Strategies for Caring for Children with Sensory Integration Issues*

SCRIPT

Introduction

Welcome to “Strategies for Caring for Children with Sensory Integration Issues.” This 2-hour course is part of a series of online trainings designed to help you, as child care providers and directors, to gain a better understanding of how to create an inclusive child care environment for infants and toddlers. Every day we use our senses to learn from each other and our environment. Our senses not only help us understand the world around us; they actually help shape our behavior. For example, if we see and feel snow, we know we need to put on a coat and boots before we go outside. However, if we see the sun shining brightly and feel its heat, we are more likely to put on a tank top and sandals. It all seems so simple, right? Our senses help us to safely learn and explore the world. But what happens when our senses mislead us?

The purpose of this course is to explore how sensory processing, sensory integration, and sensory processing disorders (SPD) can affect a young child’s development. As we progress through the course, we will discuss specific strategies that you can use to help children with sensory integration issues reach their full developmental potential.

Learning Objectives

By the time you complete this course, you should be able to:

- Identify the human senses and describe how each sense can positively affect a child’s development,
- Define sensory processing, sensory integration, and sensory disorders and explain how they affect the quality of care you provide for children in your program,
- List three steps you can take to meet the needs of infants and toddlers with sensory issues, and
- Explain some specific techniques to support children with sensory processing issues.

Defining Sensory Processing

The Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) recently issued a joint position statement that defines early childhood inclusion. It states that “Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.”
As described in this statement, one of the primary goals of inclusive child care is to help all children reach their full potential. This includes infants and toddlers who are experiencing sensory integration issues. The purpose of this course is not to help you become an expert on diagnosing a child with a disorder, but rather to become more aware of how to help children with sensory issues. If a child in your care has been diagnosed with a sensory disorder, or is suspected of having sensory processing delays, it is imperative that you work as a caring partner with his parents, Individual Family Service Plan (IFSP) team, early childhood specialists, therapists, and healthcare professionals.

Working with the IFSP team is a great resource for you in meeting a child's needs. The child's parents can invite you to attend an IFSP meeting or request that an IFSP team member visit their child while in care and offer suggestions for improving the child's participation or addressing your concerns. In order to attend an IFSP meeting or consult with any of the team members, you must have written permission from the child's parent or guardian. Some parents may not realize that you would be open to an invitation to an IFSP meeting or welcome an IFSP team member in the classroom. Take the time to explain to parents of children with disabilities how your participation can enhance their child's experience in the child care program. Some parents may choose not to include you on the IFSP team. This can happen for a number of reasons, and is entirely the parent's choice. If that is the case for a child in your care, work to build a positive, trusting relationship with the parents and request information directly from them about how you can best serve their child's needs.

Let’s begin our discussion of sensory issues by examining some very important terms. What exactly is sensory processing and why is it so important? **Sensory Processing** and **Sensory Integration** are terms that are often used interchangeably. They refer to a neurological process by which our brain takes in sensory input and interprets this information for use. We receive our sensory input in many different ways. For example, an infant can receive visual input by looking around the room. However, how much input, what kind of input, and how usable the input will be depends upon the child’s stage of development. Imagine a one-month-old infant. Typically, he will respond to black and white patterns more than solid colors. However, when he is around four months of age he will be able to better see and differentiate primary colors. As he grows older, he is not only categorizing the colors, but will also want to track brightly moving objects.

Some important terms pertaining to sensory input include **Visual, Auditory, Gustatory, Olfactory, Tactile, Vestibular, and Proprioception**. At a young age, we were all taught five main senses; sight, sound, taste, smell, and touch. The terminology used in research for these senses are Visual, Auditory, Gustatory, Olfactory, and Tactile. Let’s takes several minutes to explore each of these senses as well as a few others in greater detail.

**Systems in Sensory Processing**

**Visual**, of course, refers to a child’s sight. Visual processing includes the child’s ability not only to see, but also to discriminate between different sights and successfully respond to those sights within the environment. A child’s **Auditory**, or sense of hearing, helps him discriminate sounds
and create meaning from those sounds. Children can be hypersensitive (which means overly sensitive) and hyposensitive (which means under sensitive) to different sights and sounds.

The **Gustatory**, or sense of taste, as well as the **Olfactory**, which refers to the child’s sense of smell, help support the child’s ability to perceive, discriminate and respond to different tastes and smells. The senses of taste and smell contribute to a child’s health and safety. For example, a child may cry and refuse to drink his milk if it has soured. Again, children can be hyper or hyposensitive to different tastes and smells.

