

# EMPOWERING JEREMIAH'S PLACE THROUGH A SENSORY SUPPORT TOOLKIT & STAFF TRAINING



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## Introduction

### Jeremiah's Place Background

- Free 24/7 emergency childcare for ages 0-6 who are in crisis
- High trauma exposure impacts regulation, sensory processing, and behavior (Joseph et al., 2021)
- Dysregulation presents as maladaptive behaviors (Yochman, 2021)
- Limited access to sensory supports



### Significance

- Early regulation is critical for long-term outcomes (Flanagan et al., 2024)
- Trauma increases risk of persistent dysregulation (Yochman, 2021)
- Staff report needs for practical de-escalation tools
- Sensory-based strategies improves staff response and child outcomes

## Objectives

Participants will be able to...

- Identify sensory strategies to utilize with young children experiencing trauma in order to support regulation and occupational performance
- Articulate how a sensory resource toolkit and hands-on staff training can support staff competency and improve outcomes for young children experiencing trauma in a crisis nursery setting

### Participants

Childcare staff, volunteers, and administration at Jeremiah's Place pre (n=10) and post (n=8)

### Outcome Measures

For staff...

- sensory regulation confidence
- stress levels

For children...

- deescalation of sensory based behaviors

[Access full toolkit here](#)



## Methods

### PLAN

- Conducted staff interviews to identify current practices and needs related to sensory support strategies
- Gathered pre-implementation survey data on staff's current confidence in implementing sensory strategies
- Developed toolkit objectives

### DO

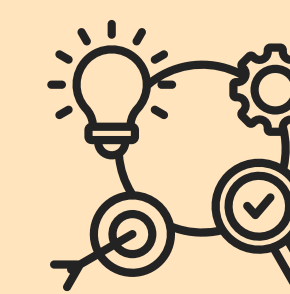
- Developed Sensory Support Toolkit with education + resources
- Provided in-person staff training session including...
  - Overview of 11 toolkit sections
  - Case studies and discussion questions
  - Review of staff Adolescent/Adult Sensory Profile 2 trends

