

SENSORY INTEGRATION POLICY

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Relevant Staff Group/s:	Occupational Therapists under the Adults, Children and Adolescents (CAMHS), Older People, Learning Disabilities and Integrated Therapy Service for Children and Young People

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DOCUMENT CONTROL

Reference Number RD/Jan13/SIP	Version 3	Status Final	Author Head of Occupational Therapy
Amendments	Integrated Policy amended to reflect the acquisition of Somerset Community Health and changes to the Trusts governance structure.		
Document objectives: The policy provides an overview of guidance for Occupational Therapists (OTs) working in the Directorates of Adults and Children and Adolescents (CAMHS) and Older People and Learning Disabilities who are involved in the assessment and treatment of individuals who present with symptoms consistent with sensory difficulties and or a sensory processing disorder			
Intended recipients: Occupational Therapists under the Adults, Children and Adolescents (CAMHS), Older People, Learning Disabilities and Integrated Therapy Service.			
Committee/Group Consulted: Somerset Partnership Sensory Integration Peer Support Group; Senior Managers Business Group, Integrated Therapy Service			
Monitoring arrangements and indicators: Sensory Integration Clinical Lead, the relevant professional lead for Occupational Therapy and the Sensory Integration Peer Supervision Group			
Training/resource implications: please see section six.			
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Contact for review	Head of Occupational Therapy		
Lead Director	Director of Community Health Services		

CONTRIBUTION LIST Key individuals involved in developing the document

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CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose & Scope	4
3	Duties and Responsibilities	4
4	Explanations of Terms used	5
5	Care Pathway and Process	6
6	Training Requirements	8
7	Equality Impact Assessment	9
8	Monitoring Compliance and Effectiveness	9
9	Counter Fraud	11
10	Relevant Care Quality Commission (CQC) Registration Standards	11
11	References, Acknowledgements and Associated documents	12
12	Appendices	13
Appendix A	Care pathway Learning Disability, Mental Health and CAMHS	14
Appendix B	Care Pathway Integrated Therapy Service	15
Appendix C	Example Sensory Integration Therapy GAS Form Mary	16
Appendix D	Loan of Sensory Integration Therapy Equipment Form	17
Appendix E	Letter to GP	18
Appendix F	Definitions of Sensory Approaches Diagram	20

1. INTRODUCTION

- 1.1 Sensory Processing Disorder (SPD) is a neurological disorder that prevents the brain from receiving information needed to interpret sensory information correctly. The sensory signals do not get organised into appropriate responses; the impact can be on one or more senses affecting: Daily functioning, Social and Family Relationships, Behavioural Changes, Regulating Emotions, Self-esteem and Learning
- 1.2 Sensory Integration Therapy is a clinical treatment for individuals who have symptoms consistent with Sensory Processing Disorder.
- 1.3 This document has been written to provide information and advice on best practice and will outline safe practice in Sensory Integration Therapy and Sensory Integration Approaches
- 1.4 Best and safe practice is informed by research, the Sensory Integration (SI) Network, the International Coalition of Education for Sensory Integration, strategic groups and lessons learned locally via peer supervision. This should be used in conjunction with College of Occupational Therapy and HPC standards

2. PURPOSE & SCOPE

- 2.1 This policy provides an overview of guidance for Occupational Therapists (OT) who are involved in the assessment and treatment of individuals with symptoms consistent with sensory difficulties and or with Sensory Processing Disorder.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Trust Board** has overall responsibility for procedural documents and delegate's responsibility as appropriate
- 3.2 The **identified lead (author)** is the **Sensory Integration trust clinical lead OT** and will be responsible for producing written drafts of the document and for consulting with others and amending the draft as appropriate
- 3.3 The Trust **Sensory Integration peer support group** is responsible for;
 - Reviewing and updating this policy
 - Ensuring that there are adequate controls to provide evidence based Sensory Processing Disorder assessment, safe treatment and approaches in line with recommended guidelines
 - Advise on training requirements for individual staff groups
 - Provide peer group clinical supervision and mentoring
- 3.4 The relevant **SI Clinical Lead OT** will work with the **Clinical Governance team** to audit safe practice amongst the OT's practicing SI Therapy. Service Managers, Heads of Service and Team Managers will be aware of this policy and the implications for training and resource costs
- 3.5 **All OT staff** participating in Sensory Integration Therapy and Sensory

Integration approaches will have the responsibility of complying with this policy.

- 3.6 The **Occupational Therapist** providing Sensory Integration Therapy and Sensory Integration Approaches should work within their professional competencies in relation to their SI training and SI clinical experience (Appendix F). They should receive peer clinical supervision and mentorship from the peer support group and individual clinical supervision from the SI lead for more complex cases. Occupational Therapists should keep up to date with current practice.
- 3.7 **Occupational Therapy staff** who are participating in Sensory Integration Therapy and Sensory Integration approaches will attend the minimum requirement of Sensory Integration module 1, facilitated by the Sensory Integration Network as agreed with the Professional Head of Occupational Therapy and the relevant Service/Team Manager.

