

OCECD QUARTERLY NEWSLETTER

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Sensory Processing Disorder



How it Changes the Way your Child Experiences the World

Sensory Processing Disorder [SPD] is a condition that affects how children experience the world around them. This disorder is considered a *symptom* of diagnosed developmental disabilities, not an independent condition. It is most identified in children with Autism and Attention Deficit Hyperactivity Disorder. Along with hearing, taste, touch, smell, and sight, body awareness (proprioception) and movement (vestibular sense) are often affected. This disorder is not considered a specific learning disability, but it can still affect the child's ability to participate in educational activities. In typical sensory systems, the brain identifies and reacts to our environment in an ordinary manner; however, with sensory processing disorder, the brain does not identify or react to similar environmental activities in the same way. Signals are misinterpreted and result in difficulty for the child to respond in a similar manner as their unaffected peers would in a like situation. With some children, all their senses are affected, while other children only have sensitivity to one area. The level of intensity varies widely among the children that experience these issues.





Strategies to help parents identify if their child is affected by a Sensory Processing Disorder

As a parent, you will notice reactions to everyday events that are not what you would expect to see with a child. Once you identify the behaviors, you can determine if the child is hypersensitive or hyposensitive. It is possible for the child to be hypersensitive to some things and hyposensitive to others. Sometimes the reactions are very mild and hard to identify, while others are extreme and produce severe behavior that the child cannot control.



Behaviors that occur when children are hyposensitive (sensory seeking) are: unable to sit still, constantly moving; little to no response to pain; seeking physical contact or pressure; rough play and risk taking; always touching objects around them; may be clumsy and uncoordinated. They don't recognize other people's personal space, so they crowd too closely. Children with autism may use stimming, specific behaviors that include hand-flapping, rocking, spinning, or repetition of words and phrases, to help them deal with their emotions or cope with situations around them. They also may be very loud and/or have a tendency to put strange items in their mouths.

Behaviors that occur with hypersensitivity (sensory avoiding) may include: sensory meltdowns; easily overwhelmed; avoidance of crowded environments, noisy areas; disturbed by bright lights; extreme sensitivity to the feel of clothing; very limited diet; unwilling to try new things; sensitivity to smells; upset by change of schedules.

With body awareness and movement issues, you may notice behaviors, such as: no respect of others' personal space, avoidance of playground equipment, motor control and posture difficulties, pinching or other hurtful actions, slamming down items and other forceful conduct.

Hypersensitivity versus Hyposensitivity



Reactions to the sensory stimulus presented are processed by the child as a hypersensitivity or a hyposensitivity. Hypersensitivity is a reaction in which the response is exaggerated by the increased intensity that the stimulus presents, also known as oversensitivity. Hyposensitivity results in little to no reaction to the same stimuli. Depending on the type of sensory processing disorder the child is experiencing, the result will be a child who is sensory seeking, sensory avoiding, or sometimes both.



Accommodations to implement at home or implement in the IEP/504:

- Using noise cancelling headphones, a quiet space, or ear plugs
- Seating the child away from distractions, such as doorways, windows, etc.
- Talking with the child about upcoming changes in schedules ahead of time, so that they are not surprised; for instance, changing classrooms at school, instead of staying in the same room all day.
- Using fidgets or manipulatives.
- Providing breaks to allow for sensory needs.
- Wrapping child in a weighted blanket.
- Allowing alternative schedules to avoid crowds.
- Buying clothing without labels, or removing labels
- Wearing sunglasses, hats or using light covers
- Avoid strong scented products
- Wear soft comfortable clothing
- Adjust schedules to avoid crowds
- Sensory diets
- Daily check in with a familiar person
- Positive reinforcement of desired behaviors

There are many more accommodations available than those included in this list. A few resources that provide accommodations/modifications that can be utilized are as follows:

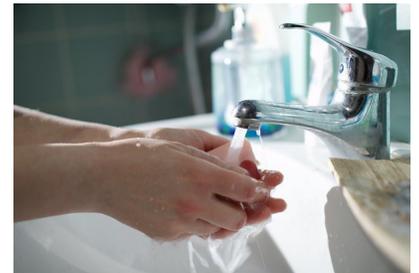
<https://adayinourshoes.com/iep-504-accommodations-strategies/>

