

Building Competence in Ayres Sensory Integration from Student to Clinician

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From School to Clinician



Entry Level Graduate Occupational Therapy Program

**2018 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide
(effective July 31, 2020)
August 2021 Interpretive Guide Version**

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
PREAMBLE				
	The dynamic nature of contemporary	The dynamic nature of contemporary	The dynamic nature of contemporary	The dynamic nature of contemporary

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2018 ACOTE Standards

- Be able to plan and apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, **sensory**, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework.

Design and implement intervention strategies to remediate and/or compensate for functional **cognitive** deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.

Demonstrate knowledge of:

- The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.
- Human development throughout the lifespan (infants, **children**, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.
- Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.

The curriculum must include preparation to practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, **children**, adolescents, adults, and older adults in areas of physical and mental health.

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<https://acoteonline.org/accreditation-explained/standards/>



Education/Practice

- 85-93% of Pediatric Practitioners utilize Sensory Integration
- High Percentage of educators reported teaching Sensory Integration
 - 1-8 Lecture Hours
 - 1-12 Lab/Observation Hours

(AOTA, 2010; Reynolds, Watling, Zapletal, and May-Benson, 2012)




Year One Fall	Year One Spring	Year Two Summer	Year Two Fall	Year Two Spring	Year Three Summer	Year Three Fall	Year Three Spring
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Foundations	Occupational Engagement: Person, Environment, Occupation	Bridge to Professional Practice
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Interventions
IIA
5 Credits

Monday Interactive Lecture	Tuesday Lab	Wednesday Lab	Thursday Lab
Sensory Integration Theory + Sensory Reactivity	Assessment of Sensory Reactivity	Interventions to address Reactivity	DDDM utilized with Case Study -Participate with children
Sensory Perception/ BI, Ocular motor, postural control/ Praxis	Assessment of Sensory Perception/ BI, Ocular motor, postural control/ Praxis	Interventions to address sensory perception/ BI, Ocular motor, postural control/ Praxis	DDDM utilized with case study



Building Clinical Reasoning Skills through the Use of the Data Driven Decision Making Model

Data Driven Decision Making



(Schaff, 2015 & Schaff & Milloux, 2015)

- Introduction to the seminal work of A. Jean Ayres
- Sensory contributions to development, including concepts of body- centered sensations, sensory motor skills, and praxis
- Sensory Challenges, including reactivity, perception, postural and motor skills and praxis
- When to refer to a professional with post-graduate specialization in ASI
- Basic principles and equipment used in classic ASI intervention
- Impact of sensory systems on the lived experience, including occupations, of people with sensory challenges.

PROPOSED PATHWAYS TO EXPERTISE IN AYRES SENSORY INTEGRATION® (ASI)


LEVELS	KNOWLEDGE AND SKILLS
LEVEL 1: ENTRY LEVEL OUTCOMES	<ol style="list-style-type: none"> 1. Introduction to the seminal work of A. Jean Ayres 2. Sensory contributions to development, including concepts of body-centered sensations, sensory motor skills, and praxis 3. Sensory challenges, including reactivity, perception, postural and motor skills, and praxis 4. When to refer to a professional with post-graduate specialization in ASI 5. Basic principles and equipment used in classic ASI intervention 6. Impact of sensory systems on the lived experience, including occupations, of people with sensory challenges.
LEVEL 2: CERTIFICATE LEVEL OUTCOMES Training programs typically consist of 120 contact hours or more	<ol style="list-style-type: none"> 1. Historical and Current Foundations of Sensory Integration (SI) Theory 2. Foundations of SI in Occupational Therapy and Occupational Science 3. Ayres Sensory Integration® as Trademarked Term 4. Typical SI development 5. The impact of SI across the lifespan 6. Neurobiological foundations for SI 7. Models of SI function and dysfunction 8. Terminology related to SI 9. Reliability and validity of direct and indirect assessments of SI and praxis 10. Research from factor analyses supporting knowledge of the patterns of SI function and dysfunction 11. Evidence on SI and praxis deficits in various populations 12. Clinical reasoning tools such as Data Driven Decision Making 13. Differentiating SI deficits from other types of difficulties 14. ASI intervention planning based on systematic reasoning and hypothesis generation 15. Linking engagement in occupation and participation with SI for goal setting and outcomes measurement 16. Considerations of a manualized intervention 17. Structural and process elements of ASI intervention 18. Distinguishing ASI intervention methods from other interventions 19. Evidence on effectiveness of ASI methods 20. Benefits and limitations of the ASI approach
LEVEL 2 SKILLS DEMONSTRATING THE ABILITY TO:	<ol style="list-style-type: none"> 1. Choose and administer ASI assessments that inform understanding of participation challenges relevant to the profession 2. Administer assessments reliably 3. Support interpretation with objective data 4. Interpret, synthesize, and analyze assessment data and achieve meaningful goals 5. Communicate assessment results in a conclusive and understandable way 6. Relate SI assessment finding to reasons for referral and participation 7. Make an impact and empower others to effect change for the person with SI difficulties 8. Understand therapeutic use of self in ASI intervention 9. When SI is warranted, meet criteria for fidelity in ASI intervention
LEVEL 3: ADVANCED LEVEL OUTCOMES	<ol style="list-style-type: none"> 1. Shows motivation to continue learning 2. Builds expertise in one or more areas of research, advocacy, education, and practice 3. Links with professionals with additional expertise within and outside of their own profession 4. Contributes to new knowledge and skills in ASI 5. Takes a leadership role in their community of practice 6. Shares knowledge (e.g., through publications or lectures)
LEVEL 4: EXPERT LEVEL OUTCOMES	Experts are identified as individuals with exemplary knowledge and skills who make substantial contributions to ASI research, advocacy, education, or practice.



