



Early Childhood- Sensory Concerns



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Early Childhood Sensory Concerns

Hypersensitivity

“When Hannah walks into the room she puts her hands over her ears and hums, it’s as if she can’t cope with it all.”

Why does this happen?

- Children with autism can be sensitive to noise. Some children find certain noises distracting or irritating. Some children become highly anxious or appear to be in physical pain when exposed to certain sounds. Others seek lots of noise.
- Unpredictable sounds, such as a phone ringing or dog barking can cause unusual or fearful reactions.
- Some children make humming noises or squeal in order to mask out noise that is disturbing them.
- Background noise can be so distracting or distressing the child is unable to concentrate or attend to what is being said. Others need noise in order to pay attention to a task.

What you can do

- Try to keep background noise to a minimum. Some problem noises can be easily fixed, ie. replacing rubber tips on chair legs to avoid scraping the floor.

However other background noises that may cause a problem can be things that most people filter out; such as the hum of fluorescent lights, bathroom hand dryers, aeroplanes passing overhead, a lawnmower etc. It will be necessary to gradually desensitise the child to these sounds, increase the child’s ability to cope and act appropriately when they occur. Consult an occupational therapist for advice.

- Have a quiet area for the child to retreat to when feeling overloaded. See Behaviour Management > Creating a comfort zone for more information.
- Play music that the child enjoys to mask out background noise.
- The child may tolerate wearing ear plugs or industrial-type ear protectors to filter out excessive noise. Older children often use a portable music player which filters out noise, plays their favourite music and is more appropriate to their own age peers social expectations.

Note

Sensory processing in children with autism varies greatly from one individual to another. The functional implication of the each child’s sensory issues must be taken into account. It is strongly recommended that you consult an occupational therapist for further advice and to conduct an assessment of the individual needs of each child if you suspect they have sensory processing difficulties.

Difficulties with physical contact

“Ben becomes hostile if someone accidentally brushes against him or touches him.”

Why does this happen?

- Children with autism can have an unusual response to being touched, especially if physical contact is unexpected. Adults with autism have described how a light touch or brush from another person can cause discomfort or pain.
- Most children with autism prefer physical contact and affection to be on their terms. They may find it difficult to cope if another person initiates the contact.
- Some children with autism don't understand the 'meaning' of physical contact. This is because children with autism have trouble interpreting the meaning of gesture, body language and emotions.
- If a child has a negative reaction to physical contact, remember that he may actually like the person who initiated the contact; it's just the contact that he dislikes.

What you can do

- Allow the child to sit at the edge of the mat at group time, or to eat at the end of the lunch table where there is little through traffic. Some children need this personal space in order to reduce anxiety and cope with group situations.
 - Some children with autism will tolerate (and even enjoy) firm, constant pressure, like being 'sandwiched' between two bean bags. The child may find it relaxing if he has a space to retreat to when he is feeling overloaded by the presence of others. See Behaviour Management > Creating a comfort zone for more information.
 - If the child's parents agree, talk to the other children about the child's difficulties with physical contact and ask them to be tolerant of his difficulties.
 - Role play situations will help the child develop more appropriate responses to physical contact.
 - Games and songs that encourage physical contact with others can help to increase the child's tolerance to being touched.
- Let the child go first or last when the group is moving into different activities. Try to avoid lengthy 'line up' times where other children are fidgety and in close proximity.
- An occupational therapist may be able to provide some strategies and a desensitisation program to support difficulties with physical contact.

Restricted diet

“Jamie eats so little, I'm worried he's not getting proper nutrition.”

Why does this happen?

- Some children with autism are very sensitive to certain textures or flavours. They may have a preference for food that is crunchy, or they will only eat food that is a particular colour. They can have a strong aversion to any food that is 'lumpy'. Some children become very upset if they make a mess with their food or get food on their fingers. Many children will go through food 'fads', refusing to eat anything except one or two particular foods.
- Some children with autism may become obsessed with a particular food and want to eat it constantly i.e. bananas, icy poles, plain crisps.

