

## Sensory Integration Therapy Leading Districts to Handle More OT Requests

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Providers across the country are facing more and more IEP and IFSP meetings where sensory integration therapy takes center stage. School districts across the country are taking different approaches to the requests for sensory integration, or SI, and are using the therapy in different ways. Developed 30 years ago, its acceptance has grown in recent years because some parents and professionals believe it has brought positive results to children with autism and pervasive developmental delay, as well as for the children with learning disabilities for whom it was designed.

SI therapy is a child-directed therapy delivered by a trained clinician to develop sensory needs and motor abilities. The therapy is play-based to motivate the child to build muscle tone, perception, attention and coordination. It is not universally accepted in the medical field as an effective treatment for every child with a neurological disorder.

The high costs of training therapists in SI and offering individual treatment has frightened some school administrators who are unsure what they're getting into. Those who have been implementing SI practices in the schools for many years say not to worry.

"We've seen dramatic results," said **Julie Bissell**, director of Occupational and Physical Therapy Services for **Anaheim (Calif.) City School District**. "We see a big increase in self-esteem when a child is starting to be able to master his environment. We also see an increase in participation in the classroom."

Most therapists agree that if progress is not made in the first three to six months of therapy, sensory integration is not likely to help that child. But even if the child continues to have problems, he or she still may be better able to cope with them or may learn how to avoid environments that are stressful, she said.

A request for sensory integration should be a request for OT, one of the related services covered by the IDEA, said **Leslie Lewis-Jackson**, the pediatric program manager for the **American Occupational Therapy Association Inc.** "IDEA frames OT as a support service. We're there to support the child's ability to function in learning or in school."

Sensory integration is just one therapeutic perspective that OTs utilize on a given client, at a given time. If an OT uses an SI approach in an intervention, it shouldn't be written in an IEP as sensory integration. It should be written in as OT." The AOTA does not advocate any particular OT approach, but does have an SI division for members, she said.

### **SI Principles Apply in Classroom**

Physical therapists who receive special training use SI, and teachers use it in conjunction with OT consultation. In fact, delivering services in a classroom is one way to ensure desired educational outcomes are met and possible cost savings.

"I'm a big proponent of applying SI principles in a classroom setting," said **Barbara Hanft**, an OT practicing in Silver Spring, Md., and a faculty emeritus of **Sensory Integration International**, based in Torrance, Calif. "OT or PT twice a week may not be as effective as creating the right sensory diet for a child in his classroom. If a child is easily overloaded by sounds and being touched, taking him out of the classroom may not be effective unless you also show the teacher how to work with the student."

Traditionally, therapists applied SI only in specialized settings with suspended equipment.

But now therapists have found SI principles are delivered effectively in small groups or by observing the child in the classroom and making recommendations directly to the teacher,

"though there are times you need to take the student out of the classroom because it's too disruptive to other students or the student is too distractible," Hanft said. "It's also easier to apply SI principles in preschool classes than elementary school."

Classroom settings work easily for preschool-aged children because "their whole days are motor- and sensory-related," Bissell said. However, Anaheim uses private sessions if the children are not participating because they fear movement or have tactile defensiveness, she said.

Teachers can use items in the classroom like rocking chairs or teeter totters as equipment for providing the right sensory diet for specific students. "They can use things found in a normal home or playground situation," Bissell said.

But teachers should not try to use an activity designed for one child for any child who appears to have a sensory integration problem, Hanft cautioned. "Someone trained in SI has to match the activities to the child," she said. "It happens sometimes that the teacher will try that activity on another child in the class and it doesn't work." She said that's because students with sensory integrative dysfunction have different problems and behaviors.

### **Sensory Integration Not Only Method of Therapy Used**

Bissell's staff of five includes two therapists who are certified to administer and evaluate the Sensory Integration and Praxis Test, or SIPT, to determine a child's sensory

integrative dysfunction and recommend therapy. However, the SIPT was designed for children age 4 1/2 to 11 years.

For younger children, diagnoses are based on clinical observations of how the child moves and processes information and what parents and teachers say, Bissell said. She stressed that sensory integration is not the only method her district uses in occupational therapy. Many children with autism receive SI therapy and discrete trial training like Lovaas or behavior therapy.

The district offers two special programs for young children with sensory integration problems. The Mommy and Me program is a three- or six-week program for 3-5 year-olds where the therapist and teacher meet with the parent and child for 30 minutes before school to review activities for the child's sensory needs, including activities for the hands, lips, tongue and jaw. Once the child starts class, another 30 minutes is spent talking with the parent about the value of the activities.

