

Finding Sensory Integration Treatment That Fits Your Child

By Lucy Jane Miller, PhD, OTR

When a child is diagnosed with Sensory Processing Disorder (SPD), the first question parents often ask is, “How is it treated?” followed by “How well does treatment work?” Not far behind is, “How do I find someone who can treat my child effectively?”

How SPD Is Treated

For nearly half a century, the answer to how SPD is treated has come from the work of sensory pioneer Dr. A. Jean Ayres, who spent her long and productive career exploring the association between sensory processing and the behavior of children with disabilities. Dr. Ayres and generations of clinicians since her groundbreaking work treated children who had SPD with occupational therapy using a sensory integration approach (OT-SI). Clinicians and parents of the children who received this treatment “knew” that OT-SI worked, but a randomized controlled trial (called an “RCT”) to validate its effectiveness was lacking. Many articles were published, but none of them adhered to all the rigorous scientific standards of an RCT, which is considered the gold standard of research related to the effectiveness of specific types of intervention.

Until now.

How Well Treatment Works

In 2007, the SPD Foundation (SPDF) published the results of the

first SPD treatment effectiveness study that met all four primary criteria of a rigorous empirical study. The question posed by our randomized controlled trial was: “Is OT-SI effective in ameliorating the difficulties of children with Sensory Over-Responsivity compared to a placebo treatment and to no treatment?” In other words: Does OT-SI work for kids with SPD who are over-responsive to sensory stimulation?

Children in the study were randomly divided into three groups. One group received OT-SI, another group received an alternative treatment, and a third group received no treatment. Children receiving therapy had two sessions of OT-SI or alternative treatment each week for a 10-week period. (Children receiving “no-treatment” and “alternative-treatment” were given OT-SI intervention after the study was completed).

Both the alternative treatment and the OT-SI treatment were based on a written protocol, and sessions were supervised to make sure the methods used were “true” to the principles of each type of treatment as measured by a pilot *Fidelity to Treatment Scale*.¹ In the OT-SI treatment group, clinical reasoning principles originally developed by Dr. Ayres and since enhanced by specialists in OT-SI were used with the children. Therapists served as coaches, educators, and role models for

parents, who participated actively in the sessions. In the alternative-treatment group, children chose from nine “play stations” and engaged one-to-one with an adult partner in games or activities of their choice (e.g., puzzles, pretend play, building, arts and crafts).

The results: Compared with children who received the alternative treatment or no treatment, the children who received occupational therapy with a sensory integration approach made statistically significant improvements on several key measures.² Striking changes were recorded on cognitive and social participation measures and in achieving parent priorities.³ Dr. Sarah A. Schoen, director of applied research for the SPD Foundation, calls the study “a significant cornerstone for the body of knowledge that is developing to answer questions about the effectiveness of OT-SI.”

So now we – we at the SPD Foundation, you as a professional or parent, and the entire community of health care providers – have scientific data about SPD treatment effectiveness. We know there is a treatment that is effective in producing improvement in children who are over-responsive. The study group was small – 24 children – so caution must be used in interpreting the results. Nonetheless, the research represents a milestone as the first scientifically rigorous study of the effectiveness of OT-SI that adhered to the four main requirements for a gold-standard RCT study:

- a carefully selected and homogeneous group of children (children who quantitatively measured positive for Sensory Over-Responsiveness);

- treatment with a specific protocol that was evaluated by a Fidelity to Treatment measure;
- meaningful and accurate results in identifying children with SPD; and
- adherence to rigorous methods (e.g., randomization of the study group and evaluators' not knowing which group the child was in).

How to Find Effective Intervention

Arriving at the research milestone inevitably brings us to the next question: "How do I find someone who can treat my child effectively?" and its counterpart for professionals: "How do I learn the methods and techniques necessary to provide effective intervention for SPD?"

The answers are interrelated: Parents find therapists who can treat their children effectively when these therapists have acquired the

advanced knowledge and training required for effective intervention.

Diana Henry, MS, OTR/L, author and president of Henry Occupational Therapy Services, says, "OT-SI is not something that occupational therapists learn in their university OT programs. Schools may provide a semester on different kinds of pediatric strategies, but very few universities actually emphasize this area. OT-SI is a specialty, and the specialists are therapists who have trained and been mentored in its theory and methodology after they have finished their degrees."

When I was a young OT, I had the privilege of being mentored daily by Dr. Ayres during a three-month training fellowship. Today, the University of Southern California and Western Psychology Services (WPS) – the publisher of Dr. Ayres' tests – continue to train occupational therapists in Dr. Ayres'

methods. Many OTs begin their advanced learning about OT-SI in these five-day courses, which also teach and certify OTs to administer Ayres' standardized scale, the Sensory Integration and Praxis Test (SIPT).

