

Foreword

With this book the authors confront our traditional ideas of theory, as housed in the academic, ivory tower to our equally traditional idea of clinic-based treatment as hands on, people relevant, action-oriented practice that is applied to a wide range of case problems but has very little to do with theory and less to do with the ivory tower. On first blush, the primary focus of this book looks to be for therapists interested in learning how to use sensory integration techniques in treatment. However, as therapists begin to read the text and engage in the activities and exercises that are offered and look at the additional suggested readings it soon becomes apparent that sensory integration is not a simple technique to be learned. In this book we understand that effective sensory integration assessment and intervention is realized by using a more complex combination of precisely defined constructs and principles along with a well developed approach to problem solving known as clinical reasoning.

Readers will undoubtedly view this book as bridging the proverbial scholarship/research/practice divide. In reality, those who teach, research, and/or practice using sensory integration and work in the university, laboratory, and/or therapy worlds know the importance, as well as the usefulness, of letting concepts and constructs, and principles and rules that are part of a theory guide and lead their work. By using ideas in the language and for the purpose they were created, we learn to systematically analyze function and dysfunction, observe it, measure it, and as the authors say “Put it all together.” This is also the way that we further develop our ideas about children and adults with sensory processing disorders, understanding not only what kinds of techniques are the most effective, but also how much improvement a child will experience, the length of time it will take to see these changes take hold, the treatment frequency that is needed, and how changes are sustained over time.

Used together, theory and clinical reasoning provide therapists with tools to observe, analyze, interpret, and critique behavior and provide assessment and treatment in a way that is uniquely specific to sensory integration. The text provides an explanation of this interplay as unfolding at three levels. At the first level, the use of theoretical concepts, constructs, and principles of sensory integration results in therapists asking themselves questions such as: How do I describe (the construct of) sensory registration for this parent and teacher? How do I assess registration, modulation, and discrimination in this child to be sure that I make the correct sensory processing interpretation?

At the second level, the book teaches therapists to nest their sensory integration interpretation in a larger occupational view of the person. At this level therapists ask: How do I analyze sensory influences on this child’s function in the classroom? In this child’s home? As a six-year-old attending first grade?

At the third and final level, therapists are taught to understand what is going on in assessment and treatment using a sophisticated system of reasoning. Here therapists ask: What is the purpose and focus of this treatment? How do I know I am affecting the specific problem? How (and why) do I adjust this treatment?

Theory and practice are written about by highly skilled occupational therapists who themselves traverse the worlds of academia and clinic. Schaaf and Smith Roley develop and apply a sensory integration point of view that is consistently filtered through “occupation” focused lenses. For Schaaf and Smith Roley the behavior or experience of being “occupied,” of being involved in an activity that has a particular meaning to the child and makes sense in the world that the child lives in (occupies) is of utmost concern in treatment. It is both the start and end points of intervention, first in assessment and goal setting, and last in achievement and analysis of outcomes. Careful attention is given to children and the place they occupy in their environment, including what is included and excluded, and what is expected and considered appropriate, acceptable, and successful by other children and adults who co-occupy that place with them.

Schaaf and Smith Roley developed this book in response to the needs they identified in various teaching and practice forums including short and long courses; workshops; presentations and demonstrations to new and experienced therapists; and presentations to other professionals, including neuroscientists, clinical and bench researchers, and practicing physicians. From their experiences they came to understand that therapists need specific strategies and tools to understand and implement a sensory integration approach. Included in the strategies are theory and principles that are grounded in the real world of children as they interact in homes, schools, and communities. For Schaaf and Smith Roley the strategies also had to incorporate the kind of clinical reasoning that therapists need to employ if they are to understand and treat the human sensory system as well as the occupationally driven demands that are placed on humans at different places and points in time.

This book is filled with material that is quickly found and easily understood. The authors have situated their information in formats and styles that make it user friendly and highly relevant to the practice world of today. For example, the authors provide a table that analyzes the OT process from the OT practice framework with a focus on sensory integration and praxis (Table 2.8).

In the first part of the book the authors build a sturdy foundation for their ideas, reviewing current theory, providing a clear base of understanding for evaluating function and dysfunction, adding ideas about assessment and intervention, providing guides for setting goals and objectives, and then setting out the principles for sensory integration practice and the specifications of clinical reasoning.

The second part of this book is devoted to “population” specific applications in broad categories of infants and children who often experience sensory processing dysfunction. Each chapter includes an analysis from the sensory integrative point of view including: unique considerations for sensory processing, common occupational performance difficulties, key considerations for assessment, treatment strategies, and case examples. In addition, there are detailed case examples, suggested report formats, assessment, and intervention strategies, treatment planning, including setting goals and objectives as a way to “target specific areas for intervention” (chapter 4), and learning activities. Using this book, therapists have the opportunity to learn techniques for treatment. But, perhaps equally, if not more importantly, they have access to the insights and logic that are the underpinnings, the foundations to selecting the correct techniques to match a person’s sensory processing difficulties as experienced in everyday life. Of equal note is an entire chapter devoted to stimulating the therapists’ clinical reasoning through play and therapeutic activities. Chapter 13, “Sensational Ways to Play” provides a seemingly endless list

of strategies, ideas, and play scenarios that the therapist will want to have readily available during intervention planning and implementation.

The sensory integrative perspective and clinical reasoning illustrated in this book are particularly timely given the increasing numbers of children presenting with sensory processing difficulties and the greater acceptance of sensory integration as a viable intervention strategy to affect change in these young members of our society. It is with great hope that we embark on such a challenge.

Janice P. Burke, PhD, OTR/L, FAOTA
Professor and Chair
Department of Occupational Therapy
Thomas Jefferson University

© copyrighted material by PRO-ED, Inc.