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### Disclaimers/Conflicts

- Akili Interactive Labs: I provide consultation for the development of cognitive training tools for children.

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### The hour's Objectives:

**Objectives:**

- 1) Understand what is meant by the term "Sensory Processing Disorder (SPD)"
- 2) Understand the causes of sensory processing dysfunction
- 3) Update on research regarding clinical assessment of sensory processing
- 4) To understand the similarities and differences in brain connectivity between SPD and Autism
- 5) Understand the role of brain training in SPD and cognitive disorders

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## What's the big deal, anyway?

- Three Stories show the many faces of SPD:
  - Touchy Tommie
  - Fragile Frankie
  - Happy Heidi

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## Touchy Tommy

- y.o. male could only wear one pair of shorts.
  - Tactile: At intake in August of 2015 had one and only one pair of shorts and shirt that he had worn daily for the past year
  - Auditory: Bothered by Loud and Novel noises
  - Receiving OT support for fine motor dysgraphia
  - Frequent Meltdowns at home but not school
  - Distractible but not significantly interfering with learning
- Birth, Medical, Surgical and/or Family history is notable for meatal stenosis repair and nasal turbinate repair, mom with mild tactile sensitivity
- Activities include: trouble with bike, swimming/trampoline
- Therapies include: OT
- Medications: To be determined

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## Fragile Frankie

- y.o. male with a neurodevelopmental disorder characterized by
  - Strengths in gross motor (zip line, climbing)
  - challenges with fine motor (ADLs and handwriting), rec/expressive language (est 3-4y); social limited by language and arousal, attention (working on this with teachers), Sensory OverResponsivity auditory and tactile.
- Birth, Medical, Surgical and/or Family history is notable for twin delivery, overseas adoption, early neglect, ear tubes
- Comorbid conditions include: none
- Examination is notable for hypertelorism, coarse facial feature- triangular face, short stature
- Etiologic evaluations at referral included: psychology label of autism, no genetic evaluation
- Activities include: hippotherapy, swimming and paddle boarding
- Therapies include: ST/OT/ABA

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## Happy Heidi

- y.o. female with a neurodevelopmental disorder characterized by
  - speed, feeling anxiety, Sensory OverResponsivity auditory only; social finesse
- Examination is notable for immature affect, non-dysmorphic and non-focal
- Etiologic evaluations to date include: Clinical MRI showed no evidence of abnormality, high resolution chromosomes, fragile X and Array were normal. Whole Exome Sequencing was revealing.
- Activities include: horse back riding, martial arts
- Current Therapies include: social skills group

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## So do they have SPD?

A description? A label? or A diagnosis?

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## What is SPD?

- **Neuroscience/Neurologists (BROAD)**
  - The disruption of information perception, encoding, integration from one or multiple sensory systems leading to clinically relevant cognitive and behavioral deficits.
- **Occupational Therapy (SPECIFIC)**
  - A singular condition that exists when sensory signals don't get organized into appropriate responses (SPDfoundation.net)
- **Psychology/Psychiatry (NON-EXISTANT)**
  - A disorder that doesn't exist (not included in the DSM 5) but now included in Autism Spectrum Disorders Criteria
- **Pediatricians (TAG ALONG)**
  - When sensory problems are present, health care providers should consider other developmental disorders, including autism spectrum disorders, attention deficit/hyperactivity disorder, developmental coordination disorder and anxiety disorder (www.aap.org)

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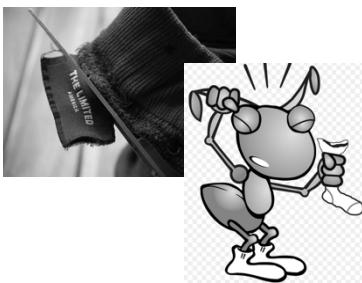


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## Auditory OverResponsive (AOR)



## Tactile OverResponsive (TOR)



## The Add On's

- Dysgraphia (fine motor control)
- Emotional Dysregulation (emotional Control)
- Inattention (Cognitive Control)



## In the word of Rachel Schneider

What's it like to have SPD - SMD? It depends on the SPDer's individual experiences and specific subtype.