- A child with autism might refuse to use cutlery and may insist on finger feeding or an adult feeding them. In some cases, this may be due to deficits in the child's fine motor skills.
- Being inflexible and reluctant to try 'anything new' also applies to mealtimes. A child may insist on eating from a particular plate, or drinking from a certain cup. A complete breakdown can occur if these items are unavailable.
- Some children with autism are over-active and have difficulty sitting down long enough to eat a meal.
- Children with autism may prefer plain foods as some flavours, spices or herbs can be too intense.
- Smells of cooked food can be difficult for children with autism to tolerate.
- Children with autism will often prefer hard raw foods and smaller snacks than sitting to eat a big meal.

What you can do

- A consultation with a dietician is beneficial to check that the child is receiving adequate nutrition and to provide support to try new foods.
- The child's GP or paediatrician should check that the child's iron and vitamin D levels are adequate. A nutritional supplement may be recommended.
- An occupational therapy assessment may be useful; as some food avoidance can be due to texture of the food - i.e. some children with autism find mashed potatoes invoke a strong gag reaction.
- The occupational therapist can check the child does not have a skill deficit – i.e. being able to manipulate a knife and fork and can provide support strategies to encourage the appropriate skill growth.
- Ensure the child always sits to eat. Give the child lots of praise and attention for good sitting and eating.
- Be firm with your expectation of the child 'sitting to eat'. Remove the food or cup from the child if he stands up. Replace these on the table and reinforce "Sit to eat/drink."
- Do not give the child any attention if he refuses to eat and leaves the table. Avoid making a fuss if the child eats nothing. Many children with autism seem to thrive on what appears to be a very inadequate diet.
- Provide smaller nutritional snacks across the day. Hard raw foods such as carrot sticks, apple slices, rice crackers or sultanas may be appropriate. Ensure the child is supervised to avoid any choking hazard. Nuts should be avoided unless pre approved by parents and as per the policy of the kinder, day care or school setting.
- Be aware that the child may not want to sit at the same table as others who are eating cooked foods such as meat or fish if the odour makes the child uncomfortable.
- Ensure the child has their own space to eat where other children will not touch or bother them. Provide the child with a particular bowl, plate and eating utensil if that is what is required. Better to eat from a red bowl only than not eat at all.

Response to visual stimuli

“Liana sometimes shuts her eyes tight and screams when she’s unable to cope.”

Why does this happen?

- Rooms that are very colourful and visually busy may cause a child with autism to become over-stimulated or anxious. They can have difficulty attending to tasks when there is so much visual information in the room.
 - Some children with autism have an intense fascination with light, reflections or spinning objects such as an overhead fan.
 - Some children with autism have an unusual response to light. They may be unable to tolerate bright lights; harsh sunlight may be particularly painful. Flickering lights may be extremely distracting or irritating.
 - Sometimes a child with autism will focus intensely on a small detail of an image or object. They may find it hard to determine what visual information is relevant. ie. you might show a child how to do something but they may not focus on your hand, they don’t see the ‘big picture’.
 - Toys and other items may be very distracting to the child.
 - Bright primary colours, busy wallpaper and undefined clutter can all be difficult for the child with autism to deal with.
- Too much visual stimulus can feel almost painful for a child due to difficulty processing. The child may not be able to concentrate on tasks and may be using a lot of energy just to deal with overstimulation. By the end of the day this can lead to overload and meltdown situations.

What you can do

- It would be unrealistic to remove all visual stimuli from the room, but perhaps you could set aside a small work area for the child that is uncluttered, well defined and free from distractions.
- Help the child to focus by telling her what she needs to attend to when you are demonstrating an activity or talking about a particular objects
- Particular toys or object may need to be removed from the room if they are too distracting.
- Spaces need to be well defined and clear of clutter.
- If possible use more muted tones in wall paper or paint in the room. Bright feature walls or colourful wallpaper/paint borders can be very overstimulating to children with autism..
- Ensure that the room has adjustable blinds that block out bright sunlight effectively.
- Ensure that overhead lights in the room work correctly and no not flicker.