The SPM-Preschool & SPM Quick Tips

19th Annual Early Start Symposium
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SPM Quick Tips User Guide

GUIDED BY CLINICAL REASONING
Considering the ‘Big Picture’

INTERPRETATION
Sorting

PROCEDURES TO CONSIDER
When suggesting SPM QTs

TEAM EDUCATION
Intentional Relationship Model (IRM)

CASE EXAMPLES
Case A: Modulation
Case B: Psycho-social
Case C: Postural (VBI)
Case D: Praxis

RECORDING DATA
Tracking implemented strategies

SPM Quick Tips Is (cont)

A springboard for guiding the team in brainstorming, idea generation, and problem solving
A tool to support practitioners in using clinical reasoning and consultation skills in the intervention process
A convenient color-coded navigation tool targeting a child’s sensory processing in multiple environments
A data recording system to measure the effectiveness of progress monitoring
A means of measuring qualitative progress through staff responses and quantitative progress through use of the SPM or SPM-P

What the SPM Quick Tips Is

A navigation tool to help answer the question “What is next?” following the use of the SPM
A framework based on careful standardized assessment and developed from observations across multiple environments of the child’s sensory processing challenges
A doorway into clinical reasoning for presenting possibilities to the team
A process intended to help team members collaborate and develop the skills that will make them the “experts” in supporting the child (capacity building)

PROCEDURES TO CONSIDER WHEN SUGGESTING SPM Quick Tips
Each Quick Tip focuses on either:

Addressing the underlying deficits
Providing family/staff/peer training to increase awareness, change attitude and interaction skills, provide support and share resources
Teaching self advocacy
Adapting task / materials / equipment / environment
Using cognitive and/or behavioral strategies to teach social skills and support social participation
SPM-P & SPM Quick Tips

Diana A. Henry, MS, OTR/L, FAOTA

The Sensory Processing Measures

SPM (5-12 yrs)  
SPM-Preschool (2-5 yrs)

Additional School Environments:  
Music, Art, PE, Playground, Cafeteria and Bus

Development of SPM Quick Tips

While working on the ‘The SASI’ (pre SPM)  
School Assessment of Sensory Integration

Collaborated with Danette Rowley, OT in Canada

“The invariable mark of wisdom is to see the miraculous in the common.”
Ralph Waldo Emerson

Early Quick Tips in 2004

Please DO NOT REPRODUCE this document (Diana Henry September 2004)
This document is copyrighted and is only a sample of possible ‘Quick Tips’ which will be developed for the SPM.
Sensory Processing - Meeting Your Students’ Needs in the Classroom

Our senses provide us with feedback and information about the environment and about ourselves. Savvy sensory systems (the vestibular, proprioceptive, visual, auditory, taste and smell) change the information that comes to us to affect our posture, gait and speech, our balance, muscle tone, and our spatial awareness and ability to move through the environment.

When SASI became SPM in 2007

Obtained permission from WPS, the publisher of the SPMs, to be able to relate the Quick Tips to actual SPM items

Held focus groups at workshops worldwide during optional ‘Lunch with Diana’
to obtain ideas/feedback regarding Quick Tips

It does take a huge global village!
Katie Allgood, Kathy Barrett, Colleen Basaraba, Rena Baxter, Danielle Bell, Cheryl Domino, Dave Herzberg, Debbie Hinerfeld, Jennifer Brady-Johnson, Sarah Johnson, Heather Miller-Kuhanbeck, Cristy Mendoza, Victoria Nackle, Amy Niezrecki, Carol Olson and her graduate students, Diane Parham, Thomas Passerino, Jocelyn Reynolds, Pat Rose, Rick Russ, Kathy Sanders’ team, Deanna Sava, Jim Spear, Sue Swindeman, Monique Taylor, Kris Tuma, Renee Watling, Deb Wilson, Maureen Kane-Wineland, Janet Wright, workshop attendees throughout North America, England, Scotland, N. Ireland, Ireland, Australia… and many more!

Thank You!

