Young children: attempts to maintain a state of balance

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Levels of stimulation and excitation

- Modifying levels of alertness
- Throughout the day
- Regulation of “states” in the day
- Newborn “states” modify responsiveness
- Older child: awake, asleep, twilight states
- Ability to make transitions varies with each child
External, environmental demands

• Need to maintain a state of awake or alert
• Need to pay attention to external stimuli
• Demand to scan, process, understand etc. requires optimal alertness
• Maneuvers to stay focused and calm require energy and self-modulation
Sensory integration theory

• The central nervous system as a processing agent, modulating level of stimulation and ability to deal with stimulation
• CNS organizes response to stimuli depending on situation
• Speed of processing, need for self-inhibition, selecting relevant stimulus, organizing adequate response, etc.
Sensory integration theory

- What input enters the system?
- Sensory channels: External stimuli
  - Auditory
  - Visual
  - Tactile
  - Olfactory, Gustatory, Temperature
Sensory integration theory

- Stimuli that enter system. Internal stimuli.
- Proprioceptive (muscles, joints, etc.). Where limbs, body, etc. is localized
- Body schema
- Vestibular. Where head is in space
- Detection of movement.
- Detection of relationship between parts
Sensory integration theory

- CENTRAL PROCESSING DEVICES
- Recognize stimulus
- Characterize and decide on how to proceed
- Speed of processing
- Self-inhibition, screen out competing stimulation eg. Figure vs. ground
- Organize adequate response
Sensory integration: responses

- Motor response. Adjust position, approach stimulus, away from stimulus, etc.
- Quality and quantity of movements
- Adjust exposure to stimulus, increase, decrease, maintain constant
- Adapt to the changes in the situation. “monitoring device”
Psychodynamic factors. Attachment theory

- Need to develop a preferential relationship
- All human beings
- Necessary for psychological survival
- "programmed" ethologically in many mammals
- Prolonged dependency of babies
- Survival value
Attachment theory

- Attachment promotes proximity and security
- “attachment behavior” promotes survival and sustenance: e.g. Feeding, carrying, protection, cuddling, etc.
- Signaling of distress triggers caregiving behaviors in the person to whom one is attached
Attachment system

- Mutual inhibition of two competing behaviors:
  - PROXIMITY SEEKING (Security, going to secure base, staying close)
  - Vs
  - EXPLORATION. Seeking novelty, finding new things, going away to inspect, etc.
Attachment system

- Anxiety triggers the proximity-seeking behavior
- Security promotes the exploration system
- They regulate and modify with time, experiences (actual experiences)
- Attachment depends in part on sensitivity of the caregiver vis a vis the child.
SOOTHING BEHAVIORS

- What are they?
- SELF SOOTHING BEHAVIORS
- SOOTHING THAT RELIES ON ‘THE OTHER’ (e.g. attachment figure)
- SOME ARE PSYCHOLOGICAL OPERATIONS
- SOME ARE OBSERVABLE BEHAVIORS
Soothing behaviors

- Why do they happen?
- When do they happen?
- How long do they last?
- Are they modifiable?
- What triggers and calms them?
- Which ones are more adaptive vs. maladaptive?
Soothing behaviors

• Universal activities
• Observable, even in equivalents, in adults
• Need to promote security, well-being, optimal alertness or performance, or to deal with stress and challenges.
• Question of Intensity, persistence, context and adaptive value.
Common soothing behaviors

- **ORAL ACTIVITIES**
- Sucking, chewing, eating.
- Nipple, pacifier
- Object available
- Finger, toe, hand
- Lips, cheeks, tongue
- Sensation of calmness and pleasure
- Chewing on an object, “mouthing” eg. fingers
Common soothing...

- Touching behaviors
- Touching one’s face, lips
- Touching hair, one’s or a person’s hair
  - (stroking, twirling)
- Rubbing someone’s skin, “clawing”
- Touching one’s genitals
- Induce sleep, calmness, challenges
Common soothing…

- Auditory input
- Singing, rhythmic and simple tunes. Music
- Noise, particularly rhythmic and monotonous
- Human voice, talking, stories
- Maintain proximity “at a distance”
- Self-talk, self-singing, humming, whistling
Common soothing..

- Smells. Being calmed by parent’s body odor, or another caregiver
- Odor of favorite foods or objects
- Smelling oneself, e.g. arms, hands, etc.
- Smelling food or other objects
Common soothing

• Visual methods.
• Visualizing mother’s face or a familiar face
• Maintaining contact through sight
• Looking at oneself, mirror or other reflecting object (glass, door, etc.)
• Looking at pictures, drawing a familiar face, or animal
• Watching videos, stories, etc.
Common soothing...

- Vestibular input
- Motion in space, being rocked
- Being carried, being moved around in space
- Moving one’s head, rocking oneself
- “moving around” walking, wandering
- Squirming and moving around in one’s place, moving the head, etc.
Common soothing

- Proprioceptive input
- Moving limbs, oscillatory movements, flapping
- Changing position, favorite positions for child
- Leaning, laying down, fetal position, flexion of limbs, etc.
- Playing rough and tumble games
Other soothing maneuvers

- Need for a TRANSITIONAL OBJECT
- A representation of the attachment figure
- Common maneuver used by children and adults
- Stuffed animal, blanket, pillow, clothing, furniture, picture, piece of music, “favorite objects” favorite toys, etc.
Other soothing maneuvers

• Sexual stimulation
• Diminish anxiety and induce calmness
• Induce some level of excitation
• Touching genitals, rubbing, leaning, etc.
Less adaptive soothing

- Self-gagging
- Inducing vomit
- Rumination
- Chewing on one’s lips
- Chewing on one’s nails or skin
- Biting to control “Overflow”
- Sucking on other’s hair, skin, licking
Less adaptive soothing

- Touch leading to hitting
- Seeking deep pressure by “bouncing off the walls”
- Leaning, constant touching, clinging
- Stimuli that induce pain, e.g. banging head
- Plucking one’s hair, trichotillomania
Less adaptive soothing

- Constant masturbation or self-stimulation
- Constant rocking or humming
- Constant noise making
- Constant motion and change in position
- Inability to stay in one place
Stimulation can be modulated through avoidance

- Avoidance of noise (going to a corner, hiding, covering one’s ears, making more noise, yelling, etc.)
- Avoidance of light or visual stimuli, eg. Gaze aversion, turning, hiding, going to dark place, under chair, hiding one’s face, etc.
Avoidance strategies

- Avoidance of being touched if too stimulating
- Avoidance of textures (clothing, shoes, seams) or “sticky things”
- Avoidance of colors
- Avoidance of flavors, food textures, flavors, etc.
Self soothing and being soothed

- Optimal balance, independence or dependency
- Too much independence of self soothing might signal insensitive caregiving, lack of someone to depend on, distant relationships
- Too much dependency may signal diminished ability to rely on self
How much dependency is “permissible”?

- Cultural factors, e.g.
- Bottle feeding, sucking
- Being carried, rocked to sleep
- Being fed
- Touch and physical proximity
- Experience of separation and self reliance,
Difficult situations for children

- Traumatic experiences, e.g. posttraumatic stress disorder
- Disruptions in attachment, changes in caregivers
- Insensitive caregiving by parents, distant relationships, relationship disorders
- Child with unique or abnormal sensitivities and sensory integration problems.
Difficult soothing behaviors

- Behaviors appear in unusual context
- Behaviors are persistent and “compulsive”
- Behaviors are self damaging and maladaptive
- Behaviors alienate others or create discomfort
- Need to look at behavior in context, including historical perspective