

A Brief Guide to Sensory Integration



By Andrew Caws

Foreword by Dr Gary Lavan BSc. Child Psychologist

Table of Contents

FOREWORD	3
INTRODUCTION	4
A BRIEF GUIDE TO SENSORY INTEGRATION	5
Some signs of poor PROPRIOCEPTION	5
Some signs of poor VESTIBULAR sense	6
Some signs of TACTILE sensitivity	6

Foreword

I have never been quite as surprised in my professional life as when I first saw a weighted blanket being used to manage the behaviour of a young boy with autism. The boy in question was displaying considerable challenging behaviour on a daily basis at his school, and the weighted blanket was a new strategy which had been suggested by his Occupational Therapist. Within minutes of the blanket being used for the first time, the boy's behaviour subsided and he was sat calmly back at his desk in the classroom. The blanket then became a part of his daily routine in school and the effects were nothing short of remarkable.

My name is Gary Lavan. I'm an applied psychologist working in the UK education system. Much of my work involves supporting children with autism and learning difficulties. Through this work I use a range of approaches, but have recently become increasingly aware of the importance of what may sometimes be called 'alternative therapies' for intervening with behaviours that can challenge both parents and teachers. I have seen first-hand how some of these alternative therapies can have a dramatic and immediate impact on the quality of life of the children receiving them.

One of the approaches that I am now using increasingly, as part of intervention programs developed to support children in school environments, is weighted therapy. Through collaborative working with Occupational Therapists, I have seen the types of strategies you will read about in this guide contribute to a significant positive impact on the lives of children and their families. The author describes his first-hand experiences of weighted therapy which mirror my own professional experiences of the approach.

However, the guide does something which was particularly refreshing for me. It talks about the use of weighted therapy from the perspective of a parent. Having already seen the positive effects of using weighted therapy in schools, it was invigorating to read the guide and learn that an equally, if not more, significant impact could be made by using weighted therapy in the home.

I am aware of very few titles that address weighted therapy directly, and none that cover the topic in such an easy-to-read manner as this guide does. Knowing the potential benefits of weighted therapy is essential to teachers and other professionals in both special education and mainstream schools. But my hope is for the message contained in this guide to reach parents and carers, like you, who may need it. Read on and start discovering how weighted therapy may benefit your child today!

Gary Lavan BSc.
Child Psychologist

Introduction

Welcome to this updated guide to weighted therapy. When I wrote the first edition back in 2011, it was very much intended to be a layman's guide aimed at parents who found themselves in much the same situation as I was back in 2003, with a 3 year old son newly diagnosed with Autism who could not keep still and who rarely slept.

This updated edition is still primarily aimed at parents, but the guide also proved to be useful for teachers, Occupational Therapists, carers, charities and those who themselves are on the spectrum.

We that in mind I have updated some of the information on weighted blankets and added information on other products (not just weighted ones) which have proved to be of great benefit to many families, schools and OTs.

As the parent of an autistic son, I have seen at first-hand the benefits that weighted therapy can bring to both the child and also the rest of the family.

This publication is intended to be an easy-to-understand guide to weighted therapy; what it is, how and why it works, and what products may help your child.

As a parent, when you first come across weighted therapy it can seem a very strange concept – 'how can weight possibly help my child'? Hopefully this guide will answer that question and others.

Weighted therapy does not work for every child. However, when it does work the effect is almost miraculous! Children who will not sleep, sit still, or are unable to relax, can be transformed almost immediately by the weight and pressure in a weighted blanket, jacket, or belt.

Occupational Therapists in the UK are now fairly universally aware of weighted therapy and its benefits, and I would advise you to speak to your O.T. about whether weighted therapy is right for your child.

A Brief Guide to Sensory Integration

Sensory integration is the ability to receive, process and make use of information from the world around us. It allows us to make an appropriate, adaptive response to meet the demands of the environment. For most of us this is happening all the time without us having to think about it – we are not even aware that it is happening!

In addition to the five external senses of Sight, Hearing, Smell, Taste & Touch (the Tactile sense), there are two lesser known Internal Senses;

- Vestibular – this is our sense of movement & balance which comes from tiny receptors in the inner ear. It tells us if we are moving, how fast and in what direction. It also tells us where our body is in relation to the ground (gravity).
- Proprioception – this is our sense of body awareness and position. It tells us where our body and body parts are without having to look at them (when you close your eyes you still know where your limbs are). Tiny receptors in our joints, muscles and ligaments sense information and send it to the brain.

Children actively seek out activities that provide sensory experience of movement and body position such as jumping, swinging and spinning. It is perfectly natural for children to enjoy movement and sensations that promote development and organise the brain.

For some children (and adults) the senses do not integrate properly which can make everyday activities and tasks problematic. This is a recognised medical condition called Sensory Processing Disorder (SPD).

SPD can display itself in many different forms and the daily issues faced by those who suffer from it differs from person to person. In this brochure we offer some products and uses which may be useful as part of a SENSORY DIET. Many of these solutions come from personal experience and from talking to other parents, carers and professional over the past ten years.

We thoroughly recommend that you consult a qualified Occupational Therapist when constructing a suitable sensory diet.

Some signs of poor PROPRIOCEPTION

- Seeking out movement – excessive jumping, running, crashing, hanging, pulling and pushing
- Craves bearhugs, rough play and being squeezed
- Using excessive force (or not enough force) on fine motor activities such as dressing, writing, stringing beads etc.

- Chewing on clothing and other objects
- Poor posture and underdeveloped muscle tone
- Difficulty settling at night and poor sleep
- Poor motor planning
- Un coordinated movement

Some signs of poor VESTIBULAR sense

- Constantly “on the go”
- Cannot sit still and fidgets excessively
- Difficulty concentrating and remaining “on task”
- Craves fast movement such as spinning (and never gets dizzy)
- Uncoordinated and may appear clumsy
- Poor concentration

Closely linked to Auditory sense and therefore maybe the reason for sensitivity to certain noises such as hand driers, vacuum cleaners etc

Some signs of TACTILE sensitivity

- Dislike of certain food textures
- Dislike of labels and seams in clothes
- Averse to haircuts, hair washing and showers
- Likes to bite and chew on clothes and other objects
- Likes messy play

There are different types of touch pressure – LIGHT TOUCH (such as lightly stroking the skin) can be distressing for someone with SPD. DEEP PRESSURE such as a tight hug stimulates the proprioceptive system and can be comforting. VIBRATION – can be comforting for some children with SPD.

The symptoms described above are not exhaustive and tend to be displayed by those that are SENSORY SEEKING. Other children maybe sensory averse and may try to avoid activities such as climbing, jumping, spinning etc as they find such activities distressing.

You may have noticed that all these senses are closely linked and that some signs of sensory issues are common to more than one of the senses. For example, sensory seeking children who cannot sit still, fidget excessively and like vigorous play are likely to have Proprioceptive, Vestibular and Tactile sensitivities.