





**Éadaoin Bhreathnach, Consultant Occupational Therapist and Attachment Counsellor has developed an innovative neurobehavioural approach, Sensory Attachment Intervention (SAI). SAI focuses on providing enriched sensory and attachment experiences in order to enhance the processes of self-regulation and co-regulation, and this has proved useful for some adoptive families. Karam Radwan attended an introduction to SAI to find out more.**

**H**AVE you ever wondered why your child might freeze at certain times, or what triggers an explosive tantrum? As parents we have become used to looking at these issues purely in terms of attachment, caused by high levels of stress hormones produced in the brain as a result of insufficient bonding during the pivotal years of infancy.

We have read that because these children were not given adequate parenting, many are unable to form healthy relationships. But there could also be something else compounding their problems; an underlying sensory processing disorder.

If a child is sensory defensive, i.e. they have intolerances of certain sounds, lights, touch, smells, foods and even temperature, or is unable to interpret and organise incoming sensory information for use, everyday experiences can be unpleasant and even overwhelming. For example, children who are tactile defensive will respond aggressively if touched unexpectedly. An observing adult will see the behaviour as totally disproportionate, but the child affected will find someone brushing past them highly alerting and threatening.

Other children may have poor body awareness and motor control so they struggle to keep up with their peers in sports activities or find handwriting challenging. In time, these children become highly emotionally sensitive, and reactive to suggestions to join in or try harder, as they know they are doomed to fail.

All of our experiences are filtered by our senses and our responses depend on our history and ability to regulate our arousal and attention. Éadaoin Bhreathnach explains that children who have a history of separation, loss, abuse and neglect are likely to present with both attachment disorders and sensory processing difficulties.

She says: "Their capacity to tolerate sensory stimulation from the environment and others is affected.

"Intolerance of everyday events may be because there is an association with early loss and trauma (emotional defensiveness), or because they find the actual sensory experience irritating or even overwhelming (sensory defensiveness)."

Sensory Attachment Intervention was developed by Bhreathnach in recognition of the special sensory attachment needs of children with complex trauma. This approach is based on the theories of Sensory Integration, Attachment Classification, and Symbolic Play.

- Attachment Classification theory offers insight into how insecure attachment leads to specific types of behavioural patterns. Understanding the classification patterns enables the carer to know

how to appropriately relate to the child and avoid escalating an already tense and possibly threatening situation.

- Sensory Integration theory provides a neurobehavioural analysis of how sensory processing difficulties contribute to a breakdown in behaviour, and provides play activities that help the child to self-regulate.

- Symbolic Play allows the child to safely express intense feelings, instead of acting out. Symbolic Play can only occur when the child is sufficiently regulated i.e. the child is able to maintain an arousal state where he or she can engage with others and the environment. When the child can play symbolically in a sensory attachment setting which provides therapeutic spaces, the process becomes even more dynamic and effective.

Bhreathnach says that it is vitally important to identify the underlying reasons for behaviour in order to provide appropriate interventions. For example, to treat a child who avoids being touched at all because of a history of abuse would require a different approach to the treatment of a child from a secure background who has sensory processing issues.

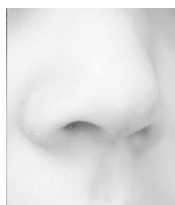
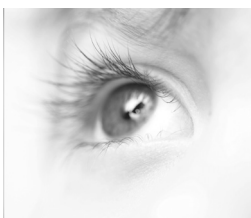
Parents of a child in the latter category may be bewildered because their child is refusing to be cuddled. An SAI assessment will provide a diagnosis which ensures that parents and professionals choose interventions that are the right match for the child's complex sensory and attachment needs.

### attachment needs

Children depend on adults to provide for their emotional needs. Secure children will freely express their fears and desires without fearing abuse or rejection. If they become overwhelmed, the caring adult will regulate the child to a calm alert state or soothe the child back to sleep. In time, emotionally secure children internalize the process of self-regulation and self care.

If children experience abuse or rejection when displaying a desire for comfort or protection, they learn to disconnect from their feelings (sensory) and emotions. These children become dismissive of their own needs because meeting the needs of their parents is paramount to survival. They then

develop survival strategies such as; compulsive caregiving, compulsive performance, or compulsive compliance, whilst maintaining a wary emotional distance. Other children learn that it is essential to engage in emotionally intense ways to ensure that their parents attend to them. Strategies change from being highly engaging, to being



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provocative and aggressive, and to being the victim i.e. not accepting any responsibility for their actions. The danger for parents is that they respond only to these superficial behaviours and not recognise the child's inner needs and emotions such as; fear of rejection, fear of abandonment, and the desire for comfort and protection.

