

A hand is shown holding a globe of the Earth. A bright sunburst with yellow rays emanates from the center of the globe. A red zigzag arrow points upwards from the globe. The background is a solid light blue color.

# NOVAK WEBINAR 2019



**Coffee and Chat 2019**

A blue speech bubble containing the text "asi".

asi

A green speech bubble containing the text "wise".

wise

WHAT ARE  
THE  
PROBLEMS  
WITH NOVAK'S ARTICLE?

- Flawed – no systematic criteria for how establishing ASI
- Simplistic... force – exclusion
- Vague, overly inclusive no of approaches reviewed - waters down efficacy of different models/therapy approaches - how many papers on each area of practice/speciality

a lack of balance - rigor of selection of papers and the number per area of practice/speciality

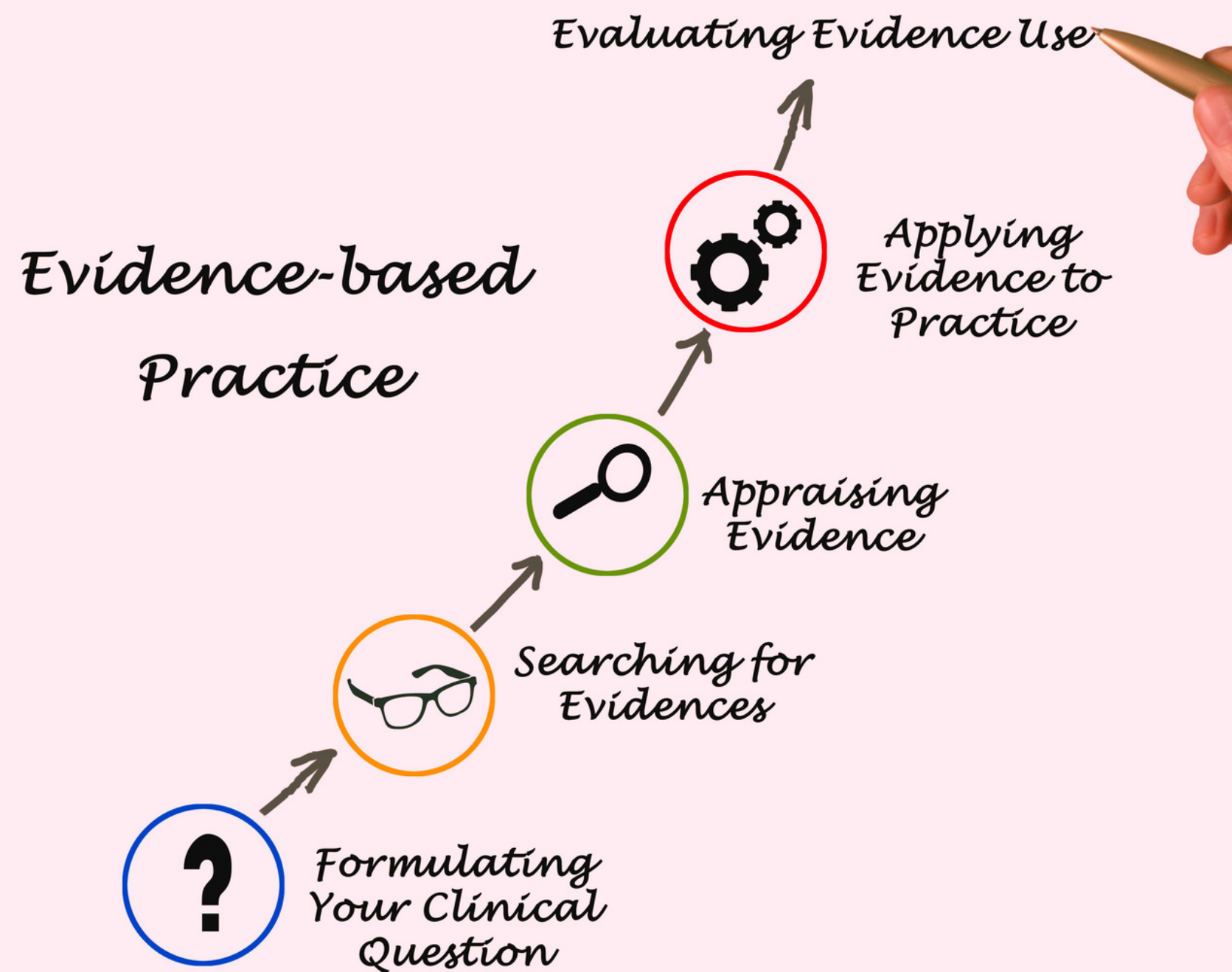
- Bias
- Who is Novak?

[Is Novak a listed trainer on CO-OP website - has she declared an interest?]

- generalisations and lack of definition
- factual inaccuracies, misrepresentations and omissions

- a lack of rigour and transparency
- subjective and reductionist views of the author/s
- Failure to consider views of users including narrative PPI





## Evidence Based Practice

“the conscientious, explicit and judicious use of current best practice in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research”.

Sackett et al., 1996: p. 71

“an approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits the patient best.”

