



Collaborative for Leadership in Ayres Sensory Integration® (ASI) Certificate Program

2020-2021 Requirements and Assignments



The 2020-2021 revised requirements apply to participants completing the CLASI CASI program with emphasis on the EASI as the primary assessment tool, starting in October 2020. Participants who began the CLASI CASI program with emphasis on using the SIPT, will be provided the ASI Certificate under the prior requirements. Please confirm with your local host or info@cl-asi.org if you have questions.



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**Collaborative for Leadership in Ayres Sensory Integration (CLASI)
Certificate in Ayres Sensory Integration (CASI)**

REQUIREMENTS

1. The CLASI-CASI program requires completion of 6 Modules plus additional activities and assignments. Each module requires approximately 30 hours (3.0 CEU's), for a total of 180 hours (18 CEU's).
 - Module 1 is offered by asynchronous virtual format but may be offered onsite, when possible, upon request.
 - Modules 2, 4, and 5 are completed via an asynchronous virtual format.
 - Modules 3 & 6 are completed onsite or by synchronous virtual format, when holding onsite courses is not feasible.

2. Complete assignments per module and submit assignments per instructions as follows:

Module 1: ASI Theory	
Onsite or Asynchronous Virtual Module, 3.0 CEU's	
Module 1 is a research-based series of lessons that provide a foundation in ASI theory.	
ASYNCHRONOUS VIRTUAL MODULE 1	ONSITE MODULE 1
Asynchronous Virtual Format Assignments: 6 hours	Onsite Module: 24 hours (4 days) Assignments: 6 hours
Assignments	
Find and post a reputable media resource (e.g. a You-tube video, podcast, or website) that exemplifies the relationship between neuroscience and ASI. Post on online discussion board with a short commentary on the reasoning for choice.	Neuro presentation-participants prepare and present on neurological structures and functions in small groups (described in more detail during the onsite course).
Recommended but not required: Following M1, create and present an introductory 30-60-minute presentation e.g. in-service or lecture on ASI to a self-selected audience e.g. parents, teachers, community groups, etc.; share slide(s) on discussion board and post comments on the presentation.	

Module 2: Introduction to Comprehensive Assessment in ASI Asynchronous Virtual Module, 3.0 CEU's
Module 2 introduces the learner to information on direct and indirect assessments including the Evaluation in Ayres Sensory Integration (EASI), the Sensory Integration and Praxis Tests (SIPT), and the Sensory Processing Measure (SPM).
Asynchronous Virtual Module 2: 20 hours Assignments: 10 hours
Assignments
Practice test administration for all tests. Practice with video clips, then practice administration and scoring with adults and with typically developing children.

Module 3: Comprehensive Assessment in ASI Hands-on Practice and Review Onsite Module, 3.0 CEU's (M3 may be offered via synchronous virtual format if onsite courses are not feasible)
Module 3 provides hands-on practice and review of all aspects of sensory integration including perception, reactivity, postural ocular and bilateral control and praxis, with a variety of assessments that were introduced in Module 2. During the onsite Module 3, participants will have an opportunity to clarify any questions they have about the information presented in the asynchronous virtual instruction, and to practice assessment administration and scoring with peers.
Onsite Module 3: 24 hours (4 Days) Assignments: 6 hours
Assignments
The following assignments are to be completed after onsite Module 3: <ol style="list-style-type: none"> 1) After completing the asynchronous virtual preparation for Module 2 and attending the M3 onsite practice course for assessment, continued practice is needed to develop competence in test administration and scoring skills; participants are expected to review asynchronous virtual lessons and notes; learning test mechanics takes time-continue practice with adults, along with the videos in the asynchronous virtual program. 2) Following practice, participants will complete the TEST ADMINISTRATION & SCORING CHECK-TASC. (see attached form for details of this assignment) 3) Practice the tests, as possible, with typically developing children to have the chance to see how children without SI concerns perform on the tests. Scoring practice on typically developing children is also helpful, however, completing computerized scoring (if using the SIPT) is not necessary. 4) Complete the EASI on two typically developing children ages 3-12. 5) Identify and test at least one child with suspected difficulties. Complete the EASI (or the SIPT, including computerized scoring and SIPT test report), and the SPM; estimate performance on qualitative or non-standardized measures.

To apply clinical reasoning and learn the interpretation process, we will rely on research based on the SIPT to identify core ASI constructs. As research is available on the EASI, this data will be included to further support the interpretation of test data.

To complete the assignments for the CLASI CASI, all tests of the EASI should be administered to two typically developing children and to one child with suspected sensory integration concerns (see criteria for selection of case). In addition, either the Home or Classroom version of the SPM is administered to the child with suspected sensory integration concerns. The SIPT may be substituted for the EASI, if the learner has access to a SIPT kit, SIPT test forms and SIPT scoring.

Module 4: Clinical Reasoning in ASI Asynchronous Virtual Module, 3.0 CEU's
Module 4 builds on Modules 1-3 with content and skills needed for interpreting assessment data in a systematic way, so that intervention can be planned and implemented in a focused, appropriate, and effective way.
Asynchronous Virtual Module 4: 24 hours Assignments: 6 hours
Assignments
Prior to/during completion of asynchronous virtual Module 4: 1) Complete all lessons and assignments for Modules 1-3. 2) Complete TASC with a peer(s) or therapist certified in Sensory Integration; retain form for submission for final CASI; review discussion from TASC and seek clarification on questions (e.g. attend a CLASI webinar to ask questions or receive clarification on administration and scoring of tests). 3) Test two typically developing children on the EASI (ages 3 to 12 years). 4) Identify and test at least one child with suspected SI problems (who has NOT had intervention for SI concerns) on required tests. Complete the EASI (or if the SIPT is administered, complete administration and scoring of all tests, including computerized scoring and the SIPT computer generated test report), and the SPM. In addition, document information obtained from observations, interviews and other qualitative or non-standardized measures.

Module 5: Intervention Planning Asynchronous Virtual Module, 3.0 CEU's
Module 5 introduces the research and manualized methods of ASI intervention as an evidence-based intervention, including the core principles of ASI that assist practitioners in planning intervention as defined in the Fidelity to ASI Intervention Measure that assists researchers and clinicians to distinguish between interventions that are faithful to the principles of ASI and those that do not meet the criteria.
Asynchronous Virtual Module 5: 24 hours Assignments: 6 hours
Assignments
<ol style="list-style-type: none"> 1) During the asynchronous virtual lessons for Module 5, participants will complete an exercise that involves rating intervention video clips using the ASI Fidelity Measure. A passing score on the ASI Fidelity Measure ratings is required to complete the module. Complete all lessons and assignments for Modules 1-3. 2) Complete the case summary for a child for whom you have test scores (e.g. if you were able to obtain standard scores on the EASI or if you administered and scored the SIPT) OR for the case provided to you by the instructor. Following completion of Module 4 & 5 asynchronous virtual lessons, complete DASC with the case summary you have developed. Seek clarification on questions (e.g. attend a CLASI webinar to ask questions or receive clarification on use of assessment interpretation tool, generation of hypotheses, identification of proximal and distal outcome measures, and initial intervention ideas). 3) Revise your case summary based on feedback you receive from the DASC and bring it with you to Module 6. 4) Video-record and rate your own intervention session using the ASI Fidelity Measure (see attached video assignment).

**Module 6: ASI Intervention
Hands-on Practice and Review**

Onsite Module, 3.0 CEU's

(M6 may be offered via synchronous virtual format if onsite courses are not feasible)

Module 6 provides hands-on experience in designing and implementing evidence based ASI intervention with fidelity to the method. Through case analyses, participants are guided to design the intervention program and activities based on analyses of the assessment data and conduct dynamic assessment while providing those intervention strategies. Emphasis is placed on clinical reasoning using all steps of DDDM, from hypothesis generation to working on proximal goals to meet relevant distal outcomes. A master clinician will demonstrate using an ASI approach with children who demonstrate sensory integration deficits.

Onsite Module: 24 hours (4 Days)

Assignments: 6 hours

Assignments

Participants will work in small groups to analyze and discuss cases and participate in a group presentation of selected cases from each group. Throughout M6, participants are expected to refine their case summaries, based on the information presented each day. Participants should plan for 1-2 hours after the course on days 1-3 to work on the case refinement.

