

The Big Interview

Rachael Daniels, Occupational Therapist, explains how an SI approach can be used with older adults.

SI Module 1 Online

An update on the exciting developments with our online training.

SI from around the world

Ros Urwin shares details from her journey to Romania.

A day in the life of an SI-SLT

Alison Dear, Speech and Language Therapist, tells us how she began using a Sensory Integration approach in her practice.

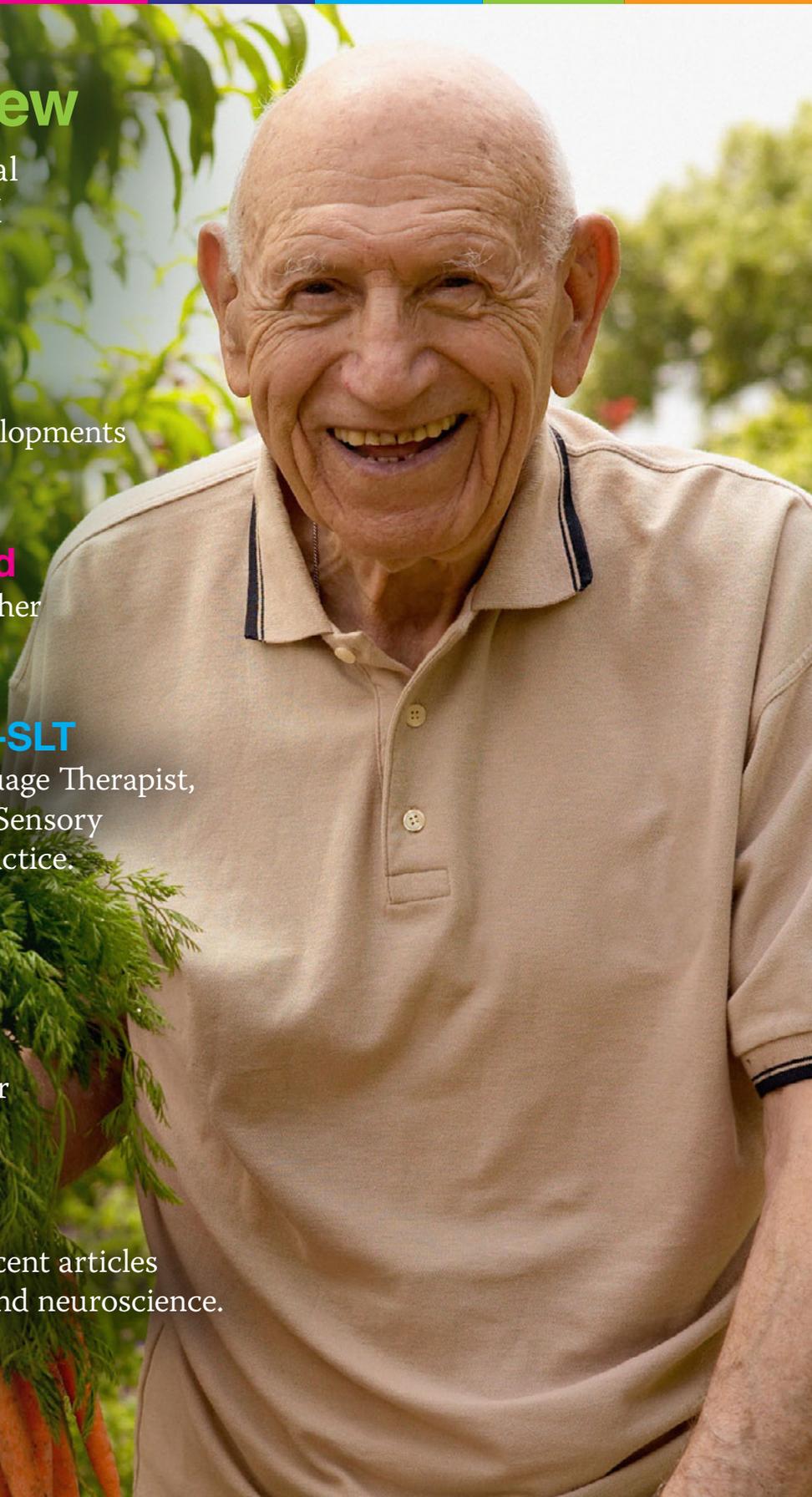
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Editor

Gina Daly 

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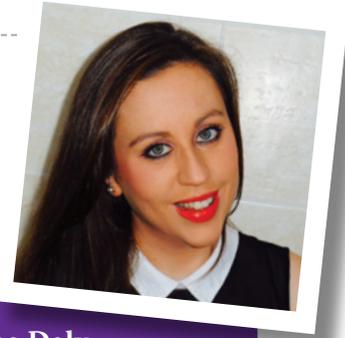
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Letter from the Editor



Gina Daly

Welcome Readers, both old and new alike!

As the year comes to a close, we present to you, our final edition of SensorNet for 2016. And you are in for a treat! I was describing SensorNet, recently, to a friend who had not yet read it, and I was asked, "So, how is SensorNet different from other clinical/therapy style magazines out there?" It really got me thinking just how diverse and unique this publication is through its projection of various themes related to Sensory Integration in each edition. Encapsulated in this, is the fact that SensorNet strives to produce the most up to date information on all things related to Sensory Integration including - happenings within the SI Network, the most recent SI research, specialist clinical training, and real life practice based articles to support clinicians and clients in their daily lives. Needless to say my friend was captivated and is waiting to get her hands on this edition!

The 1st of October 2016 marked the WHO International Day of Older Persons, which highlights the important contributions that older people make in society, while also raising the awareness of the issues and challenges of ageing in today's world. As a result, the theme of this edition is based on the use of Sensory Integration with

older adults. When thinking about Sensory Integration, the older adult client population is not often the first thing that springs to mind. However, this is an expanding and growing area of practice. After the popular training courses facilitated by the SI Network UK & Ireland "Applying Sensory Integration Principles with Older Adults", we felt it was apt to present to our readers how Sensory Integration can be used with this population and possibly inspire those who have not yet considered this approach.

The big interview features Rachael Daniels, an Occupational Therapist who shares with us how she has adopted a Sensory Integration approach with older adults. We catch up with Tamsin Jones and Carol Duff, Occupational Therapists who have extensive clinical experience and leadership in developing Sensory Integration pathways with older adults.

On the back of the Network's exciting news of launching Sensory Integration module one, we bring you the very latest developments from this project. A truly unique article written by Ros Urwin transports us to life in Romania and we learn how Sensory Integration has been utilized within a service that is very close to Ros's heart. We are always promoting the multidisciplinary use of Sensory Integration and fittingly, Alison

Dear's article on "A Day in the life of an SI-Speech and Language Therapist", documents how using Sensory Integration has become an integral part in her speech therapy sessions with clients.

Research is a core element to all of our professional practice and for service users it is important to be aware of the latest research developments, which can inform decision making. Kylie Holdback, shares her MSc Sensory Integration research project which was supported through the SI Network Research grants scheme. Also in this edition, Gemma Cartwright provides her regular research update, news from the ASI 2020 vision project is detailed, and we have the latest happenings from being out and about with the SI Network. We hope you will enjoy the offerings of this edition, so sit down, relax and catch up on things sensory!

