



Sensory and Behavioral Approaches to Address Emotional Regulation ...

Kristine Haertl, Ph.D., OTR/L, FAOTA

This hands-on class will provide concrete demonstration and practice of various strategies to reduce problematic behaviors and promote enhanced function through sensory diets, environmental approaches, and behavioral/cognitive behavioral strategies

- The instructor will work with participants on creating structured schedules that utilize activities to target the various sensory, cognitive, psychological and emotional needs of our consumers.
- She will discuss the need to be aware of how an individual's surroundings affect their behaviors and give ideas on how to adjust their environment to make it more conducive to positive behaviors.
- The instructor will demonstrate various strategies and allow time for the participants to practice them.
- The instructor will also help participants to come up with strategies that will help their consumers with their own emotional regulation

What is Sensory Integration? - "The Organization of Senses for Use"

Brief Introduction of Sensory Processing Theory

Proximal Senses: Emphasis is placed on the proximal senses (See information from prerequisite course related to sensory strategies.

SI theory is based on the work of Ayres/ emphasizes subcortical sensory processing and the proximal senses of (tactile, vestibular, proprioceptive)



Sensory Strategies:

- Best used preventively
- Incorporate Routine and Schedules
- Plan for Transitions
- Use Daily Sensory Diet
- Use of Educational Techniques

Sensory Integration/ Sensorimotor Activity Ideas

Kristine Haertl, 2003 (revised from K. Haertl, 1989)

***Please Keep Age Appropriate Safety In Mind**

Tactile: Use of lotions, vibrators, textures, brushes, koosh balls, silly putty, Gak, Floam, Play Dough, Smudge, vibrator, bean bags, lie on carpeted barrel or bean bag chair, “Guess –The Object” item search in sand, beans, popcorn kernels, noodles, etc., pressing, deep pressure, balloons filled with flour (make sure nobody has latex allergies), sensory table, shaving cream massages, lotions, steam roller with medicine ball, etc.

Vestibular: (Linear): Ride in chair, ride while being pulled on parachute, scooters, swings, tramp, cross under parachute, various play ground equipment, jumping, running, hoppity hop, roll on therapy balls, rocker boards, spring based swings, equilibrium equipment, etc. .

(Rotary): Spin in chair, circular motions with the parachute, turn on scooter, spin on nystagmus board, roll in barrel, roll on mat, various swings, sit-n-spin, merry-go-round, etc.

Proprioception: Kick big ball, throw big ball, steam roller, pull others with ropes, pull with tubes, Tug-O-War, tramp, jump rope, mini tramp activities, clapping, marching, punch the bean bag chair or punching bag, jump, push/pull, stretching, bounce on the medicine ball, Hippity Hop, parachute activities, pulling, pressing, squeezing, shoulder presses, head presses, massage, weighted blanket/vest, etc.

Oral Motor / Gustatory/ Olfactory: Use of scents, smells, tastes, straws, sour candy, gum, twizzlers, War Heads, Atomic Fire Balls, blowing games, blowing bubbles, whistles, etc.

Auditory: Use of instruments, music, songs, changes, etc.

Bilateral Integration: Use of activities that require both sides of the body, catching and throwing, parachute, Tug-O-War, jump rope, biking, mini tramp activities, clapping, midline activities etc.

Visual Perceptual Activities: “Popcorn Game” with parachute, parachute activities, hitting balloons, popping bubbles, badminton, catch, basket ball games, use of balls, jump rope, Air Ball, Large Puzzles which require gross motor movements, jump and catch, etc.

Basic Equipment You May Want To Include: bean bags, bean bag chairs, therapy balls, variety of balls, balloons, textured toys (i.e. koosh balls and play dough), tunnels, lotions, textures, vibrating toys, cause-effect toys, shaving cream, bubbles, T-stools, swings, sensory table, scents, variety of candy/ foods, rocker boards, scooters, jump ropes, musical instruments, etc.