*Participants must bring the following to M6: Completed TASC, DASC, 1 Case Summary, Video of an ASI intervention session and an ASI Fidelity Measure Rating Form for that session.



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Test Administration and Scoring Check (TASC)

The *Test Administration and Scoring Check* with a peer(s) or previously SI certified therapist aims to assist learners in refining test administration and scoring competency, following training and practice. The TASC may be conducted in person or virtually. The following process is followed:

- Learner administers at least a portion of all required tests to another adult or child (adult is recommended) while peer who is familiar with tests (either fellow learner or someone who has been trained in the tests) observes.
- Peers may choose to work in small groups (2-4 people works well), alternating the role of tester and “child” if in-person; if virtual, then learner may test another adult, while observer reviews virtually- preferably in real time.
- Learner and observers discuss test administration and scoring, using notes and other course resources to clarify and resolve any points of confusion.
- Learner must exchange one scored form for Visual Praxis: Designs (VPr:D); Praxis Ideation (Pr:I) based on videoclip; Proprioception Joint Position (Prop:JP); and Tactile Perception: Design (TP:D) (or KIN, MAc and GRA if using the SIPT (administered to a child prior to the observation) and a scoring check must be completed (see below).

Learner Information:

Name: _____ Email address: _____

M3 attended (city and dates): _____

Observer Information:

Name: _____ Email address: _____

___ peer in same onsite course, OR

___ trained in required tests (list program, city and dates)

Please list at least 3 things that were clarified, corrected, or which made testing more efficient based on discussion from the TASC:

1)

2)

3)

Scoring Check:

Learner and observer verify that they have scored, compared, and discussed their results on VPr:, Pr:I, Prop:JP, and TP:D (or on KIN, MAc and GRA, if using the SIPT).

I verify that all information recorded here is true and accurate:

Signature of learner: _____ Date: _____

Signature of observer: _____ Date: _____

Optional:

Comments related to participation in a virtual or in-person meeting with CLASI or a local course organizer:



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Data Analysis and Synthesis Test Check (DASC)**

The *Data Analysis and Synthesis Test Check* with a peer or small group aims to assist learners in clinical reasoning by refining data analysis for completion of the next steps of DDDM. The DASC may be conducted in person or virtually. The following process is followed:

- Learner completes at least one Case Summary (either from child tested or from case provided by the instructor) following the assigned format, following steps of DDDM.
- Learners may choose to work in pairs or in small groups to exchange their Case Summaries (pairs or groups compare their findings in person, by phone or via a virtual meeting, such as Skype or Zoom); based on discussions, the learners revise their Case Summaries.
- Learners are encouraged to bring any questions or interesting points of discussion to a CLASI webinar (or to meetings with local host organization if provided).

Learner Information:

Name: _____ Email address: _____

Partner or Group Information (if case discussion involved more than one peer, list all):

Name: _____ Email address: _____

Please list at least 3 things that were clarified, or areas identified as needing clarification during the DASC:

1)

2)

3)

I verify that all information recorded here is true and accurate:

Signature of learner: _____ Date: _____

Optional:

Comments related to participation in a virtual or in-person meeting with CLASI or a local course organizer:



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Verification of Testing of Typically Developing Children on the EASI

Name: _____

I verify that I tested two typically developing children on all tests of the EASI, as follows:

Typically Developing Child #1:

Age in years ____ months ____

Gender: ____ male ____ female ____ other

City and Country of child's residence _____

Typically Developing Child #2:

Age in years ____ months ____

Gender: ____ male ____ female ____ other

City and Country of child's residence _____

Scored Test Sheets and Child Forms submitted to:
(name) _____

I verify that parent signed a consent form _____ (check)



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SELECTION CRITERIA FOR CHILDREN TESTED AND CASE PREPARATION

- 1. Required: Administer the EASI on 2 Typically Developing Children**
 - Administer and score all tests of the EASI on 2 typically developing children who are between 3 and 12 years of age.
 - Follow ethics guidelines provided by course instructor.
 - Provide EASI raw scores to the EASI lead for the country where the children are tested. Details to be provided during Module 3.
 - Bring scores to Module 6.

- 2. Administer the EASI (or SIPT) and the SPM on one child with suspected difficulties:**
 - Age 3-12 years (if using the EASI; 4-9 years if using the SIPT).
 - Child has some challenges in participation (e.g. trouble playing with peers; difficulty mastering skills such as dressing or bathing; struggling at school, etc.).
 - Suspected problems with sensory integration-some indication that the participation challenges could be related to problems in sensory integration; diagnoses such as autism, attention deficit disorder, speech and language delays or learning disabilities are often good candidates.
 - No other complicating diagnosis, such as cerebral palsy, Down syndrome, visual impairment, etc.
 - No or little intervention, especially intervention that has used an Ayres Sensory Integration approach.
 - Tester believes that test scores are valid and reliable.
 - Prepare short video clip that shows the sensory, motor or praxis challenges.
 - On this child (or on another child who has full assessment data) prepare a video segment of intervention applying the ASI approach.
 - Rate the intervention segment on the Ayres Sensory Integration Fidelity Measure.

NOTE: Participants may bring additional cases to Module 6 including children for whom standardized testing is not feasible e.g. children under age 3 or children with challenges that make it impossible for them to comply with standardized test procedures. We will discuss the application of the sensory integration concepts and intervention planning to these cases as time allows.



Case Preparation Guide DDDM Review

For Case Summaries to be Completed During and Following M4 and M5

See Case Preparation Template for Example

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Case Preparation Guide - DDDM

Data-Driven Decision Making Table

Identifying the Child's Strengths and Participation Challenges	Conducting the Comprehensive Assessment	Generating Hypotheses	Developing and Scaling Goals	Identifying Outcome Measures	Setting the Stage for Intervention	Conducting the Intervention	Measuring Outcomes and Monitoring Progress

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Demographic and Background History

- Initials or pseudonym
- Age
- Occupational Profile
- Background Information
- History: developmental, medical, educational, diagnoses, and intervention services which have been received
- Reason for choosing this child for testing, i.e., why were SI concerns suspected

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Strengths and Challenges	Identifying Strengths and Challenges	Assessment Results	Generating Hypotheses
<p>What can the client do with and without supports?</p> <p>What are the challenges to participation as determined by the client and caregivers?</p>	<ul style="list-style-type: none"> ▶ Consider participation challenges in occupation e.g. difficulty getting dressed as opposed to an underlying performance skill such as poor fine motor ▶ Specific information about child's abilities and challenges 		

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Participation Strengths/Challenges Child's Interests & Abilities

Strengths and
Challenges

- Describe the child as an individual
- Consider participation challenges in occupation e.g. difficulty getting dressed as opposed to an underlying performance skill such as poor fine motor

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Conducting a Comprehensive Assessment	Identifying Strengths and Challenges	Assessment Results	Generating Hypotheses
<p>Provide reliable and valid test scores in relevant areas;</p> <p>Interpret the test data relative to the available research showing the relationship between tests</p>		<ul style="list-style-type: none"> ▶ Standardized tests e.g. bar graph from SIPT ▶ Standardized questionnaire data e.g. SPM ▶ Structured and unstructured observations ▶ Interviews ▶ Record review ▶ Preliminary conclusions re: patterns of SI function and dysfunction 	

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Assessment Interpretation Tool

Conducting a Comprehensive Assessment

- Chart test data and observation on the assessment interpretation tool (note that entering scores in different colors helps to differentiate problem areas; use the tool in word, then save as a PDF to preserve formatting to insert in PPT)

