

Does My Child Have SPD?

The Top Five Symptoms of Sensory Processing Disorder



There are various signs and symptoms of Sensory Processing Disorder (SPD). This is a simple guide to get you started in answering questions of what those symptoms may look like. While this does not serve as a medical diagnosis list, it does help to recognize the common areas of symptoms associated with Sensory Processing Disorder, and may help in the quest to understand what the diagnosis means.

Hypersensitivity:

The signs vary from age/developmental stages, but they follow along the same patterns. Hypersensitivity to input is an overstimulation on one or more of the sensory systems (sight, touch, taste, smell, sound, as well as proprioceptive and vestibular senses) as it takes in information from the environment. Some signs that a child has sensitivity to touch would demonstrate as irritability during dressing activities, or the child may obsessively complain about tags in shirts or seams in socks. A child with touch sensitivity would also avoid being cuddled, or hugged, and would overreact if touched without warning. A child with an auditory (sound) sensitivity startles easily, and would get upset in places like public bathrooms, where toilet flushing and hand dryers are very loud. If a child has visual hypersensitivity, he or she will avoid highly visual items, such as papers with a lot of information on them, a group of people moving around a room, television, or walls in classrooms that have a lot of posters, e.g. A child with severe eating difficulties may have texture or taste issues related to hypersensitivity.



Hyposensitivity:

Hyposensitivity is also known as understimulation to environmental stimuli. These children can display characteristics that can imply decreased focus. Often they wiggle a lot in their seats, or move all of the time in order to increase the input that they do receive from the environment. They tend to use too much force when picking up objects, or often press very hard during writing or coloring tasks - breaking pencil tips or crayons. They appear to be easily distracted because they have to work much harder to interpret sensory input. Children with hyposensitivity often crave rough housing, or bump into objects or walls. Another symptom is that they can easily get stuck on a task, because they need the extra input to register information into their system. Children with hyposensitivity orally put non-food objects into their mouth or chew on non-food objects, such as a shirt sleeve or neckline.



Muscular or Developmental Symptoms:

These signs demonstrate as decreased motor control in various activities, or not reaching developmental milestones. Symptoms of Sensory Processing Disorder in this category may demonstrate as decreased interest in toys, especially toys that require dexterity and fine motor control. A child can have a "floppy" body, or just does not seem to have normal muscle tone as compared to peers. Children may have delayed walking or crawling skills, or just appear to have poor balance. The child can display weakness and fatigue easily during physical activities. He or she will slouch when seated, or sit in a "w" position on the floor. At times, children with muscular symptoms have speech delays or slur words, and can be difficult to understand.



Proprioceptive/Vestibular

Briefly, proprioception is the ability to understand or know where the body is in space. We take it for granted that know where our arms and legs are at any given moment without having to think about it, but children with this issue are unable to move their limbs without looking to see where their limbs are in space and what exactly their limbs are doing. The vestibular system lets one know where they are related to gravity. Based on the position of the head (lying down or standing), the body can understand how to move without becoming dizzy and falling, when a vestibular system is functioning properly. Children with problems in one or both of these areas display any of the following symptoms: poor balance, clumsiness, bumps into objects or people, either seeks excessively or strongly refuses to swing or spin, prefers sedentary activities, has difficulty with dance/physical education activities/sports, or has difficulty learning new motor tasks.

Behavior/Social

Oftentimes, behaviors are a result of reactions to the inability to deal with the previously mentioned categories, and they are often mistaken just for bad behavior, which can make it difficult for parents and teachers as well as the child. Common signs that behaviors are actually related to Sensory Processing Disorder, rather than random overreactions include: difficulty making or keeping friends, difficulty meeting new people, babies only being comforted by one person, difficulty being calmed, fussiness that cannot be explained, difficulty with transitions, difficulty with change, and temper tantrums that occur often or for no apparent reason.



Sensory Processing Disorder Symptoms manifest differently for each person and can look slightly different with age, and this is just a short list of the symptoms that can occur. This cheat sheet is offered to help gain a better understanding of what Sensory Processing Disorder Signs and Symptoms are, as well as to give a better idea of where to start. Additionally, it should be said that Sensory Processing Disorder does not mean Autism. Children with Autism often carry symptoms of SPD, but the opposite need not be true for all cases.

SPD symptoms can be improved with professional care, such as with occupational therapists. Occupational therapists are trained in the development and treatment of Sensory Processing Disorders, and Sensory Integration Disorders. Occupational Therapists can develop treatments specifically designed to address the needs of each individual child. Often treatment includes a sensory diet, which is put together to address the unique needs a child has. Parent and teacher education are often included so that techniques may be implemented into the home or school environments in order to make a more pleasant experience for the child and to increase comfort and address learning needs.