Strategies to Enhance Client Function

Kristine Haertl, 2004

Children with hypersensitivity and Hyperactivity

- Consider placement of the client, generally towards the front and in a position where he/she will not be threatened by others accidentally brushing up against the back or sides of the child.
- Try not to cover all the walls in the classroom, work or home environment, try to avoid overstimulation.
- Some clients do better with earplugs or earphones during loud activities (i.e. music group or gym)
- Some clients do better if given a flex-a-ball to sit on, or balance disc—this can improve posture and enhance concentration.
- The learning tasks and level of sensory input in planned activities should vary throughout the day. Provide “modulation” breaks and activities to re-awaken the sensory system. If coming from a high level activity (i.e. gym) provide a transition between that activity and a high concentration task.
- Calming strategies may be used during periods of classroom or work distractibility—i.e. some sites have used yoga postures or deep breathing.
- Cafeterias are often very difficult for children, particularly due to the noise, smells, and potential for unexpected touch and bumps. Consider placement of the child and teach strategies to deal with the high stimulation level.
- When forming lines, some clients do better if at the end or beginning of the line as there is less potential for outbursts.
- Beanbag chairs and weighted blankets are often useful to calm clients.

Behavioral Strategies:

- Approaches that use techniques to change, shape or form behaviors
- Use of rewards and punishments
- Teaching
- Modeling
- Token Programs

Cognitive Behavioral Strategies:

Approach based on the premise thinking influences behavior and visa versa

Thinking → Behavior→ Thinking (Goal to develop adaptive thinking and behavioral patterns)



Emotional Regulation: Ability to regulate one’s emotions for successful adaptation (Haertl)

- Requires healthy coping skills
- Requires self awareness
- Requires ability to control impulses and drives that would otherwise be maladaptive

Maladaptive: Over-internalizing, emotional dysregulation leading to self harm/ harm to others, acting out behaviors, etc.

Adaptive: Use of coping strategies, self awareness techniques, sensory strategies, cognitive-behavioral strategies, social emotional strategies, spiritual strategies

Common Causes for Misbehaviors (adapted from Maria Bird-West)

- Clients often feel overwhelmed or confused as a result of misunderstanding, poor sensory processing, misunderstood emotions, misunderstood cues, inaccurate skills, poor communication, conflicting messages, and inaccurate connection between behaviors and consequences
- Clients may feel unheard or may not know how to get their message across

Suggestions

- Communicate expectations when behavior is calm (before behaviors occur)
- Teach self-calming and provide a preventative sensory diet
- Implement redirection and calming at signs of agitation
- Use communication supports (e.g., pictures) to minimize confusion
- Be consistent between staff with client expectations
- For some client it is important to communicate what is going to occur, when, how, what will happen next, and what the expectations are

Motivational Interviewing

Kristine Haertl, Ph.D., OTR/L, FAOTA

Basics:

- **Motivational interviewing is a technique that was originally developed by psychology professors Steven Rollick and William Miller for persons with substance abuse problems.**
- **The technique uses a semi-directive client centered interviewing technique designed to increase motivation for change.**
- **The technique often parallel's Prochaska and DiClemente's Transtheoretical Model and stages of change (pre-contemplation; contemplation; preparation; action; maintenance)**
- **Key features of this approach include the use of empathy; development of collaborative relationships; active and reflective listening; use of open ended questions; gentle persuasion and direction in goal setting; and support throughout the process**
- **Four key principles for the counselor/ educator include: a) use of empathy, b) development of discrepancy, c) "rolling with resistance", and d) supporting self-efficacy**

Example of academic articles:

Newnham-Kanas, C., Irwin, J. D., Morrow, D., & Battram, D. (2011). Motivational interviewing using co-active life coaching skills as an intervention for adults struggling with obesity.

International Coaching Psychology Review, 6, 211-228.

Passmore, J. (2011). Motivational interviewing techniques: reflective listening.

Coaching Psychology, 7, 50-53.

Smith, R. (2012). Motivational interviewing meets routine encounters. *Brown University Child and*

Adolescent Behavior Letter, 28, 3-6.

Online Resources:

Motivational Interviewing: <http://www.motivationalinterview.org/>

SAMSHA's info on motivational interviewing:

<http://www.samhsa.gov/co-occurring/topics/training/motivational.aspx>

Motivational Interviewing

Kristine Haertl

Motivational Interviewing: A specific counseling/ interview style that was initially developed for work with individuals with problem drinkers. Many of the strategies are helpful in other types of interviewing as well.

