What are regulatory disorders in infancy?

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Definition

- Are they disorders?
- Are they disturbances? (i.e. temporary, passing and relatively minor?)
- Are they difficulties in “settling”
- What is their relationship with the caretaking environment and parenting practices?
- How to deal with them?
Described by Minde and Minde (Introductory Textbook, early 90’s)
Described by Greenspan and Wieder
Described by Ayres, DeGangi, and other occupational therapists
“Pediatric disorder of self-regulation” (DeGangi)
Status of diagnosis

- Category created by “expert consensus” in Zero to Three Dx. Classification
- Subtypes are described but unclear which are boundaries and clinical validity
- What is their relationship to “attentional deficits”, disruptive behavior disorder, and motor coordination disorders (DSM IV)?
Diagnosis of regulatory disturbance

- A behavioral pattern of dysfunction
- Interferes with everyday life, relationships, functioning
- Infant fails to be content or mostly happy
- Evidence (first hand and historical) of Sensory Processing abnormalities in a variety of sensory channels
Sensory integration theory

- Theoretical Model:
  - What the child perceives (sensory channels)
  - How the information is processed in the brain and a response organized
  - How the response is expressed with the body
  - How the system “calibrates” or “regulates” itself for adequate functioning
Diagnosis

- Whether sensory integration overall fails or overall succeeds
- Take into account historical factors
- Take into account TRANSACTIONAL nature of most behaviors and processes
- I.e. CAREGIVING ENVIRONMENT
- Take into account stressors for baby, environmental demands (e.g. whether conducive to self-regulation)
Diagnosis

- How many sensory processing difficulties are necessary to make diagnosis?
- Is there a combination of sensitivities, I.e. hyper and hypo sensitivities?
- What is the role of motor skills in the diagnosis?
- Overall: focus on degree of interference, dysfunction and the context of transactions
- How difficult is it for the child him or herself to be content in the best circumstances?
Common manifestations of regulatory disturbances

- Complaints of excessive cry
- Complaints of sleep disturbance, initiating or maintaining sleep
- Complaints of excessive motor activity
- Complaints of feeding problems or behavior during meals
- Complaints of management of emotions, mostly anger
Other clinical manifestations

- Less common>
- Child who is unresponsive
- Child who is lagging behind
- Child who is always placid and sees the world pass by
- Child with mixed sensitivities
Child mostly hyper-sensitive

- Difficulty with many transitions, places, time of day, sleep-wake cycles, changing environments, etc.
- Baby has difficulties with being touched, held
- Baby reacts strongly to noises, to lights or visual patterns, easily distracted, hard to focus on one thing.
- Hard to stay organized
Child mostly hypersensitive

- Child may be very cautious or anxious
- Child may be angry or upset by many changes or minor environmental demands
- Child may be hypersensitive to odors, flavors, textures
- Things have to be just so
- Things easily ruined for infant
Child mostly hyperactive

- Child seems to seek stimuli constantly
- Seeing is not enough, things have to be experienced though touch, mouth, with the body
- Child likes to make noise
- Child seeks deep pressure on body
- Child tends to seek movement stimulation
- Squirming, moving all the time, etc.
Child mostly hyperactive

- Somewhat insensitive to effects of his own behavior
- Child often motorically clumsy, hypertonic, walks on tiptoes, brusque movements, strong.
- Child often has motor skills problems, coordination, etc.

Often short attention span
- May not perceive spatial relationships, crash into things, bump, “but” people, squeeze too hard, hit, bite without being necessarily angry
- “bull in a china cabine”
Child hypersensitive and angry

- Child has hypersensitivities
- Child appears mostly discontent
- Infant tends to “do his own thing”
- Infant has clearly a “mind of own”
- Child may resist change, be unable to shift gears or change his/her focus
- Child is upset and it is hard to calm, let go, move on
Child hypersensitive and angry

- Older child, toddler or preschooler
- May organize around opposition
- Being the boss
- Being defiant
- Do what he/she wants
- Elicit negative interactions, punishments
- Attempt to “undo” punishment effect
Child mostly hyposensitive

- May have low muscular tone
- Infant may “tire easily”, run out of energy
- Positions of comfort, not like changes, new things.
- Likes preferred routines and patterns
- Does not get bored, “sits there”, not move around
- Does not elicit much activity
Regulatory challenges and caregiving environment

- **PARENTS OR CAREGIVERS**
  - Do they notice uniqueness?
  - Do they notice and attribute to uniqueness in child, or to purposeful behavior?
  - Do they interact by mostly adapting stimulation to child and presenting things sensitively?
Regulatory challenges and caregiving environment

- What is parents’ reaction to child’s behavior?
- How does this fit with their expectations?
- Does child “reward” parents or frustrate them?
- Effects of feeding, crying, sleeping difficulties on parents?
- Child’s need for supervision, attention etc?
Regulatory challenges and “ecological factors”

- How do the child and his/her environment “Fit into each other”?
- Level of visual stimulation (toys, ornaments, e.g. Visual “diet”)
- Level of auditory stimulation (radio, television, people talking, e.g. auditory diet)
- Overall level of sensory input in environment: too high, too low? In different sensory channels.
How to detect sensory processing issues?

- By direct observation of child in office and in natural setting (home, day care)
- By direct interaction with child, holding, playing, interacting
- By observing parent-child interaction
- By obtaining history from parent, with detailed examples, of reaction to stimuli