<https://www.autismspeaks.org/tool-kit-excerpt/supporting-sensory-needs-school>



A day in the life of a parent with a child with hypersensitivity SPD

My son has a severe case of hypersensitivity; all of his senses are affected at a very high level. He explains that he experiences things around him with 100 times greater intensity than the typical person. At an early age, we noticed that his reactions were not typical. The first symptom we noticed was a strong aversion to anything he determined was “dirty”. He would not use community markers or crayons at school. If someone used his set of supplies, a new set would need to be purchased because of his belief that they were no longer clean. He perceived that a mark from one marker color on the case of a different color marker made it damaged, and it needed to be thrown away. Sounds are extremely amplified; he can be at the other end of our house watching YouTube with headphones on and hear a TV with the volume set to 10 at the other end of the house. In a crowded restaurant, while wearing his headphones and watching a video, he can hear a child playing with silverware on a plate, while there are many conversations occurring at the surrounding tables. When not at school, he wears his headphones all day. They help to cut out some of the noises so that he can focus on the task in front of him.



His sense of smell is as sharp as his hearing. We have been in restaurants many times and he has had to go sit in the car because he can smell something that makes him sick to his stomach. Many times he questions, “What is that smell?”, and we cannot answer because we don’t smell anything. If the smell of soap or shampoo is too strong, he cannot use it because he can still smell it long after the scent has faded.

The touch and the feel of everything is greatly amplified. Shopping for clothing that he will wear is very challenging. One year, he tried 13 different types of sweatpants, all of which were made from similar fabrics and felt the same to me. However, the texture was very different for him, and, in fact, some he refused to even try on. After handling the fabric of different brands of pants, he had to go wash his hands. He knew they weren’t dirty, but he needed to remove the feel of them because it greatly bothered him. In third grade, his class was having a harvest party, and one of the parents provided a game in which each student would blindly reach into brown paper bags, feel what was in each bag, and guess what it was. Thankfully, the teacher instructed the parents helping with the party that my son would not be participating in that game. That type of activity truly would have been a nightmare for him.



His sense of taste affects not only the food that he will eat but also the toothpaste he will use; changing toothpaste is a major event. His diet consists of approximately 8 different food items that he eats on a continual basis. My family and I have not been able to pinpoint what exactly causes the issues with food. His food preferences or sensitivities are not clearly defined by smell, texture, taste, or any other specific item. This mixture of known and unknown sensitivities makes it difficult selecting different foods for him to eat and/or to change toothpaste. Some people believe that he is just being too picky. What they don't

see is that his whole body reacts in a way that cannot be faked. He cannot force himself to eat foods, use toothpaste, or take medicine that doesn't agree with these senses. If he is forced to try something new, it only leads to becoming violently ill.

Sensory Integration Disorder also affects his motor skills--mostly fine motor skills, but some gross motor skills as well. Reaction or nonreaction to temperature also is a never-ending issue. He is very sensitive to heat and must have water temperatures on the colder side; however, he is not affected by cold water or temperatures. In the winter, he does not feel cold and will only wear a coat if it is 30 degrees or less.

My family and I never realized how much about our lives is controlled by our senses until we had to find ways to deal with his sensitivities to everything around him. As a parent, it is very difficult to manage all the different things that you know for sure will set off a specific reaction, but over time we determined what worked best. Now we must be vigilant every day to try to avoid, or to manage, the severe triggers and to work towards lessening his response to all sensory stimuli as much as possible.

Personally, what triggered my best understanding of Sensory Processing Disorder and how it affects his everyday life was clothes shopping. I, like any other parent, was very irritated because I had been to five different stores buying pants for school. Many were returned to the store. Finally, I made him go with me and touch every pair of pants to see if he would wear them. When he found a fabric that he liked, I bought more than ten pairs in two different sizes so that we would not have to do this again anytime soon.



Once we finished shopping, I could tell from the look on his face that he was extremely uncomfortable. He immediately needed to go wash his hands. Logically, he knew that he was no longer touching the fabrics, but his senses had not stopped feeling all of them. The only way he could get that sensitivity to stop was by washing his hands. On that day, my frustration transformed into an understanding that no matter how tiring and irritating these things are for me, I cannot even begin to understand how he feels daily with all these things affecting him so strongly.



Routines are very important in managing the effects of the sensory overload that he experiences. Every morning he must wake up at the same time. Every step of the morning routine must be completed in the exact same way, in the exact same order, or it must be restarted to correct the variation. The routine for my son is as follows: wake up at 6:30, take morning medication, get dressed (except socks), go to the bathroom for morning hygiene, sit and watch YouTube until 7:35 while drinking his morning Dr. Pepper, and one final trip to the bathroom.