Prochaska and DiClemente (1983)- Stages of change:

- **Precontemplation-** May not recognize problem
- **Contemplation-** Is there a problem, should I change?
- **Preparation-** Taking the first steps and looking as to whether change is possible
- **Action-** Changing behavior- How does the change occur?
- **Maintenance-** Sustaining change

Change is more likely to take place if you work with the client to acknowledge the need for change

Miller and Rollnick (1991):

- Be empathetic
- Unconditional positive regard (Kristi's addition)
- Avoid arguments
- Point out behavioral differences from personal goals
- Support Self efficacy

What is something you struggled to decide if you should change?

Did you change? Why or why not

What were the motivators for change?

Evaluate the change now:

Common Staff/ Provider Mistakes To Emotional Regulation

- Trying to reason with a confused, highly agitated client
- Over-talking or using complex language and directions
- Talking a client through the task rather than doing it with him/her and showing how
- Using spoken words with clients who learn primarily through visual media

Approaches to Emotional Regulation-

- Consider whether client needs and external or internal locus for strategies
- Prevention is more effective than intervention
- Use of sensory diets (*a sensory diet is an individualized activity plan that provides the needed sensory input in order for maximal daily adaptive function. The sensory diet provides the needed environmental and personal inputs a person needs to stay focused and organized throughout the day*)
- Cognitive Behavioral Approaches (e.g., relaxation, breath techniques, quiet time, dialectical behavioral therapy, social stories, 5-point scale, ALERT program)

Principles of a Sensory Diet

- Use of routines and predictable patterns
- Schedules should align with client learning capabilities
- Activities should be meaningful
- Transition to transitions
- Watch for autonomic signs
- Keep predictability but change on occasion
- Consider activities in the home-school and community
- Monitor, record responses and make changes as necessary

Schedules and Transitions

- Should be predictable and consistent yet still offer variety
- Should have client input
- Should reflect a daily sensory diet
- Should be presented in media client understands
- Should consider high/low arousal times of day
- Should include meaningful activities

General Principles when reacting to clients:

1. Don't over-react or let your own feelings get the best of you
2. Consider the reason for the behavior
3. Clearly state your feelings
4. Reframe your directions so the client understands
5. Develop staff consistency in response
6. Assure the staff have developed a healthy environment

References/ Resources

Ayres, J. (2005). *Sensory integration and the child: 25th Anniversary edition*. Western Psychological Services: Los Angeles, CA.

Buron, K. D., & Curtis, M. (2003). *The incredible 5-point scale*. Shawnee Mission, KS: Autism Asperger Publishing Company

Haertl, K. (2004). *Adaptive strategies for adults with developmental disabilities*. In C. Christiansen and K. Matuska (Eds).

Ways of Living: Adaptive Strategies for Special Needs Occupational Therapy Text (3rd ed). 149-183.

Ross, M. (1991). *Integrative group therapy: The structured five-stage approach*. Thorofare: Slack.

Ross, M. & Burdick, D. (1981). *Sensory Integration: A training manual for therapists and teachers for regressed*

Psychiatric and geriatric patient groups. Thorofare: Slack.

We are Teachers (n.d.) Ten tips for teaching emotional regulation. Available:

<https://www.weareteachers.com/emotional-regulation/>

Willbarger, P. (1995). The Sensory Diet: Activity programs based on sensory processing theory. *Sensory Integration*

Special Interest Section Newsletter. Rockville MD: American Occupational Therapy Association.

Williams, M. S., & Shellenberger, S. (1996). How does your engine run? A leader's guide to the alert program for self regulation.

Albuquerque: Therapy Works.

Websites (sample)

Relaxation:

<http://www.autismnetwork.org/modules/index.html>

<http://www.autismnetwork.org/modules/behavior/stress/lecture01.html>

<http://www.developmentaldelay.net/page.cfm/260>

Sensory diet and calming:

<http://www.school-ot.com/Sensory%20Strategies.html>

<http://www.ot-innovations.com/content/view/38/46/>

<http://www.sensory-processing-disorder.com/sensory-diet.html>

www.cedwvu.org/programs/feeding/sensorydiet2.doc

<http://www.mindspring.com/~dgn/sensory.htm>

http://sensorysmarts.com/sensory_diet_activities.html

http://www.sensory-processing-disorder.com/The_SPD_Companion-adolescent-and-adult-SPD.html