SENSORY INTEGRATION ASSESSMENT INTERPRETATION TOOL ▲=SIPT ★=EASI =SPM/SP ●=OTHER TESTS □				
Problems in Vestibular Bilateral Integration		Problems in Somatopraixs		Problems in Sensory Reactivity
Sensory Perception Vestibular Processing PRM/VN ★ signs of typical dizziness following movement orientation in space (e.g., navigation, directionality parameters on DC or CPV) ▲		Proprioception KIN ▲ position awareness; use of force		Problems in Sensory Reactivity Sensory Reactivity Signs of <u>over</u> or <u>heightened</u> responses: SPM Bal & Mov't ● GI / PC SPM Touch ● SPM Hearing ● SPM Taste/Smell ● SPM Vision ●
Praxis & Motor Related Functions Postural/Ocular SWB ▲ PC ★ OM & PPr ★ MAC ▲ other (e.g. BOT-2) □ extensor tone righting reactions Bilateral Integration-Midline BMC ▲ CPV ▲ SVCU ▲ SPR ▲ PHU ▲ (GRA) ▲ (MFP) ▲ ability to coordinate both sides of the body crossing midline/laterality jumping jacks, skipping, etc.		Somatosensory-based Praxis PPr ▲ OP ▲ SPr ▲ BMC ▲ Language-based Praxis PVC ▲ other visual motor tests (e.g. VM) □ Ideation-based Praxis Pr-I ★ other (e.g. TIF) □ SPM Planning & Ideas ● ability to plan novel actions ability to learn new skills/ coordination in tasks		Sensory Over-Reactivity Signs of <u>under</u> responses: SPM Bal & Mov't ● SPM Hearing ● SPM Taste/Smell ● SPM Vision ● other observations or caregiver report on under reactions to sensory input (e.g. temperature, pain or other sensation)
Visual Perception MFP ▲ FI ▲ GRA ▲ LTS ▲ ability to find or manipulate objects w/o vision		Visual Perception SV ▲ FG ▲ other visual perception tests (e.g. DTVP, TVPS) □ visual perception abilities (e.g. puzzles, hidden figure games)		Visual Perception MAC ▲ DC ▲ CPV ▲ (GRA/MFP)

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Generating Hypotheses

Relate the impression from the array of assessment data with the contribution to presenting difficulties

Strengths and Challenges

Assessment Results

Generating Hypotheses

Consider the relationship between the various sensory integrative constructs and the contributions to function; and the way that sensory integrative deficits may interfere with every day life

e.g. vestibular postural and bilateral deficits often interfere with spatial perception, sitting still comfortably, and the ability to coordinate head/neck/eye control essential for copying from the board

e.g. praxis deficits often interfere with the ability to plan and organize one's body, tools, spatial arrangement of materials, and time especially relative to others, or when expected to conform with other people's ideas/plans

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Generate Hypotheses about SI in Relation to Presenting Concerns

Generating Hypotheses

- What are the strengths that enable the child to do well in certain areas or to learn from certain sensory channels?
- In what way do sensory integration challenges contribute to learning and behavior reported by the caregivers?

<div data-bbox="175 1138 498 1262" style="background-color: #00b050; color: white; padding: 10px; text-align: center;">Developing Goals</div> <p data-bbox="213 1315 491 1387">Style of goal writing may be specific to setting (e.g. IEP or insurance)</p>	Generating Hypotheses	Developing Goals	Identify Proximal & Distal Outcome Measures
		<p>Establish goals that are relevant, achievable, and reflective of the areas of need and potential ability of the client within a determined time-frame e.g. following 6 months of intervention, 1 hour per week.</p>	



Developing Goals

Developing Goals

- Write 2 suggested goals, based on referring problems and assessment findings
- Include both the functional outcome, as well as the underlying obstacle to performance in the goal, if possible

<div style="border: 1px solid black; padding: 10px; background-color: #4a698c; color: white;"> <p style="text-align: center; margin: 0;">Identifying Outcome Measures</p> <p style="margin: 10px 0 0 20px;">Determine outcome measures to be used to assess progress toward goals and improvements at home, at school, or in community</p> </div>	Generating Hypotheses	Develop Goals	Identify Proximal & Distal Outcome Measures
			<p>Proximal Measures may include: SIPT, SPM, Beery VMI</p> <p>Distal Measures may include: Goal Attainment Scales; Family Life Impact Questionnaire (FLIQ); Adaptive Behavior Assessment Scale (ABAS-3)</p>



Outcome Measures

Identifying Outcome Measures

Proximal Outcome Measures	
Distal Outcome Measures	

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<p>Setting the Stage for Intervention</p> <p>Assessment drives goals, goals drive the service, therefore determine the level and type of service necessary based on the hypotheses and what is necessary to achieve the predicted goals</p>	<p>Setting the Stage for Intervention</p>	<p>Conducting the Intervention</p>	<p>Displaying Outcomes Post - Tx</p>
	<p>If ASI is required, in order to be evidence-based, it is essential to practice this intervention with fidelity.</p> <p>ASI may not be the only type of intervention required, and OT is often not the only professional providing services.</p> <p>Services are provided relative to the child's setting, schedule, and available resources</p>		

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Setting the Stage for Intervention

Setting the Stage for Intervention

- Meet the Structural Elements of Fidelity to ASI
 - Who, what, when and where
 - Service Recommendation? How much and for how long
- Design therapeutic activities to address identified goal areas

<div data-bbox="175 1132 498 1289" data-label="Section-Header"> <h2>Conducting Intervention</h2> </div> <div data-bbox="210 1309 486 1415" data-label="Text"> <p>Planning the intervention activities with adherence to process elements for fidelity to ASI</p> </div>	<div data-bbox="552 1128 736 1179" data-label="Section-Header"> <h3>Setting the Stage for Intervention</h3> </div>	<div data-bbox="828 1140 1083 1168" data-label="Section-Header"> <h3>Conducting the Intervention</h3> </div>	<div data-bbox="1175 1117 1332 1187" data-label="Section-Header"> <h3>Displaying Outcomes Post - Tx</h3> </div>



Conducting Intervention

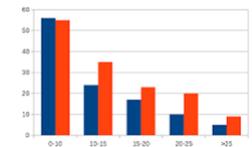
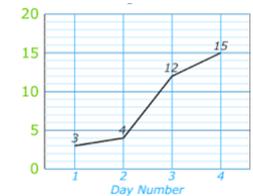
Conducting Intervention

- Caregiver Education
 - Consultation/collaboration
 - Accommodations

- Meet the Process Elements of Fidelity to ASI
 - How will activities be designed relative to assessment results?
 - How will the therapist scaffold for success and facilitate adaptive responses?
 - How does the child and therapist create a partnership and atmosphere of collaboration, fun, and play?

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<div style="background-color: #e91e63; color: white; padding: 10px; margin-bottom: 10px; text-align: center;"> Outcomes Measurement </div> <p>Following a course of intervention, provide measures that show changes and provide accountability for therapy services</p>	Setting the Stage for Intervention	Conducting the Intervention	Displaying Outcomes Post -Tx
			<ul style="list-style-type: none"> ▶ Conduct Outcome Measures and document data ▶ What changed? ▶ What's next? <div style="display: flex; justify-content: space-around; align-items: flex-start;">   </div>

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OT using ASI Intervention: Recommendations for Further Services

Outcomes
Measurement

- Options:
 - OT – Discontinued – all goals met; positive changes seen on proximal and distal outcome measures -no further goals required
 - OT – Continued – services remain the same with revised hypotheses, goals and new outcome measures
 - OT – Continued with increased intensity of services due to increased needs or observed increase in progress when intensity increased
 - OT – Continued with decreased intensity of services due to progress but continued concerns
- Suggestions for the Home, School, and Community
- Referrals as needed



Case Example

This Case Example is provided to show participants the expected format and content for the Case Summaries

Case Summaries are to be Completed During and Following M4 and M5

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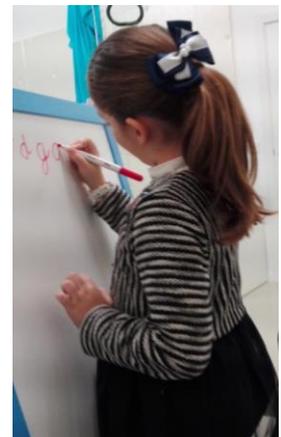
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Case Example: G

- Age:
 - 7 years and 8 months
- School:
 - 2nd grade
- History:
 - Birth 39 weeks
 - Difficulties in Reading and Handwriting
 - Typical development
 - Psychology, Speech therapy and Occupational therapy



