

# SENSORY MODULATION & ATTACHMENT

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2021 ATTACH Annual Conference  
Sensorimotor/OT Track

## OBJECTIVES

1. Define sensory modulation
2. Differentiate between sensory modulation patterns
3. Identify ways to assess sensory modulation patterns
4. Recognize how sensory modulation patterns impact attachment
5. Identify 5-10 sensory strategies to support attachment

## Trauma-Informed Care

- Appreciation for the **high prevalence** of traumatic experiences among consumers
- An understanding of the **profound neurological, biological, and social effects** of trauma and violence
- **Care that recognizes and addresses** trauma-related issues, is collaborative, supportive, and skilled
- Provides care that **does not re-traumatize**

(NASMHPD, 2003-present)

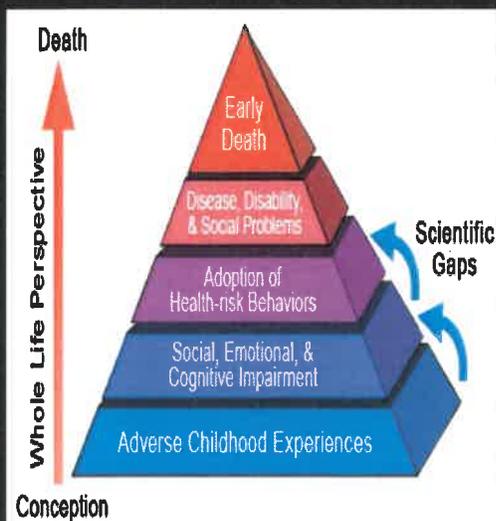
## STRESS & TRAUMA



- **Stress:**
  - Eustress (motivating; good stress);
  - Distress (fear/frustration/anger; bad stress)
- **Acute Stress:** brief, task or event specific
- **Chronic Stress:** cumulative, ongoing, and may feel inescapable
- **Toxic Stress:** prolonged in the absence of supports
- **Acute Trauma:** single traumatic event that causes extreme emotional, psychological, or physical distress
- **Developmental Trauma:** trauma occurs before age 5
- **Chronic or Complex Trauma:** multiple, prolonged or a build up of traumatic experiences with pervasive impact

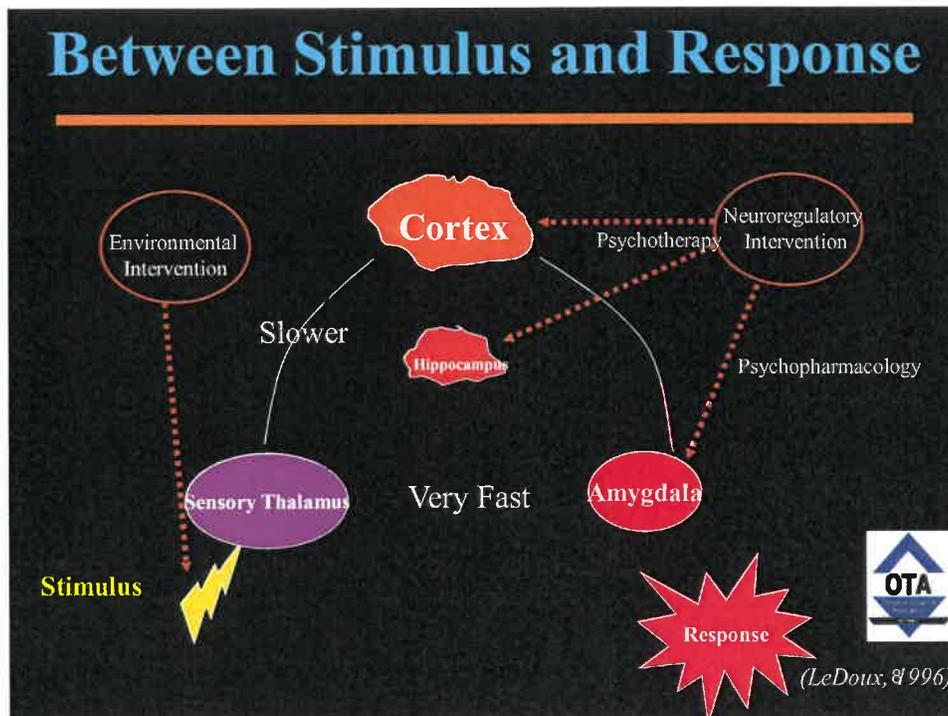
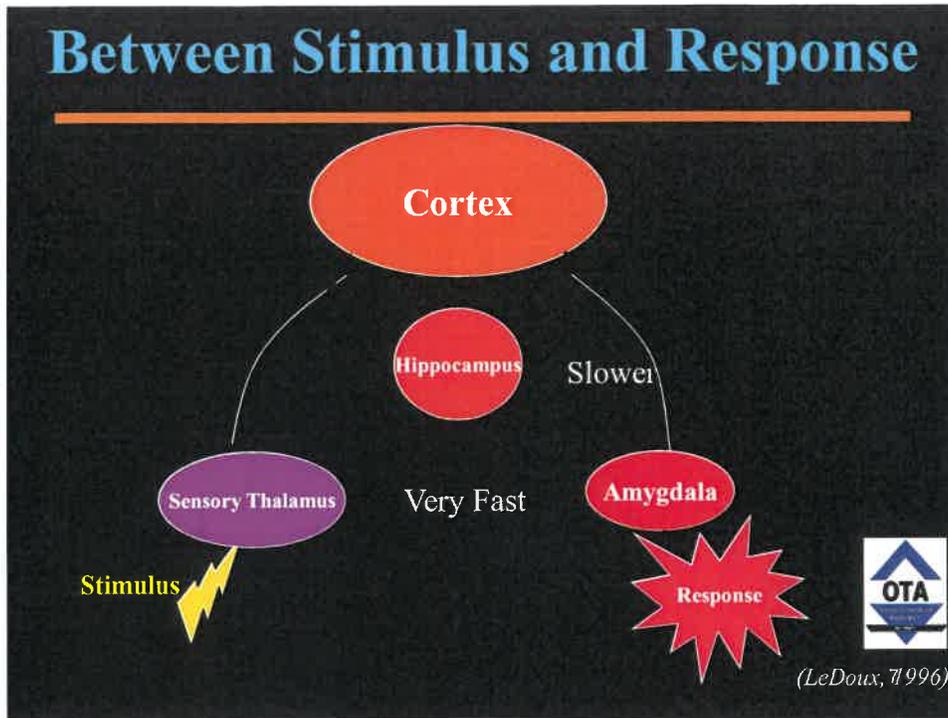
## ADVERSE CHILDHOOD EXPERIENCES DISTRESS VERSUS DISORDER

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse in household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member



## TRAUMA

- An individual's response to extreme stress that overwhelms the capacity to cope.  
(APA, 2013)
- The impact of trauma is a significant public health problem having pervasive influence on health, wellness, and the ability to engage in roles, routines, and occupations.  
(AOTA, 2017)



## DEVELOPMENTAL TRAUMA DISORDER

- Diagnosis of PTSD was not developmentally sensitive
- Distinct alterations of consciousness
- Sensorimotor developmental disorders

### Treatment implications:

- Need to establish safety & competence
- Attention to the body: integration & mastery
- Identify & address developmental delays
- Deal with trauma reenactments
- Caregiver education & involvement

(van der Kolk, 2005, 2014)



The Trauma Center: <http://www.traumacenter.org/>

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## COMPLEX PTSD OR DESNOS

### DESNOS: Disorders of Extreme Stress Not Otherwise Specified

- Traumatic experiences that are multiple, prolonged, and adversely influence the developmental process
  - alterations in self-regulation, affect arousal, attention, consciousness
  - alterations in systems of meaning
  - somatization
  - alexithymia (difficulty with accessing and/or putting emotions into words)
  - guilt, shame, humiliation
  - character changes

“Chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional, and cognitive information into a cohesive whole.”

(van der Kolk, 2005, 2006)

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## TRAUMA & STRESS-RELATED DISORDERS

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- PTSD
- Acute Stress Disorder
- Adjustment Disorders
- Other Specified Trauma & Stressor-related Disorder
- Unspecified Trauma-& Stressor-related Disorder

(APA, 2013) 11

## DISSOCIATIVE DISORDERS

- Dissociative Identity Disorder
- Dissociative Amnesia
- Depersonalization/Derealization Disorder
- Other Specified Dissociative Disorder
- Unspecified Dissociative Disorder



(APA, 2013)



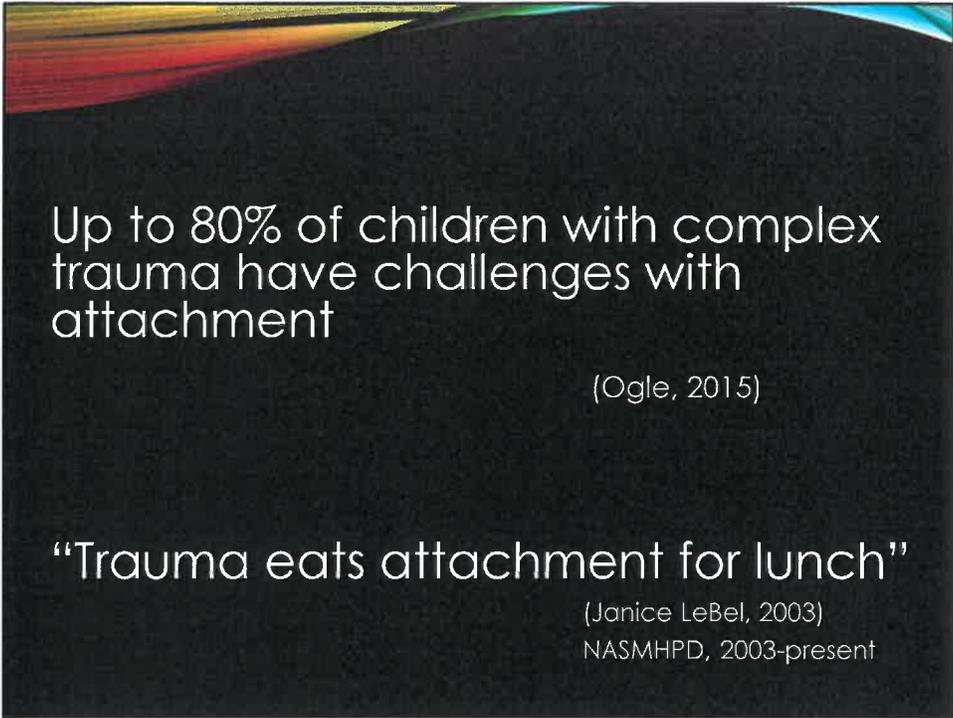
## TRAUMA'S INFLUENCE

### Self-organization:

- **Neurophysiological development:** sensory integration
- **Sense of self:** self-awareness, sense of coherence, identity formation, alexithymia, impacts self-agency (self-generated action)
- **Self-regulation:** ability to flexibly shift states (includes affect regulation, rest/sleep), hyper-vigilance
- **Cognition:** executive function (attention, concentration, ability to sequence, access to memories, thoughts, obsessions)
- **Relational capacities:** Bonding/attachment, co-regulation, sense of community
- **Behavioral responses:** impulse control, frustration tolerance, internalizing, externalizing, self-harm, violence
- **Spirituality:** sense of hope, well-being, meaning making

## EPIGENETIC INFLUENCES

- Biochemical influences that affect gene expression in response to changes in experiences and surroundings
- Epigenetic influences:
  - Trajectory of health, disease, and neuroplasticity across the lifespan
  - Development of brain regions: hippocampus, amygdala, and prefrontal cortex
  - Resiliency: opportunities for change across the lifespan  
(McDade et al., 2016; McEwen, 2017)



