Title: Practical Sensory Programmes for Students with Autism Spectrum Disorder and Other Special Needs

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This practical book offers a six-step approach to developing a successful programme to help children with autistic spectrum disorders cope with the sensory input that they find overwhelming, and to identify the activities they may find relaxing or rewarding. She describes 30 activities using touch, sound, taste, vision and movement that can be used by parents, occupational therapists and educational professionals to improve children’s communication skills. Checklists that can be photocopied are provided to use in the assessment of children’s sensory reactions, sleep patterns, sense of movement and use of eye contact.

The first reading of this book is quite frustrating because of the way in which it is laid out, for example the chapter on the assessment form describes how to mark it before one sees the form. In another chapter on specific sensory aims and strategies, there is a brief description of the sense and then a list of the names of activities with a reference to the page number, so one has to go back to each of these pages to read up the activity and then go back to the earlier chapter. After using the book regularly though, this gets less annoying because you know which of the activities you want to use and can refer to the relevant page.

The book is divided into three parts as follows:

Part 1: Contains very brief descriptions of sensory integration and autistic spectrum disorders. At the end of this section there is a Table of the six-steps that should be taken to develop a sensory programme. The author gives a useful explanation of how to observe reactions to all the senses whilst doing Activities of Daily Living e.g. During ‘Sleep’ the following senses can be observed: Touch (PJs/duvet vs blanket); Taste (Do they chew/suck in bed?); Smell (What have the sheets been washed in?); Vision (Light/dark room); Hearing (Walkman/earplugs); Movement (Deep pressure with a heavy blanket/hammock).

Part 2 gives the 6 steps to a successful sensory programme. This section begins with:

Step 1 - the assessment – Sensory Checklists for each of the senses are provided but this is given after the description of how to fill in the form. It would be better to have examples of activities linked to each of the sensory checklists. There are quite a number of aspects to observe in each category, which is perhaps a good thing because it makes caregivers more aware of what to look out for.

The checklists provide a sensory profile for each child in each of the following categories – movement, visual system, eye contact, touch, food, hearing, smell and sleep e.g. there are five observed behaviours to observe during the ‘sleep’ activity e.g. On a ‘frequency’ scale of 0 – 4, the caregiver can observe “Has difficulty sleeping; Prefers to sleep with parents; Sleeps in unusual places e.g. squashed against wall or wrapped in blankets; Sleeps in specific clothing; Sleeps with no clothing.”

Step 2 - is described as “Specific sensory aims and strategies”. A list of suitable sensory programme activities is drawn up for each aim but just the names of the activities is given, one then has to turn to the relevant page for the description of the activity. Aims for touch, listening, looking, taste, smell and movement are given i.e. each ‘sense’ describes the aims, the communication or language to use, the strategies to use if they don’t like the sensation.

Step 3 contains a description of general sensory programme activities. The author describes numerous activities including “bath routine” and gives aims for a good variety of ideas/activities and applies these to functional outcomes e.g. put on cream for tactile input but which might lead to teaching the child to put on sunblock. The activities cover tracking activities, music and movement activities, language games and functional activities such as afternoon tea. These are all analysed in terms of the sensory areas needed and also the behaviours to watch out for in the child. She also describes how to do the activity and what is needed. Simplified line drawings are also provided which the reviewer considers unnecessary.

Steps 4, 5 and 6 cover Programming, Evaluation and Reassessment. This section comprises the Forms to be used to do these tasks are provided. An example of a completed form with the following headings is given: Activity, Aims, Observations, Notes, Further Activities, Suggestions.

Part 3 is on Positive Behaviour Support. A table with the following three columns completed is provided. For example Behaviour (does not like cleaning teeth); Sensory Issues (Feel of toothbrush in mouth; smell, taste of toothpaste); Sensory activities (face paints; smelling, tasting activities including toothpaste; Massage including face).

There is a short description of each activity with ideas of sensory activities that can be used as rewards (again with what is felt to be unnecessary line drawings) followed by short paragraphs on ‘desensitisation’, ways to help an overwhelmed child, relaxation and a few more activities are suggested for relaxation. Finally there are forms that can be photocopied for Positive Behaviour Support which has ‘windows’ to fill in covering Observation; Disability; Implication; Skills to be taught/intervention.

The last pages are filled with line drawings to be used as visual aids to support the sensory programme e.g. a pom-pom or of a nose etc.

Useful resources (books, websites and professional services) are listed.

Relevance to SA: Although this book is written by an Australian, most of the ideas are universal and can be applied to individuals or groups. There are bits of information that can’t be found in other sensory books, because they’re based on Sue Larkey’s experiences. Some of the resources have been really useful and interesting to explore. It is felt that this book would be more useful to caregivers, family and assistants rather than occupational therapists (OTs) (especially SI trained OTs) as it is written in a very simple format. If teaching non-qualified people to carry out the suggested activities, it is felt that supervision by an OT trained in SI, would be ideal.

