

# Sensory Processing Disorder (SPD)

## What is Sensory Processing Disorder (SPD)?

Sensory processing disorder (SPD) is a neurological condition that exists when sensory signals don't get organised into appropriate responses. People with SPD find it difficult to process sensory information (e.g. sound, touch and movement) from the world around them. This means that they may feel sensory input more or less intensely than other people. SPD can therefore impact on a person's ability to interact in different environments and perform daily activities.

There are 3 possible components of dysfunction of sensory integration:

- **Sensory Modulation Disorder** is a problem with turning sensory messages into controlled behaviours that match the nature and intensity of the sensory information.
- **Sensory-Based Motor Disorder** is a problem with stabilising, moving or planning a series of movements in response to sensory demands.
- **Sensory Discrimination Disorder** is a problem with sensing similarities and differences between sensations.

## What are the common features of sensory processing disorder (SPD)?

- Shows heightened reactivity to sound, touch or movement.
- Is under-reactive to certain sensations (e.g. not noticing name being called, being touched, high pain threshold).

- Appears lethargic/disinterested; appearing to mostly be in their 'own world'.
- Has difficulty regulating their own behavioural and emotional responses; increased tantrums, emotional reactive, need for control, impulsive behaviours, easily frustrated or overly compliant.
- Is easily distracted, shows poor attention and concentration.
- Has poor motor skills; appears clumsy, has immature coordination, balance and motor planning skills, and/or poor handwriting skills.
- Has poor sleep patterns.
- Has restricted eating habits or is a picky eater.
- Becomes distressed during self-care tasks (e.g. hair-brushing, hair-washing, nail cutting, dressing, tying shoe laces, self-feeding).
- Loves movement. Seeks out intense pressure (e.g. constant spinning, running around, jumping, crashing in objects/people).
- Avoids movement based equipment (e.g. swings, slides).
- Appears floppy or has 'low muscle tone', tires easily and is often slumped in postures.
- Performs tasks with too much force, has big movements, moves too fast, writes too light or too hard.
- Has delayed communication and social skills, is hard to engage in two-way interactions.
- Prefers to play on their own or has difficulty in knowing how to play with other children.
- Has difficulty accepting changes in routine or transitioning between tasks.
- Has difficulty engaging with peers and sustaining friendships.

## **Common difficulties often (but not always) experienced by the child with sensory processing disorder (SPD)?**

- Being able to follow instructions at home and school.
- Adequately expressing ideas, thoughts and feelings using language.
- Engaging in meaningful interactions with peers.
- Poor planning and sequencing.
- Poor executive functioning.
- Poor working memory.

- Poor attention and concentration.
- Poor organisational skills.
- Difficulties with gross and fine motor skills.
- Behavioural difficulties
- Poor play skills

## **Management strategies that help support the child with sensory processing disorder (SPD) (at preschool, school and/or home):**

- Giving advance notice of change to routine.
- Visual cues can be used at home and preschool/school to reduce anxiety regarding expectations of tasks, to support routine and to introduce new, or a change in, tasks.
- A good knowledge of the child's strengths and weaknesses and areas of extreme interest.
- Extra time/support to transition to school.
- 1:1 support at school (if available).
- The use of a sensory diet to maintain an optimal alertness level.

## **Occupational Therapy approaches and activities that can support the child with Sensory Processing Disorder (SPD) and/or their carers include:**

- **Expanding abilities:** Actively working on broadening their range of skill areas and interests.
- **Sensory diet:** To provide sensory feedback to the body to enable it to sensorily regulate.
- **Education** around varying management strategies. Enhancing the child's efficient and appropriate response to sensory stimulation.
- **Recognise triggers:** Educate the child's adult carers (parents, teachers) of the triggers that spark inappropriate sensory reactions.
- **Environmental factors:** Improve the parents and carers knowledge of how to reduce the environmental factors that contribute to sensory issues.
- **Alert (Engine) program** to promote to self-regulation through sensory

and cognitive strategies.

- **M.O.R.E program** uses motor components, oral organization, respiratory demands, and eye contact to assist with sensory regulation.
- **The Wilbarger Protocol** (Deep Pressure Proprioceptive Technique) is a therapy program designed to reduce sensory or tactile defensiveness and assist with sensory regulation.
- **Social stories:** Developing social stories to help a child understand routines and how to respond in certain situations. This will improve a child's ability of knowing when to talk and what sort of conversation conventions may be appropriate.
- **Physical skills:** Developing strength and coordination to enable a child to participate in a multitude of co-curricula activities which will be a good vehicle for social interaction.
- **School transition:** Providing additional support in the transition into school and liaising with teachers as required.
- **Behaviour management:** Teaching families to use a consistent approach to manage behaviour (e.g. if the child finds that every time they are given a direction, the same response is expected, or that every time they react in a certain way, the same consequence follows, they will learn the appropriate behaviour far more quickly).

## **Why should I seek therapy for my child with Sensory Processing Disorder (SPD)?**

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

**If left untreated the child with a sensory processing disorder (SPD) may have difficulties with:**

- Following instructions within the home, kindergarten or school environment.
- Managing a full school day due to poor strength and endurance and/or managing the increased sensory input.
- Rigid routines that are difficult to break.
- Self esteem and confidence when they realise their skills do not match their peers.
- Bullying when others become more aware of the child's difficulties.
- Completing self-care tasks (e.g. doing up shoelaces, buttons, zips, using cutlery).
- Self regulation and behaviour, as the child is unable to regulate themselves appropriately to settle and attend to a task for extended periods of time.
- Accessing the curriculum because they are unable to attend to tasks long enough to complete assessment criteria.
- Sleep habits, impacting upon skill development due to fatigue.
- Anxiety and stress in a variety of situations leading to difficulty reaching their academic potential.
- Reading/understanding social situations and being perceived as 'rude' by others.
- Social communication, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.
- Academic assessment: Completing tests, exams and academic tasks in higher education.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

*For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.*

## What does the diagnosis of sensory processing disorder (SPD) really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced by a child. This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

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on 1800 KID SENSE (1800 543 736)

