

Sensory Sensitivity

Is your child overwhelmed by loud noises, bright lights, and stinky smells?



Is your child:

- Showing sensitivity to sight, smell, sound, taste, touch or texture?
- Complaining of bright lights?
- Refusing to wear certain textures, like jeans or socks with seams?
- Having trouble with certain fabrics, like velvet or satin?
- Avoiding loud and busy places, like school cafeteria or the auditorium?
- Running out or covering ears when things are noisy?
- Acting afraid of auto flush toilets or fire alarms?
- Demonstrating sensitivity (i.e. gagging, refusals, protests) to texture, smell, and presentation of food?
- Refusing to walk on grass, to play in the sand, or to touch Play Doh?
- Saying water hurts his skin?
- Seeming annoyed by patterned wallpaper?

LET'S TALK ABOUT IT

Parents often notice sensory sensitivities at a young age. Some children refuse almost all foods based on smell or texture. Other children seem not to notice when they need to urinate or have a bowel movement. Some children cannot be in loud places or avoid messy activities that other children seem to love. Every child is different. Some children

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are pickier eaters than others. Some children prefer to stay neat and clean rather than being willing to try messy foods. Some children love noise, activity, new sights and smells. Sensory sensitivities become an issue when day-to-day life is significantly impacted. If a simple adaptation can be made, these sensory problems may not require supports from a professional.

Examples of common sensory issues are as follows:

- Parents find they are unable to get Johnny to wear clothes
- Joey will only wear clothes that are void of tags, zippers, collars or waistbands, and he is insisting on wearing sweatpants and t-shirts every day
- Sally will only eat yogurt or cheese

Parents generally bring these concerns to the pediatrician and are often met with a “wait and see” suggestion. Certainly, it is important not to jump to a hasty conclusion. On the other hand, if significant sensory differences are having an impact on your child’s life, it can be helpful to take a careful look at your child’s growth and development.

CLINICAL DESCRIPTION

Sensorimotor development: Well-known developmental psychologist Jean Piaget offered a theory of child development that consists of stages a child works through from birth to adulthood. The stage proposed to span from 6 months to 2 years old is called the *sensorimotor* stage. This time in development is thought to be crucial for sensory and motor development.

Typical development: Piaget said infants build knowledge of the world through trial and error. They learn as they assimilate information and accommodate their developing schemas, which means that children learn and expand on knowledge. For example, they begin to categorize things they see, hear, touch, taste and feel. Dogs are soft with a wagging tail, and the kitchen stove is hot. Children use motor and sensory systems to explore the world from this young age, and this process of discovery aids young brains in developing.

Sensory processing problems: Challenges with sensory processing are often referred to by occupational therapists or teachers as having Sensory Processing Disorder (SPD) or Sensory Integration Disorder. These terms refer to challenges within the sensory system that lead to under or over sensitivities and impact sight, sound, smell, taste, and texture. As you may imagine, differences in your sensory processing can have a major impact on day-to-day life. Certain stimuli may not be well tolerated or may not be noticed at all depending on over or under sensitivity.

Sensory Processing Disorder: The American Academy of Pediatrics and the American Medical Association encourage parents and practitioners to be cautious with such terms as SPD. The reason for this caution is a body of medical research suggesting that sensory processing challenges may be symptoms of several different recognized

medical conditions. We do not have sufficient evidence in the research to suggest that sensory processing challenges occur alone as a “disorder” [1]. For this reason, the medical community urges treatment of sensory sensitivities to be a part of a comprehensive treatment plan for a child. Your child cannot be medically diagnosed with Sensory Integration Disorder, but he or she may benefit from treatment for sensory symptoms as well as treatment for other symptoms that are having an impact on day-to-day life.

Disabilities with sensory symptoms: A number of neurodevelopmental disorders, motor and anxiety disorders may include sensory processing differences as potential symptoms. For example, sensory processing differences are one symptom of an Autism Spectrum Disorder. Children with ADHD often have differences in sensory processing, as do those with Developmental Coordination Disorder (a disorder of motor coordination) and those with a variety of childhood anxiety disorders. Research suggests that cognitively gifted children may have greater sensory sensitivities (and many of these children run a bit anxious as well).

Behavior problem or sensory need? It is important to look at sensory processing in context. Sensitivity to noise may lead a child to avoid the cafeteria or auditorium and to cling to parents at the farmer’s market. This same sensitivity is not the reason a child cannot sit still or the reason for hitting a younger brother every time he cries.

Although sensory problems may be the source of irritation or frustration, behavior problems are not explained or excused by such sensory sensitivities. Rather, your child may be struggling due to another disability or behavior disorder. Occupational therapy alone can be very successful in treating sensory sensitivities, but it will not directly treat behavior, inattention or anxiety.