SPM Quick Tips is NOT

- Prescriptive
- A watered down version of OT/SI (ASI™)
- A cookbook of activities based on problematic behavior and diagnosis
- A pre-designed plan to provide to teachers and parents
- A replacement for referrals for additional services
- A replacement for additional services

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Case studies using SPM QTs

* 2006 (Opatia) Dx: ED: social participation…praxis
* 2007 (Dustin) Dx: ADHD… Also sensory issues?
* 2008 (CCNS) Dx: Autism…severe (self contained)
* 2009 (A) Dx: Autism…preschooler…praxis
* 2010 (FM-Declan): Expelled from Montessori
* 2011 (QT) Kg: Vestibular-postural- bilateral
* 2012 (Mason) Dx: Severe LD…Praxis
* 2012 (National and international case studies)
* 2013 (John): Behavior prob... OR to sound/touch
* 2013 (Bismarck ND preschool study): Prevention
* 2013-2014 school yr (John): continue for 2nd grade

‘System Change’
resulting from last year’s SPM-P case study
A swing was added to the playground 😊

Challenges (was kicked out of Montessori)
- Plows into people
- Unaware of his environment
- At times: appears volatile, emotional
- Territorial
- Wants to do his thing…bossy
- Does not have friends

“Smart enough to ‘self regulate’ using Engine Game” Yes, but at what cost?
Can we just ask him to control himself?

Comparing School and Home
Initial: 1-11-10
School
Home

Case Study
Test and Re-test follow up 1-11-10 through 3-23-10
- Promotes collaboration
- Teaching tool for all who participate
  - Proprioception
  - Perception
  - Self regulation
- Shows changes over time

Circle time seating alternatives
Students are now given choices
SPM-P & SPM Quick Tips

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### SPM Home

- January initial test (red)
- March re-test (black)

**Scores reflect learning curve!**

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### See your handouts

- Definite Dysfunction
- Some Problem
- Typical

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### Social Participation

**Body Awareness: Proprioception**

- 99%

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**Proprioception (Body Awareness: BOD)**

- **Definite dysfunction:** Both Home and School
- **Basic functions of Proprioception:**
  - Detection of joint position and movement
  - Body scheme/body map
  - Regulation of motions
  - Modulation of state of arousal

Blanche, Bodison, & Chang: (AOTA, 2010)

Proprioception: Relationship between clinical signs and functional Difficulties

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### Back to the case study

SPM-P reveals “…how dysfunctional he was”

- **Proprioception may be contributing to**
  - Difficulties noted when interacting with his environment
  - Social participation challenges when interacting with teachers, peers and family members

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### Also looked at Perception as defined in the Manual

- The capacity to interpret the meaning of sensory input
- Is necessary for refined, effective use of feedback from environmental or internal sensory information
Team brainstormed and developed Quick Tips for FM

Working from SPM-P test items to have a conversation about the strategies

Bumps into people and objects: ‘body space / body map’

SPM-P promotes understanding:
- The relationship between poor perception and knowing where one is in space
- Physical boundaries are a good tool to use

Disks for standing in line

School Summary Sheet:
Comparing 1-11-10 to 3-9-10

SPM-P Re-test Team Mtg

Re-test of clinical observations also showed changes in weight bearing and weight shifting patterns

Person Drawing Test

1-12-10 3-15-10

SPM-P changes also noted in person drawing

Teacher’s feedback

SPM-P teaches the relationship between sensory input and behavior

Encouraged to use the swing
COTA
Integrated sensory rich activities
- On the playground
- In the classroom

Para professionals
Learned about
- Need for sensory rich activities
- Promoted weight bearing
- Noted changes in SOC

Father
Learned about:
- His son's sensory needs
- Self-regulation &... sleep

Mother
- Chores... wet laundry in dryer
- Heavy work, also during play
- SOC with sister Tatum

Grandmother (Pam)
SPM-P helped his grandparents:
- Understand / support his sensory needs.
- See the relationship with SOC

Changes made by parents in providing structure
Teacher notes progress in self regulation
COTA shares about collaboration


SPM-P article on collaboration

“Had we not embraced the SPM-P collaborative Quick Tips process, we would have been behind the curve as our son heads into kindergarten. Today we have a thorough roadmap for his academic and social success. And, we have a team that has his best interests in mind. Together, we are shaping our son’s future.

(Declan’s father)

SPM Scoring/Quick Tips Online: Workflow

1. Administer Online
2. Score
3. Select Quick Tips
4. Report

SPM QT User Guide

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- The SPM Quick Tips Goals

WHO CAN USE THE SPM QUICK TIPS?

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Components of a comprehensive evaluation

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- Intervention in Other Contexts
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WHAT ARE THE SPM QUICK TIPS STRATEGIES?

