

# Making Sense of SPD



**S**ensory processing disorder (SPD) is a disorder that has just recently garnered public attention, having been called the next attention deficit disorder by TIME magazine in 2007. However, it has been a part of occupational and physical therapy for many years prior, because despite how many people know about it, SPD is a real and serious condition. And if your child has it, all you want to know are the facts—what exactly SPD means and how to help your child. The answers in exact detail can best be gotten from a medical professional, such as an occupational or physical therapist, but here are a few of the basics:

## SENSORY PROCESSING

To best understand sensory processing disorder, you must first understand sensory processing, also called sensory integration (SI). SI refers to how the nervous system senses and responds to various stimulation. For people without SPD, SI allows them to appropriately complete tasks and every-day activities, such as eating a meal, sitting calmly in a crowded, noisy room, or reading a book. For people with SPD, these activities are difficult if not impossible. The stimulation is not properly processed and thus cannot be properly acted upon without a great deal of difficulty on

the part of the individual.

Those with SPD may have one of three processing problems:

1. Over-processing
2. Under-processing
3. Processing with interference

Each presents its own unique set of challenges and will manifest differently depending on the type of sensory input and the individual.

### Symptoms of SPD

The signs and symptoms of SPD, again, vary with each individual, and it is important to remember that simply identifying a symptom in your child is not a surefire sign of diagnosis. However, there are certain symptoms you may want to be aware of and/or mention to your child's pediatrician, occupational and physical therapists, and other medical professionals, as necessary. They have been divided below into types of sensory input.\*

### Vestibular ( movement)

- Hypersensitive to movement—is clingy, fears having his/her feet leave the ground, loses balance easily, startled if moved, etc.
- Hyposensitive to movement—is constantly moving, loves thrills, rocks while sitting, etc.
- Limited muscle tone

### Proprioceptive (positioning)

- Seeks out sensory behaviors such as stomping while walking, jumping from high places, falling on purpose, etc.
- Has difficulty with force and stability—cannot distinguish between light and heavy, applies too much force in every-day activities, rips paper while writing/erasing, etc.

### Auditory

- Hypersensitive to sound—easily bothered, frightened, or startled by noise
- Hyposensitive to sound—does not respond to verbal cues, enjoys loud music and television, talks to self throughout a task, etc.

### Tactile

- Hypersensitivity to touch—bothered by rough fabrics, avoids or is negatively affected by others' close proximity or touch, overly upset by minor cuts and bruises, etc.
- Hyposensitivity to touch—continually needs to be touched, is self-abusive, repeatedly

touches surfaces, etc.

- Poor tactile perception

### Olfactory

- Hypersensitive to smell—regularly comments on smell, won't eat certain foods because of their smell, makes decisions based on smell, etc.
- Hyposensitive to smell—has difficulty discriminating odors, uses smell to interact, etc.

### Visual

- Hypersensitive to visual input—is easily distracted by visual stimuli, dislikes bright lights, avoids eye contact, etc.
- Hyposensitive to visual input—has difficulty differentiating shapes, colors, etc., can't distinguish objects from each other, writes at a slant, etc.

### Oral

- Hypersensitive to oral input—is a picky eater, only eats hot or cold foods, has difficulty sucking, etc.
- Hyposensitive to oral input—likes foods with intense flavors, constantly seeking oral input, chews on hair, etc.

\*These symptoms are merely examples of what your child may display and should not be taken as definite or the only signs of SPD.

### Treatment

Treatment for SPD will vary depending on the needs of your child and the type of sensory input he/she needs. An occupational therapist and additional medical professionals, if necessary, will work with your child to both challenge him/her and enable his/her success. It is imperative that you take part in the treatment, learning from the therapists, helping your child, and integrating sensory integration into your routine at home.

For more detailed information speak with your child's occupational therapist. He/she will help you as you help your child. 📖

Information for this patient handout was gathered from:

- Sensory Processing Disorder Foundation ([www.spd.foundation.net](http://www.spd.foundation.net))
- Sensory Processing Disorder Resource Center ([www.sensory-processing-disorder.com](http://www.sensory-processing-disorder.com))