"For example, the sight of light may be perceived as painful, problematic, and supremely bright for those who are **over-responsive**. A person who is **sensory-seeking** might crave light and turn on every lamp in the house. Someone who is **under-responsive** might not even notice light and leave lamps on, even as they sleep..."



[www.rachel-schneider.com](http://www.rachel-schneider.com)

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## SPD Subtypes

- - **Sensory** Overresponsivity: Avoiding Sensory input
  - Underresponsive: non-responsive to sensory input
- - Dyspraxia/Motor Planning
  - Postural Control Disorders
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Lucy Miller: Spdfoundation.org

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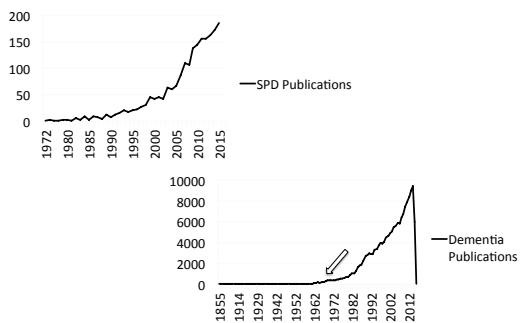


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## Whatever it is, research is on the rise...




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## The hour's Objectives:

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## Etiologies of SPD

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- *Utero*
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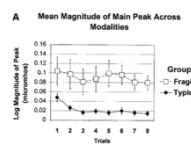
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## Genetic disorders with reported SPD

- – Turner's (XO) and 47,XXX
- (included Triplet Repeats)
  - 16p11.2 Deletions and Duplications
  - Fragile X




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Ann J Med Genet. 1989 Apr 2(3):269-75.  
American Journal of medical genetics. 1989;2(3):269-75.  
Miller LF\*, Wetherby DK, McGrath J, Shyu V, Lerner M, Taylor KK, Tessone F, Nelson K, Stockhouse T, Heppner SJ

**Fragile Frankie**

**Fragile X PCR**      **SHH MELAPY**

**RESULT: MALE, 600 CGG REPEATS (FULL MUTATION, AFFECTED)**

**Interpretation:** The status of the Fragile X locus (FMR1) was determined by PCR amplification and Southern blot analysis. A male patient from a blood sample was found to have 600 CGG repeats, indicating a hypermethylated FMR1 allele. This is the full mutation size range with approximately 600 CGG repeats. This individual is predicted to be affected by Fragile X syndrome. Family studies and genetic counseling were recommended. Clinical information reviewed by Meng Chen, Ph.D., DABCO, CGCNS.

**A Mean Magnitude of Main Peak Across Modalities**

**Am J Med Genet. 1989 Apr 2/3(4):269-76.**  
*Response to sensory stimuli in individuals with fragile X syndrome: a preliminary report.*  
 Mierau L, Morrison CR, McGrath J, Gray V, Larson M, Taylor AK, Tessone P, Yelken K, Stockhouse T, Heppner DL.

**Single Genes Associated with SPD**

**ArhGEF9 (Rho Guanine Nucleotide Exchange Factor 9)**

- collybistin
- Molecular switch that is pivotal in the role of post synaptic glycine and GABA receptor clusters
- Global NDD and auditory hypersensitivity (startle)

**Figure 1**

**BMJ Case Rep. 2009;2009:1999. doi: 10.1136/bcr.08.2009.1999. Epub 2009 Jul 2.**  
**ARHGEF9 disruption in a female patient is associated with X linked mental retardation and sensory hyperarousal.**  
 Marco E<sup>1</sup>, Abidi FE, Britton J, Dean WB, Cotter P, Jeremy RJ, Schwartz CE, Sherr EH

**Happy Heidi**

**MBD5 (methyl-CpG-Binding Domain Protein 5)**

- 2q23.1
- de novo mutation in a pilot series of 10 trios with SPD
- Found in 0.18% of patients with ASD, no controls
- Cognitive Impairment, epilepsy, sleep and behavioral challenges (3 case reports)
- Our patient:
  - WISC VCI 106, PRI 79, WMI 99, PSI 65
  - Social Communication Questionnaire total = 7
  - Sensory Profile DD in all categories
  - Vanderbilt Parent: meets ADHD cut scores
  - Clinical MRI unrevealing

Injury/Brain malformation can lead to  
“sensory processing differences”

- Fetal Alcohol Syndrome
- **Prematurity**
- Stroke
- Infection
- **Agenesis of the corpus callosum**
- ?Migraine?

