



Regulatory disturbances in infancy: Clinical features and diagnostic boundaries, implications for intervention

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Infant mental health clinic

REASONS FOR REFERRAL

- *Disruptive behavior in toddler
- *Excessive irritability or crying
- *Difficulty gaining weight or with feeding
- *Difficulties with sleep, settling or staying asleep
- *Delays in development (Language, skills, etc)
- *Anxiety



Evaluation in context

- Features and difficulties in the infant
- Contributions from caregiving environment:
 - Parent infant relationship
 - Stressors, child care practices
 - Other contributing factors



Features of the infant

- Capacity for regulation of states (awake, asleep, somnolence, etc.)
- Capacity to focus attention and observe
- Ability to close circles of interaction and relate to caregiver
- How much “investment” child needs to be content and alert



Features of the infant

- Level of activity and capacity to relax
- Reliance on caregiver to maintain state of alertness or contentment
- Motor patterns, coordination, skills
- Awareness of body in space
- Responsiveness to stimuli (touch, visual, auditory, taste, odors. vestibular)



Features of the infant

- Overall mood or predominant emotions
- Shifts in emotion
- Management of transitions and changes in environment
- Adaptive capacity to deal with milieu
- Success in transmitting needs and wishes

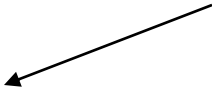
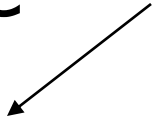
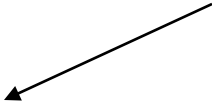


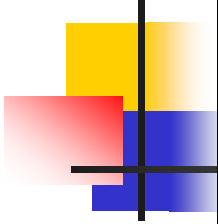
Infant mental health clinic

- Most common “diagnoses”
- (Review of 167 infants)
- Predominance of regulatory disturbances: (approx 2/3 of referrals)
- Mostly Hypersensitive type, “motorically disorganized” and “angry”

Diagnostic hierarchy from severe to mild



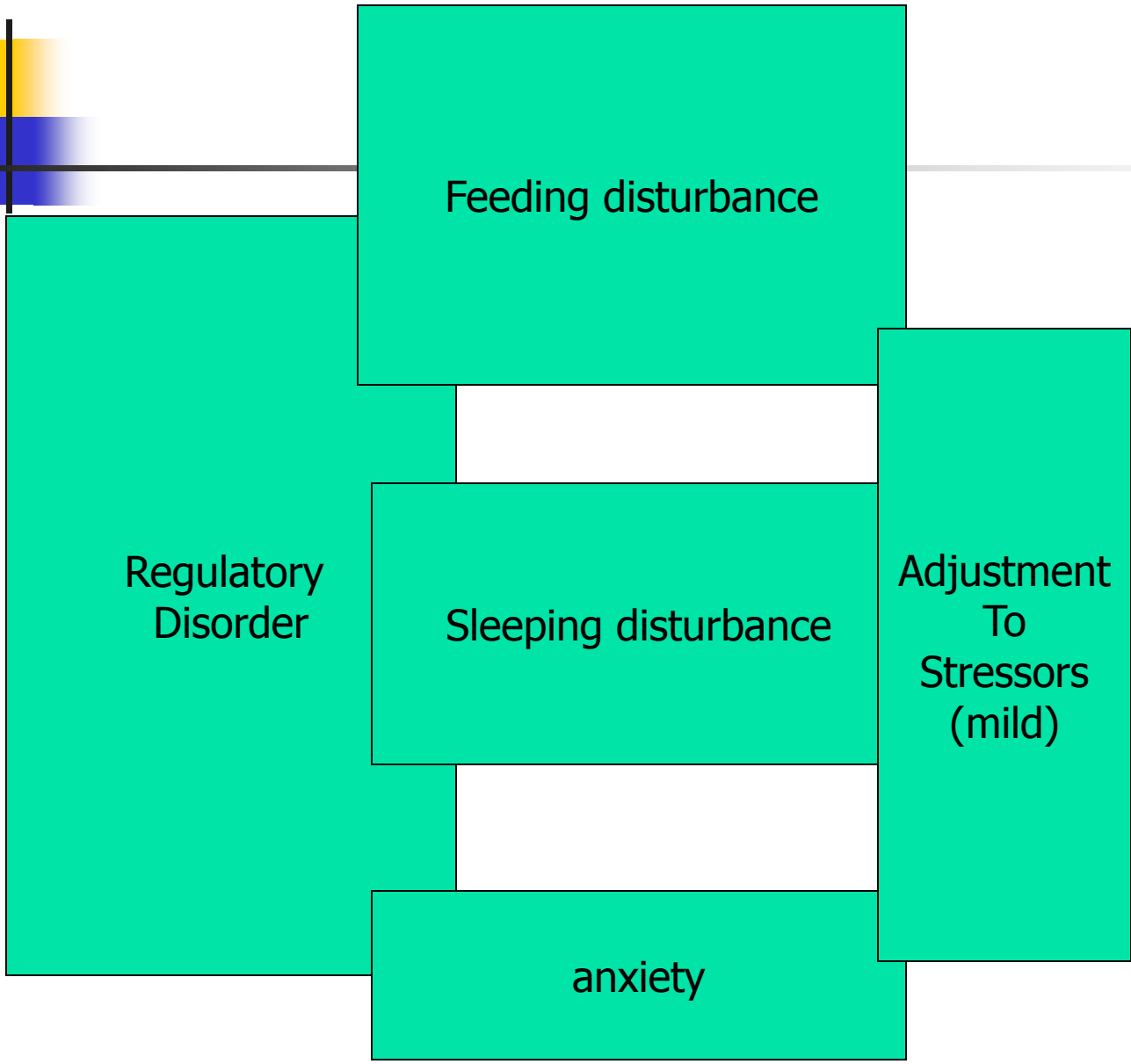
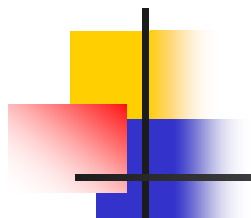
- Disorder of relating and communicating
- Regulatory disturbance 
- Traumatic stress disturbance
- Regulatory disturbance 
- Limited disorder (feeding, sleeping)
- Adjustment disturbance 



