INFORMATION PACKET:

Sensory Integration vs Sensory Processing Disorder

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CREDITS:

Sensory Integration Theory vs Sensory Processing Disorder What's the Difference (December 2019) Griffin Occupational Therapy. Retrieved from https://www.griffinot.com/sensory-integration-sensory-processing/

Sensory Processing Disorder: Understanding Sensory Issues in Children (March 2022), Kimberly Holland, Healthline. Retrieved from https://www.healthline.com/health/childrens-health/sensory-issues-in-children

Are There Therapies or Treatments for Kids With Sensory Processing Issues (2014-2023) Child Mind Institute. Retrieved from https://www.understood.org/en/articles/sensory-processing-disorder-therapies-and-treatments

Helping Kids with Sensory Processing Disorder (March 2023) Julie M. Green, Today's Parent. Retrieved from https://www.todaysparent.com/kids/helping-kids-with-sensory-processing-disorder/8/

At-Home Occupational Therapy Activities for Children with Sensory Processing Issues (November 2020) Lumiere Children's Therapy. Retrieved from https://www.lumierechild.com/lumiere-childrens-therapy/at-home-occupational-therapy-activities-for-children-with-sensory-processing-issues

Surviving Sound Sensitivity A Five Step Plan (December 2022) Lindsey Biel, MA, OTR/L, Autism Advocate Parenting Magazine. Retrieved from https://site.autismadvocateparentingmagazine.com/wp-content/uploads/2022/12/Biel-135780.pdf?fbclid=IwAR2ha06w4Xnv28D-OmtOcaAFg3NOYNzfhvhPk2iQ7hn8bBMqO9TSBDUZDhk

The Best Sensory Toys for Babies and Toddlers, According to Experts (November 2021) Tina Chadha, Forbes Vetted. Retrieved from https://www.forbes.com/sites/forbes-personal-shopper/2021/11/08/sensory-toys-for-toddlers/?sh=2fd7c3141a1b

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Sensory Integration Theory vs Sensory Processing Disorder What's the Difference?

By GriffinOT|27th December 2019|News, Sensory Challenges, The Senses

A tale of two theories

The terms **'Sensory Integration' (SI)** and **'Sensory Processing' (SPD)** refer to the same theory. They are sometimes used interchangeably, however there are subtle differences. This article will help you to understand the history of the two terms. It will cover

- An introduction to Ayres sensory integration (ASI)
- The differences between ASI and sensory processing
- A history of the two terms

It began with Ayres Sensory Integration

Dr. A. Jean Ayres first published her first book on sensory integration theory in 1972. She was the first author to use the term 'Sensory Integration' to describe sensory issues in children. Her book outlined both the sensory integration theory and her recommendations for sensory integration therapy.

More recently, the term 'Sensory Processing Disorder is being used. This term was first published by Dr. Lucy Mille**r** in 2006. Dr. Miller's model of sensory processing is based on Ayres' original sensory integration theory.

Depending on their training and/or work experience, therapists will use one or both of the terms. Often, they will usually use the term that they were taught when they trained. This is influenced by who they trained with, and where and when they completed their training.

To clarify 'Sensory Integration' and 'Sensory Processing' refer to the same initial idea of how the brain processes sensory messages**.** The differences between SI and SPD are subtle. In order to explain them, this post gives a short history of Ayres' and Miller's work.

Sensory Integration Theory

Dr. A. Jeans Ayres in 1972 (p.1) first described Sensory Integration as *'the organization of the senses for use'*. Dr. Ayres was an occupational therapist working with children with learning disabilities in California. Noticing that many of these children interpreted sensory messages differently to their peers, she began to focus her attention on the **touch**, **vestibular**, **proprioceptive** and **vision senses**. Her research indicated that the children she was working with did not integrate, or combine, the messages from these senses very well. This is how she started to develop her sensory integration theory.

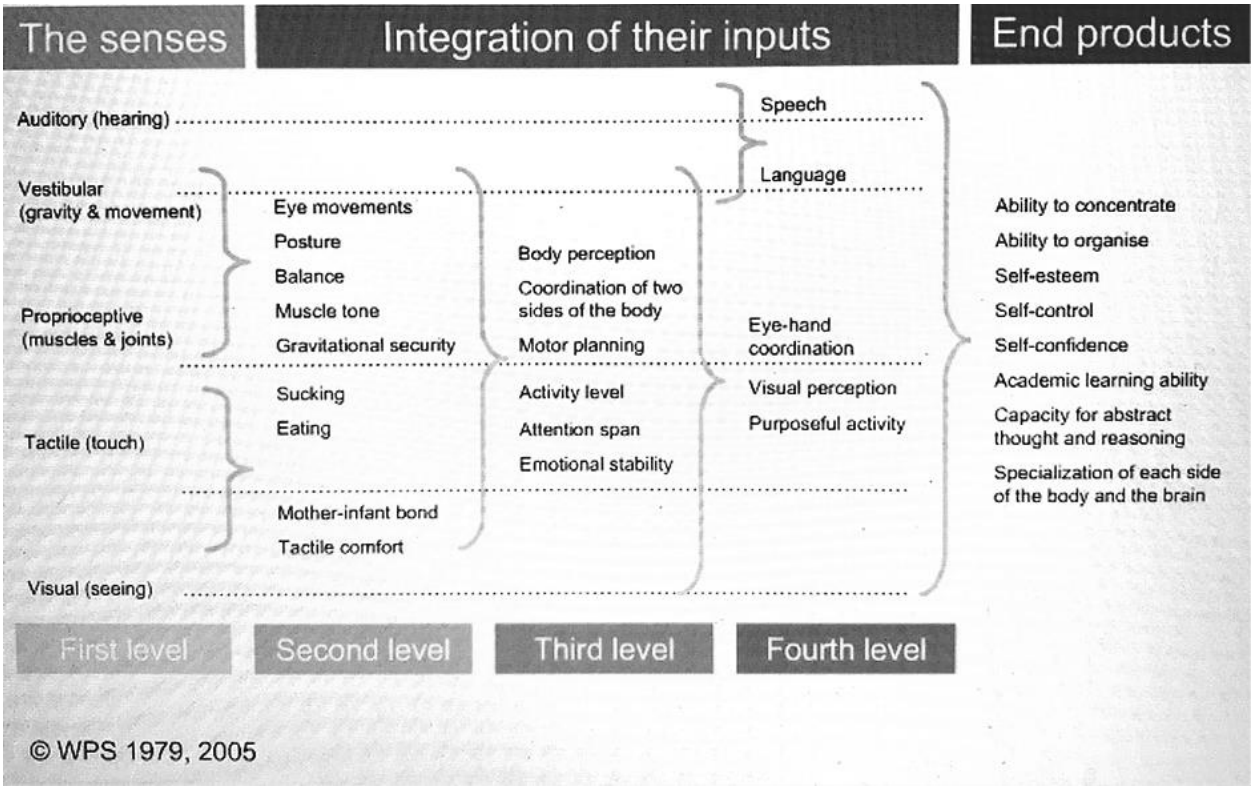
As a result of poor integration of the sensory messages, Dr. Ayres theorized children could have challenges with:

- Postural control
- Coordination of both sides of the body (bilateral integration)
- Sensory sensitivity
- Discrimination and/or
- Dyspraxia.