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## Prematurity

	N	% with scores >2 SD* from the mean	p-value
<b>QUADRANTS</b>			
Low Registration	91	24	<0.01
Sensory Seeking	85	11	0.02
Sensory Sensitivity	90	10	0.03
Sensory Avoiding	87	11	0.01
<b>SECTIONS</b>			
Auditory Processing	99	12	<0.01
Visual Processing	96	2	0.19
Tactile Processing	86	10	0.02
Vestibular Processing	102	13	<0.01
Oral Sensory Processing	88	9	0.08



Children born prematurely have atypical sensory profiles.  
Wickremasinghe AC, Rogers EE, Johnson BC, Shen A, Barkovich AJ, Marco EJ.  
J Perinatol. 2013 Aug;33(8):631-5.

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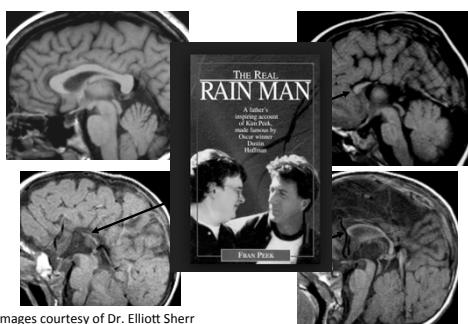


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## Agenesis of the Corpus Callosum



Images courtesy of Dr. Elliott Sherr

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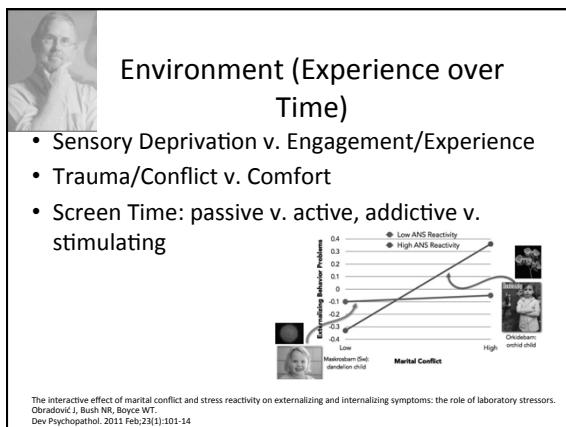
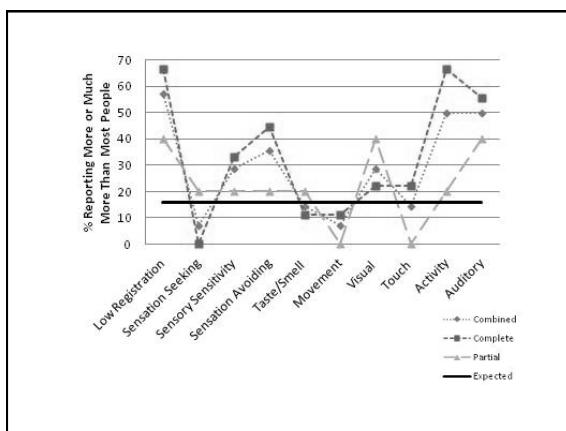
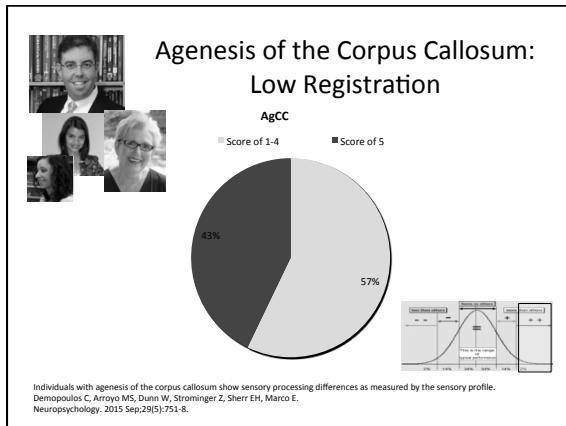
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## The hour's Objectives:

## Objectives:

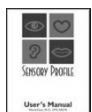
- 1) Understand what is meant by the term "Sensory Processing Disorder (SPD)"
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- 5) Understand the role of brain training in SPD and cognitive disorders



So how does one define SPD for research?



## Isolated SPD



## Our Lab approach (it's a start)

- Community diagnosis/suspicion of “SPD”
- Sensory Profile with > 2 SD (Definite Difference) bias toward hypersensitivity
  - Auditory, Tactile, Visual, Oral/Olfactory, Vestibular, Multisensory Processing
- Evaluate for Autism Criteria
- Evaluate for Cognitive Ability
- Evaluate for Attention/Hyperactivity
- R/o for Clinical MRI findings
- R/o for known Genetic conditions
- (Future: Assess for Dyslexia and Autonomic Arousal)...

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## Bedside



Shared and Divergent Auditory and Tactile Processing in Children with Autism and Children with Sensory Processing Dysfunction Relative to Typically Developing Peers  
 Demopoulos C, Bresnahan M, Desai SS, Hill SS, Antovich AD, Harris J, Marco EJ.  
*J Int Neuropsychol Soc*. 2015 Jul; 6:1-11

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## Auditory and Tactile Assessment

- 54 boys (ASD 20, SPD 15, TDC 19)
- Auditory processing: Differential Screening test for Processing (DSTP)
  - Dichotic listening (number to both ears)
  - Temporal Patterning (order of high/low tones)
  - Auditory Discrimination (Filtering-nonsense in noise)
- Tactile Processing
  - Tactile detection “Von Frey Hairs”
  - Sensitivity “two point discriminator”
  - Form Discrimination “von boven domes”
  - Proprioception/WM “SIPT graphesthesia”

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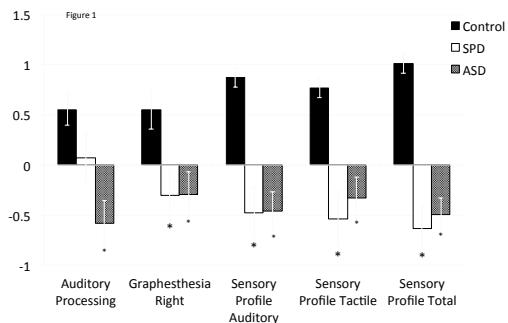


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## Parent report & Direct Assessment

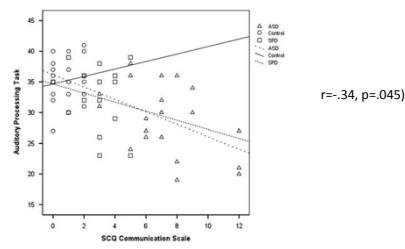


## Tactile

- Tactile detection
  - Weaker detection in SPD group than ASD or TDC
- Sensitivity
  - No difference noted
- Form Discrimination “von boven domes”
  - No differences noted
- Proprioception/WM “SIPT graphesthesia”
  - Right Hand: ASD = SPD < TDC

## Auditory

- ASD < SPD = TDC



## Bedside Summary

- Measurable bedside tactile differences in children with isolated SPD
- Auditory processing differences become apparent when moving to a correlational approach

*But where is it in the brain ?*

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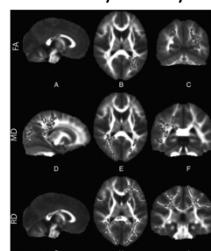
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## Structural Neuroimaging in SPD

