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# A Comparison of the Performance of Children With and Without Autism on the Sensory Profile

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Key Words: evaluation process, occupational therapy • sensory integrative dysfunction

*Objectives.* The purpose of this study was to determine whether the Sensory Profile discriminates between children with and without autism and which items on the profile best discriminate between these groups.

*Method.* Parents of 32 children with autism aged 3 to 13 years and of 64 children without autism aged 3 to 10 years completed the Sensory Profile. A descriptive analysis of the data set of children with autism identified the distribution of responses on each item. A multivariate analysis of covariance (MANCOVA) on each category of the Sensory Profile identified possible differences among subjects without autism, with mild or moderate autism, and with severe autism. Follow-up univariate analyses were conducted for any category that yielded a significant result on the MANCOVA.

*Results.* Eighty-four of 99 items (85%) on the Sensory Profile differentiated the sensory processing skills of subjects with autism from those of subjects without autism. There were no group differences between subjects with mild or moderate autism and subjects with severe autism.

*Conclusion.* The Sensory Profile can provide information about the sensory processing skills of children with autism to assist occupational therapists in assessing and planning intervention for these children.

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Autism is a developmental disability that is defined by behavioral characteristics. It is most frequently diagnosed on the basis of behavioral criteria described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association [APA], 1994). These criteria include having a qualitative impairment in reciprocal social interaction, a qualitative impairment in verbal and nonverbal communication and in imaginative activity, and a markedly restricted repertoire of activities and interests. Autism is considered a spectrum disorder (APA, 1994; Mays & Gillon, 1993); the abilities of any child with autism may vary greatly from another child with autism. These differences, and the behavioral characteristics seen, have made the evaluation process for diagnosis and intervention planning difficult with children who have autism.

## Behavioral Characteristics of Autism

### *Socialization and Communication*

The degree of impairment in reciprocal social interactions ranges widely among children with autism. Some children with autism may appear aloof or tend to gravi-

rate away from social interactions unless actively engaged by another person (Huebner, 1992; Mays & Gillon, 1993; Rapin, 1991). Some children with autism may want to interact with others but find it hard to initiate and sustain interactions.

All children with autism have some degree of communication disorder. Some may never develop expressive language skills, whereas others may use jargon, echolia, and pronoun reversals (Rapin, 1991). Still others may have good verbal skills but have difficulty understanding nonverbal communication.

### *Markedly Restricted Repertoire of Activities*

Some children with autism demonstrate a preoccupation with a particular area of interest or activity that is often abnormal in focus or intensity (APA, 1994). They may be unable to play creatively, become focused on subtle details, or insist on following specific routines (APA, 1994; Rapin, 1991). Other behaviors that evidence restricted activities include stereotyped or repetitive body movements, such as hand flapping, twirling, humming, rocking, and head banging (Huebner, 1992; Rapin, 1991).

Some researchers believe that the stereotyped and repetitive body movements are due to poor sensory modulating skills, which are manifested by a lack of responsiveness or an exaggerated reaction to sensory input (Ayres, 1979; Ornitz, 1974, 1989). Ornitz (1971, 1989) proposed that disturbances of sensory modulation are primary symptoms of autism and that unusual responses to the environment, poor social skills, and poor communication skills are the consequences of poor modulation of sensory input. It is also believed that all the sensory systems can be poorly modulated in children with autism (Marcus & Stone, 1993; Nelson, 1984; Ornitz, 1974).

### *Evaluation of Children With Autism*

The evaluation of children with autism presents challenges because of the children's varying levels of skills, low tolerance of different sensory stimuli, impaired receptive and expressive language, and distractibility (Cook, 1991; Nelson, 1984; Rapin, 1991; Sattler, 1988). It is frequently difficult for children with autism to focus on relevant stimuli, such as testing items, when requested, and they may not respond to typical responses from the examiner, such as eye contact (Cook, 1991). Many practitioners and researchers believe that rather than use standardized instruments to gain knowledge about the functioning of a child with autism across settings, evaluation should involve observations in natural settings and systematic use of other nonstandardized procedures, such as interviews (Cook, 1990; Marcus & Stone, 1993; Nelson, 1984; Pritzant & Wetherby, 1993).

