



Sensory Processing Disorder

DEFINITION

Sensory Processing Disorder (SPD) is an inability to process information received through our senses for generating appropriate responses. The result of this is a decreased ability to respond to sensory information in order to behave in a meaningful & consistent way. It can also lead to difficulty in using sensory information to plan and organize our own body & make sense of the environment in which we function thus impacting on our ability to learn. (Adapted from Miller, 2006)

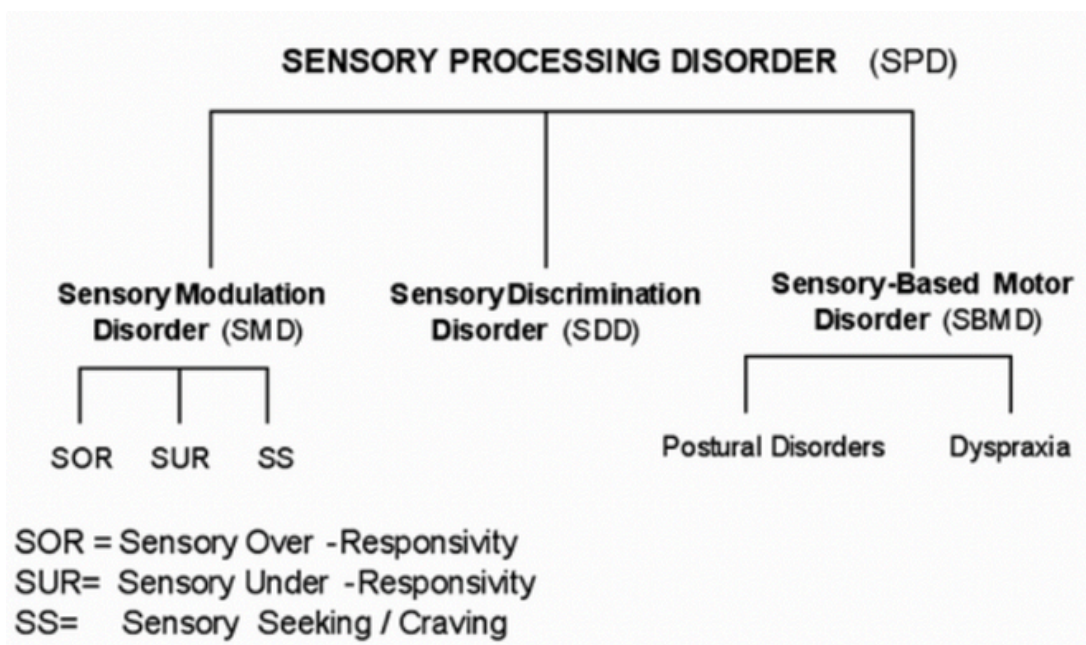
The three sensory processes are shown below. Read more about each type on the [Sensational Kids OT website](#).

DIAGNOSIS

Finding an Occupational Therapist who is trained in Sensory Integration is an essential step in gaining a diagnosis of Sensory Processing Disorder. Not all Occupational Therapists are trained in this area and therefore may not address the underlying causes of some of the more evident difficulties e.g. handwriting, attention, social, play and motor difficulties.

SPD AND ASD

Up to 16% of children struggle with sensory processing disorder (SPD). Within that number, 95% are individuals with autism, 40% have ADHD, and 33% are gifted and talented



CHARACTERISTICS IN THE CLASSROOM

It is important to note that we all have sensory problems it only becomes a disorder when the impact is chronic and/or disrupts our everyday life (Miller, 2006). There are many ways in which a SPD can present below are just some of the difficulties:

- Heightened reactivity to sound, touch or movement
- Under-reactivity to certain sensations e.g. not noticing name being called, being touched, high pain threshold
- Seeking increased amounts of auditory, tactile or movement input e.g. making noises to self, constantly touching objects/people, being “on the go”
- Appears lethargic/disinterested; appearing to mostly be in own world
- Difficulty regulating own behavioral and emotional responses; increased tantrums, emotional reactive, need for control, impulsive behaviors, easily frustrated or overly compliant
- Easily distracted, poor attention and concentration
- Poor motor skills; appears clumsy, reduced coordination, balance and motor planning skills, poor handwriting skills
- Difficulty mastering activities of daily living e.g. dressing, tying shoe laces, self-feeding
- Restricted eating habits or picky eater
- Difficulty completing hygiene tasks
- Loves movement and appears to have a need for intense pressure, continually seeking this out e.g. constant spinning, running around, jumping, crashing in objects/people

- Avoids movement based equipment e.g. swings, slides etc
- Appears floppy or has ‘low muscle tone’, tires easily and is often slumped in postures
- Does things with too much force, has big movements, moves fast, writes too light or too hard
- Delayed communication and social skills, hard to engage in two-way interactions
- Prefers to play on their own or difficulty in knowing how to play with other children
- Difficulty accepting changes in routine or transitioning between tasks
- Difficulty engaging with peers and sustaining friendships



STRATEGIES FOR THE CLASSROOM

Strategies for students who have SPD may be beneficial for all of our learners. They may also be very similar to the strategies we use for students with ASD.

For more information on strategies for the classroom check out our Fact Sheet #51 Sensory Tools in the Classroom.



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