The **Tactile**, or sense of touch, refers to the child’s ability to recognize the amount of pressure from touch, temperature, and pain. Children vary in the amount and type of touch they prefer. For example, some infants prefer to be held continually, while others prefer to lie in a crib or on the floor instead.

In addition to the visual, auditory, gustatory, and tactile senses, there are two gravity senses: **Vestibular** and **Proprioception**. These systems provide input about our movement. For example, the **Vestibular system**, which originates in the inner ear, is the sense of movement that helps us understand gravity and its effect upon our bodies. The vestibular system helps us recognize if we are moving or not, the rate in which we are moving, and in what direction we are moving. The Vestibular system helps children develop eye muscle control, visual perception, balance, coordination, and attention span.

The **Proprioception**, or muscle and joints, system relays information about our body’s position in the environment and how and when the position changes. It helps us decide if we are safe to move and if we feel comfortable in our movement. It helps children become skilled in complex movements and promotes coordination.

With each sensory input, there is an adaptive response that helps us function successfully within the world around us. Sensory processing is important to the development of motor skills, social skills, and cognitive skills (including one’s attention span). If a child is unable to successfully process all of the information or input, she is at risk of experiencing developmental delays, which could affect her ability to function efficiently within her environment. It is important to keep in mind that all of us, at one point in our lives, have had sensory processing issues. For example, as we grow older we may have a more difficult time hearing certain sounds in a crowded area than when we were younger. This does not mean we have a sensory disorder! All of us have sensory preferences (such as the smell of lilacs over the smell of roses) as well as some level of trouble processing different stimuli (such as tasting certain flavors or hearing a low voice).

**Piaget and the Sensorimotor Stage of Development**

Whereas utilizing our senses effectively is important for all us, it is extremely important for infants and toddlers. Jean Piaget, a famous developmental researcher, described four stages within a child’s cognitive development. They include the Sensorimotor stage, which lasts approximately from birth through age 18 to 24 months, the Preoperational stage, which lasts from about 24 months to 7 years, the Concrete Operational stage, which lasts from roughly ages
7 to 12 years, and the Formal Operational stage, which occurs in adolescence through adulthood. Although the ages are approximate and a child can be experiencing more than one of the stages at once, Piaget did believe you must complete each stage.

Think about the children in your care. Most of them will be in the Sensorimotor stage of Piaget’s model. Throughout this stage, infants and toddlers acquire knowledge through sensory experiences and manipulating objects. A child’s comprehension of his environment involves only perceptions and objects which the infant has directly experienced. He will concentrate on what he sees, touches, smells, hears, tastes, and interacts with in his immediate environment.

**Putting Theory into Practice**

All children, regardless of ability, need an environment that is conducive to learning. Infants and toddlers specifically need an environment that addresses each of the senses and creates a safe and enjoyable learning atmosphere. As a childcare provider, there are several ways to establish such an environment. For example, every child can learn through sensory play. Sensory play can help children in your care to improve their cognitive, fine motor, gross motor, social-emotional, and language skills.

Think of the children in your care. What Sensorimotor sub-stages are they in? Have you created an environment that meets the needs of each of the sub-stages? Let’s talk about some strategies you can use to make your environment sensory appropriate! The first step is to provide children with a large variety of toys and materials that are easily accessible. An infant’s environment should include an array of colorful object and noises. Remember, infants do not use just one sense at a time. In fact, from the moment they are born, they use all their senses simultaneously. Consequently, it is important to play games that include several different senses at once. An example of this may be holding and dancing with a child as you sing, “Your Are My Sunshine.” The baby is experiencing sound, touch, and movement all at the same time. Additionally, she is forming a bond with you!

Another strategy is to have a sensory corner. A sensory corner is a blocked off area that offers a variety of textures and soft surroundings. Soft music should be available and the lighting should be adjustable (from low to high). Simple actions can help stimulate a lethargic child. Let the child lie on a mat or folded blanket and place small pillows on top of his legs and feet.

Provide a sensory box that is filled with objects that have different textures and weights. Use a variety of objects such as a squishy ball, a smooth rock, a rough sponge, or fluffy fabric. Let the children discover all these “treasures.” Take the time to observe which texture is most pleasing to each child.