### *Occupational Therapy Assessments*

Because many children with autism display difficulties with modulating sensory input, the behaviors indicating sensory processing dysfunction must be properly identified. Occupational therapists do not have a specific assessment for children with autism but do have standardized instruments for evaluating sensory integrative dysfunction. For example, the Sensory Integration and Praxis Tests (SIPT) are standardized for children aged 4 to 8.11 years and assess several aspects of sensory processing, including the vestibular, proprioceptive, kinesthetic, tactile, and visual systems (Ayres, 1989). However, the tests require not only special training, but also approximately 2 hours to administer. This is a considerable amount of time for most children with autism to sit and attend to a task. Most children with autism also could not meet the standardization demands of the SIPT.

The DeGangi–Berk Test of Sensory Integration (TSI) is another standardized test used to identify sensory integrative dysfunction but in children aged 3 to 5 years (Berk & DeGangi, 1983). The test concentrates on bilateral motor integration, postural control, and reflex integration. Neither the SIPT nor the TSI reveal how a child performs in natural settings (Dunn, 1994).

Nonstandardized measures of sensory processing skills in children include Cook's (1990) adaptation of a criterion-referenced checklist (designed by Smith and McEnulty, 1980), the Functional Assessment of Sensory Integration (FSI). The FSI assesses sensory processing skills through observation of functional tasks. Royeen and Fortune's (1990) Touch Inventory for Elementary-School-Aged Children and Royeen's (1987) Touch Inventory for Preschoolers are interviews that screen for tactile defensiveness.

### *Sensory Histories*

A sensory history can also yield information about a child's sensory processing skills. Histories identify sensory-related behaviors and the contexts in which they occur. This information can help to describe problems and to plan appropriate intervention (Cook, 1991; Dunn, 1994; Parham & Mailloux, 1996). Functional performance or behavior is influenced by the interaction of the person and the environment. Therefore, it is important to understand and identify critical sensory behaviors in their natural context (Dunn, 1994; Dunn, Brown, & McGuigan, 1994).

A sensory history generally consists of statements or questions directed to a parent or caregiver about a child's behavior while the child is engaged in functional activities (Dunn, 1994). Because the behaviors included on sensory histories are thought to be indicators of difficulties, the

more frequently a behavior occurs, the more it is thought to indicate a sensory processing problem. Assessments that involve the family members' input not only provide information about the child's functioning at home, but also can be used to begin interactions with family members in a nonthreatening way (Nelson, 1984). Additionally, the sensory history can help to clarify priorities for intervention planning and provide opportunities to discuss the child's skills because the behaviors it reveals are familiar to parents (Dunn, 1994; Parham & Mailloux, 1996).

Larson (1982) used a sensory history form to obtain data on children with and without tactile defensiveness and found 11 items that best discriminated between the groups. Dunn (1994) administered the 99-item Sensory Profile to parents of children who are typically developing and found that 67% of the items on this sensory history questionnaire represent behaviors not seen in children without disabilities. Dunn reasoned that these items could offer useful information about sensory processing skills and functional performance in children with disabilities, such as autism.

In sum, although sensory histories are commonly used by occupational therapists, and research has indicated that children with autism have sensory processing difficulties, no research has determined whether a sensory history assesses behaviors common to children with autism. Therefore, the purposes of this study were to determine whether a sensory history form—the Sensory Profile—discriminates children with autism from children who are typically developing and which items on the Sensory Profile best discriminate between these groups. An additional purpose was to determine which of the statements on the Sensory Profile represent commonly occurring behaviors of children with autism.

## Method

### *Subjects*

A convenience sample of 32 children with autism or pervasive developmental disability (PDD) aged 3 to 13 years and 64 children aged 3 to 10 years who were typically developing were the subjects of this study. All subjects with autism or PDD were receiving services from the Northwest Missouri Autism Consortium. All had been diagnosed by independent physicians or at state diagnostic centers. The subjects with autism and the subjects with PDD were considered part of the same group because of variability in the diagnostic process. This group consisted of 26 boys and 6 girls. The data on the subjects who were typically developing were taken from Dunn's (1994) study.

### *Instruments*

The Sensory Profile (Dunn, 1994) was used to assess

sensory processing. It consists of 99 items divided into six sensory categories (auditory, visual, taste/smell, movement, body position, touch) and two behavioral categories (activity level, emotional/social). Parents respond to each statement by using a five-point Likert scale, with 1 = always: when presented with the opportunity, the child responds in the manner described every time, or 100%, and 5 = never: when presented with the opportunity, the child never responds in this fashion, or 0%.