Sensory Integration and learning

Dr. Ayres felt that these SI challenges were contributing to the children's difficulties with learning. This thinking can be seen in her sensory integration theory and is shown in the picture below. On the left, the sensory integration model shows the senses Dr. Ayres felt were most likely to contribute to SI dysfunction. As you follow the model to the right, it shows the skills that each sense influences. Dr. Ayres hypothesized that each skill formed the foundation for the next skill. Finally, resulting in the end products of concentration, attention, learning, etc.

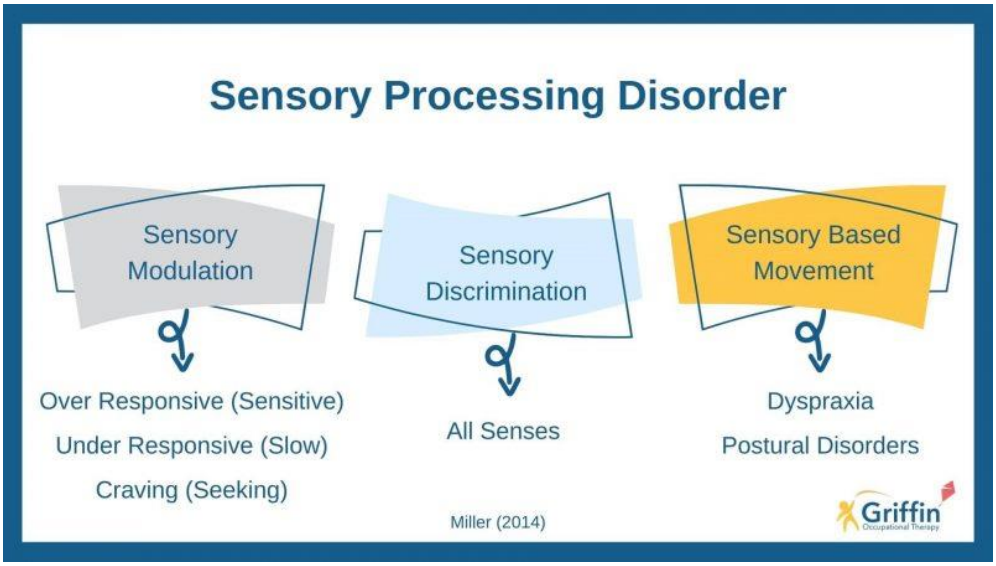
Through her work, Dr. Ayres created sensory integration therapy. She found that if she treated the children using a SI approach they made improvements in their learning. The is called a 'bottom up' approach because it works on improving foundation abilities with the expectation that this will have a knock on effect to function skills. So, for example, Dr. Ayres felt that working on postural control and discrimination would improve a child's handwriting without working specifically on handwriting. Many therapists still use this treatment approach today (Ayres® SI).



Sensory Processing Disorder

Dr. Lucy Miller first used the term Sensory Processing Disorder in 2006 to describe sensory issues in her book, Sensational Kids. Dr. Miller had initially studied under Dr. Ayres. After this she has continued to research SI along with her colleagues. The primary aim of this research was to have SPD identified as a stand-alone diagnosis by the American Psychology Association in their updated manual the DSM-5. Dr. Miller defined three parts to SPD: **sensory modulation; sensory discrimination and sensory-based motor disorders**.

Dr. Miller's model draws heavily on Ayres' initial work and sensory integration theory. In my opinion, Dr. Miller's format is easier for parents and teachers to follow. Dr Miller also published her treatment approach in 2012 (A SECRET, Bialer & Miller).



Is there a difference in how therapists from each tradition (SI or SPD) approach treatment?

In short, yes.

A pure Ayres® Sensory Integration therapy approach will be led by a trained therapist in a specialized clinic space. It must be child-led. The therapist continually creates opportunities at a 'just right' level to help improve the child's sensory integration. Therapists using Ayres® SI should use the fidelity guidelines outlined by Parham and colleagues in 2011. These guidelines describe the core components of the Ayres® SI treatment.

Miller's model uses elements of this approach; however, it includes additional therapies such as listening therapy. It also includes greater parent involvement in therapy and extra strategies for home and school. Most other authors will outline sensory strategies that can help to support the senses at home and school. These strategies can be used to complement direct sensory integration treatment.

A History of Sensory Integration and Sensory Processing Disorder

1950-60s

Jean Ayres begins working on her theory of SI.

1972

Jean Ayres publishes ***Sensory Integration and Learning Disorders***. In this book she outlines her SI theory and discusses how children can be assessed for SI dysfunction. The book also includes recommendations on how to treat and support children who have sensory challenges.

1979

Sensory Integration and the Child is published. Jean Ayres wrote this book for parents in order to break her SI theory into a more easily read format. Publishers released an updated 25th anniversary edition of this book in 2004. The newer edition includes comments from occupational therapists currently researching SI.

1980-90s

Some authors, especially in education, discredit the effectiveness of SI for children. All readers must, however, note that a huge flaw with many of studies at this time is that they do not quantify what classes as 'sensory integration.' Many studies call sensory strategies such as weighted blankets and ball chairs 'SI treatment,' even though they are not. This is like calling an Ace of Spades the King of Diamonds, although the two may be cards, they are not the same.

1999

Winnie Dunn publishes the ***Sensory Profile***. This is the first standardized assessment to look at sensory modulation difficulties. You can read more about sensory modulation on Griffin Occupational Therapy '**What is SPD?**' webpage. Dunn published an updated version of the tool in 2014 (SP2).

2000s

Above all, there is a huge push for all research on SI theory and treatment to be of high quality. In order to do this, researchers must describe exactly what their treatment process involved.

2006-7

Lucy Miller and colleagues formally publish the term Sensory Processing Disorder (SPD) in their books. Parnham and colleagues also publish a fidelity measure; this clearly describes the components of SI treatment. They, therefore, recommend this is used in all research on SI effectiveness.