4. EXPLANATIONS OF TERMS USED

- 4.1 **Sensory Processing Disorder (SPD)**; the inability to integrate, modulate, discriminate, coordinate, and/or organize sensations adaptively, leading to difficulties in learning, development and behaviour
- 4.2 **Occupational Therapists (OT)** the procedural document refers to Occupational Therapists in the context of those staff who have completed Sensory Integration module 1 post graduate training
- 4.3 **Central nervous system (CNS)**: the part of the nervous system, consisting of the brain and spinal cord, that receives sensory impulses, sends out motor impulses, and coordinates the activity of the entire nervous system
- 4.4 **Sensory Integration Therapy (Ayres)**: Sensory Integration Therapy involves individualised treatment based on the Ayres model of Sensory Integration, the goals of therapeutic intervention is to improve the way the brain processes and organises sensations. Ayres Sensory Integration Therapy has minimum criteria for validity
- 4.5 **Sensory Integration approaches** – is the term used for sensory activities such as ‘sensory diets’ and Sensory Integration approaches that does not meet Ayres SI therapy validity criteria
- 4.6 **Sensory Approach** – is a term used when sensory strategies are used as a core Occupational Therapy tool prior to a formal sensory integration assessment (if required)
- 4.7 **Sensory Integration Network**: a nationally recognised organisation that facilitates internationally recognised sensory integration training website: sensoryintegrationnetwork.co.uk
- 4.8 **International Coalition for Education in Sensory Integration (ICE-SI)** – collaborate to develop and deliver SI training aimed for SI to be based in sound clinical reasoning and related research

- 4.9 **Goal Attainment Scale (GAS)** – GAS is recognised as an effective person centred methodology for measuring small effects of change as a result of therapeutic intervention
- 4.10 **'Sensory Diet'** – A Sensory Integration approach used to develop individual home or school treatment programmes carefully scheduled and based on the concept that controlled sensory input can improve sensory disruptions and enhance occupational performance

5. CARE PATHWAY AND PROCESS

5.1 Care Pathway (See Appendix A, B)

Occupational Therapists will adhere to the SI care pathway from their clinical area which has been agreed at their peer support group.

The care pathway provides a pathway from referral to discharge.

5.2 Consent

Adults

- Consent to treatment must be obtained.
- For people who lack capacity the Occupational Therapist must work within the Mental Capacity Act 2005.
- Where a person lacks capacity then all decisions must be made in the best interest of that person
- This needs to be documented on RIO under consent and capacity

Children

- A young person aged 16 or over can consent to their own treatment and The Mental Capacity Act is applicable to them as with an adult
- The Mental Capacity Act does not apply under 16 years
- A young person under 16 can consent to their own treatment if they are competent to do so
- If a young person is under 16, not competent to give consent a person with parental responsibility within 'zone of parental control' can give consent for them
- Consent can still be obtained for a 16 or 17 year old from someone with parental responsibility within 'zone of parental control' if the young person is unable (but not simply if they are unwilling) to give consent

5.3 Delegation of Tasks

- SI trained Occupational Therapists may choose to

delegate intervention tasks such as 'Sensory Diet's' to other OTs/multidisciplinary/agency/team or carers provided he/she is satisfied that the person that the task is delegated to is competent to carry it out. The Occupational Therapist should provide supervision.

- The Occupational Therapist delegating the task is responsible for the Occupational Therapy care provided to the service user (HPC 2008, standard 8)
- Clear written/accessible instructions should be provided via a report and or a 'sensory diet' and verbal instructions via training to carers/service users
- People acting under Occupational Therapists instructions must be given written information regarding the expected outcome of their actions and what to do if difficulties arise

5.4 Outcomes/Audit

- Research indicates the Goal Attainment Scale (GAS) is the most effective and person centred tool in the use of measuring the benefits sensory integration therapy and approaches (see Appendix C)
- The sensory integration peer support group and SI clinical lead will offer support to Occupational Therapists in developing measurable goals for GAS
- The Sensory Integration peer support group will monitor and audit outcomes on a yearly basis
- The ITS will use established care plans as their outcome measure. These have measurable, functional goals and are audited by the service on a regular basis.

