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## **Use of the Alert Program® in a Sensory Room at an Emergency Children's Shelter**

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## Introduction

- In 2018, 676,000 children in the United States were reported as victims of abuse or neglect (U.S. Department of Health & Human Services, 2018).
- Between Jul and Dec 2018, Arizona had 23,939 reports of maltreatment (Arizona Department of Child Safety[AZDCS], 2018).
- Maricopa County had a total of 14,175 reports of maltreatment (AZDCS, 2018).
- Adverse Childhood Experiences impact childhood development causing behavioral dysregulation, decreased attention, and inappropriate behavior (Petrenchik & Weiss, 2015).
- Effects of child abuse and neglect include effects on brain development, impaired cognitive and socio-emotional skills, and decreased language development (Centers for Disease Control and Prevention [CDC], 2016).
- The Alert Program® is a self-regulation tool that has the potential to help victims of trauma (Petrenchik & Weiss, 2015).
- Development of self-regulation contributes to play, learning, social participation, and school performance (Blackwell, 2014).
- Children who develop self-regulation are more likely to wait their turn, follow directions, and pay attention. (McClelland et al., 2007).

## Community Site

- Child Crisis Arizona (CCAZ) is a non-profit organization with a mission to create a safe environment for the children of Arizona through supporting families.
- CCAZ has an emergency children's shelter composed of three different houses: Tiny Tots (birth-3), Middlers (4-6), Big Kids (7-10).
  - Children are placed in the shelter through referrals from the Arizona Department of Child Safety and Tribal Social Services. Community members, who may need a temporary safe place for their child may request for services.

## Needs Assessment

- Children that have experienced trauma need self-regulation skills.
- CCAZ Requested help with their sensory room in the development staff training and the use of sensory room equipment.
- Assessments requested by CCAZ

## Methods

### Assessments and Consultation

- Infant Neurological International Battery (INFANIB)
- Test of Sensory Function in Infants (TSFI)
- Peabody Developmental Motor Scales Second Edition (PDMS-2)

### Life-Skills Program

- Introduction of Alert Program
  - Craft activities
  - Obstacle course
  - Use of Sensory Room

### Sensory Room Training

- 13 staff members completed a 6-week training
  - 3 different groups met once a week for 1.5-hours
- Pre-knowledge/Post-knowledge Surveys
- Development of sensory room manual: sensory room protocol, weighted items protocol, description of equipment, equipment chart, and daily sensory room sheet
- Lessons provided on the core concepts of the Alert Program®.
- Use of sensory-based strategies for behavioral self-regulation.



## Results

### Sensory Room Training

- Four children were able to use the sensory room after staff members were trained. The Table A below describes the staff's observations of pre- and post- sensory room use and information about the child's perceived self-regulation pre-and post- sensory room use using the Alert Program® terminology.

Table A  
Perceived self-regulation pre-and post- sensory room use

Case	Pre SR Staff Observation	Post SR Staff Observation	Pre SR Child Rating	Post SR Child Rating
Case 1	Hyperactive/Lack Focus	Calm	High	Just Right
Case 2	Hyperactive	Calm	High	Just Right
Case 3	Hyperactive	Calm/ Focused	High	Just Right
Case 4	Hyperactive/Lack Focus	Calm/ Focused	High	Just Right

### Assessments and Consultation

- INFANIB
  - 10 month-old: difficulty with hip ROM indicating low tone bearing weight on extended elbows in prone, and prop sitting
    - Activities: trunk support on all fours in prone, chest support on extended elbows, support through pelvis while seated, propped over bolster or legs when in prone, movement of hips bringing heel to ear.
  - 4 month-old: difficulty with hip and shoulder ROM indicating high tone, and head lag.
    - Activities: position in prone reaching for toys, movement of shoulders in flexion and across midline, reaching hands to feet, leg bicycles, and bringing feet towards shoulders with support at the knees.
- TSFI
  - 10 month-old: limited sensory awareness of feet
    - Activities: When playing with the child in supine, staff had the child's hips flexed and blocked against staff's body. Toys placed on the child's feet to encourage awareness of lower extremities.
- PDMS-2
  - 3 year-old: delayed scores in fine-motor coordination: difficulty stringing beads, imitating lines, stacking blocks
    - Activities: picking up beads, stringing beads on a pipe cleaner, handling playdough, coloring tasks, and copying shapes and lines.

### Life-Skills Program

- Staff's use of the Alert Program® in house.
- Children's use of Alert Program® in house and sensory room.
- Use of sensory room equipment in house for de-escalation and behavioral self-regulation.

## Conclusions

- Occupational therapy is helpful in this setting, through the provision of sensory room training, the recognition of sensory preferences, and the use of sensory-based strategies for calm and focus behaviors.
- Occupational therapists have a unique skill set in recognizing sensory motor preferences and being able to apply the appropriate sensory based strategy for calming and focus.
- Recommendations:
  - CCAZ to continue to have additional staff training with OT consultation.
  - Consultation between the center and an occupational therapists to assure that sensory-based strategies are being used appropriately.
  - Sensory equipment such as weighted items and vibrators be available in each house for de-escalation of behavior.

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