



How to intervene with the child who has regulatory difficulties?

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Intervention:

Depends on the diagnostic evaluation

Depends on the uniqueness of each child

There can be no “recipes”

One approach does not fit all children

Child can show variability

Intervention depends on child preferences

Intervention also depends on family preferences



Intervention: Child factors

- ◆ SUMMARY of observations of the child:
- ◆ What is the child's "sensory profile"?
- ◆ How successful or challenged is the child in different environments?
- ◆ How much the typical challenges of the child interfere with his/her functioning?
- ◆ What is the response of the caregiving environment?
- ◆ How severe and pervasive are the problems?



Intervention: caregiver factors

- ◆ Can parent “read” the child’s responses to stimuli, e.g. unusual reactions?
- ◆ Can caregiver empathize with the child?
- ◆ Does caregiver understand the challenge in sensory integration?
- ◆ Other caregivers? E.g. father, grandmother, day care provider?
- ◆ How much flexibility or disposition to change is there?



Intervention: “ecological factors”

- ◆ How does the child respond to his/her usual environmental stimuli?
- ◆ How much modification is possible?
- ◆ How much modification is realistic?
- ◆ How much are there culturally-determined factors, e.g. “being a boy”, “being a girl”, “being strong”, “being a sports child”
- ◆ How is the “fit” between these factors and child?



Models of intervention

- ◆ Arrival at a “complex understanding” of child:
- ◆ Sensory integration factors
- ◆ Temperamental, emotional impact, relational factors in the child
- ◆ Relational, symbolic and responses in the caregiver
- ◆ Overall success or failure of the “partnership” between child and caregivers



Several “levels” of intervention

- ◆ Interventions with the infant
- ◆ Interventions with the caregivers (s)
- ◆ Interventions in the physical environment
- ◆ Interventions in the caregiving environment



Interventions with child

- ◆ Modifications in the “Sensory input” or sensory diet.
- ◆ Help with the “sensory processing” in the child
- ◆ Help to child to cope with the stimuli provided by caregivers and environment




“sensory input” modification

- ◆ Adjust stimulation to level where child can be optimally alert or challenged.
- ◆ Increase, reduce or modify
- ◆ Take into account differences in sensory “channels”
- ◆ Tactile, visual, auditory, vestibular, proprioceptive, gustatory, olfactory channels



Sensory input modification

- ◆ If child hypersensitive.
- ◆ Select sensory channels that child prefers, to elicit positive response
- ◆ Reduce intensity of some stimulation, e.g. diet of sound, of visual stimuli, of touch
- ◆ Give the child “ breaks” of stimulation to allow integration and recuperation
- ◆ Stimulate less sensory channels at one time



Sensory input modification examples

- ◆ Sensitive child
- ◆ Allow child to “hide” in preferred corner or under something (visual stimuli, tactile, auditory)
- ◆ Allow child to leave the scene and “take breaks” in games or activities
- ◆ Talk with a softer voice to gain child’s attention and focus



Sensory input modification (ctd)

- ◆ Sensitive child..
- ◆ Reduce amount of soft touch, not insist on holding or carrying
- ◆ Not insist on “visual contact” all the time
- ◆ Not insist on closing all circles of communication but allow “way out”
- ◆ Learn to read the child’s level of response.



Sensory input modification (ctd)

- ◆ Hypo-responsive child
- ◆ Increase gradually the amount, type, presentation of sensory stimuli
- ◆ Try to find “preferred” sensory channels, if one fails try another, e.g. music, motion, tickling (tactile)
- ◆ Give child time to respond ...waiting time for a reaction, not give up in frustration



Helping the child to cope with stimulation provided

- ◆ “floor time “ techniques
- ◆ Empathy toward the child, expressed in action, in words, or during playful interactions
- ◆ Understanding of the child’s perception of stimuli as intrusive, excessive, adverse or barely noticeable (in hyposensitive child)
- ◆ Learn to read the child’s reaction to stimuli from inside and outside



Helping the child to cope (ctd)

- ◆ Hypersensitive child:
- ◆ Provide soothing stimulation
- ◆ Eg. Oral activity (gum, allowing child to chew, stimulate oral area, suck thumb, pacifier, etc.)
- ◆ Oral stimulation and activity is an attempt to cope



Helping the child to cope (ctd)

- ◆ Soothing or calming effect of deep touch
- ◆ Massage or deep pressure in different parts of the body
- ◆ Head, pressure on head, wearing hats or elastic bands
- ◆ Body, e.g. weighted vest, weighted blanket
- ◆ “squeeze” games with pillows, being rolled in a blanket
- ◆ “rough and tumble” games



Helping child to cope (ctd)

- ◆ Hypersensitive child
- ◆ Use of movement to calm the child'
- ◆ Rotatory movement, move in circles
- ◆ Swings and other oscillatory movement
- ◆ Hammock, playing “ the baby”
- ◆ Being rocked by parent
- ◆ Being moved in space



Helping child to cope (ctd)

- ◆ Hypersensitive child
 - ◆ Provide soothing sensory input
 - ◆ E.g. monotonous noise, white noise,
Fans, environmental soft noise, rhythmic
noise, lullabies, music, singing by mother
- Monotonous tone in parent's voice at at time
of soothing (quasi hypnosis, e.g. bedtime)



Helping child to cope (ctd)