An outpatient clinic or hospital setting with a multidisciplinary team may work on emotional and behavior symptoms and could include a home-support component. These teams generally include occupational therapists *and* behavior therapists, speech therapists, and psychologists. The authors of this site feel it is important to mention this team approach because we see, firsthand, parents who have paid out of pocket for 5 years of occupational therapy and wonder why their child is still throwing apples at their heads in the kitchen if he’s told “no.”

WHAT TO DO IF YOUR CHILD HAS SENSORY PROCESSING PROBLEMS

If your child has significant sensory challenges, a disability may be present.

Consider a comprehensive evaluation. Competent specialists recommend a neuropsychological evaluation to determine the best course of treatment.

Pursue only evidence-based treatments. A comprehensive treatment plan may include some combination of occupational therapy, physical therapy, behavioral therapy, play

therapy, language therapy, tutoring, school-based supports, social groups, or other therapies. Understanding your child's profile in its entirety can help you to prioritize treatment and to look for supports that are research-based. Many treatments that may be suggested to you might not have evidence to support their use in treating children.

For Autism Spectrum Disorder, more than any other diagnosis, many treatments are suggested that may not have merit. You can use a trusted website to check out a treatment and to see whether it has met the standard set for research-based, effective treatment. See the Association for Science in Autism Treatment for more information on evidence-based treatments for autism. <http://www.asatonline.org>

Try these strategies at home for your sensitive child:

Home suggestions for the child who is very sensitive

Food sensitivities

- Introduce new foods a little at a time. Be consistent and be patient. The most common method that occupational therapists use to teach children to tolerate foods is the Sequential Oral Sensory approach (SOS).

“The program allows a child to interact with food in a playful, non-stressful way, beginning with the ability to tolerate the food in the room and in front of him/her; then moving on to touching, kissing, and eventually tasting and eating foods” [2].

Introduction of foods follows the following hierarchy:

- tolerates food
 - interacts with food
 - smells food
 - touches food
 - tastes food
 - eats food
- You might first simply require the child to tolerate the food on his or plate and then interacting with it several times before actually eating it. Many children need to try a new food 12-20 times before deciding that they like it. Don't give up.
 - When introducing new foods, the SOS model encourages playing with your food and doesn't view this play as a bad thing. This approach never forces children to eat food. It also encourages fun activities prior to a feeding session:

- 1) Gross motor movement (swinging, obstacle course)
- 2) Oral motor activity (blowing bubbles or using whistles)

Clothing sensitivity

- When dressing your child who is sensitive to collars and waistbands, make sure you offer some give and take. Maybe this time, your daughter will be willing to wear some dress shoes but refuses to wear a skirt. Perhaps, the next time, your daughter will wear a skirt as long as it has an elastic waistband. Progressively and patiently adding sensory inputs can help your child develop tolerance. Allowing for these concessions can go a long way in developing flexibility in your child and in avoiding conflict. Some sensitive kiddos feel like wearing a tighter shirt (e.g., Spandex) under long sleeve shirts or coats helps them tolerate clothing.
- If your child cannot stand scratchy tags, cut them out. Some sensory issues are simply not worth fighting. Try some simple strategies like removing tags before pursuing expensive treatments.

Sensitivity to light and sound

- Be aware of situations that just won't work for your child. If you have a sensory-sensitive child, you may avoid certain places. For example, a sensory-sensitive kid may not be able to handle a movie theater, luau, or a concert. As a parent, it can be difficult at times to steer clear of these activities, but it may be worth it to avoid the meltdowns, throwing up, or intense anxiety these may cause your child. If this activity is very important to your family, consider introducing these activities in baby-steps, as described above.

SIMILAR SYMPTOMS

If your child is struggling with a similar problem, not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [Social deficits \(Socializing\)](#): difficulty interacting with peers, trouble reading others emotions or social cues can be related to sensory sensitivity problems
- [Need for control \(Rigid Behavior\)](#): the need for predictability, need to have things just so can be related to sensory sensitivity problems
- [Behavioral meltdowns \(Tantrums\)](#): behavior problems, screaming, hitting, refusing, could be occurring when the lights are too bright or the classroom is loud in a highly sensitive child

- [Toileting problems \(Toilet Training or Toileting Accidents\)](#): under or oversensitivity to stimuli leading to a lack of awareness of toileting needs
- [Disordered eating](#): under or oversensitivity to stimuli leading to a lack of awareness of hunger or too sensitive to certain textures/tastes
- [Anxiety or mood concerns \(Feeling\)](#): excessive worry, sadness, negative self-statements, and panic may sometimes come from extreme sensory sensitivities
- [Attachment or trauma Symptoms](#): children reacting to unstable environmental situations may present with unusual sensitivities, hoarding food, breaking toys, and clinging to caregivers

