The Effectiveness of Sensory Intensive Occupational Therapy for Children with Sensory Processing Disorder

Taylor Dalbey – Creighton University
Mentor(s): Hana Irbik, OTR/L & Ashley Jobe, OTR/L

BACKGROUND

Sensory Processing Disorder (SPD) is a neurological disorder that impacts how sensory information is detected or interpreted and causes atypical adaptive responses which impact occupational performance in daily life (STAR Institute, 2020).

A child with SPD has difficulty completing everyday tasks, which may present as unusual reactions to tactile stimuli, clumsiness, difficulty with coordination, behavioral issues, anxiety, poor social skills, and/or difficulty in school (STAR Institute, 2020).

There are three categories of SPD (Sensory Modulation disorder, Sensory-Based Motor Disorder, and Sensory Discrimination Disorder) with subtypes under each category (STAR Institute, 2020).

There are a total of eight sensory systems: visual, auditory, olfactory, gustatory, tactile, vestibular, proprioception, and interoception.

About 5-16% of children in the United States present with symptoms of SPD (Schaaf, Dumont, Arbesman, May-Benson, 2018).

METHODS/PROCESS

1. Designed a sensory gym at ChildServe to utilize for the program. Researched ideas, took measurements, and presented plan to administration for approval.
2. Determined inclusion criteria for future participants. Inclusion Criteria includes:
   • Child is between ages of 3-14 years old
   • Score “much more than/much less than others” on Sensory Profile in 2/6 sensory areas and in 1/4 areas of quadrant raw score areas
   • Must demonstrate dysfunction with sensory modulation, sensory discrimination and/or sensory-based motor function based on therapist observation or parent report
   • Caregivers must sign contract to actively participate in treatment sessions, agree to implement strategies at home, and complete pre, and post paperwork
3. Weekly meetings with the team implementing the pilot program to discuss updates and develop necessary forms.
4. Created multiple handouts to explain what SPD is and the various categories and subtypes of SPD.
5. Identified a child to participate in pilot sensory intensive program and discussed program with caregivers.
6. The child’s family will fill out a Sensory Profile to identify the child’s sensory processing needs and complete all necessary forms.

RESULTS

This pilot program has not officially been implemented yet at ChildServe. The tentative start date is now May 2020 but is likely to be extended farther out due to COVID-19.

Children with SPD showed significant improvement in adaptive behavior and emotional functioning after implementation of the STAR model of intensive, short-term occupational therapy (STAR Institute, 2020).

After 30 therapy sessions for 5.5x/week, children ages 2-13 showed significantly fewer behavioral issues (STAR Institute, 2020).

A treatment approach with emphasis on parent involvement in a multisensory environment shows promise in remedying sensory processing deficits (Schoen, Miller, Flanagan, 2018).

After implementation of the STAR Institute Model for treating SPD, there were gains observed in functional communication, self-direction, self-care, leisure and social skills, and a decrease in sensory symptoms (Schoen, Miller, Flanagan, 2018).

There is preliminary support for the STAR treatment approach that combines intensive, short-term occupational therapy using principles of sensory integration, DIR/Floortime with extensive parent education and coaching (Schoen, Miller, Flanagan, 2018).

Children with SPD have difficulty with emotional regulation, motor skills, and social interaction skills making it difficult to participate in everyday life.

The goal of sensory integration therapy (SIT) is to retrain the senses to make functioning in everyday life easier through repetitive exposure in a structured way.

Occupational therapists evaluate a child’s sensory needs to develop treatment interventions to target the child’s unique sensory needs.

The role of occupational therapists when providing SIT include providing sensory opportunities, providing the just-right-challenge, collaborating with the child on activity choices, guiding self-organization, maximizing the child’s success, and maintaining optimal arousal (Parham, et al., 2007).

BOTTOM LINE FOR OT

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REFERENCES