Another creative strategy is to have a movement area. Provide a space where children can rock in a chair, spin on a toy, or even bounce on a small trampoline. Provide instruments or music for the children to dance to. Get up and dance with them! Remember, they are learning through imitation.
Sounds can be a great way to learn as well. For example, create a sound match game. Cut and paste pictures of animals and other objects and glue them on to foam board. Make a recording of the various sounds, such as a quack for a duck or a beeping horn for the car, and let the children pick the picture that matches the sound.

Another example of being sensory appropriate is to create an environment with a variety of sensory play options. Provide a setting in which children in your care can explore all the elements. For instance, letting babies feel water (either by opening a water table or even having a small pail full of water and cups or containers to fill and empty) can be calming to some children.

Another element, such as earth, can be a great way for children to explore different textures. For example, using dirt to “cover” up small toys or items for the child to find is great fun and helps the child learn to problem solve. You can even add water to the dirt and let them play in the mud! If this is not possible in your center, pudding can be used as well if you have a child who tends to put everything in his mouth!

Some children are very sensitive to temperature. Let the children in your care experience different temperatures by having different wash cloths for them to feel. Let each child feel the cloth and talk about how cold it is or how warm it is. Observe which ones they prefer!

Finally, a child can explore air in many ways. Have a child-safe fan available to turn on and let the children stand in front of the air. Talk about how it can “tickle,” how cool it is, and even how loud it is! Encourage the children to babble or sing in front of the fan. Keep in mind that every child needs to be well supervised during sensory play. Be cautious of the materials you use. Ask yourself these questions. Are they developmentally appropriate? Is any child allergic to any of the items used? Do the materials meet your licensing regulations? Creating an environment that is sensory appropriate can be simple and fun. However, remember the key is to make the environment sensory appropriate for each individual child and this will require some planning. For example, some children will prefer loud music, while others will need to have soft music or no music at all. There will likely be some children who may not be able to process their senses effectively. As a caregiver, what do you need to know and do to help meet these children’s needs?

The first step is to learn more about sensory processing disorders and how they can affect the children in your care.

**Three Patterns of Sensory Processing Problems**

Poor sensory processing can affect all developmental domains (cognitive, social emotional, motor, speech and language, and adaptive). There are three main patterns of sensory processing problems that you may see in the children you care for: over-responsiveness, under-responsiveness, and sensory seeking. Over-responsiveness occurs when a child is sensitive to, or avoids a particular sensation. An under-responsiveness pattern, on the other hand, happens when a child may be unable to recognize the sensation unless it is intense. In such cases, it appears that the child does not register the sensation. Often, this child may seem lethargic. The final pattern
is sensory seeking. A child who is sensory seeking may excessively desire a specific sensation, such as the feeling he gets when sucking on a pacifier. The same child may refuse to try something new (such as a new food) because he seeks the specific sensation that he gets with the pacifier.

[Activity: Understanding My Sensory Preferences]

Now that we understand the different types of sensory inputs that each of us receive on a daily basis, let’s take several minutes to explore our own personal preferences. Using the activity “Understanding My Sensory Preferences,” please write down a personal preference for each section. For example, under Visual, some of you may write that you prefer a brightly lit room. After you complete your preferences for each section, reflect on how you and your family meet your personal needs. For example, if you wrote that you prefer bright lights when in a room, you might write down that you have three extra lamps in your living room in addition to the overhead light. Once you have identified your preferences and how you meet those needs, reflect on how you would feel if those needs were not being met. What emotions would you experience? How would your behavior change? Take the time to write down your reflections. Perhaps this will consist of using words such as frustrated, irritated, distracted, anxious, angry, or even confused. These emotions or behaviors are often apparent when our sensory needs are not being met!

As adults, most of us can regulate our emotions when we are frustrated, anxious, or in pain, but it can be still be quite a challenge. This process is even more difficult for infants and toddlers! Not only do they have to learn their individual preferences, but they also have less control over how to meet those needs. For example, an adult can choose to turn on more lights, but an infant is dependent upon adults to do it for her.

Sensory Processing Disorder

What does it mean if a child is unable to utilize the input from his environment? Does he have a sensory processing disorder? Perhaps, but perhaps not! The Sensory Processing Disorder Foundation defines SPD as “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 taste, smell, sight, sound, touch, and the movement senses (vestibular and proprioception), thus leading to problems with completing daily activities. Motor clumsiness, behavioral problems, anxiety, depression, school failure, and other impacts may occur if the disorder is not treated effectively.