With warmest thanks,

Gina Daly 
Editor, SensorNet

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The big interview: Rachael Daniels

Rachael Daniels is an Advanced Specialist Occupational Therapist (OT) who has worked for Somerset Partnership NHS Foundation Trust since 2002.



Rachael Daniels

SensorNet: What was your introduction to SI?

Rachael Daniels (RD):

Twenty-one years ago, one of my children (aged 4) was diagnosed with dyspraxia, then with sensory processing challenges when he was 10. I was a young mum trying to understand the challenges he was facing and our OT gave me a book called 'The out-of-sync child', which helped the family understand him at a new level. It was revolutionary.

SensorNet: How did SI become part of your work with older adults with learning disabilities?

RD: Prior to becoming an OT, I had 15 years' experience working in mental health, with older adults, young people, adults with learning disabilities and physical disabilities. As my understanding of sensory processing developed, I began viewing my professional work differently. My newly developing 'sensory goggles' gave

me another perspective on the challenges diverse populations experience. This motivated me to take it forward within my new adult learning disability OT role. I presented a service plan to my manager and began my SI training in 2006, becoming an Advanced Practitioner in 2012.

I see Ayres SI and SI approaches as valuable parts of my toolkit. The success of SI in the service I work in, has been humbling but sometimes I remind people we're an OT service not a SI service. I'm passionate about remaining true to OT; identifying occupational participation strengths and challenges and treatment goals based on this. In our small service, we work to a tight priority matrix, resulting in the majority of our work using Ayres SI and SI approaches with those who have highly complex needs, which includes self injurious and challenging behaviour. We also find SI approaches valuable in the

work undertaken with older adults attending our memory services. Increasingly we work with young adults coming to our service with a dual diagnosis of learning disability, dyspraxia and mental health needs.

SensorNet: What were initial reactions when you started practising SI therapy and have responses changed during your career?

RD: Initially there was scepticism and questions, from peers about whether there was an evidence base. Levels of understanding tend to fluctuate so I need to be ready to explain SI practice and research to consultants, Allied Health Professionals, parents or carers and service users, in the most appropriate ways.

Care providers initially thought SI was about fluffy stuff and sensory rooms. Once they started observing outcomes related to changes in engagement,

participation and reduction in maladaptive behaviours, with service users and staff having fun they came on board quickly. I feel the key to having successful outcomes is to educate and train staff to use effective and appropriate sensory interventions, enabling them to recognise those small adaptive responses. This in turn assists with analysing an individual's sensory processing needs.

The service has developed from carrying a few SI resources in car boots to working in a bespoke SI clinic, designed for adults and wheelchair users. The trust has been very interested and supportive in our developing work. We've had board members visit the clinic and I was invited to present at the Trust Recognition Awards.

SIT is now a recognised model of practice within ALD, Asperger's, the Psychiatric Intensive Care Unit and some areas of community mental health, to include some high-profile cases where SI approaches have been successful in reducing restraint. Older adult community and the in-patient unit is in development with two OTs attending the training last year. We hold SI peer supervision meetings, where there is the opportunity for non-SI trained OTs to bring cases we can support them with.

We've also received Trust Recognition Awards for our work, but we face similar challenges to other services, such as SI training costs and movement of staff, meaning loss of expertise. As a service we have to manage our business plan, together with

the expectations of our many stakeholders. A creative approach towards development is essential in today's financial climate of public services.

What is the most positive aspect of SI in your work?

RD: The people I work with and the changes to their lives, particularly when SI enables me to reach people with complex needs. One person had been self-injuring for years; she was blind in one eye due to a detached retina. After seven weeks of SI therapy at the clinic, staff training, changes made to her environment and implementation of sensory integration activities along with a personalised SI diet in place, she has now stopped self-injuring. Carers report this has been life changing for her and she is likely to keep the sight of her good eye. She is so much happier and staff approach has significantly changed for the better.

Presenting the care pathway we have developed in Somerset at the ESIC last year was a very proud moment. It encompassed all the service developments, to which we had a wonderful response including from Diane Parham.

SensorNet: How does SI support older adults within your service?

RD: Within Adult Learning Disability services there's a high incidence of dementia for adults with Down's Syndrome. I also offer consultancy to our older in-patient units and to the community services. We find SI approaches valuable for challenges with personal care, to include changes to vestibular processing affecting

hoisting and mobilising. It can help with calming and self-soothe strategies, especially for individuals experiencing distress and agitation, including pacing.

You work with a physiotherapy technician, can you explain how this improves outcomes for service users?

RD: Joint work with physiotherapy developed when I started receiving referrals for adults with profound intellectual and multiple disabilities. Carol Minty, the Learning Disability physiotherapy technician, has been working with me from the onset and her work has been invaluable ensuring safe practice in regard to positioning. Carol is highly skilled and taught me how to work hands-on with individuals. SI therapy with this population begins with passive movement and touch, building towards that all exciting moment of stepping into Ayres SI as that adaptive response is elicited starts the SI communication and scaffolding.

How does the physiotherapy role in SI differ from an OT role in SI?

RD: It's a complementary role rather than a different one. We know when to step in and when to step out, like a dance. The choices we make in terms of the work we do come naturally. Carol is very intuitive to people's needs.

SensorNet: You've recently completed your MSc in Sensory Integration, what were the main findings in your dissertation?

RD: To complete my MSc studies, I carried out a systematic review of the literature considering Ayres SI® as an Occupational

Therapy Intervention for Maladaptive Behaviours. Findings suggested that using Ayres SI®, in the treatment of maladaptive behaviours may increase independence, reduce carer need and improve occupational participation. The findings demonstrate positive outcomes in regard to increased occupational participation, which was positive to demonstrate how OT's can use their core skills to plan outcomes of Ayres SI therapy.

SensorNet: For therapists working with older adults, wanting to use an SI frame of reference, how could they start?

RD: The Pool Activity Level for sensory aspects is a good starting point. For people with profound difficulties, the STEP model looks systematically and holistically at sensory processing needs. The combination of PAL and AMPs, with an SI hat on, can be useful in terms of unpicking the challenges and engagement at the right level.

SensorNet: How did you go about developing the new clinic?

RD: The development process was terrifying at times. We needed to consider the structural elements of the Fidelity Measure and adapt parts of it to meet the varying needs of our service users to include those who had significant ASD needs and those who are not ambulant. We gained valuable input from other services with clinics about what had worked well for them.

We needed to have space and sufficient height for adults to move about, and to accommodate suspended equipment, which was suitable for adult weight. We've created a space that can be adapted to individual needs. Safety for service users, staff and ourselves have also played a role in choice and access to equipment, having storage directly off the room is invaluable when you need to calm the environment down quickly to accommodate increasing arousal levels.

For SI therapists what's your advice about professional development?

RD: Remain true to your profession – don't forget your core skills. Take time to consolidate your newly learnt skills between SI modules. When possible, access SI mentors, local SI networks and peer supervision groups, in addition to observing the art of Ayres SI therapy. During therapy take time to observe and wait for subtle adaptive responses and use therapeutic use of self to support modulation and play! I've learnt so much from the service users, carers and staff I work with, learn through trial and error but have fun along the way.



Rachael Daniels engaged in sensory rich play

Using Sensory Integration in mental health treatment

Carol Duff is a Consultant Occupational Therapist with over 24 years' experience of working of in mental health services in the NHS. She is currently working within the Lincolnshire Partnership NHS Foundation Trust Older Adult Mental health Service and also as a senior lecturer at the University of Lincoln.



