Evidence Based Practices for Sensory Stimulation Seeking Impulsive Diagnosis

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Sheena Gasner ~Department of Social Work

Statement of Purpose
The purpose of this project is to identify evidence based practices that can be used in the treatment of Sensory Stimulation Seeking Impulsive Disorder (430.0). Identification of these practices will more effectively meet the therapeutic needs of the children diagnosed with this disorder.

Methodology
A limited systematic review of the literature to identify interventions that have an identified evidence base in working with children 0-3 diagnosed with sensory stimulation seeking, impulsive.

- Data was collected by searching peer-reviewed journal articles published within the years 2000-2010.
- All appropriate peer-reviewed articles were read and information was organized by sub-topic for review.
- Results of the literature review was compiled and information extrapolated then organized into table format depicting symptoms, sensory systems targeted and identified evidence based interventions.

Literature Review-Findings
Sensory Stimulation Seeking, Impulsive is a childhood diagnosis outlined in the DC 0-3R. This diagnosis is characterized by sensory reactivity patterns, motor patterns, and behavioral patterns, leading to child appearing aggressive, destructive, recklessness, and disorganized appearing behaviors. This disorder is generally observed in the years 2000-2010. It is imperative that early intervention is implemented. The Early Coping Inventory describes coping strategies and the Miller Assessment of psychosocial functioning. The Short Sensory Profile is one of the most widely used screening tools and a useful tool for assessing sensory processing integration.

Research indicated that accurate identification of sensory seeking tendencies is vital to improving behavioral difficulties. The key to the screening and assessment of sensory processing integration is focusing on how a child processes sensory information and manages environmental challenges. Sensory dysfunctions are related to the process involved in interpreting the sensory stimulation. A list of standardized tools available to screen and assess symptoms was compiled.

Standardized Questionnaires
- The Early Coping Inventory
  - Zelfin, Williamson, & Szczepanski, 1988
  - Ages 4 to 36 months, psychometrically valid tool, sensitive measure of sensory-based self-regulation
  - Can be administered by any professional with a background in child development
- The Infant and Toddler Symptom Checklist
  - DeGangi & Peisner-Prado, 1995
  - Ages between 7 and 30 months, assesses self-regulation, attention, sleeping, eating, dressing, bathing, movement, language, vision, and emotional functioning
- The Short Sensory Profile
  - Mullen, Miller, Stiffy & Dunn, 1998
  - Sensitive sensory profile, used to evaluate children's sensory integration patterns, provides information on sensory processing integration.
- Sensory Profile
  - preparation: administration of Sensory Profile
  - interpretation: to determine the child's sensory processing patterns.

Standardized Instruments
- The Test of Sensory Functioning in Infants
  - DeGangi & Greenspan, 1989
  - Infant and Toddler, diagnostic criterion reference assessing regulatory disorders, developmental delay, learning disorder risk
  - Administered by professionals trained in child development and sensory processing.
- The Miller Assessment of Psychosocial Functioning
  - Miller, 1988
  - Ages 2 to 5 years. Based on extensive research, provides information on developmental level
  - Professionals trained in the health care field or trained in education and working with parents to assess children.

Standardized Table

<table>
<thead>
<tr>
<th>Sensory System</th>
<th>Symptomatic Behaviors</th>
<th>Intervention Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tactile</td>
<td>Seek intense, fast spinning movement, severely depressed with touch, may avoid touch,</td>
<td>Increase access to information and training in observation,</td>
</tr>
<tr>
<td></td>
<td>others in a small place, elevated sensitivity to touch, others Distraction with touch</td>
<td>identification and treatment of sensory regulation disorders.</td>
</tr>
<tr>
<td></td>
<td>sensation, interfering with learning, upset others. Often misinterprets touch</td>
<td></td>
</tr>
<tr>
<td>Vestibular</td>
<td>Seek intense, fast spinning movement, severely depressed with touch, may avoid touch,</td>
<td>Activities that require the child to head to be</td>
</tr>
<tr>
<td></td>
<td>others in a small place, elevated sensitivity to touch, others Distraction with touch</td>
<td>propped up (head shoulders, knees and toes) or provide</td>
</tr>
<tr>
<td></td>
<td>sensation, interfering with learning, upset others. Often misinterprets touch</td>
<td>comfortable positions, such as sitting, standing, and</td>
</tr>
<tr>
<td>Proprioceptive</td>
<td>Chews, fidgets, rocks, trouble maintaining balance in new situations, may bump into</td>
<td>treatment activities providing teaching equipment,</td>
</tr>
<tr>
<td></td>
<td>others when in a small space, elevated sensitivity to touch, others Distraction with</td>
<td>sensory accommodation equipment (tights, tistem,</td>
</tr>
<tr>
<td></td>
<td>touch, sensation, interfering with learning, upset others. Often misinterprets touch</td>
<td></td>
</tr>
</tbody>
</table>

Recommendations
- Utilization of semi-structured interview process assessing regulatory disorders.
- Implementation of screening tools to be used as a part of the diagnostic assessment process.
- Development of evidence based interventions/activities to be utilized in the home or office setting with children determined to have sensory regulation disorders.
- Increase parent, professional and community education regarding the identification, impact and treatment of regulatory disorders.

References available upon request.