

WV Project SCOPE

Sensory Processing:

What we know so far

SESSION 10



Project SCOPE



Case Study

Background: Jonah is a 7 year old with a history of intrauterine drug exposure and developmental delays. He lives with his parents. He has no siblings. His 27 year old mother has a 12+ year history of polysubstance use. Jonah received B-3 services through WV. He currently has no therapies or support services. Jonah is in 1st grade.

Primary Areas of Concern: We are experiencing behavioral challenges, exacerbated by remote learning. Child has great difficulty when expected to sit still, focus and complete work independently. Mood swings and outbursts are becoming more frequent and more intense. Outbursts can include anger, throwing toys, screaming, hitting mom, saying “nobody loves me” or “I’m such a dummy,” hitting self. After each outburst, he is remorseful, wants hugs and voices regret. Mom wants to take away Jonah’s weekly hockey practice as a punishment for acting up during school.



Community Discussion Questions

1. How can we best handle the inability to sit still? Outbursts and frustration?
2. The child was recently diagnosed with tics (motor and vocal) and continues to struggle with these. How should we address the tics?
3. What types of professional support, community resources, and family support systems should we pursue?



Summary of Action Items

- How can we best handle the inability to sit still? Outbursts and frustration?
 - Any previous diagnoses? ADHD?
 - Implementing OT techniques, sitting on a ball, getting some energy out beforehand
 - Testing for IEP eligibility. Virtual sessions with a physical therapist, OT, or anyone else in the school system
 - Incorporating play into the classroom, small exercises and dancing before classes
 - Small breaks throughout, not expecting him to sit for long hours
 - Work on self-esteem, he recognizes there is a problem and is angry with himself.
 - Nutritional status, meal timings, maybe he's getting too many sweets/snacks/mountain dew
 - Posture, look at comfort while sitting. He could be uncomfortable in the seat
 - Don't take away hockey practice!!! He needs exercise, socialization-especially when remote, can help with self-esteem, working as a team with others, getting the sensory stimulation he needs-because he is not sitting still
 - What have the school administrators and teachers tried already. Did it help or hinder the case?
 - Environment: Background noises, distractions, what can be soothing? Weighted vest, or clothing to keep his attention
 - Toys that can be held or squeezed like a a fidget spinner
 - Seeking or avoiding input?
 - Seeking. Because he is more Tigger-ish
 - Avoidance?
 - Frustration and low self-esteem



Summary of Action Items

- Rule out medical conditions that could be related to the tics (e.g., tardive dyskinesia); are there particular triggers of the tics that could be incorporated into a plan? Are there comorbid conditions? What current medications are prescribed?

 - If due to being under stress – identifying calming strategies or replacement behaviors that would be more appropriate than the tic itself
 - If due to comorbid condition, medication, etc. coordinate with the medical provider in terms of tic frequency
- Do we need to treat them? Are they affecting anyone/anything? Are they disruptive? Would drawing attention to them more disruptive (be sure to incorporate Jonah's thoughts about this)
- Construct team of individuals who would develop, implement, and sustain plan
 - OT
 - School counselor
 - Neurologist (particularly in bullet 1)
 - Individuals who would assist with 504/ IEP plan as necessary
 - Jonah
 - His parents
 - Teachers and Hockey coach
 - Child psychologist/licensed therapist
- Consider opportunities for peer social interaction (small group or 1:1) where he can “practice”
- Identifying items, events, etc. that he likes and would be reinforcing for him. Sports seem to give him “successes”. Other events (e.g., cub scouts)



Summary of Action Items

1. Professional assessment- neurology/ neuropsychology
2. Education- can be enough for some cases. Teaching for both parents, child, and other people in his life such as teachers.
 1. Tourette's Syndrome webpage
 2. *That Darn Tic*
3. OT eval for possible sensory needs
4. Decrease in comorbid dx such as stress, anxiety
5. Safe “tic” spaces
6. Keep hockey!!!
7. Assessment for school needs IEP/ 504B
8. Behavioral treatment (difficult at times to find provider)
 1. Habit reversal
 2. CBIT Comprehensive Behavioral Intervention for Tics
8. Medication
9. As the child ages into adulthood and if the case is very involved - surgery deep brain stimulation