GUIDED BY CLINICAL REASONING

Types of Clinical Reasoning
Considering the “Big Picture”

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INTERPRETATION

Sorting items made easy: Social Participation, Praxis, Sensory Systems, Sensory Vulnerabilities, Environments

PROCEDURES TO CONSIDER WHEN SUGGESTING STRATEGIES

RECORDING DATA

Why Track the Implemented Strategies?
Quick Tips Record Form

TEAM EDUCATION

Presenting to the team

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Provides references that support the products/materials in the SPM Quick Tips
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Goals of the SPM Quick Tips
- To include on the team everyone involved in the child’s daily routine. These are family, school staff (including, when possible, the main classroom, art, music, and physical education teachers, as well as recess, bus, and cafeteria personnel), and day care provider.
- To provide access to insights and interventions in sensory processing to occupational therapy practitioners (OTs), physical therapy practitioners (PTs), speech and language pathologists (SLPs), psychologists, school counselors, social workers, other school staff, and parents.

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WHO CAN USE THE SPM QUICK TIPS?
Primary users of the SPM Quick Tips are OT practitioners in clinical, school, and community settings who have mentored with an SI expert and are trained in sensory integration and sensory processing. Others may use the SPM Quick Tips as long as they are collaborating with professionals trained in this area.

Primary raters for the SPM include parents and the main classroom teacher. Depending on the individual’s school, primary raters may also include art, music, and PE teachers, as well as the bus driver and playground and lunchroom aides who are familiar with the child. For the SPM-P, raters include parents, preschool teacher, and day care provider.

Additional Goals
- To use parent- and teacher-friendly language.
- To create a functional system that is easy and quick.
- To assist in making informed decisions about intervention strategies based on clinical reasoning.
- To co-develop a plan that seeps into the fabric of everyday life, including routines and naturally occurring events.
- To use the SPM Quick Tips with Response to Intervention (RtI).
- To contribute to the development of evidence for effective intervention.

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WHO ELSE?

Other family members, school staff, and health professionals may also be asked to complete the SPM or SPM-P forms so that they may be included on the team and participate in the SPM Quick Tips process.

Because these other individuals were not included in the SPM/SPM-P standardization process, their forms are not included in the official scoring.

ADDITIONAL ASSESSMENT AND INTERVENTION

Components of a Comprehensive Evaluation

When an OT receives a referral for an evaluation, an occupational profile (AOTA, 2008) is performed and clinical reasoning is employed to determine which assessments will be used.

In addition to rating scales such as the SPM/SPM-P, clinical observations and performance tests appropriate for the individual child and context should be considered.

These include the Sensory Integration Praxis Tests (SIPT) (Ayres, 1989); the Goodenough-Harris Drawing Test (Harris, 1969), motor-based performance tests such as the Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (Bruininks & Bruininks, 2005); Clinical Observations of Motor and Postural Skills, Second Edition: COMPS (Wilson, Kaplan, Pollock & Law, and others).

Further Assessments

Following the use of the SPM/SPM-P, if the child’s Planning and Ideas (praxis) or Balance and Motion (vestibular) scores indicate problems, users must consider conducting or recommending additional standardized assessment of the child’s performance on praxis or balance tests.

Administration of the SIPT as well as the Test of Visual–Perceptual Skills, Third Edition (TVPS-3) would also provide for a complete assessment of sensory functions, including tactile and visual perception, not fully addressed by the SPM/SPM-P.

Referral to Other Health Care Professionals

- OT practitioner in a different setting
- Developmental optometrist
- Developmental pediatrician
- Psychologist
- Neurologist
- Counselor
- Physical therapist
- Social worker
- Speech and language pathologist
- Music therapist
- Nutritionist
- Art therapist
- Audiologist
- Other mental health practitioners

Intervention in Other Contexts or Environments

- If the practitioner is clinic-based, a referral for a school-based assessment may also be appropriate.
- If the practitioner is school-based, a referral for a clinic-based assessment may also be appropriate.
- If there is no school-based OT practitioner in the school, an assessment or observations by a clinic-based practitioner in the child’s classroom or home may be appropriate.