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2



Strengths

Participation

Challenges

Strengths and Challenges

- Loves when she can do things that she is supposed to do
- Likes to be praised

- Difficulty staying in her seat at school and during mealtime
- Trouble with buttoning and pedaling a bike
- Difficulty completing her written work at school
- Feels sad that friends make fun of her as she tends to let her tongue hang out
- Limited social interactions-always says she wants puzzles instead of movement activities because she's not good at it

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3

Occupational Profile:

Family Life Impact Questionnaire (FLIQ)

Conducting a Comprehensive Assessment

	A	O	S	R/N	N/A	Comments
Does your child...						
I. relate to being part of the family?	X					
I. interact with parents and significant adults?	X					
I. interact and play with siblings/cousins?		X				
I. "fit in" with peers?			X			
I. play with friends?			X			
I. make and keep friends?				X		
I. get invited by other children to events such as birthday parties?				X		
I. invite friends for play dates?			X			
I. gets invited by other children for play dates?				X		

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FLIQ

Conducting a Comprehensive Assessment

How often do the following daily household routines run smoothly for your child and family?	A	O	S	R/N	N/A	Comments
l. cleaning up and dressing in the morning			X			
l. getting ready to go somewhere			X			
l. leaving the house in the morning			X			
l. meal preparation and cleanup		X				
l. mealtimes		X				
l. bathing activities			X			
l. grooming activities			X			
l. homework				X		
l. cleaning up			X			
l. chores			X			
l. putting personal belongings away				X		
l. returning household objects to their proper place				X		
l. getting ready for and going to bed		X				

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5



Observations During Testing

Conducting a Comprehensive Assessment

- Calm during testing
- Slow to respond during testing, in transitions, in positioning self and materials
- Uses excessive trunk and wrist flexion when she is writing, says it's to "see what she's writing"
- Uses excessive effort and force in handwriting
- Shows difficulties in left to right letter formation in handwriting
- Seems to have slow processing and low arousal level
- Avoids crossing midline during items

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6



SPM-Home Form

Conducting a Comprehensive Assessment

- “Some Problems” in Hearing

- Note: Total Score is Incorrect Therapist needs to rescore

Likely due to including sum of social participation and ideas and planning in total score

%	T	PS	VIS	AUD	TAT	COR	EQM	PLI	TOT	T	%
80	37-40	35-44	29-32	37-44	36-40	35-44	33-36	170-224	80		
79	35-36	33-34	27-28	36	34-35	34	31-32	164-169	79		
78	34	32	26	34-35	33	33	30	154-163	78		
77	33	31	25	33	32	31-32	30	142-153	77		
76	33	30	24	31	31	29-30	29	140-141	76		
75	32	28-29	23	32	30	27-28	27	137-139	75		
>99	74	27	22	30-31	29	26	28	133-136	74	>99	
99	73	31	27	28-29	28	27	27	131-132	73	99	
72	31	26	21	27	27	25	26	129-130	72		
98	71	30	25	20	26	24	24	122-128	71	98	
70	29	24	19	25	25	25	25	118-121	70		
97	69	28	23	18	25	24	24	110-118	69	97	
67	27	20	16	23-24	23	22	23	106-109	67		
95	66	26	19	15	21	21	22	99-102	66	95	
93	65	25	19	20	20	20	21	94-98	65	93	
92	64	24	18	19	19	19	20	92-93	64	92	
90	63	23	17	18	18	18	19	88-91	63	90	
88	62	22	16	17	17	17	18	84-87	62	88	
86	61	21	15	16	16	16	17	81-83	61	86	
84	60	20	14	15	15	15	16	79-80	60	84	
82	59	20	14	14	14	14	15	77-78	59	82	
79	58	19	13	13	13	13	14	75-76	58	79	
76	57	18	12	12	12	12	13	73-74	57	76	
73	56	18	11	11	11	11	12	71-72	56	73	
69	55	17	10	10	10	10	11	70	55	69	
66	54	16	9	9	9	9	10	69	54	66	
62	53	15	8	8	8	8	9	67-68	53	62	
58	52	14	7	7	7	7	8	66	52	58	
54	51	13	6	6	6	6	7	65	51	54	
50	50	12	5	5	5	5	6	64	50	50	
46	49	11	4	4	4	4	5	63	49	46	
42	48	10	3	3	3	3	4	62	48	42	
38	47	9	2	2	2	2	3	61	47	38	
34	46	8	1	1	1	1	2	60	46	34	
31	45	7	1	1	1	1	1	59	45	31	
27	44	6	1	1	1	1	1	58	44	27	
24	43	5	1	1	1	1	1	57	43	24	
21	42	4	1	1	1	1	1	56	42	21	
18	41	3	1	1	1	1	1	55	41	18	
16	40	2	1	1	1	1	1	54	40	16	

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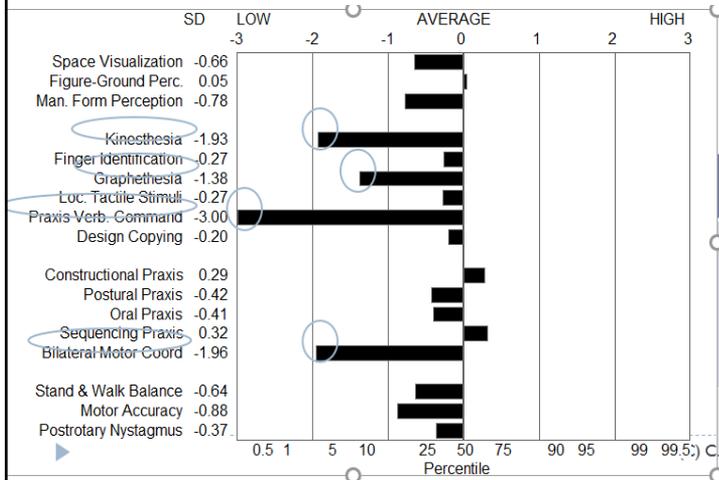


SIPT | EASI

Conducting a Comprehensive Assessment

- Low SVCU (-1.35)
- Low MFP Part II: -1.49
- Low subscores CPR:
 - rotation > 15 degrees (-1.05)
 - reversals (-1.58)

EASI PC/Bal	EASI O:M/Pr	EASI BI
Prone extension: 4 sec Supine flexion: 6 sec	Poor in all	(Seemed poor-less than half of the items correct (19/48)
Poor head and trunk alignment		



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SENSORY INTEGRATION ASSESSMENT INTERPRETATION TOOL					
Problems in Vestibular Bilateral Integration					
Problems in Somatopraxis		Problems in Visuopraxis		Problems in Sensory Reactivity	
<p>Sensory Perception</p> <p>Vestibular Processing -0.37 PRN/VOR _____ signs of typical dizziness following movement -1.58 orientation in space (e.g., navigation, directionality parameters on DG-CPr)</p> <p>Proprioception -1.93 KIN Low position awareness; use of force</p> <p>Tactile Perception _____ MFP -0.27 FI _____ GRA -0.27 LTS _____ ability to find or manipulate objects w/o vision</p> <p>Visual Perception -0.66 SV ▲ 0.05 FG _____ other visual perception tests (e.g. DTVP, TVPS) □ Low visual perception abilities (e.g. puzzles, hidden figure games)</p> <p>Sensory Reactivity</p> <p>Sensory Over-Reactivity Signs of <u>over or heightened</u> responses: Typical SPM Bal & Mov't ● _____ GI / PC & B Typical SPM Touch ● Some problems SPM Hearing ● Typical SPM Taste & Smell ● Typical SPM Vision</p> <p>Sensory Under Reactivity Signs of <u>under</u> responses: _____ SPM Bal & Mov't ● _____ SPM Touch ● _____ SPM Hearing ● _____ SPM Taste/Smell ● _____ SPM Vision ● _____ other observations or caregiver report on under reactions to sensory input (e.g. temperature, pain or other sensation)</p>					
<p>Praxis & Motor Related Functions</p> <p>Postural/Ocular -0.64 SWB _____ PC & B _____ Ocular M & Pr ★ -0.88 MAC other (e.g. BOT-2) □ Low extensor tone _____ righting reactions</p> <p>Postural Mechanisms _____ SWB ▲ _____ PC&B ★ _____ other balance tests (e.g. BOT-2) □ _____ posture in sitting & standing</p> <p>Somatosensory-based Praxis -0.42 PPr _____ OP ▲ _____ SPr ▲ _____ BMC ▲ Language-based Praxis -3.00 PrVC _____ Pr:FD ★ Ideation-based Praxis _____ Pr:I ★ other (e.g. TIP) □ Typical SPM Planning & Ideas _____ ability to plan novel actions _____ ability to learn new skills/ coordination in tasks</p> <p>Visuopraxis _____ MAC ▲ -0.20 DC 0.29 CPr (_____ GRA/MFP) _____ other visual motor tests (e.g. VM) □ _____ ability to draw, write, build, fold, etc.</p>					
<p>Bilateral Integration-Midline -1.96 BMC -19/48 BI -0.41 OPPr -1.35 SVCU 0.32 SPr -0.13 PHU (-1.38 GRA) ▲ (-1.49 MFP Part II) ▲ Low ability to coordinate both sides of the body Low crossing midline/laterality Low jumping jacks, skipping, etc.</p>					