2010s

The term **Sensory Processing Disorder** is used more widely in media and publications, especially books on the topic for parents and teachers. However, many books written for therapists typically continue to use the term SI. Schaff and Davies (2010) discuss the evolution of SI in an editorial for the American Journal of Occupational Therapists. Overall, they conclude there is no consensus on term use and advocate continued research.

Authors continue to use the terms SI and SPD interchangeably. A huge amount of research is currently being done to support the use of SI treatment, including using SI for children with autism. This also includes randomized control trials, the most rigorous type of evidence. For more information on publications, you can follow the links at the end of this timeline.

Therapists continue to train in Ayres® SI through organizations including the SI Education and CLASI - *Collaborative for Leadership in Ayres Sensory Integration.* In addition, Lucy Miller offers training in her A SECRET model, this now includes university certification. https://sensoryhealth.org/basic/level-1-intensive-mentorship-programs.

There is more research being published and conducted on SI. Some of the research (e.g. Schaaf, 2018) indicates that it is an effective treatment for children, including those with autism. Other reviews (e.g. Novak, 2019) come to the opposite conclusion. Unfortunately, a lot of research uses the term sensory integration therapy, however, they do not stick to the fidelity treatment measure. This means it is not always clear if Ayres® SI has been used (e.g. Karim, 2015). In some cases, the treatment has been described as SI, when it clearly is not. For example, this study which uses Brain Gym as their 'sensory integration approach.' It is important when you are reading research and information that you check what model the authors are using.

There is a large research study (Randell, 2019) underway at the University of Cardiff comparing sensory integration therapy with usual care for children with autism. The results of this study should be available in 2021. This study has the potential to provide more clarity on the effectiveness of Ayres® SI.

An updated version of ***Sensory Integration Theory and Practice*** was published in 2019. This outlines the latest research and models of sensory integration.

2020 and beyond

The Ayres 2020 vision team are working on a new assessment tool, the EASI – *Evaluation in Ayres Sensory Integration*, to help therapists assess for sensory integration dysfunction. They aim to publish this in 2022. Currently the assessment tool is being standardized. This means that it is being tested with typically developing children to identify age cut offs and scores.

The results from the Cardiff study will be published. In addition, the impact of SI is being researched by many individuals and teams. This research will be used to inform and shape the future of sensory integration theory and practice.

There is also a lot of ongoing research studying the impact of sensory processing in autism. It's an exciting time to be working in the field.

Sensory Processing Disorder: Understanding Sensory Issues in Children

Children with a sensory processing disorder may have an increased or decreased sensitivity to sensory input, such as light, sound, and touch. They may avoid or seek out sensory stimulation as a result.

What is sensory processing disorder?

Sensory processing disorder is a neurological condition in children that can affect the way the brain processes information from the senses. People with sensory processing disorder may be extra sensitive to or not react to sensory input, depending on how they are affected.

Examples of sensory input may include:

- light
- sound
- taste
- touch
- smell

Children who have sensory issues may have an aversion to things that overstimulate their senses, such as loud environments, bright lights, or intense smells. Or, they may seek out additional stimulation in settings that don't stimulate their senses enough.

Not a great deal is known about sensory issues or sensory processing disorder. More research is still needed.

Keep reading to learn more about the potential causes and symptoms of sensory processing disorder and how sensory issues can be treated.

What is sensory processing?

You may have learned about the five senses in elementary school, but the truth is, you experience the world with more than just your five senses.

Sensory processing is typically divided into eight main types. They can include:

- **Proprioception.** Proprioception is the "internal" sense of awareness you have for your body. It's what helps you maintain posture and motor control, for example. It also tells you about how you're moving and occupying space.
- **Vestibular.** This term refers to the inner ear spatial recognition. It's what keeps you balanced and coordinated.

- **Interoception.** This is the sense of what's happening in your body. It may be best understood as how you "feel." This includes whether you feel hot or cold and whether you feel your emotions.
- **Five senses.** Lastly, there are the 5 common senses — touch, hearing, taste, smell, and sight.

It's important to note that sensory processing disorder isn't officially recognized by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). There is a lack of research-based evidence to support diagnosing this disorder on its own. Many doctors and experts believe that sensory issues are actually a component of another condition or disorder, such as autism spectrum disorder.

The term "sensory processing disorder" is more commonlyTrusted Source used in the field of occupational therapy.

But what is known about sensory processing disorder can help parents, healthcare professionals, and other caregivers understand the condition and provide support.

What are the signs and symptoms of sensory processing disorder?

The symptoms of having sensory processing issues may depend on the way a child processes different sensations.

Children who are easily stimulated may have hypersensitivity. This means they have an increased sensitivity to sensory inputs like light, sound, and touch. These sensations may bother them more, cause them to lose focus in the presence of too much sensory information, or cause them to act out.

Children may also experience hyposensitivity. This means they may have reduced sensitivity to sensory output.

The type of sensitivity someone experiences may largely determine what their symptoms are. For example, children who are hypersensitive may react as though everything is too loud or too bright. These kids may have difficulty being in noisy rooms. They may also have adverse reactions to smells.

Sensory hypersensitivity may cause:

- a low pain threshold
- appearing clumsy
- fleeing without regard to safety
- covering eyes or ears frequently
- picky food preferences or gagging when eating foods of certain textures
- resisting hugs or sudden touches

- feeling that soft touches are too hard
- difficulty controlling their emotions
- difficulty focusing attention
- difficulty adapting responses
- behavior problems

In contrast, children who are hyposensitive and experience reduced sensitivity crave interaction with the world around them. They may engage more with their surroundings to get more sensory feedback.

In fact, this may make them appear hyperactive, when in reality, they may simply be trying to make their senses more engaged.

Sensory hyposensitivity may cause:

- a high pain threshold
- bumping into walls
- touching things
- putting things into their mouth
- giving bear hugs
- crashing into other people or things
- not regarding personal space
- rocking and swaying

What causes sensory issues in children?

It's not clear what causes sensory issues in children, though researchersTrusted Source believe it may have something to do with the way the sensory pathways in the brain process and organize information. Sensory processing difficulties are common in autistic people.

It's also not clear if sensory issues can occur on their own or if they are caused by another disorder. Some doctors and healthcare professionals believe sensory processing issues are a symptom of another issue rather than a diagnosis in itself.

According to a 2020 review and a small 2017 studyTrusted Source, sensory processing disorder may be related to prenatal or birth complications, which can include:

- premature birth
- low birth weight
- parental stress
- alcohol or drug consumption during pregnancy

Overexposure to certain chemicals and a lack of sensory stimulation in childhood may also be risk factors for developing sensory processing disorder.

Possible abnormal brain activity could change how the brain responds to senses and stimuli.

Are sensory issues part of another condition?