Additional Options for Intervention

- Complimentary therapies such as craniosacral therapy, sound therapy and therapeutic riding programs.
- Products and programs such as the Alert Program® for Self-Regulation (Williams & Shellenberger, 1996), Superflex Curriculum (Garcia-Winner, 1993), Autism 5-Point Scale EP (Dunn, Buron, & Curtis, 2011), and Zones of Regulation (Kuyper, 2009)
- Social skills programs run by OTs, SLPs, counselors, or social workers
- Community-based tumbling, karate, yoga, swimming, drama, and sports teams
- OT using an Ayres SI (ASI®) approach.
SPM Quick Tips: Item by item online intervention strategies for SPM & SPM-P
- Can have a multisensory approach or provide specific sensations (prop, tactile, vestibular, etc.) to help with challenges in sensory processing
- Can be provided to the child, small group, or entire classroom
- May include adapting activities and/or making changes to the environment
- Always monitoring the child’s adaptive response to the intervention’s effectiveness
- Can also address behavioral strategies

“Sensory challenges may also impact the child’s thought processes and fallback action choices when dealing with frustrations” (Orloff, 2012)

GUIDED BY CLINICAL REASONING
Clinical reasoning is a multifaceted process that is central to occupational therapy practice and which must also be applied when used with the SPM Quick Tips.
It includes 5 different types (Schell, 2003 & 2009)
1. **Scientific reasoning**, to understand the sensory processing challenges that may be affecting the child. These could include challenges in modulating sensory input; in sensory perception/discrimination, postural control, bilateral integration, and sequencing; and in praxis.
2. **Narrative reasoning**, to understand what the challenges mean to the child and family, including the occupational profile and personal life story.

5 Types Clinical Reasoning (cont)
3. **Pragmatic reasoning** to understand the practical issues that may affect integration of the strategies into the fabric of the child’s everyday life at home and school, such as time and resources available.
4. **Ethical reasoning** to ensure that the proper, morally defensible decisions are selected regardless of pressures from other sources.
5. **Knowledge and interpersonal skills** of team members including family and school personnel (therapists, teachers, and noncertified personnel such as teacher’s assistants, cafeteria workers, and bus drivers).

INTERPRETATION
Sorting items is made quick and easy:
- Social Participation
- Praxis
- Sensory Systems
- Sensory Vulnerabilities
- Environments

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2. Through clinical reasoning, I sorted the individual item scores by:
   a. System
   b. Vulner
   c. Env

Note that the items have many tips attached

<table>
<thead>
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<th>Environment</th>
<th>Item</th>
<th>SPM Item #</th>
<th>Sensory Vulnerabilities</th>
<th>Note</th>
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<td>[Image]</td>
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</table>

Once sorted, use clinical reasoning to bring a few tips to the team

- It is important to avoid choosing a single issue only and then looking solely at the tips suggested for just that issue.

- The big-picture approach used in clinical reasoning dictates that the widest possible sampling of available data be considered, including results from the occupational profile (AOTA, 2008), standardized performance tests, and clinical observations.

Considering the Big Picture (cont)

- SPM scale scores, item responses, & comparisons between environments must all be considered in making informed clinical decisions.

- Finally, the influences of the environmental opportunities within each ecocultural niche (which includes the relationship between participants in each individual setting), as well as the ability of each team member to participate in the intervention process, should be taken into consideration when the team chooses and develops tips and strategies.

RECORDING DATA: Why & How

Increasing number of research studies published in the *American Journal of Occupational Therapy* (AJOT) employ quantitative designs and answer basic research questions. However, a need remains for examining program effectiveness (Brown, 2010 & AOTA School Specialty Conference, July 2013).

Therefore, each SPM Quick Tips team member is provided a *Quick Tips Record Form* to record each time they implement a strategy.
RECORDING DATA: Who
All who are on the child’s team can participate in implementing sensory-based strategies.
Home: parents, other family members, caregivers, baby sitters and all therapists (OT, PT, SLP).
School: main classroom teacher, sped teachers, psychologist, school counselor, social worker, art, music, PE teacher, library staff, paraprofessionals (in classroom, cafeteria, on playground, bus) & day care

TEAM MEETINGS: Unifying Principles
- Meaningful connections are formed with each person on the team.
- Stakeholders work together as a team.
- Team members are seen as equals, not passive recipients.
- Team members share their individual expertise, their perspectives, and their concerns.
- Team members are able to notice pertinent issues within their particular environments or ecocultural niches that others may not.