5.5 Caseload

- Priority matrix agreed with local managers will guide Occupational Therapists discretion of balancing sensory integration therapy and approaches with other Occupational Therapy commitments
- Caseload will be managed via supervision by the Team/Unit/Ward Manager with the Occupational Therapist

5.6 Loan of Equipment & Infection Control

- Service users/carers will be asked to sign a loan of equipment form and disclaimer that they have been shown how to use the equipment safely and are confident in using the equipment and are aware of any potential risks. This will be uploaded on to RIO (see Appendix D)
- Cleaning equipment should take place as specified in the decontamination and infection control policy

5.7 Risk Management

- The Occupational Therapist must ensure that they remain up to date in all their statutory training related to risk management, health and safety, and moving and handling
- Risk management is an intrinsic part of governance and the provision of a quality service. Risk management principles remain the same whether the potential harm is to the service user (physically or mentally or behaviourally) or the environment (equipment)
- The Occupational Therapist is responsible for assessing and managing the identified risks involved in providing care to the service user and needs to consider all of the above and document as appropriate.
- The Occupational Therapist needs to complete own investigations and seek advice as to any potential differential diagnosis, health reasons/risks why the service user is unable to participate in Sensory Integration therapy or risks that the Occupational Therapist needs to be aware of
- A letter/email to a G.P asking if the G.P can see no physical reason why the individual should not participate in Sensory Integration Therapy (see Appendix d)
- The Occupational Therapist needs to be aware of any medical information such as pregnancy, sensory loss, cardio problems, epilepsy, and spinal/neck problems, pacemaker, osteoporosis etc
- The Occupational Therapist needs to be aware of any contra indications with the use of equipment e.g. massager, weighted blanket. By referring to existing good practice and local guidelines. The Occupational Therapist should refer to physiotherapy to seek advice on safe positioning if needed.

6. TRAINING REQUIREMENTS

- 6.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
- 6.2 The Occupational Therapist will possess a sound knowledge of the structure and functions of the central nervous system and the sensory dysfunctions that may arise from neurological aetiologies.
- 6.3 Occupational therapists practicing Sensory Integration therapy and Sensory Integration approaches will carry out post graduate training facilitated through the Sensory Integration Network and Ulster University. Minimal training requirements are to carry out level 1 ideally working towards level 2/3, as agreed with the Professional Head/Leads of Occupational Therapy and the relevant Service/Team Manager. The line manger/clinical

supervisor will ensure that the training has been undertaken before the member of staff practices Sensory Integration therapy.

- 6.4 The Integrated Therapy Service will aim for all therapists at Band 6 and above to be trained to Level 1 as outlined in 6.3. Band 5 therapists joining the service will be expected to have at least 2-years community paediatric experience before their training can be considered and completed.

7 EQUALITY IMPACT ASSESSMENT

- 7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

8 MONITORING COMPLIANCE AND EFFECTIVENESS

8.1 Monitoring arrangements for compliance and effectiveness

- Overall monitoring will be by the Sensory Integration Clinical Lead, the relevant professional lead for Occupational Therapy and the Sensory Integration Peer Supervision Group

8.2 Responsibilities for conducting the monitoring

- The Sensory Integration Peer Supervision Group and relevant professional lead of Occupational Therapy will monitor procedural document compliance and effectiveness where they relate to clinical areas
- The Sensory Integration clinical lead and professional lead of Occupational Therapy of the Integrated Therapy Service will provide clarity of the Sensory Integration role versus the sensory approach
- Non-clinical areas including risk management and complaints processes will be audited by the relevant Sensory Integration Clinical Lead, Sensory Integration Peer Support Group (Mental Health Directorate only) and relevant professional lead for Occupational Therapy

8.3 Methodology to be used for monitoring

- The use of the Goal Attainment Scale will be an outcome measure used to measure progress and effectiveness of Sensory Integration Therapy (Mental Health Directorate only)
- The relevant Sensory Integration clinical lead will provide peer and or individual clinical supervision, this will enable the Sensory Integration clinical lead to monitor quality of Sensory Integration therapy and approaches used with-in the parameters of the Occupational Therapists professional competencies relating to sensory integration

training and experience.

- Clarification where needed with-in the Integrated Therapy Service on what constitutes Sensory Integration Therapy or Sensory Integration approach will be provided by the relevant Sensory Processing Lead and Professional Leads for Occupational Therapy
- Clinical supervision notes of cases will be documented on RiO - Mental Health Directorate
- Clinical supervision notes for the Integrated Therapy service will be stored and copied to the Sensory Processing Lead
- The Sensory Integration Clinical Lead will access external clinical supervision/mentoring and keep up to date with quality practice and research
- The Sensory Integration Clinical Lead (Mental Health Directorate) will support The Sensory Integration Peer Supervision Group in developing quality standardised written reports and 'sensory diets'
- The Mental Health Directorate peer clinical supervision group will meet quarterly to discuss business developments which will be taken forward by the Sensory Integration Clinical Lead
- All cases requiring Sensory Integration Therapy or Sensory Integration approach will be overseen and clinically supervised by an Occupational Therapist qualified in Sensory Integration
- The Integrated Therapy Service will review a sample of case notes, 'sensory diets', sensory programmes, reviews and sensory reports annually by the Sensory Integration Clinical Lead and Professional Lead/s for Occupational Therapy
- A sample of reports, 'sensory diets' and Goal Attainment Scales will be reviewed annually at the Mental Health Directorate Sensory Integration Clinical Lead Business Meetings
- Incidents relating to Sensory Integration will be monitored by the Clinical Governance Group

