

Sensory Play

By Neurodevelopmentalists Marilee Nicoll Coots, B.A. and Cyndi Ringoen, B.S., B.A.,

Sensory play, self-stimulating behavior, or “stimming” are all terms used to describe a group of behaviors seen in many delayed children. It is repetitive, it often appears compulsive, and it can occur using any of the senses. Parents usually describe it as something that does not seem quite right.

As Neurodevelopmentalists, we view sensory play as negative, self-perpetuating, self-isolating behavior. High functioning children and adults do not engage in significant amounts of sensory play, but low functioning individuals do. Our goal, and the goal of the parents we work with, is to help each individual develop to their highest potential. Therefore, we discourage any behavior that will be counter-productive to high function.

Sensory play is a learned behavior that an individual develops for several reasons. Primarily, it feels good and so the behavior is repeated. With typical young children, playing with toes and fingers is pleasurable. Developmentally, it is important as connections are made in the brain about where their body is, but the child soon moves on to the next exciting step in development. When senses are delayed or impaired, the child can become stuck and the behavior becomes obsessive and can actually stop development.

You may have heard some say that sensory play is beneficial, calming, a communication attempt, or even a type of psychological mechanism. It is possible that on an unconscious level, some children use stimming to control their environment or to avoid the things they wish not to do. For example, if a child stims he may be able to avoid uncomfortable social situations. It is important to consider that many adults engage in various behaviors for the same reasons--- some to note are smoking, drinking, drugs, overwork, etc. Just because a behavior has a purpose does not mean the behavior is healthy or developmentally helpful.

There is often a metabolic component to stimming. When children are out of balance metabolically, their stimming is increased. Appropriate metabolic intervention can often reduce stimming and occasionally halt it.

Repetitive sensory play creates endorphins, “happy,” “feel good” chemicals in the brain, much the same as the “runner’s high.” These chemicals become addictive, causing the individual to repeat the activity in order to renew the good feeling. Thus, the child becomes trapped in a compulsive behavior. Development stops progressing, becoming more and more delayed, and for many children actually begins regressing.

We seek to stop sensory play, not as an end in itself, but as part of an overall treatment plan, which includes addressing the underlying neurodevelopmental causes of the behavior. The causes often relate to dysfunction in one or more sensory channels. To address sensory dysfunction, we need to determine why the sensory information is not going into the brain correctly (where it would organize and progress to the next level), stop the sensory play, and address the root cause of the dysfunction with specific, appropriate neurodevelopmental activities.

In order to stop a child from stimming we first need to be able to recognize it. The behavior will appear strange and repetitive, and there is often a compulsive element to

it. Typically, a child who is stopped from stimming will become quite angry. Stopping stimming is equivalent to breaking an addiction such as smoking or drinking caffeine. The intensity of the anger can be a clue to parents as to how “stimmy” a behavior is.

To stop sensory play, parents can redirect the behavior, distract the child and get them engaged in other activities, or remove the implements the child is using to stim. It is usually best not to try to explain or attach a negative feeling to the stim. Nagging does not work and can sometimes intensify the behavior.

When the quantity of stimming has been reduced, it can sometimes be refined into something more appropriate. An example is teaching a child who makes strange throat noises to form words.

The following is a list of stims in which children have engaged. This list is not a complete list of all possible stims. It is designed to give parents an idea of what behaviors function as sensory play.

The “Stim” List

VISUAL:

dangling strings
shaking toys
wiggling fingers—
 in front of or to the side of face
 usually in exactly the same spot
lining up toys
excessively, repeatedly stacking toys
 and knocking them down
spinning wheels on toy cars/trucks
pushing toy trucks and cars
 while tilting head to watch wheels
watching out the window at cars driving by
staring out window
watching dust specks in the air
watching ceiling fans
staring at dining room lights
looking sideways and/or upside down at TV
nose on TV
flipping pages without looking at pictures
flipping toys
wall walking
opening/shutting drawers and doors
spinning bowls
spinning toys
walking in patterns
pacing
splashing
watching water
running sand/beans etc.
 through hands while watching
spinning coins
looking at maps with nose about 1" away
following roads on map with nose

VERBAL or AUDITORY:

blurting out loud and/or high pitched noises
repetition of odd noises/sounds

box hopping or lining up chairs,
 laundry baskets, boxes and
 storage containers in a path
 and stepping from one to another
rocking: from foot to foot
 back and forth while sitting
 side to side while sitting
repeatedly throwing or dropping toys
throwing toys over shoulder
picking fuzz
shredding paper
looking out car window
 with peripheral vision (while giggling)
walking down hall with head to one side
standing on head on furniture
running in circles
rewind video while watching it rewind
excessive drawing
rubbing pencils together
watching own reflection in doorknobs, toasters,
 windows at night, oven door, shiny faucets,
 TV screen when off, clean cars, blank computer
 screens and mirrors
holding up small toys (usually characters) in front of
 TV while video is going
perseverating on Thomas the Tank or other train stuff
turning head in light patterns made by blinds
obsessively pouring a "slinky" from hand to hand
watching a yoyo with peripheral vision over and over
multiple cartwheels frequently and excessively
head shaking
spinning own body or twirling around
twirling self under own arm which is against a wall
dangling pieces of grass or twigs
twirling long hair or braids (girls) in peripheral vision

talking to self-- excessive and nondirective
echolalia of phrases, movies, songs.....
humming
nose humming
banging on everything
throat sound--compulsive
pounding toys or books
excessive giggling
excessive pretend play
electronic games that repeat
inappropriate giggling (often a sign that they are stimming)
repeating a video scene over and over
telling the same story over and over
constantly singing
reciting alphabet over and over

TACTILE:

chewing on insides of cheeks
rubbing clothing between fingers
biting fingernails
chewing fingernails
scratching obsessively/to bleeding
head banging
teeth grinding
spitting
grabbing someone's arm
 with both hands and squeezing
 with head against arm
rubbing face/hands
bobbing up and down with
 top part of body while sitting in chair
sucking on tongue

VESTIBULAR:

spinning
rocking
swinging

OTHER:

excessive pretending
acting out a movie scene repeatedly
sharpening pencils over and over
writing numbers over and over

Little Giant Steps

Jan Bedell

Certified Neurodevelopmentalist

Phone (972) 758-1260

P.O. Box 863624

Fax (972) 325-4119

Plano, TX 75086

Email: support@littlegiantsteps.com

Website: www.littlegiantsteps.com

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