Carol Duff, Consultant Occupational Therapist

Carol completed the Sensory Integration module 1 through the SI Network last year, to support the Occupational Therapists working in her trust to develop sensory pathways to guide their practice. Having trained in 1992 in York – going back and revisiting the detailed neuroscience and anatomy on the course was a steep learning curve. However it has given her a much greater understanding of the evidence behind the interventions and a greater ability to articulate how sensory interventions work for staff, patients and carers. Following completion of this course, although Carol felt she had a good grounding, she was still seeking clarity on the types of interventions she could use as well as specific evidence in relation to Sensory Integration and mental health. She completed the two day Mental Health and Sensory Integration training course run by the SI Network, which was facilitated by Kath Smith. Carol reported that there were many light bulb moments on this course – not only confirming the interventions staff in Lincolnshire were already using but also

expanding those possibilities. Her team had been struggling to find suitable assessment tools that could be used consistently whether the patient was able to self-report or required care-giver assistance and she received guidance around this at the course. Carol is now using this knowledge to support other Occupational Therapists and leads a sensory practice development group for other Occupational Therapists.

The main benefits which Carol reports, following implementation of the material from both of SI Network courses, have been with older adults on the acute wards. The Occupational Therapists on her team have been working in close collaboration with the ward team to increase their awareness of the impact that the sensory environment has on a client's behaviour. They have also been advising on how to use Sensory Integration interventions proactively to stimulate those with severe dementia and to reduce some of the behavioural and psychological symptoms of dementia, thus reducing the need for psychotropic medication. The Occupational Therapists have also been applying

the Sensory Integration approach with clients who have chronic and severe anxiety. This has been done by helping the team to understand a person's sensory profile and encouraging clients and staff to embed Sensory Integration activities through creating a sensory toolbox, which can assist in managing emotional regulation as part of their well-being plan.

Carol reports that creating awareness about the use of Sensory Integration with older adults has been challenging. However, they have made significant progress and as a result have won a £10k Innovation Fund Award to help with developing Sensory Integration Therapy further within the service. Carol has been using her knowledge and experience in Sensory Integration in her role within the University of Lincoln through raising awareness of the impact that Sensory Integration has on a person's mental well-being.

Using Sensory Integration with older adults

Tamsin Jones qualified as an Occupational Therapist in 2004 with a BSc (Hons) Occupational Therapy from Oxford Brookes University at Dorset House. She is trained as an Advanced SI practitioner, which she completed through the SI Network.



*Tamsin Jones,
Occupational therapist*

She currently works in Cornwall for a private Occupational Therapy practice providing assessment and intervention for individuals across the lifespan, which includes Sensory Integration intervention. Tamsin has been part of SI Network social media team for two years. More recently, she has started lecturing on the mental health and well-being course as well as the older adults courses. Tamsin tells us about how she began working with Older Adults and using Sensory Integration in her practice.

My interest in Sensory Integration and particularly with adults and later older adults with mental health difficulties started early on in my career. I was working in an in-patient mental health unit for adults and older adults where I met and was inspired by OT, Kathryn Smith. Kathryn was using Sensory Integration approaches with adults with severe and enduring mental health conditions. Sensory Integration was being used to help clients better manage and carry out everyday tasks. The Occupational Therapists supported

the clients to learn and develop improved ways of managing levels of arousal i.e. asleep, awake, calm/alert, anxiety, distress and even 'shutdown' (dissociation in mental health). This was done by finding out the individual's unique sensory processing system and then using sensory strategies to help them function more efficiently. On the older adults unit, Kathryn Smith and I designed a specialist sensory room, which was funded through a capital bid application. The room was designed to stimulate the primary senses of touch, taste, sight, sound, smell and movement. The essence of sensory therapy with the elderly is to support and allow individual's time, space and the opportunity to create their own ideal sensory space. This allows the individual to enjoy the environment and its sensory components at their own pace, free from unrealistic expectations of others.

In 2007, I began my Sensory Integration training and completed the Sensory Integration Advanced Practitioner module 4 earlier this year. This training enhanced my clinical reasoning skills and further motivated me to learn more about

Sensory Integration. Problems with balance and falls are a serious issue when working with older adults. To address these difficulties, I have applied Sensory Integration in the memory assessment team, through using the Sensory Integration and Praxis Tests (SIPT). My assessment has supported diagnosis development, along with uncovering particular sensory processing difficulties which may be resulting in an individual's loss of balance. I have been involved in leading the application of Sensory Integration strategies, such as movement groups, gardening, walking, and yoga/Pilates with various clients. These activities enhance vestibular processing as well as supporting and helping to maintain mental health.

When using a Sensory Integration approach with older adults, education for the staff members is very important so that they can understand the person's unique sensory profile. Staff members are often the people assisting clients to complete sensory programmes on a daily basis, so it vital that they have an understanding as

to why these strategies are being used. I often utilise sensory ladders and sensory bags/boxes when devising programmes for older adults. The sensory ladders help individuals to understand their own sensory regulation and the sensory bags/boxes provide the individual with the opportunity to collect various types of sensory items, which can provide visual, oral, tactile, olfactory and movement type sensory experiences.

Some challenges of applying this model of practice when working with older adults are the limited literature and evidence base. Additionally, dementia and other organic conditions such as MS are degenerative, with individuals gradually losing function. However, as Occupational Therapists we can use this approach to reduce the amount of restraint and seclusion used in in-patient settings, the

use of psychiatric medications, challenging behaviours, and in the prevention of falls. Sensory Integration can be utilised to increase functional ability, communication as well as enhancing quality of life through anxiety and stress reduction. These outcomes are all significant particularly for family members and can add to a person's overall occupational engagement, which is ultimately what we strive for.

Ayres 20:20 Vision

The following provides a summary of the current status of the 3 main goals of the ASI 20:20 Vision project:

Goal 1

- The goal to identify 100 published scholarly journal articles is well on its way!
- To date, 32 papers have been reviewed and accepted and are listed on the website (<https://sites.google.com/site/2020asivision/home/goal-1-scholarship>)
- Over 400 individuals from around the globe have been participating in reading and reviewing papers; another set of papers will go out before the end of the year.

Goal 2

- The goal to develop a set of tests, which will provide a comprehensive, psychometrically sound, accessible and internationally normed way to assess sensory integration functions is also on track!
- To date, 20 measures have been developed. The tests have been constructed in "sets" in order to determine discriminative validity through US based pilot studies, prior to normative data collection.
- Pilot studies are currently underway for 4 tests of tactile perception, 4 tests of praxis, and 6 tests of vestibular and proprioceptive related functions.
- Field testing is underway for the final set of tests, which includes visual perception, visual praxis, auditory discrimination and sensory reactivity.
- Many other studies are underway in various countries to determine other aspects of validity, reliability and cultural adaptations.
- International normative data collection is scheduled to begin during 2018.

Goal 3

- Efforts to develop international standards for education and training in ASI were formally launched in January of this year.
- Multiple Sensory Integration organizations from around the world are collaborating and will establish a coordinating body to develop educational standards and processes for identifying comprehensive educational programs in Ayres Sensory Integration.

Online Learning from the SI Network

It's been a busy few months for the SI Network's online learning development team as the first stage of the modular pathway, SI 1 Online, goes live in 2017.