Generating Hypotheses

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Initial Impression Regarding G's Sensory Integration Patterns (Identifying Proximal Areas of Concern)

Generating Hypotheses

Strengths:

- Good visual praxis including visual perception and visual motor skills
 - (SV, FG, DC, MAC)
- Good imitation praxis
 - (PPr, Opr, SPr)

Difficulties:

- Poor somatosensory awareness including proprioception and some aspects of tactile perception
 - (KIN, GRA)
- Poor postural control and head and trunk alignment
 - (KIN, EASI, low extensor tone)
- Difficulty with spatial orientation including crossing midline
 - (GRA, Low SVCU, low directionality scores on CPr, BMC, crossing midline, skipping, jumping jacks)
- Difficulty with auditory processing and planning actions from verbal directions
 - (PrVC, SPM Hearing)

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Initial Impression Related to Participation
(Linking Proximal Areas to Distal Areas of Concern)

Generating Hypotheses

Strengths

G's good visual motor, visual praxis, and imitation abilities support her motivation in academic tasks and her interest in puzzles

Challenges:

Poor proprioception, as well as difficulty with orientation in space affect G's ability to master geometry concepts and to keep her writing within the lines

Poor proprioception and postural control interfere with ability to stay upright in seat.

Difficulty with spatial processing including orientation in space and crossing midline, as well as poor bilateral coordination affect G's ability to button and pedal

Problems in proprioception and some aspects of tactile perception, as well as difficulty planning actions from verbal directions, interferes with G's ability to interact successfully with her peers; she likely misses verbal and somatosensory cues; these issues also likely make her unaware that her tongue is hanging out of her mouth

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Strengths and Challenges	Assessment Results	Generating Hypotheses
G. is a lovely girl who likes to be helped. She loves making puzzles and despite her difficulties she also likes academic activities.	Good SV, FG, DC, MAC, CPr, MFP & Praxis; Typical PRN	<u>Strengths</u> G's good visual motor, visual praxis, and imitation abilities support her motivation in academic tasks and her interest in puzzles
G. Has difficulty with geometric type tasks affecting her performance in mathematics. She also has trouble with writing activities at school.	Poor KIN, GRA Low SVCU, low directionality scores on CPr	<u>Difficulties:</u> Poor proprioception and poor haptic perception, as well as difficulty with orientation in space affect G's ability to master geometry concepts and to keep her writing within the lines
G is frustrated about her social interactions	Poor KIN, GRA Low PrVC	Problems in proprioception and some aspects of tactile perception, as well as difficulty planning actions from verbal directions, interferes with G's ability to interact successfully with her peers; she likely misses verbal and somatosensory cues; these issues also likely make her unaware that her tongue is hanging out of her mouth
G has trouble with buttoning and with pedaling a bike	Poor BMC, GRA, SVCU, low orientation in space, extensor tone, crossing midline, skipping, jumping jacks.	Difficulty with spatial processing including orientation in space and crossing midline, as well as poor bilateral coordination affect G's ability to button and pedal
G has some trouble staying upright in her seat at school and at mealtime	Poor KIN, poor head and trunk alignment on EASI	Poor proprioception and postural control interfere with ability to stay upright in seat.

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Linking **Proximal Areas** to be Addressed During Intervention to **Distal Outcome Areas**

Developing Goals

- Proximal Areas

Increase physically active, sensory motor play
Decrease over-reliance on visual motor activities

Improve:

- Proprioceptive awareness
- Graphomotor skills
- Spatial orientation
- Arousal Regulation
- Processing speed
- Auditory processing
- Postural Control
- Ocular Motor Control
- Bilateral Motor Control

- Distal Areas

- G will stay in her seat at school and during mealtime
- G will master buttoning and pedaling a bike
- G will complete her written work at school in a designated time frame
- G will demonstrate improved social participation and increased confidence during play activities with peers

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Goals (Linking Proximal and Distal Areas)

Developing Goals

1. G will show improved vestibular-postural control so that she is able to stay in her seat comfortably for the duration of a lesson or meal (approximately 15 minutes) on 2/3 opportunities per day over a two week period, as measured by caregiver observation.
2. G will show improved bilateral motor control so that she is able to complete her written work within the same time frame as her peers, with 80% accuracy for spatial alignment, and no more than one adult reminder/support, on 4/5 opportunities as measured by caregiver observation.
3. G will demonstrate improved body awareness and bilateral coordination needed to self-initiate engagement in gross motor activities (e.g. hopscotch, jump rope, ball games, follow the leader etc.) during play with peers at home and at school 3/5 days per week as measured by caregiver observation.

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Identifying Measurable Outcome Tools Pre-Intervention

Identifying
Outcome
Measures

Proximal Outcome Measures

e.g.

- SIPT: KIN, GRA
- SIPT: PrVC
- SIPT: BMC
- EASI: PC, BI

Distal Outcome Measures

e.g.

- Goal Attainment Scaling
- Test of Handwriting Skills-
Revised (THS)
- Family Life Impact
Questionnaire
(FLIQ)
- Adaptive Behavior Assessment
Scale (ABAS-3)

Generating Hypotheses	Developing Goals	Identify Proximal & Distal Outcome Measures
<p><u>Strengths:</u> G's good visual motor, visual praxis, and imitation abilities support her motivation in academic tasks and her interest in puzzles</p> <p><u>Difficulties:</u> Poor proprioception and poor haptic perception, as well as difficulty with orientation in space affect G's ability to master geometry concepts and to keep her writing within the lines</p> <p>Problems in proprioception and some aspects of tactile perception, as well as difficulty planning actions from verbal directions, interferes with G's ability to interact successfully with her peers; she likely misses verbal and somatosensory cues; these issues also likely make her unaware that her tongue is hanging out of her mouth</p> <p>Difficulty with spatial processing including orientation in space and crossing midline, as well as poor bilateral coordination affect G's ability to button and pedal</p> <p>Poor proprioception and postural control interfere with ability to stay upright in seat.</p>	<ol style="list-style-type: none"> 1. G will show improved vestibular-postural control so that she is able to stay in her seat comfortably for the duration of a lesson or meal (approximately 15 minutes) on 2/3 opportunities per day over a two-week period, as measured by caregiver observation. 2. G will show improved bilateral motor control including spatial awareness so that she is able to complete her written work with no more than one adult reminder/support, within the same time frame as her peers, on 4/5 opportunities as measured by caregiver observation. 3. G will demonstrate improved body awareness and bilateral coordination needed for self-initiated engagement in gross motor activities (e.g. hopscotch, jump rope, ball games, follow the leader etc.) during play with peers at home and at school 3/5 days per week as measured by caregiver observation. 	<p>Proximal Measures:</p> <ul style="list-style-type: none"> • SIPT: KIN, GRA • SIPT: PrVC • SIPT: BMC • EASI: PC, BI <p>Distal Measures:</p> <ul style="list-style-type: none"> • Test of Handwriting Skills- Revised (THS) • Family Life Impact Questionnaire (FLIQ) • Adaptive Behavior Assessment Scale (ABAS-3)



Recommendation for Service Is an ASI Intervention Approach Warranted?