Many doctors don't believe sensory issues on their own account for a separate disorder. But what is clear is that some people do have issues processing what they feel, see, smell, taste, or hear.

In most cases, sensory issues occur in children, but adults can experience them too. Many children with altered sensory processing are on the autism spectrum.

Conditions or disorders connected to sensory issues can include:

- **Autism spectrum disorder (ASD).** Autistic people may have changes to the neural pathways in their brain responsible for processing sensory information.
- **Attention deficit hyperactivity disorder (ADHD).** ADHD affects the ability to filter out unnecessary sensory information, which can lead to sensory overload.
- **Schizophrenia.** In people with schizophrenia, abnormal mechanisms in the brain's sensory pathway and in the way it creates and organizes connections between neurons can cause altered sensory and motor processing.
- **Sleep disorders.** Sleep disorders, such as sleep deprivation, may result in delirium, which can cause temporary sensory processing issues.
- **Developmental delay.** Developmental delays are also not uncommon in people with sensory issues.
- **Brain injury.** Traumatic brain injury (TBI) may be another potential cause of sensory processing disorder, according to 2019 researchTrusted Source.

It's important to note, however, that children with ADHD experience hyperactivity for a different reason than children who have sensory issues.

People who have ADHD may have trouble concentrating or sitting still. People with sensory issues may have trouble sitting still because they crave sensory interactions with the world around them, or are bothered by their environment.

How are sensory issues diagnosed?

Sensory processing disorder isn't an officially recognized neurological condition. This means there is no formal criteria for a diagnosis.

Instead, doctors, educators, or healthcare professionals who help children with issues processing sensory information work from what they see in the child's behaviors and interactions to determine how to best support them. Generally, these sensory issues are highly visible.

In some cases, professionals may use questionnaires such as the Sensory Integration and Praxis Tests (SIPT) or the Sensory Processing Measure (SPM). Both of these tests can help healthcare professionals and educators better understand a child's sensory functioning.

Sometimes, a child's doctor may be able to work with the child's school psychologist or special education educator to help them access in-school supports like occupational therapy.

When to see a doctor

If you suspect your child has sensory issues, these signs may indicate it's time to consult a doctor:

- **The behavior interrupts everyday life.** When it's difficult to carry on a normal day, symptoms may be severe enough to discuss with a doctor.
- **Symptoms take a dramatic turn.** If your child is suddenly having difficulty standing or moving at all, it's time to see a doctor.
- **Reactions have become too difficult to manage.** There's no quick help for sensory issues. However, you may be able to help your child learn to manage their behavior with the help of trained professionals.
- **The sensory issues affect their learning.** If sensory overload or sensory processing makes it difficult for your child to learn at school, your doctor may be able to evaluate them for a related condition or work with school psychologists to help them get additional classroom support.

Questions to ask a doctor

When visiting a doctor to discuss concerns about your child's sensory processing, be sure to ask any questions you may have about your child's behavior and how you can best support them. Some questions you may want to ask include:

- Is there a diagnosis that can explain my child's behavior?
- Can you recommend any therapy that may help?
- Will my child's sensory processing issues go away as they get older?
- How can I support my child at home or in different environments?
- How can I support my child at school?
- How can I help my child if they experience sensory overload?

What's the treatment for sensory issues?

There's no standard treatment for sensory issues or sensory processing disorder. However, some options for therapy may help.

Occupational therapy

An occupational therapist can help a child practice or learn to do activities they normally avoid because of sensory issues. In school, therapists may also work with a child's teacher to better support their sensory needs in the classroom.

Physical therapy

A physical therapist can help develop a sensory diet. This is a regimen of activities that are designed to satisfy the craving for sensory input. This can include doing jumping jacks or running in place. Additional supports like weighted or sensory vests or scheduled sensory breaks may also help.

Sensory integration therapy

Both occupational and physical therapy are part of sensory integration therapy.

This approach may help children learn ways to appropriately respond to their senses. It's designed to help them understand how their experiences differ so they can figure out a more typical response.

While there are reports of people being helped by sensory integration therapy, its effectiveness hasn't been proven by research yet.

Is treatment covered by insurance?

Because sensory processing disorder is not an officially recognized condition, treatment may not be covered by insurance. Check with your insurance provider to see if therapy, such as occupational therapy, may be covered.

If your child has sensory processing issues due to another diagnosed condition, treatment for that condition may be covered by insurance. Coverage can vary according to your specific plan, so be sure to check with your insurance provider.

Ways parents can help

Parents can help their child with sensory processing issues by advocating for them so they can get the support they need. This may include:

- talking with a doctor or pediatrician about the child's sensory processing
- talking with the child's teacher and school support staff about the child's sensory processing
- seeking out support, including occupational therapy and physical therapy
- frequently checking in with their child about what they are feeling
- teaching their child how they can let adults know if they need a break or are feeling overstimulated
- supporting their child's occupational or physical therapy goals with practice

What's the outlook for kids with sensory issues?

There's no cure for sensory issues. Some children may experience fewer issues with age, while others may just learn to cope with the experiences.

There is currently not a lot of research on the outlook for children with altered sensory processing. There may be a connection to certain mental health conditions, but more research is needed.

Some doctors don't treat sensory issues by themselves but rather target the symptoms during overall treatment for a diagnosed condition, such as autism spectrum disorder or ADHD.

If you believe your child has problems processing what they perceive with their senses and has no other underlying medical condition, validated treatment options may be limited.

Because it's not considered an official disorder, not everyone is eager to treat or speculate on treatments that haven't been reliably shown to be effective in changing behaviors.

The bottom line

Our senses tell us a great deal about the world around us — from how it smells and sounds to how we can be safe.

If your child has a hard time gathering and interpreting those sensory inputs, they may show signs of sensory issues. These may include difficulty with balance and coordination, screaming, being aggressive when wanting attention, or jumping up and down frequently.

Treatments, including occupational therapy, may help children and adults who have sensory issues learn to cope with the world around them. The goal of treatment is to reduce overreactions and find better outlets for their sensory experiences.

Understood®

Are There Therapies or Treatments for Kids With Sensory Processing Issues?

By **Child Mind Institute**

Q

Are there therapies or treatments for children with sensory processing issues?

A

It usually happens in the preschool years. You notice that your toddler seems to be unusually sensitive to noise or light. And he's very, *very* picky about clothes and shoes, which are often "too scratchy" or "too tight."

Then a teacher observes that, compared to other kids his age, your son is a little clumsy. He has difficulty with fine motor skills like holding a pencil. And he may be prone to tantrums or meltdowns for no reason that's apparent to you.

