

- Notice that the child's difficult behavioral pattern does not condition the adult to avoid presenting appropriate developmental challenges (e.g., avoiding textured foods or making disciplinary demands, overuse of a walker that the infant prefers, avoiding novelty in the environment)..
- Grade environmental stimulation (e.g., avoid overcrowding, loud noises, glaring light)..
- Engage the child in activities of high interest; sensory tolerance increases when the child enjoys the task..
- Provide a routine that is reasonably consistent, predictable, and structured. Rituals can help the child predict what is about to happen and to make adjustments (e.g., forecasting transitions, bath time or night time rituals)..

- Rather than imposing stimulation on children, provide some choices that are within their tolerance zone (e.g., "Do you want to play in the sand or finger-paint?"). One can also expand upon the child's self initiated activity to provide sensory challenges..
- Hypersensitive responses to sensory input are sometimes inconsistent. Recognize that sensory input may be cumulative and that an exaggerated response may be a result of the whole day's input and not just a single touch or type of sensory experience. Schedule "breaks" to enable recovery and calming, even if the child has not shown intolerance.



***Intervention with Children Who Have Increased Sensitivity- (Low Threshold)***

Adapted from Zeitlin, S., & Williamson, G.G. (1994). Coping in Young Children: Early Intervention Practices to Enhance Adaptive Behavior and Resilience. Baltimore: Paul H. Brookes

The following suggestions are designed to:

- decrease or prevent sensory overload
- achieve an optimal level of arousal
- support effective social and environmental engagement.

These intervention strategies can be used with low threshold children who manifest as either hyperreactive or sensory avoidant. The difference in intervention between the two types of children is related to how one interacts with the child, how one grades and modifies tasks, and how the child is expected to generalize observed changes in sensory threshold (e.g., the sensory avoidant child may demonstrate more exploration while the hyperreactive child may be less overwhelmed by sensory experiences). It is critical that a trusting relationship be built so that the child is confident that the

adult respects his or her sensory tolerance and will not impose aversive sensory input.

- Watch for early signs of distress. If there are signs of discomfort, stop the activity and provide time for recovery. (slowing the pace, rather than stopping the activity is sufficient for some children but not others.).
- Use a calming technique that is effective with the child and be consistent in its application (i.e., stay with a procedure and do not jump from one to another). Examples include:
  - Firm pressure on the skin such as during massage (avoid light touch that is excitatory)
  - Slow repetitive rocking of the child held in a vertical position in the adult's arms or on the adult's lap over the knees (gentle patting on the child's back can also be soothing)
  - Rhythmic motion (e.g., rocking infant seat, wind-up infant swing, ride in a stroller or automobile)

- Swaddling (in a young infant)
- Soft melodic lullabies or "white sounds" (e.g., fan pointed away from child and out of reach)
- Sucking on a pacifier (if acceptable to parent)..
- Encourage the child to develop self-comforting behaviors (e.g., mouthing, cuddling a soft toy, hugging hands against chest, using transitional objects such as a blanket or teddy bear, snuggling into a quiet place such as the corner of the crib, engaging in a favorite play activity)..
- Consider the complexity of the sensory input during interaction. Some young children may only be able to handle one sensory modality at a time (i.e., looking, listening, touching OR moving, but not two together). Other children may require specific multi-sensory combinations (e.g. rocking while being hugged or

held)..