The Childhood Autism Rating Scale (CARS) (Schopler, Reichler, & Renner, 1988) was used to determine the severity of autism. It consists of 15 items, with each rated on a seven-point scale indicating the degree to which the child's behavior deviates from that of a child of the same age who is typically developing. The child is rated from 1 to 4 on each item, with midpoint scores allowed (i.e., 1.5, 2.5, 3.5). A score of 1 indicates that a behavior is within normal limits for a child that age, and a score of 4 indicates behavior is considered severely abnormal for a child that age. A total score is computed by summing the individual ratings. Children scoring above 30 are considered to have mild to moderate autism, and those scoring above 36 are considered to have severe autism.

### *Data Collection*

All parents signed informed consent forms to indicate their agreement to participate in the study. The parents of the subjects with autism completed the Sensory Profile. In most cases, a data collector (i.e., occupational therapist, behaviorist, speech-language pathologist) was present to answer questions as one or both of the parents completed the form. It was not documented which parent completed the Sensory Profile. The data collectors were familiar with all the subjects with autism.

A data collector completed the CARS for each subject, with assistance from parents as needed. The Sensory Profile and the CARS were not always completed during the same session.

### *Data Analysis*

The researchers completed a descriptive analysis of the total data set for the subjects with autism to identify the distribution of responses on each item. A multivariate analysis of covariance (MANCOVA) was completed to identify differences between subjects with mild to moderate autism and subjects with severe autism, and differences between subjects with and subjects without autism. Gender and age were used as covariates to partial out their effects on the results because the groups differed in distribution of age and gender. The MANCOVAs were completed on each of the eight categories of the Sensory Profile, with univariate analyses completed on significant groupings.

## Results

### *Comparison of Subjects With Mild to Moderate and Severe Autism*

Of the 32 subjects with autism, 15 were considered to have mild to moderate autism and 17 to have severe autism as determined by the CARS. There were no significant between-group differences ( $p < .05$ ) on any category of the Sensory Profile on the basis of the MANCOVA. Because no difference between these groups was found, they were collapsed into one for all other analyses.

### *Comparison of Subjects With and Without Autism*

On the basis of the MANCOVA results, the subjects with autism performed differently than the subjects without autism ( $p < .000$ ) on all categories of the Sensory Profile (see Table 1). These comparisons also yielded very high power (all comparisons = 1.00) and moderate to high effect sizes (.498–.890). Follow-up univariate analysis on items in each category demonstrated that 84 of the 99 items (85%) contributed to the difference between groups. All the categories, except activity level, had 67% or more of items contributing to their significance: body position—10 of 10 items (100%); touch—20 of 21 items (95%); movement—16 of 18 items (89%); auditory—8 of 9 items (89%); social—17 of 20 items (85%); visual—8 of 12 items (67%); and taste/smell—4 of 6 items (67%). One of the three (33%) activity level items was significant.

### *Frequency of Behavior Occurrence*

No items on the Sensory Profile met the criterion we established for a behavior to be considered common in children with autism (i.e., if 80% or more of the parents reported that their child displayed the behavior always or frequently, the criterion was met). The highest frequency of occurrence was 75%, and this only occurred with one item: activity level 3—“difficulty paying attention.” Table 2 lists in bold type the items that parents reported that their children with autism displayed always or frequently 50% or more of the time. The frequency of responses

from parents of the subjects who were typically developing (Dunn, 1994) is also reported in Table 2. The subjects who were typically developing were neither taking medications regularly nor receiving special services at school.

## Discussion

### *Comparison of Children With and Without Autism*

Comparison studies are needed to verify which items on the Sensory Profile differentiate between children who are typically developing and children with sensory processing difficulties (Dunn, 1994). Our results yielded significant differences between groups, moderate to high effect sizes, and excellent power, suggesting that the Sensory Profile identifies real differences between children with and without autism. An optimal effect size (i.e., amount of difference between groups when considering their standard deviations [Portney & Watkins, 1993]) is 1.00; ours ranged from .498 to .890, indicating significant differences between groups. Power analysis indicates whether there is an adequate sample size to find a difference, if there is one (Portney & Watkins, 1993). An optimal power is 1.00, and all our comparisons yielded a power of 1.00.