Setting the
Stage for
Intervention

- Based on the evaluation findings, G demonstrates sensory integration deficits that are impacting her participation in needed and desired activities of daily living.
- OT services using evidence-based ASI methods may assist G in addressing her participation challenges.

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Evidence for ASI Intervention

Setting the
Stage for
Intervention

Sensory Integration and processing difficulties:

- **Impact meaningful childhood occupations** (Chien, Rodger, Copley, Branjerdporn, & Taggart, 2016; Reynolds, et al., 2017)
- **Impact function, learning, and emotional and behavioral responses** (Watling, Miller Kuhaneck, Parham, & Schaaf, 2018)

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Evidence for ASI Intervention

Setting the
Stage for
Intervention

AOTA OT Practice Guidelines (Watling, Miller Kuhaneck, Parham, & Schaaf, 2018)

- Children and youth with challenges in sensory integration and sensory processing and their families can benefit from occupational therapy consultation and intervention
- ASI intervention can be used by OT practitioners to help clients meet meaningful individualized goals and improve function and participation.
- ASI Intervention:
 - Reduces the need for caregiver assistance in self-care and social function
 - Reduces autistic mannerisms

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Recommendation for Service (Adhering to ASI Fidelity for Structural Elements)

Setting the
Stage for
Intervention

- 1x week for 60 minute sessions, 1:1 intervention with qualified Occupational Therapist
- G's profile warrants OT intervention using an ASI approach in a space equipped for sensory motor activities that adheres to fidelity
- 30-minutes per month of consultation/collaboration for parent education and the establishment of a home program
- Duration for a period of 1 year with reevaluation at that time to determine further recommendations

Referral: Speech and language therapy services

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Intervention Planning with Fidelity to ASI Designing Activities to Prepare for Intervention Session

Setting the
Stage for
Intervention

Intervention Activities Targeting Goal Area 1: G will show improved vestibular-postural control so that she is able to stay in her seat comfortably for the duration of a lesson or meal (approximately 15 minutes) on 2/3 opportunities per day over a two week period, as measured by caregiver observation.

Vestibular activities involving balance, postural challenges and working in prone. Challenge head, neck, and eye control. Provide incremental increases in the demand for speed, accuracy, and balance and motor control by unstable surfaces, inclines, and use of ropes, handles, and pulleys

Exposure to sensory regulatory strategies that include vibration, oral motor toys, deep pressure, and muscle work opportunities, like compression garments, burrowing under pillows, creating dark quiet spaces or caves, elimination of bright lights or unnecessary sounds/talking

Work with her caregivers on a home program to apply sensory-based activities used in the intervention sessions, before and after mealtimes

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Intervention Planning with Fidelity to ASI Designing Activities to Prepare for Intervention Session

Setting the
Stage for
Intervention

Intervention Activities Targeting Goal Area 2: G will show improved bilateral motor control so that she is able to complete her written work within the same time frame as her peers, with 80% accuracy for spatial alignment, and no more than one adult reminder/support, on 4/5 opportunities as measured by caregiver observation.

Vestibular activities involving postural challenges and working in prone. Challenge head, neck, and eye control.

Incorporate visual motor and visual tracking with target games, hide and seek, and eye spy games

Incorporate fine motor writing tasks into active play with score keeping, drawing a treasure map, making a food menu

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Intervention Planning with Fidelity to ASI Designing Activities to Prepare for Intervention Session

Setting the
Stage for
Intervention

Intervention Activities Targeting Goal Area 3: G will demonstrate improved body awareness and bilateral coordination needed to self-initiate engagement in gross motor activities (e.g. hopscotch, jump rope, ball games, follow the leader etc.) during play with peers at home and at school 3/5 days per week as measured by caregiver observation.

Active sensory motor activities using resistance and weight (heavy work) to increase proprioception feedback- pushing, pulling, carrying, looking for objects under pillows

Total body somatosensory perception and praxis challenges:
Climbing and crashing, Lycra “washing machine rides”
Rolling up and down inclines with various textured surfaces, deep pressure input with a ball or pillows, challenge body-centered praxis with obstacle courses.

Incorporate age appropriate games, such as sports that require bilateral coordination and crossing midline

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Intervention with Fidelity to ASI Scaffolding to Facilitate Integration and Adaptive Responses

Conducting
Intervention

- *(Refer to the scaffolding model and clinical reasoning resources)*
- Strengths: Start with visual motor activities such as targets or puzzles
 - Note: When child feels fatigued, insecure or dysregulated, go back to activities in the area of strength
- Pair sensory strengths with more challenging sensory areas during multisensory activities
- Add challenges in the areas of need – arousal regulation, processing speed, auditory perception, vestibular-proprioceptive awareness, spatial orientation, and postural-ocular-and bilateral coordination
 - Increase the demand for speed, accuracy, balance and motor control by unstable surfaces, inclines, and use of ropes, handles, and pulleys

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Intervention with Fidelity to ASI Collaboration/Consultation

Conducting
Intervention

Coaching and caregiver education and **sensory-based strategies** and accommodations to support carry over of the direct ASI intervention in both the home and community setting

- **Sensory-based techniques** must be individually tailored and frequently monitored for success (Bodison & Parham, 2018)
 - Sensory strategies will be introduced during 1:1 intervention sessions and observed and documented on a weekly basis for success and appropriateness of fit.
- **Caregiver education and coaching** in the use and value of these explored sensory strategies in the home and the community will also be monitored through weekly parent report (Miller-Kuhanek & Watling, 2018)
 - Provide research and education resources to help parent understand how Shane's sensory integrative difficulties impact function
 - For example: how somatoprasia and balance impact body awareness and play

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Intervention with Fidelity to ASI Collaboration/Consultation

Conducting
Intervention

Sample Accommodations for the Home, School, and Community

- Provide breaks as a critical part of her day. The evidence is conclusive that taking away breaks has no positive outcome for children, but rather has clear detrimental effects. See Pellegrini et al., 1993; 2013; and Jarrett et al., 1998; 2013.
- Reminders to review work and visually scan her responses.
- Ergonomically appropriate desk and chair with good lighting when doing seat-work
- Supports to ensure accurate auditory processing of instructions
- Visual schedule/materials checklist
- Combine visual directions with auditory instructions
- Chunk or separate tasks into manageable steps

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Implementing Evidence-Based ASI with Fidelity

Conducting
Intervention

ASI INTERVENTION FIDELITY RATINGS

STRUCTURE – 100

PROCESS - 94

1. 4
2. 4
3. 3
4. 4
5. 4
6. 3
7. 4
8. 4
9. 4
- 10.4

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Reevaluation (Determining the Next Steps)

Outcomes
Measurement

- Re-evaluation after 6 months indicated progress in all areas with continued needs in the area of somatosensory awareness and vestibular bilateral control
- Recommendation
 - OT to be continued with decreased intensity of services due to progress but continued concerns

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Setting the Stage for Intervention	Conducting the Intervention	Displaying Outcomes Post -Tx
<ul style="list-style-type: none"> • 1:1 with Qualified Occupational Therapist • 1x week, 60 minute sessions, for 1 year • in a space equipped for sensory motor activities via ASI intervention • Therapist meets criteria for Fidelity to ASI Intervention <p>Referral: Speech and language therapy services</p>	<p>Build on Strengths and Scaffold for an integrated sense of self and adaptive response</p> <p>Start with visual motor activities such as ensuring that she can see what she's doing and what's going on around her; motivating with puzzles</p> <p>Start with puzzles in prone on the floor and starting to introduce proprioceptive-vestibular activities (e.g. find the treasure she needs to go throw the sea (swing) to pick up the pieces on the other island).</p> <p>Work toward Adaptive Responses Add challenges in the areas of need – arousal regulation, processing speed, auditory perception, vestibular-proprioceptive awareness, spatial orientation, and postural-ocular-and bilateral coordination</p>	<p>To be measured and reported objectively, ideally in chart format</p> <p>G demonstrated improvement on SIPT and EASI (proximal areas) notably:</p> <ul style="list-style-type: none"> • vestibular spatial abilities, • auditory comprehension, • Speed and accuracy of handwriting <p>Resulting in improvements on FLIQ and Teacher/Academic Reports (distal areas):</p> <ul style="list-style-type: none"> • Social play with peers • Willingness to engage in playground activities • Reduced fatigue with academic tasks • Increased speed and accuracy of academic work production
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Case Preparation Template

