



International Council for Education
in Ayres Sensory Integration

**MINIMUM STANDARDS FOR TRAINING PROGRAMS IN AYRES SENSORY INTEGRATION FOR
OCCUPATIONAL THERAPISTS (OT), PHYSICAL THERAPISTS (PT), SPEECH-LANGUAGE THERAPISTS (SLT)
approved at ICEASI meeting in Hong Kong, October 13th, 2019 at 8:00 am.**

MINIMUM STANDARDS FOR TRAINING PROGRAMS IN AYRES SENSORY INTEGRATION FOR OCCUPATIONAL THERAPISTS (OT), PHYSICAL THERAPISTS (PT), SPEECH-LANGUAGE THERAPISTS (SLT)

- Minimum of 20 hours of training.

Theoretical foundations of ASI

Ayres SI Theory: Seminal theory proposed by Dr. A. Jean Ayres (Ayres, 1972), theoretical assumptions, and basic and applied science informing the knowledge of sensory integration and related constructs including updates in neuroscience.

- Minimum of 44 hours of training with at least 50% of the training onsite. *other assessment tools will be considered as they become available

Evaluation of Sensory Integration Function and Dysfunction

Detailed instruction in the administration and scoring of reliable and valid assessment tools designed to evaluate sensory perception, praxis and related motor functions (currently* SIPT); Caregiver questionnaires (such as Sensory Processing Measure; Parham et al., 2017); observational methods to supplement these tools; Evaluation tools that measure baseline participation in occupation.

Interpretation of Assessment Data to inform Clinical Reasoning

Review of research informing the understanding of SI patterns; Use of systematic methods of clinical reasoning and hypothesis generation based on assessment data to link participation issues to SI challenges (such as Data Driven Decision Making and ASI Assessment® and Interpretation Tool, Schaaf & MaillouX, 2015); Establish measurable goals

- Participants must prepare a case study (#1). Minimum of 24 hours of training with at least 50% of the training onsite **OR** individual supervision and feedback of case study #1 by qualified instructor.

ASI Intervention

Design and implementation of intervention based on assessment data; detailed instruction in therapeutic activities, adaptive response, dynamic assessment to inform moment-to-moment clinical reasoning; at least 3 demonstrations of intervention in a space equipped as per ASI Fidelity Measure specifications; review of the principles of the ASI Fidelity Measure (Parham et al.)

- Minimum of 32 hours of training with at least 50% of the hours of the training onsite. Participants must prepare a case study (#2).

**Some form of assessment of participant knowledge must occur at each stage of training.
Minimum total duration of the program is 120 hours with at least 50% given onsite with the participants.**

Programs should include a clear description of contents, teaching methods and the expected outcomes for each of the following areas: Theoretical foundations of ASI, Evaluation of Sensory Integration Function and Dysfunction; Interpretation of Assessment Data to inform Clinical Reasoning, ASI Intervention. The 4 areas of content can be distributed across different phases of the learning process and not necessarily presented as separate courses. Hands on, in person, practical learning is an essential part of the learning process for the areas of evaluation and intervention. Furthermore, close supervision and mentoring is an essential part of the learning process for the area of interpretation of assessment data to inform clinical reasoning. Programs should include a clear description of how this will be addressed.

The outcomes of the education program should include the following:

Knowledge and Understanding: The Successful learner will know and understand:

- 1.Origins of Sensory Integration Theory: how and why Ayres gathered data, including knowledge and understanding of the models linked to SI (and limits to each)
2. Typical development of sensory integration across the lifespan
3. Neuroscience: neurophysiology and anatomy, sensory systems and how they interact to facilitate function
4. Existing clinical reasoning models such as Data Driven Decision Making (Schaaf, 2015) and ASI Assessment® and Interpretation Tool, Schaaf & Mailloux, 2015);
5. Know range of assessment tools available to evaluate ASI and praxis function and dysfunction. Limits and strengths of tools/consider others – reliability and validity. Discriminate between Standardized and non-Standardized.
6. Patterns of dysfunction – defined by ASI theory
7. Know and understand ASI terms
8. Knowledge base for intervention planning:
 - ASI manual e.g. goal setting and outcomes
 - Current research and evidence base for ASI and from related fields