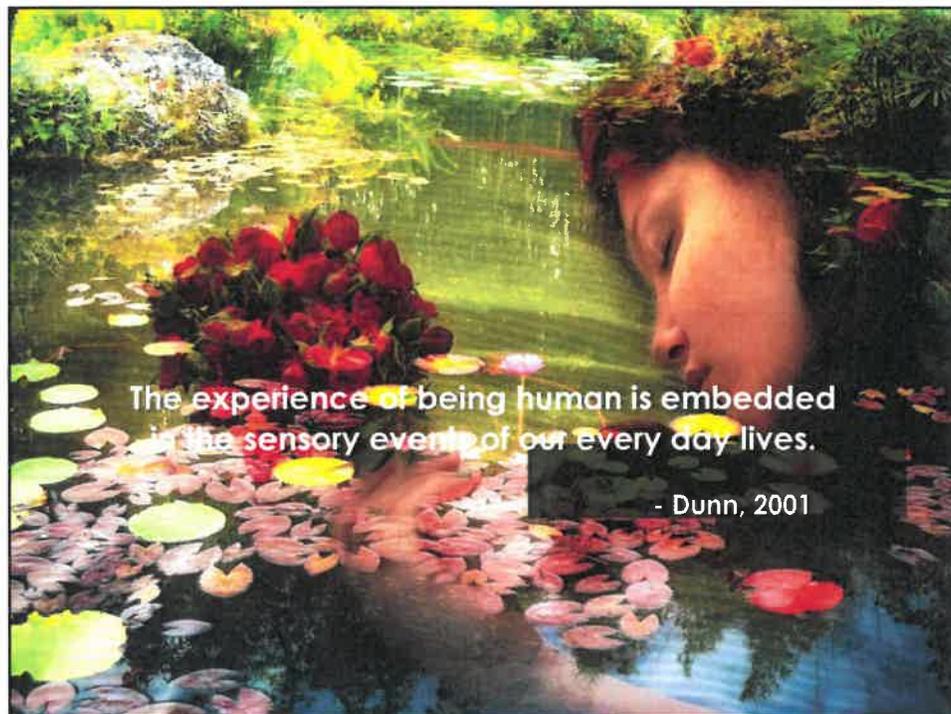
Up to 80% of children with complex trauma have challenges with attachment

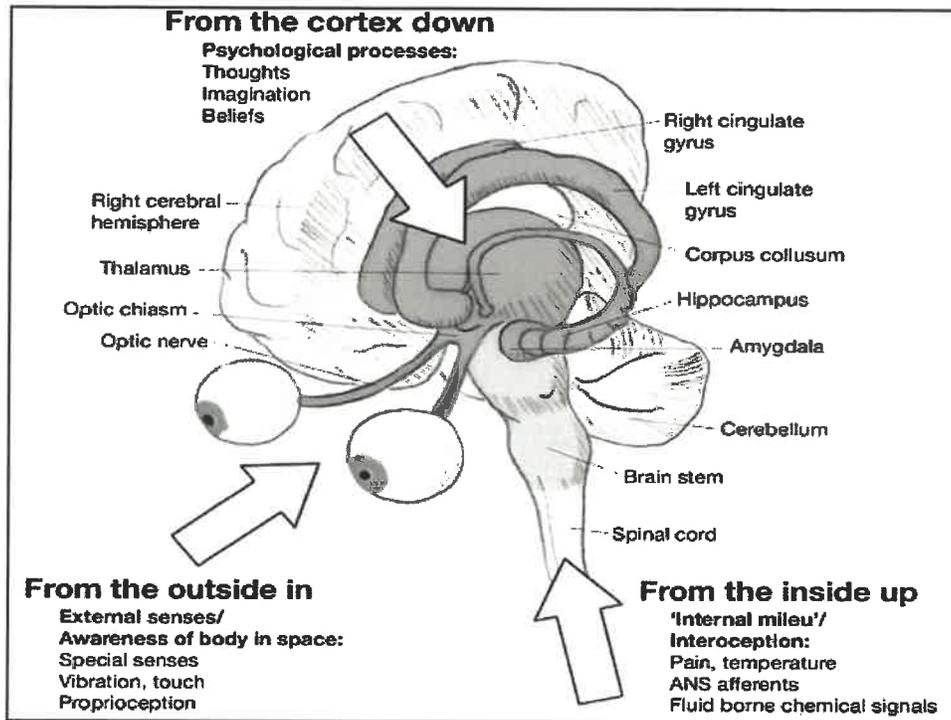
(Ogle, 2015)

“Trauma eats attachment for lunch”

(Janice LeBel, 2003)

NASMHPD, 2003-present



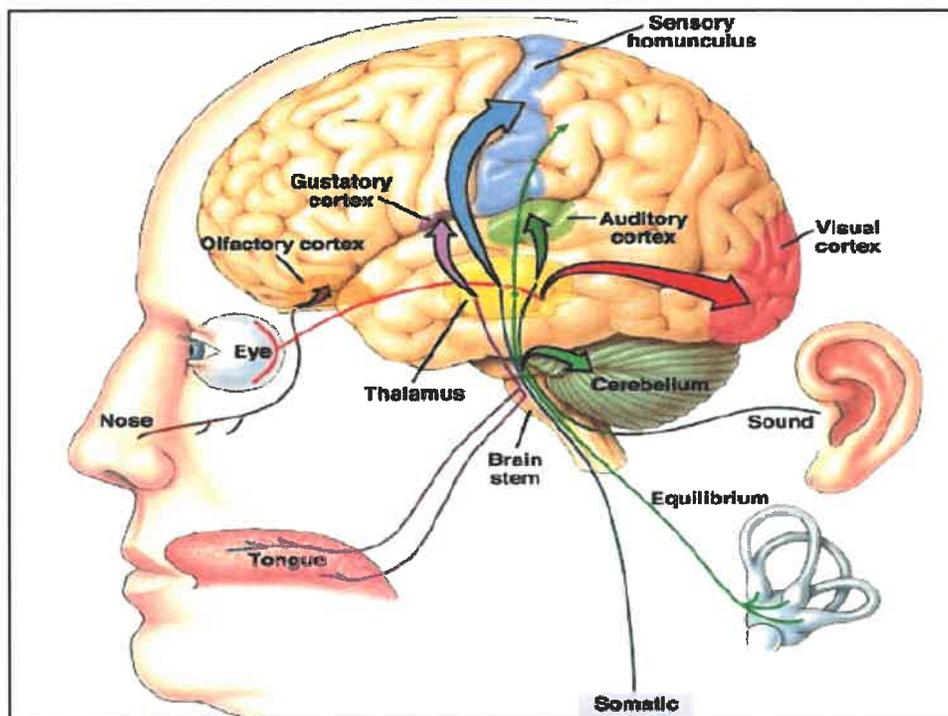
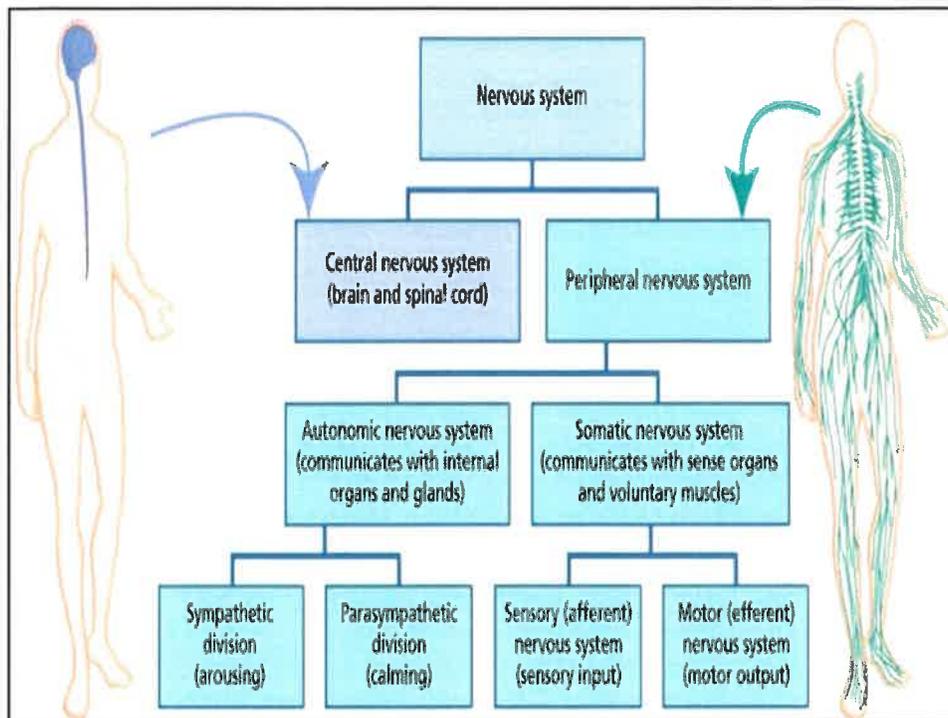


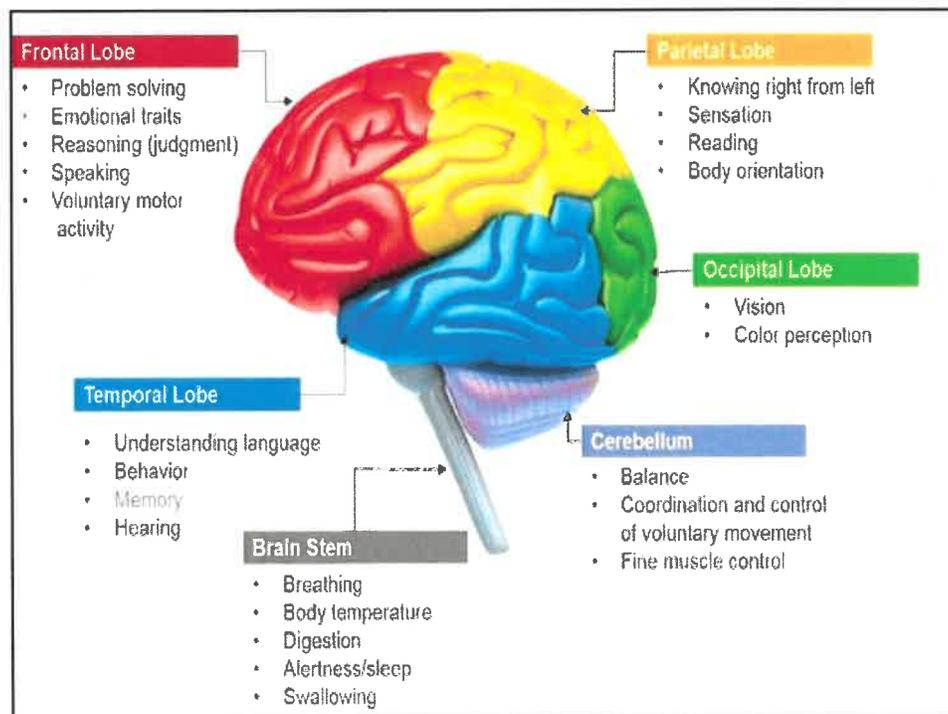
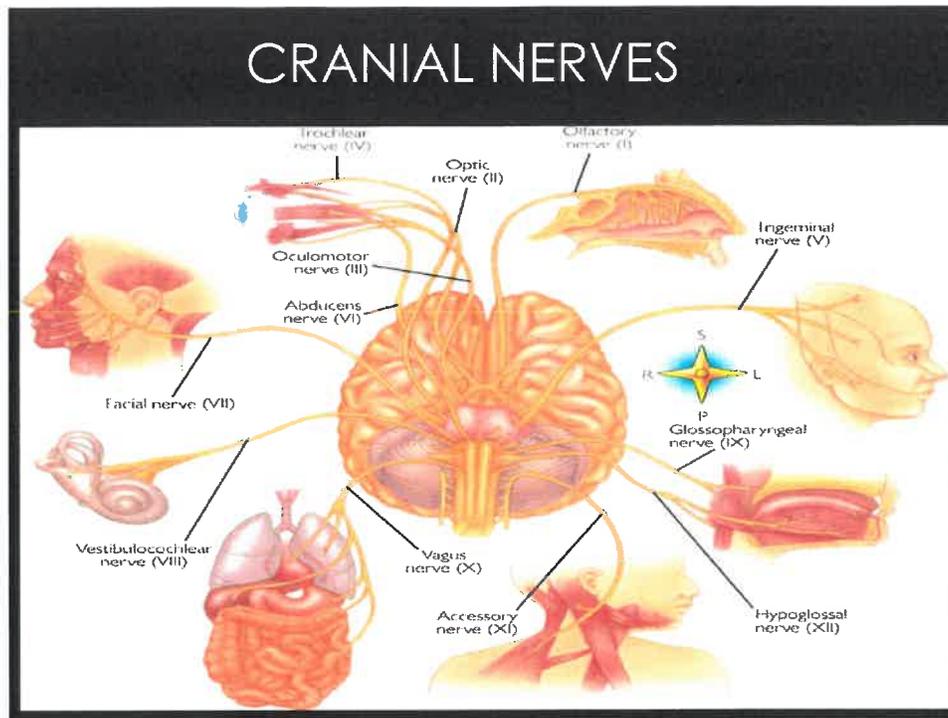
## SENSORY INTEGRATION & PROCESSING

The ability to take in information through the senses, and from within and outside of the body, organize and interpret that information and make a meaningful, functional response.