Let’s talk about what sensory processing disorder may look and feel like. Imagine yourself trying to talk to your supervisor. She is explaining to you what you need to do differently to keep your job. Unfortunately, you are hypersensitive to light and sound. Thus, you are unable to concentrate because the light in the room is flickering. This is making you very nauseous. Additionally, the light appears to be buzzing. It seems everyone and everything in the center is too bright and loud! You like your job and want to be the best provider possible, but it is very hard when you cannot concentrate enough to grasp what she wants you to do. It’s just so frustrating! You try to explain to your boss that you are trying, but she just “hears excuses” and doesn’t really understand how you are affected. You just want to cry. Instead, you march out of
the office and slam the door! Remember, sensory processing disorder isn’t just about being aggravated, but it is about functioning within society. The hypersensitivity you were experiencing was causing you to function inefficiently in your surroundings and was affecting your emotions and behavior.

What does a sensory processing disorder look like in an infant or toddler? Let’s look at some examples. First, some children present Sensory Defensiveness. Sensory defensiveness is when a child is defensive to and negatively impacted by stimuli that wouldn’t bother most of us. For instance, a child in your care may become overwhelmed and cry if music is played loudly. The rest of the children may love the excitement of the song and the change in the environment, but not the child who is sensory defensive. He may become anxious, frustrated, and irritable.

Sensory defensiveness is one way to recognize if a child is dealing with sensory issues. For example, an infant or toddler with visual sensory symptoms may be sensitive to bright lights and may cover his face constantly. He may seem to have trouble focusing on and tracking objects. Additionally, he may avoid contact and refuse to go to certain people. Keep in mind that the opposite of each one of these may also be true. It depends on whether he is hyper or hyposensitive to the stimuli. In fact, some children may by hypersensitive to sound but hyposensitive to noise. Consequently, it may be hard to recognize SPD. It is a very individualized disorder!

A child whose is dealing with auditory sensory challenges may have difficulty identifying people’s voices. She may make loud noises constantly, such as babbling or crying, and may be in perpetual movement when making the noises. Some children may seem confused about where a particular sound is coming from. Others may be irritated by loud or soft noises (again - this is dependent on whether the child is hyper or hyposensitive).

When it comes to taste, or gustatory senses, a child may have difficulty sucking, chewing or swallowing. He may seem to choke often or gag when he is eating textured food. He may be very selective in the foods he will eat, such as only eating hot or cold food or only certain spices. Finally, he may chew on his hair, shirt, and/or fingers.

If an infant or toddler’s olfactory sense, or sense of smell, is hyper- or hyposensitive, she may be irritated by specific scents such as perfumes, cooking smells, and/or bathroom smells. She may choose to go to or not go to someone based on her smell. Smells that do not seem to bother others may cause an extreme reaction from her. Conversely, smells that are obnoxious to most people may not be to her.

The sense of touch, or the tactile sense, is often the easiest to observe. For example, a baby who has trouble processing tactile input may become very upset when his diaper needs to be changed or even when you are changing the diaper. He may become irritable when he is being dressed and may not like wearing clothes! He may not like having his face or hands washed (or he could love it). Finally, he may avoid touching people and dislike hugs and kisses, or he may actively seek out your touch.
If a child is challenged in the vestibular area, he may dislike baby swings and jumpers. He may have an aversion to being placed on his stomach and become extremely fussy during tummy time. He may loath heights and may be unable to sit still.

Lastly, if a child is challenged in the proprioceptive area, he might prefer to be swaddled tightly. A challenge in this area could manifest itself in the child banging his toys and objects excessively, and in using too much force whether walking, playing, or even closing the door. Additionally, he might suck on his fingers, clothes, or toys in an excessive manner.

**Sensory Processing Disorder Diagnoses**

Again, let’s remember that each of us have had, at one time or another, difficulty processing information that overwhelms our senses. An official diagnosis of a sensory processing disorder, however, is a different matter and is based on several factors. These include the frequency of the reactions, the intensity of the reactions, the duration of the reactions and the negative impact one’s reactions have on his or her ability to function efficiently within the world.