- TBSS Data Driven Approach SPD boys 8-12y compared to Controls




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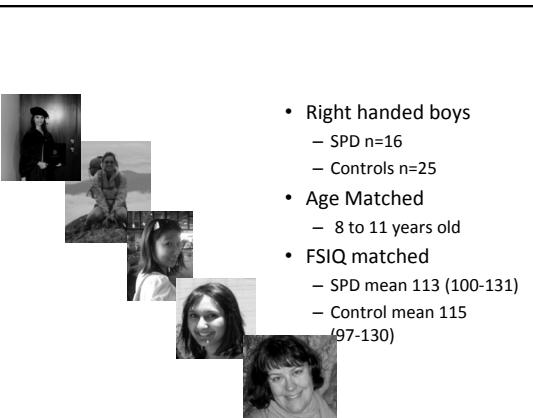
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- Right handed boys
  - SPD n=16
  - Controls n=25
- Age Matched
  - 8 to 11 years old
- FSIQ matched
  - SPD mean 113 (100-131)
  - Control mean 115 (97-130)

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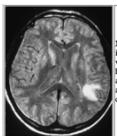
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Then, we looked for lesions...

Group	SPD (n=16)	Controls (n=25)
Corpus Callosum	0	0
Decreased White matter	0	0
Grey Matter Injury	0	0
Posterior Fossa Cyst	0	0



Dr. Pratik Mukherjee  
Assoc. Prof. of Radiology  
Uo San Francisco

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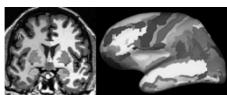


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Next, we looked for volume...



Free Surfer		p
Total Cortex	.87	
Intracranial	.63	
Total White	.49	
Left White	.58	
Right White	.42	
Left Cortex	.94	
Right Cortex	.81	

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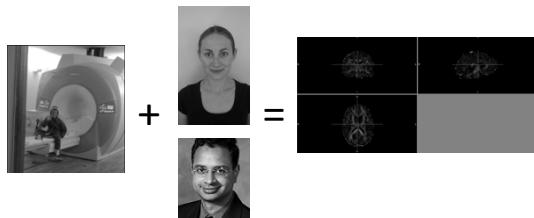


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Finally, we looked at white matter integrity using diffusion tensor imaging




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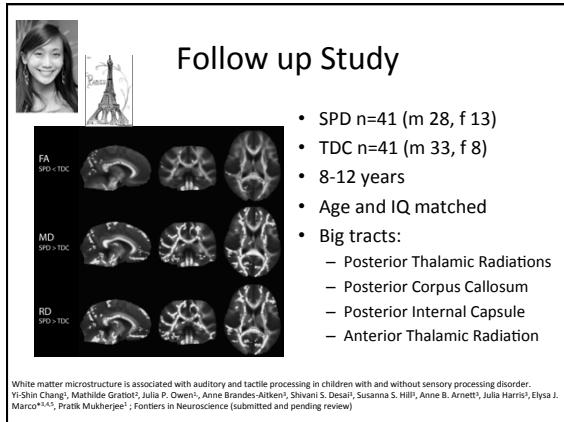
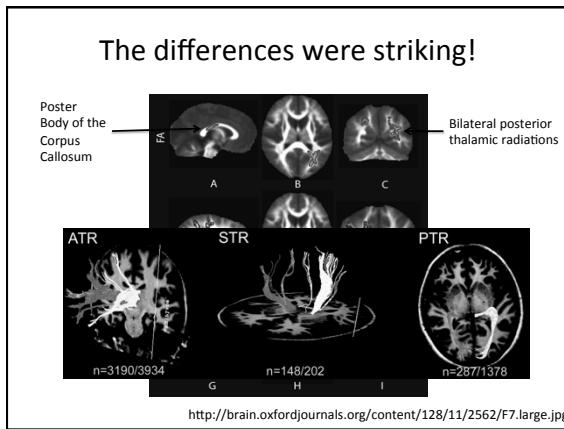
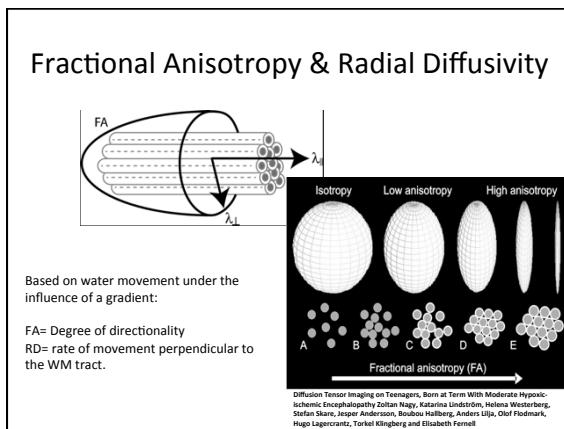
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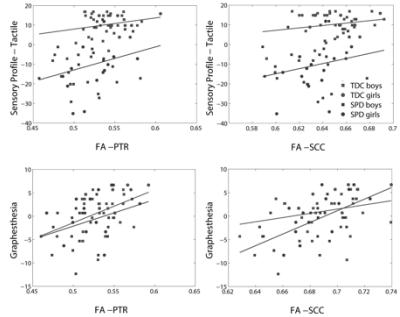
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### Correlating Bedside & Structure Tactile