What do these behaviors have in common? They suggest your child may have trouble **processing the sensory information** he is getting from the world around him. Being too sensitive to stimulation, or not sensitive enough, can make him uncomfortable, anxious, distracted or overwhelmed. Fortunately, you can help him feel better and avoid meltdowns.

If You Suspect Your Child Has Sensory Processing Issues

You and your child are not alone. A 2009 study suggests that 1 in every 6 children has sensory issues that get in the way of their daily functioning and learning. While sensory processing issues are frequently seen in children with autism, lots of kids who are not on the autism spectrum also experience them.

There is no medication to treat sensory processing issues. But there are therapies as well as

practical changes you can make at home and at school to help your child feel better and do better.

You'll want to rule out other causes for your child's symptoms. Anxiety and ADHD can also cause kids to be fidgety, distracted and prone to meltdowns. If your child also has ADHD or anxiety, those issues should be treated separately, because they can make dealing with his sensory processing problems harder for him. If he has ADHD, for instance, and has poor impulse control, he might be quick to melt down over loud noises, bright lights or other overwhelming stimulation. If he has anxiety, he might be prone to either flee or get aggressive (fight or flight) when his senses are stressed.

Adjustments You Can Make at Home and at School

If your child seems to be overly sensitive to stimulation, you'll want to limit his exposure to overstimulating environments like video arcades, loud birthday parties, supermarkets, fireworks—any place with bright lights or loud noises. When you have to go places where you think he might have problems with the noise, you can outfit him with soft, comfortable earplugs.

You and your child's teacher can discuss changes you can make to help him be more comfortable and able to focus in the classroom. For instance:

- Make sure he's not sitting next to distracting sources of noise.
- If possible, eliminate buzzing and flickering fluorescent lighting.
- Make sure his chair is a good fit for him and when he's sitting at his desk he can put his feet flat on the floor and rest his elbows on the desk.
- For the child who needs to move a bit, you might try an inflated seated cushion or a pillow from home so he can both squirm and stay in his seat.
- Some kids are better off if they sit close to the teacher. However, if your child is easily distracted by noise, he may end up turning around often to where the noise is coming from.

Who Can Help

Occupational therapists (or OTs) are the specialists who work with kids who have sensory issues. Your child may be referred to an OT at his school, or you may want to find one who is in private practice. OTs engage kids in physical activities that are designed to regulate their

sensory input, to make them feel more comfortable, secure, and able to focus.

There are no scientifically sound studies proving that the work occupational therapists do with kids who have sensory processing challenges is effective. But many parents have found that the therapies and exercises help kids to feel better and function better. “It works like a reset button,” one mom reports.

Dr. Michael Rosenthal, a pediatric neuropsychologist at the Child Mind Institute and the son of an occupational therapist, explains it this way: “It’s clear that identifying sensory issues and working with an OT help many children become calmer and better regulated.”

But since kids with sensory issues are all so different, and since occupational therapists usually aren’t connected with research institutions, the science isn’t there to back up the clinical evidence. “The thing we don’t really understand is how and if this approach works for every kid who has sensory issues.”

What Occupational Therapists Do

Evaluation: Each child is different. Before therapy can begin, the OT will evaluate your child’s specific sensory issues. She will use tests as well as closely observing your child’s behavior and talking to you and his teacher.

Treatment: Occupational therapists offer activities to make your child feel more comfortable, secure, and able to focus. There is a lot of physical contact designed to give him the right amount of stimulation. Activities include rolling or bouncing on huge balls, jumping into a ball pit, crashing into a mountain of huge pillows, jumping on a trampoline and spinning in a protected sling.

Brushing: OTs also use something called “brushing,” particularly for children who find the sensations of what most of us would consider “normal” touch—walking barefoot, the feel of clothing against our skin, of being touched by another person—irritating or unpleasant. It involves using a soft-bristled brush to provide deep pressure, followed by joint compressions. OTs teach the procedure to parents so that it can be done several times a day.

The sensory gym: Treatment usually takes place in a setting outfitted with specialized equipment, called a sensory gym. The equipment allows kids to safely spin, swing, and crash into padded surfaces. The gym may also be outfitted with things like weighted vests and ”squeeze machines”—developed by the autistic writer/inventor Temple Grandin— to provide

deep pressure that is calming to kids with sensory processing issues.

The sensory diet: Your child's OT may also design a sensory treatment plan, custom-made for his needs, for you to carry out at home. Activities are designed to give him stimulation he needs, from weight and contact that help a child feel grounded to tastes and temperature that stimulate an underactive sense of taste. Lindsey Biel, an OT whose book *The Sensory Smart Child* offers a lot of useful information for parents, describes activities that might be part of a "sensory diet." They include:

- Having her feet massaged
- Using a vibrating toothbrush
- Jumping on mini-trampoline
- Going to the playground
- Pushing grocery cart or stroller
- Spinning
- Drinking cold water
- Carrying weights up stairs
- Eating crunchy and chewy foods
- Helping set the table, using two hands to carry and balance a tray

How to Know If the Treatment Is Working

There is debate about the effectiveness of these treatments, because they haven't been rigorously studied. But many parents say they help kids be calmer and more focused.

One excellent suggestion for parents of kids starting treatment for sensory processing problems comes from the American Academy of Pediatrics. They suggest that you work with your pediatrician to set goals and find ways to measure how much it's helping your child.

It's a good idea create a scale of behaviors to compare how your child is doing before and after treatment. Some specific goals you might want to work toward include the ability to focus better, to stay calm in a loud room or have fewer meltdowns.

Helping kids with sensory processing disorder

By **Julie M. Green**, Updated Mar 17, 2023

Coping Strategies for parents

Carolyn Dalgliesh, author of *The Sensory Child Gets Organized,* offers these suggestions:

Create a chill-out zone for emotional times

Keep it clutter-free, quiet and dim. Some children favour a bottom bunk, the corner of a closet, even under a desk or table. Items you may wish to include: favourite books, noise-cancelling headphones, sensory toys, a beanbag chair and/or weighted blanket. The most important factor to note here is that the chill-out zone remains a refuge, not a place of punishment.

Use visual aids

Order and consistency are soothing. Sensory kids are often visual learners who thrive when they know the system. Label bins, drawers and baskets with photos.

Map out a schedule

Look for patterns. Use checklists. Certain times of day are often more challenging than others. Breaking down a situation or routine (e.g. homework plan) into simple tasks on a whiteboard prevents a child from becoming overwhelm

Tips for teachers to make kids with SPD more comfortable in the classroom.