- ◆ Vibratory stimulation for some children
- ◆ Gradually learning to self-soothe
- ◆ “self hugs”, rolling on floor
- ◆ Movement in space, swing, etc.
- ◆ Using hands to “fiddle with things” and fidgeting
- ◆ Sitting on movable seat, e.g. air cushion



Helping child to cope (ctd)

- ◆ Hyposensitive child
- ◆ Increase the frequency of stimulation or interaction
- ◆ Increase the intensity of the stimuli
- ◆ Try different sensory channels
- ◆ Find most pleasurable activities and diversify gradually



Intervention with child

- ◆ Gradually teach child about his/her challenges and preferences
- ◆ Motivation to cope with new stimuli
- ◆ Gradually master new experiences
- ◆ Help the child understand the effect of his /her reactions on others



Helping motorically overactive child to cope

- ◆ Give breaks in expectation of being quiet
- ◆ Provide opportunity for physical exercise
- ◆ Allow a method of expression
- ◆ Give time to express physical activity
- ◆ Give time to recuperate, not abrupt transitions
- ◆ Provide substitutes for motor expression, e.g. with hands instead of whole body



Intervention with caregivers

- ◆ Include as many caregivers as necessary
- ◆ May include parent, stepparent, etc.
- ◆ May include extended family
- ◆ May include day care provider
- ◆ May include teacher, coach, other people who interact with the child in everyday life



Intervention with caregiver

- ◆ Provide information about sensory integration and processing
- ◆ Provide examples about their child, relate to concrete experience
- ◆ Provide practical suggestions on interventions
- ◆ Help parent understand the child's own perception and point of view, elicit empathy



Intervention with caregiver

- ◆ Help understand the notion of “goodness of fit” between child’s features and parental expectations, features, style
- ◆ Empathize with parents’ reactions to uniqueness in child, e.g. frustration, anger, disappointment, “mourning” of ideal child
- ◆ Focus on perceiving the child’s strengths and positive aspects of the child’s style of reaction



Intervention with caregiver

- ◆ Learn to observe positive features of the child
- ◆ Help reframe some of the challenges
- ◆ E.g. obstinance has a positive side, I.e. persistence
- ◆ Hyperactivity is also a high level of energy
- ◆ Constant seeking stimulation is also curiosity



Intervention with caregiver

- ◆ Understand and help deal with family myths
- ◆ (e.g. oldest boy should be an athlete, girl should be a ballerina, etc.)
- ◆ Help celebrate uniqueness in the child and child's interests and projects
- ◆ Help to find a “common ground” with the child where there is mutual enjoyment of activity



Intervention with caregiver

- ◆ Empathize with parent or caregiver's frustration, exhaustion, sadness, anger
- ◆ Elicit social support, admit need for extra help if child needs constant supervision
- ◆ Allow intervention from additional caregivers
- ◆ Help parent to see long-term perspective
- ◆ Help parent see future developmental stages
- ◆ (what now is a liability may be a strength in the future)



Intervention in the physical environment

- ◆ Ecological perspective
- ◆ Observation of the child in naturalistic environment
- ◆ Observation in the home
- ◆ Observation in day care
- ◆ Observation in school
- ◆ “real world” perspective



Ecological intervention

- ◆ Observe characteristics of physical world of the child (or obtain videotape from setting in question)
- ◆ “feel” physical characteristics of surroundings from the point of view of the child
- ◆ Look for positive features and difficult ones



Ecological Intervention

- ◆ VISUAL INPUT
- ◆ Is environment too crowded with objects?
- ◆ Quality of lighting, e.g. fluorescent light (makes noise)
- ◆ Is environment “boring” and unstimulating?
- ◆ Role of television, mobiles, computers, etc.



Ecological intervention

- ◆ Sound environment
- ◆ Background noise (unnoticed by most observers)
- ◆ Noise from other children, computers, external sound, traffic, distractions
- ◆ Is environment overstimulating? Or the wrong kind of stimulus? Positive input?



Ecological consultation

- ◆ At home?
- ◆ Amount of cluttering, disorganization
- ◆ Opportunities for child to have quiet times
- ◆ Or to get away from stimulation?
- ◆ Opportunities for physical activity and play?
- ◆ Interesting environment? Adequate toys?etc



Ecological consultation, at day care of school

- ◆ Characteristics of caregiver? Empathic and sensitive or rigid and unable to modify routine?

Sensitive to child's situation

- ◆ Expectations appropriate for child? E.g. expectation of being quiet, sitting still, attending.
- ◆ Amount of benign tolerance.



Ecological consultation

- ◆ Try to establish a partnership with the caregiver
- ◆ Try to help caregiver to see gradual progress and challenges to child
- ◆ Make realistic recommendations that are practical and effective
- ◆ Be ready to admit making the wrong recommendation and try new ones.



Helping child who “craves” stimulation

- ◆ Adequate reading of the child’s behavior, e.g. “ touching everything”, bumping other children, “bouncing off the walls” , being noisy, biting on shirt, etc.
- ◆ Being preemptive and proactive, rather than reactive and punitive
- ◆ Provide stimulation in socially acceptable ways, periodically



Sensory input modification (ctd.)

- ◆ Hyposensitive child
- ◆ Learn to notice the child is there
- ◆ Learn to respond to small reactions from child
- ◆ Find optimal amount of challenge to the child, some degree of insistence and “pushing” to elicit response, mostly in context of positive interactions and play.