

Sensory Processing Disorder and Occupational Therapy

(Persuasive Essay)

ENGL 2201

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Sensory Processing Disorder is a condition that causes hyposensitivity and hypersensitivity among its victims. Many people who suffer from Sensory Processing Disorder (SPD) also have other disabilities such as autism, ADHD, and other cognitive disorders. According to *The Professional Counselor*, approximately 5-17% of the population has symptoms of SPD (Goodman-Scott & Lambert, 2015. p. 274). There has been an ongoing debate among medical professionals on whether SPD should be considered its own disorder. Currently in the DSM-V, SPD is not classified as its own disorder because these symptoms are often accompanied by other cognitive disorders. Even though SPD is not in the DSM-V it is still imperative that these individuals seek treatment for their symptoms. For the last 50 years, occupational therapists have been studying this disorder, and formulating treatment plans to help relieve symptoms (Goodman-Scott, & Lambert, 2015. p. 274). Occupational therapists goal is to improve a patient's quality of life by using individualized, evidence based treatment plans. According to the American Academy of Pediatrics, occupational therapy is considered the main form of treatment for symptoms of SPD because it is noted in the DSM-V as a symptom of autism (Critz, Blake, & Nogueira, 2015. p. 711). Some of the treatment plans occupational therapists use to relieve symptoms of SPD among their patients are sensory integration programs, sensory diets, floortime therapy, and self-management programs. This article argues for the effectiveness of the treatment methods implemented by occupational therapists on individuals with symptoms of SPD.

Even though occupational therapy has been deemed the main form of treatment for people with symptoms of SPD, some popular sources still believe there is not enough evidence to prove that patients function better from the tactics occupational therapists use. According to freelance writer Beth Arky (2016. para. 6), there have been few studies done to show how

children respond to occupational therapist treatment plans for SPD, and some believe there is little research to show how much treatment can improve a child's functioning. Another popular article says SPD is even being over-diagnosed among school systems to try and explain why children are not fitting in (Shaw, 2016. para. 4). Based on scientific research and the credibility of these popular sources, this information has been proven wrong.

While popular sources say occupational therapists do not assist patients with SPD, research of the methods that occupational therapists use to benefit patients with SPD indicates other findings. Specifically, one form of treatment occupational therapists use to relieve symptoms of SPD is by assigning a sensory diet for these patients. Many patients with SPD need to follow a structured routine to stay focused throughout the day. Manzo (personal communication, October 14, 2016), who has been an occupational therapist for over 28 years, used sensory diets that were personalized for each of her patients that incorporated vestibular, proprioceptive, tactile, and auditory input in everyday routines. When patients with SPD are in a predictable setting, they are able to function more efficiently. This form of treatment provides patients with the necessary sensory input they need throughout the day. The sensory diet that is prescribed to the person with SPD is unique and specific to their symptoms. According to a study done by the *South African Journal of Occupational Therapy*, after prescribing a 2-week sensory diet to infants, their symptoms of SPD were reduced (Jorge, De Witt, & Franzsen. 2013.). Since the goal of a sensory diet is to stay organized and attentive daily, this helps patients acclimate to school and work settings.

The schedule that is given with the sensory diet is based off the sensory integration theory. Sensory Integration Theory is a method occupational therapists use to describe sensory information processing from the body and the environment. Based off this theory, occupational

therapists were able to make a program that helps patients process sensory information. The goal of Sensory Integration Programs are to make the patient's nervous system respond better to sensory information by prescribing special exercises to strengthen their patient's senses (Goodman-Scott, & Lambert, 2015. p. 274). According to a study done by the *Journal of Autism and Developmental Disorders*, they found that children who were treated by occupational therapists and given a sensory integration program scored higher on the Goal Attainment Scaling Test than children who were not treated by an occupational therapist using these tactics (Schaaf, et al. 2014. p. 1493). Based on this study, it shows how helpful sensory integration programs are to patients, and children who are not being treated with a sensory integration program can suffer.

These studies indicate that sensory diets and sensory integration programs are beneficial to individuals suffering from SPD by eliminating the side effects that come from this disorder. Occupational therapists not only help patients try to reduce their symptoms, but also they try to help manage their symptoms as well. Patients often want to be able to handle situations when their senses are either decreased or increased. Self-management programs prescribed by the occupational therapist are very helpful for people with SPD when they are stuck in a situation that makes them uncomfortable. These self-management programs make sure patients can eliminate their symptoms if a professional is not around to help them. Since patients with SPD have trouble adapting to a new setting, they need to be prepared for changes in their environment (Cline, Connolly, & Nolan. 2016. p. 2). These self-management programs are implemented to help patients adjust to these new settings rather than feeling uncomfortable. These studies prove that occupational therapy is the best way to treat patients with SPD.

Not only do occupational therapists help the patients suffering from signs of SPD, but they also have to educate the families of the patients as well. Often parents have expectations for

their children to live healthy and successful lives, and they do not understand why their child acts the way they do. Occupational therapists often incorporate the families into their patients' treatment plan. For example, occupational therapists use floortime therapy as an effective form of treatment that helps the parents get involved in their child's treatment plan. In a study done in the *Journal of Physical and Occupational Therapy in Pediatrics*, preschool children who participated in a 10-week floortime therapy program made significant changes in their operative, social interaction, and daily living skills. Not only did the children benefit from this program, but the parents also felt they had positive outcomes when interacting with their child (Shu-Ting, et al. 2014. para. 1). By engaging in floortime therapy, parents are able to play with their children and understand how they think and process their senses ("Floortime," 2016. para. 1). Floortime therapy helps the parents focus on their child's abilities rather than disabilities by creating a more positive home atmosphere. These studies support the argument that occupational therapy is an effective form of treatment for patients and families suffering from SPD.

Even though SPD is not classified in the DSM-V, occupational therapists still deal with this disorder. Many popular sources believe occupational therapists are not effective when treating patients with side effects of SPD. However, scholarly research indicates sensory diets, sensory integration programs, self-management programs, and floortime therapy are highly beneficial for patients with symptoms of SPD. Not only do these treatments help the patients, but they also integrate the families. Regardless of the classification of SPD, occupational therapists must be prepared to aid patients experiencing side effects from this disorder because the goal of any occupational therapist is to improve patient quality of life.

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