The final mission is to get his socks on with the seams lined up across both feet before he will put on his shoes. Unfortunately, this resulted in tardiness at school for several years. Trying to have schoolteachers and administration understand that just putting shoes on over socks that are not on correctly is not an option with this type of sensitivity. The reality was that my son would have spent the rest of the day thinking about his socks. He may as well have stayed home because he was not going to be able to focus on schoolwork.

Once, we have delivered him to school for the day, he does his best to stay focused in each of his classes. Unfortunately, he is bombarded with a multitude of sounds (ticking clocks, clicking of pens, tapping of feet), smells (fifteen different scents of perfume, body odor, fabric softeners), sights (things moving in the hallway or outside windows, people moving around the room), touching items used in class (desks, equipment, papers), taste (if they are required to cook things or taste things), and how many people are in the class. All those sensory triggers must be processed by him before he can start the learning process. This continues for every period of every day.



I pick him up at school at 3:05 and we go home. He usually starts watching YouTube before we leave the school grounds and continues until he has adjusted to being back in his safe haven where everything is familiar and nonthreatening. We discuss the menu choices for supper, and I either make what he wants or we go pick up the food. He sets his own time to start homework and completes that mostly independently. At bedtime, he follows his routine with hygiene, takes his vitamins and goes to bed. If this established routine is not followed correctly, it causes problems because he becomes hyper-focused on the differences. It is very difficult for him to change his focus and move forward. When he was younger, he needed to restart the process from the beginning. Small steps are encouraging.

Important takeaways about Sensory Processing Disorder are:

- Children are not making this up or faking their reactions.
- Parents already have done whatever is necessary to ensure that their child is in a good place and ready to learn when they drop them off at school in the morning.
- Sensory Processing Disorder will never be “cured.” Children and adults with SPD learn strategies and routines to reduce their atypical sensitivities to the environment around them.
- Children affected by this disorder often are accused, by parents and teachers alike, of not paying attention when they are paying attention to **everything** in their environment.



Treatments for Sensory Processing Disorder

Most individuals with sensory processing disorder will work with an occupational therapist. During the sessions, sensory integration will be utilized to make the individual more comfortable with the items that are disturbing to them. This type of therapy is play based and works to allow the child to react and function in a more typical manner. Other types of therapies include feeding therapy, speech therapy, and cognitive behavioral therapy. In providing these resources and therapies, individuals can reduce the effect of the overall disorder. The goal of all therapies individually and combined is to help the person become more comfortable with the world around them. In providing these resources and therapies, individuals can reduce the effect of the overall disorder. As parents and professionals, we are helping the child build skills that will benefit them throughout their whole life.



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OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES

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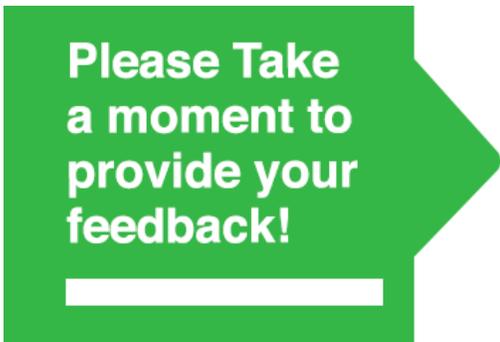
About OCECD

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The Ohio Coalition for the Education of Children with Disabilities (OCECD) is a statewide nonprofit organization that serves families of infants, toddlers, children and youth with disabilities in Ohio, educators and agencies who provide services to them. OCECD works through the coalition efforts of over 35 parent and professional disability organizations and over 70 individual members which comprise the Coalition. OCECD has also been funded since 1984 to serve as the Parent Training and Information Center (PTI) for the state of Ohio from the federal government, U.S. Dept of Education, Office for Special Education Programs. Established in 1972, currently employing 28 staff in 15 offices who are primarily parents or family members of children or adults with disabilities or persons with disabilities, the Coalition’s mission is to ensure that every Ohio child with special needs receives a free, appropriate, public education in the least restrictive environment to enable that child to reach his/her highest potential. Throughout Ohio, the Coalition’s services reach families of children and youth, birth through 26 years of age, with all disabilities



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