The book certainly makes for more motivated care-giving by describing the sensory elements incorporated into daily activities i.e. turns routine tasks into therapeutic activities which could enhance the level of care and the quality of life of each child, as there would be more ‘fun’. This in turn will lead to better response from the child motivating the care-giver to keep trying to implement new sensory ideas and methods into care-giving.

Reviewer
Sylvia Birkhead, BSc.OT (Wits); M.OT (UP);
Private practitioner and supervisor of OTA/Ts and caregivers carrying out sensory stimulation programmes in various fields.
This book is a critical contribution to the field of occupational therapy. The usefulness of theory expands beyond that of clinical reasoning with a focus on client care. By focusing on professional reasoning and its many different approaches, the authors move beyond the medical model of treatment. By doing so the development of future theory is greatly enhanced. Professional reasoning as a basis for educating occupational therapists is demonstrated practically and the importance of this is emphasised. This book provides an excellent foundation for future research on the topic of professional reasoning within the field of occupational therapy.

**Aim of the book**
The book is to serve students, supervisors, managers and educators in academia and occupational therapy practice. Current theories and research on the topic of clinical and professional reasoning is comprehensively summarised. Strategies for teaching clinical reasoning in academia and practice settings are explored and learning activities designed to promote effective reasoning provided. This book is for those who are concerned with improving their practice through professional development and scholarship and for understanding their own ability to reason. The book consists of summaries of different perspectives about the reasoning that occurs in occupational therapy. In contrast to many other text books that provide suggestions about what therapists *should* think about and how they *should* conduct therapy, the contributors to this book build their discussions based on research which focused on what therapists *actually* think about and subsequently do during therapy. Although chapters are related to each other, they can also stand alone which enables the reader to choose the most relevant material to serve their needs. The book is organised into four units. Unit one focuses on the nature of clinical and professional reasoning. Unit two is about the various aspects of professional reasoning and provides an in-depth exploration into therapists’ reasoning. Unit three focuses on the teaching of professional reasoning for effective practice and unit four on the research into clinical and professional reasoning.

**Introductory chapter**
An overview of the definitions of clinical and professional reasoning is provided. A guide to the different facets of the reasoning process, as they are grounded in human experience and within the different aspects of therapists reasoning are discussed.

**Chapter 2**
Therapists’ values, culture and worldviews are explored as an often unexamined basis on which professional reasoning is situated.

**Chapter 3**
In this chapter knowledge from cognitive psychological literature is used in order to explain how experiences are built into professional knowledge and expertise.

**Chapter 4**
The process of reasoning is explained as an embodied process that involves both thought and experiences of the whole body. Community of the human mind as well as individual variances that form the basis from which each therapist reasons in practice, are made clearer.

**Chapter 5**
An extensive examination of ‘thinking’ that is objective and seeks theory. Evidence is provided under the term scientific reasoning.

**Chapter 6**
In this chapter, focus shifts from scientific reasoning to narrative reasoning. The client’s subjective experience and their meaning of health is the focus.

**Chapter 7**
Pragmatic reasoning that goes beyond the therapist-client relationship is discussed, but focuses on the practical aspects of the delivery of care. Both the setting as well as the therapist’s skill base influence the decision on the type of care to be provided.

**Chapter 8**
The therapist’s moral sense and ethical values that come into play when they decide on what actions to take, are examined.

**Chapter 9**
The actual interactive process of clinical reasoning is emphasised through its communicative nature as the therapist seeks to build a therapeutic relationship with her/his client.

**Chapter 10**
The complex topic of epistemology, the study of knowledge and thinking is explored. Assumptions about this topic lead into further discussion in chapter 11.

**Chapter 11**
An examination of teaching practices is undertaken from both sociological and psychological perspectives. This chapter is valuable not only to those in academia, but also to those with a responsibility to continue developing professionally and with competence, for example fieldwork supervisors and managers.

**Chapter 12**
This chapter focuses on the implementation of a curriculum that is built on clinical reasoning within a community practice model.

**Chapter 13**
Curricular approaches for building professional reasoning that aids evidence-based practice are described.

**Chapter 14**
The co-construction of knowledge that occurs between a fieldwork supervisor and their respective student during the supervisory relationship is discussed within the context of professional reasoning.

**Chapter 15**
Various approaches for researching reasoning in practice and their specific benefits and liabilities are discussed.

**Chapter 16**
This chapter provides a summary of the current field of study regarding clinical and professional reasoning. That which is known and that which is not known, leading to directions for future research.

**Relevance to South African occupational therapists**
Occupational therapists across the world need to carry on the historical legacy of their profession with its core focus on individuals achieving their full potential and a sense of self-worth. This book offers a wonderful guide to leaders in the field of occupational therapy and scholars, in their quest to be innovative and improve their professional judgments to untimely enhance client care.

**Reviewer**
A. Owen B. Occ.
Lecturer, Department of occupational therapy, School of Therapeutic Sciences, Faculty of Health Sciences, University of the Witwatersrand.