1. Listening to calming music

2. Fidget toys (even hair elastics) and inflatable cushions for long periods of sitting to help with focus and concentration

3. Chewable jewellery for oral cravings

4. Doing wall push-ups and jumping jacks for physical stimulation

5. Self-brushing in a bathroom stall to provide deep pressure

6. Stretching before and after periods of sitting

7. Scheduled walking and movement breaks

8. Ear plugs/muffs for fire drills and assemblies

9. Special place (front or end) when lining up

10. Classroom seating away from distractions like bright windows or noisy radiators

adapted from sensorysmarts.com

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Occupational Therapy Activities for Sensory Processing Issues in Kids — Lumiere Children's Therapy

Six occupational therapy techniques you can do at home to help your child gain sensory processing skills

If your child experiences sensory processing issues, you know it can sometimes be a struggle to make it through the day while trying to meet developmental goals. The current COVID-19 crisis has probably made it even more difficult to get the regular occupational therapy (OT) your child needs to continue making progress.

To make it easier, here are six techniques you can try at home to help your child with sensory processing issues. These activities can be done anytime, and in conjunction with regular OT sessions from a professional.

Defining sensory processing issues

Children with sensory processing issues have trouble receiving and processing information from their senses. These issues can take many forms. A child might have trouble sensing his/her location in space. There may be vestibular or balance/coordination problems. A child may have trouble understanding his or her own emotions or physical state, or have trouble processing information from the senses, such as touch, taste, hearing, smell, and sight.

These sensory concerns can manifest in extreme aversion to loud noises, lights, and being touched. They may also show up as coordination issues, your child not realizing he/she is sick or in pain or your child having a hard time staying seated and keeping their body regulated.

Occupational therapy can help children process and respond to sensory information in a healthy way, so they can gain control of their minds and bodies. This OT technique is called sensory integration therapy.

While sensory integration is usually done in the office with a trained OT, you can also support your child's progress with exercises at home. This can be beneficial for your child if regular access to an OT is restricted – as it has been during COVID-19 – or as a way to reinforce what your child has learned during in-person sessions.

Six occupational therapy activities to try at home

1. Create a sensory bin

Children with sensory processing issues may be extra sensitive to touch, textures or materials. A sensory bin enables your child to get used to different tactile experiences. It can also promote visual perception, language, and fine motor skills.

All you need to do is put common household items in a plastic container and let your child explore. Be careful not to overstimulate with too many items, which could trigger your child's anxiety.

Household items like cotton balls, beans, buttons, rubber balls, uncooked rice, grapes, stuffed animals, and other small objects would work well for the bin.

2. Log Roll Yoga

This is a fun activity that balances and strengthens the nervous system. Have your child lie on his or her back and stiffen their arms and legs in a log shape. Then have them rock back and forth until there is momentum to start rolling. Your child should attempt to keep their body tightened and straight while rolling over and over in one direction, and then reversing directions.

This activity strengthens the vestibular system, which helps children develop proper muscle tone, postural and bilateral coordination. It's also vital to the central nervous system and includes our sense of movement and gravity.

3. Make your own play dough

Did you know you can make playdough at home? It's pretty easy, actually. Plus, it teaches your child to follow directions, explore textures, develop visual skills, and even regulate emotions.

Here's what you need:

1 cup of flour

1 cup of salt

1/2 cup of water

Mix the flour and salt together in a bowl. Add the water and knead until you have a thick, smooth dough. Then start playing and making shapes with it.

4. Play hot potato

You might remember the game hot potato from when you were a kid. For this version, you'll need heavy stuffed animals. This game combines physical movement with stimulation, which will help with coordination, visual perception skills, and getting used to textures.

5. Compete in a straw race

Some sensory processing issues include struggling with oral motor skills, coordinating mouth movements, and accepting different textures into the mouth. A straw race is a good way to work on all of these difficulties.

To do this, grab some straws, fill a large container with water, and then place two floating objects in the water. It can be paper cups, a leaf, or whatever else you can find. You and your child will then race to push the objects to the other side of the container by blowing through your straws.

6. Make a paper plate person

This activity is good for improving body awareness, orientation, and visual skills. It can also be a "stealthy" way of processing and discussing your child's emotions.

You'll need a paper plate, four Popsicle sticks, and objects to create facial features like a nose, eyes, mouth, and ears. Use objects you have around the house, or pick up supplies at a craft store.

You'll then use the plate and other objects to make people. Your child will let you know how they're feeling by the facial features and expressions they choose. You can also weave this activity into a discussion of emotions and what certain facial expressions mean.

Surviving SOUND SENSITIVITY

A Five-Step Plan

Lindsey Biel, M.A., OTR/L

Michelle has an exquisite ear for pitch, melody and rhythm. At age eight, she has already performed in violin competitions, can play on her piano a song she hears only once or twice, and loves drumming to the music of her favorite rock band. However, if a balloon pops, kids shout at recess or a baby cries, she simply cannot tolerate it. Busy restaurants, birthday parties and even family gatherings are a nightmare for her.

Jaden loves school, but he's starting to fall behind. It's hard to listen to the teacher when there is so much noise! He can hear the other students writing and the kids at the back of the classroom whispering. The sound of chair legs scraping on the floor feels like a dentist drill hitting a nerve. Even though he seeks out the quietest spot at recess and in the lunchroom, he still feels besieged by noise all day long. He finds it exhausting.

If the speech teacher asks Juliana to look at her *one more time*, she feels like she just might explode. She is doing her very best to listen and mimic with her mouth the sounds she hears, but it's so hard. When people tell her to "look at me," she gets dizzy because there are too many moving parts, such as lips, eyebrows and hands. When she looks away, she finds it easier to listen and follow. She doesn't want to be rude, but she feels it's just not possible or fair to make her do both.

A person who passes a basic hearing test with flying colors can still have difficulty with auditory sensory skills. While most people start hearing at a volume level between 0 and 15 decibels, a person with hypersensitive hearing can detect noise at 0 or even -15 decibels. When so much noise floods people's auditory system, it can be challenging or even impossible to filter out the irrelevant noise and tune in to important sounds, such as someone speaking to them. It is understandable that they may quickly become overstimulated, overwhelmed, and even traumatized by auditory overload.

We hear with our ears but listen with our brains as we try to make sense of all of the noise out there. Some of the factors of sound include: intensity or loudness (measured in decibels); frequency and pitch (determined by the number of sound waves per second); duration (how long the sounds last); and localization (where the sounds are coming from). People with auditory sensory challenges may have difficulty processing all of these factors at once. They may find specific frequencies, such as a high-frequency hair dryer or a low-frequency air conditioner, intolerable. These could trigger fight or flight reactions. In noisy situations, the auditory system of these individuals may become overwhelmed by the intensity, frequency, directionality, and duration of the noise.