(Ayers, 1979; Miller, Cermak, Lane, Anzalone & Koomar, 2004)

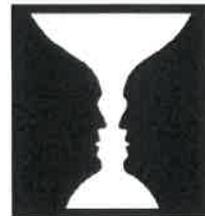
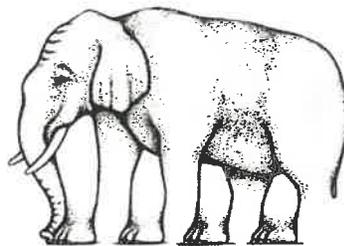
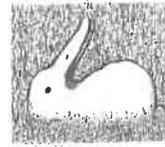






## SENSATION & PERCEPTION

- **Sensation:** energy or information detected by specialized receptors of the sensory systems (physical energy changes to chemical and electrical when transmitted to higher brain areas).
- **Perception:** process by which the brain selects, organizes, and interprets sensations.



## SENSORY SYSTEMS

- Proprioception
- Vestibular
- Tactile
- Vision
- Auditory
- Olfaction
- Taste
- Interoception



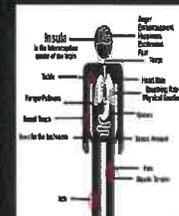
## SENSORY SYSTEMS: "HIDDEN SENSES"

- **Proprioception:** Input received through joints, muscles, and stretch receptors (mechanoreceptors).
  - Activate: movement against resistance, stretching, contraction/co-contraction & joint compressions
  - Feeling grounded in the body and anchored the world.
- **Tactile:** touch, pressure, temperature, vibration, and pain sensations received through receptors in the skin.
  - Body-based "felt" sense, boundary (self-other-world), containment
- **Somatosensory System:** proprioception & tactile
  - Self-awareness: ability to feel "grounded" in the body
  - Detect and efficiently grade the degree of force exerted with movement(s) (Fine and gross motor)
  - Body map
  - Supports praxis skills

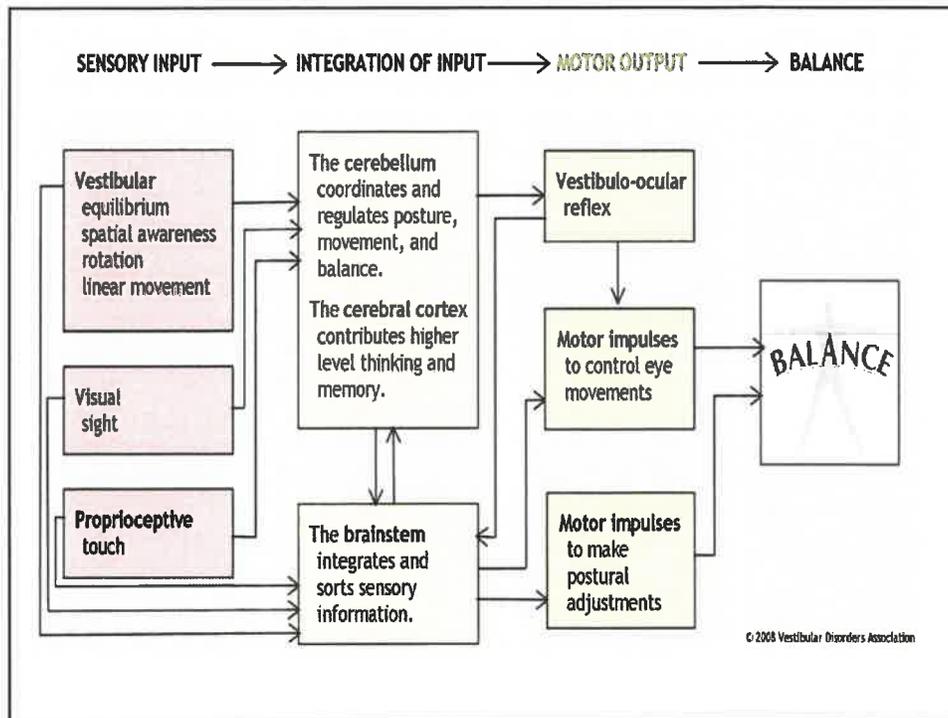


## SENSORY SYSTEMS: "HIDDEN SENSES"

- **Vestibular:** Sensation derived largely from stimulation to the vestibular mechanism of the inner ear that helps to detect changes in positioning, movement, equilibrium, and timing.
  - Space-time orientation, gravity, equilibrium, and movement detection - personal GPS system
  - Gravitational security
- **Vestibular and Proprioception:**
  - Muscle tone
  - Postural control
  - Motor control and coordination
- **Interoception:** Ability to be aware of internal processes of the brain (degree of alertness, degree of wellness) and body (viscera, internal organs)
  - How am I feeling? To what degree?

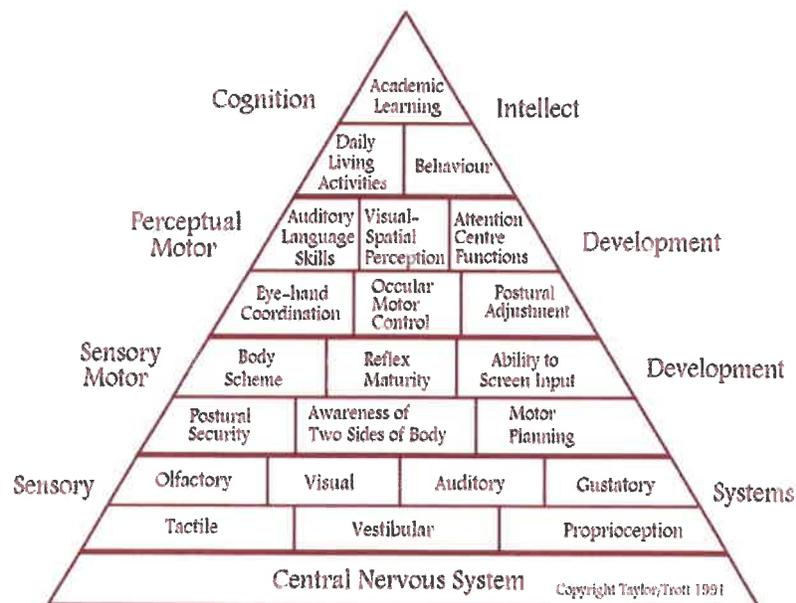
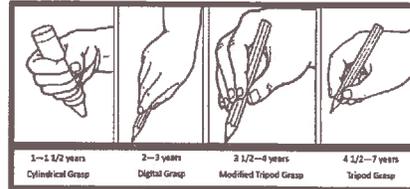


<https://www.mahlerautism.com/interoception>



## DEVELOPMENTAL MILESTONES: MOTOR SKILLS

- 5-8 months: Sitting
- 8-11 months: Crawling
- 12-15 months: Walking
- 2 years: Kick ball, up/down steps
- 2-3 years: stands on one foot, jumps, unbutton
- 3-5 years: catches and throws ball, climbs, hops, skips
- 5-7 years: balances on one foot up to 10 seconds, tripod grasp



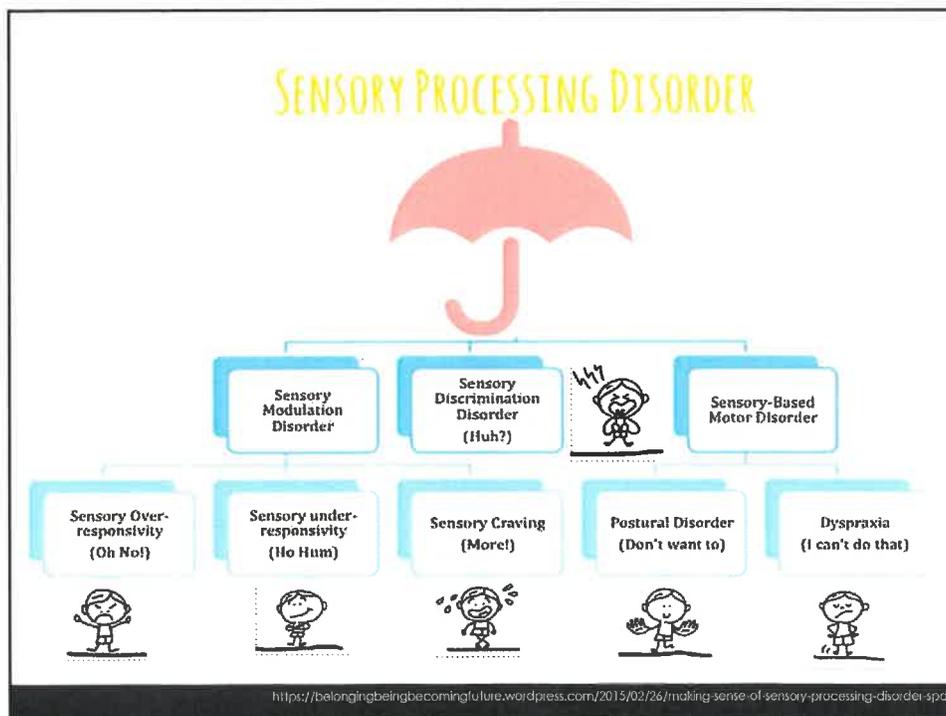
## DTI: Neuroimaging Studies

- Pilot study of 16 boys, 8–11 years old, with SPD and 24 age-, gender-, handedness- and IQ-matched 'neurotypical' controls.
- Characterized using the Sensory Profile.
- Detected significant group differences in white matter structural integrity; primarily involving posterior white matter including the posterior corpus callosum, posterior parietal cortex.

(Owen et al., 2013)

- N=40 right handed children with SPD (32 male, 8 female) and 41 children without (28 male, 13 female).
- Continue to find robust white matter microstructure in children with SPD.
- Future studies aim to shift SPD from a clinical to a biomarker-based diagnosis with imaging (DTI among the most promising).
- Biomarkers may also help identify interventions specific to each subgroup.

(Chang et al., 2015)



# SENSORY MODULATION

## Regulatory Component of Sensory Processing

Difficulty paying attention to sensory input that is important and screening out what is not.

Neurological thresholds & Behavioral Response Continuum:

- Low threshold: Sensory Overresponsivity & Sensation Avoiding
- High threshold: Sensory Underresponsivity & Sensory Seeking

# SENSORY MODULATION



- “...the capacity to regulate and organize the degree, intensity, and nature of responses to sensory input in a graded and adaptive manner. This allows the individual to achieve and maintain an optimal range of performance and to adapt to challenges in daily life.”

(Miller, Reisman, McIntosh & Simon, 2001, p. 57)

## SENSORY DISCRIMINATION

The ability to distinguish between stimuli and perceptually organize the spatial and temporal qualities of stimuli.

- Underlies body schema, which in turn, contributes to praxis and modulation.

(Ayres, 1979; Koomar & Bundy, 2002, p. 276)



## SENSORY-BASED MOTOR ABILITIES

MOTOR SKILLS: MUSCLE TONE, POSTURAL CONTROL, COORDINATION, MOTOR PLANNING, AND IDEATION (PRAXIS)



## PRAXIS

Dyspraxia is a neurological disorder that results in difficulty with motor planning, coordination, memory, judgment, communication, executive functioning, self-regulation and occupational participation skills.



## TRAUMA, ATTACHMENT & SENSORY MODULATION

People who have experienced trauma often have higher scores in:

- Sensory overresponsivity (hypersensitivity)
- Sensory avoiding
- Sensory underresponsivity

*(Engle-Yeger, et al)*

Sensation avoiding and low registration correlated with intrusive thoughts related to PTSD

*(Engel-Yeger, Palgy-Levin & Lev-Wiesel, 2013)*

## SENSORY MODULATION & TRAUMA

### Low Neurological Threshold: Low tolerance

- **Sensory over-responsivity:** Hypersensitive to stimuli; anxiety often co-exists; trauma compounds sensitivity and anxiety; hypervigilance and increased sensitivity to trauma-related stimuli occurs.
- **Sensory avoiding:** Avoidant of stimuli that is bothersome, uncomfortable or painful; trauma creates or compounds this pattern if it is pre-existing; keeps pre-occupied to avoid.



## SENSORY MODULATION & TRAUMA

### High Neurological Threshold: High tolerance

- **Sensory under-responsivity:** Needs more stimuli to register, notice, attend, engage but does not seek out. Trauma symptoms may compound (dissociation, depression, decreased attention span).
- **Sensation seeking:** Actively seeks out stimulation needed to register, focus, notice, attend, engage. Hyperactivity, hyper-vigilant, and keeps occupied. Constant movement to get proprioceptive input to help balance ANS responses.



