A Sensory Diet

Just as your child needs food throughout the course of the day, meeting his need for sensory input within the context of his daily routines will enable him to cope with the demands, stresses and strains of the challenges in a variety of environments.

Each child has a unique set of sensory needs. Generally, a child whose nervous system is on "high trigger/too wired" needs more calming input, while the child who is more "sluggish/too tired" needs more arousing input. A qualified occupational therapist can use her advanced training and evaluation skills to develop a good sensory diet for your child—or you!—but it’s up to you and your child to implement it throughout the course of the day.

The great news is that the effects of a sensory diet are apparent in a child’s increased tolerance for pain or a constant need for sensory stimulation. Treatment for Sensory Integration Dysfunction means; of the benefits of using a sensory integration framework in understanding their child’s behaviour. In other words, if your therapists is excluding you, blaming you, or using techniques that do not have measurable outcomes, you should consider looking for another therapist.

References

Ayres, A.J. 1972, Sensory Integration and Learning Disorders, Western Psychological Services, Los Angeles, California.


The very environment in which we live often seems hostile. I may appear withdrawn or belligerent to you but I am really just trying to defend myself. Here is why a “simple” trip to the shop may be hell for me:

My hearing may be hyper-acute. Dozens of people are talking at once. The loudspeaker booms today’s special…. Music whines from the sound system. Cash registers beep and cough, a coffee grinder is chugging….The meat cutter screeches, babies wail, carts creak, the fluorescent lighting hums. My brain can’t filter all the input and I’m in overload!

My sense of smell may be highly sensitive. The fish isn’t quite fresh, the man standing next to us hasn’t showered today…..the deli is handing out sausage samples, the baby in line ahead of us has a dirty nappy….they’re mopping up pickles on aisle 3 with ammonia….I can’t sort it all out. I am dangerously nauseated.

Because I am visually oriented, this may be my first sense to become over-stimulated. The fluorescent light is not only too bright, it buzzes and hums. The room seems to pulsate and it hurts my eyes. The pulsating light bounces off everything and disturbs what I am seeing – the space seems to be constantly changing.

There’s glare from windows, too many items for me to be able to focus (I may compensate with “tunnel vision”), moving fans on the ceiling, so many bodies in the store…today I can’t even tell where my body is in space.

All this affects my vestibular and proprioceptive senses, and now I can’t even see where my body is in space.

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Parental Involvement
Management of the condition should focus not only on the child, but also on the family (Myers & Johnson, 2007). Family-centred intervention, as opposed to purely child-centred treatment, thus focuses on addressing the child’s emotional dysregulation and challenging behaviour, since it affects the entire family’s quality of life (Cohn, Miller & Tickle-Degnan, 2000). It is essential that parents are actively involved in the intervention and when programs are coordinated and designed so as to encourage you to be involved – you should be learning all the procedures and coordinating your child’s program across every environment. You can’t do it if you’re being shut out. If a therapist tells you that you can’t watch the sessions or that your child does not like the programme, you should be actively involved in the intervention.

How could Sensory Integration Therapy assist my child?
The outcomes of occupational therapy can be assessed in the improvement in the child and family’s quality of life. Providing rich sensory opportunities in a playful context, with the “just right challenge”, which facilitates “adaptive responses” (Ayres, 1972) and changes in brain functions and behaviour, has been identified as a basis for therapy with these children. (Parham, 2002).

Sensory Integration (SI)
Occupational Therapists who have completed post—graduate training under a registered training body like SAISI in South Africa, or completed a postgraduate programme at a University which includes Theory, Testing, Interpretation and Treatment can provide Sensory Integration Therapy. However caregivers and educators in daily contact with children with sensory processing disorders need to be part of the therapeutic team, so that SI principles can be applied across all environments where children live, learn and play. They assist the therapist to identify disruptions in processing and then facilitate the child’s brain processes movement, touch, smell, sight and sound, and help him process these senses in a more productive way.