## sensory needs

Children depend on adults to provide for their sensory needs. The sensory systems develop through caretaking activities such as feeding, dressing, bathing, and play. A child requires input that provides the right balance between calming and alerting stimulation. This will facilitate the capacity to self-regulate and ultimately co-regulate, (their behaviour and emotions).

Genetic inheritance or medical complications during pregnancy or birth may lead to sensory processing difficulties. Some infants can be difficult to settle whilst others are lethargic and unresponsive. The usual strategies to soothe or play with your child do not work and parents become disheartened and even feel rejected by their infant who fails to respond.

## sensory attachment intervention

Emotionally secure parents instinctively know when to up regulate or down regulate (increase or decrease their child's emotional or sensory state) their child to enable them to achieve the correct mood for the child to engage in an activity or settle down to sleep.

SAI attempts to replicate this by providing both challenging and nurturing experiences. A typical SAI treatment facility will have play equipment that allows the child to swing, climb, crawl and hide. It will also have kitchen facilities where children and parents can do food tasting and learn about the emotionally regulating aspects of food.

Parents are invited to participate in child-led play. Sessions are filmed so parents can learn about the process of self-regulation and co-regulation. Parents learn how to activate and inhibit arousal states in a fun and nurturing way that is appropriate to the sensory-attachment needs of their child.

As attachment is a co-regulation process the therapist has to be mindful of the parents' sensory attachment profile. Regulation will not occur if either the child or parent is over-regulated or under-regulated. Activities are thus designed to regulate both parties.

Bhreathnach has observed that when emotionally avoidant children participate in fast movement activities such as spinning on a swing or surfing forwards over therapy balls, they become emotionally expressive and even assertive about their needs. In contrast, children who are impulsive and aggressive respond best to activities that involve hanging, crawling, and climbing.



Bhreathnach also states that children who reject a nurturing/mothering touch require the more physically challenging activities first. These activities activate down regulation and help children to desensitise to touch. The process becomes complicated if the child displays conflicting sensory and attachment patterns, such as being under-responsive to movement with accompanying low muscle tone, yet highly reactive and aggressive.

The normal sensory integrative approach of using movement to stimulate muscle tone may unfortunately increase aggression. Children and parents can also present with conflicting sensory and attachment patterns. The SAI therapist factors all of this in when structuring the therapeutic environment. Provision of an enriched environment in the home is another key aspect of intervention. The SAI therapist collaborates with both parents and children to design a sensory-attachment diet of food and play activities which specifically meet a family's needs.



Parents learn appropriate attachment strategies to deal with the underlying emotional issues. For example, if a child acts aggressively it may be because the parents have triggered separation anxiety by simply being engaged elsewhere. Putting him or her on the naughty chair will only serve to make the child feel even more anxious. If children are compulsively compliant they may be fearful of not meeting the parents' expectations, but deeply resent having to inhibit what they really feel. They may bully other children when authority figures are not present. These children tend to be precociously independent and avoidant of the caregiving attempts of their parents.

The SAI therapist will give advice on how to enable the emotionally avoidant child to feel safe and secure about seeking comfort. Teachers are also advised on the use of sensory-attachment strategies to ensure there is a shared understanding and a consistent approach to the child both at home and at school.

## provision of SAI in the UK

Eadaoin Bhreathnach runs her own private clinic in County Down in Northern Ireland. She also provides consultancy advice for Adoption Plus regarding training and sensory attachment assessments. Adoption Plus is planning to establish an Occupational Therapy Service in the near future which will provide Sensory Attachment Intervention for families. ■

Adoption Plus is running a two day course entitled Sensory Processing, Trauma and Attachment on 16 and 17 November 2009, at Moulsoe, Milton Keynes. It costs £195 + VAT for the two days.

For more information contact Joanne Alper (Service Director): joanne.alper@adoptionplus.co.uk

Family Futures employ a Paediatric Occupational Therapist who has completed her initial training in Sensory Attachment Intervention. Family Futures hosts Eadaoin's introductory SAI course for Professionals annually.

Reference;

*A Sensory-Attachment Approach to Self Regulation and Co-Regulation.* Course Handbook 2009.