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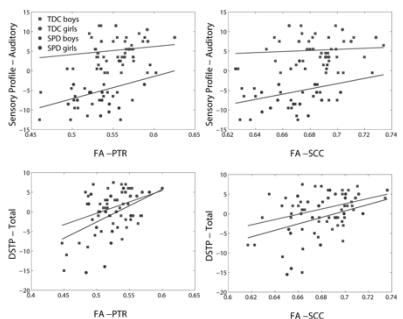


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### Bedside with Structure Auditory




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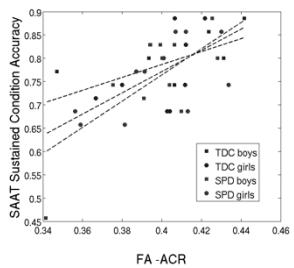


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### Correlations – Sustained Attention




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**Brain Training**  
(focus on cognitive control/attention)

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**Our 3 step approach...**  
**Marco + Gazzaley + Akili Interactive**

- Step 1: Assess Challenges
  - parent report, direct assessment, Neuroimaging/EEG
- Step 2: Train with Engaging Platform
  - COLLABORATION WITH PROFESSIONALS!
- Step 3: Reassess for Performance and Plasticity
  - Direct game behavior
  - Transfer skills
  - Neurophysiologic and Structural Change




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**Step 1: Assess Challenges**

- Parent report: Sensory Profile & Vanderbilt
- Direct Assessment:
  - Motor Speed, TOVA, Flanker, Neuroracer
- Neuroimaging: DTI
- Neurophysiology: EEG/Neuroracer

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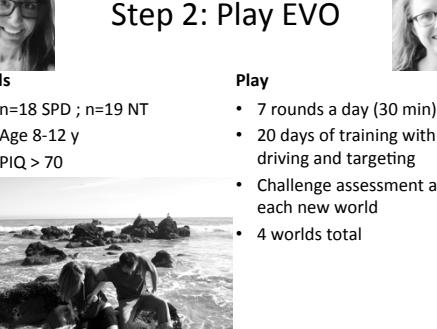
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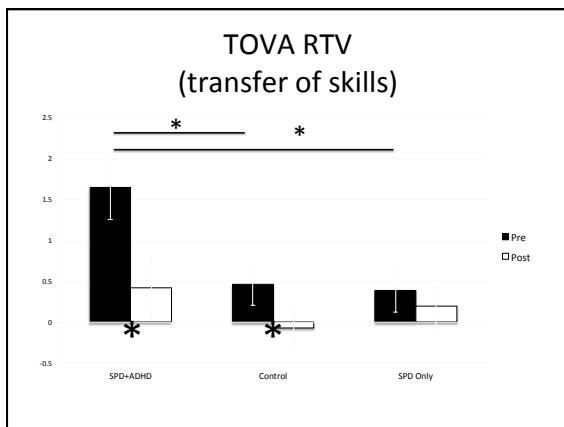
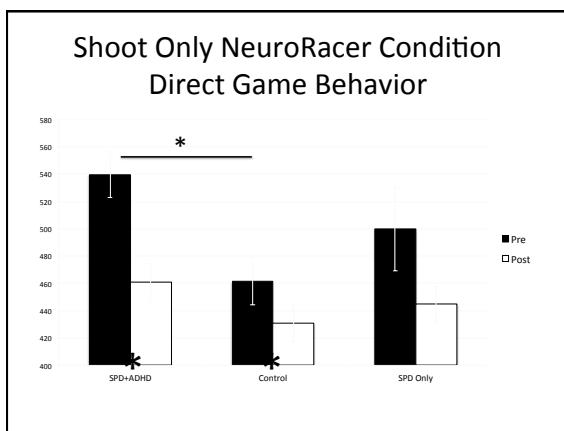
## Step 2: Play EVO

