

Case Study

Harrison Dagleish, 8, Sensory Processing Issues and Anxiety

Referral/presenting issues

Harrison Dagleish is eight years and seven months with sensory difficulties, relating to touch and over stimulation, as well as anxiety, which present as meltdowns when he is in sensory overload. Harrison is currently under a paediatrician called Sue Syers at the Child Development Centre, Plymouth, pending an autism spectrum disorder (ASD) assessment, as well as observations to be made investigating potential attention deficit hyperactivity disorder (ADHD). Harrison has had sleep issues since birth, having never slept through the night and taking hours to settle in the evenings. His parents report that he would fall out of bed almost every night, due to his high level of activity, driven by seeking deep touch pressure. Harrison has been prescribed 2g Melatonin to help sleep, which Harrison's parents have reported as being helpful at times but it hasn't stopped the night waking. Harrison has been referred to Fidgetbum by his mum, having tried many other sleep aids without success, to support the family with a new plan of intervention.

Background Information

Harrison lives with his parents and two younger sisters, Poppy (5) and Emilia-Rose (1). Harrison attends full time education (mainstream school) and his parents report that he is mostly happy at his current school, although his anxiety prevents him from undertaking certain activities and they are in constant contact with the school to manage strategies around this. Harrison's 5 year old sister, Poppy, has a rare chromosomal deletion syndrome called Chromosome 18q, which means that she uses a wheelchair and has additional learning needs. She attends a mainstream school with one to one support and Harrison's mum is her full-time carer. Emilia-Rose is a lively, bubbly 16 month old toddler. The household has lots of needs to be met. Harrison's parents report that a lack of sleep is having a significant impact on Harrison's schooling, teachers have found him easily distracted and sensitive to stimulus, identified by an increase in his anxiety levels, meltdowns and outbursts of extreme emotions which manifest in a very quick escalation of anger. Harrison's frequent night waking, which his parents believe is caused by seeking deep touch pressure, would often require his mum to come into his room and put her legs on top of his, in order to fulfil this need for pressure and dampen the sensation.

Assessment

After carrying out observations on Harrison's current bedtime routine, evidence has been gathered in seeing how challenging Harrison appears to find settling in the evenings. Harrison has a good bedtime routine: he comes upstairs and changes into his pyjamas and brushes his teeth, before reading a book in bed. Harrison doesn't enjoy brushing his teeth or having his hair touched, but his mum uses strategies to manage any resistance with minimal issues. Once in bed, Harrison fidgets and fusses over bedclothes – smoothing them out repeatedly and complaining. Harrison reports that that they "feel all scrumbly". Harrison becomes agitated with the feeling of his bed and takes his frustration out on it. His emotions escalate until they overwhelm him and it takes 30-40 minutes to calm him again with help from his mum. His mum then gives him his dose of Melatonin to help him settle. He eventually falls asleep, two hours



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after bedtime has begun. Harrison stays asleep for approximately three hours before waking up and calling out. Both parents are exhausted due to the broken sleep of multiple night waking with two older children who don't sleep through, plus a baby. Harrison's parents are confident that the sleep environment is safe for Harrison and he can move around the house without hurting himself at night. The stairs have stair gates on, to prevent anyone falling down and Harrison's parents use night lights on the landing.

Plan

Due to Harrison's sensory seeking at night, an initial suggestion was put forward by his O.T. to put Harrison's mattress inside an old single quilt cover, to provide him with some compression. Unfortunately, the cotton fabric did not provide the required compression and instead irritated him and heightened his sensory issues, due to the 'light touch' it provided. Harrison's mum discovered Fidgetbum online and trialled it with Harrison to see whether it would provide the 'squeeze' he was seeking at night time.

Intervention

Harrison trialled the Fidgetbum. On night one he settled to sleep in just 15 minutes. On night two this reduced to 10 minutes and by the end of the first week, his parents reported that he was consistently settling to sleep easily, within just a few minutes and more importantly, had stopped taking his Melatonin completely. He no longer requires medication to help him to settle and fall asleep and now both settles quickly and sleeps all night. Harrison reports that the Fidgetbum makes his bed feel right and if the Fidgetbum isn't zipped up over him, he now says his bed doesn't feel right. Harrison's parents report that the Fidgetbum provides Harrison with the proprioceptive input that he requires on his legs and also keeps him secure enough that he doesn't fall out of bed anymore (without restricting his movements).

Summary

Fidgetbum has improved Harrison bedtime routine and sleep intake. He is able to settle quickly and stays asleep all night. His parents report that both Harrison and his younger sister Poppy both use Fidgetbum. Harrison is medication free and is happier now that he is getting a full night sleep. They get a minimum of eight hours sleep a night. Emilia Rose also sleeps through the night.

Harrison's mum says: "Fidgetbum has completely changed our lives. Sleep is so important for everybody, to be able to function, to be able to enjoy life and be happy. I am now getting 8 hours minimum instead of being woken up hourly or even being awake for hours trying to settle them both. Harrison and Poppy are now happier as they are both getting solid sleep and even more importantly bedtime has become a positive experience."