One of the unique aspects of the e-learning for the modular pathway online is the provision of e-mentors. Every student will have a named e-mentor who will facilitate their individual learning needs through online forums. This will also facilitate engagement with peers through a community of fellow students and e-mentors, so that they share the learning journey together. The inclusion of e-mentors in the module ensures professional and academic support, which has mutual benefits for both e-mentors and the mentees throughout the programme. SensorNet caught up with project manager, Penny Stewart, and two of the e-mentors, to find out more.

SN: How were the mentors selected?

This was done through a rigorous process. We had 20 applications and we shortlisted 10. The 10 e-mentors are going through a comprehensive training programme to develop their mentoring skills. They are an experienced group of SI practitioners and possess a good range of skill sets. This group contains Occupational Therapists and a physiotherapist, specialising

in paediatric disability, learning disability, child and adolescent mental health to name but a few. They are very committed and passionate about supporting other practitioners in developing their skills as Sensory Integration practitioners.

SN: What is the role of the e-mentors?

Online learning can be a rather lonely experience and so we were clear from the outset that we needed to establish a learning community. The e-mentors are a huge part of that. Their role is to facilitate the learning. It's important to point out that the mentors do not need to be working in the same line as the students. The learning and knowledge of the content will be online, while it's the application of the knowledge that students will need guidance on and our e-mentors have first hand experience and knowledge of this. The e-mentors are not there to teach but to support and facilitate the experience. It's very much a two-way relationship.

The e-mentors preparing for the SI 1 online students at a recent training event



From left: Rosalind Rogers, Sylvia Taylor Goh and Penny Stewart (The lead developers of the SI 1 online course)

SN: How will the mentoring scheme work?

We will be linking each e-mentor to a group of mentees – each person doing a course will be part of a group assigned to an e-mentor (roughly 15 to 1).

SN: How will the mentoring work?

There will be forums for the groups to share and discuss their work with their mentor. They will be set tasks to do e.g. application of the theory that they are learning that they can then share with others in their group, if struggling with content they can also discuss that. The forums can be logged in to at any time so people can log when they are ready. There is a twice-a-week commitment for mentors to log-in. There will not be 1-2-1 mentoring. It's an exciting venture and one we are going to monitor closely, so watch this space!



E-Mentor - Natalie Power, OT Manager (Temp) for Linn Dara: Child and Adolescent Mental Health Services, Dublin, Ireland.

“ I am really delighted to be part of the e-mentoring team. During a recent trip to London for training we were introduced to the e-module and it looks great. The module team has done fantastic work. I started the SI modular pathway about six years ago. I am an Advanced Practitioner in Sensory Integration and I am currently on my second research module via Ulster University. I hope to have this finished at the end of year. Having been through the Modular Pathway, I feel I can draw on my own personal experiences, in order to advise and support the students.

Personally I think the online learning is a really positive move. Those five days in residence on a course are incredibly intense. The online learning means you can learn at your own pace and also adapt to your own learning style. It also means you can break it down into manageable chunks. I feel it

helps prepare the students more, it gives you much more time to digest the information, discuss and put into practice. Having an e-mentor from Day 1 will be such a fantastic support. I can recall feeling “stuck” on occasions when reading or completing my module assignments at home and would have benefited greatly from the support of having an allocated mentor and peer network to interact with. When I was completing module 4 we were allocated a supervisory mentor and I must admit this process greatly enhanced my learning and confidence.

As e-mentors we will be the first line of communication for students and will act as a link between students and the module team if needed. Our role will consist of monitoring student progress, responding to online discussion and ensuring it’s a creative and inspiring learning



*Natalie Power,
Senior Occupational
Therapist and Advanced
Practitioner in Sensory
Integration*

environment enabling students to organise their thoughts and enhance their clinical reasoning. I think the e-learning process and access to e-mentors will really assist students not only to acquire new knowledge but to ensure that students learning can be integrated into everyday practice. I can’t wait to get started now!”

E-Mentor, Moyna Talcer, Occupational Therapist (Private)

“

I started SI 1 module when I was working with adults with learning disabilities and later went on to complete the full Modular Pathway. This process has been revolutionary for me in my practice and most certainly deepened my clinical assessment and reasoning skills. Working with young people with severe Autism Spectrum Disorders and Dyspraxia, I felt this knowledge gave me the missing link to unlock their potential through the application of effective SI therapy.

I have been working for the SI Network for a few years now as an SI4 mentor. I love this role and it seemed like a natural next step for me. Having been through the Modular Pathway myself, I understand how important it is to complete the pathway fully in order to really develop your clinical practice. Now having been chosen to be an e-mentor for the SI 1 online course, I feel really privileged and honoured to be a supportive and nurturing part of the new generation of SI Therapists. I too have experienced online learning when I did a photography diploma, and having an online mentor was a key part of the process, so hopefully I can bring some real life experience to the role.

I see that the role of an e-mentor is to be a 'critical friend', to help facilitate the students to deepen their knowledge and support them to develop their own confidence to find the answers. I also believe it is vital that the group support each other as they work together through the module, this will be another key part of my role. Participants will all be experienced in their own right, this first step of their SI journey is about them building their clinical skills and confidence in their own abilities to be great therapists.

I think the biggest challenge we will have as e-mentors, is to be able to read between the lines and do our best to adapt to different learning styles and learning needs; everyone learns differently. Having dyslexia myself, I can bring my experience and understanding of how to support learning from different perspectives and to adapt to different learning styles as required. All of us understand that the modules are hard work, but this professional e-mentoring forum will provide a supportive and nurturing environment in which everyone can thrive. I get immense satisfaction out of being a mentor and playing a key part in people's learning journey, to see them develop and move forward and build on both their clinical expertise and their confidence is very satisfying and I am truly honoured to be able to be part of their learning journey. To be with them from Day 1 will be fantastic!



*Moyna Talcer, Occupational
Therapist and Advanced Practitioner
in Sensory Integration*

SI from around the world: Sensory Integration in Romania: Making Connections



Ros Urwin

Ros Urwin (Occupational Therapist and SI Network Lecturer) kindly shared a summary of her recent trip to Romania, where she reflected on how Sensory Integration has developed and evolved. She had the opportunity to meet and work with Dr Marinela Rata, Senior Lecturer to Vasile Alecsandri University of Bacău, in the Department of Physical Therapy and Occupational Therapy. We hear about the inspiring work she completed through using a Sensory Integration approach.

Ros Urwin has visited Romania seven times with The Libra Foundation, a charitable organisation which takes UK and Romanian university student volunteers to work with disadvantaged young people in Romania. Within this organisation, Ros works both as a therapy trustee and a group leader. She participates in the annual two week summer integration projects with the student volunteers. During these projects she works with children and young people

with learning disabilities, Autism Spectrum Disorder and emotional and behavioural difficulties in a rehabilitation residential centre. The Libra Foundation works with two therapy projects in Onesti (NE) and near Brasov. Prior to Ros's involvement, The Libra Foundation identified many children with sensory processing difficulties, and it was from here that Ros offered her skills both as an Occupational Therapist and as an advanced Sensory Integration practitioner.

Ros reported that finding a way to work with over 100 young people with minimal resources tested her resilience and resourcefulness! The challenge was to identify effective ways to engage and work with this group through sustainable techniques that the carers and key staff could implement once they had left. With minimal language and translation, the challenge was to engage those children who were isolated with more profound difficulties with more pronounced difficulties and challenging behaviour. The key was sensory!