Parent surveys, clinical assessments, and laboratory protocols are used when diagnosing a child with a sensory processing disorder. Diagnosing SPD is very complex and can be controversial. For example, it should be noted that the *Diagnostic and Statistical Manual* (DSM-5) (a manual written by the *American Psychiatric Association* (or APA) that indicates the standard classification and diagnostic criteria of mental disorders used by mental health professionals in the United States) does not recognize Sensory Processing Disorder as a stand-alone disorder. To clarify, the APA does recognize that sensory processing is important and it does note sensory features as part of autism spectrum disorders. The labels hyper-sensitivity (Sensory Over-responsivity) and hypo-sensitivity (Sensory Under-responsivity) are used to describe symptoms that are often associated with sensory processing disorders. Many professionals and parents alike are working hard to have Sensory Processing Disorder recognized as a stand-alone disorder.

However, Zero to Three’s *Diagnostic Classification of Mental Health in Developmental Disorders in Infancy and Early Childhood* recognizes SPD as Sensory Processing Disorders of Regulation, a diagnostic category for infants and toddlers. Additionally, the *Diagnostic Manual for Infancy and Early Childhood*, a publication of the Interdisciplinary Council on Developmental and Learning Disabilities, describes sensory processing disorder as “Regulatory Sensory Processing Disorder.”

Remember, as far as the care you provide for infants and toddlers is concerned, a diagnosis is not the most important factor. In other words, you should be individualizing your care to best meet the needs of each child. It is important to gain as much knowledge as possible about sensory processing disorders, but it is more important to understand the child’s needs and to partner with his other supporters.

**Possible Causes of Sensory Processing Disorders**

Just as defining and diagnosing a sensory processing disorder is a complex process (and is still a work in progress), so is understanding and identifying the possible causes of sensory processing...
issues. There are many possible reasons that a child might process information less efficiently than other children. These include:

- If the child was born prematurely,
- If the child has a neurological diagnosis such as cerebral palsy or under-developed or missing areas of the brain,
- If the child has been diagnosed with Down Syndrome, failure to thrive, and/or Autism Spectrum Disorder,
- If the child has been diagnosed with a feeding disorder,
- If the child has been chronically ill,
- If the child has been exposed to drugs,
- If the child has been living in an unsafe or poor learning environment,
- If there is a poor Goodness of Fit with caregivers,
- A child’s genetics, and even
- Reasons beyond our current understanding.

It is important to keep in mind that every child is unique. Just because a child has experienced one or more of these situations does NOT mean that an SPD diagnosis is warranted.

To summarize, the lack of consistent diagnoses, definitions and criteria, the vast list of possible causes of sensory processing disorders, and the various ways they can present themselves, provide us several important points to remember. Sensory processing issues are complex and there are many possible reasons for a child to have poor sensory processing. Whereas it is not your place as a caregiver to diagnose a sensory processing disorder, it is also not your place to guess the cause of any type of delay or disorder. Rather, it is your responsibility to learn about the child’s needs and address those needs when the child is in your care.

Let’s now turn our attention to how you can help a child with sensory processing needs. Please refer to the handout “Sensory Processing Checklist.” This document contains a series of questions that have been adapted from a symptoms checklist developed by the Sensory Processing Disorder Foundation. In a moment, we will read through each of the questions together. Before you respond to each of the items, think for a moment about a child who is currently in your care. As we read through each question, if the answer is “yes,” place a checkmark next to that particular item. Let’s begin…

[Activity: Sensory Processing Checklist]

- Does this infant or toddler have difficulty eating?
- Does this infant or toddler reject any adults except his parents or familiar caregivers?
- Does this infant or toddler have problems falling asleep or staying asleep?
- Does this infant or toddler become extremely fussy when she is dressed?
- Does this infant or toddler seem uncomfortable in clothes?
- Does this infant or toddler seem to hardly play with toys, especially those requiring specific skills?
- Does this infant or toddler have difficulty concentrating or shifting focus from one object or activity to another?
Does this infant or toddler appear not to notice pain or respond slowly when hurt?
Does this infant or toddler resist snuggling or arch his back away from the person holding him?
Does this infant or toddler appear to have trouble calming himself by using common soothing mechanisms like sucking on a pacifier, looking at toys, or listening to the voice of a familiar caregiver?
Does this infant or toddler have a “floppy” body, seem clumsy, and/or have poor balance?
Does this infant or toddler do far less babbling or vocalizing than would be expected for a child his age?
Is this infant or toddler easily startled?
Is this infant or toddler extremely active and constantly moving his body and/or limbs?
And,
Does this infant or toddler seem to be delayed in crawling, standing, walking, or running?

