My Kid Has Sensory Sensitivities… Now What?

A Sanity-Saving, Overstimulation-Reducing, Reality-Accepting Guide for Real Parents in Real Homes

Welcome to the club you didn’t know existed

Maybe an occupational therapist or pediatrician noticed the pattern. Maybe you did, after enough sock-related detective work to deserve a badge. You’ve heard “sensory challenges” or “sensory processing differences,” and now you’re wondering:

> **What now, at home, where hairbrushing causes tears, clothing tags are the enemy, and toothbrushing feels like a full-body protest?**

This guide focuses on daily life: helping your child participate with less discomfort while protecting your own patience. Home strategies should complement professional assessment when sensory concerns interfere with health, school, or everyday activities.

Sensory sensitivities 101

Children vary in how they notice and respond to touch, sound, light, taste, smell, and movement. Some sensations feel unusually intense; others may be less noticeable. A child may seek certain kinds of input and avoid others.

These patterns can vary by setting, fatigue, stress, and the particular sensation. “Seeker” and “avoider” can be useful descriptions, but they are not fixed personality types or a complete explanation of behavior.

Sensory concerns can occur alongside developmental or other health conditions. Pain, hearing or vision concerns, anxiety, and other needs should also be considered. A label alone does not tell you what support will help.

> **Take the discomfort seriously. Get curious about the cause. Build a plan for daily life.**

If your child reports pain, has a sudden change in tolerance, struggles with eating or hygiene, or is losing access to everyday activities, seek professional guidance. See page 6.

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Clothes, teeth, and morning negotiations

01 The clothing wars

You might see: Refusal of jeans, distress about seams, or socks that are apparently personally offensive.

• Try tagless shirts, softer fabrics, or different seams. Let your child help identify what feels better; no fabric works for everyone.

• Offer a few comfortable options that meet the day’s safety and weather needs. Lay them out together the night before.

• Matching can wait. Pain, skin irritation, or new discomfort should be checked rather than assumed to be sensory.

> **“You need clothes that keep you comfortable and warm. Which of these options works?”**

02 Toothbrushing distress

You might see: Gagging, avoidance, or resistance to the brush, flavor, or foam.

• Ask the dentist about a soft brush and an age-appropriate fluoride toothpaste with a tolerable flavor. An electric brush helps some children and bothers others.

• Use a mirror, predictable steps, and brief pauses. Offer a choice about where to begin, with adult help appropriate to their age.

• The goal remains brushing all teeth twice daily with the recommended amount of fluoride toothpaste. If this is not manageable, ask the dentist and OT for an individualized plan.

Small steps still need a health goal

Brushing one section may be a practice step, not a long-term dental-care plan. Check for dental pain and get help with persistent gagging or resistance. Avoid forcing through distress without a safe, professional plan.

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Hair, noise, and food textures

03 Hairbrushing battles

You might see: Tears, pulling away, or negotiations over every stroke.

• Check for tangles, scalp irritation, and pulling. Try a suitable detangler and gentle brush, working from the ends while supporting the hair above the tangle.

• Let them start. Agree on a short sequence and pause cue: “Three strokes, then a break.” Make pauses predictable.

• A simple hairstyle or an audiobook may help. Adjust to the hair type; there is no miracle brush for every child.

04 Noise overload

You might see: Covering ears, leaving a crowd, or distress at a party.

• Preview the event and plan a quieter space, shorter visit, or exit. Use appropriate hearing protection for loud settings.

• Headphones may reduce distress in some situations, but noise cancellation is not the same as certified hearing protection. Keep awareness of traffic and other safety cues.

• Use support to make meaningful participation possible. New sound sensitivity, ear pain, or hearing concerns warrant a medical check.

05 Food texture difficulties

You might see: Gagging, refusing mixed foods, or an extremely short food list.

• Include accepted foods and offer optional, low-pressure exploration. Separate components when helpful. Do not require licking, tasting, or swallowing as proof of effort.

• Nutrition and swallowing safety matter alongside comfort. Only a handful of accepted foods, a shrinking list, or repeated gagging needs assessment.

• Ask the pediatrician about a dietitian or feeding specialist. Do not assume every food refusal is sensory.