The SI clinic developed by Marinela Rata within Bacău University OT department.

Ros brought a gym ball, body sock, hand massager (vibration) and a tactile bag with her from the UK to Romania. After four days of working with the children through 1:1 sessions and through groupwork, Ros began to observe some positive changes in their behaviour. The young people were taking turns, engaging and participating in a range of activities which hadn't been seen before. The therapy during these summer projects focused on providing tactile, proprioceptive and vestibular input to be used as part of activities. Ros acted as the floating therapist between the various groups which were being facilitated by the volunteer students. Led by Ros, a small therapy room was made with tunnels, safe spaces, and active

resistive areas. This space was found to engage the most disruptive of children to attain and maintain self-regulation and to find the 'just right challenge' which then allowed for occupational engagement. As time progressed, the volunteer students became more confident in supporting the children to engage, participate and develop communication and relationships. In between the summer projects, therapists with Sensory Integration expertise have joined Ros (Ciara Fitzgerald and Chloe Wright) to raise awareness and work with key staff on developing sensory awareness. They have been invited back to deliver Sensory Integration information seminars to the multi-disciplinary teams.

Ros reported:

"Occupational Therapy is a young profession in Romania with the first graduates in 2014 from the Occupational Therapy degree course at Bacău University. I was delighted to connect with our Spanish Occupational Therapy colleague, Isabell Beaudry, SI Network and ICE-ASI contact, who was in Bacău to deliver a Sensory Integration course in 2015. Through introductions, the Libra foundation and I, met with Dr Marinela Rata in April 2015 and followed up with a visit to the University this April. A collaboration is developing to bring Occupational Therapy and Physiotherapy student volunteers from UK Universities (Bournemouth & Southampton) to the therapy projects and link with their fellow students at Bacău University".



New body squeeze machine with a psychologist volunteer helping a beneficiary – proved both effective and popular.



UK student and Ros Urwin working together with a young beneficiary in the adapted, SI' room on UK Ambassadors visit.

Sustainability has to be the key and collaboration in this process. The UK Ambassador to Romania, Paul Brummell, spent a morning with the Libra project during Ros's last visit. The students and beneficiaries opened the sensory room which had been adapted, built and equipped (with the residents' help). Two more Advanced Sensory Integration Practitioners joined the therapy projects this year, Sean Farrow and Sarah Nicholas, so the projects continue to grow and develop each year. In Bradet, there are developing opportunities for engagement in living and vocational skills to provide a future for these youngsters into adult life. Sensory Integration



has been the thread that has made wonderful connections for the young people, the student volunteers and key staff in two Romanian rehabilitation centres.

Visiting Dr Marinela Rata (on left) at Vasile Alecsandri University of Bacău, Department of Physical Therapy and Occupational Therapy with (from 2nd left) Virginia Darley, Libra CEO, Dr Saffron Scott, Senior Lecturer/ Joint Programme Lead, Occupational Therapy programme, Bournemouth University and Ros Urwin, Therapy Trustee, Libra Foundation.

Dr Marinela Rata also shared her views on SI in Romania with SensorNet:

"My interest in the sensory field, started from 2004, when I applied for a research project which aimed to examine the implications of physical exercises and its applicability in autistic children. This project offered me the opportunity to participate in the course: The Effect of Sensory Integration on the Autistic Child, developed by the Sensory Integration Network UK, in Bournemouth in 2007. Since then, my involvement in this area has become more consistent. I gathered material about the groundwork of Sensory Integration intervention and I created a sensory room within Vasile Alecsandri University in Bacău. As a vice-president of The Professional Association of Occupational Therapy in Romania,

I facilitated the implementation of a short introductory course within our university, coordinated by Isabelle Beaudry MsOT, OTC (Spain), and Mary-Margaret Windsor, SCD, OTR/L (USA). Isabelle introduced Rosalind Urwin to me, who was involved with the Libra Foundation, establishing a positive collaboration. Our long-term objectives include

structuring a conference. To develop students involvement in activities where they could work with the beneficiaries of the centres in Bacău region was our aim. In the future, we really want to develop a programme of learning and teaching Sensory Integration, with the support of the Sensory Integration Network UK & Ireland".



The Libra Team with Students, Romanian student volunteers, Save The Children Fund local volunteers and leaders, including Sean Farrow, Advanced SI Practitioner (2nd left at back)

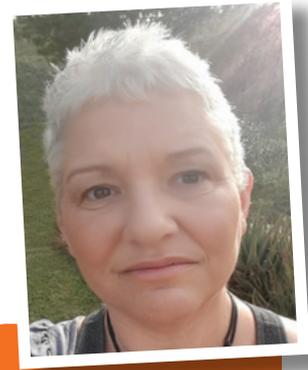
Lecture notes: Julie Cole

Since 2004 Julie Cole has worked for Devon Partnership NHS trust (DPT) in an older adult community mental health team. To this, from the date that she qualified as an Occupational Therapist in 2000, she has worked on in-patient wards specializing in physical rehabilitation, predominantly for an elderly population.

Whilst developing a dementia care pathway for DPT, the lack of effective non-pharmacological interventions for dementia, which are indicated by NICE as the first line approach in treating behavioural and psychological symptoms, was acknowledged. A colleague working on an in-patient unit had already attended the “Applying Sensory Integration Therapy Principles with Older Adults” course and was finding that integrating a sensory perspective with dementia clients was yielding benefits. On this basis, Julie and her colleague Vikki Marks, another Occupational Therapist in the team were funded to attend the course.

The Course

Course participants were predominantly Occupational Therapists but other professions were represented including activity coordinators from residential care settings. Material was disseminated through Power Point presentations, group discussions and practical activities. It culminated in a memorable case study demonstrating how Sensory Integration was delivered in a highly individualized way for someone with distressing symptoms arising from a Lewy Body Dementia. The course provided a good basic introduction to applying Sensory Integration principles with an elderly population. Both DPT therapists felt that they had gained the confidence to explore topics in further depth through self-study. The presenters demonstrated enormous enthusiasm for the



Julie Cole

Course: Applying Sensory Integration Therapy Principles with Older Adults

Presented by: Tamsin Jones BSc (Hons) OT; Kath Smith, BSc(OT)

Date: June 2016

Location: Birmingham, UK

subject matter. They pitched the course content appropriately and gave competent and considered responses to questions. The course manual is well designed and an additional literature resource list was emailed to participants following the course.



Course participants getting hands on with sensory materials.

SI Network academic year 2015-16 report



*Greg Kelly,
Course Director*

Greg Kelly, Course Director of the Postgraduate Certificate/Diploma/Masters in Sensory Integration from the School of Health Sciences in Ulster University provides a round up of the SI Network academic year.

Key Achievement Facts

- 337 students enrolled on SI 1: the pass rate was 79% (of those who submitted assignments).
- 107 students enrolled on SI 2/3; the pass rate was 96% (of those who submitted assignments).
- 34 students enrolled on SI 4; the pass rate was 91% (of those who submitted assignments).
- 162 students were awarded the Postgraduate Certificate in Sensory Integration, 11 with Commendation, 43 with Distinction.
- 3 students were awarded the Postgraduate Diploma in Sensory Integration, 1 with Distinction.
- 3 students were awarded the Masters in Sensory Integration, 1 with Distinction.
- 3 students chose to utilize the profession-specific Advancing Pathway route and were awarded an MSc in Advancing Practice (Occupational Therapy) one with Distinction
- 12 students are currently completing their Masters in Sensory Integration

Student Satisfaction

Feedback from students who completed the online Student Survey on the Quality of Teaching continues to be very positive.