Relating and communicating
disorder

Response to trauma

Regulatory
disorder





Regulatory disorder

- **Coexistence** of difficulties in several behavioral domains:
Difficulty initiating sleep+ irritability+
Problem staying organized to eat+
Some developmental delays + difficulties
in processing stimuli +inattentiveness
and restlessness



Clinical presentations: cry

- Cries more than 3hrs/day over 3x/wk
- Fusses intensely
- Rarely content or calm
- Cries easily or at minor frustrations
- Once crying starts, difficult to stop
- Cannot be soothed
- Rages when frustrated
- Frequent or long temper tantrums
- Hurts self when crying or tantruming (slaps self, pulls hair out, etc., or hits others)
- Thought to suffer colic
- Pediatrician diagnosed colic



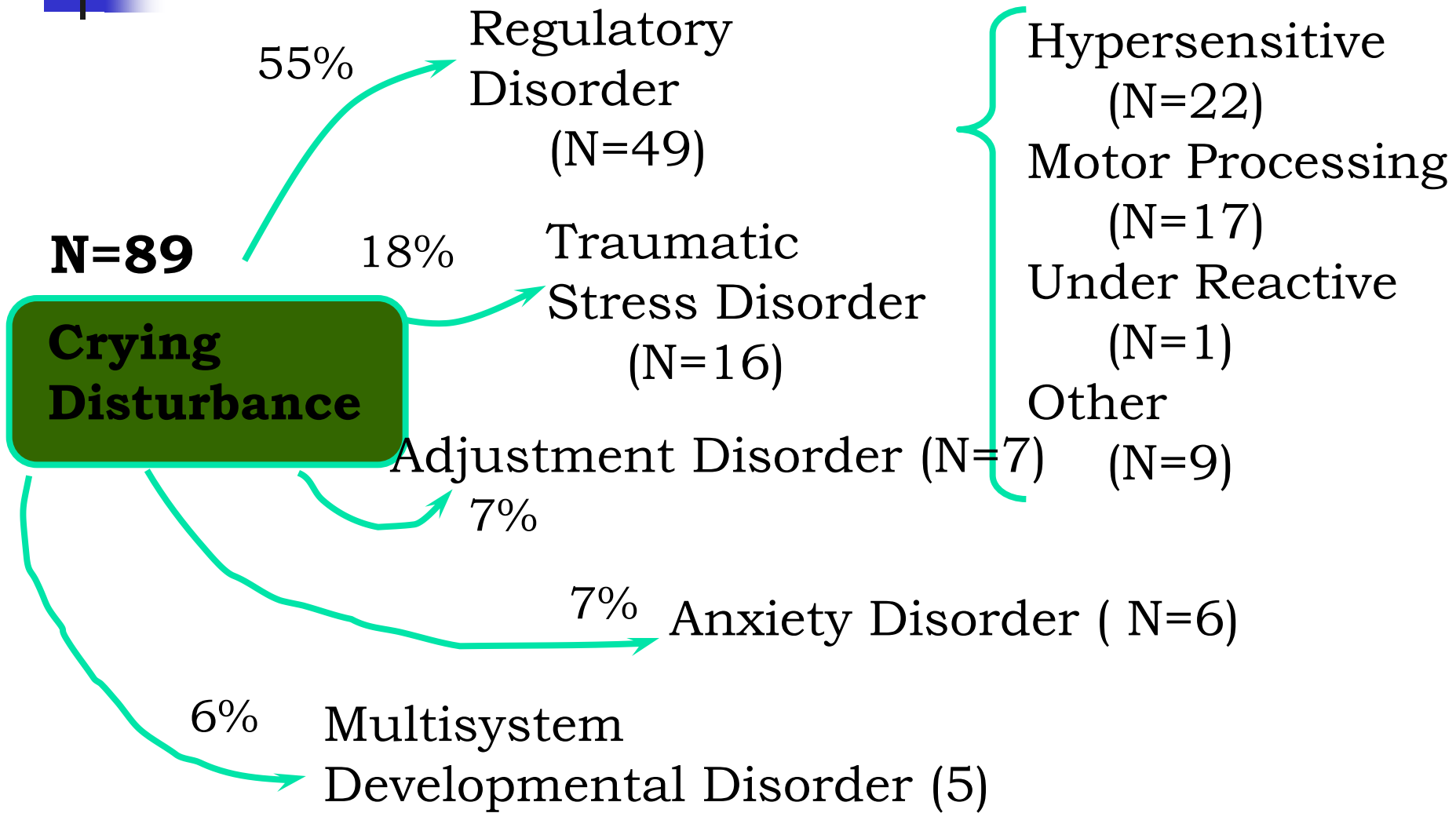
Crying

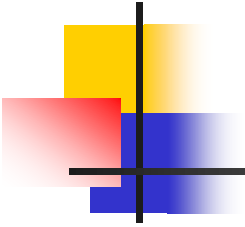
- N = 89 Infants (53.3%) have "Crying Disturbances" (>3 symptoms)
- Crying was parents' initial concern (N=76) 85%
- Crying problem found during consultation (N=13) 15%



crying

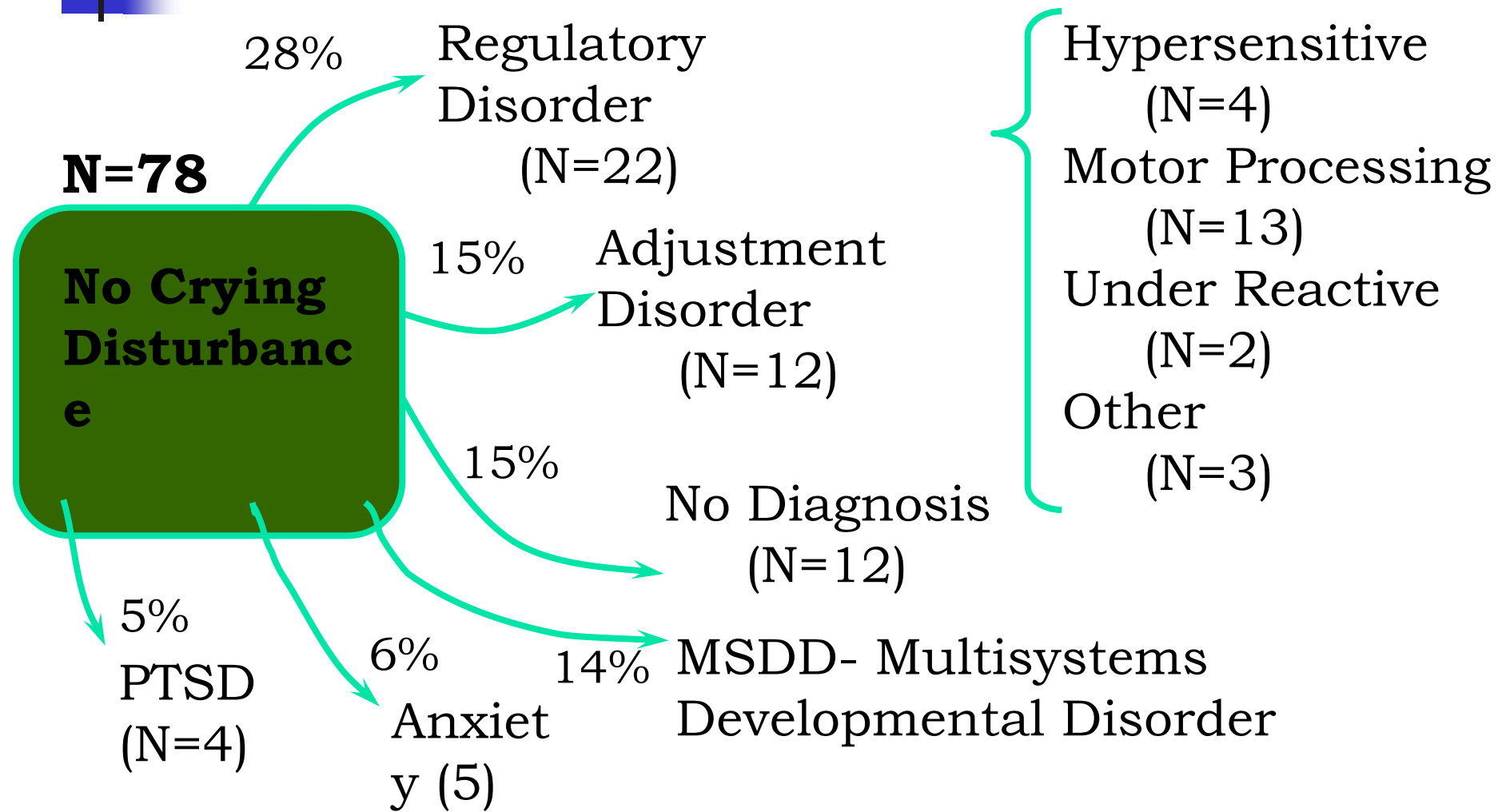
Crying Disturbance and zero to Three Diagnoses