*These blank slides may be used
to prepare the required Case Summaries*

Case Summaries are to be Completed During and Following M4 and M5

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1



Case Example: G

- Age:
- School:
- History:

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2



Strengths

Participation

Challenges

Strengths and
Challenges

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3



Occupational Profile:
Family Life Impact Questionnaire (FLIQ)

Conducting a
Comprehensive
Assessment

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4



Observations During Testing

**Conducting a
Comprehensive
Assessment**

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5



SPM–Home Form

**Conducting a
Comprehensive
Assessment**

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6



SIPT | EASI

Conducting a Comprehensive Assessment

Insert SIPT Graph

- Significant SIPT part scores

EASI PC/Bal	EASI O:M/Pr	EASI BI
Prone extension:		
Supine flexion:		
head and trunk alignment		

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Complete the Interpretation Tool

Generating Hypotheses

SENSORY INTEGRATION ASSESSMENT INTERPRETATION TOOL			
Problems in Vestibular Bilateral Integration			
Problems in Somatopraxis	Problems in Visuopraxis	Problems in Sensory Reactivity	Sensory Under Reactivity
<p>Sensory Perception</p> <p>Vestibular Processing</p> <ul style="list-style-type: none"> ___ PRN/VCR ▲ ★ (shortened duration) ___ signs of typical dizziness following movement ___ orientation in space (e.g., navigation, directionality parameters on DC or CPR) ▲ 	<p>Proprioception</p> <ul style="list-style-type: none"> ___ KIN ▲ ___ Prop: IT ★ ___ Prop: F ★ ___ position awareness; use of force 	<p>Tactile Perception</p> <ul style="list-style-type: none"> ___ MFP ▲ ___ FI ▲ ___ GRA ▲ ___ LTS ▲ ___ TP: S1/2 ★ ___ TP: L ★ ___ TP: D ★ ___ TP: T ★ ___ ability to find or manipulate objects w/o vision 	<p>Visual Perception</p> <ul style="list-style-type: none"> ___ SV ▲ ___ FG ▲ ___ VP: S ★ ___ VP: O ★ ___ other visual perception tests (e.g. DTVP, TVPS) □ ___ visual perception abilities (e.g. puzzles, hidden figure games)
<p>Praxis & Motor Related Functions</p> <p>Postural/Ocular</p> <ul style="list-style-type: none"> ___ SWB ▲ ___ PC & B ★ ___ Ocular M & Pr ★ ___ MAc ▲ ___ other (e.g. BOT-2) □ ___ extensor tone ___ righting reactions <p>Bilateral Integration—Midline</p> <ul style="list-style-type: none"> ___ BMC ▲ ___ BI ★ ___ OPr ▲ ___ SPr ▲ ___ PHU ▲ ___ MFP ▲ ___ ability to coordinate both sides of the body ___ crossing midline/laterality ___ jumping jacks, skipping, etc. 	<p>Postural Mechanisms</p> <ul style="list-style-type: none"> ___ SWB ▲ ___ PC&B ★ ___ other balance tests (e.g. BOT-2) □ ___ posture in sitting & standing 	<p>Somatosensory-based Praxis</p> <ul style="list-style-type: none"> ___ PPr ▲ ___ OPr ▲ ___ SPr ▲ ___ BMC ▲ ___ Pr: P ★ ___ Pr: S ★ ___ other <p>Language-based Praxis</p> <ul style="list-style-type: none"> ___ Pr: I ▲ ___ Pr: FD ★ ___ other (e.g. TIP) □ <p>Ideation-based Praxis</p> <ul style="list-style-type: none"> ___ Pr: I ▲ ___ other (e.g. TIP) □ ___ SPM Planning & Ideas ● ___ ability to plan novel actions ___ ability to learn new skills/ coordination in tasks 	<p>Visuopraxis</p> <ul style="list-style-type: none"> ___ MAc ▲ ___ DC ▲ ___ CPr ▲ ___ VP: T ★ ___ VP: D ★ ___ VP: C ★ ___ other visual motor tests (e.g. VMI) □ ___ ability to draw, write, build, fold, etc.
<p>Sensory Over-Reactivity</p> <p>Signs of <u>over or heightened</u> responses:</p> <ul style="list-style-type: none"> ___ SPM Bal & Mov't. ● ___ GI / PC & B ● ___ SR-Motion/Gravity ★ ___ Prolonged PRN with signs of over-reactivity ▲ ___ SPM Touch ● ___ TD scores TP tests ___ SR-Tactile ★ ___ SPM Hearing ● ___ SR-Auditory ★ ___ SPM Taste & Smell ● ___ SR-Olfactory ★ ___ SPM Vision ● <p>___ other observations or caregiver report on over reactions to sensory input (e.g. temperature, pain or other sensation)</p>		<p>Sensory Under Reactivity</p> <p>Signs of <u>under</u> responses:</p> <ul style="list-style-type: none"> ___ SPM Bal & Mov't. ● ___ SR-Motion/Gravity ★ ___ SPM Touch ● ___ RP / TP tests ___ SR-Tactile ★ ___ SPM Hearing ● ___ SR-Auditory ★ ___ SPM Taste/Smell ● ___ SR-Olfactory ★ ___ SPM Vision ● ___ other observations or caregiver report on under reactions to sensory input (e.g. temperature, pain or other sensation) 	

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Initial Impression Regarding Gavin's Sensory Integration Patterns (Identifying Proximal Areas of Concern)

**Generating
Hypotheses**

Strengths:

Difficulties:

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Initial Impression Related to Participation (Linking Proximal Areas to Distal Areas of Concern)

**Generating
Hypotheses**

Strengths:

Difficulties:

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Strengths and Challenges	Assessment Results	Generating Hypotheses
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Linking **Proximal Areas** to be Addressed During Intervention to **Distal Outcome Areas**

Developing Goals

- Proximal Areas
- Distal Areas

Increase
Decrease

Improve:

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Write 2 Goals (Linking Proximal and Distal Areas)

Developing
Goals

1.

2.

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Identify Measurable Outcome Tools Pre-Intervention

Identifying
Outcome
Measures

Proximal Outcome Measures

e.g.

Distal Outcome Measures

e.g.

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Generating Hypotheses	Developing Goals	Identify Proximal & Distal Outcome Measures
<p><u>Strengths:</u></p> <p><u>Difficulties:</u></p>	<ol style="list-style-type: none"> 1. 2. 	<p>Proximal Measures:</p> <p>Distal Measures:</p>
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Recommendation for Service

Is an ASI Intervention Approach Warranted?

**Setting the
Stage for
Intervention**

- Based on the evaluation findings...

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Evidence for ASI Intervention

Setting the
Stage for
Intervention

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Recommendation for Service

Setting the
Stage for
Intervention

Service Delivery Model?

Frequency and Duration?

