

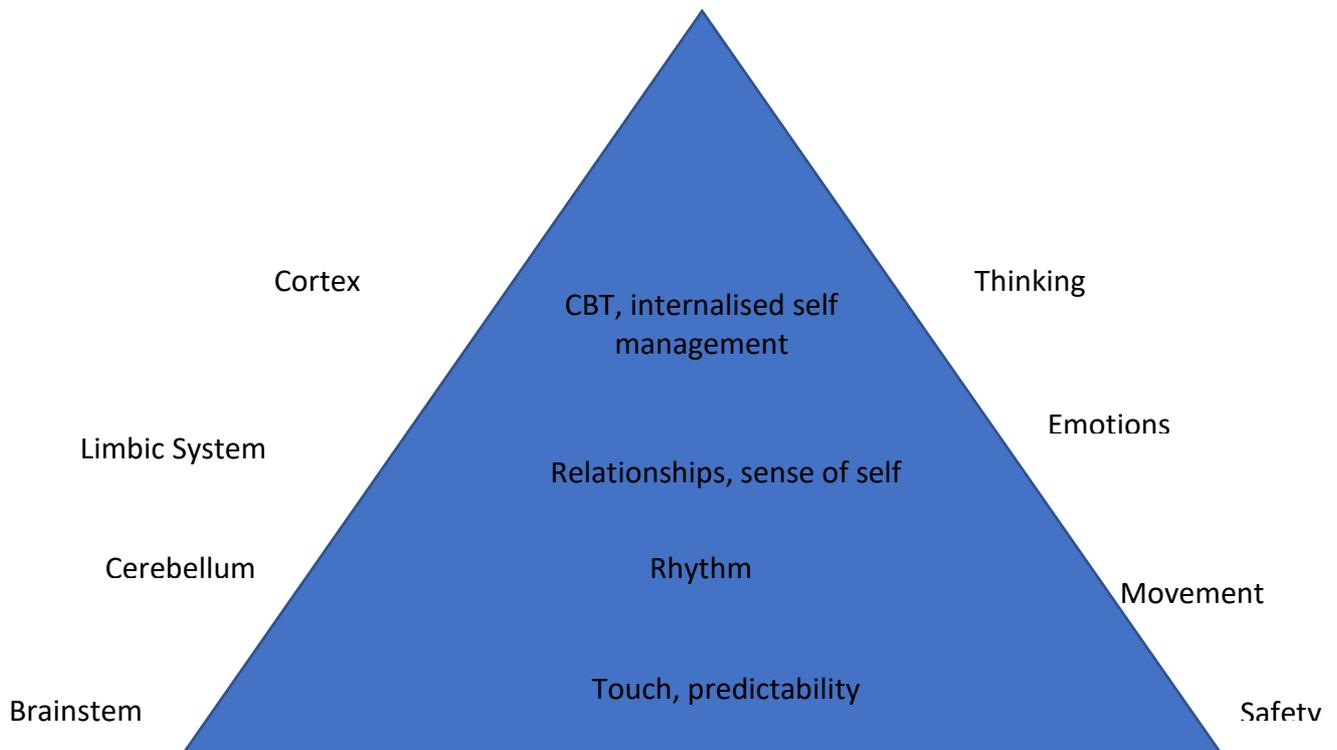
Attachment Theory and Sensory Processing

In order to best support our clients, we can use concepts and theory related to Attachment to understand the foundations of how to best approach needs related to our clients sensory processing needs. This along with gaining a foundational understanding of their development and relationships within their families and close relationships will assist you to develop rapport and ensure your client is cognitively available for learning new concepts and eventually applying them with limited or no support.

Insecure attachment theory is more evident for people with:

- Asthma
- Cerebral palsy
- Autism

Hierarchy of needs – Healing the Brain (Bruce Perry)



Safety:

- Food water, shelter, 'suck, swallow, breathe'

Movement:

- Co-regulation, relying on external supports (parents, OT) drumming, mirroring, song start and end

Emotions:

- Understanding others/own emotions, adaptive, maladaptive behaviours

Thinking

- Learning, apply new skills, applying coping strategies

Still face experiment – Dr Edward Tronick

<https://www.youtube.com/watch?v=apzXGEbZht0>

What Parenting behaviours affect attachment security?

- Meeting of basic needs
- Physical comfort – system regulation eg, not too hot or cold
- Attunement/synchrony – tone of voice
- Holding
- Rocking
- Swaddling
- Parents emotional control/regulation/predictability

Affect synchrony and co-regulation

‘Intuitive mothers attune to their baby’s resting state, and as this state changes to either lower or heightened arousal, they ‘fine tune’ the intensity and duration of their own affective stimulation (input) to maintain the baby’s positive affect’ (Papousek & Papousek, 1995)

Sensory Processing

Often we received referrals requesting supports for emotional and sensory regulation. It is important to understand clients sensory needs

‘The neurological process that organises sensation from one’s own body, and from the environment and makes it possible to use the body effectively within the environment’

Self regulation is:

The ability to

- Attain, maintain and change one’s level of arousal appropriately for the task or situation
- Control one’s emotions
- Adjust one’s behaviours

Ways to inform us if observed or reported difficulties with sensory processing and/or self regulation

Assessment includes:

- Winnie Dunn et al – Sensory Profile
- Theresa May Benson – Adolescent/adult sensory processing measure

Findings can confirm dysregulation which can look like:

- An ongoing state of distress and anxiety
- Needs are not met
- Attachment system is activated
- Behaviours are more pronounced
- Arousal contributes to neurological and physiological changes – in the short term, and in the long term
- The younger the child the more pronounced and lasting the changes

BUT, maybe sometimes people can't self-regulate because:

- They have not had the necessary early attachment experiences and have developed maladaptive strategies
- They have a neurological condition that makes this difficult (ABI, ASD)
- They need **Co-regulation**

Co-Regulation strategies to support therapeutic relation, safe space and being 'cognitively available' for learning. Remember movement section of the 'Healing Brain' and where it lies in hierarchy. We know that vestibular system integration has a profound affect on regulation before any other sensory processing disorder.

Connections between maladaptive behaviours and sensory needs comes from understanding patterns of arousal, window of comfort and how does that fit with sensory profile – this then gives you a greater understanding of your clients intent of their behaviour (maladaptive response to threatening stimuli)

Process:

Sensory Input – Integration - Adaptive response (active & passive coping strategies) –
Feedback

Re-wiring developing brain to improve capacity for adaptive response which is linked to appositive outcome and feeling connected in their community.