Furthermore, 85% of the items on the Sensory Profile differentiated subjects with autism from subjects without autism. The items that were the most representative of subjects with autism, were uncommon for subjects without autism, and differentiated between the groups would be those most appropriate for future versions of the Sensory Profile. For instance, some of the most frequently occurring items for subjects with autism reflected hypersensitivity to touch and auditory input (i.e., touch 2—“expresses discomfort during grooming”; auditory 2—“is distracted or has trouble functioning if there is a lot of noise around”), and these items were reported as rarely occurring with the subjects without autism. Yet, other items that were indicative of hyposensitivity (i.e., movement 7—“continually seeks out all kinds of movement activities”) were also common for subjects with autism and uncommon for subjects without autism.

Many of the emotional/social items on the Sensory

**Table 1**  
**MANCOVA Results of Children Without Disabilities Compared With Children With Autism**

Sensory Profile Category	Power	Effect Size	F	p
Activity level	1.00	.562	38.471	.000
Auditory	1.00	.528	10.422	.000
Body position	1.00	.498	8.222	.000
Movement	1.00	.664	8.231	.000
Emotional/social	1.00	.890	29.542	.000
Taste/smell	1.00	.569	19.154	.000
Touch	1.00	.808	14.400	.000
Vision	1.00	.745	19.683	.000

Note. Age and gender served as covariates. MANCOVA = multivariate analysis of covariance.

**Table 2**  
**Percentages of Children With and Without Autism Who Always or Frequently Displayed the Behaviors**  
**on the Sensory Profile**

Item <sup>a</sup>	Percentage	
	With Autism	Without Autism
<b>Auditory</b>		
1. Responds negatively to unexpected or loud noises (i.e., vacuum cleaner, dog barking, hair dryer)	25.0	3.1
<b>2. Is distracted or has trouble functioning if there is a lot of noise around</b>	<b>68.8</b>	<b>4.7</b>
<b>3. Enjoys strange noises/ seeks to make noise for noise sake</b>	<b>50.0</b>	<b>21.9</b>
4. Appears not to hear what you say	46.9	7.8
5. Holds hands over ears	21.9	3.1
6. Can't work with background noise (i.e., fan, refrigerator)	9.4	1.6
7. Doesn't respond when name is called	21.9	6.3
8. Talks self through task	21.9	9.4
9. Seems oblivious within an active environment	46.9	4.7
<b>Visual</b>		
1. Expresses discomfort or avoids bright lights (i.e., sunlight through window in car)	15.7	10.9
2. Happy to be in the dark	21.9	7.8
3. Looks carefully or intensely at objects/people	28.1	42.2
4. Has difficulty putting puzzles together	40.6	0.0
5. Hesitates going up or down curbs or steps	21.9	0.0
6. Gets lost easily	15.7	0.0
7. Has a hard time finding objects in competing backgrounds (i.e., shoes in a messy room, favorite toy in the "junk drawer")	43.7	7.8
<b>8. Has trouble staying between the lines when coloring or when writing</b>	<b>65.6</b>	<b>9.4</b>
9. Covers eyes or squints in bright lights	18.8	15.6
10. Watches everyone when they move around the room	28.2	10.9
<b>11. Avoids eye contact</b>	<b>50.0</b>	<b>0.0</b>
12. Doesn't notice when people come into the room	28.1	0.0
<b>Taste/Smell</b>		
1. Deliberately smells objects	15.7	15.6
2. Shows strong preference for certain smells	3.1	15.6
<b>3. Shows preference for certain tastes</b>	<b>50.0</b>	<b>26.6</b>
4. Chews/licks nonfood items	46.9	6.3
5. Craves certain foods	40.7	9.4
6. Does not seem to smell strong odors	21.9	0.0
<b>Movement</b>		
1. Becomes anxious or distressed when feet leave ground	18.8	0.0
2. Fears falling or heights	31.3	4.7
3. Dislikes activities where head is upside down (i.e., somersaults) or roughhousing	21.9	1.6
4. Avoids climbing, jumping, bumpy or uneven ground	21.9	0.0
5. Avoids playground equipment or moving toys	3.1	0.0
6. Rocks unconsciously during other activities (i.e., while watching television)	12.5	1.6
<b>7. Continually seeks out all kinds of movement activities (i.e., being whirled by adult, merry-go-rounds, playground equipment, moving toys)</b>	<b>56.3</b>	<b>17.2</b>
8. Takes excessive risks during play (i.e., climbs high into a tree, jumps off tall furniture, etc.)	37.5	9.4
9. Dislikes riding in a car	6.3	0.0
10. Holds head upright, even when bending over or leaning	9.4	1.6
11. Holds onto walls or banisters	34.4	3.1
12. Becomes disoriented after bending over sink, table	0.0	0.0
13. Becomes overly excitable after a movement activity	37.5	1.6
14. Turns whole body to look at you	9.4	0.0
15. Prefers sedentary activities	21.9	3.1
16. Poor endurance/tires easily	15.6	0.0
17. Appears lethargic	12.5	0.0
18. Rocks in desk/chair/on floor	12.5	1.6
<b>Touch</b>		
1. Avoids getting "messy" (i.e., in paste, sand, finger paint, glue, tape)	31.3	4.7
<b>2. Expresses discomfort during grooming (i.e., hair cutting, face washing, fingernail cutting)</b>	<b>68.8</b>	<b>4.7</b>
3. Prefers long-sleeved clothing when it's warm or short-sleeved clothing when it's cold	28.1	0.0
4. Expresses discomfort at dental work or toothbrushing	43.8	0.0
5. Is sensitive to certain fabrics (i.e., is particular about certain clothes or bedsheets)	28.1	0.0
6. Avoids going barefoot, especially in sand or grass	21.9	3.1
7. Reacts emotionally or aggressively to touch	25.0	0.0
8. Rigid rituals in personal hygiene	28.1	3.1
<b>9. Picky eater, especially regarding textures</b>	<b>50.0</b>	<b>12.5</b>
10. Withdraws from splashing water	25.1	0.0
<b>11. Has difficulty standing in line or close to other people</b>	<b>56.3</b>	<b>1.6</b>
12. Rubs or scratches out a spot that has been touched	6.3	0.0
13. Gags easily with food textures, food utensils in mouth	21.9	1.6
14. Displays unusual need for touching certain toys, surfaces, or textures	25.0	0.0
15. Avoids wearing shoes, loves to be barefoot	31.3	6.3
16. Mouths objects frequently (i.e., pencil, hands)	46.9	7.8
17. Decreased awareness of pain and temperature	46.9	3.1

