



Information about Sensory Processing Disorder
from the
Sensory Processing Disorders Foundation
(<http://spdfoundation.net>)

“Symptoms of SPD evolve over time. In infants and toddlers, symptoms may include: problems eating or sleeping; rarely plays with toys; resists cuddling; cannot calm self; floppy or stiff body; and motor delays.

In preschoolers, symptoms may include: overly sensitive to touch, noises, smells, and other people; difficulty making friends; difficulty dressing, eating, sleeping, and toilet training; clumsy or weak; poor motor skills; in constant motion; in everyone else's face and space; and frequent or long temper tantrums.

Parents may blame themselves for their children's atypical behaviors, like lengthy public temper tantrums or refusal to wear clothes, until they understand the underlying neurological disorder. Dr. Lucy Jane Miller says, “Parents know when their child has a sensory problem, but too often their observations are discounted because they are ‘just the parents.’ If the family's health care provider isn't familiar with SPD, the clues that triggered the parents' alarm may be overlooked, misinterpreted, or dismissed.”

Early diagnosis and treatment of SPD lays the groundwork for better school experiences. Many children and their families suffer needlessly for years because of unaddressed sensory issues. Children who receive treatment at younger ages – as infants or preschoolers – more quickly acquire the skills they need to succeed in school and usually have better experiences once they enter school.

Parents need to advocate for their children to ensure they receive accurate diagnoses. [Federal law](#) requires and funds the screening of children with suspected disabilities and, if indicated by the screening, multidisciplinary assessment of preschool-aged children. Although sensory assessments are not specifically included in the screening, in many cases a child's sensory challenges will be identified. More than 75 percent of children diagnosed with autism spectrum disorders have significant symptoms of SPD. However

the reverse is not true. Most children with SPD do not have an [autism spectrum disorder](#).

Without treatment, children with SPD who perceive themselves as "failing" at everyday activities are at risk for other problems, such as social difficulties, academic under-achievement, and poor self-esteem and self-confidence. When children are diagnosed and treated at younger ages, they are more likely to escape this defeating cycle.

Treatment for SPD typically involves occupational therapy (OT), which resembles playtime to parents watching an OT session for the first time. OT enables children to participate in the normal activities of childhood, such as playing with friends, enjoying school, eating, dressing, and sleeping. Children with SPD who do not receive treatment often attract negative labels such as "aggressive," "weird," "hyper," "withdrawn" or "anti-social" from peers and adults."

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