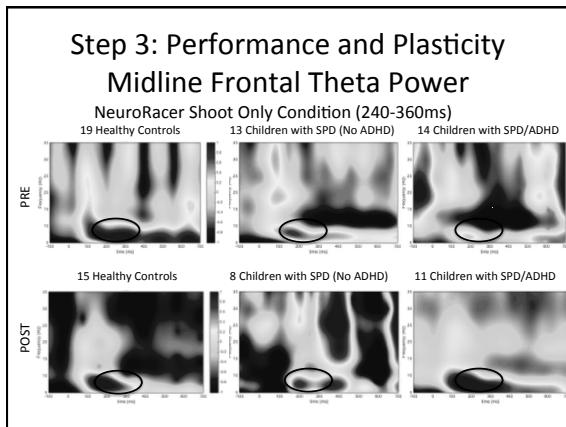
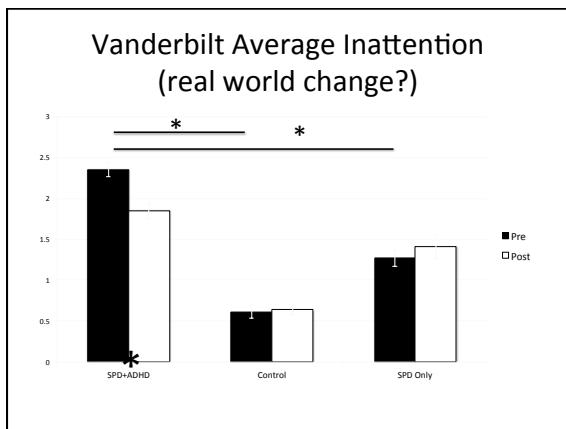
**Kids**

- n=18 SPD ; n=19 NT
- Age 8-12 y
- PIQ > 70

**Play**

- 7 rounds a day (30 min)
- 20 days of training with driving and targeting
- Challenge assessment at each new world
- 4 worlds total





**So what ever happened to Touchy  
Tommy?**

- Stay Tuned.

### Many Hands :

❖ The kids and their parents!	❖ Kasra Khatibi	❖ MAC
❖ SPD MEG/DTI Team	❖ Anne Bernard	❖ Bruce Miller
❖ Srikantan Nagarajan	❖ Monica Arroyo	❖ Joel Kramer
❖ Pratik Mukherjee	❖ Heidi Kirsch	❖ John Neuhaus
❖ Elliott Sherr	❖ Anne Findlay	❖ Sensory Processing Foundation
❖ Leighton Hinkley	❖ Suzanne Homna	❖ Lucy Miller
❖ Carly Demopoulos	❖ Julia Owen	❖ Sarah Schoen
❖ Shivani Desai	❖ Shin Chang	❖ EVO Team
❖ Ashley Antovich	❖ Mathilde Gratiot	❖ Adam Gazzaley
❖ Julia Harris		❖ Joaquin Anguera
❖ Susannah Hill		❖ Shivani Desai
❖ Richard Hill		❖ Ashley Antovich
❖ Angelina Jocson		❖ Cammie Rolle
		❖ John Gibbons
		❖ Annie Aiken
		❖ Sasha

Thank you for your multisensory attention!