## RESEARCH BYTES

### Sensory Sensitivity & Vulnerability

- Highly sensitive persons are more susceptible to the detrimental effects of harsh environments, and the benefits of positive and nurturing ones.
- Recent fMRI research on SPS has shown prominent brain activation of regions implicated with empathy, social processing and reflective thinking.
- Study contrasts SPD with ASD and other mental health diagnoses

(Acevedo, Aron, Pospos, & Jessen, 2018)

### SENSORY OVERLOAD, VESTIBULAR CONNECTIVITY IN PTSD AND ITS DISSOCIATIVE SUBTYPE

- Vestibular nuclei functional connectivity patterns are altered in PTSD
- PTSD dissociative subtype showed limited connectivity with vestibular cortices
- PTSD symptom severity negatively correlated with prefrontal cortex connectivity
- Multisensory integration involved with vestibular function is aberrant in PTSD

(Harricharan, Nicholson, Denmore, Théberge, McKinnon, Neufeld, & Lanius, 2017).

## COPING WITH PAIN

- n=116 healthy adults
- Cold pressor task (pain induced)
  - Sensory sensitivity and sensation avoiding were significantly associated with higher levels of pain catastrophizing
  - Sensation seeking linked with active coping strategies
  - Low registration not associated with any particular coping strategy

(Meredith, Rappel, Strong, & Bailey, 2015)

## SENSORY DEPRIVATION



# ASSESSMENT: SENSORY MODULATION

## Adult/Adolescent Sensory History

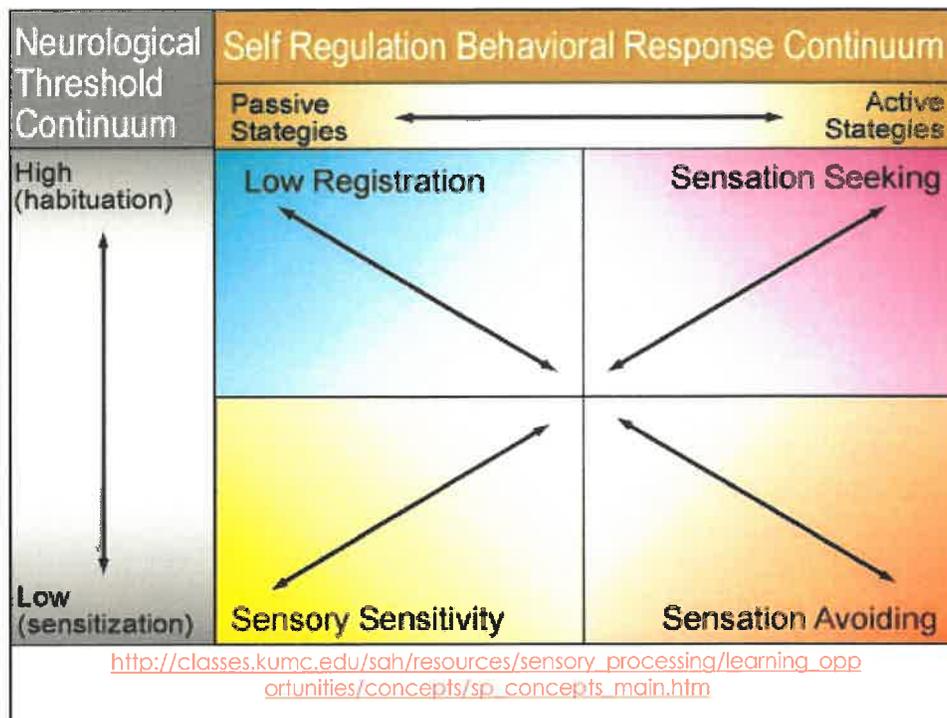
- Koomar & May-Benson
  - [http://thespiralfoundation.org/ASH\\_home.html](http://thespiralfoundation.org/ASH_home.html)
  - Consists of 6 components:
    - User's manual
    - Self-Report Questionnaire
    - Caregiver Questionnaire
    - Abridged Self-Report Supplement
    - Medical Supplement
    - Adult/Adolescent History Scoring Program

## Sensory Profiles

- *Infant/Toddler Version: Birth - 3 years old; Dunn, 2002, 2014*
- *Child Version: 3-10 years old; Dunn, 1999-2001, 2014*
- *Adolescent/Adult Version: 11 & over; Dunn & Brown, 2004*
- *Sensory Profile School Companion: 3-11 years old; Dunn, 2006, 2014*
  - Available through Pearson

## Sensory Processing Measures

- *Pre-school (2-5 years old) and Children (5-12 years old) Versions*
- *Caregiver, Main Classroom, School Environments*
  - Available through WPS

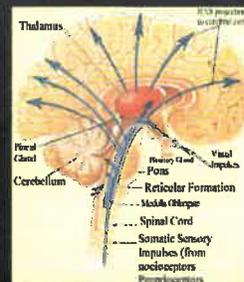


## TRAUMA'S INFLUENCE: SELF-ORGANIZATION

- **Neurophysiological development:** sensory integration
- **Sense of self:** self-awareness, sense of coherence, identity formation, alexithymia, sense of agency
- **Self-regulation:** ability to flexibly shift states (includes affect regulation, rest/sleep), hypervigilance
- **Cognition:** executive function (attention, concentration, ability to sequence, access to memories, thoughts, obsessions)
- **Relational capacities:** Bonding/connection, co-regulation, sense of community
- **Behavioral responses:** impulse control, frustration tolerance, internalizing, externalizing, self-harm, violence
- **Endocrine, digestive, cardiovascular and immune system capacities**
- **Spiritual:** sense of well-being, meaning making

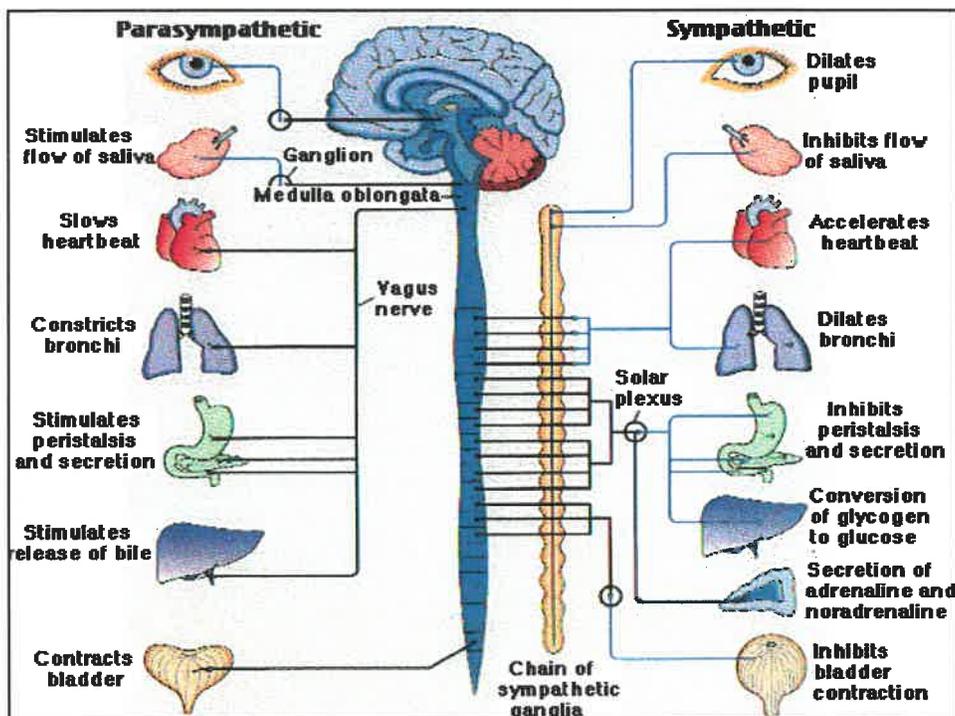
## BRAIN STEM FUNCTIONS

- Breathing
- Heart rate
- Swallowing
- Reflexes - seeing and hearing (startle response)
- Blood pressure, digestion, temperature, balance



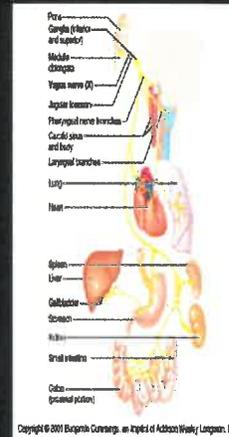
### Prioritizes:

1. Safety & survival
2. Negative emotions & discomfort
3. Positive emotions & comfort
4. Learning; self-reflection



# POLYVAGAL THEORY

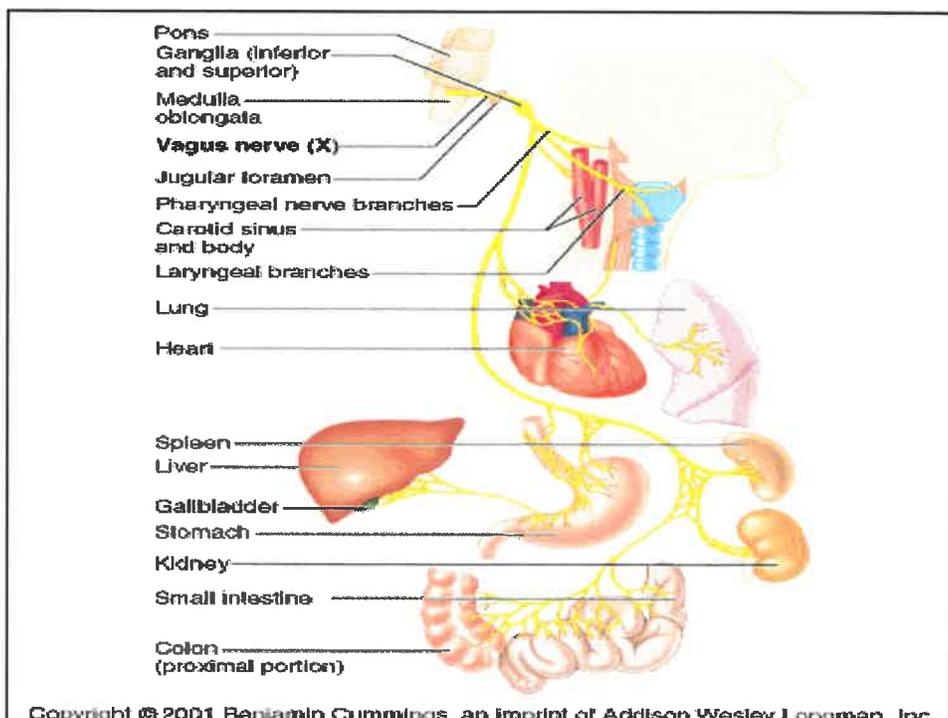
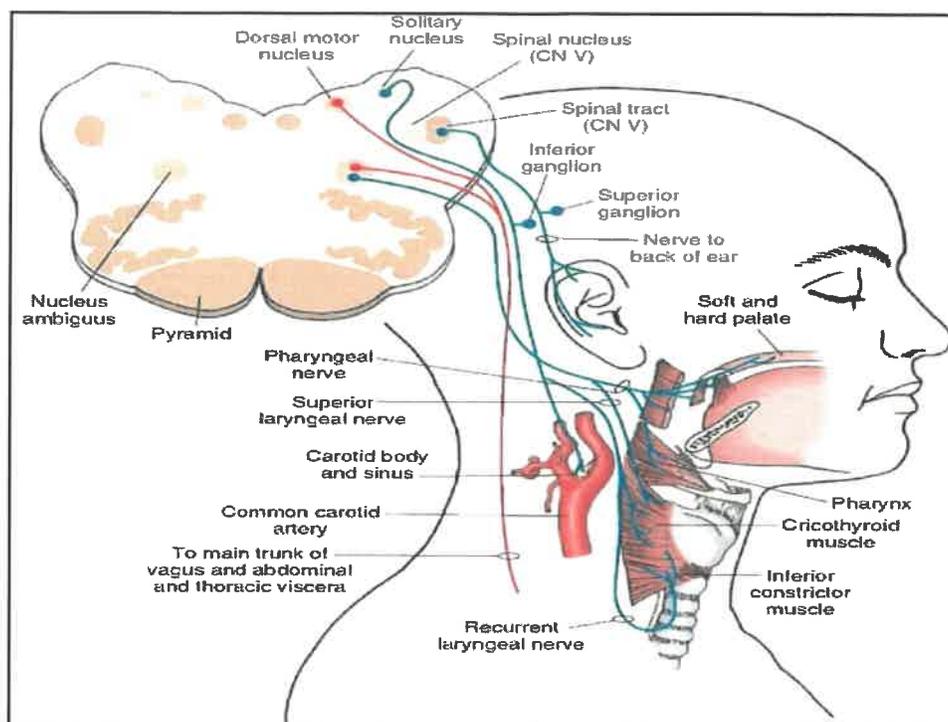
- Phylogenetic, evolutionary model
- Parasympathetic Response
  - Trauma response to extreme, life threat
  - All vertebrates (animals with a backbone)
- Vagus: Cranial nerve #10
  - Dorsal vagal: non-myelinated, all vertebrates
  - Ventral vagal: myelinated, unique to mammals
  - Supports the awareness and regulation of related sensory, motor, and visceral systems and functions
  - Social engagement system