POTENTIAL DISABILITIES

*Children who have significant problems in this area **may** have any of the following potential disabilities. *Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.*

- [Developmental Coordination Disorder](#): challenges with visual motor integration and motor coordination, may include significant sensory sensitivities or challenges
- [Attention Deficit Hyperactivity Disorder \(ADHD\)](#): impulsivity, hyperactivity, inattention, a neurodevelopmental disorder that involves the prefrontal cortex as well as sensory pathways in the brain
- [Generalized Anxiety Disorder](#): worry occurring more than not across a number of domains interfering with day-to-day functioning, significant worry can be accompanied by marked sensory sensitivity to sound, touch, and/or texture
- [Autism Spectrum Disorder](#): deficits in social communication and restricted interests or behaviors that may lead to a preference for routine and repetitive. ASD often has significant sensory symptoms that could impact the way stimuli in the environment are perceived

WHERE TO GO FOR HELP

If your child is struggling with this symptom to the point that it is getting in the way of his learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- [CLEAR Child Psychology](#): to obtain a *customized profile* of concerns for your child, or to *consult 'live'* with a psychologist.
- [Psychotherapist or Play Therapist](#): to treat anxiety/ emotional symptoms and provide social skills training as needed. Cognitive Behavioral Therapy could help an older child, and play therapy or ABA therapy may be best for the younger age group.

- [Psychologist or Neuropsychologist](#): to consider a full assessment to look at symptoms in a mental health context and to determine diagnoses and recommendations.
- [Occupational Therapist](#): to help your child reduce sensory sensitivities and to address motor integration challenges
- [Applied Behavior Analytic \(ABA\) Therapist](#): to teach adaptive skills from a behavioral perspective to improve compliance and reduce problem behaviors and to work to meet sensory needs but also address behavior.
- [Pediatrician or Child Psychiatrist](#): to manage medications that may treat ADHD or anxiety or symptoms like sleep problems that co-occur with Autism

These professionals may recommend the following tests for this symptom:

- [Roberts, BASC-3, Clinical Interview, RCMAS, Human Figure Drawing, Brief Projective Measures](#): emotional tests through drawing tasks, questions, interviews, rating scales, and sometimes storytelling to assess for anxiety
- [WISC-V](#): intelligence tests, which can help us understand emotional knowledge and symptoms and determine what interventions may work best (Psychological or School Psychological evaluation)
- [ADOS-2](#): tests of social reciprocity and social communication, including sensory assessment
- [Beery Visual Motor Integration, Visual Perception and Motor Coordination Tasks](#): tests of motor skills and visual perception to establish skills in motor coordination issues that may be related to sensory challenges
- [TOVA, Tower of London, Wisconsin Card Sort, Conners-3 rating scales](#): tests of attention and executive functioning challenges associated with ADHD

LEARN MORE

[1] American Academy of Pediatrics (2012). Sensory Integration Therapies for Children With Developmental and Behavioral Disorders
SECTION ON COMPLEMENTARY AND INTEGRATIVE MEDICINE, COUNCIL ON CHILDREN WITH DISABILITIES. Pediatrics; 129: 1186-1189.
<http://pediatrics.aappublications.org/content/pediatrics/129/6/1186.full.pdf>

[2] Association for Science in Autism Treatment: <http://www.asatonline.org>

[3] Toomey, Kay (Retrieved 2017). Sequential Oral Sensory approach to feeding.
<http://sosapproach-conferences.com/about-us/the-sos-approach/>
And scholarly article can be found: <http://sosapproach-conferences.com/resources/articles/>

[4] Wong, Connie, et al (2015). *Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder: A Comprehensive Review*. Journal of Autism and Developmental Disorders.

<http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/2014-EBP-Report.pdf>

For Sensory Processing Related Eating Challenges:

[5] Children's Hospital of Colorado- Swallowing

www.childrenscolorado.org/doctors-and-departments/departments/ears-nose-and-throat/clinics/fees/

Sensory Processing Supports-

[6] Star Institute Occupational Therapy, Denver

<https://www.spdstar.org/>

[7] Kay A. Toomey PhD

Individual Practitioner, Feeding Specialist

Denver Colorado

[8] This parent blog has many resources including the feeding hierarchy:

<http://singingthroughtherain.net>

Image credit:

Description: Series of a Little Boy, Expressions - Something Stinks, Holding his Nose

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Sensory-sensitive-child

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