*Continued*

**Table 2 (continued)**  
**Percentages of Children With and Without Autism Who Always or Frequently Displayed the Behaviors on the Sensory Profile**

Item <sup>a</sup>	Percentage	
	With Autism	Without Autism
18. Always touching people and objects	40.6	10.9
19. Doesn't seem to notice when someone touches arm or back	6.3	1.6
20. Doesn't seem to notice when face or hands are messy	43.8	4.7
21. Leaves clothes twisted on body	37.6	4.7
<b>Activity Level</b>		
<b>1. Always "on the go"</b>	<b>62.5</b>	<b>50.0</b>
2. Prefers quiet, sedentary play (i.e., watching television, books, computers)	25.0	9.4
<b>3. Difficulty paying attention</b>	<b>75.0</b>	<b>3.1</b>
<b>Body Position</b>		
1. Hangs on people, furniture, objects even in familiar situations	31.3	1.6
2. Seems to have weak muscles	37.5	0.0
3. Tires easily, especially when standing or holding a particular body position	25.1	0.0
4. Locks joints (e.g., elbows, knees) for stability	6.2	0.0
5. Walks on toes	15.6	0.0
6. Appears to enjoy falling	31.3	7.8
7. Moves stiffly	21.9	0.0
8. Has a weak grasp	34.4	0.0
9. Can't lift heavy objects	25.0	0.0
10. Props to support self	9.4	0.0
<b>Emotional/Social</b>		
1. Uses inefficient ways of doing things	37.5	0.0
2. Seems to have difficulty liking self	9.4	1.6
<b>3. Needs more protection from life than other children</b>	<b>68.8</b>	<b>0.0</b>
<b>4. Has trouble "growing up"</b>	<b>50.0</b>	<b>0.0</b>
5. Is overly affectionate with others	28.1	1.6
6. Is sensitive to criticism	31.2	18.8
7. Has definite fears	37.6	6.3
8. Seems anxious	40.6	1.6
9. Seems accident prone	28.1	7.8
<b>10. Has difficulty tolerating changes in plans and expectations</b>	<b>62.6</b>	<b>4.7</b>
<b>11. Is stubborn and uncooperative</b>	<b>65.6</b>	<b>1.6</b>
12. Has temper tantrums	34.4	0.0
13. Has nightmares	6.3	1.6
14. Doesn't express emotions	18.8	0.0
15. Doesn't perceive body language or facial expressions	37.6	1.6
<b>16. Poor frustration tolerance</b>	<b>68.8</b>	<b>12.5</b>
17. Cries easily	9.4	12.5
18. Doesn't have a sense of humor	9.4	1.6
19. Overly serious	6.3	0.0
<b>20. Has difficulty making friends</b>	<b>68.7</b>	<b>0.0</b>

