



NEWSLETTER

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SENSORY PROCESSING DISORDER AND ITS RED FLAGS

Sensory processing disorder (SPD) impacts a child's ability to interact with his/her environment effectively. It hinders their capacity to fully experience the world around them. This is because in individuals with SPD the various sensory signals and messages coming to the brain get lost on the way, or are perceived differently. They can be too little (Sensory hypo-responsivity) such that they will not be registered or too overwhelming (Sensory hyper-responsivity/defensiveness) making the child extremely anxious and avoidant of those particular inputs. It is therefore difficult for the brain to register, process and integrate this information in order to give an appropriate motor or behavioural response.

SPD is most commonly seen in association in Autism Spectrum Disorder i.e. 94.4% show extreme reporting of sensory processing difficulties. ADHD is another diagnostic condition wherein children demonstrate associated sensory challenges. Not just these but many other conditions like learning disability, cerebral palsy, developmental disorder and genetic disorders have co-occurring sensory processing challenges. Research shows that 5-16 % of school aged children show SPD just by itself.

As teachers, parents, and professionals working with children we must be able to look for the signs to pick up sensory challenges and ensure that these children and their difficulties are noticed so that they can seek help.



Red flags to pick and notice that your child has difficulty in Sensory processing are:

Tactile difficulties:

- Dislike messy play, avoids touching or playing with finger paint, paste, sand, clay, mud, glue etc.
- Dislike brushing teeth and or cutting nails
- Dislike walking barefoot on textured surfaces such as on grass/sand
- Will not like certain textures
- Have difficulty finding things in a pocket, bag or bag-pack using touch only
- Will prefer to touch and feel certain textures more than most other children his/her age

Visual challenges:

- Has difficulty scanning and finding things in a cluttered environment
- Difficulty with tracking the ball to catch it
- Dislikes certain lighting such as flickering lights, strobe lights, midday sun or fluorescent lights
- Enjoys looking at moving objects from the corner of their eye

Auditory challenges:

- Gets bothered by ordinary household sounds such as pressure cooker, hair dryer, toilet flush and vacuum cleaner
- Has meltdown when in a noisy environment
- Get easily distracted by background noise
- Appears not to hear certain sounds



Taste and smell:

- Often gags even with the smell of non food objects
- Eats limited variety of foods
- Puts non food items in the mouth
- Will prefer only certain tastes and textures

Body Awareness:

- Enjoys jumping and crashing more than other kids his/her own age
- Frequently bumps into objects
- May write either too light or too dark
- Is seen walking heavily, slamming doors, pressing too hard on a crayon or pencil
- Breaks things from pressing or pushing too hard on them



- Chews on toys clothes or other objects

Balance and motion:

- Clumsy, often tripping and falling
- Falls out of chair when shifting his/her body
- Fearful of movement based tasks such as going on swings, riding elevators or escalators
- Avoids balance activities such as walking on curbs or uneven ground

Planning and Ideas:

- Fail to complete tasks with multiple steps
- Difficulty with action imitation
- Difficulty to copy and build a model, using lego blocks
- Trouble coming up with ideas for new activities

If your child has some of these or most of these challenges, then there is an extremely high probability that they might be getting in the way of his/her functioning. It is essential that these challenges get picked up early on in life, to ensure effective treatment. Going to an occupational therapist for a detailed assessment will help your child and you understand the exact challenges, underlying difficulties and course of treatment. Sensory integration therapy is a widely used therapeutic approach by occupational therapists all over the world to help treat sensory challenges. This approach will help the child explore and interact with their environment more happily and purposefully.

For more information about sensory processing disorder and

Sensory



“As teachers, parents, and professionals working with children, we must be able to look for the signs to pick up sensory challenges and ensure that these children and their difficulties are noticed so that they can seek help.”

CAN A CHILD OUT GROW SENSORY PROCESSING DISORDER?

Most parents wonder, how long will their child need Sensory integration therapy. I have been frequently asked questions like: Will my child need to this life long? How early is a good start? How old are children when they can normally discontinue therapy? Will my child need support forever? These are all crucial questions and very valid for every parent to ponder upon or bring up in front of their therapist.

Dear parents, as therapist we strongly feel that a therapy center or a session room is just a simulated version of the outside world. The child's real life is outside of this structured setting. The aim of therapy is to empower the child. Also, our measure of success and satisfaction is only when our child can utilize the strategies learned and transfer the skills acquired within a therapeutic environment into to the outside world. Therefore, the ultimate focus of our therapy is mainly to ensure the child's functional independence in his/her day to day life at home, in school, in the playground and other social settings.

There is no specific age to discontinue therapy or discharge a child from on-going sessions. This is a decision based on various factors such as parental and school related concerns, age appropriate skills of the child, functional independence in all settings (school, home, playground, other social settings), as well as ability to participate in all his/her activities with minimal challenges. Hence the duration as well as frequency of therapy varies from child to child. Many aspects play a role in determining the timeframe such as diagnosis, areas of difficulties, amount of skill's lag for that particular child along with his/her regularity and compliance with respect to home program and follow up.

Research demonstrates that early intervention provides best prognosis. Studies have also shown that characteristics of SPD-Sensory over responsiveness (SOR) are stable and most often continue from 1 to 8 years of age in children if they are not treated.

- Atypical sensory characteristics of SPD-SOR observed in early childhood (1 to 3 years of age) are still present at 8 years of age (Ben-Sasson et al., 2010)
- 50% of twins who were over-responsive to auditory stimuli at age 2 were over-responsive at age 4-5 (Goldsmith et al., 2007)
- 48% of twins who were over-responsive to tactile stimuli at age 2 were over-responsive at age 4-5

(Goldsmith et al., 2007)

Hence, definite intervention and early intervention is strongly recommended and will definitely benefit the child's functional abilities and participation.

Over the course of time and with intervention many children with SPD intelligently develop coping strategies — social withdrawal, ways to avoid certain activities and textures. It's a very well said statement by Stock Kranowitz ***“Sometimes it's just an immature sensory system, and a child will outgrow it,”*** , ***“Other times, a person doesn't outgrow it, but grows into it.”***

Through Sensory integration therapy the child learns, adapts and grows. It is in the structured controlled therapeutic environment that the child can pick up skills to combat the challenges he/she faces in the outside world and experience it fully. Hence, therapy is essential to help integrate the child in the society, although it can most definitely be tapered over the course of time and discontinued once the child is independent/has minimal challenges.



For any question or concerns regarding the newsletter please write to us on:

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