

Identifying the Sensory Processing Disorder Gap

Lauren McClung – Creighton University

BACKGROUND

Sensory Processing Disorder (SPD) and Sensory-based integration therapy has been gaining traction as a diagnosis and as a therapy for the past few decades. SPD is a neurological disorder in which the person perceives sensory information abnormally and an abnormal response is produced (Ayres, 2005). SPD affects children in all natural environments and impacts their functional activities (Miller, 2014). Occupational therapists address SPD through a play-based sensory rich therapy to ultimately change neurological functioning so the child can appropriately respond to their environment and participate in functional activities (Ayres, 2005).

SPD has not been accepted as a diagnosis in the DSM thus far. However, an increasing number of children are being referred to occupational therapy to treat. Various research has found that there may be a prevalence of 5-16% of children who have SPD (Ben-Sasson et al., 2009; Ahn et al., 2004). Additionally, those with ADHD or Autism may identify with SPD, therefore increasing the prevalence and the need for treatment. As well, more children are being referred to treat for emotional and arousal regulation, with occupational therapists identifying the child with Sensory Processing Disorder, rather than the physician.

As SPD is a diagnosis that is still largely not known or recognized, community settings are not treating these children appropriately and giving accommodations to those who need it (Schaaf et al., 2015). Because of this, parents and children with SPD may experience difficulties participating in desired rituals and activities, and even daily routines. This may be because of the environment, the interaction with staff or personnel, and/or the service or action of the community setting or activity. This self-reported survey was analyzed to find the community settings that are difficult for children with SPD in the greater Kansas City community.

FOCUSED QUESTION

Where does the gap in knowledge of Sensory Processing Disorder lie in the Kansas City community?

PROCEDURE

A survey was administered to families in the Kansas City area through Blue Qualtrics. Respondents were anonymous unless interested in identifying themselves for further clarification or request for contact. Questions focused on how families learned about Sensory Processing Disorder (SPD), what community settings had been accommodative, and what community settings had been a difficult experience. If a family identified a specific community setting, further questions would be asked identifying if the environment, interaction with staff or personnel, and/or the action/service being received were the basis for their answers. The following community settings were specifically targeted:

- School
- Physician
- Dentist
- Church of place of worship
- Sports team/physical activity
- Hair salon
- Fine arts/arts activity
- Grocery store
- Restaurants
- Airport
- Other

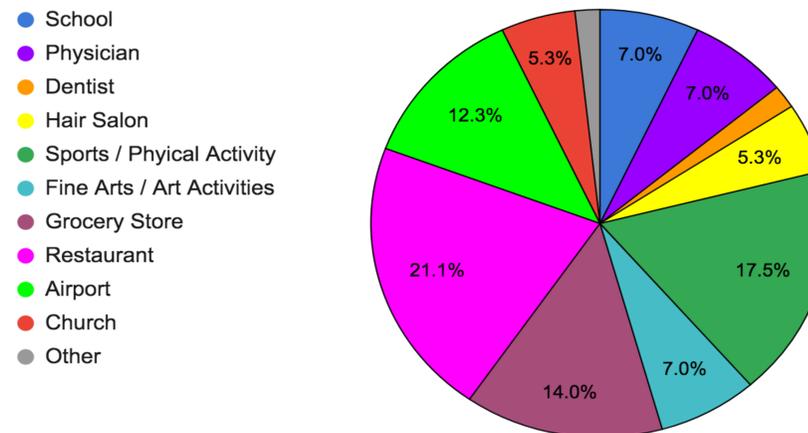
Families were given the option to answer 'other' and further comment on their own experience with a community setting not listed. Families also answered how they learned about SPD, what resources they have used, and who, if any, had referred them to seek occupational therapy.

This data was then analyzed and coded for responses. With the data found, the advocacy efforts began. Specific community settings were identified, and asked if they were interested in receiving information regarding SPD through either handouts or a formal presentation.