-
- Screening...
 - Screening...

No Crying Disturbance and Zero to Three Diagnoses





Self regulation and feeding

- What are the early feeding problems
- Concerns about weight gain, amount and rate of weight gain
- Concerns about sucking, strength, maintenance, time to suck a given amount of milk
- Concerns about frequent vomiting, reflux, regurgitation,



Regulation and feeding

- What are the feeding problems?
- Concerns about behavior at mealtimes
- Difficulty managing to suck or eat
- Difficulty sitting still or concentrating
- Difficulty to maintain a state of alertness
- Becoming tired and going to sleep



Regulation and feeding

- What are the feeding problems?

Progression of feeding and eating abilities

Managing higher consistencies

Managing new textures and flavors

Behavior during mealtimes

Difficulties in other areas of functioning,
eg irritability, sleeping problem, etc.



Regulation and feeding 1st semester of life

- Very young infant*, first 4 months of life
- *difficulty regulating states of alertness
 - *"sleeping all the time" or sleeping too much
 - *falling asleep during sucking
 - *weak sucking, brief bursts of sucking and going to sleep. Suck is weak and not effective



Regulation and feeding 2nd semester of life

- Few months of age...
- Problem in maintaining a calm state to eat
- Too sensitive baby... too responsive to stimuli in surroundings
- Unable to focus on the act of eating



Regulation and feeding

- Becoming overstimulated by act of sucking or eating
- Easily distracted by noise or visual stimuli
- Unable to calm the body and keep on sucking or eating
- Other regulatory problems, focus, sleeping, crying, etc.



Regulation and feeding

- Child may be hypertonic
- Child may “only eat while going to sleep”
- Child may only eat while asleep, e.g .
Only during the night
- Active maneuvers to interrupt feeding or avoid being fed (tongue, etc.)



Regulation and feeding

- Near first birthday...
- Only will drink liquids
- Does not accept many textures or solids
- Excessively selective
- Difficulties with chewing, self-organization, trying new things



Self-regulation and anxiety

- Self-soothing behaviors or habits
- Hair-pulling
- Head-banging
- Rumination or mericysm
- Dealing with separations, transitions, distant parenting style, etc.



Self-regulation and sleep

- Difficulty “shutting down”
- Difficulty to settle to sleep
- Needs too much parental intervention to go to sleep
- Unable to stay asleep, or go back to sleep



Regulation and disruptive behavior

- Becomes overstimulated with light, noise, people around
- Seeks stimulation in the form of pressure or touch (bounce of wall)
- Is brusque or too intense in interaction with others

Regulation and disruptive behavior



- Becomes easily tired, irritated and fussy
- Has difficulty dealing with transitions
- Requires constantly changing stimuli
- Has “own agenda” and difficulty cooperating
- Is noisy, touches everything, does not respect boundaries



Implications. Clinical intervention

- Evaluation of the “total child”
- Evaluation of sensory patterns
- Evaluation of sensory processing
- Assessment of motor functioning
- Evaluation in “ecological context”, i.e. in response to what environment



Implications clinical intervention

- Caregiving practices given the child's sensitivities
- Demands of adaptation on part of the child
- Need of modifications in the environment of the infant



Implications

- Intervention in several areas simultaneously:
- Environment
- Child's ability to cope (e.g. eating)
- Caregiving practices and relationship
- Sensorimotor interventions