Sensory Integration Network UK & Ireland Awards

Prizes were awarded for:

- The 2015-16 Sensory Integration Network Award for Outstanding Student on the Postgraduate Certificate in Sensory Integration – Giannella Attard
- The 2015-16 Sensory Integration Network Award for Outstanding Student on the Postgraduate Diploma in Sensory Integration – Ciara Feehan
- Thirty nine students who passed SI 1, 2/3 and 4 were awarded Advanced Practitioner status.

Communication Update on Ulster University Course Team

We would like to thank Maria Giatsi Clausen from the University of East Anglia who has resigned as External Examiner. We would also like to welcome our new External Examiner, Vicky McQuillan, Lecturer in Occupational Therapy at University of Liverpool. She is an Advanced Practitioner in Sensory Integration and was the academic coordinator for the original Sensory Integration postgraduate programme at the University of Liverpool in partnership with Sensory Integration Network from 2002-2007.

SI Network Student Awards 2016

Each year, the SI Network recognizes a group of outstanding students, who not only exhibit academic excellence, but also serve as ambassadors for Sensory Integration. SensorNet chatted to this year's two outstanding students.



Ciara Feehan

Ciara Feehan was recently awarded the “Outstanding Student of the Year” award by the SI Network for achieving the highest marks on completion of her Postgraduate Diploma in Sensory Integration. She is currently working within the Southern Health and Social Care Trust in Northern Ireland, as an Occupational Therapist within an Adult Learning Disability team.

Ciara draws on her Sensory Integration expertise on a daily basis within this role. However, this area has brought many new challenges in terms of practising Sensory Integration. Working collaboratively with individuals with severe challenging behaviour along with limited resources, has forced Ciara to ‘think outside of the box’ in terms of how she provides Sensory Integration. Ciara has kindly shared an insight into how her career has progressed since she graduated and how she came upon using a Sensory Integration approach in her work.

Ciara studied Occupational Therapy at the Jordanstown campus of Ulster University from where she graduated in 2008. Initially, she began working on the Physical and Sensory Belfast Trust team in an Occupational Therapy rotational post. Ciara’s role comprised working within an integrated community care team with adults aged 65 and over. As Ciara’s career progressed, she gained experience in an acute mental health in-patient unit, working with both male and female patients aged 18-65. Following on from this, she worked

in Musgrave Park hospital, on an inpatient Care of the Elderly unit. She was responsible for the assessment, treatment and discharge planning of elderly patients (65+) within a fracture ward, intermediate care ward and a general rehab ward.

Ciara always had an interest in the area of Autism and after two years of working within the Belfast trust she took up a post within the Louth Autism team in Ireland. She worked within a multi-disciplinary Autism screening, diagnostic/ assessment and intervention team with children aged 0-18 years. She was the sole Occupational Therapist working on the ASD team, which covered both diagnostics and intervention. It was here that Ciara developed her keen interest in the area of Sensory Integration. She was often required to complete Sensory Integration assessment and treatment. In addition, there was an excellent Sensory Integration treatment space with a range of suspended equipment, which gave Ciara the encouragement to complete the specialised Sensory Integration training, so that she could make best use of the facilities with

her clients. As a result, she decided to embark on the Sensory Integration training pathway facilitated by the SI Network (UK & Ireland). The training ensured that she was competent and safe to practice within the specialist field of Sensory Integration. It was through completion of SI module 4, that Ciara was instilled with confidence as a Sensory Integration practitioner. Each of the four modules provided her with a unique skill set of Sensory Integration theory, assessment, intervention planning and outcome evaluation which all culminated in SI Module 4.

Ciara completed a poster presentation based on her SI 4 case study on behalf of the Sensory Integration Network at the COT show and the European SI conference in Finland amongst others. It is Ciara’s ambition to complete her Master’s dissertation on ‘The impact of the home environment on individuals with ASD and sensory processing difficulties.’ We wish her the best of luck as she continues to progress through the Sensory Integration modular pathway and look forward to hearing about her upcoming research.

Giannella Attard was also awarded the “Outstanding Student of the Year” award by the SI Network for achieving the highest marks on completion of her Postgraduate Certificate in Sensory Integration.

Giannella graduated with a Diploma in Occupational Therapy in 1995, from the School of Occupational Therapy in Malta. As well as working in a variety of clinical settings, Giannella also worked as a learning support assistant in schools. This experience enriched Giannella’s knowledge regarding the difficulties children with special educational needs face within educational settings. The limitations teachers encounter to facilitate recommendations suggested by Occupational Therapists and other professionals became apparent during her work as a learning support assistant, which led her to study an MA in Special Needs Education. For her dissertation, she conducted research into the area of understanding inattention, hyperactivity and impulsivity from both an ADHD and SPD perspective. This enhanced her interest in the area of Sensory Integration and led Giannella to start the Sensory Integration pathway with the SI Network in October 2015. She has since completed SI modules 1,2 /3, thus achieving the Sensory Integration practitioner status.

Giannella highly recommends the Sensory Integration modular pathway to any therapists thinking of taking such training. She reports that the knowledge one gains from such training is well worth every penny and effort. She reports that although module 1 is very theoretical, modules 2 and 3 put all the neuroscience previously learnt in module 1 into practice by being more hands on, and providing training in the use of the SIPT, diagnosis and treatment planning.

Although, Giannella has always used sensory strategies within the classroom, she felt that she lacked the in-depth neurological knowledge as to why specific strategies would be recommended/used and beneficial. The SI modules have increased her knowledge academically, in addition to her clinical practice. Giannella has developed assessment skills allowing her to understand the underlying cause for certain behaviours and learning difficulties experienced by children and is now able to devise effective treatment plans based on the specific areas of needs. Giannella reports that the greatest barrier in conducting Sensory Integration



Giannella Attard

therapy is not having adequate space/premises available. However, as an Occupational Therapist, she often draws upon creative and innovative thinking in order to utilise the available resources effectivity.

At present, Giannella has returned to her home country of Malta after six years living abroad. She has been offered a job as an Occupational Therapist in one of Malta’s resource centres where she will be working with adolescents. There is a well-equipped multisensory room available which she is looking forward to using following her specialised Sensory Integration training in the UK. Giannella is intending on spending time consolidating her learning through using a Sensory Integration approach within her clinical practice. She intends to continue completing study within the area of Sensory Integration.

SensorNet would like to thank and congratulate both Ciara and Giannella on their “Outstanding Student of the Year” awards and wish them the best in their careers.

A day in the life of an SI-SLT

My name is Alison Dear, I've been a practising SLT for nearly ten years. I joined the SI Network in 2011, and am now in the final year of my MSc in SI with Ulster University. I work with young people with severe learning difficulties aged between 11 and 18 years at Woodlands Special School in Luton. Many of the pupils have a diagnosis of Autism Spectrum Disorder.



Alison Dear

How did you become involved with using SI as an SLT?

