

## **Sensory Issues**

Many of the children who benefit from therapeutic parenting have sensory issues. This can be for a number of reasons. They may have been exposed to high levels of cortisol or stress, or they may have experienced danger, risk and a frightening environment, leading to changes in the brain. Some children are diagnosed (or misdiagnosed) with sensory processing disorder, where everything is magnified and it can be really difficult for the child not to feel overwhelmed and to go into fight, flight, freeze or defensive rage when overstimulated. All of these responses come from the base brain and are instinctual. This is why we often see the worst behaviours if we take children to a supermarket or holiday park. The wealth and intensity of sensory input is simply too difficult to manage and the child experiences a sensory collapse, which we may experience as a tantrum.

Sensory issues may be indicated if you see that the child:

- Has sensitive hearing
- Jumps or flinches at loud noises or movements
- Overreacts
- Exhibits challenging behaviour when there are certain types of high wattage overhead or flashing lights
- Needs sensory oral stimulation and/or is orally oversensitive
- Cannot tolerate certain sensations on their skin (such as labels on clothing).

Throughout this book, I give examples of strategies to help with sensory issues, relating to topic headings. Some children benefit from using fiddle toys, vibrating cushions and even lying on a chair and hanging their head upside down!

## **Interoception**

Interoception is a difficulty in interpreting the body's internal signals. Children who have not had their physical needs met have often not developed the correct pathways in their brain that carry signals around pain, temperature, thirst, hunger and satiety. This is the reason that we see our children either overreacting to small injuries or appearing not to notice more serious injuries. By the same token, they may eat a large meal and then say they are still hungry. The child is not lying. They can't feel that they are full up. The child may get very cold or very hot and be unaware of this. We frequently see our children inappropriately clothed, despite our best efforts!

## **Cortisol levels**

Our children are addicted to sugar almost like a drug and this is fueled by high levels of cortisol. A child may have high cortisol levels for a number of reasons, many not associated with abuse. High levels of cortisol drive us to act. Normally we would experience a rush of cortisol in response to a stressful situation. It compels us to move or reach for the biscuit tin! If those levels of cortisol are high for a lot of the time we see our children being restless, fidgety, unable to concentrate, and craving sugar. If the sugar craving or need for movement can't be satisfied then the child goes into fight, flight, or defensive

rage. It's not much to do with them "being in control," it's about them *being* controlled by sugar and cortisol. Taking high sugar foods is *driven* by high cortisol levels and is outside our children's control.

### **Literalness**

As the more advanced human skills such as empathy and remorse develop later on in our children, often the capacity for humor is also absent. We have to be very careful as our children may lack creative thinking and can be very literal. Sometimes our children can appear to "pour cold water" on the lovely imaginative games of other children. I also remember the gasps of horror when I told my children to "keep their eyes peeled."

Excerpted from **The A-Z of Therapeutic Parenting: Strategies and Solutions** (Therapeutic Parenting Books) by Sarah Naish, Jessica Kingsley Publishers (April 16, 2018).