TEAM EDUCATION
Presenting to the Team
The practitioner first identifies what seems to be working well and which challenges appear to be affecting the child’s performance negatively.

He or she then guides team discussions regarding the relationship between challenges noted and difficulties in processing and integrating sensory information.
In doing so, the practitioner helps team members “see” the child through “sensory goggles.”

Conducting the Meeting
- Explain the SPM test, its results & the clinical reasoning.
- Address the underlying sensory basis contributing to the child’s challenges.
- Develop partnerships, being careful not to give the impression that you as the practitioner “know it all”.

SPM-P & SPM Quick Tips
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EXPLAIN, IN PLAIN LANGUAGE, ASI® theory as it relates to the child’s test results.
Possibilities could include:
*“This theory proposes that challenges in processing sensory inputs (muscle, movement, touch, hearing, vision, taste and/or smell) can:
- Interfere with a child’s ability to learn, control his emotions, or participate in daily routines
- Affect higher-level integrative functions like sitting and paying attention in school; coordination (motor planning); creative play (ideation); and social participation at school and home.
- You may want to use in your reports too.”

<table>
<thead>
<tr>
<th>Environment</th>
<th>SPM Test #</th>
<th>Validity SPM Area</th>
<th>Tip</th>
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<tbody>
<tr>
<td>Main Classroom</td>
<td>#2</td>
<td>postural control</td>
<td>Posted pictures, offer a visual tactile proprioceptive reminder about which hand to use with a brush, string weights encourage fine motor activities including spreading of cream cheese on bagel or antlers and at home.</td>
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<tr>
<td>Home</td>
<td>#8</td>
<td>all out of a chair while writing teacher’s name</td>
<td>Poster control</td>
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<tr>
<td>Music</td>
<td>#13</td>
<td>ear SPM (putting books to rhythmic tapping hands tapping feet, etc.)</td>
<td>Poster control</td>
</tr>
<tr>
<td>Phys-Ed</td>
<td>#5</td>
<td>ears balance while brushing or playing with faces</td>
<td>Poster control</td>
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Meeting (cont)
- Use open ended questions
- Ask:
  “What have you tried?”
  “What has worked?”
- Ask the team members to visualize and explain what they would like to see happen, instead of what is happening.

Meeting (cont)
- Elicit ideas from team to personalize what could be done in their own unique environments.
- Encourage team members to define 3 strategies to integrate into daily interactions with the child.

Team: 2nd Grade Teacher, SLP, Spanish Teacher, Parents, Special Education Teacher, OT

- Explain data collection and give a Quick Tips Record Form to each team member.

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March 8, 2011
his PE teacher wrote:
- We had scooter relay races on their belly
- We ran through 3 part obstacle courses
- We begin class with supermans and yoga poses to hold (tree, mountain)
- We used balloons to hit in the air, to the wall and back and forth with each other

He is more focused and is not bumping into other students or walls as he had

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March 7, 2011
his ART teacher wrote:
- I changed his seat so he doesn’t have to twist to see the board
- He collects the heavy crayon buckets
- I number, repeat directions, and cue him
- I incorporate media that strengthens fine motor. We have worked with clay, and done a project that involved crumpling paper

I now cue him less, he gets his work done and he seems more comfortable sitting

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March 14, 2011
his Music teacher wrote:

- Movement is now integrated into each class
- Altered his seating when necessary for added comfort
- I have asked him to some lifting (usually chairs)

He has shown some improvement in controlling calling out

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Speech Therapy

- SITTING ON CHAIR BALL
- Walking on rocks during transitions
- Crawling under table to pick things up

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Carried items during the long transitions from speech room
SPM-P & SPM Quick Tips

Jan. 27, 2011
his Mother wrote:

- Every night he and his Dad have backwards crab races up the stairs.
- We have obstacle courses in the backyard on a regular basis. He and his sister love this. I make sure that climbing over and under are incorporated in each course.
- I place a bean bag on top when he has difficulty falling asleep. That helps him settle down and drift off.

February 21, 2011
his mother shared

- Today he was able to sit still while eating. He did so while sitting on his knees.
- Since the SPM team meeting, he seems to have made leaps and bounds with reading and writing too!
- His drawings have seemed to improve as well.
- His favorite thing is the chair ball.

He has been doing Karate and he tries to do push-ups.

I have noticed that when they do sit-ups, he is not ending up sideways on the mat as much as when he started the program.

