

Dysregulation

When an individual is dysregulated, they are experiencing distress and are not in their **Just Right State**. If the person is in **hyper-arousal**, she may be experiencing anxiety, alarm, fear or terror, she may lash out verbally or physically or she may try to run away. It is important to remember that these are survival responses and are not within her conscious control. If the person is in **hypo-arousal**, he may be experiencing disconnection, immobilisation or shut-down. He may go to the floor, not make eye contact and not respond to verbal intervention by a caregiver. Again, these are survival responses and are not within his conscious control. A child may become dysregulated if they have sensory processing differences and an event or interaction in their environment causes them to experience sensory distress or pain. Equally, the child may become dysregulated if they experience a type or degree of emotion that they are unable to manage, such as frustration, anxiety, anger, fear, embarrassment, shame, challenge, excitement, happiness or joy. In order to support the child to self-regulate and thereby return to their Just Right State, any known environmental stressors can be removed and adult caregivers can provide co-regulatory support by briefly validating the child's experience and then providing the child with relevant sensory inputs, for example going out into the fresh air, having some time out on their own (under supervision) or having a sensory resource to squeeze, handle or sit on. When the child has regulated themselves, the adult caregiver can provide empathetic support

using calm, soothing vocal intonation and positive facial expressions, gestures and posture.