Look back at your checklist. Were there any questions that you answered “yes” to? If so, as a caregiver, what can you do to meet the child’s needs? Let’s explore our options!

**Three Strategic Steps**

There are three strategic steps you can take to meet the needs of a child with sensory issues. They are to Educate, Connect, and Contribute. It should be noted that the strategies we will discuss are applicable for ALL children in your care. Remember, a child may or may not have a diagnosis; however, she will still have sensory needs. High quality care requires that you meet those needs to the best of your ability – for all children!

**Education** is the first step to helping a child with sensory issues. Take the time to learn about sensory processing and how you can help a child address his sensory needs. By completing this course, you have already started applying this strategy. The more you learn about sensory processing, the more you can help the infants and toddlers in your care. There are several books that are available for you to read, as well as several researched-based websites that can help you promote positive sensory processing for all children in your care. Please refer to the handout “Resources” for a list of recommended books and websites that deal with sensory issues in young children. Furthermore, the child’s IFSP team should able to provide you with information that is specific to the child in your care.

It is important not only to learn from books and websites, but also from the child! Remember, each child is an individual and sensory processing is very distinct. Use the sensory processing checklist to learn more about each of the children in your care. While the checklist is not meant to be used to formally diagnose sensory disorders, it is a wonderful way to learn about each child’s sensory needs.
Take a look at the checklist questions again. Let’s imagine that you answered “yes” for a child who has issues with sleeping. For the purpose of learning together, let’s call this child Mike. We will continue to talk about Mike as we explore more concepts.

What are some simple things you can do to meet Mike’s sensory needs related to sleep while he is in your care? The first step is to define what you mean as “having problems falling or staying asleep.” Document specifics! Take the time to look at sensory processing disorder and sleep resources and then let Mike educate you. You will need to document what specific sleep difficulties he may be experiencing by looking for patterns and observing his behavior. This will enable you to individualize his care.

The second strategy is to Connect. How you connect with a child with sensory needs is very important. Understanding the best way to communicate your wishes to a child is imperative. For example, does Mike respond to a quiet voice? Does he respond to an auditory cue such as soft music indicating that it is naptime? Would a tactile cue such as rocking help him to go to sleep? Again, documenting what works is an essential step in meeting his needs.

Another step involved in connecting is to talk with Mike’s parents and, if he has a diagnosed disability, his IFSP team. Discuss your observations and ask them what strategies they recommend to help him with this issue. For example, it may be that the more consistent his sleep environments are, the more likely Mike will be able to sleep. After documenting his sleep patterns, and sharing and discussing his sleep patterns with his parents and IFSP team, it is time to purposefully Contribute to his sensory processing by creating an action plan.

Sensory Processing Action Plan

A sensory processing action plan is not only beneficial to Mike, but also to you! It allows you to become a partner in the child’s future. An individualized action plan is one step closer to helping the child be happy and healthy. Each action plan is actually a gift of control for the child. At the beginning of this workshop, you explored your sensory preferences and the actions you take to meet those preferences. You can help create an environment that meets the sensory preferences and needs of each child in your care by collaborating, connecting, and partnering with parents, IFSP teams, and physicians.

The first phase in a sensory processing action plan is to delineate which sensory processing need you are targeting. Let’s continue with our example about Mike, who has problems falling asleep or staying asleep. Such a broad statement gives you a starting place, but you need much more information to be able to meet Mike’s sensory needs. For example, does he struggle to fall asleep, but can sleep for long periods once he settles down? Or, is it the opposite? Does he fall asleep quickly, but is unable to sleep for a long period of time? Or, does he indeed have trouble falling and staying asleep? Keep in mind that the targeted sensory need should be specific. For example, a targeted need may be stated in the following way: “Mike will be able to sleep for longer than 30 minutes at a time.”
Imagine if a child could fall asleep quickly, yet wakes up within thirty minutes! Can you envision the developmental consequences poor sleep may cause? Remember, sensory processing needs can affect all developmental domains. Consequently, each targeted need must be based on the individual developmental needs of the child. Targeted needs also must correspond with the environmental limitations and regulations. For example, does the sleep area meet ADA guidelines and/or licensing requirements? Do you have the time, ability, and staff to target this need? Finally, a targeted need must be a mutually agreed upon goal. Parents, the IFSP team (if applicable), as well as all caregivers who work with Mike regularly, should have input on the targeted need.