A host of seminars, conferences, and workshops also offer opportunities to learn more about OT with a sensory integration approach in a didactic setting with a lecturer and a class. The SPD Foundation in Colorado, the Spiral Foundation in Massachusetts, Pediatric Therapy Network in California, specialty educational companies such as Sensory Resources and Professional Development Programs, and prominent educators such as Carol Kranowitz, author and editor-in-chief of *S.I. Focus*, and therapist Diana Henry are among the sponsors and teachers of advanced continuing education programs. The educational

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Finding an OT-SI Specialist to Treat Your Child

If you're the parent of a child with Sensory Processing Disorder (SPD), the growing number of clinicians specializing in occupational therapy with a sensory integration approach (OT-SI) offers an opportunity but also a challenge: How to find one best suited to your child.

To start, learn all you can about SPD and OT-SI from any of the growing number of resources available, including:

- SPDFoundation.net – an extensive informational web site. Please see Our Library, where dozens of expert articles on SPD are on file.
- SIGlobalNetwork.org – the web site of SIGN, a volunteer organization dedicated to promoting the work of Dr. Ayres. A parent resource page is under construction.
- Seminars, workshops, or conferences such as the SPD Foundation's national and international symposiums and programs sponsored by clinics and other organizations dedicated to promoting and/or practicing OT-SI for children.

Once you understand the principles of OT with a sensory integration approach, ask questions.

- Go to www.SPDFoundation.net/directory, enter your state or city, and find a list of service providers near you. Professional members of the SPDF provide extensive information about their training. When you call prospective therapists, ask where their clinicians have trained, whether/where they have been mentored in OT-SI, by whom, and what their treatment strategy is.
- Call the occupational therapy or rehabilitation unit of your local hospital and ask for the names of local pediatric clinicians

who have been trained in OT with a sensory integration approach and then call and ask them about their practice.

- Call or email an occupational therapy program at a university near you and ask for suggestions or recommendations from the faculty member who teaches pediatrics or SPD assessment. You can find an accredited university program at the American Occupational Therapy Association's (AOTA) web site, www.aota.org
- Call AOTA at 301-652-AOTA (652-2682) and contact an OT from their Sensory Integration Special Interest Section who may be able to make a recommendation.
- When you interview clinics or clinicians, if you find they are not following a model based on what is known about effective treatment for SPD, say goodbye, and call the next name on your list. If you can't find appropriate services where you live, consider traveling to a location such as the STAR Center in Denver, OTA-Watertown or South Shore Therapy in greater Boston, or another clinic where intensive OT-SI treatment is offered for out-of-town clients.
- If your child is already in treatment with an OT or another professional who is a good fit but lacks OT-SI training, tell the OT about treatment effectiveness research and encourage him or her to take a Western Psychology Services/USC course in OT-SI and/or to be mentored at the SPD Foundation, the Spiral Foundation, or a similar organization.

The search for effective SPD treatment services can take time and energy. Now that we have scientifically sound evidence of what works, treatment is more likely than ever to be successful.

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programs provided by these and other sponsors are widely attended and provide an excellent basis for continued growth in the field.

In my experience, being mentored to become an advanced practitioner in OT-SI is the most critical and often overlooked aspect of training in this field. Mentorship goes beyond “book learning” and “continuing education” available in classroom and workshop settings to focus on the needs of the individual therapist “mentee” and the specific tools and methods *that particular* person needs to become an expert in OT-SI practice. Because training for mentees is individualized, it can be just as meaningful and constructive for an advanced clinician who has been practicing for years as it is for less experienced therapists.

Jane Koomar, executive director of OTA-Watertown in Watertown, Massachusetts, is a fellow advocate of mentorships as a high-level learning tool for those wishing to increase their level of intervention expertise. “Mentoring allows therapists to get direct feedback on what they’re doing in the clinical setting immediately,” she says. “There is simply not another learning model that provides this kind of education.” On my own first day of mentoring with Dr. Ayres, she directed me to spend 10 minutes of each hour asking her questions.

“If you don’t question me, you’ll never learn to question yourself,” she said. “If you don’t question yourself, you’ll never be a good researcher.”

Good researchers asking questions have brought us to a new

level of understanding about OT-SI treatment effectiveness. Of course, more research is needed! In the meantime, therapists who seek advanced training and mentorship are gaining the knowledge they need to provide intervention that the first rigorous study has indicated really does work. ♦

Lucy Jane Miller, Ph.D., OTR, is founder and executive director of the SPD Foundation and STAR Center. Dr. Miller is the author of nine nationally standardized assessments for children with special needs, 50 peer-reviewed articles and book chapters on SPD, and the book *Sensational Kids: Hope and Help for Children with Sensory Processing Disorder*.

REFERENCES

1. The scale was later refined by the Sensory Integration Research Group and published in research edition form (Parham, et al, 2007).
2. A complete report on the study protocols and findings was published in the March-April 2007 issue of the *American Journal of Occupational Therapy* and is summarized in the Fall 2007 SPD Foundation newsletter, *Sensations*.
3. Change in parent priorities measured by Goal Attainment Scaling including areas such as improving self-regulation and increasing self-confidence, self-esteem, and ability to play with peers or siblings.



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