March 18, 2011
(9 weeks post initial SPM)

- He just learned to ride a bike!
- He is graduating from Karate today, obtaining a belt.
- He has recently started walking by raising a leg up and clapping his hands underneath. Doing it on both sides.

He has been doing Karate and he tries to do push-ups.

I have noticed that when they do sit-ups, he is not ending up sideways on the mat as much as when he started the program.

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Going back to the team meeting (cont)
- Have each team member write their 3 strategies on their copy of the Record Keeping Form.
- Remind the team members to be specific, as in the following examples:
  - At circle time: Provide intense muscle and joint input through pulling on exercise band 1x a day.
  - At home: Carry a heavy load 1x a day (unload 300 boxes of cookies from van, put wet clothes in dryer, take cushions off couch to jump across).

Meeting (cont)
- There is space on the Quick Tips Record Form to add more at a later date.
- Establish who will be implementing the strategies in each environment.
- If someone else takes over, teach that person how to carry out the strategy and use the Quick Tips Record Form.

Meeting (cont)
Review “Sensory Safeguards and Guidelines for Using Sensory-Based Strategies”
Distribute the PDF to each team member
Found in the Appendix

Initial Team Meeting Follow-Up
- Distribute the initial assessment report, including strategies discussed at the initial team meeting, to the appropriate persons.
- Send an e-mail to all team members summarizing the initial team meeting results and reminding them to use their Quick Tips Record Form.
- Check in regularly to ensure follow through.
- E-mail the team weekly or bimonthly regarding observations, strategies used, challenges, and questions.
- Keep everyone informed by copying all team members on e-mails.

Retest Prior to Meeting
- Collect completed Quick Tips Record Forms
- Provide SPM/SPM-P form to be completed again.
- Interview each rater after form is completed
- Ask raters to think about the changes they made.
- If possible, observe the child again in each context.
- Re-do some of the performance tests & clinical obs.
- Compare retest results and team observations to initial test
- Compile information from the completed Quick Tips Record Form

Retest Team Meeting
- Have snacks, enough chairs & handouts
- Compare initial test and retest results.
- Ask team to share the changes made in their environments.
- Ask members to discuss strategies they recorded
- Show pictures or videos highlighting strategies used
- Discuss progress in academics, coordination, attention, self-regulation, emotional well-being, & behavior.
- Discuss if data shows evidence of effective intervention.
- Schedule a follow-up meeting, if necessary.

Team: OTR, COTA
Special Education Teacher, Parents and School Principal

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January 2012 in Speech

He is tired much of the time, across environments. Praxis challenges require a lot of additional thinking energy to do that which is so automatic for others.

SAMPLE EVALUATION REPORT TEMPLATES
2 samples of the many possible ways reports may be written when using the SPM and the SPM-P:
   a. formal and detailed
   b. informal and user-friendly for parents & teachers.
These are not to be copied, but rather meant to provide examples of possibilities.
The therapy practitioner will develop the best format to use within his or her work setting.

RECAP: 8 STEPS FROM INITIAL TEST TO RETEST
1. Conduct the initial SPM or SPM-P assessment
2. Complete the Profile/Summary sheet: SPM/SPM-P.
3. On the Scoring Worksheet, highlight the items with numerical scores of 3 or 4.
4. Choose three or four Quick Tips from each environment related to each team member, to present to the team
5. Each team member chooses three strategies (from Quick Tips or their own) & enter on the Quick Tips Record Form.
6. Rater documents strategy implemented each time
7. Conduct retest and plot scores next to previous scores
8. Review Quick Tips Record Form and identify strategies that contributed the most to child’s progress

SAMPLE EVALUATION REPORT TEMPLATES
Sensory Integration
Special Interest Section Quarterly, 34(3), 1-4
Intervention research
Examine effectiveness of therapeutic techniques with ASI™
Outcomes Focused Research
Clear identification of intervention outcomes
These charges can also be applied to sensory–based strategies

Spiral Foundation Research Forum
March 24, 2013 (left to right)
- Diana Henry
- Diane Parham
- Ayelet Ben Sasson
- Tina Champagne
- Brian Mullen
- David Lewkowicz
- Teresa May-Benson
- Karen Adolph
- Simone Gill
- Ellen Cohn
- Rosanne Schaaf
- Janice Burke (moderator)

