spoon. Do as little hands on as possible and make sure the child is doing at least the hand to mouth part him/ herself. Children who are having difficulty learning to use utensils often rely on outside sensory input; it becomes part of the child's motor plan and can markedly delay acquisition of self-feeding.

### **CHILD DROOLS.**

1. Chew Bazooka bubble gum or a "chewy" (rubber tubing) which offers lots of resistance. (Children who drool often have low tone and/or poor modulation of sensory input.)
2. Have a small mirror on the child's desk as a visual cue to swallow.
3. If child drools when he/she sits to work, try placing work on a vertical surface so the child's head remains up and it is easier for him/her to control the flow of saliva.

### **CAREGIVER TENDS TO OVERREACT TO SPILLS CAUSING THE CHILD STRESS.**

1. Emphasize that it is not the spill that counts; it is what you do about it. Do not assume the child can figure out how to clean up. Help the child acknowledge the spill and learn the steps.
  - a. Clean up with the child (verbalizing steps may help)
  - b. Talk child through the process, decreasing the amount of instruction as the takes over.
  - c. Encourage the child to clean up independently; praise liberally but honestly.

## **DRESSING**

### **CHILD TAKES TOO LONG TO DRESS IN THE MORNING.**

1. Provide sensory input first thing in the morning. (The hypothesis is that some children seem to need increased sensory input to get up and "organized" in the morning).

Suggestions included:

- Joint compression
- Use of vibrator on limbs
- Hot or cold shower (whichever seems to be most effective with that child)
- Dry off with a brisk rub

2. Lay out the child's clothes at night in that order they are gone on. On therapist suggested putting pegs on the wall and hanging each article of clothing on a peg in the order clothes would be put on.
3. Have the child make a dressing board which shows the pictorial sequence for dressing
4. Buy fastener free clothes.
5. Put on a timer. The child earns rewards if he/she gets dressed at or before the timer goes off.

#### **CHILD CAN NOT TIE SHOES.**

1. Take two different colored shoe laces and tie them together. The therapist can then use the two different colors to cue the child.
2. Have the child practice tying on his/her thigh so he/she can see the process better.

#### **CHILD IS BOTHERED BY FEEL OF SOME CLOTHES.**

1. Use a body suit under clothes.
2. Provide socks that are tight around the ankle.
3. Silk underclothes

#### **TOILETING/BATHING/BRUSHING TEETH**

#### **CHILD HAS DIFFICULTY WITH HAIR WASHING.**

1. Wash hair with a wash cloth.
2. Have the child hold a wash cloth over his/her face as the head is tilted back and water poured over the hair.
3. If the child is gravitationally insecure they may be fearful of tilting the head back. Have them lean forward and use a head cuff with a visor to keep water from their face.
4. Some children who have very poor balance or children/adults that are gravitationally insecure may find it very difficult to stand in a shower with their eyes closed. If this is felt to be true, the child can use a hand held shower spray and sit or kneel (may want to kneel on a wash rag or small towel).
5. Have the child hold the hand held shower spray or wash his/her own hair so he/she has some control over the hair washing process.
6. Some children do better having their hair washed when standing over a sink
7. Many children are very uncomfortable with the feel of wet hair on their face or water dripping down their face from the hair. If the child is leaning over, it is easier to place a towel around the wet hair to keep it off the face once it has been washed.

### **CHILD HATES SHOWERS**

1. Stand outside shower and wash with wash cloth.
2. Attach a hand held shower spray to the shower head

### **CHILD WILL NOT USE THE TOILET AT SCHOOL**

1. Have the child start by using the teacher's bathroom or the bathroom in the nurse's office
2. Have the child wear headphones or ear plugs when going to the bathroom, particularly if the child is sensitive to the noise in the children's bathroom at school (School bathrooms often magnify sound).
3. If the child is having difficulty with the fasteners on his clothes and this is felt to be one of the problems, talk with parents about alternative pants or slacks that push off and on.

### **CHILD DOES NOT SEEM TO RELAX WHEN SITTING ON THE TOILET.**

1. Provide toys or books to read to promote relaxation
2. Provide a foam cushion for the child to lean back against to minimize need to contract muscles to stabilize self.
3. Put a foot stool under the child's feet to help with stabilization.
4. Put a mirror on the door to help remind the child to relax.
5. Run water or have the child drink water
6. Use a soft toilet seat cover
7. Relaxation activities.
8. Check child's diet to make sure there are no dietary causes or if a change in diet would be helpful.