(Stephen Porges)

# VAGUS NERVE

- Part of the parasympathetic nervous system
  - Heart rate variability
  - Overall functioning of many organs and processes
- Brain-body connections:
  - Gut, heart, liver, stomach, pancreas, gallbladder
  - Kidney, ureter, spleen, fertility organs
  - Neck (pharynx, larynx, esophagus), ears, tongue

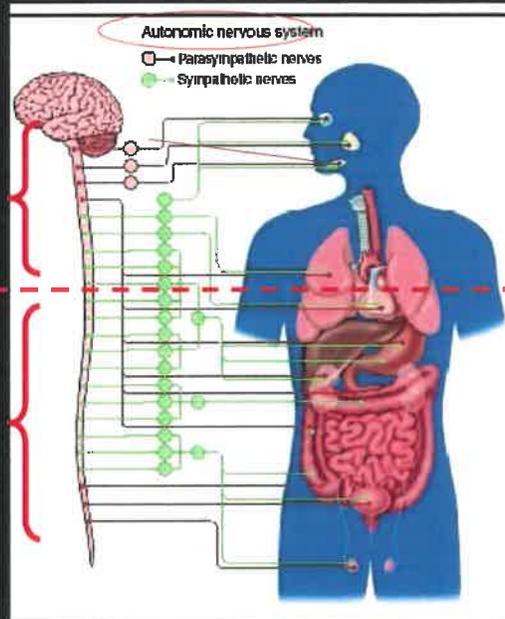


## Polyvagal Theory: Phylogenetic Evolution

### 2 aspects of the vagus nerve (cranial X)

Most recently evolved, myelinated – the 'social' parasympathetic NS (uniquely mammalian)

Most primitive, non-myelinated – the 'rest & digest' parasympathetic NS (all animals have this)



## Poly-vagal Theory (Porges, 1999)

### The 'Social' Parasympathetic NS (myelinated vagus)

- Contact (eyelids, middle ear muscle, oral motor,)
- Transaction (lips, larynx, breath)

### The "Active" Sympathetic NS

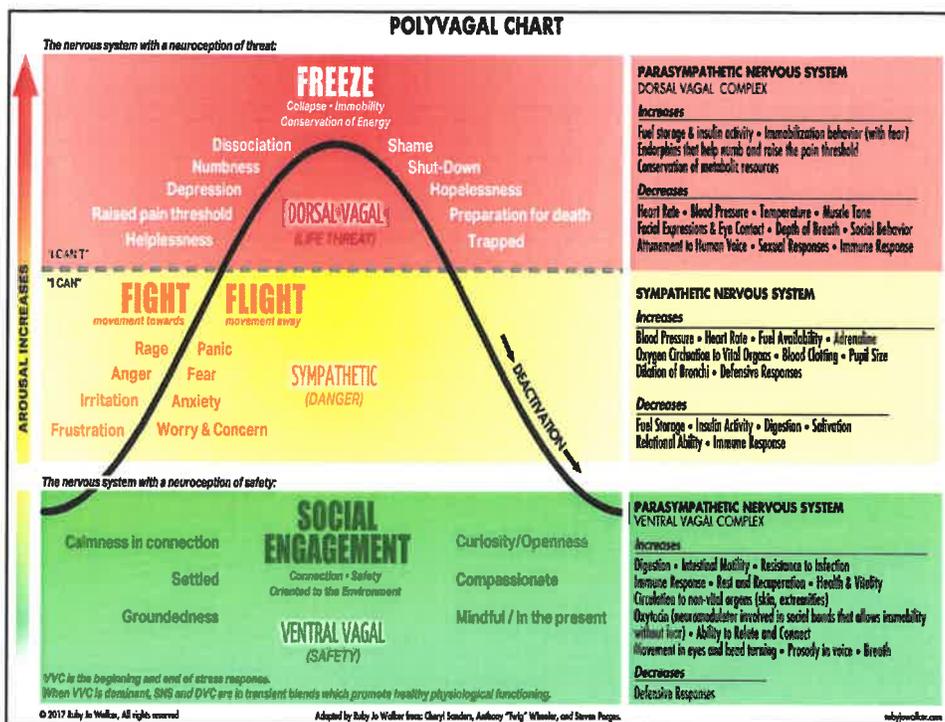
- (spinal cord)
- Orient (eyes)
  - Fight / Flight (arms, legs)
  - Freeze

### The 'Restful' Parasympathetic NS (non-myelinated vagus)

- Collapse
- Immobilisation
- Dissociation
- Death

Dissolution

Evolution



## Arousal Regulation: Over-Activation

- Body
  - Muscle tightness
  - Sweating
  - Pounding heart
  - Frequent urination
  - Hyperactivity
  - Dilated pupils
  - "Butterflies" in stomach
  - Headaches
  - Body aches
  - Hypervigilance
  - Difficulty sleeping
- Mind
  - Fragmentation
  - Dissociation
  - Frustration
  - Anxiety
  - Worry
  - Fear
  - Negative thoughts & self-talk
  - Diverted attention
  - Difficulty with concentration
  - Pessimism
  - Disorganization



## Arousal Regulation: Under-Activation

- Body
  - Body feels heavy
  - Lower energy
  - Easily fatigued
  - Slower reactions
  - Slower movements
  - Lower heart rate
  - Less exploratory
- Mind
  - Fragmentation
  - Dissociation
  - Inattentive
  - Lethargic
  - Easily bored
  - Negativity
  - Pessimistic
  - Difficulty concentrating

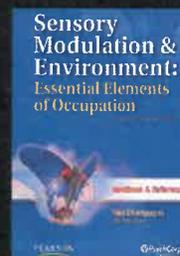


“Without understanding the basic principles of how the brain develops and changes, we cannot expect to design and implement effective interventions.”

Bruce Perry, M.D.

## SENSORY MODULATION PROGRAM

- Therapeutic Use of Self
  - Verbal and nonverbal communication
  - Assessment & intervention
    - Individual and group sessions
- Sensorimotor Activities & Strategies
- Sensory Modalities
- Sensory Diet
- Environmental Modifications & Enhancements
- Caregiver Involvement & Education



(Champagne, 2003, 2006, 2008, 2010, 2011)  
[www.ot-innovations.com](http://www.ot-innovations.com)

## SENSORY DIET: INDIVIDUAL & PROGRAMMATIC

- **Sensory Diet:** Daily schedule with prevention strategies integrated into the daily routine & list of crisis intervention ideas
  - Integrate strategies into the daily schedule/routine
  - Consider transition times as opportunities for building sensory supports into the routine
    - Waking up
    - Getting to school
    - Coming back to residences
    - Homework time
    - Bedtime
    - Change of shift

## SENSORY KITS



## CREATE & USE SAFE SPACES



## WOMB SPACE

### NEVER FORCED

- Blanket wrap
- Body sock
- Crash pads
- Body pillow
- Large bean bags
- Tent/Fort/Bed tent
- Weighted modalities
- Compression garments/items
- Cozy corner
- Sensory room



## SENSORY MODULATION ROOMS

Cooley Dickinson Hospital, Northampton MA



## CUTCHINS PROGRAMS



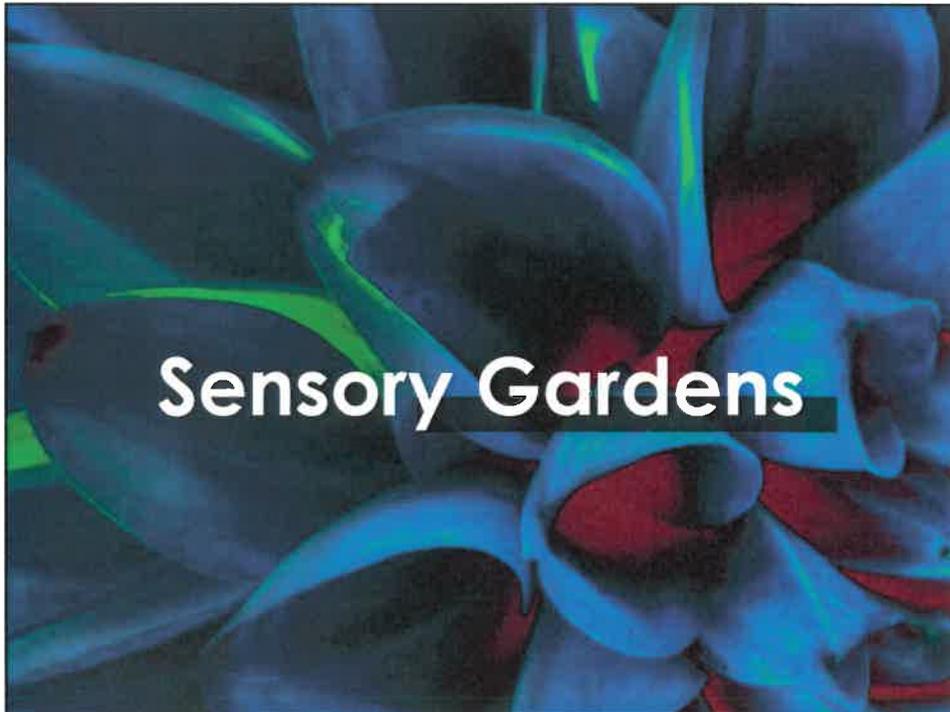
## CUTCHINS PROGRAMS



## SENSORY CART



## Sensory Gardens



## SENSORY GARDENS

- **Sounds:** plants that make noise when wind passes through (bamboo, tall grasses), wind chimes, waterfalls, fountains, ponds, plants and garden items that attract wildlife safe for your population (birds, butterflies, hummingbirds), instruments, music.
- **Smells:** aromatic plants and herbs. Space plants so not overwhelming and to more easily identify each scent.
- **Sights:** plants that have different colors (robust, contrasts), textures (leaf, blooms, barks), bird and hummingbird feeders, sculptures, fountains/ponds. Shaded as well as sunny areas.
- **Tastes:** edible plants (fruits, herbs, mint, spices).
- **Touch:** plants of different textures (lamb's ears, moss). Garden options that promote interaction (instruments, safe plants and water options within reach), safe gardening tools, areas for interaction with soil/planting or watering.
- **Movement:** pathways that foster safe ambulation and wheelchair accessibility. Interactive opportunities (labyrinth, instruments, different types of seating options, swings [consider whether safe]).
- **Caution:** safety, accessibility, be aware of allergies and any medical concerns. Avoid poisonous, spiny or thorny plants.

## SENSORY MODULATION PROGRAM



- Identify what is calming/soothing and what is alerting/organizing
  - Intensity
- Identify when to use calming or alerting strategies
  - Anxiety/tension
  - Triggers/cravings
  - Dissociation
- The role of DPS: teach strategies people can do for themselves
  - Grounding & centering techniques
  - Prevention & crisis intervention
- Sensory Diet Creation
  - Safety kits, back packs, etc.
  - Integrating other treatment modalities/protocols
  - Prevention & crisis intervention techniques
- Help consider modifications for home, school, therapy & work environments

## SENSORY MODULATION PROGRAM: GOAL AREAS

- **Goal #1: Self-awareness**
  - Assessment/Identify sensory processing patterns
  - Self-rating & reflection
  - Consider impact on roles and relationships
- **Goal #2: Self-regulation Strategizing: Skill Development**
  - Explore, Plan & Practice**
    - Explore strategies for self-regulation, *specific to sensory processing needs*
    - Establish sensory diet
    - Practice, practice, practice
- **Goal #3: Self-regulation & Positive Change**
  - Habit stabilization**
    - Consistent use bring feelings of competence
- **Goal #4: Repertoire Expansion**
  - Skill Enhancement**
    - As mastery increases, re-assessment and continued skill enhancement further develops

## TRAUMA & ATTACHMENT INFORMED CARE

Collaborative care that recognizes the high prevalence and pervasive impact of trauma and attachment-related needs and goals in their client population, and provides care that addresses the whole system (person, family, organization) to help support the recovery process.