The next step in sensory action planning is to identify and document strengths that can be utilized to address the sensory need. Recognizing the strengths available to you and the child helps you plan a sound strategy to meet the sensory need. Strengths should be child-oriented and address a child’s development within other domains. Strengths can also be caregiver-oriented, such as your comprehension of the importance of sensory processing, your willingness to help the child with his sensory needs, and your strong partnership with the child’s parents and IFSP team. Finally, strengths could also be environmental. Environmental supports can include licensure regulations and ADA requirements, or materials or equipment readily available to you in your program.

As you carefully observe a child and are identifying the child’s sensory needs and strengths, consider whether the child is exhibiting any patterns of response to sensory input. Each of us exhibits a sensory pattern. For example, before you took your first sip of coffee this morning, did you blow on it? When you got into your car, did you immediately turn on the radio? Although these behaviors seem inconsequential, they actually are very important. Each behavior is a sensory processing clue. Perhaps, you are orally hypersensitive to hot temperatures. Or, you may need background noise, such as the car radio in order to focus on your driving. Observing sensory processing clues and patterns can help you become proactive in meeting a child’s sensory needs.

Observations should be purposeful and include questions such as:

- What is the child’s present behavior?
- Is there a certain time during the day that the behavior is present?
- How long does the behavior last?
- What is the intensity of the behavior, and can the child regulate that intensity?
- Does the environment affect the behavior?
- Is there a specific person or object that is involved in the behavior?
- Does there seem to be a specific reason for the behavior? For example, is the child hypersensitive to sound or temperature?
- Finally, how can the child’s sensory pattern help you choose an appropriate action or strategy to meet the child’s sensory need?

Let’s go back to our example of Mike sleeping for more than thirty minutes at a time. After asking the above questions, let’s imagine that Mike is able to fall asleep quickly, but typically wakes up within thirty minutes. You have noticed that Mike seems to sleep a little longer if the
room is cool. He does not seem to do well if he is hot. It also seems that noise does indeed bother Mike; specifically intermittent noise such as a knock at the door or the ringing of a telephone. A continual noise such as softly played background music actually seems to help Mike sleep. Finally, you realize that it doesn’t seem to matter who puts Mike in the crib; his sleep patterns do not seem to fluctuate. This is great information. Mike’s sensory pattern should be the blueprint for Mike’s sensory action plan.

Once you have identified the child’s sensory needs, strengths, and patterns, you are ready to select sensory actions that will, hopefully, more adequately meet the child’s sensory needs. Like sensory needs, the sensory actions you select to try to accommodate a child’s needs should be:

- Individualized,
- Developmentally appropriate,
- Environmentally appropriate, and
- Mutually-agreed upon by his caregivers and parents, and, if applicable, his IFSP team.

Returning to our example, Mike’s sensory pattern allows you to make some practical and easily achievable changes. Let’s say you move Mike’s crib farther away from the heating vent. Thus, Mike’s sensitivity to heat during naptime has been addressed. Additionally, in order to mask some unexpected noises such as a knock on the door, you could begin to play soothing music during naptime. When talking to Mike’s parents, you might find out that Mike’s mom has always played music when Mike is napping. She might tell you that Mike’s occupational therapist recommended it several months ago during a therapy session.

**Sensory Documentation**

As you implement the sensory actions from the action plan, you should systematically document the responses you observe in the child’s behavior and emotions, and his engagement with the environment. This documentation will help you determine whether or not the strategies you’re using are working. Together with the child’s parents, other caregivers, and, when applicable, his IFSP team, you can revisit the sensory action plan and decide whether to continue, change, or stop the application of a particular strategy.

Let’s consider another example. Imagine that Mike’s parents told the parents of another child in your care (Molly) about how you have helped Mike. Molly’s parents have asked to have a conference with you because they suspect Molly is having some sensory challenges. At the conference, you learn that Molly’s parents are currently having Molly assessed for possible developmental delays and hope to get some help from an IFSP team and her physician. However, they recognize Molly spends most of the day with you. They trust you and want to partner with you to meet her needs. Their first goal is to help Molly with crawling. She seems behind in the motor area.