A Five-step Program

The following five steps may be helpful in dealing with auditory sensitivity or other sensory issues.

STEP 1
INVESTIGATE

Consider whether there is an undiagnosed medical issue at the root of the sensitivity. Is there underlying hearing loss that alters the perception of different frequencies? Are there chronic ear infections that distort what the person hears? Do frequent headaches or migraines contribute to auditory discomfort? What causes the person to be overwhelmed by sound? What are the particular sounds that are distressing? Is discomfort caused by just a few sounds, or is it caused by sounds that come from multiple sources, such as at a party?

If auditory issues are identified, start with an audiologist who works with autistic and other neurodivergent clients and who is more likely to be familiar with sensory differences. It is important to assess auditory skills, such as sound discrimination and foreground-background discrimination. The audiologist should test auditory thresholds starting at -15 decibels of sound, something that is not routinely done since this is far below the typical threshold of hearing.

Learning about auditory strengths and challenges can help us understand behavioral reactions in problematic situations and develop a well-informed plan to assist. Forcing a person to mask discomfort from auditory input is never acceptable.

STEP 2
PROTECT

If people say or indicate that their ears hurt, it's important to believe them. It's invalidating and infuriating for individuals to be told that a sound is not loud or scary when, in fact, they find it painful or frightening. Safeguard hypersensitive ears by using "ear defenders" such as earplugs or hearing protection earmuffs which mute sound. Noise-cancelling headphones are engineered specifically to filter out consistent and environmental noise like the sound heard on an airplane, but do not work as well with intermittent or loud noises, like fireworks.

Some popular earplug brands for teenagers and adults are Vibes Hi-Fidelity Earplugs and Loop Experience Earplugs. For young children and some teens, over-the-ear protection is safer. Such devices are less likely to be misplaced. There are many good brands such as Snug Kids Earmuffs and Muted Hearing Protection Ear Muffs. For babies up to 18 months, Baby Earmuffs by Ems for Kids may work well.

Please note that ear protection should *not be worn* for extended periods during the day since the brain and auditory system will have an even harder time managing sounds when the protection is removed. Save its use for specific situations that are especially challenging, such as fireworks, parties, and public transit.

STEP 3
DESENSITIZE

Some people find unfamiliar or sudden sounds very scary. Once scared, a person may remain fearful of the sound and anxious about the possibility of hearing it again. Never *force* someone to listen to an offending sound. Thoughtful, gentle, progressive exposure can help if facilitated by a trusted parent, teacher or therapist, especially if the original context is changed. For example, if a person is afraid of the mooing sound of a cow at the petting zoo, it may help to record the sound and listen to it together at home, allowing the person to control the volume and turn it on and off. You can also listen to selections from Sound-Eaze (available at https://pocketot.com/product/sound-eaze-cd/). These selections pair many of the most commonly intolerable sounds, such as the vacuum cleaner, blender, a toilet flushing, fire alarm, and thunder, with pleasant, rhythmic songs to help the person become familiar with and better tolerate these sounds.

STEP 4
BUILD SKILLS

Work with an occupational therapist, speech language pathologist or audiologist who has expertise in building sensory tolerance and auditory sensory skills. Sound therapy programs, such as Vital Links' Therapeutic Listening, Integrated Listening Systems (iLs), The Listening Program, and others, are designed to strengthen and integrate the person's auditory system with other sensory and motor systems.

Those who struggle to discriminate between someone speaking and environmental noise may benefit from the use of an FM system. An FM unit, usually recommended by an audiologist, is a device that allows the teacher to speak into a transmitter while the student listens through a receiver, such as headphones, a small speaker or a cochlear implant attachment.

STEP 5
TEACH ADVOCACY

Help children, teens and families to speak up for themselves diplomatically. For example, students can learn to ask the teacher to repeat an instruction or agree on a signal to use that indicates they need it repeated. Accommodations such as written notes can also be added to the IEP plan. Individuals can request that music be turned down at a restaurant if it is too loud. They can also be empowered to communicate through speech, sign or a picture that indicates they need a break or that they need their headphones.

Museums, theaters, sports arenas, stores, zoos and even some airports are increasingly recognizing sensory differences and attempting to be more sensory friendly. Plan ahead by checking online for accessibility options and downloading social narratives that can help autistic and other neurodiverse visitors to have a positive experience. Previewing a visit and knowing what to expect in an unfamiliar environment can reduce anxiety significantly and help manage sensory stimuli more effectively. Download the Kulture City app for the growing list of sensory inclusive places.

To learn more about auditory sensitivity and other sensory differences, please see *Raising a Sensory Smart Child* and the www.sensorysmarts.com website.

Lindsey Biel, M.A., OTR/L, is a pediatric occupational therapist with a private practice in New York City where she evaluates and treats children, teenagers, and young adults with sensory differences, autism, and other challenges. She is coauthor of the award-winning *Raising a Sensory Smart Child: The Definitive Handbook for Helping Your Child with Sensory Processing Issues*, with a foreword by Temple Grandin. She is also the author of *Sensory Processing Challenges: Effective Clinical Work with Kids & Teens*, and has authored two chapters in Dr. William Steele's book *Optimizing Learning Outcomes*, and contributed to the new edition of Kim West's classic *Good Night, Sleep Tight*. Visit her websites at https://www.sensorysmarts.com/ and www.sensoryprocessingchallenges.com for downloadable checklists, articles, webcasts and more.

The Best Sensory Toys for Babies and Toddlers, According To Experts

Tina Chadha Contributor * Forbes Vetted Contributor Group * *Nov 8, 2021*

Toys are key in a child's development, and it's helpful to be discerning about the playthings entering your home. Instead of crowding your kid's space with the latest cute stuffie targeting your Instagram account, take a minute to examine how a new item might benefit his or her growth. Whether a child has sensory processing issues or is on the autism spectrum, sensory toys—designed to stimulate one or more of the senses—are awesome tools for any kid. Besides being just plain fun, these thoughtfully crafted toys engage, help build core strength, aid in practicing fine and gross motor skills, impart a sense of calm and provide an energy release.

For children with autism or special needs, parents can work with an occupational therapist to determine whether they're interacting and playing with the right toys and using them optimally. "Toy selection is very idiosyncratic and depends on the child's issues," explains Lindsey Biel, an occupational therapist and an author of *Raising A Sensory Smart Child*. "Are they sensory seekers? What is their neuromuscular system like? What is going to benefit their arousal level?"

You'd also want the toys to speak to your child's interests. "So if he or she is really into dinosaurs or cars or ladybugs, pick something that tries to work around that theme," says Biel. Ahead, find expert picks on the best sensory toys to delight and stimulate the little ones in your life—and the grown-ups, too (we're looking at you, pop tubes).