Student to Entry Level Clinician

- What are your professional goals?
- What further education do you need now, over 12 months, for your 5 year plan?
- What's the culture for learning at your facility?
- Who are your peers?

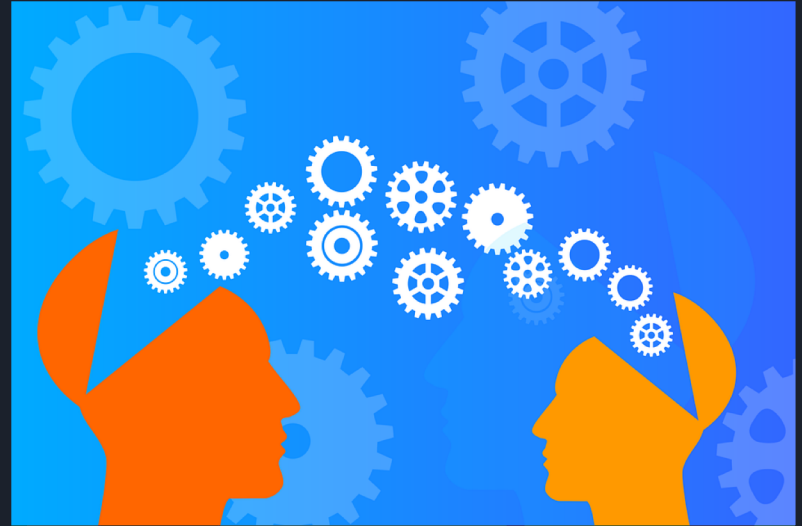


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- Courses/Trainings
 - Research
 - Mentoring



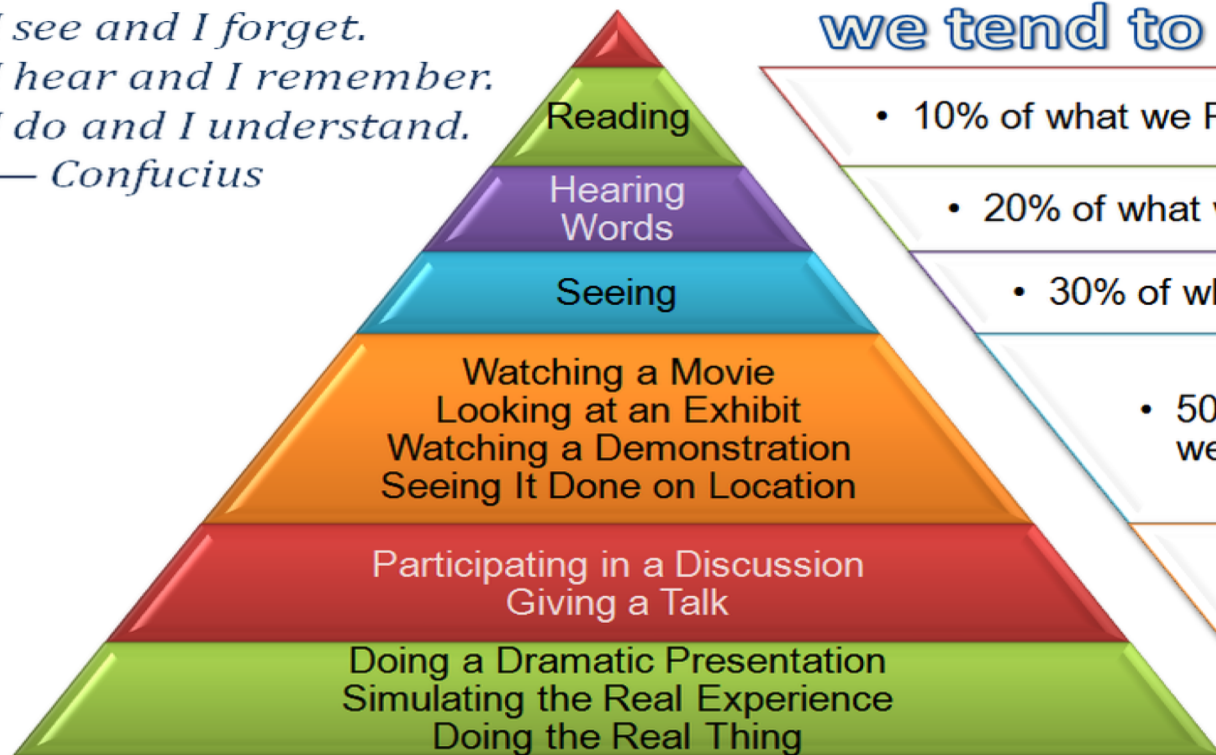
Competence through Knowledge

- Types of learning
 - Lecture/conference
 - Observation
 - Hands on, doing
- Share what you know



The Cone of Learning

*I see and I forget.
I hear and I remember.
I do and I understand.*
— Confucius



After 2 weeks,
we tend to remember ...

- 10% of what we READ
- 20% of what we HEAR
- 30% of what we SEE
- 50% of what we SEE & HEAR
- 70% of what we SAY
- 90% of what we SAY & DO

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Competence through Research

- Staying current with research
- Member of local special interest groups, local and national organizations
- Participating in research





Competence through Mentoring

- Formal model on site
- Informal model on site
- Access to off-site mentor
- Clinical discussions
/trainings/observations
- Peer mentoring/
mentor/mentee





Clinical Mentoring Model for use Within a Sensory Integration Clinic

Goodrich, L., Hebert, R., Salort,
M., & Sawyer, S. (2018)



Pacing your learning

- It takes time and patience to integrate this complex model.....pace yourself
- Don't underestimate the power of hands on doing
- Learning from your peers
- Let your clients support your learning
- Set your intention
- Have Fun!





References

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