(Champagne, 2008, 2011a, 2011b, 2012)

## ATTACHMENT FORMATION



Healthy attachment formation fosters a **positive internal working model:**

- Strong and positive sense of self-identify
- Clarity with boundaries between self and others
- Capacity for self-regulation
- General sense of well-being
- Resiliency

(Bowlby, 1971; Levy & Orlans, 1988)

## SECURE BASE



Body/whole person feels:

- safe
- comforted
- basic needs are met
- cared for
- organized
- connected
- nurtured

Sensory input:

- deep touch pressure  
cuddling/swaddling
- hugs
- neutral warmth
- rhythmic interaction rocking
- tone of voice
- sensory satiation

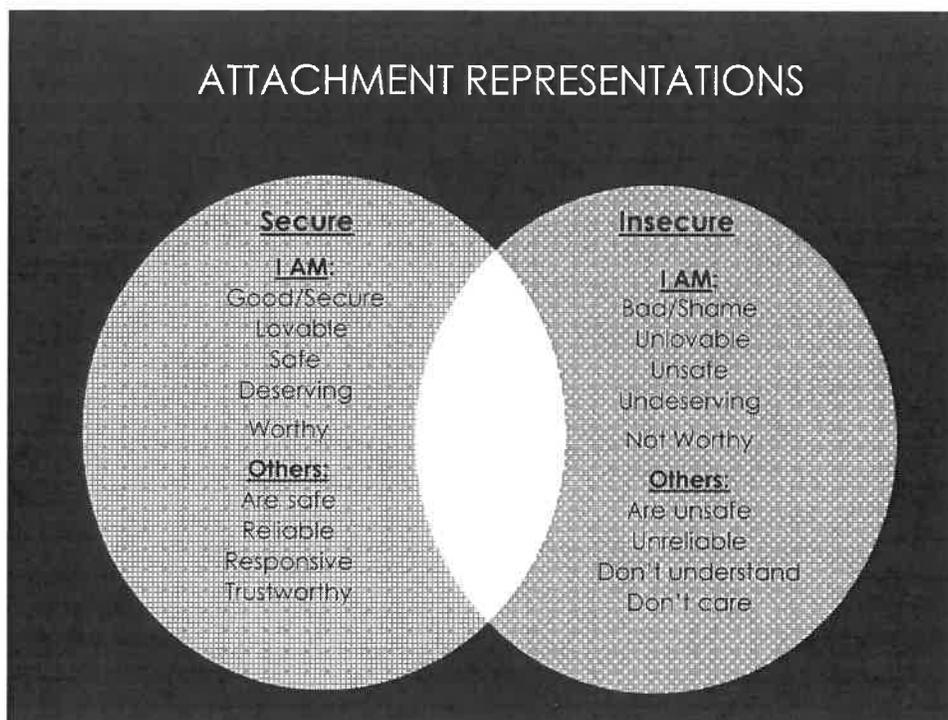


## ATTACHMENT STYLES

- Secure:
  - Child identifies self as lovable, wanted, competent
  - Builds prosocial values and ability to self-and co-regulate
  - Insecure Anxious/Ambivalent
- Insecure Avoidant/Dismissive
- Insecure Disorganized

*Attachment styles are often considered on a continuum*

## ATTACHMENT REPRESENTATIONS



## DEVELOPMENTAL APPROACH

- Hallmark of a developmentally sensitive approach is to help the client feel safe and meet them where they are at developmentally - "just right challenge"

(Ayres; Perry)

- **Use patterned, repetitive activities** to practice at the developmental level (comfort zone) and shift expectations accordingly as they progress
- If not developmentally sensitive = slow to no progress, frustrations, re-traumatizations, "difficult" behaviors

(Ayres; Perry)

## FOSTERING DEVELOPMENT & RESILIENCY

### Developmental capacities

- Sensorimotor & self-awareness capacities
- Sensory Modulation & Self-regulation: auto-regulation and co-regulation
- Emotion identification, expression, and regulation
- Cognitive capacities
- Development of a positive sense of self and others; identity formation
- Relational and interpersonal skills
- Self-identity & Agency

**SAFE, SOOTHED, SATIATED, FUN  
PATTERNED, REPETITIVE, REPAIRATIVE, RESPECTFUL**

- Bruce Perry, MD



*Individuals that have been traumatized need to have experiences that **directly contradict the emotional helplessness and physical paralysis** that accompanies traumatic experiences.*

(Bessel Van der Kolk, 2004)



## COMPONENTS-BASED APPROACH

- Safety
- Skills building
- Positive attachment formation
- Meaning making
- Trauma-processing
- Development of positive sense of self



(Cooke, et al, 2005)

## Three Phase Model: Trauma Treatment

SAFETY & STABILIZATION

PROCESSING & GRIEVING

INTEGRATION & TRANSFORMATION

## STABILIZATION PHASE

### Support Autonomic Regulation

Use of sensory supports to:

- Foster feelings of safety and containment
- Increase consistency and predictability
- Provide choices
- Offer grounding, nurturing, soothing, and comforting options
- Increase self-awareness
- Foster relational support(s)
- Offer environmental support(s)

## SENSORY MODULATION

### Calming/Soothing

- Rock in a rocker
- Swinging/hammock
- Take a bath
- Warm drink/tea (decaffeinated)
- Dim lights
- Draw/color
- Decrease noise and chaos
- Petting dog/cat
- Chewy/crunchy food
- Glitter wand
- Rain stick
- Weighted blanket
- Lyrical or ballet dance

### Alerting/Organizing /Distracting

- Cold cloth to face
- Ice/ice pack use
- Frozen fruit/cold drink
- Citrus, sour, spicy or bitter foods
- Play a game
- Listen to or play uplifting music/instrument
- Playing rigorous sports
- Strong scents
- Brighter lighting/colors
- Aerobic exercise/brisk walk
- Tap, hip hop, or jazz dance

## VAGAL TONE: VAGAL BREAK

- Vagus nerve stimulation to modulate the stress response and increase the flexibility of the 'vagal break' (inhibit vagal response):
- Ways to stimulate the vagus nerve/increase vagal tone:
  - Cold: ice/ice pack, cold cloth to face, cold shower, cold air
  - Breathe slowly and deeply: nasal inhalation and accent exhale
  - Singing/chanting: increases heart rate variability/vagus function, may release oxytocin
  - Laughter/humor
  - Yoga/Tai Chi
  - Exercise
  - Mindfulness with a sensory cue
  - Weighted modalities
  - Biofeedback when appropriate

Note: circadian rhythm and vagal tone are inter-related

## ADAPTIVE RESPONSES

- Attachment: rocking, rhythmic interaction, deep touch pressure (cuddling, swaddling, hugs, caress), neutral warmth, responsiveness, motherese (parentese), attentive, sensory satiation, safety
- Fight: hit, kick, push away (proprioception)
- Flight: turn away, run away, hide, jump (vestibular, proprioception)
- Freeze: startle, immobile, submit, shutdown
- Dissociation: decreased attention/concentration, day dream, depersonalization, altered consciousness
  - decreased awareness of self-place-time

## BODY-BASED: SENSORY SATIATION

- **Fight/flight:** safety, movement, soothing
  - Swing, walk/hike, basketball use, create and use obstacle course, jumping on a mini-trampoline, rock climbing wall, physio ball use, jump rope, exercise
- **Freeze & dissociation:** orienting, grounding & body awareness
  - Rocking, weighted modalities, bean bag tapping, yoga poses, isometrics, ice, intense tastes/smells (non-trauma-related), aromatherapy
- **Regulation & containment**
  - Cocoon wrap, weighted blanket/lap pad, body sock, compression garments, soothing touch/hugs, bean bag tapping, swinging, use a safe/sensory space, massage
- **Organizing: rhythmic, repetitive**
  - Swinging, bouncing &/or clapping to a beat, chewing gum, rhythmic ball bounce/toss, basketball, movement groups, playing an instrument, singing, riding a bike, petting or riding an animal, knitting/crochet, coloring

## AEROBIC EXERCISE

- Vigorous, voluntary, aerobic exercise increases levels of nerve growth factor and appears to protect against some of the negative effects of stress, toxic stress, trauma, and adverse childhood experiences's
  - Increases hippocampal volume
  - Improves spatial memory
  - Lowers cortisol levels and SNS responses
  - Raises serum levels of BDNF

(Southwick, 2012)

## SENSORY SUPPORTIVE, ATTUNED & REGULATING EXPERIENCES

- Positive and fun-filled sensory enriched experiences can foster attunement and co-regulation – across the lifespan
- Coach caregivers in engaging in positive, playful, and attuned experiences, which are some of the building blocks of attachment formation and trauma recovery
- Foster healing, resiliency & connection



## Connection Through Sensory Supports



## ANIMAL ASSISTED THERAPIES



## PROCESSING & GRIEVING PHASE

- Body-based approaches are used to assist in:
  - Preparing people to feel more stabilized, which may lead to increased access to memories and awareness (traumatic experience, body, emotions, thoughts, grief)
  - Providing a means to exploring emotions, sensations, and thoughts related to processing and grieving
  - Supporting active processing and/or grieving

## CREATIVE EXPRESSION

- Photos
- Writing
- Coloring
- Drawing
- Collage
- Paint
- Use of textiles
- video/drama/story telling/advocacy



## SENSORY SOOTHERS

- Comforting, nurturing, relaxing



## GROUNDING & DISTRACTION TECHNIQUES

- **Facilitate reality orientation** and to **distract** from and/or reduce negative thinking, flashbacks and suicidal thoughts/behaviors, SIB
  - Self-holding techniques
  - Strong smells
  - Strong tastes
  - Hot balls/sour candy/lemons
  - Chewing gum
  - Cold cloth to face/Hold or eat ice
  - Movement/exercise
  - Pacing
  - Weighted modalities
  - Tapping/beanbag tapping



## CREATIVE EXPLORATION



## TRAUMA PROCESSING & GRIEVING: DETECTIVE WORK

- Autonomic changes
- Body feels scary, triggering
- Sensory over-responsivity (hypersensitivity)
- Sensory under-responsivity (low registration)
- Feeling flooded, numb, fragmented
- Emotionally dysregulated
- Cognitive difficulty: ↓attention and concentration,  
↑disorganization and dissociation
- Social: attachment challenges, other people may seem scary/unsafe, triggering

## EVIDENCE OF TRAUMA PROCESSING

- ↑Stabilization:
  - Self-regulation
  - Self-awareness
  - Environmental awareness
  - Cognitive coherence, increased attention/concentration
- ↑Developmental capacities, including sensory processing
- ↑Participation in meaningful roles, routines, activities
- ↑Trauma processing and grieving through:
  - Play (symbolic, parallel, etc.)
  - Verbal expression
  - Sensory integration supportive activities
  - Artistic, written, dramatic, creative expression
  - Increasing relational capacities (caring for self, others, animals, empathy)

NOTE: Baby steps are often BIG steps

# INDIVIDUALIZED PLAN

- Strengths & Goals
- Trauma & Attachment-related Needs & Goals
  - Window of tolerance, sensory, trauma, and attachment
  - Triggers & Warning Signs
  - Relational considerations
- Sensory and Motor-related Needs and Goals
- Helpful Strategies:
  - What helps
  - What does not help
  - Rating Scales & biofeedback methods
- Sensory Diet: prevention, de-escalation, participation
- Environmental Enhancements & Modifications

## #4: ANXIOUS

### When I am Anxious I feel:

- **Body:** thumping heart, jittery, muscle cramps, headache, harder to breathe
- **Mind:** can't think straight, hard to know what to do, sometimes have scary thoughts, worry a lot, thinking gets fuzzy
- **Triggers:** When people are mean, when I don't know what to do, when I am worried, when things get too hard
- **Warning signs:** I don't talk much, I stop doing what I am supposed to be doing, my body gets hyper or stops moving, sometimes I get mad or sad, I might say "no" to what you ask me to do

<b>What I can do that helps!</b> <ul style="list-style-type: none"> <li>• Squeezing things</li> <li>• Bean bag tapping</li> <li>• Fidget with something (rubber band, stress ball, putty)</li> <li>• Pet my dog</li> <li>• Comedy</li> <li>• Jumping and crashing in a big bean bag</li> <li>• Swinging</li> <li>• Ride my bike around the yard</li> <li>• Jump on mini-trampoline</li> </ul>	<b>Distractions:</b> <ul style="list-style-type: none"> <li>• Boston Red Sox</li> <li>• Making fun of the Yankees</li> <li>• Dogs</li> <li>• Making jello/snack</li> <li>• Fishing</li> <li>• Going out with friend</li> <li>• Electronics</li> <li>• Swimming</li> <li>• Legos</li> <li>• TV</li> <li>• Playing sports</li> </ul>
<b>Things that other people can do with me that might help!</b> <ul style="list-style-type: none"> <li>• Sometimes hugs</li> <li>• Back rubs</li> <li>• Massage</li> <li>• Joint compressions</li> <li>• Stay near by/do not leave me alone</li> <li>• Offer me my pillow and weighted blanket</li> </ul>	<b>Please do NOT:</b> <ul style="list-style-type: none"> <li>• Tickle me</li> <li>• Use too much deep touch pressure</li> <li>• Leave me alone</li> <li>• Put me in rooms with lots of fragile stuff</li> <li>• Put me in places with lots of loud noise</li> <li>• Give me reminders that are annoying</li> </ul>