I was supporting a class team to introduce a communication book. The aim was to reduce a pupil's need to use challenging behaviour to communicate when he wanted to leave the classroom. Although there was a reduction in incidents, the team felt that sometimes he was not able to use his communication book as he seemed overwhelmed by 'everything.' At the same time, when attending training in supporting learners with autism, I heard first-hand accounts of their different sensory experiences. I wondered if this was the 'everything' that was overwhelming my client and that reduced his communication skills when he needed them most. Internet searching revealed the Sensory Integration Network and a fascinating world.

How do you incorporate SI into your clinical work?

I have a training role across the school. Part of this is to raise awareness about the impact of sensory integration difficulties on communication skills. I also work directly with a small number of pupils. Priority is given to those pupils who have not responded to the communication and

sensory strategies implemented by teachers and continue to present either with persistent challenging behaviour or passivity and prompt dependency. For these pupils, a more detailed assessment takes place and, if sensory difficulties are indicated, a block of Ayres Sensory Integration Therapy forms part of their SLT provision.



How do you feel an SI approach benefits your therapy with clients?

Firstly, assessment and documentation of their difficulties is a benefit as this provides an explanation to school staff and carers as to why some times of the day or particular activities result in either challenging behaviour or extreme passivity. Without this explanation, their behaviour may be regarded solely as task avoidance. In terms of evidence of the benefit of ASI therapy, feedback is requested from both teachers and carers. In addition, the school has an excellent system of recording challenging behaviour and the number of incidents pre and post therapy can be seen. The school is currently trialling an assessment that measures the degree of prompting needed in a variety of tasks that require spontaneous functional communication. I am very hopeful that this will also provide a measure of effectiveness.

How did the SI training through the SI Network assist you in your practice?

Quite simply if I hadn't had the SI Network training I wouldn't be a safe and effective practitioner. I think the SI4 mentoring process was particularly beneficial in my development from an SLT with an understanding of SI to one where I could use ASI therapy to develop

communication skills.

What is your advice for SLTs looking to start using an SI approach?

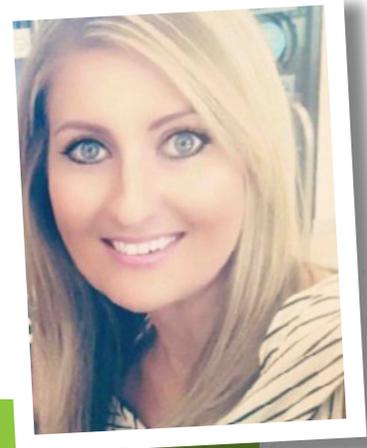
Begin the SI modular pathway! I think it is fantastic that SII is now available online and would stress that it isn't just relevant to SLTs working with a learning disabled population or those with autism. If you need research evidence for funding from your employer, papers are available on the SI Network website. The pathway is not always easy but excellent support is available and you never know where it may lead.



These pictures show one of Alison's pupils during an SI session

“What is the impact of Sensory Integration therapy on families of children with Sensory Integration difficulties?”

Kylie Holdback completed a research study as part of her MSc under the supervision of Dr Daniel Kerr, which has not yet been published, based on the impact of Sensory Integration therapy on families. In this article, she presents her findings and shares her learning from the research study.



Kylie Holdback

Background:

Sensory Integration (SI) therapy has been proven to be an effective treatment for developing functional abilities in children. However, there is limited research exploring its effects on the whole family unit.

Aims & Objectives

- To use a qualitative approach to explore parents’ point of view of the impact of SI therapy.
- To engage parents in semi-structured interviews to understand their experiences, and evaluate the overall effect on family.
- To collectively examine the data obtained and establish emergent themes, which assess the impact of SI therapy.

Methodology

A purposive sample technique was used where participants were recruited through independent therapists practising SI therapy, by advertising on the SI Network discussion forums, and social media pages. Table 1 outlines the inclusion criteria for the study.

To ensure the SI therapy undertaken met the inclusion criteria, the SI fidelity measure (Parham, Cohn, Spitzer et al, 2007) was adopted by the therapists in the study. Eight participants were recruited however, one participant withdrew due health difficulties,

Table 1: Study inclusion criteria

1	Children aged between 4 and 10 years during therapy.
2	Children to have been diagnosed with some type of SI dysfunction as measured by a standardised or normative assessment such as SIPT/ SPM/ Sensory Profile.
3	Children must have been assessed and treated by an independent therapist with post graduate training in SI.
4	The therapy received must fulfil all the elements outlined in the SI Fidelity Measure.
5	At least 10 sessions of therapy completed, with one session per week or more.

and another was withdrawn as the therapy provided did not fully meet the criteria. Six participants were therefore included. Table 2 provides an overview of the participants' characteristics, and their family make up.

In-depth semi-structured interviews were completed with participants, with an interview framework being used to guide the discussions. All interviews were audiotaped and transcribed verbatim for analysis.

Findings

Emerging key themes could be grouped into two main outcomes, these were Parental Changes and Family Life Changes.

Discussion

It is clear from the findings that SI therapy has wider benefits and implications than just improvements in functional abilities and behaviour for the child. Family life was changed positively through the child's participation in SI therapy, which included an increase in family social experiences and activities they could access together, and improved daily life routines such as mealtimes and the morning routine.

SI therapy enabled parents to develop their understanding of their child, and develop new skills, which in turn developed their confidence as parents and validated their previous experiences.

Table 2: Study Participants

	Interviewed:	Child's age & gender	No. of siblings	No. of sessions	Freq. (weekly)
Child M	Mother	6 yrs Female	1	12	1
Child J	Mother	7 yrs Male	2	10	1
Child I	Mother	6 yrs Male	0	16	1
Child F	Mother	8 yrs Male	0	20	2
Child H	Mother	8 yrs Male	0	30+	2
Child N	Mother	10 yrs Male	1	12	1

Parents also identified that the development of skills and strategies enabled them to feel better equipped to deal with their child's behaviour, enhancing family life. Similar findings have been identified by previous studies where parents valued the support, information and strategies learned to enhance their parenting (Cohn, 2001). This implies that the education of parents, as part of the SI therapy process, is a crucial element to support the successful transition of functional gains and organised behaviour into the environments, and contexts within daily life as a family.

In comparison to previous research, this study has clearly defined and specified the therapy provided, which was an apparent flaw of previous research that ultimately affected the transferability of the findings. This study is currently the only research to have been undertaken

that is specific to SI therapy, when compared to previous research which detailed approaches from SI theory. This study therefore adds positively to the overall literature of the impact of SI approaches on family life, but more specifically provides a new understanding of the impact of SI therapy on families of children with SI dysfunction. The findings have specifically documented the inter-relationship between parental changes, and the positive impact this had combined with functional gains in the child, to access leisure and social pursuits as a family.

Limitations

- Small sample size
- Participants elected themselves and therefore were more likely to provide a positive experience of SI therapy, leading to positive research findings.
- Interviews were conducted with mothers only due to timings of the interviews.
- Only one interview was conducted with each participant, the undertaking of multiple interviews, could have provided richer data.

Conclusion

As a result of their experience of SI therapy, parents were able to make positive changes that appeared to greatly impact on family life. Due to an improved understanding of their child's behaviour, parents were able to learn skills and strategies to manage their child's difficulties, which led to an increase in the leisure and social activities the family could access, as well as improving daily family life. Parents also identified that their confidence with how to parent their child effectively had increased.

