

# Start Your Child's Day on the Right Foot

LUCY JANE MILLER, PHD, OTR,  
AND BRITT COLLINS, MS, OTR

Children with ASD (autism spectrum disorder) who also have sensory issues often have difficulty in the morning. With a sensory lifestyle the tools needed to help a child are inside the caregiver, and can be used anytime, anywhere. Here we describe strategies for success for the Sensory Modulation Subtypes (3) and the Sensory-Based Motor Subtypes (2) of SPD (sensory processing disorder). Helping your child start the day off right will establish a good tone for the rest of the day.



## Sensory Overresponsive (SOR)

Children who are SOR are constantly in flight, fright, or freeze. This type of child may need calming strategies as he wakes up. Activities that slowly assist to arouse the child are useful.

Connor has difficulty going from sleep to wakefulness. Starting to wake up, he seems to panic and begins to cry out beseechingly. He throws his sheets and stuffed animals off his bed crying out unintelligibly. Connor's mother has purchased a Peaceful Progression Wake Up Clock that gets increasingly louder, brighter, and even includes an increasing scent feature.

## Sensory Underresponsive (SUR)

Children who are SUR are in a "low and slow" state of arousal. Often a child is sluggish in the morning, dragging his body around. These children seem not to really wake up until mid-morning. They do better if alerting strategies are provided to help get their bodies awake and ready for the day.

Stacy is extraordinarily groggy and grouchy in the morning. Even with 10 to 12 hours of sleep, she wakes up in a bad mood. Her parents have to start waking her up over an hour before she needs to be ready or she will miss the bus. Stacy's mother starts the day by sitting on Stacy's bed, singing a good morning song, and with deep pressure rubs her back. Once Stacy has cracked her eyes open, her mother puts on "wake-up music" (*The Wiggly Scarecrow*) and Stacy hums along as she gets up. When she is "up enough," she gets on the mini-trampoline in her room. She's just in time for her favorite song, "Dancing Cowboy Rodeo."

*"Well I got me a partner that looks real good," she sings out.*

*"We'll link arms I know we should..."*

*Spin around fast as we can.*

*Say hello with the other hand.*

*Gonna slap my thighs and clap my hands*

*Gonna spin around like a*

*crazy man—YEEHAW*

*Gonna kick my legs as high as they'll*

*go (1, 2, 3, 4)*

*At the dancing cowboy rodeo!"*



Stacy's mother smiles at the familiar lyrics knowing that she is by now getting into her clothes. Next Stacy washes her face with a cool washcloth. At breakfast she drinks water with lemon juice using her taste and smell systems to further alert her. Her mom then plays a gross-motor game with her, using her vestibular and proprioceptive systems to make sure her "alerted state" is in there to stay (jumping on the trampoline, swinging on the swing outside and getting fresh air, or having a race with her brother to see who can get their backpacks ready first).

## Sensory Craving (SC)

Children who have Sensory Craving seem to want more and more sensory input. But the more they get, the more they want, and typically the more disorganized they become. These children wake up "on the go" from the minute their feet hit the floor in their bedroom. They can benefit from heavy work activities that provide deep, sustained input to their muscles. Interrupted activities like Mother, May I? or Stop and Go also help with their poor impulse control.

Matt wakes up and runs into his parents' room to wake up his dad. (His mom and dad alternate getting up early so everyone else can sleep.) Matt's father has fun with him choosing things that will help Matt slow down. They take deep breaths together and whisper jokes to each other. Then Matt helps his dad cook breakfast. Anytime dad says "freeze" Matt has to stop wherever he is and wait for dad to say "go" again. Then it's Matt's turn to say "freeze" and dad freezes until Matt says "go."

## Postural Disorder

Children with Postural Disorder have trouble contracting the muscles needed

for core stability (i.e., muscles on both sides that work together—such as stomach and back muscles, or quadriceps and hamstring muscles). These children can benefit from all types of motor movements and balance activities, but those requiring opposing muscles to contract or relax at

the same time are the best (as with isometrics, the muscles are stable but pulling or pushing against each other).

Megan has a hard time sitting in her chair for breakfast. She slumps over and eventually slides out of her chair. Before breakfast her mom plays a short tug of war game making sure that Megan pulls hard against her mom for at least 10 seconds. Then, her mom provides a stool for Megan to put under her feet so she has more stability while eating. After breakfast, she helps Megan stand on one foot to put her pants on, providing a little less support each day. Megan brings her pile of clothes (picked out the night before) to mom's room so they can get dressed together, and mom can make sure Megan is moving forward... although slowly!

## Dyspraxia

Children with dyspraxia struggle with sequencing in planning and coordinating movements. For example, the task of getting dressed might seem simple, but to a child with dyspraxia, it can be incredibly challenging. Often it seems these children are being willful when actually they are trying but don't have the tools needed to plan the motor task. Using a visual schedule with photos of clothing items in the proper sequence can really help them know what is next, be successful, and achieve more independence.

No matter what subtype or subtypes of SPD your child is experiencing, we hope that the above strategies will help you create a sensory lifestyle for your child. Remember, the strategies are not a secret if you know them. Once you have been trained, *"it's No Longer A SECRET"* (Bialer and Miller, 2011, Future Horizons). ■