### **BRUSHING TEETH IS A PROBLEM.**

1. Use a vibrating tooth brush.
2. Experiment with different tooth pastes.
3. Try to break down the aversion to the tooth brush by having the child brush with peanut butter or other preferred foods as a game.
4. Use ice or pressure to the mouth first to reduce the hypersensitivity.
5. Place a mirror at sink level so the child can watch him/herself and/or the caregiver brush their teeth.

### **CHILD WILL NOT WASH HANDS.**

1. Try Crazy Foam, scribble sticks or small guest size soaps of interesting shapes. Give the child fun shaped sponges to use.
2. If the hands are sensitive try pretend hand washing or play in a rice box.
3. Try a loofah sponge.
4. Have the child begin by washing objects.

### **OTHER ADL PROBLEMS/IDEAS**

### **CHILD PERFORMS ADL TASKS AT SCHOOL BUT NOT AT HOME.**

1. Videotape the child for the parents so they can see how the task is done at school.
2. Ask the parents to fill out a check list to find out how the child is performing at home.
3. Find out the parent's priorities.

### **CHILD DOES NOT LIKE/REFUSES TO HAVE HAIR BRUSHED.**

1. Use a hair pick instead of a hair brush.
2. Have the child brush his/her own hair and firmly place your hand on the place on the child's head he/she is to brush next.

### **MOTOR PLANNING PROBLEMS SEEM TO BE MAKING HAIR BRUSHING DIFFICULT.**

1. Teach the child to turn his/her hand to brush the sides. (Child may not do this automatically.)
2. Use a double mirror so the child can see the back of his/her head.

### **CHILD DOES NOT LIKE/REFUSES HAIR CUTTING.**

1. Try cutting the child's hair when he/she is asleep/
2. (see \*1 below).

### **CHILD DOES NOT LIKE/REFUSES TO HAVE HIS/HER NAILS CUT.**

1. Recite nursery rhymes or silly poems with the child, clipping once after every line, e.g. "Jack and Jill went up the hill." (clip) That way the child can anticipate each clip.
2. Try clipping the child's nails when he/she is asleep.

### **CHILD IS BOTHERED BY THE SOUND OF THE HOUSEHOLD APPLIANCES.**

1. Alert the child and let him/her see what you are doing so the child can prepare him/herself for the sound.
2. Give the child some control and let him/her press the button.
3. Use items on lower speeds first since this is often a less irritating sound.
4. Use of ear molds found in drug stores. The therapists who offered this suggestion said the child she worked with, had to accommodate to the ear plugs since he/she was also tactile defensive, but eventually was able to wear them.

### **CHILD'S ROOM IS ALWAYS MESSY.**

1. Richard LaVole suggests that some children may not remember what their room looks like when it is clean. Take a picture of the room from several angles and hang them on the wall for a comparison. If the child needs additional assistance try asking, for example, "what is different about your bed and the picture?"
2. Montessori suggested placing several small baskets on low shelves for the storage of toys.
3. Rotate toys not in present use out of circulation to reduce the potential amount of mess.
4. Establish the "one toy" rule. The child can play with only one toy at a time and must put it back before selecting another one. This may be better as a periodic, rather than a permanent solution.

### **CHILD CONTINUALLY PERSTERS PARENTS ABOUT "HOW LONG" BEFORE A PARTICULAR TELEVISION SHOW COMES ON.**

1. Some children have a poor perception of the passage of time. "in ten minutes may not have meaning for them. Provide the child with a timer, preferably one where the child can see how much time is left, and set it for the length of time before the television show is to come on.

## SLEEP/BED TIME

### **CHILD HAS DIFFICULTY SLEEPING AT NIGHT.**

1. Have the child sleep on lambs wool or a down comforter. (This "neutral" warmth seems to be relaxing.)
2. Establish a bed time routine that includes relaxing activities such as warm bath, rocking.
3. Use flannel sheets.
4. Try sleeping with a weighted or heavy blanket. One therapist said that she had a child that slept with a blanket rolled up and placed over the child's shoulder. (Firm pressure can also be calming and relaxing.)
5. Try a water bed.
6. Use bed rails for the child who is gravitationally insecure and may fear falling.
7. Use of sleeping bag that gives the child a confined space. Put some stuffed toys in the sleeping bag. This may be good for the child who is having trouble organizing getting to sleep (often these children will also be tactile defensive) or the child who feels he is "floating" when he begins to fall asleep.
8. Have the child sleep on a velour towel.
9. Sleep in tights or "long johns" that are tight and give touch pressure.
10. One therapist mentioned sleep problems need to be kept in perspective since they are common for all children at certain development ages. Do not over intervene since child may not learn to get to sleep by him/herself. Help parents stick to a schedule and not pick up the child when he/she cries, but just go in to let child know you are there.