

Regulation Disorder of Sensory Processing

Early Childhood Mental Health Fact Sheet

About the Disorder

Young children with this disorder struggle to regulate their emotions and behaviors as well as their motor abilities in response to sensory stimulation. The sensory stimulation can include touch, sight, sound, taste, smell, sensation of movement in space, and awareness of the position of one's body in space. A child's struggle with these sensory inputs leads to impairment in their development and functioning. These children have trouble maintaining a calm, alert, or affectively positive state. The three types of regulation disorder of sensory processing are:

- hypersensitive, which has two subcategories—fearful/cautious and negative/defiant;
- hyposensitive/under-responsive; and
- sensory stimulation-seeking/impulsive.

For all types of this disorder, parents report that their children get upset easily, often lose their temper, have difficulty adapting to change, are overly sensitive, and/or have a difficult temperament.

What You May See

• **Hypersensitive**

These children experience sensory stimulation such as light touch, loud noises, bright lights, and rough textures as distressing. They may show an excessive startle reaction, aggression, increased distractibility, and they may attempt to escape from the stimulus. Infants may respond by being irritable or fussy. They may not be comforted easily being cuddled or sung to. In fact, these types of responses could be what the child is reacting against. Parents and caregivers may also notice hypersensitivity when trying to introduce new foods to the child because of the child's very low tolerance for a variety of textures, tastes, and smells. As children with the hypersensitive pattern mature, they typically display limited interest in sensory motor play, engage in exploration less often

than is expected for their age, and exhibit difficulty in fine motor coordination. All of this is usually due to the fact that they self-limit activities because of their sensitivity.

Children with a hypersensitive sensory processing disorder fall into one of two sub-categories, either fearful/cautious or negative/defiant. Children who show signs of the fearful/cautious pattern will show stress when routines change, are very shy and clingy in new situations, have a limited ability to self soothe, and express excessive fears and worries. These children are very cautious, inhibited, and fearful. The negative/defiant hypersensitive child may appear negativistic, stubborn, controlling, and will often do the opposite of what is asked or expected. The child may be slow to engage in new experiences, is aggressive when provoked, and exhibits compulsiveness and perfectionism.

• **Hyposensitive/Under-Responsive**

These children require high-intensity sensory input before they are able to respond. They are quiet and watchful at times and may appear withdrawn and difficult to engage. Infants may appear delayed or depressed and lack the desire to explore their environment. As preschoolers, they often have fewer words for dialogue and show a limited range of behaviors, ideas, and fantasies. These children will seek out activities that they know will provide them with adequate sensory stimulus—they may spin on a sit-n-spin, swing for long periods of time, or jump up and down on a bed. They tend to show disinterest in exploring relationships, have poor-quality motor skills, engage in limited exploratory activity, and have limited flexibility when involved in activities.

• **Sensory Stimulation-Seeking/Impulsive**

Infants with this pattern will crave and seek sensory stimulation. Preschoolers will appear excitable, have intrusive behaviors, and exhibit a daredevil style. The motor activities of these children are often unfocused so they may appear clumsy due to poor motor planning.

These children may seem aggressive and fearless or impulsive and disorganized. Their behavior patterns involve high activity—for example, they will shriek with joy if you sit on them because they seek contact and stimulation through deep pressure. At times, this desire for contact coupled with poor motor planning and disorganized motor skills can lead to things being broken, unintended intrusions into others' physical space, and unprovoked hitting. These actions are often misinterpreted as aggressive, so other children may respond with aggression, which may then lead the child with the sensory stimulation-seeking/impulsive disorder to develop aggressive behaviors.

IMPORTANT

This fact sheet is not intended to be used as a diagnostic tool. It is meant to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.



Regulation Disorder of Sensory Processing

(continued)

Symptoms

Children who have difficulty regulating and processing sensory input typically exhibit three features: 1) sensory processing difficulties, 2) motor difficulties, and 3) a specific behavioral pattern. A child with this disorder will be sensitive (either over or under) to touch, sights, sounds, smells, and sensations of movement in space.

- A child may be irritated by some types of clothes and shoes
- Bright, florescent lights may cause irritability or a meltdown
- A child may have a very limited diet and strongly resist foods because of the texture
- Routine tasks, such as brushing teeth and combing and/or cutting hair, may be nearly impossible to accomplish
- Toddlers may love or hate rough and tumble play
- A child may appear annoyed when touched too gently—in infants, this may mean they won't want to be cuddled or they may prefer firm swaddling
- A child may have difficulty sleeping if a room isn't completely dark

Strategies

For all children:

- Show soothing and empathetic support of the child's individual needs.
- Announce transitions to the child who needs extra time to adjust; when significant changes are happening (such as moving to a new room), a slow and gradual change with plenty of emotional support can help a child adjust.
- Show the child empathy and love. A caregiver who can manage warmth even in the face of negativism or rejection will help the child's emotional development—it may take time, but don't give up!
- Help the child engage, attend to, interact with, and explore the environment.

For hypersensitive children:

- Provide quiet, calm spaces when possible.
- Watch for cues from the child that the environment is overly stimulating (for example, some children love loud noises, but a hypersensitive child may cover their ears).
- Find out the best way to show comfort, and help the child's peers to show comfort in similar ways (for example, let the child's peers know how close is too close).

For under-responsive children:

- Provide interactive input and exaggerated gestures.
- Reach out to the child; use animated expressions.

- Give robust responses to the child's cues, however slight the cues may be.

For sensory stimulation-seeking/impulsive children:

- Provide the child with constructive opportunities for sensory and affective involvement.
- Encourage and teach the child to recognize their own limits, especially with regard to issues of safety.
- Encourage the use of imagination and support exploration of the external environment.

Documenting your Concerns and Next Steps

When documenting a child's sensory sensitivities being very observant and specific is especially important. For example, noting that "Jonah rarely eats all his lunch" is not as informative as "Jonah didn't have yogurt at snack today, and I noticed he rarely eats pudding when it's packed in his lunch." Or saying that "Michelle washes her hands a lot" is not as descriptive as "Michelle washes her hands immediately after activities that involve paint or anything goeey—even silly putty, which doesn't stay on your hands." Keeping close tabs on when a child has an unusual response to sensory stimuli may help to discover a pattern that will help determine which sensory stimuli trigger a response.

If a child's behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child's behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For more information about early childhood mental health, see MACMH's *A Guide to Early Childhood Mental Health*, available for order at www.macmh.org.

Ready Resources

- Kami M. Talley Reading and Resource Center at the University of Minnesota offers a bibliography of resources at <http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/>
- National Institute of Mental Health at www.nimh.nih.gov
- SAMHSA's National Mental Health Information Center at www.mentalhealth.samhsa.gov
- ZERO TO THREE at www.zerotothree.org

Information included in this fact sheet comes primarily from the DC:0-3R (Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood: Revised Edition).

Funding for the development and publication of this fact sheet was sponsored in part by a grant from the Minnesota Department of Education using federal dollars from CFDA 84.323A, Special Education - Program Improvement Grants.