Muir Gray, 1997

## REPORT ASI ACCURATELY



Novak et al asserts "Occupational therapists select interventions for children based upon an analysis of the child's performance of daily life roles, **how their performance is affected by their disability, and how their environment supports or constrains their performance** (Mandich & Rodger, 2006)."

# REPORT AND DEFINE TERMS ACCURATELY

## WHAT IS SENSORY INTEGRATION?

Novak's definition

"Sensation Training; (40)

Sensory Approach, including brushing, therapy balls, weighted vests, warm-ups, sensory stimulation; (41)

Sensory Integration, including sensory diets, swinging, brushing, therapy balls, weighted vests, body socks; (42).

Novak 2019

# V S



**Accurate up to date definition**

**Active, individually-tailored,  
sensory-motor activities  
contextualized in play,  
at the just right challenge,  
that target adaptive responses,  
for participation,  
in activities and tasks."**

**Schaaf, ISIC 2018**

# NOVAK TRAFFIC LIGHTS

How did they choose the journal articles reviewed?

List of these papers and publication dates?

Only English?

About the Novak traffic lights:

**Evidence\_to\_Practice\_Commentary\_**

**The\_Evidence\_Alert\_Traffic\_Light\_Grading\_System**

[<https://doi.org/10.3109/01942638.2012.698148>]

## Traffic Light Utility

Who does it help, when so limited?

ABA is rated as green...???

Red signifies 'stop' because high quality evidence indicates harm (or ineffectiveness)

Yellow can be assigned in 3 scenarios; promising evidence, unknown effectiveness because no research exists, evidence suggest possibly no effect. Signifies measure because insufficient evidence exists to be certain about whether the child will benefit

Green signifies go because high quality evidence indicates effectiveness



## **Schaaf 2014 which shows changes to participation and self care;**

This study evaluated a manualized intervention for sensory difficulties for children with autism, ages 4–8 years, using a randomized trial design.

Diagnosis of autism was confirmed using gold standard measures.

### Results

Children in the treatment group (n = 17) received 30 sessions of the occupational therapy intervention

They scored significantly higher ( $p = 0.003$ ,  $d = 1.2$ ) on Goal Attainment Scales (primary outcome).

Scored significantly better on measures of caregiver assistance in self-care ( $p = 0.008$   $d = 0.9$ ) and socialization ( $p = 0.04$ ,  $d = 0.7$ ) than the Usual Care control group (n = 15).

The study shows high rigor in its measurement of treatment fidelity and use of a manualized protocol, and provides support for the use of this intervention for children with autism.

Findings are discussed in terms of their implications for practice and future research.



## Models of Practice in OT and assumptions made about ASI;

“The practices of paediatric occupational therapists have evolved and changed based on research and theory (Rodger, Brown & Brown, 2005), such as family centred care and the World Health Organisation's (WHO) International Classification of Functioning, Disability and Health (ICF; World Health Organisation, 2001).

These frameworks have led many occupational therapists to move away from impairment-based interventions at the body structures and functions level aimed at remediating the child's deficits (known as ‘bottom-up’ interventions), and instead to focus on improving functional activity performance and participation (‘top-down’ interventions) (Weinstock-Zlotnick & Hinojosa, 2004), as well as partnering with parents to deliver therapy embedded within daily life.”



**There can be no therapy without  
Assessment;  
and then,  
therapy is ongoing assessment**

[www.asi-wise.org](http://www.asi-wise.org)







## HOW AYRES DESCRIBES ASI

An approach as part of OT

Clearly indicating it should not be used when not appropriate - 'if broken leg... '.

The judicious use of ASI when indicated!

Top down and bottom up: do we need this in OT – AOTA 2014 Personal Factors

Ayres' Interview "skills are worth having...at any time in life"

AOTA Interview, 1978

Ayres wrote "Sensory Integration and the Child" to educate parents !!

Love Jean

Coaching of young person beyond childhood  
about intervention at home using Ayres SI!



**“Given the ever-growing sophistication of our scientific knowledge and the additional new discoveries that are likely in the future, many of us harbor an uneasy, but quite realistic, suspicion that this gap between what we know about diseases and what we do to prevent and treat them will become ever wider. And it is not just recent research results that are not finding their way into clinical practice and public health behaviors; there is plenty of evidence that “old” research outcomes have been lost in translation as well.”**

Claude Lenfant, M.D., “Clinical Research to Clinical Practice—Lost in Translation?”

2003 Shattuck Lecture, Massachusetts Medical Society.

## ASI CRITIQUES INCLUDE

EBP includes SR, MA and RCT.

No account of Fidelity Measure 2011 addressing historical difficulties with ASI Research

Clark 2012's call to 'make these studies happen'

Pfeiffer 2011

Schaaf et al RCT 2014

Schoen et al 2019

And all the other studies from Ayres and colleagues

M6 Manual 2019 is 613 pages of articles summarised

Well over 200 papers !!





**“PRACTITIONERS USING AN SIT APPROACH USE CLINICAL REASONING, EXISTING EVIDENCE, AND OUTCOMES TO CREATE A COMPREHENSIVE, INDIVIDUALIZED APPROACH FOR EACH CLIENT, RATHER THAN USING ISOLATED, SPECIFIC SENSORY STRATEGIES”**

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sensory-motor activities,  
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[www.sensoryproject.org](http://www.sensoryproject.org)