<sup>a</sup>Bold items are those that parents reported that their children with autism did always or frequently 50% or more of the time.

Profile discriminated between subjects with and without autism (17 of 20 items). Almost half of the items in this section were reported to occur 50% or more of the time with subjects with autism, while being uncommon for subjects without autism (e.g., emotional/social 4 —“has trouble ‘growing up’”; emotional/social 20—“has difficulty making friends”). These findings indicate that these behavioral statements distinguish between children with and without autism, which is important because social skills are difficult for children with autism.

Of the 15 items that did not demonstrate a significance between groups, 12 were identified by Dunn (1994) as items that children who are typically developing engaged in frequently; therefore, they may not be good items to discriminate between children with and children without sensory processing difficulties. Subjects with autism seldom displayed the other three items (auditory 8—“talks self through task”; movement 9—“dislikes riding in a car”;

emotional/social 19—“overly serious”). These items may not represent behaviors that are indicative of children with autism.

#### *Frequency of Occurrence of Behaviors*

It is commonly accepted that children with autism demonstrate varying patterns of functional difficulties and responsiveness to sensory events (Ayres & Tickle, 1980; Huebner, 1992; Mays & Gillon, 1993; Rapin, 1991; Tonge, Dissanayake, & Brereton, 1994). The finding that no items on the Sensory Profile were reported at an 80% occurrence rate supports the notion that children with autism demonstrate a wide spectrum of functional abilities. One child with autism may engage in a behavior listed on the Sensory Profile frequently, yet another child with autism may not demonstrate that behavior at all, resulting in a different distribution of responses across items.

Some of the questions on the Sensory Profile may have been worded poorly or interpreted by the parents differently than intended, contributing to this diversity of responses. Dunn (1994) noted that there were particular categories of the Sensory Profile where fewer than half the items met the criterion for being uncommon for children who are typically developing. However, our findings suggest that the distribution of responses is different for children with autism, even on items that are somewhat common for children without autism. For example, two behaviors that were considered common for subjects without autism (emotional/social 6—"is sensitive to criticisms"; taste/smell 3—"shows strong preference for certain tastes") were also common for subjects with autism, yet the frequency distribution was still significantly different between the groups. This is important to note because despite the fact that children with and without autism engage in the same behavior frequently, their performances are still different.

#### *Limitations and Directions for Future Research*

A convenience sample was used in this study and, therefore, may not represent the entire population of children with autism. However, the study begins to establish trends that may be occurring with this population. A larger sample may help to verify these trends and may enable researchers to identify items that best discriminate sensory difficulties in children with autism for the development of a screening checklist. A factor analysis, with a larger sample, may group the best items to discriminate children with and without autism, narrowing the total number of items. These items may allow other providers, such as teachers and psychologists, to screen for possible sensory processing difficulties and make appropriate recommendations for further evaluation.

Further comparison studies of children with other sensory processing disorders (i.e., attention deficit hyperactivity disorder) are needed to identify which items best discriminate between children with and children without disabilities, not just a specific disability. These studies will validate the use of the Sensory Profile with all children suspected of having difficulties with sensory processing.

#### **Conclusion**

The Sensory Profile has the potential to contribute information about a child's sensory processing skills that affect performance. This information can assist occupational therapists in the evaluation and treatment planning process. This study has shown that the Sensory Profile is able to distinguish between children with and without autism and that many of its items represent behaviors children with autism engage in 50% or more of the time. The Sensory Profile identifies functional behaviors often seen in children with autism, assisting in clarifying issues of

concern with the family members and helping occupational therapists to identify sensory-related behaviors. ▲

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