Let’s review the three strategies. They are to educate, connect, and contribute. Molly’s parents are taking the time to get help (via a developmental assessment) to learn more about Molly’s needs. Your responsibility is to listen to what they and the IFSP team have to say, as well as to observe Molly’s strengths and needs. For example, is Molly able to follow directions? If Molly
is unable to follow simple directions, such as “Come to me,” she may have trouble learning via an auditory lens. Is she able to get into the crawling position? Is Molly having trouble with her sense of gravity (vestibular and proprioception)? Does she show an aversion to texture and temperature? If Molly is averse to cold, she may not attempt to crawl on a cold floor. Or, if she is tactile defensive, she may not attempt to crawl on a rough carpet.

Does Molly present a sensory pattern? After observing and documenting Molly’s needs and strengths and connecting with Molly’s parents and IFSP team, it is important to identify a sensory pattern. If it seems Molly does not like a cold floor but prefers to play on soft carpet, perhaps it would be important to address her crawling skills when she is comfortable on the carpet!

Another example of a possible pattern could be Molly’s inability to judge her body’s position and coordinate her movements. For instance, imagine Molly trying to reach for toys but it always seems she reaches too far to the right. How frustrating for her! However, it is a great clue for you! Talk to her parents and IFSP team and see if this is a pattern they see as well. It could be an issue with her proprioception and vestibular senses. To meet these needs, you can make sure Molly’s environment enables and encourages her to play with several different types of toys. It is especially important for Molly to have a chance to play with toys that can roll, be pushed or pulled, or move in other ways. Additionally, you want to be able to have Molly play in variety of positions. These may include tummy time, sitting, rolling, and standing.

A therapist can help you create a plan that addresses these senses and Molly’s needs. Document your observations, actions, and Molly’s reactions to continue to meet her needs as she grows.

It is exciting to see children in our care grow and develop. It is even more exciting to know that your hard work and commitment has made a positive impact. Sensory processing is important to all children and should be addressed in a mindful and respectful manner. It is imperative to offer all children a safe sensory appropriate environment that concentrates on all the senses. Caregivers should observe the children in their care to continue to meet their sensory needs. Additionally, in order to keep making positive impacts with children with sensory processing issues, we must always be moving forward. Consequently, we must take the time to learn from the individual child, the parents, the IFSP team, and any other available support systems to create an appropriate, individualized sensory plan. Moreover, caregivers, parents, and the IFSP teams should review the documentation and action plan periodically. Different sensory needs should be added (or subtracted) as required by the child’s development. And perhaps most importantly, caregivers and parents alike should continue to learn about sensory processing and work together to provide high quality caregiving that meets the child’s individual sensory needs. Remember, meeting the individual needs of each child is a prerequisite for high quality care – it is the right strategy for all children in your care!

Conclusion

In this course, we explored how sensory integration issues can affect the development of the infants and toddlers in your care. We began by identifying the various human senses, focusing specifically on how these senses can positively affect a child’s development. We defined some
basic terms that are important in a discussion of sensory processing issues in young children. We identified and described three concrete steps you can take to meet the needs of infants and toddlers with sensory integration issues. Finally, we explored some general strategies for helping children with sensory integration issues reach their developmental potential. The key points we would like you to “take home” from this course are:

- Children, with and without disabilities, process information using many different senses – sight, sound, taste, smell, touch, movement, and body positioning,
- There are three main patterns of sensory processing problems that you may encounter in the infants and toddlers you care for, including over-responsiveness, under-responsiveness, and sensory seeking,
- Diagnosing a Sensory Processing Disorder is a very complex process, and there are many factors that go into such a diagnosis. It is not your job to diagnose a disorder. Instead, you should be individualizing your care to best meet the sensory needs of every child in your care,
- The three strategic steps you can take to meet the needs of a child with sensory issues include: Educate, Connect, and Contribute,
- Finally, you can help create an environment that meets the sensory preferences and needs of each child in your care by collaborating, connecting, and partnering with parents and IFSP team members (if applicable) to help develop a sensory action plan.

Thank you for your participation in this course, and for your desire to provide quality inclusive care for all children.

This course was developed and produced by the Texas A&M AgriLife Extension Service of the Texas A&M University System in cooperation with the Texas Department of Family and Protective Services, Child Care Licensing Division, and using funds provided by the Texas Workforce Commission.

*We would especially like to thank Child Care plus+: The Center on Inclusion in Early Childhood at the University of Montana Rural Institute (http://www.ccplus.org) for allowing us to use and/or adapt content from their inclusive child care curriculum and other publications.
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