Occupational Therapy using a Sensory Integration frame of reference (OT-SI) concentrates on the sensory information processing system and the resultant effect on functioning in all areas. OT-SI does not teach skills, but rather enhances sensory processing abilities, facilitating generalisation so the child is more able to acquire higher-level skills. Sensory Integration principles are useful in teaching caregivers how to read their child’s signals so, might be used to help calm your child, or to help with transitions between activities.

Therapists begin with an individual evaluation to determine your child’s sensory preferences; under and over sensitivities, and motor planning abilities or weaknesses. The therapist then plans an individualized program for the child, matching sensory stimulation with physical movement, to improve the way the brain processes and organizes sensory information, and facilitating adaptive responses. OT-SI therapy often includes equipment such as swings, trampolines and slides.

OT-SI deals with lifestyle change and occupational performance issues early in life. OT-SI has the capacity to change the developmental trajectory of children with Autism (Thomas, 2009). This approach is more cost effective than funding intervention, welfare support or incarceration of people with disturbed or disrupted lives effective (Parham, 2002).

By reducing movement and tactile sensitivity, children are able to engage better with people and objects in their environment. Children who had OT-SI demonstrated reduced tactile, taste-smell, visual-auditory and movement sensitivity, and improved auditory filtering. Improved intersensory integration results in an increased ability to regulate emotions and sleep-wake cycles (Wallace, 2010). Increased taste discrimination results in increased interoceptive awareness and readiness for toilet training (Wallace, 2010).

Repetitive stereotypical and apparently aimless behaviours related to sensory seeking can be reduced by OT-SI, which helped children to get more intense feedback into their muscles and joints through appropriate activities. Children whose needs for movement/proprorpessive and tactile input are met, demonstrate less sensory seeking behaviour and are thus better able to filter information from their distal stimuli. Teachers find that they concentrate better and become noticeably more confident in the playground, enjoying swinging, climbing and riding scooters and tricycles.

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How to choose the appropriate combination of therapies?
The wide variation in presentation of the disorder and ever changing needs of the child with ASD make it challenging for parents to make informed decisions making therapy choices over the child’s lifespan. Autism remains a complex disorder that impacts each child differently. Children with autism have made remarkable breakthrough with the right combination of therapies and interventions. Most parents would welcome a cure for their child, or a therapy that would alleviate all of the symptoms and challenges that make life difficult for them. Just as your child’s challenges can’t be summed up in one word, they can’t be remedied with one therapy. Each challenge must be addressed with an appropriate therapy and then therapy works for every child. What works for one child may not work for another. What works for one child for a period of time may stop working. Some therapies are supported by research showing their efficacy, while others are not. The skill, experience, and style of the therapist are critical to the effectiveness of the intervention. Therapies are not always delivered in a “pure format.” Some intervention providers who work primarily in one format may use successful techniques from another format.

Occupational Therapy (OT)
Occupational Therapy is provided by qualified OT’s and focuses on cognitive, sensory and motor skills. The aim of OT is to enable the individual to gain independence and participate more fully in life. For a child with autism, the focus may be on appropriate play, learning, and basic life skills. An occupational therapist will evaluate the child’s development as well as the psychological, social and environmental factors that may be involved. The therapist will then prepare strategies and tasks for learning key tasks to practice at home, in school, and other settings. Occupational therapy is usually delivered in 30 minute to one hour sessions with the frequency determined by the needs of the child. Goals of an OT program might include independent dressing, feeding, grooming, and use of the toilet, as well as improved social, fine motor and visual perceptual skills.

Early Intervention - How early is early enough?
As soon as a parent is concerned about their child’s development or behaviour, expert opinion from a qualified mental health professional is advisable. Fussy babies are at risk for developing a range of emotional and developmental disorders in the preschool years. Therapy that changes the way the brain processes information sets the stage for generalisation and thinking based learning, essential to optimise higher level brain development. Although there are windows of opportunity for learning certain tasks and it is never too late to start, but the earlier the better in addressing developmental challenges results in optimum results.