## INDIVIDUALIZED PLAN

- Trauma history, current implications & phase of trauma treatment
- Attachment style
- Sensory processing & other developmental patterns
- Learning-related challenges
- Stage of change
- Assessment & therapeutic interventions:

### **Client:**

- Strengths/Goals:
- Trauma:
- Attachment:
- Sensory:
- Stage of change:

### **Caregiver/Other:**

- Strengths/Goals:
- Trauma:
- Attachment:
- Sensory:
- Stage of change:

## JD

- Developmental trauma:
  - Dissociation, Sensory processing, relational
- Insecure disorganized
- Primary fears: does not feel worthy, abandonment, dangers (paranoid)
- Contemplation: ambivalent to therapy
- Sensory overresponsivity:
  - Tactile, auditory, olfactory
- Sensory underresponsivity:
  - Proprioception, vestibular
  - Very active
- Sensory discrimination/motor:
  - Fine motor, muscle tone, postural control, balance
  - Difficulty with school, gym and sports, social participation
- Very exploratory, movement

## Parent

- Some ACE's (adverse childhood experiences)
- Insecure anxious/avoidant when triggered
- Primary fears: that son will not do well educationally and that he will get into self-injurious behaviors or become aggressive as he gets older
- Pre-contemplation: believes the therapeutic process should be focused on her son only
- Sensory overresponsivity:
  - Tactile, vestibular
  - Tends to be sedentary
- Very cognitive, verbal
- Consistent, predictable, rigid

## SENSORY MODULATION PROGRAM

- Therapeutic use of self: develop and maintain trusting relationship with JD and parent
  - Pace, positioning, modulation of voice and energy level
  - Client-directed
- Taking all of the identified patterns into consideration, use Sensory Modulation Program to foster stabilization
- Caregiver education and encourage involvement in strategies/activities that provide joyful, supportive exchanges
- Sensory diet: co-creation/implementation and monitoring
  - Routine with prevention and de-escalation strategies
  - Learning, leisure, social activities
- Environmental modifications/enhancements: learning supports, safe space
- Co-create opportunities of relational attunement over time, including friends and other community-based supports

## PROMOTING RECOVERY

Building the capacity for:

- Increased resiliency
- Development
- Occupational participation
- Identity formation
- Health & wellness
- Quality of life



## OURSELVES: THE CAREGIVERS

- Don't need to have difficulty with sensory processing to benefit from sensory strategies
- Identify our own trauma and attachment experiences
- Seek assistance, as needed
- Create own sensory supports & tool kit
  - Rituals & routines
  - Know your strengths and needs
- Consider your schedule (how many clients with severe emotional disturbance do you see per day/per hour, etc)
- Practice, practice, practice what we preach
- Be kind and gentle on ourselves and with co-workers and clients – *our community*

People will forget what you  
said, people will forget what  
you did, but people will never  
forget how you made them feel.

Maya Angelou

## ADDITIONAL RESOURCES

- **SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Care Approach:** <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>
- **NASMHPD's 6 Core Strategies:**  
[http://www.hqontario.ca/portals/0/Modals/cj/en/processmap\\_pdfs/tools/Six%20Core%20Strategies%20to%20Reduce%20Use%20of%20Seclusion%20and%20Restraint.pdf](http://www.hqontario.ca/portals/0/Modals/cj/en/processmap_pdfs/tools/Six%20Core%20Strategies%20to%20Reduce%20Use%20of%20Seclusion%20and%20Restraint.pdf)
- **Tip 57: Trauma Informed Care in Behavioral Health Services**  
<http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- **ACE Study Resources:** <http://www.acestudy.org/>
- **Attachment Q-Set:**  
[http://www.psychology.sunysb.edu/attachment/measures/content/aqs\\_items.pdf](http://www.psychology.sunysb.edu/attachment/measures/content/aqs_items.pdf)
- **Tactus Therapy (2014). Neuroplasticity.** Retrieved August 18, 2015 from, <http://tactustherapy.com/neuroplasticity-stroke-survivors/>

## ADDITIONAL RESOURCES

- NIH Toolbox: <http://www.nihtoolbox.org/Pages/default.aspx>
- MA DMH State Restraint Reduction Resources: <http://www.mass.gov/eohhs/gov/departments/dmh/restraintseclusion-reduction-initiative.htm>
- Te Pou's Sensory Modulation Resources: <http://www.tepou.co.nz/library/tepou/sensorymodulation>
- Attachment Disorder information and support: [www.attach.org](http://www.attach.org)
- National Child Traumatic Stress Network <http://www.nctsn.org/>
- Daniel Hughes: [www.danielhughes.org](http://www.danielhughes.org)
- OT Innovations: [www.ot-innovations.com](http://www.ot-innovations.com)
- OTA Watertown: [www.otawatertown.com](http://www.otawatertown.com)
- SPD Foundation: <http://www.spdfoundation.net/>

## ADDITIONAL RESOURCES

- How Does Your Engine Run? (Alert Program)  
<http://www.alertprogram.com>
- Out of Sync Child Resources: <http://out-of-sync-child.com>
- Yoga Kids: Tools for Schools: <http://yogakids.com>
- Brain Works <http://www.sensationalbrain.com>
- Stickids <http://www.stickids.com>
- Diana Henry's Resources:  
<http://www.ateachabout.com>
- The Zones of Regulation  
<http://www.zonesofregulation.com>
- Raising a Sensory Smart Child:  
<http://www.sensorysmarts.com>

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**Sensory Systems (adapted with permission Champagne, 2017)**

Sensory Systems & Receptors	Primary Function(s)	Contributions	Strategies
 <p><b>Proprioception</b></p> <p>Receptors are located in the muscles, joints, ligaments, tendons, connective tissue, and fascia</p> <p>Receptors are stimulated by movements causing muscles to stretch, contract, or co-contract (particularly when movement is against resistance)</p>	<p>The proprioceptive system supports: body awareness, the ability to assume and maintain body positions, and the grading, timing, and efficiency of movements.</p> <p>The proprioceptive system works with the tactile system to support body awareness (body-based felt sense) and the vestibular system to support efficient and fluid movements and postural control (body in space).</p>	<p>Contributes to the awareness of:</p> <ul style="list-style-type: none"> <li>• Where the body and body parts are located in space and time</li> <li>• Body movement</li> <li>• Body position</li> <li>• Body boundaries</li> <li>• Body image</li> <li>• Proprioceptive information from the environment providing safety-related cues</li> </ul>	<ul style="list-style-type: none"> <li>• Climbing (playground, rock wall)</li> <li>• Push/pull activities</li> <li>• Stretching (yoga, exercise)</li> <li>• Kneading dough</li> <li>• Clay work</li> <li>• Squeezing a stress ball</li> <li>• Gardening &amp; yard work (digging, planting, raking leaves, shoveling snow)</li> <li>• Weight lifting</li> </ul>
 <p><b>Vestibular</b></p> <p>The vestibular system receptors are tiny hair cells within the otoliths and</p>	<p>The vestibular system supports the ability to be aware of the spatial orientation of the body (including equilibrium, speed, timing, and</p>	<p>Contributes to the awareness of:</p> <ul style="list-style-type: none"> <li>• Spatial awareness of where the body is in space and time (your own personal GPS)</li> </ul>	<ul style="list-style-type: none"> <li>• Activities requiring balance (Biking, skateboarding, skiing, surfing)</li> <li>• Swinging</li> <li>• Rocking chair or glider</li> </ul>

<p>semicircular canals. These structures are within each inner ear.</p> <p>Receptors (hair cells) are activated during acceleration, deceleration, spinning, linear, angular movements, any other movements involving the head, body, and the pull of gravity.</p>	<p>rhythmicity of positioning and movement).</p> <p>The vestibular system works with the proprioceptive system to support efficient movements and postural control. It works with the visual system to support the ability to maintain a stable visual field, balance, and equilibrium. The vestibular and auditory systems are also interconnected.</p>	<ul style="list-style-type: none"> <li>• Balance</li> <li>• Body coordination</li> <li>• Muscle tone</li> <li>• Gravity detection</li> <li>• Awareness of the speed and direction of movements</li> <li>• Awareness of whether things around us are moving or stationary</li> <li>• Spatial information from the environment providing safety-related cues</li> </ul>	<p>rocker</p> <ul style="list-style-type: none"> <li>• Jumping activities (trampoline, pogo stick)</li> <li>• Acrobats/gymnastics</li> <li>• Walking</li> <li>• Hiking</li> <li>• Riding/driving in a car</li> <li>• Swimming</li> <li>• Playing movement-based video games (Wii)</li> <li>• Amusement park rides</li> <li>• Playing volleyball</li> <li>• Use of yoga/therapy balls</li> </ul>
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 <p><b>Tactile</b></p> <p>Receptors are located in the skin and there are different types that pick up sensations related to what you touch, of being touched, temperature, vibration, and pain related to input to the skin.</p> <p>Receptors are activated during any type of skin contact (e.g., when touching something, showering, tooth brushing, eating, drinking, dressing)</p>	<p>The tactile system supports the ability to detect safety concerns, comfort, discomfort/pain sensations (protective function) and to discriminate and localize stimulation detected by the tactile receptors.</p> <p>The tactile system works with the proprioceptive system to support body awareness.</p>	<p>Contributes to the awareness of:</p> <ul style="list-style-type: none"> <li>• Tactile sensations and tactile discrimination</li> <li>• Pressure sensations (light/deep),</li> <li>• Pain coming from the pain receptors of the skin,</li> <li>• Temperature,</li> <li>• Vibration,</li> <li>• Body boundaries</li> <li>• Tactile information from the environment providing safety-related cues</li> </ul>	<ul style="list-style-type: none"> <li>• Petting animals (cat, dog, horse)</li> <li>• Warm, soft blanket</li> <li>• Cool compress, ice pack</li> <li>• Skin and self-care supplies (lotions, brushes)</li> <li>• Stuffed animals</li> <li>• Manipulatives of different textures: play dough, slime, putties, kinetic sand, stress balls</li> <li>• Compression garments</li> <li>• Weighted lap pad</li> <li>• Pillow with vibration</li> <li>• Knitting/crocheting</li> <li>• Cooking/baking</li> <li>• Breeze from a fan</li> <li>• Art/craft supplies</li> </ul>
 <p><b>Visual</b></p> <p>Receptors are located in the retina of the eye (rods and cones) and stimulated by visual input (light, colors, contours, shades,</p>	<p>The visual system supports the ability to discriminate visual stimuli in order to see, identify and locate objects, symbols, boundaries, people, map spatial relationships, etc.</p>	<p>Contributes to the awareness of:</p> <ul style="list-style-type: none"> <li>• Gradations of colors, light, darkness</li> <li>• Shapes, symbols, contours</li> <li>• Movement detection</li> <li>• Visual information from the environment</li> </ul>	<ul style="list-style-type: none"> <li>• Looking at: pictures of animals, nature scenes, mobile, wall art, murals, projected images</li> <li>• Looking at a fish tank, lava lamp, bubble lamp</li> <li>• Playing matching and other types of games</li> <li>• Reading books/magazines</li> </ul>

<p>etc.)</p>	<p>The visual system also works with the vestibular system to support a stable visual field, balance and equilibrium.</p>	<p>providing safety-related cues.</p>	<ul style="list-style-type: none"> <li>• Different colored and brightness of lighting and dimmer switches</li> <li>• Where's Waldo books, optical illusion books</li> <li>• Zen tangle activities</li> <li>• Puzzles</li> </ul>
 <p><b>Auditory</b></p> <p>The auditory receptors are the hair cells of the cochlea located within the inner ear and stimulated by sound waves and vibrations.</p>	<p>The auditory system supports the ability to detect the distance, directionality, and qualities of sounds.</p> <p>The auditory system is interconnected with the vestibular system.</p>	<p>Contributes to the awareness of:</p> <ul style="list-style-type: none"> <li>• Volume of sound(s)</li> <li>• Tone of sound(s)</li> <li>• Directionality/location of sound(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Listen to music</li> <li>• Use of musical instruments</li> <li>• Engaging in sign-a-longs</li> <li>• Listening games (musical chairs, name that tune)</li> <li>• Listening to nature sounds</li> <li>• Engaging in conversation</li> <li>• Use of meditation bowl</li> <li>• Listening to stories/books</li> </ul>
 <p><b>Olfaction</b></p> <p>The tissue inside the nasal cavity contains the chemical receptors of the nose and also osmoreceptors (detect</p>	<p>The olfactory system supports the ability to detect and localize odors/scents, has a protective function, and a direct connection to the limbic system (emotion center of the brain).</p>	<p>Contributes to the awareness of:</p> <ul style="list-style-type: none"> <li>• The nature of odors: (pleasant, familiar, unpleasant)</li> <li>• How strong an odor is perceived to be</li> <li>• Provides emotional and safety-related cues</li> </ul>	<ul style="list-style-type: none"> <li>• Scents that are familiar and provide positive associations: <ul style="list-style-type: none"> <li>○ Flowers</li> <li>○ Essential oils</li> <li>○ Lotions and soaps</li> <li>○ Chocolate</li> <li>○ Citrus</li> </ul> </li> </ul>