RESULTS

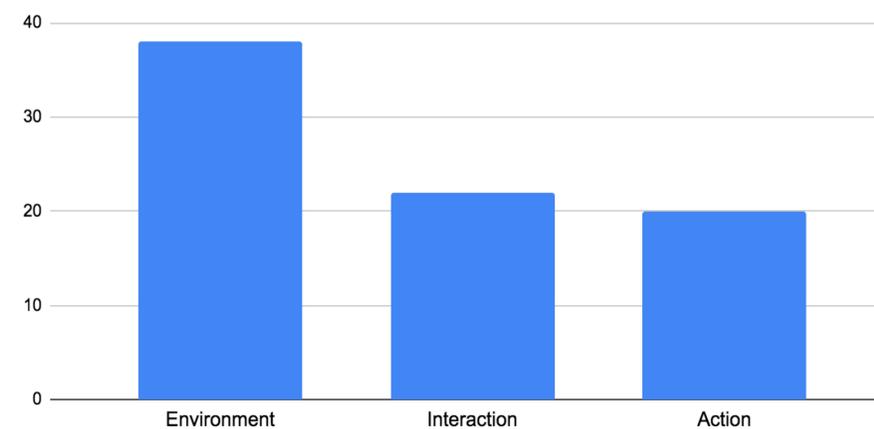
Many significant trends were found from the self-reported survey. Families identified restaurants as being the most difficult community setting for their child with SPD. Families reported restaurants were difficult due to social expectations of remaining seated, not allowing for food accommodations, and the noise level. This is followed by sports/physical activity, and the grocery store being the most difficult community settings. Families reported schools were the most accommodating community setting for their child with SPD. Families reported schools were accommodating due to good teacher interactions, allowing for accommodations, and sensory friendly toys.

Most Challenging Community Settings



Families reported significantly more instances of the environment being a hindrance among community settings. Families most commonly reported noise levels, large crowds, and bright lights were difficult for their child with SPD. Families reported staff interactions was the majority factor that made a community setting accommodating. Families described this as accommodating due to their knowledge of Sensory Processing Disorder.

Challenging Factors to the Community



BOTTOM LINE FOR OT

The bottom line for occupational therapists is that there needs to be more education in the community about Sensory Processing Disorder (SPD). As SPD is still widely unknown, staff or personnel are likely to label these kids as 'hyper' or 'picky' and not understand how to interact with these children, creating negative experiences. Families may avoid certain opportunities due to the overstimulating environment. As well, kids may avoid participating in certain activities as it may be too difficult and they are not receiving the help they may need.

The results of the survey demonstrate that positive interactions from staff or personnel who are knowledgeable about SPD create a positive, accommodative experience for children and families, more so than the environment and the action/service being received. Educating staff and personnel on SPD and how to support these children may create a significant difference in children and their family's experience in various community settings.

Occupational therapists are often families' first experience and exposure to SPD. Occupational therapists should collaborate with the families to address what functional activities are hindering participation. Occupational therapists need to ultimately empower families to assist in spreading awareness and education of SPD in the community. Occupational therapists can also be aware of community resources and share these with families to create positive experiences that would benefit their child with SPD.

REFERENCES

Ahn, R. R., Miller, L. J., Milberger, S., & McIntosh, D. N. (2004). Prevalence of parents' perceptions of sensory processing disorders among kindergarten children. *American Journal of Occupational Therapy, 58*(3), 287-293.

Ayres, A.J. (2005). *Sensory Integration and the Child – understanding hidden sensory challenges*. Los Angeles, CA: Western Psychological Services

Ben-Sasson, A., Hen, L., Fluss, R., Cermak, S. A., Engel-Yeger, B., & Gal, E. (2009). A meta-analysis of sensory modulation symptoms in individuals with autism spectrum disorders. *Journal of autism and developmental disorders, 39*(1), 1-11.

Miller, L.J. (2014). *Sensational Kids: Hope and Help for Children with Sensory Processing Disorder (SPD)*. A Perigee Book.

Schaaf, R., Schoen, S., May-Benson, T., Parham, L., Lane, S., Roley, S., & Mailloux, Z. (2015). State of the Science: A Roadmap for Research in Sensory Integration. *The American Journal of Occupational Therapy : Official Publication of the American Occupational Therapy Association, 69*(6), 6906360010p1-7