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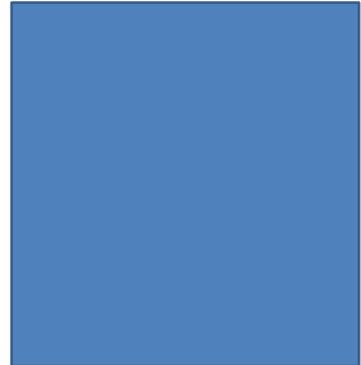
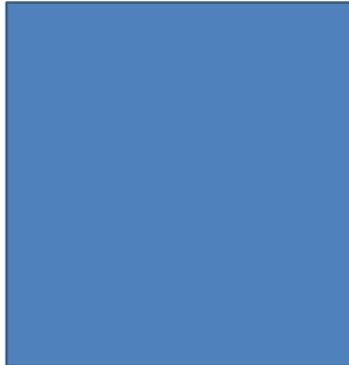
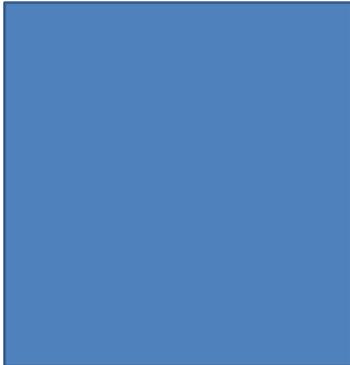
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Intervention Planning with Fidelity to ASI Design 2-3 Activities to Prepare for Intervention Session

Setting the
Stage for
Intervention

Intervention Activities Targeting Goal Area 1:



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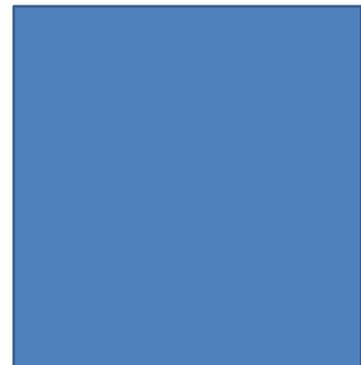
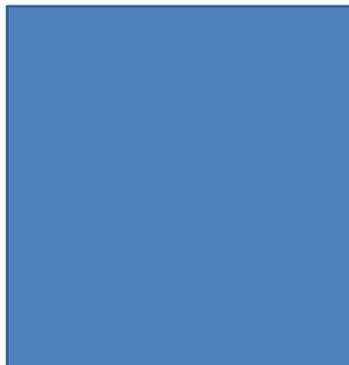
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Intervention Planning with Fidelity to ASI Design 2-3 Activities to Prepare for Intervention Session

Setting the
Stage for
Intervention

Intervention Activities Targeting Goal Area 2:



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Intervention with Fidelity to ASI Scaffolding to Facilitate Integration and Adaptive Responses

Conducting
Intervention

- *(Refer to the scaffolding model and clinical reasoning resources)*
- Start with Strengths
- Sensory supports and challenges that can be paired during multisensory activities
- Identify areas of adaptive responses in the areas of need

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Intervention Planning with Fidelity to ASI Collaboration/Consultation

Conducting
Intervention

Accommodations for the Home, School, and Community

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Implementing Evidence-Based ASI with Fidelity

Conducting
Intervention

Use Fidelity Measure to Rate ASI Intervention

STRUCTURE – 100

PROCESS –

1. _
2. _
3. _
4. _
5. _
6. _
7. _
8. _
9. _
10. _

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Reevaluation (Determining the Next Steps)

Outcomes
Measurement

To be measured and reported objectively, ideally in chart format

- Time Frame?
- Recommendation?

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Setting the Stage for Intervention	Conducting the Intervention	Displaying Outcomes Post -Tx
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Collaborative for Leadership in Ayres Sensory Integration (CLASI) Certificate in Ayres Sensory Integration (CASI)

Video Assignment

- Using the ASI Fidelity Measure provided in Module 5, complete a self-assessment of your use of ASI process elements during your session.
- The session should strive to meet the structural elements for fidelity including a complete assessment (including the SIPT or the EASI) and provided in an environment with adequate sensory motor affordances.
NOTE: If you do not have access to a clinic setting, you can use another setting, as long as you are providing ASI intervention.
- Obtain the signed permission form for videotaping and viewing the video for educational purposes (attached below). This form is required for the final CLASI CASI application.
- Bring the video and the rating of the intervention to M6.
- During M6, the instructor will review the case studies, including intervention. This is an excellent opportunity to gain feedback on your case.
- There will not be enough time to review every participant's case; for those selected, we will have time to review approximately 5-10 minutes of the video, so preparing an edited version is preferred. In some cases, we may wish to scan the whole session to view the flow of therapy, so if you do edit, please bring the unedited version as well.



AUTHORIZATION to VIDEOTAPE

I, _____, the parent or legal guardian of _____, consent to and authorize videotaping, recording, or use thereof, of the above named child. Said recordings are to be used exclusively for educational purposes including use in lectures and professional journals and textbooks. The rights granted the Collaborative for Leadership in Ayres Sensory Integration (CLASI) herein are perpetual and worldwide.

I understand that while my child or I will not be identified, the videotape will reveal pictures or other details that may disclose our identity. I understand that neither my child nor I will receive remuneration of any kind for our participation in the recordings. By signing this authorization, I waive any right to compensation for such uses, and you and your successors also release and hold harmless the CLASI, your attending health care provider and Facility from and against any claim for any injury in connection with the use or display of your image, voice, likeness or any other identifying characteristics in the presentation of your videotape, and any compensation resulting from the activities authorized by you in this authorization.

I confirm that I have the right to enter into this agreement, that I am not restricted by any commitments to third parties, that CLASI and other agents have no financial commitment or obligation to me as a result of this agreement, and that I have had opportunities to ask questions about the use of my health information for educational and instructional purposes.

I have read the foregoing agreement and understand its terms and hereby agree to them.

 _____ Signature of Individual or Parent/Guardian
 _____ Printed Name of Individual or Parent/Guardian
 _____ Signature of Individual or Child
 _____ Printed Name of Individual or Child
 _____ Address
 _____ City, State, Zip
 _____ Phone
 _____ Date

Therapist Name _____
 Therapist Address _____
 City, State, Zip _____
 Phone _____
 Signature _____



**Collaborative for Leadership in Ayres Sensory Integration (CLASI)
Certificate in ASI: CHECKLIST**

CASI Requirement	Date Completed	Comments/Questions
Module 1		
Module 2		
Practice with video clips and course notebook		
Module 3		
Practice with adults and typically developing children		
Selection and testing of two typically developing children (on EASI) and on one child with suspected problems in sensory integration		
Testing Verification Form		
Attend CLASI webinar or local onsite meeting, if possible		
Module 4		
TASC		
Module 5		
Complete Case Summary Form		
DASC process		
Attend CLASI webinar or local onsite meeting, if possible		
Revise Case Summary		
Prepare intervention video		
Rate video using ASIFM		
Module 6-bring Case Summary, video of intervention, and rating of video on ASIFM		



APPLICATION:
Collaborative for Leadership in Ayres Sensory Integration (CLASI)
Certificate in Ayres Sensory Integration (CASI)

Name (as you would like it to appear on your certificate): _____

Email: _____ Phone: _____

Please check the appropriate boxes and attach the required documentation.
 Please submit application form and all attachments to clasicasiapplication@gmail.com

ONLINE DIRECTORY

Would you like your name and email to be listed on the CLASI Online Directory?
<input type="checkbox"/> Yes, please include my name and email on the online directory. If yes, please include what country you would like set as your location. _____
<input type="checkbox"/> No, please do not include me on the online directory.

PROFESSIONAL LICENSE VERIFICATION

Please attach the following.
<input type="checkbox"/> Current active occupational therapy, physical therapy or speech and language pathology license or other documentation which verifies ability to practice in one of these fields in your country.

ATTENDANCE

MODULE	Please attach certificates of completion for each module.
MODULE 1	<input type="checkbox"/> asynchronous virtual <input type="checkbox"/> onsite If onsite, date and location of M1:
MODULE 2	<input type="checkbox"/> asynchronous virtual
MODULE 3	<input type="checkbox"/> onsite <input type="checkbox"/> synchronous virtual If onsite, date and location of M3:
MODULE 4	<input type="checkbox"/> asynchronous virtual
MODULE 5	<input type="checkbox"/> asynchronous virtual
MODULE 6	<input type="checkbox"/> onsite <input type="checkbox"/> synchronous virtual If onsite, date and location of M6:

ASSIGNMENTS

Please attach the following assignments.
<input type="checkbox"/> Test Administration and Scoring Check (TASC)
<input type="checkbox"/> Data Analysis and Synthesis Test Check (DASC)
<input type="checkbox"/> Testing Verification Form
<input type="checkbox"/> Case Summary
<input type="checkbox"/> ASI Fidelity Measure Rating Form
<input type="checkbox"/> Video Permission Form

Please submit application form and all attachments to clasicasiapplication@gmail.com