

# Sensory Processing Disorder by Esther B. Hess, Ph.D.

Sensory Processing Disorder (SPD), a common but misunderstood problem that affects children's behavior, influencing the way they learn, move, relate to others, and feel about themselves.

*Sensory Processing Disorder is the inability to use information received through the senses in order to function smoothly in daily life.*

SPD is not one specific disorder, as blindness or deafness is, but rather an umbrella term to cover a variety of neurological disabilities. SPD is also called Sensory Integration Dysfunction.

The result of SPD is that the child cannot respond to sensory information to behave in a meaningful, consistent way. He may also have difficulty using sensory information to plan and carry out actions that he needs to do. Thus, he may not learn easily.

Inefficient sensory processing leads to inefficient learning. Because the child with SPD has a disorganized brain, many aspects of his behavior are disorganized. His overall development is disorderly, and his participation in childhood experiences is spotty, reluctant or inept. Performing ordinary tasks and responding to everyday events can be enormously challenging. The inability to function smoothly is not because the child won't, but because he can't.

Whether SPD is major or minor, the child with sensory processing distortions needs understanding and help, for no child can overcome the obstacles alone.

**1. Categories of SPD *Sensory Modulation Problems*:** Difficulties with touch, movement, and body position are the telltale signs of SPD.

The *over-responsive* child seeks less stimulation—avoids touching or being touched, and moving or being unexpectedly moved. The child may be rigid and uncoordinated.

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The *under-responsive* child seeks more stimulation—may be unaware of a messy face, hands, or clothes or of how things feel; does not notice or object to being moved; lacks an inner drive to move for play, but becomes more alert after pushing, pulling, or lifting.

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The *sensory-craver* seeks constant stimulation—wallows in mud, rummages purposelessly through toys, rubs against walls and bumps into people. The child is a daredevil, craves fast and spinning movement, moves constantly, and gets into upside-down positions; and craves bear hugs and being squeezed and pressed. The child may also respond in atypical ways to sights, sounds, smells, and tastes.

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## **2. Sensory Discrimination Problems**

Another category of SPD is *Sensory Discrimination Disorder*, or difficulty in distinguishing one sensation from another, or in understanding what a sensation means. Children may have difficulty with touch (poor body awareness, including sensations of pain and temperature); movement and balance; body position and muscle control; sight (confusing likenesses and differences in pictures); sounds; and tastes (such as distinguishing between the smells of lemons, vinegar, or soap).

## **3. Sensory-Based Motor Problems**

This category of SPD includes both *Postural Disorder*, involving problems with movement patterns, balance and bilateral coordination (using both sides of the body together); and *Dyspraxia*—problems performing coordinated and voluntary actions, including both fine- and gross-motor planning.

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## **Look-Alike Symptoms & Associated Problems**

Many symptoms of SPD look like symptoms of other common disabilities. An alternative diagnosis may be that the child has [ADHD](#), learning disabilities, [poor auditory](#) or visual discrimination, [speech/language problems](#), allergies, nutritional deficiencies, an emotional problem—or that he is behaving just like a typical child! Some children have SPD in addition to one or more other disabilities.

While SPD is not the same as its “look-alike” ADHD, these two disorders may simultaneously affect the out-of-sync child. [Medicine](#) may help the child with ADHD, but will not solve the problem of SPD. Therapy focusing on sensory integration and a sensory diet of purposeful activities help the child with SPD.

### **SPD And Special Ed**

While SPD may affect the child’s auditory, visual, and motor skills and her ability to process and sequence information, it is not, at present, specifically identified as a qualifying disability, making a child eligible for special education and related services.

### **Treatment Options**

“What happens to children with Sensory Integration Concerns? Does this disorder continue into adulthood?” Not necessarily, if he or she receives understanding, support, and early intervention in the form of occupational therapy in a sensory integration framework. As children grow, their brains become less malleable and their unusual reactions to sensations become more established.

If your child is older, however, don’t give up hope. Older children and even adults benefit from therapy, too. It is never too late to get help.

Treatment helps the child to:

- Process all the senses, so they can work together; as a result, perceptions, learning, competence, and self-confidence improve.
- Develop skills to interact successfully in social situations.
- Acquire the tools to become a more efficient learner.
- Improve family relationships.
- Build a strong foundation for the future.

Without treatment, SPD persists as a lifelong problem, interfering with the child’s friendships, ability to learn, and with the interactions and coping skills of everyone in the family.