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You can understand it and still be exhausted

You may lose your cool over socks

It’s the fourth outfit change and you’re late. Take a pause, simplify the choice, and repair if you snapped. Keep a backup of something that usually works.

> **“I’m sorry I yelled. I know these feel uncomfortable. Let’s choose the pair that worked yesterday.”**

You may feel judged

Someone says, “Just make them do it.” A brief answer is enough. You don’t need to deliver a nervous-system lecture in the school parking lot.

> **“We’re helping them participate with supports that fit their needs.”**

You may worry you’re enabling

An adjustment can be useful support. The question is whether it helps your child stay healthy, build skills, and take part in life. Accommodating discomfort and gradually building capacity can work together.

If more and more activities disappear, ask for help reviewing the plan. Neither removing every challenge nor forcing every sensation is a universal answer.

You may want one explanation for everything

“It’s sensory” can be a starting point, not the end of the investigation. Consider pain, fatigue, communication, anxiety, and skill demands. The support should match the actual barrier.

> **“What feels hard: the sound, the touch, not knowing what comes next, or something else?”**

If your child cannot explain, observe the pattern without making them prove discomfort. Note what happened before the distress, what helped, and what they could do afterward.

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Lower the load. Keep a direction.

• **Prioritize health and safety.** The button-up shirt can be optional. Tooth care, adequate nutrition, and safe behavior still need workable plans.

• **Teach ways to ask for support.** “I need a quieter spot,” “That hurts,” or “Can we pause?” Use pictures or other communication supports when helpful.

• **Respect distress and hold limits.** “The noise is hard. We can move somewhere quieter. I won’t let you hit.”

Mornings

Lay out comfortable clothing and use a short visual schedule. Reduce competing demands when possible. Build in time for the steps that consistently need more support.

School

Discuss specific barriers with staff: sound, seating, transitions, or materials. Ask about movement breaks, quieter work options, and ways to request help. Review whether the support improves participation.

Outings

Preview what is known without promising exact conditions. Bring a few useful items, such as hearing protection, water, or a familiar comfort item. Plan a break and an exit when needed.

A comfortable reset space

Offer a voluntary, supervised space with fewer distractions and familiar items. A chair, cushion, or simple fidget may be enough. It should not be a punishment or a place where a child is confined.

Weighted products and oral tools are not default essentials. Get individualized professional guidance about suitability and safe use. Small chewable items and necklaces can create choking or strangulation hazards.

Bedtime

Use comfortable sleepwear and a predictable wind-down. Adjust light and sound to what helps. Keep sound machines at a low volume and away from the child’s head. Do not add weighted blankets as a routine sleep recommendation.

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Comfort and participation both matter

Ask for an individualized assessment

Contact the pediatrician when concerns disrupt eating, hygiene, sleep, school, or family activities. Discuss sudden changes, pain, or hearing and vision concerns. An OT can assess daily-life barriers and help choose practical strategies.

Set observable goals, such as completing toothbrushing with support or participating in a short classroom activity. Ask how a recommended intervention will be evaluated and when you will review whether it helps.

Take feeding concerns seriously

A very restricted or shrinking diet, weight loss, slowed growth, pain with eating, frequent gagging, or coughing and choking warrants assessment. Preferred foods can protect intake while the team addresses nutrition and feeding skills.

Seek urgent medical care for dehydration, inability to drink enough, or significant weakness. Call 911 for choking with inability to breathe or another life-threatening emergency.

A note to the parent who is trying

You don’t have to choose between making your child comfortable and helping them grow. Understand the barrier, make reasonable adjustments, and build skills at a pace that fits. When the plan isn’t enough, bring in support.

> **“I believe this feels hard. Let’s find a way to make the next step manageable.”**

Further reading

American Academy of Pediatrics
HealthyChildren.org • Occupational Therapy
American Occupational Therapy Association
AOTA • Sensory Integration & Processing

American Academy of Pediatric Dentistry
AAPD • Policy on Use of Fluoride
American Speech-Language-Hearing Association
ASHA • Pediatric Feeding and Swallowing

This guide offers general education. Use age-appropriate, individualized supports and follow professional guidance for dental care, feeding, sensory equipment, and safety.

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