### STUDY

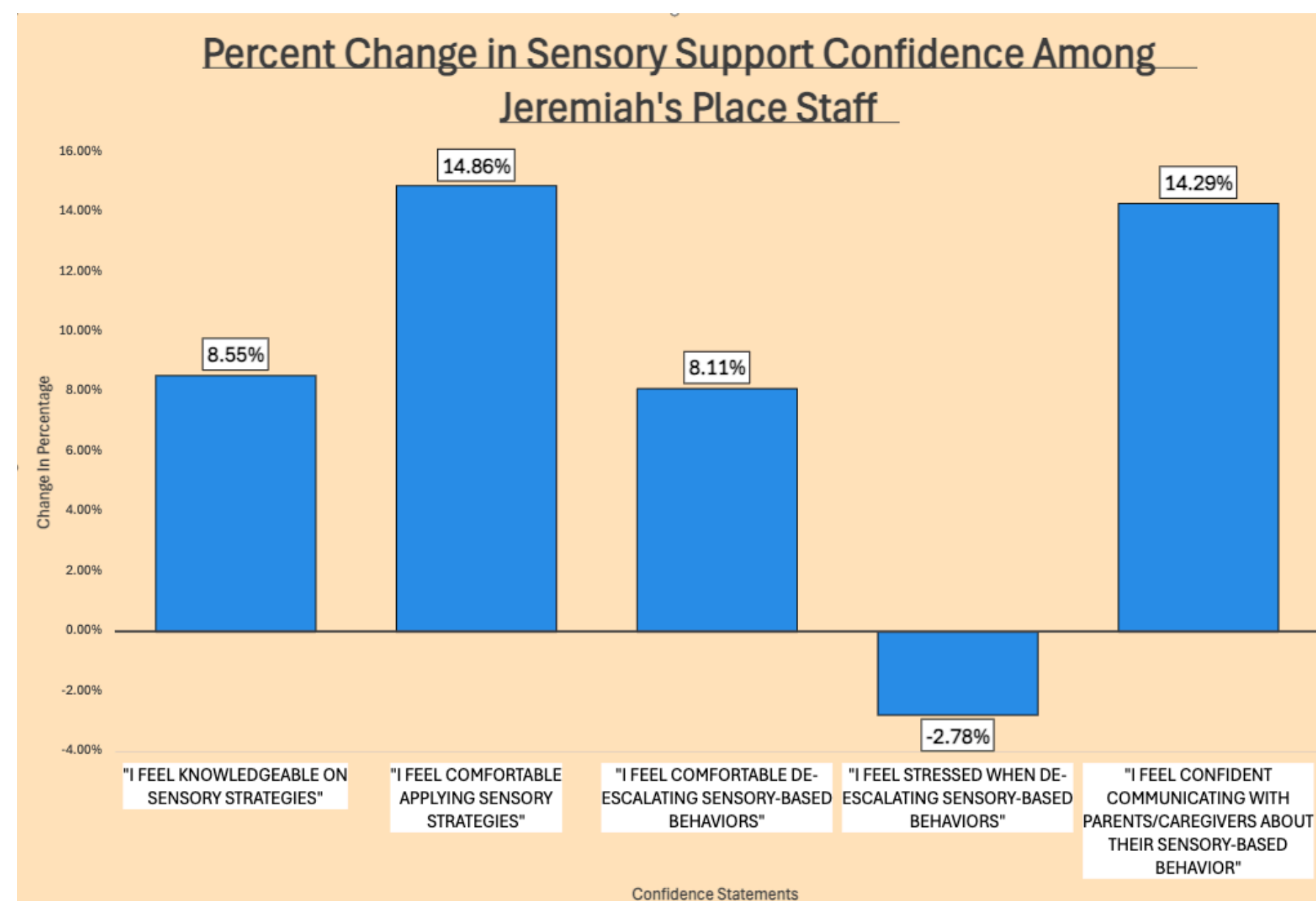
- Assisted with real-time implementation during dysregulation and noted observed staff needs/feedback
- Conducted staff interviews and post-implementation survey for improvements

### ACT

- Finalized toolkit based on staff feedback, prioritizing practicality
- Integrated toolkit into staff onboarding to sustain use



## Results



### Key Takeaways

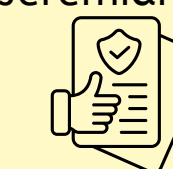
- Staff showed the greatest confidence gains in *applying sensory strategies* and *communicating with parents/caregivers*
- Perceived *stress during de-escalation* decreased, indicating staff felt more regulated when managing sensory-based behaviors
- Staff with 0-2 years of experience demonstrated the largest knowledge gains from pre- to post-implementation
- All five competency areas showed positive growth, reflecting broad improvements in sensory support confidence across the team

### Staff Quotes

- "the toolkit feels very accessible and is very appreciated"
- "I learned how to utilize the toolkit through real life scenarios"
- "I learned how to properly utilize our weighted blankets and vests"
- "I learned different calming strategies for when a child is being overstimulated"
- "I learned how to better break down and access sensory needs"

## Conclusion

The sensory toolkit and staff training increased confidence in applying sensory strategies, supporting regulation in young children, and communicating with caregivers – a critical need in crisis nursery settings where trauma exposure is prevalent. These findings highlight the importance of accessible, practical sensory supports for Jeremiah's Place staff working with children experiencing trauma and dysregulation.



### Limitations

- Short trial period with children due to inconsistent care coverage
- Low survey rates due to staff turnover during capstone experience
  - Small sample size may affect generalizability of results to similar settings

### Future Directions

- Expand current content and parent/caregiver training
- Conduct program evaluation over a longer period to access sustainability and child-level outcomes
- Create further staff training for onboarding
- Increase caregiver involvement to strengthen the continuum of care

## Acknowledgements

Thank you so much to the Occupational Therapy Department at the University of Pittsburgh and our site mentors at Jeremiah's Place, Melissa Novosel and Tammy Aupperle.

## References

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