<p>osmotic pressure changes).</p> <p>The olfactory sense is primarily stimulated by different scents and the air through breathing.</p>	<p>The olfactory and gustatory systems work together to enhance the sense of taste.</p>	<ul style="list-style-type: none"> <li>• Supports the ability to taste</li> </ul>	<ul style="list-style-type: none"> <li>○ Pine</li> <li>○ Potpourri</li> <li>○ Variety of foods</li> </ul>
<p> <b>Gustatory</b></p> <p>Taste buds contain the chemical receptors of the tongue and are stimulated when tasting or manipulating things in the mouth (drinking, tasting, chewing).</p>	<p>The gustatory system assists in the ability to discriminate between different tastes and helps to gather information about stimuli entering the mouth.</p> <p>The gustatory and olfactory systems work together to enhance the sense of taste. Works with the tactile system to notice textures and temperatures of anything put into the mouth.</p>	<p>Contributes to the awareness of:</p> <ul style="list-style-type: none"> <li>• The nature of taste sensations: (pleasant, familiar, unpleasant)</li> <li>• How strong the taste stimuli is perceived to be</li> <li>• Provides safety-related cues</li> </ul>	<ul style="list-style-type: none"> <li>• Tasting activities or guessing games: <ul style="list-style-type: none"> <li>○ Different types of tea, flowers, fruits</li> <li>○ Blowing activities: bubbles, windmill</li> <li>○ Chew or crunch (includes proprioception): popcorn, granola bar, sugar free gum</li> <li>○ Sucking: popsicle, tick liquids through straw (milkshake)</li> </ul> </li> </ul>
<p> <b>Interoception</b></p> <p>Sensory nerve endings contained within the</p>	<p>Interoception supports the ability to be aware of internal states, corresponding feelings,</p>	<p>Contributes to the awareness of varying degrees of the following internal states/sensations:</p>	<ul style="list-style-type: none"> <li>• Self-awareness and self-monitoring strategies: <ul style="list-style-type: none"> <li>○ Activities supporting</li> </ul> </li> </ul>

<p>muscles, organs, and viscera across different systems within the body.</p>	<p>urges, and emotions.</p>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Hunger</li> <li>• Muscle tension</li> <li>• Sleepiness/Alertness</li> <li>• Heart rate</li> <li>• Respiration rate</li> <li>• Digestion &amp; Bowel/bladder functions</li> <li>• Illness/wellness</li> <li>• Nervousness</li> <li>• Temperature</li> </ul>	<p>increasing self-awareness (taste testing, drawing a picture of yourself, body tracings, books and puppets about parts and functions of the body)</p> <ul style="list-style-type: none"> <li>○ Creation and use of self-rating and self-monitoring tools</li> <li>○ Biofeedback measures: Heartmath, Biodots, heart rate monitor, Neurofeedback</li> </ul>
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## ***Grounding Techniques***

***What are grounding techniques?*** Grounding techniques are simple active strategies to assist a person orient and focus on the present and/or distract, self soothe from distress.

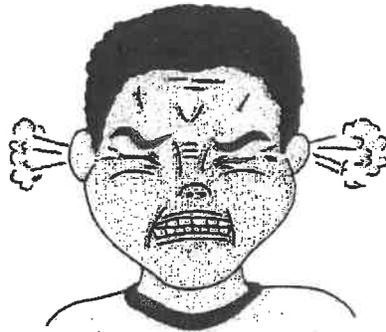
***Why do grounding techniques?*** Grounding techniques can be used in times of crisis and for prevention within a sensory diet. When one feels dysregulated grounding can assist to balance one emotionally physically cognitively and/or spiritually.

### ***Grounding Techniques:***

- Stomping your feet/clapping your hands
- Yoga
- Bean bag tapping/brushing
- Sitting on balance ball/textured cushion
- Moving furniture
- Cleaning
- Yard work
- Rocking in glider or rocker
- Blanket wrap
- Holding/chewing ice
- Eating sour balls, hot balls, lemon
- Aromatherapy
- Pottery/clay work
- Breathing exercises
- Walking/ Running
- Lifting Weights
- Using thera-bands
- Wearing weighted item: i.e.: vest, backpack, ankle or wrist weights
- Weighted blanket
- Jumping rope/jacks
- Stretching
- Tossing medicine ball
- Petting dog/cat/pet
- Push-ups/ wall push ups
- Clenching fists/jaw
- Cold/warm cloth to face/neck
- Hot/cold shower
- Playing earth drums/instrument
- Others: \_\_\_\_\_

### ***Guidelines:***

- ✓ Grounding techniques can be done anywhere, anytime
- ✓ Knowing your system, preferences, tendencies and patterns can help prepare for crisis and utilize grounding techniques effectively
- ✓ Be mindful, non-judgmental and try new activities
- ✓ Practice, practice, practice



I was bothered by



Being touched



Too noisy



Being crowded



Mean faces



Losing

no

Hearing "No"



People laughing

What?

When I Am...

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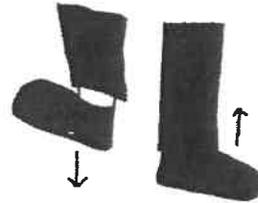
## When I was mad



I said mean things



I swore



I stomped or kicked



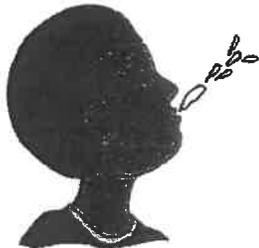
I made fists or punched



I walked away



I ran away



I spit



I got like Hulk

When I get upset



When I get upset

I will try to



Stop my body



Take space



Go to quiet area

<p align="center"><b>Red Zone: Unsafe</b></p>	<p align="center"><b>Red/Yellow: Unsafe Activities (Away from Peers) (On Campus)</b></p>	<p align="center"><b>Resolve/Repair: (On Campus)</b></p>	<p align="center"><b>Green Zone: Safe Activities (On and Off Activities)</b></p>
<p>How <u>X</u> presents:</p> <ul style="list-style-type: none"> <li>• Appears triggered/frightened or actively unsafe, upset</li> </ul> <p><b>Terms to be used by staff:</b></p> <ul style="list-style-type: none"> <li>• Use words "safe" and "unsafe"</li> </ul> <p><b>Do not use words:</b></p> <ul style="list-style-type: none"> <li>• "Time Outs", "VOV", "Out of program" or "collecting", which escalate him</li> </ul> <p><b>How to Approach/Strategies:</b></p> <ul style="list-style-type: none"> <li>• Use caring tone, facial expressions &amp; calm body language</li> <li>• Avoid appearing threatening/demanding</li> <li>• Use separation/space from the group</li> <li>• Use Frustration/Modulation Scale</li> </ul> <p><b>GOAL is to help <u>X</u> become safe!</b></p>	<p>How <u>X</u> presents:</p> <ul style="list-style-type: none"> <li>• Appears triggered/frightened or actively unsafe, upset</li> </ul> <p><b>Terms to be used by staff:</b></p> <ul style="list-style-type: none"> <li>• Use words "safe" and "unsafe"</li> <li>• <b>Do not use words:</b> "Time Outs", "VOV", "Out of program" or "collecting", which escalate him</li> </ul> <p><b>How to Approach/Strategies:</b></p> <ul style="list-style-type: none"> <li>• Use caring tone, facial expressions &amp; calm body language</li> <li>• Avoid appearing threatening/demanding</li> <li>• Use separation/space from the group</li> <li>• Use Frustration/Modulation Scale</li> </ul> <p><b>GOAL is to help <u>X</u> become safe!</b></p> <p><b>Offer 1-2 of the following option when unsafe (as safe for the situation):</b></p> <p align="center">Legos Cards Sensory Activities Walk (On Grounds) Music Reading Bike on Grounds Phone Calls Shower if desires Dancing Activity Throw Football with Staff</p>	<ul style="list-style-type: none"> <li>• When De-escalated</li> <li>• Use repair and resolve sheets specially designed for <u>X</u></li> <li>• May also be done during while being provided sensory techniques if regulated</li> <li>• We want each day to start fresh, so resolving and repairing the unsafe behavior is encouraged to be close to the event.</li> <li>• Can play with Peers if presenting as safe</li> <li>• Play Pool</li> <li>• Video games (set time limit first)</li> <li>• Once he has completed his resolve/repair work trips into the community can be added to the list of activities available.</li> </ul>	<ul style="list-style-type: none"> <li>• Bridge Street School Park</li> <li>• Bike Ride off Grounds</li> <li>• Hike off Grounds</li> <li>• Spend time with <u>Z</u></li> <li>• Carlos chooses Activity, which can be off grounds</li> </ul>

X :: Safety Plan

Check in with X

Have him complete a task and see how well he does with it (e.g. see if he is willing to give a hug).

- If not a task, ask a simple question and see how he responds.

Determine his safety from the interaction.

Then have him choose an activity depending on how his safety is presenting.

Language to use with X is: "if you're feeling safe we can do this..., if you're feeling unsafe we can do this...."

- Offer "safe or unsafe" choices/options based on the examples in the table provided.

\*There are no set times for consequences for behaviors (such as, with VOV's) - **our goal is safety, resolve, repair and building relationships**

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Resolving and repairing the unsafe behavior as close to the event as possible is encouraged **but only while he is de-escalated.**

# Modulation Rating Scale



5

ENRAGED

EXTREME  
PANIC

EXTREMELY  
HYPER



4

ANGRY

ANXIOUS

HYPER



3

CALM

FOCUSED

ALERT



2

TIRED

SAD

BORED



1

VERY TIRED

VERY  
DEPRESSED

VERY  
BORED

## #4: ANXIOUS

### When I am Anxious I feel:

- **Body:** thumping heart, jittery, muscle cramps, headache, harder to breath
- **Mind:** can't think straight, hard to know what to do, sometimes have scary thoughts, worry a lot, thinking gets fuzzy
- **Triggers:** When people are mean, when I don't know what to do, when I am worried, when things get too hard
- **Warning signs:** I don't talk much, I stop doing what I am supposed to be doing, my body gets hyper or stops moving, sometimes I get mad or sad, I might say "no" to what you ask me to do

<p><b>What I can do that helps!</b></p> <ul style="list-style-type: none"> <li>• Squeezing things</li> <li>• Bean bag tapping</li> <li>• Fidget with something (rubber band, stress ball, putty)</li> <li>• Pet my dog</li> <li>• Comedy</li> <li>• Jumping and crashing in a big bean bag</li> <li>• Swinging</li> <li>• Ride my bike around the yard</li> <li>• Jump on mini-trampoline</li> </ul>	<p><b>Distractions:</b></p> <ul style="list-style-type: none"> <li>• Boston Red Sox</li> <li>• Making fun of the Yankees</li> <li>• Dogs</li> <li>• Making Jello/snack</li> <li>• Fishing</li> <li>• Going out with friend</li> <li>• Electronics</li> <li>• Swimming</li> <li>• Legos</li> <li>• TV</li> <li>• Playing sports</li> </ul>
<p><b>Things that other people can do with me that might help!</b></p> <ul style="list-style-type: none"> <li>• Sometimes hugs</li> <li>• Back rubs</li> <li>• Massage</li> <li>• Joint compressions</li> <li>• Stay near by/do not leave me alone</li> <li>• Offer me my pillow and weighted blanket</li> </ul>	<p><b>Please do NOT:</b></p> <ul style="list-style-type: none"> <li>• <b>Tickle me</b></li> <li>• <b>Use too much deep touch pressure</b></li> <li>• <b>Leave me alone</b></li> <li>• <b>Put me in rooms with lots of fragile stuff</b></li> <li>• <b>Put me in places with lots of loud noise</b></li> <li>• <b>Give me reminders that are annoying</b></li> </ul>

Name: Peter Date: 8/15

1. Check in/Sensory diet discussion:

Mind: up and ready Body: calm (3)

2. Vibration & Joint compressions

Mind: calm (3) Body: calm (3)

3. Scooter board maze & Target games

Mind: up and ready Body: focused

4. Obstacle course

Mind: alert Body: awake

5. Human angry birds

Mind: alert Body: awake

6. Table time:

Mind: focused Body: focused

7. Astronaut Training

Mind: dizzy Body: alert

8. Neurofeedback

Mind: calm Body: calm