Colorful Textured Blocks

Occupational therapist Jeannie Ferra loves using textured blocks with little ones to strengthen grasping skills and introduce them to different textures. The interlocking pattern of these colorful blocks makes stacking easier, helping to build confidence.

A Classic Sensory Toy

When it comes to playdough, you can opt for the original or an all-natural version. Let your little one start with just the dough, squeezing it, squishing it and exploring it with both hands. "I want them flattening it and making a pancake, making snakes, coiling them up, that kind of thing," says Biel. Then, keep building from there. If you wan to take it up a notch, the expert also likes the classic Play-Doh Fun Factory. "Let them use their fine motor skills and upper extremity strength to push down on that lever arm and make green spaghetti," she says.

Get the Ya-Yas Out

Mini Trampolines are a blast for all kids, and especially sensory seekers. "They give a lot of proprioceptive input into the joints and muscles of the body," says Biel. "It's really good for body awareness and for getting the ya-yas out. It can be used to build strength and endurance." Her advice: Make sure the trampoline is set up safely and that the little one is under direct parental supervision when bouncing on it.

For Moments of Much-Needed Quiet Time

Not all kids with sensory issues—or without—want to jump, spin and climb. Sometimes old school **Jigsaw Puzzles** do the trick. Kids who are easily overstimulated need some quiet tabletop activities. "It's very calming," says Biel. When your little one shows interest, start with a **large peg puzzle** and then eventually graduate to the more advanced jigsaw. And since puzzles can lose their charm quickly, Biel keeps the fun going by incorporating them as part of an obstacle course. "I'll say, 'Climb across the beanbag obstacle course and go get the puzzle piece,'" she says. Brilliant.

The Most Satisfying Fidget Toy

Move over fidget spinner—little kids love **Pop Tubes**. You can pop, stretch and twist these tubes, which make a soothing and satisfying sound. “I use sensory tubes to help with eye-hand coordination, as well as with internal and external rotation of both arms,” says Ferra. “It also helps with self-soothing and gives auditory and visual input.”

An Easy Indoor Swing

What kid doesn’t love a swing? The park favorite is especially great for vestibular stimulation. It also helps kids gain balance and develop motor control. If you’re thinking about getting an indoor version, installation is critical. “You can’t install a home swing into a poured concrete ceiling,” says Biel. Instead, find one for the door frame. These are also great for toddlers who are overwhelmed by busy parks and might shy away from the swings in an outdoor setting.

The Ultimate Crash Pad

The concept for **Nugget**, the wildly popular kids’ play couch, originally started out as a futon for college students, until co-founder and elementary school teacher at the time Hannah Fussell brought one into her classroom, and it was an instant hit. “All kids need to have a mind-body connection,” says Fussell. “They need to fall a little to see how their body works in space. It gives them proprioceptive input.” The Nugget’s comfy sturdy cushion allows them to jump, use their imagination and let out energy in a healthy, safe way.

Interactive Tummy Time

Babies don’t always like tummy time because it’s hard for them, says Ferra. This interactive, inflatable, squishy **Tummy Time Mat** makes the work fun. They try and bat the fish with their hands, and in the process increase hand eye coordination and learn about position in space.

An At-Home Rollercoaster

Biel loves the **Dizzy Disc**—a rotating circular platform with a built-in lever that allows kids to adjust the slope as they spin. The toy activates the vestibular system (responsible for our balance) to build posture, body awareness and attention. To keep children with sensory issues from just spinning and spinning endlessly, which is counterproductive, Biel deems this an important one for parents to learn how to properly use with an OT.

A Big Ball Of Fun

There are a million and one games you can do with an **Exercise Ball**, says Biel. She has kids roll over it on their bellies or bounce on it while she stabilizes it with her feet. Then they have to really use their core to pull themselves back up.

Exercise Putty

This is for your play dough lovers, no matter the age: Take the kneading, molding, stretching activity up a notch with hand **Therapy Putty**. “It’s like Play-Doh, but it has elasticity to it,” explains Ferra. “We put things inside them, and children dig them out. It’s a lot of fun.” These activities help increase tactile awareness, problem solving skills and isolated finger coordination.

A Safe Game Of Football

The **Zoom Ball**—an oval shaped ball that travels along two ropes back and forth between players—is one of Biel’s favorites. “Each player has two handles, and you alternate opening and closing those handles, and that propels the ball back and forth,” she says. “It teaches motor planning, opening and closing your arms, upper body strengthening and cooperation—and it’s a great workout.” For a toddler, the game needs to be adapted a bit. Biel will shorten the strings in a way so that she can lengthen them later on.

Read more research/evidence on SI and SPD?

These websites often update their publication list:

- Ayres 2020 Vision Goal 1
- Sensory Integration Global Network
- Star Institute Research & Publications

Study more about Sensory Integration?

SI for parents & teachers & health professionals

For parents, teachers and professionals new to the sensory world, GriffinOT has a variety of **online training courses** available.

Sensory integration for allied health therapists

These organizations provide training for occupational therapists wanting to qualify as SI practitioners:

- CLASI (Global)
- SI Network (UK & Ireland) – offer a lot of online options
- Pediatric Therapy Network (California USA)
- STAR Institute (Denver USA) https://sensoryhealth.org/basic/impact-and-treatment-of-spd

Books & page references

Asterisks * indicate references that are parent and teacher friendly

- Ayres, A.J. (1972). SI and Learning Disorders.
- Ayres, J.A. (1979). SI and the Child.*
- Bialer D., Miller. L.J. (2012). No Longer A Secret: Unique Common Sense Strategies for Children with Sensory or Motor Challenges.
- Dunn, W. (1999). Sensory Profile. User's Manual. Texas: The Psychological Corporation.
- Parham, L. D., Cohn, E. S., Spitzer, S., Koomar, J. A., Miller, L. J., Burke, J. P., et al. (2007). Fidelity in SI practice intervention research. American Journal of Occupational Therapy, 61, 216–227.
- Miller, L.J. (2006). Sensational Kids Hope and Help for Children with Sensory Processing Disorder. *
- Miller L.J., Anzalone, M.E., Lane, S.J., Cermak, S.A. and Osten, E.T., 2007. Concept Evolution in SI: A Proposed Nosology for Diagnosis. American Journal of Occupational Therapy 61(2), pp. 135-140.
- Schaaf, R.C., Davies, P.L., (2010) Evolution of the SI Frame of Reference. American Journal of Occupational Therapy 64 (3), pp. 363-367.

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If NO, please check one: ❍ Pending Foster Parent ❍ OCS ❍ Birth Parent ❍ Adoptive Parent

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