How do school based therapists choose what strategies to use?
Collins, A., & Dworkin, R. J. (2011)
Pilot study of the effectiveness of weighted vests
Conclusion:
- Results indicated that weighted vests were not effective in increasing time on task.
- The lack of an established treatment protocol strengthens the need to use intervention with systematic data collection.
Need: "data driven intervention" (Schaff)

Teacher referred child to pediatrician for ‘licking his shirt’

SPM Quick Tips makes it possible

- Clinical reasoning following use of the SPMs
- Hypothesis generation
- Item analysis and sorting of QT
- Team empowerment & brainstorming ideas for individual environments in school & home
- Intervention, including sensory-based strategies
- Recording what was done
- Re-testing using SPM and other tools
- Charting outcomes

Questions?
Participating in piloting the electronic SPM Quick Tips

- Contact me describing where you work
- Choose parents and school team who are motivated
- Obtain written permission from supervisor & parents (I have release forms)
- Perform initial SPM/SPM-P & brainstorm with team strategies to be written on QT Record Form
- Re test by beginning of March 2014
- Send me results by end of March 2014

IMPLEMENTATING THE SPM QUICK TIPS: AN EARLY CHILDHOOD CASE STUDY

Carol H. Olson, PhD, OTR/L
University of Mary Bismarck, ND

University of Mary Research Project
Accepted by the IRB
(Institutional Review Board)
June 2012

Purpose Statement:
To examine the impact of implementation of the SPM-P Quick Tips on self-regulation and sensory processing for preschool children with sensory processing issues who attend a developmental center in Bismarck, ND.
SPM-P & SPM Quick Tips

Methodology
- IRB approval
- Participants/Setting
  - AJ
    - 3 years old
  - Developmental Center Preschool Program
  - Parents, Teachers, OTs
- Researchers
  - OT students
  - Faculty preceptor

Initial Test
- School
  - Definite Dysfunction
    - Vision
    - Hearing
    - Balance and Motion
    - Planning and Ideas
  - Some Problems
    - Social Participation
    - Touch
    - Body Awareness
- Home
  - Some Problems
    - Social Participation
    - Hearing
    - Touch
    - Body Awareness
  - Typical
    - Vision
    - Balance and Motion
    - Planning and Ideas

Quick Tips Implemented

<table>
<thead>
<tr>
<th>Sensory System</th>
<th>Number of times at Home (Mom &amp; Dad)</th>
<th>Number of times at School (Tchr, OT, Aide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vestibular</td>
<td>39</td>
<td>76</td>
</tr>
<tr>
<td>Proprioception</td>
<td>66</td>
<td>355</td>
</tr>
<tr>
<td>Hearing</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Taste/oral</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Touch</td>
<td>185</td>
<td>88</td>
</tr>
<tr>
<td>Motor Planning</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>380</td>
<td>523</td>
</tr>
</tbody>
</table>

Quick Tips Focused on Sensory Systems and Vulnerabilities
- Proprioception
- Tactile/Vision/Hearing
- Vestibular

Some of the strategies implemented
- **Vestibular** – Jump on trampoline, swingset & therapy swing, wrestle
- **Proprioception** – wrestle, weighted vest, steamroller, pass medicine ball,
- **Hearing** - head phones/earbuds to decrease sound, quiet space (home and school)
- **Touch** – fidgets
- **Motor Planning** – play let’s pretend games
- **Taste/oral** – toothbrush, vibrating hairbrush, cheer when trying new foods, Songs for Tots

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Discussion

- Improvement in occupational performance at home and at school
- Additional evidence for use of Quick Tips
- Collaboration and communication key

Lessons Learned by Research Team

- Improved clinical reasoning by research team
- Improved understanding of team dynamics and importance of collaboration
- Documentation of strategies provides support for why changes may have occurred
- Increased knowledge of sensory processing can change how people view and respond to behaviors

Thank you to:

- Diana Henry & WPS
- “AJ” and his family
- Exploring Minds Developmental Center staff (teachers, OTs, Aides)
- U of Mary OT students
  - Ashley Peck
  - Jessica Walworth
  - Jane Charley
  - Meagan Chapman

Circle Time… Bone Crunching Alphabet

...Gathered in this circle are the friends we've come to know. And together through the years we'll learn and play and grow.

Circle time is over, we sang and had some fun And now it's time to move along Circle time is done. YEAH!!!

Thank you!