9. Knowledge base for intervention

- see and experience e.g. video/hands-on under supervision
- know about fidelity process: identify and do

10. Know when to use and apply ASI with in own profession; know when and where to seek sufficient/support (from within own profession and from outside)

Skills: The Successful Learner will be able to:

1. Make objective observations without jumping to conclusions/interpretations
2. Base interpretation on objective data
3. Choose ASI assessment tools and methods and other assessments needed to establish and achieve meaningful goals
4. Choose and administer ASI assessment tools and additional assessments specific to the profession (OT, PT, SPT)
5. Interpret, synthesise and analyse assessment data
6. Communicate ASI terms
7. Communicate/write assessment results to others in a conclusive and understandable way
8. Relate assessment findings to participation and functional challenges (referral reason)
9. Make an impact and empower others to effect change for the person with ASI dysfunction
10. Know when you do not know and who to refer to
11. Understand therapeutic use of self in ASI
12. Create playful interaction and trust
13. Meet fidelity criteria in practice

The function of ICEASI is to make clear recommendations for MINIMUM STANDARDS FOR TRAINING PROGRAMS IN AYRES SENSORY INTEGRATION FOR OCCUPATIONAL THERAPISTS (OT), PHYSICAL THERAPISTS (PT), SPEECH-LANGUAGE THERAPISTS (SLT).

Programs who choose to follow and adhere to the ICEASI recommendations may request assessment of their program and can obtain a certificate of program approval from ICEASI. Education programs who choose not to follow and adhere to the ICEASI recommendations will not be assessed or “policed”.

ICEASI membership and ICEASI training program approval are two separate procedures; organization membership to ICEASI does not imply that the training program given by that organization has been assessed and approved by the ICEASI Standards of Education Committee.

PATHWAY TO EXPERTISE

NOVICE LEVEL: ASI Basic Program in accordance to ICEASI standards (See Standards)

In order to promote to **PRACTITIONER LEVEL:** minimum of 25 patients and 250 hours of direct treatment/assessment; 20 hours of supervision* over a period of 2 years; recommendation to promote made by 2 mentors

*At least 75% of the supervision time must be direct observation of intervention by a mentor for therapists at the **NOVICE LEVEL**

PRACTITIONER LEVEL:

Minimum 2 years of experience in OT-ASI, PT-ASI, or SLT-ASI clinical practice

In order to promote to **MENTOR LEVEL:** minimum of 75 additional patients and 300 hours of direct treatment; 30 additional hours of supervision over a period of 3 to 5 years; 24 hours of continuing professional development in ASI in accordance with ICEASI standards; recommendation to promote made by 2 mentors; recognized state-registered qualification to practice as an **occupational therapist** in their country; demonstrated expertise in one or more areas of ASI research, education, practice, or advocacy

MENTOR LEVEL: Minimum 5 years of experience in **OT-ASI** clinical practice with demonstrated expertise in one or more areas of ASI research, education, practice, or advocacy

In order to promote to **INSTRUCTOR LEVEL:** recommendation to promote made by 2 instructors and fulfill instructor level requirements; recognized state-registered qualification to practice as an **occupational therapist** in their country; demonstrated expertise in creating and conveying scholarly information about ASI in writing, virtually or in-person

INSTRUCTOR LEVEL: Minimum 8 to 10 years of experience in **OT-ASI** clinical practice with demonstrated expertise in creating and conveying scholarly information about ASI in writing, virtually or in-person

Legally qualified to practice as **occupational therapist** in their country.

Master-level, certificate of pedagogical aptitude (CAP), or equivalent post graduate training enabling one to teach.

At the time of approval of the ICEASI Pathway to Expertise, occupational therapists which have been teaching ASI courses and have a minimum of 150 hours of experience as instructors of ASI courses, will automatically be recognized as instructors. After the initial transition period, instructors will be approved as per the indicated Pathway to Expertise