

Should You Request a Sensory Integration Evaluation for Your Child Adopted from an Institution?

By Harriet McCarthy

There are some who feel that every child coming from an institutionalized background would benefit from a Sensory Integration evaluation by a certified Occupational Therapist. I agree with them. My understanding of this need comes from my on-the-job training with my two sensory disordered Russian boys, from books, medical periodicals, and on-line classes which explore the effects of childhood trauma. It also comes from a wealth of anecdotal information shared on the PEP-List (Parent Education and Preparedness) at our EEAC website.

An evaluation for sensory issues is as important as an evaluation for developmental issues in newly arrived children, and I have always recommended a scheduled appointment with a Developmental Pediatrician be made as soon as possible. An additional evaluation by an occupational therapist trained in sensory issues is well worth the modest price and a little more of your time.

The more I learn about trauma, abandonment, institutionalism, neglect, abuse, helplessness, hopelessness, rejection, malnutrition, and prematurity - and what their effects are on a child's brain - the more I understand why so many of our PI (post institutionalized) children have mild to grave, often pervasive sensory issues. These abnormalities present themselves as hearing problems such as central auditory processing disorder, vision problems like amblyopia and partial blindness, or oral sensory issues which cause feeding and swallowing problems or lack of proper sucking and chewing skills. A child may have an over sensitivity or under sensitivity to smells which can cause reactions ranging from an overactive gag reflex to the refusal to eat. It is sensory problems that cause the difficulties with tactile sensations -some children crave too much and crash, twirl, press, or spin into everyone and everything - some children avoid it and refuse to be touched at all, acting-out inappropriately or recoiling in panic when someone or something gets too close.

Misdirected sensory cues cause a number of problems. They can keep a child from sitting or standing still, prevent a child from understanding what you are saying to them, cause speech abnormalities, gross and fine motor problems, dyslexia and learning disabilities, and passive, regressive, or aggressive behavior. They may cause eating problems, which keep a child from ingesting enough nourishment, or cause them to gorge on anything and everything. They cause sleep and toileting disturbances. Quite frequently, processing problems aren't simply one-dimensional but multi-layered, affecting several dynamics of a child's perception.

All this sensory disorganization has to do with the brain's chemicals, the hormones they produce, and the effects of those hormones on the child's ability or inability to accurately process the sensory input of touch, movement, taste, sound, smell, and sight. In an institutional setting, many, if not most of these sensory components, are missing or diminished. Orphanages are quiet places. Often the light is very dim and auditory and visual stimulation is at a minimum. Children don't get the opportunities for enough movement or touch. There is very little variety in diet, much of it is soft, and often there is barely enough food to keep a child adequately nourished. Extra-large holes in bottle nipples speed up the feeding process, but never allow the development of good sucking skills. Interaction between children and/or between children and caretakers is minimal. Beyond the orphan-

age window is a very small, circumscribed, unchanging picture of a world waiting to be explored by children who have no opportunity to do so. Normal cycles of need aren't rewarded with comfort. Lack of stimulation in all these sensory areas interrupts production of the beneficial hormones needed for a state of calm - hormones which are released when children feel a mother's gentle touch, see the warmth and approbation of her smile, or sense the safety of her fierce protectiveness. Instead, high levels of stress hormones flood the brains of these confined children who have rotating caretakers, causing different neural development than that which is normally seen in healthy, nurtured children. The deficits and atrophy these high stress hormone levels create cause a child's perceptions to be processed in a distorted manner. Under these circumstances, it is easy to understand why a child would be very frightened, confused, or overstimulated after institutional care.

The good news is that the brains of most children from institutional settings are plastic enough throughout childhood to be healed and made whole, even when considerable damage has taken place. It takes work. Most of the time it takes some therapy and early intervention. It always takes time, patience, gentleness, kindness, and understanding. First, we must learn to recognize a sensory disordered and frightened child when we see one. New parents need to learn how to calm that frightened child, and that child must learn to accept a state of being calm within his or her new surroundings. Once a state of fairly normal equilibrium is reached, stress hormones sufficiently reduced, and the fight or flight response moderated to low levels, young brains will begin to perceive the world differently - less threatening and more bearable. With time, the appropriate stimulation and retraining, these children can begin to process sensory input in normal or near normal ways, and the potential for a happy and complete life for that child is possible.

Consequently, if you are wondering at all about an Occupational Therapy evaluation, get one. Because these sensory changes happen deep inside the brain, they are invisible to the outside world except for the effects of their devastation. These abnormal processing issues are often very subtle. It takes a trained expert to see and evaluate them correctly. Although there are many excellent resources on the subject of sensory integration, and parents are certainly encouraged to learn all that they can, this is not a do-it-yourself project for you and your child. What looks absurdly simple in the orchestrated play of the Occupational Therapy setting is actually the end result of an extremely complex discipline which takes many years and a specialized degree to master. The competent occupational therapist can and will give you ideas for a sensory "diet" to work with at home, but the direction and focus of the therapy will be accomplished best within a clinical setting.

If you suspect your child may have sensory issues, the earlier you have an expert evaluate your child, the better off he or she will be, and the sooner you and the therapist can start to reverse any damage that may already exist. A multi-sensory evaluation is another issue to consider seriously along with all those medical and dental exams, all those tests, re-tests and re-inoculations. Have your child evaluated by a good Occupational Therapist trained in Sensory Integration theory and therapy techniques. It may ultimately make life much easier for you, your child, and for your entire family.

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Harriet McCarthy is the list administrator of the PEP L list for parents who have adopted from Eastern Europe to discuss the issues involved in parenting post-institutionalized children. She is the mother of three children adopted from Eastern Europe.