In the other program, children work a therapist in small groups of five for 10 weeks to help them bridge the gap before entering a special education kindergarten class where they might be one of 14 children.

### **Districts Use SI in Various Ways**

The use of SI varies across the country, depending on its availability and whether districts work with occupational therapists, said **Susanne Roley**, an SI instructor and faculty emeritus at the Sensory Integration International. "In my county, alone, there's one district with an extremely sophisticated therapy department and they'll pull in OTs for IEPs, and there's another district that wants nothing to do with OT, and parents don't even know that it's an option available to them," Roley said.

Some districts fear approving SI therapy would open a Pandora's box. "If every parent with a child who has this asks for services, [districts] will go bankrupt," Roley said. The high cost is incurred in training therapists -- usually at least \$1,000 -- and when the child needs one-on-one sessions, she said.

### **Conflicts Between Parents, Schools Increase**

Conflicts between parents and schools are becoming more common as the popularity of SI therapy spreads. A parent only has the right to request OT, then it's up to the district and the therapist to determine if SI or another method is appropriate.

Hanft, the author of *The Consulting Therapist*, a guide to help OTs and PTs work in a classroom, conducted her own review of legal cases in the last 10 years involving occupational therapy, physical therapy and related services. She concluded that reimbursement for related services is available if the service is "educationally relevant," and that doesn't mean only therapy that would improve their academic performance. "The opinions are clear that education includes social interaction, self-help skills and attention span if identified by the student's educational team," Hanft said.

Parents also may be able to obtain third-party reimbursement for SI if they seek the therapy on their own, Roley said. However, some therapists have been reluctant to use SI because they're afraid it will be rejected for payment, depending on the insurer, she said.

Parents and schools can end up in conflict when there's no agreement on what OT is supposed to do for the child, Hanft said. "Often there's very little discussion about what you're doing for the child to improve educational performance in school," she said. "Schools are trying to limit what they're responsible for" and are reluctant to put PT or OT into a child's IEP.

In Prince George's County (Md.) Public Schools, OT is used only in relation to helping a child accomplish a functional task in the classroom, said **Sarah Burton**, coordinator of OT services for the district's 10,000 students with special needs. Her district has not had to face a due process hearing about SI and has settled all cases, probably because the therapists and teachers frequently use SI principles, along with other types of OT.

"We try to look for normal ways to make it occur," Burton said. For instance, they may recommend the child go horseback riding, which can "trigger a whole other approach to getting the child moving."

"We educate the parent and try to put [SI] into place to be appropriate for a child," Burton said. But the approach is used regularly in the county, "because many of our teachers are developmentally focused."

The district has devoted many hours to offer teachers SI training, both in-house and by outside professionals, as well as for its OTs and PTs, "because we try to work with an integrated approach."

## **Q & A: Sensory Integration**

**What is sensory integration?** Sensory integration is a developmental theory describing how people organize sensory information from their bodies and the environment to move, play and learn. It's an intervention approach using specialized therapy from a trained clinician. Following the cues of the child to develop sensory needs and motor abilities, the therapy is provided in the context of play in order to motivate the child to work on skills to build muscle tone, perception, attention and coordination. Initially, firm touch and pressure may be provided through firm pillows and suspended equipment, to help calm a child who is overly sensitive to light touch and movement. "after we regulate a child's arousal level, we can start working on skill," said Susanne Roley, faculty emeritus with Sensory Integration International.

**Who needs sensory integration?** Persons who have difficulty processing sensory information, trouble with motor planning and sensory defensiveness. Occupational therapist and developmental psychologist Jean Ayres developed it for children with learning disabilities and emotional disturbances, but it's now used to treat a number of disabilities, including autism and pervasive developmental delay. It is not an age-specific or disability-specific treatment.

**Who can provide sensory integration therapy?** The approach is primarily provided by occupational therapists or physical therapists. However, more special education teachers across the county are working with therapists to employ some of the methods in the classroom. Persons certified in sensory integration testing usually have graduate degrees. They receive specialized training and work with a mentor before they are certified to administer the diagnostic tests necessary to determine if SI therapy is appropriate and provide sensory integration therapy.

**At what age can children begin receiving sensory integration therapy?** Highly sophisticated training that examines regulatory disorders in infants has led to treatment for babies in neonatal intensive care units. Sensory integration disorders typically develop in very early childhood.