

Pediatric Therapy Corner: Five Rules for Helping Kids with Sensory Processing Issues

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Two-year-old Manuel is supposed to begin his home-based session with a speech-language pathologist who has just entered his family's home. Manuel is so excited that he greets her by running at her and head butting her thighs. She pulls a whistle out of her bag, hoping to get him to blow it and practice oral/motor skills, but Manuel is hand flapping and jumping around the room. He then bear hugs his therapist, oblivious to her directions to sit down and pay attention.

Nine-year-old Emilia is supposed to tell her guidance counselor why she grabbed the ears of a boy who was making goofy noises in gym class and wouldn't stop despite Emilia's protests. Her rationale? "Justice!" Emilia says. Her guidance counselor is perplexed by this explanation.

Thirteen-year-old Evan is supposed to practice his social conversation skills in a small group led by his therapist, but he keeps being distracted by sounds emanating from outside of the door to the room, which has been propped open. He appears spacey and dreamy.

What is going on with these kids?

Children with sensory processing disorder (SPD) experience the world and everyday sensations atypically. A sensory smart educational professional is one who can see past these children's behaviors, which can be baffling, upsetting, and even dangerous to themselves and others, and understand that behind every behavior is a problem to address.

<http://www.pediastaff.com/blog/pediatric-therapy-corner-five-rules-for-helping-kids-with-sensory-processing-issues-8921>

Hyposensitivity. Manuel is generally a well-behaved little boy, but new experiences are exciting and make him giddy. His high need for sensory input to his head causes him to look for ways to get deep pressure against his forehead, and the excitement of his therapist's arrival sets off his sensory seeking. Jumping pushes together the joints in his feet and legs, which feels marvelous to him. Touching objects is as much fun as discovering new toys, so he impulsively grabs his therapist's bag to rummage through it. Manuel isn't simply being an impulsive toddler with poor self-control. He's responding to his hyposensitivity; he's underresponsive to everyday sensations, and the sensory seeking behaviors of jumping, head butting, and hand flapping help him to feel a little more present in his body instead of being completely at the mercy of his overly excited response.

Hypersensitivity. Emilia's ears are so sensitive that certain qualities of sound actually set off a panic response in her body. Her anxiety goes through the roof, her breathing becomes shallow, her heart rate increases dramatically, her blood sugar levels go up, and cortisol, a stress hormone, is released into her bloodstream. The blood flow to the part of her brain that is responsible for impulse control suddenly decreases, as the blood is redirected to the part of the brain responsible for physical survival. The sudden chain of physiological reactions her brain creates provides her with the energy to fight for her life or flee in terror. The problem is the boy's silly noises are placing Emilia in no real danger and she has no idea how to calm this overactive warning system. She responds impulsively and aggressively. When asked about her behavior, she reasons that she was only trying to make the boy feel the same level of pain in his ears that she was experiencing. She has no idea that he, and others in gym class, wouldn't imagine that a silly noise would actually hurt her ears. Emilia was responding with panic and aggression to the "assault"—a misinterpretation that resulted from sensory hypersensitivity.

Sensory filtering. Evan's sensory processing difficulties make it nearly impossible for him to filter out unimportant sensations and focus on the ones that provide him with crucial information. The sensory processing center in his brain doesn't turn down the volume on background noise and turn up the volume on his therapist's voice. If he is to focus on what she's saying, it will take an enormous amount of concentration. Because he has fairly good self-regulation, he can attempt to pay attention if directed to do so. However, the amount of information he can process under these circumstances is minimal. His sensory filtering is making it difficult for him to focus on what's important in this class: learning the give-and-take of social communication.

Sensory processing issues exhibit themselves in several ways, but unless you know what's going on inside the child with SPD, you may have no clue why he's acting aggressive, withdrawing, become hyper, or folding up into a chair and refusing to participate in an activity. What's more, he may not be able to tell you what's going on. Many children with SPD don't have the self-awareness to say "I can't focus on what you're saying over that background noise," or "I need to move right now because I can't concentrate." In fact, if they do have the self-awareness and speak up for themselves, they may find that adults dismiss how hard it is for them to focus and behave appropriately. No wonder they often develop the habit of shrugging when asked, "What's wrong?"

If you're working with a child who has sensory processing issues, you don't have to become an expert in SPD to understand his behaviors and how to change them. You need only to follow four important rules:

1. **Become curious about what's behind the behavior.** If the behavior frustrates or angers you, it can be hard to shift into curiosity, but it's very beneficial to regulate your own anger response and ask yourself (or the child), "What's behind this behavior?" Older, more articulate children are more likely to be able to give you an answer. Don't be shy about asking them. This encourages them to be self-aware and to self-advocate.
2. **Respect their brain differences.** The brains of children with SPD function differently from the brains of neurotypical children. It takes more time and effort for them to rewire their brains through activities that develop self-control, frustration tolerance, and more typical sensory processing. It's hard to imagine how intensely uncomfortable, anxiety-provoking, and painful an everyday sensation can be for these children, but their distress is real.
3. **Be creative.** Become curious about what's behind the child's behavior, but then get creative about ways to address the underlying problems. Many accommodations for sensory processing issues are low cost or no cost and involve minimal inconvenience. Close the door to the hallway, offer auditory breaks with earplugs or noise-reduction headphones, start a session with gentle and focusing movements that pull apart or push together joints, such as stretches and pushups against the wall—all of these super simple accommodations can make a huge difference in a child's ability to function well.
4. **Be a team player.** You don't need to have all the answers. Approach the child, his parents, and other members of his education and support team with your questions about how to accommodate his sensory issues. Together, all of you can brainstorm workable accommodations. Learn what's being used successfully in different environments (the child's classroom, his home, and so on).
5. **Know that every sensory child is different.** Accommodations that work for one child won't work at all for another. Remain curious and creative, talk to the child and the team, and you'll figure out what works for this particular child.

You can learn more about sensory issues and the behaviors that derive from them, and over time, you'll become more sensory smart. You'll acquire a bag of clever tricks for helping the kids you work with to focus and attend when in session with you. However, these five rules will carry you a long way. Commit to following them and be ready to see some extraordinary changes in how sensory kids function when you're working with them.