



Bonnie Hacker, OT  
Founder / Director

## The Connection Between Anxiety Disorder & Sensory Processing

### A Child's Place

March 2008

Occupational Therapy  
Speech Therapy

**Chapel Hill Office**  
205 Sage Rd, Ste 203  
Chapel Hill, NC 27514  
Phone: (919) 928-0204  
Fax: (919) 928-9423

**Durham Office**  
2919 Colony Rd  
Durham, NC 27705  
Phone: (919) 489-7333  
Fax: (919) 489-0504

Serving children from birth  
to 14 years old

Using therapy to improve  
conditions such as:

- Delayed Speech
- Dyspraxia
- Speech Impairments
- Non-communicative Speech
- Oral/Verbal Apraxia
- Language Disorders
- Feeding Difficulties
- Autism/Asperger's/PDD
- Developmental Delay
- Cerebral Palsy
- Sensory Integration Disorders
- Sensory Modulation Disorders
- Handwriting Impairments
- Fine & Gross Motor Delays

A Private, Independent  
Provider

[www.EmergeAChildsPlace.com](http://www.EmergeAChildsPlace.com)

Anxiety serves as a normal emotional response that ultimately enhances a person's ability to overcome challenges. However, for a significant percentage of children and adults, the normal anxiety response does not function properly. The distinction is simple. When anxiety proves ultimately helpful, it is normal. When anxiety is too intense or too consistent, and it ultimately interferes with needed activities, people should seek assistance.

Treatment for anxiety among children can involve occupational therapy, psychiatry, and/or pharmacotherapy including selective serotonin reuptake inhibitors, benzodiazepines, or buspirone. Parental descriptions of a sensory processing disorder commonly include concerns over a child's level of anxiety. Recent research has connected sensory-processing sensitivity with generalized social anxiety.<sup>1</sup> Recent research also suggests that when sensory defensiveness is left unaddressed, adults demonstrate a tendency toward anxiety and depression.<sup>2</sup> Sensory processing disorder (SPD) means that a person receives sensory stimuli normally, but processes the input differently in the brain. SPD results in over-response to stimuli in some people and under-response in others. In children especially, fearfulness about situations compounded by the embarrassment of not fitting in sometimes results in persistent, unhealthy anxiety. If you know a child with anxiety problems, consider these determining questions. Does the child also demonstrate signs of SPD such as resistance to being touched, easily overwhelmed in groups, or too easily distracted or distressed by noises? Does the child appear more stressed at the end of the school day, or is the child distressed about going to school? Does the child feel like he is constantly in trouble for behavior that feels like it is out of his control? In cases where SPD causes anxiety disorder and in cases where SPD exists concurrently with anxiety disorder, moderating the SPD can result in significant improvement of the anxiety.

### Signs of Anxiety Disorder in Children

- Stomachaches
- Difficulty breathing
- Loss of appetite
- Sleep disturbances
- Headaches
- Keyed-Up, On-Edge, Hypervigilant
- Easily fatigued
- Difficulty concentrating
- Irritability
- Muscle Tension
- Resistance to types of situations (e.g. separation, meeting new people, presence of new foods)



Yoga at Emerge with certified kids' yoga instructor Michelle Byers. Group & individual sessions available.

Expert pediatric occupational therapy at Emerge - A Child's Place can help children with anxiety challenges in a number of ways.

- Butterfly icon: Sensory integration therapies to moderate sensory processing disorder
- Butterfly icon: Yoga Adventure Program
- Butterfly icon: Cognitive tools such as teaching a child to recognize his or her own specific fears and to recognize when they are affecting him or her
- Butterfly icon: Staying Cool Summer Program for children with anxiety

**Please tell parents about  
Emerge - A Child's Place  
Believing in a Child's Potential to Flourish**

#### References

1. Hofmann S, Bitran S. Sensory-processing sensitivity in social anxiety disorder: Relationship to harm avoidance and diagnostic subtypes. *Journal of Anxiety Disorders*, 2007; Vol. 21, Issue 7: 944-54.
2. Kinnealey M, Fuiiek M. "The relationship between sensory defensiveness, anxiety, depression and perception of pain in adults." *Occupational Therapy International*; Vol 6, Issue 3: 195-206.