References:

SI NETWORK OUT & ABOUT

We will be at the OT Show at the NEC, Birmingham on 23-24th November on stand H25 so if you're there too, come and say Hello!



SI Grant Awards are available from the 1st January every year. To find out more visit the research section of the website 

Research Grant Update

Dr Tanya Rihtman is a Senior Lecturer in Occupational Therapy at Coventry University, with over twelve years of clinical experience working with children with developmental delays. Her research interests include the identification of factors affecting the developmental and participatory profile of children, with the aim of providing the earliest possible interventions to prevent longer-term functional deficits.



Dr Tanya Rihtman

Tanya's PhD research focused on the developmental effects of intra-uterine exposure to anti-epileptic drugs (AEDs). The findings from this study demonstrated that, even in the absence of the more severe congenital anomalies sometimes associated with intra-uterine AED-exposure, a risk of subtle developmental delays exists amongst AED-exposed children.

Since completing her PhD, Tanya has been coordinating a number of studies including an SI Network (UK and Ireland) funded study into the relationship between sensory, behavioural and motor measures amongst young children. In her academic role, she also engages in a range of multi-disciplinary and pedagogical research activities. Tanya kindly shared a summary of her research with SensorNet which was funded by the SI Network (UK and Ireland). The

study is titled "Validation of the Little Developmental Coordination Disorder Questionnaire (L-DCDQ) – UK version".

Background: Developmental Coordination Disorder (DCD) is a common childhood condition, which may have long term impacts if left untreated, yet the underlying mechanisms of functional motor difficulties are still unclear.

There is an increasing awareness of the need to identify younger children who are at risk of DCD, before secondary issues develop (Missiuna, Rivard and Bartlett, 2003). Questionnaires have been developed to screen for movement problems in school-aged children; one of the most commonly used is the DCD Questionnaire (DCDQ) for children aged five years+. The Little-DCDQ (L-DCDQ) was developed in Israel based on the DCDQ, and follows the same format but with items adapted for

younger children aged three and four (Rihtman, Wilson and Parush, 2011). However, instruments developed in one culture and language may not be suited for use in other cultures and languages; ensuring the psychometric properties of translated and adapted instruments is essential for accurate clinical use.

Methods: This study aims to develop a valid and reliable version of the L-DCDQ for use in the UK to screen pre-school children for movement difficulties. Additionally, the study aims to assess relationships between sensory, behavioural and motor measures amongst young children. Finally, data from this study will be incorporated within a multi-site, cross-cultural collaborative investigation of motor development of young pre-schoolers.

The study incorporates three discrete phases:

Phase 1: Adaptation of the L-DCDQ for use in the UK and assessment of its validity and reliability

Phase 2: Assessment of the psychometric properties of the L-DCDQ UK and investigation of relationships between sensory, behavioural and motor measures in young pre-schoolers

Phase 3: Contribution of data to a multi-site, cross-cultural collaborative investigation of motor development of young pre-schoolers.

Results: A robust process of translation and back translation was undertaken to generate an English language version of the L-DCDQ. In Phase 1, 20 parents, 14 nursery teachers and 15 clinicians commented on the suitability and appropriateness of the items to UK culture for children aged three and four years old. Respondents were also invited to provide additional comments and feedback. Response data were collated and used to amend items and ensure face validity of the questionnaire. Phase 1 of this study has now been completed and Tanya is ready to progress

onto Phases 2 and 3 of the study, which she will be undertaking in the coming months. Stay tuned to hear about the rest of her findings! Tanya's abstract has been accepted for Children, Young People and Families Conference (The COT Specialist Section) on the 11th November 2016 in Coventry. The COT are holding a one-day conference focusing on the use of Evidence Informed Practice which will include keynote speakers, paper presentations, workshops and posters from Occupational Therapists and should prove to be a very engaging and interesting event.

References:

We have a new case study that showcases real evidence for SI helping children with ASD. Take a look at it here. 

Research update



Gemma Cartwright

Gemma Cartwright, Director of Research Development, provides us with an update on recent Sensory Integration research studies from across the lifespan. Click on the pushpins below to access the material.

Neuroscience

- **Interoception in Autism Spectrum Disorder: A Review**

- **The developmental status and prevalence of Sensory Integration difficulties in premature infants in a tertiary hospital in Bloemfontein, South Africa.**

- **Unusual sensory features are related to resting-state cardiac vagus nerve activity in autism spectrum disorders.**

- **White matter microstructure is associated with auditory and tactile processing in children with and without sensory processing disorder.**

- **White matter volume in the brainstem and inferior parietal lobule is related to motor performance in children with autism spectrum disorder: A voxel-based morphometry study**

- **Developing body representations in early life: combining somatosensation and vision to perceive the interface between the body and the world.**

Autism

- **The Relationship between Intolerance of Uncertainty, Sensory Sensitivities, and Anxiety in Autistic and Typically Developing Children**

- **How are Sensory Features associated with seven anxiety disorders in boys with Autism Spectrum Disorder?**

- **Exploratory Study of Childbearing Experiences of Women with Asperger Syndrome.**

- **Comparing and exploring the sensory processing patterns of higher education students with attention deficit hyperactivity disorder and autism spectrum disorder.**

- **Sensory Features of Toddlers at Risk for Autism Spectrum Disorder.**

- **How Sensory Experiences Affect Adolescents with an Autistic Spectrum Condition within the Classroom.**

- **The use of movement-based interventions with children diagnosed with autism for psychosocial outcomes — A scoping review.**

Developmental Coordination Disorder/Dyspraxia

The effects of sensory-motor integration on balance and reaction time in children with Developmental Coordination Disorder.

continued over ...

Research update

continued ...

Diverse Populations

Reduction in Parasympathetic Autonomic Nervous System Function in Fibromyalgia Patients.

Sensory Gating Capacity and Attentional Function in Adults With ADHD: A Preliminary Neurophysiological and Neuropsychological Study.

Brief Report: Sensory Reactivity in Children with Phelan–McDermid Syndrome.

Atypical Sensory behaviours in children with Tourette’s Syndrome and in children with Autism Spectrum Disorders.

Atypical sensory modulation and psychological distress in the general population.

Prevalence

Mental Health

- Educating Mental Health Clinicians about Sensory Modulation to Enhance Clinical Practice in a Youth Acute Inpatient Mental Health Unit: A Feasibility Study.

- Considering sensory processing issues in trauma affected children: The physical environment in children’s residential homes.

- Sensory processing patterns, coping strategies, and quality of life among patients with unipolar and bipolar disorders.

- Sensory Modulation Treatment on a Psychiatric In-patient Unit: Results of a Pilot Program.

- Reduction of Seclusion and Restraint in an In-patient Psychiatric Setting: A Pilot Study.

- Sensory rooms in psychiatric in-patient care: Staff experiences.

- The Effect of a Sensory Integration Approach on Positive and Negative Symptoms in Patient with Nonparanoid Schizophrenia: A Case Report.

Intervention

- Self-regulation workshop and Occupational Performance Coaching with teachers: A pilot study.

- The impact of an in-class sensory activity schedule on task performance of children with autism and intellectual disability: A pilot study.

Assessment

- The Toileting Habit Profile Questionnaire: Screening for sensory-based toileting difficulties in young children with constipation and retentive fecal incontinence.