8.4 Frequency of monitoring

- Annual sampling
- Monthly clinical peer supervision (Mental Health Directorate)
- 6-8 weekly individual clinical supervision and 3-6 yearly peer supervision (Integrated Therapy Service)
- Support form relevant Sensory Integration lead as and when required

8.5 Process for reviewing results and ensuring improvements in performance occur.

- Audit results will be presented to the relevant professional leads/head

of Occupational Therapy group, identifying good practice, any shortfalls, action points and lessons learnt. The Sensory Integration clinical lead and the relevant professional leads/head of Occupational Therapy group will be responsible for ensuring improvements, where necessary, are implemented.

- Following each meeting the report for the Mental Health Directorate will be accessible to all staff on the Trust Intranet and hyperlinked into SPICE newsletter to raise awareness. A brief of the audit will be provided to staff to raise awareness through the Spice newsletter with a hyperlink to the updated Corporate Register of Lessons Learnt.
- Guidance and information on lessons learnt through the Integrated Therapy Service will be shared during Occupational Therapy clinical and professional days
- Further guidance on lessons learnt will be accessed through the Sensory Integration Network Meetings, National Sensory Integration guidelines and research.

9 COUNTER FRAUD

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document are as follows:

Mental Health and Learning Disabilities – MH/LD
Integrated Therapy Service - ITS

Section	Outcome
Information and involvement	1 Respecting and involving people who use services ITS/LD/MH
	2 Consent to care and treatment ITS/LD/MH
Personalised care, treatment and support	4 Care and welfare of people who use services ITS/LD/MH
	5 Meeting nutritional needs ITS
	6 Cooperating with other providers ITS/LD/MH
Safeguarding and safety	7 Safeguarding people who use services from abuse ITS/LD/MH
	8 Cleanliness and infection control ITS/LD/MH
	9 Management of medicines ITS
	10 Safety and suitability of premises ITS/LD/MH
	11 Safety, availability and suitability of

		equipment ITS/LD/MH
Suitability of staffing	12	Requirements relating to workers ITS/LD/MH
	13	ITS
	14	Supporting workers
Quality and management	16	Assessing and monitoring the quality of service provision ITS/LD/MH
	17	Complaints ITS/LD/MH
	21	Records ITS/LD/MH
Suitability of management	23	Requirement where the service provider is a body other than a partnership LD/MH
	28	Notifications – notice of changes LD/MH

Relevant National Requirements

- Department of Health initiatives
- NICE and other clinical guidance

11 REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 References

College of Occupational Therapy, Mental Health Recovering Ordinary Lives, 2007

College of Occupational Therapists, Code of Ethics and Professional Conduct, revised edition 2010-12-08

Department of Health, Valuing People now, (2009a)

Health Professions Council (2008) Standards of conduct, performance and ethics. London: HPC

The Mental Capacity Act (2005) available at;
http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf

National Autistic Society. The sensory world of the autism spectrum, 2009, available: at:
<http://www.autism.org.uk/global/content/search%20results.aspx?q=sensory%20integration%20therapy>

Parham, D. Smith Roley, S. May-Benson, T. Koomer, Jane. Brett-Green, B. Burke, J. Cohn, E. Mallioux, Z. Miller, L. Schaaf, R. 2011. Development of a fidelity measure for research on the effectiveness of Ayres Sensory Integration Intervention. American Journal of Occupational Therapy. Vol 65 (2) pp133-142

Bundy, A. Lane, S. and Murray, E. Sensory Integration Theory and Practice. 2nd ed. 2002.

Sensory Integration Network available at; www.sensoryintegration.org.uk

11.2 Cross reference to other procedural documents

- Cleaning of Equipment and Decontamination policy
- Clinical audit policy
- Development & Management of Procedural Documents
- Health and safety policy

- Infection control standard precaution
- Learning Development and Mandatory Training Policy
- Moving and Handling Policy
- Records Keeping and Records Management Policy
- Risk Management Policy and Procedure
- Staff Mandatory Training Matrix (Training Needs Analysis)
- Training Prospectus
- Untoward Event Reporting Policy and procedure
- Use of personal vehicle for work policy

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance).

Relevant Objective within Trust Strategy

Five year Integrated Business Plan

12. APPENDICES

- 12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A - Care pathway Learning Disability, Mental Health and CAMHS

Appendix B - Care Pathway Integrated Therapy Service

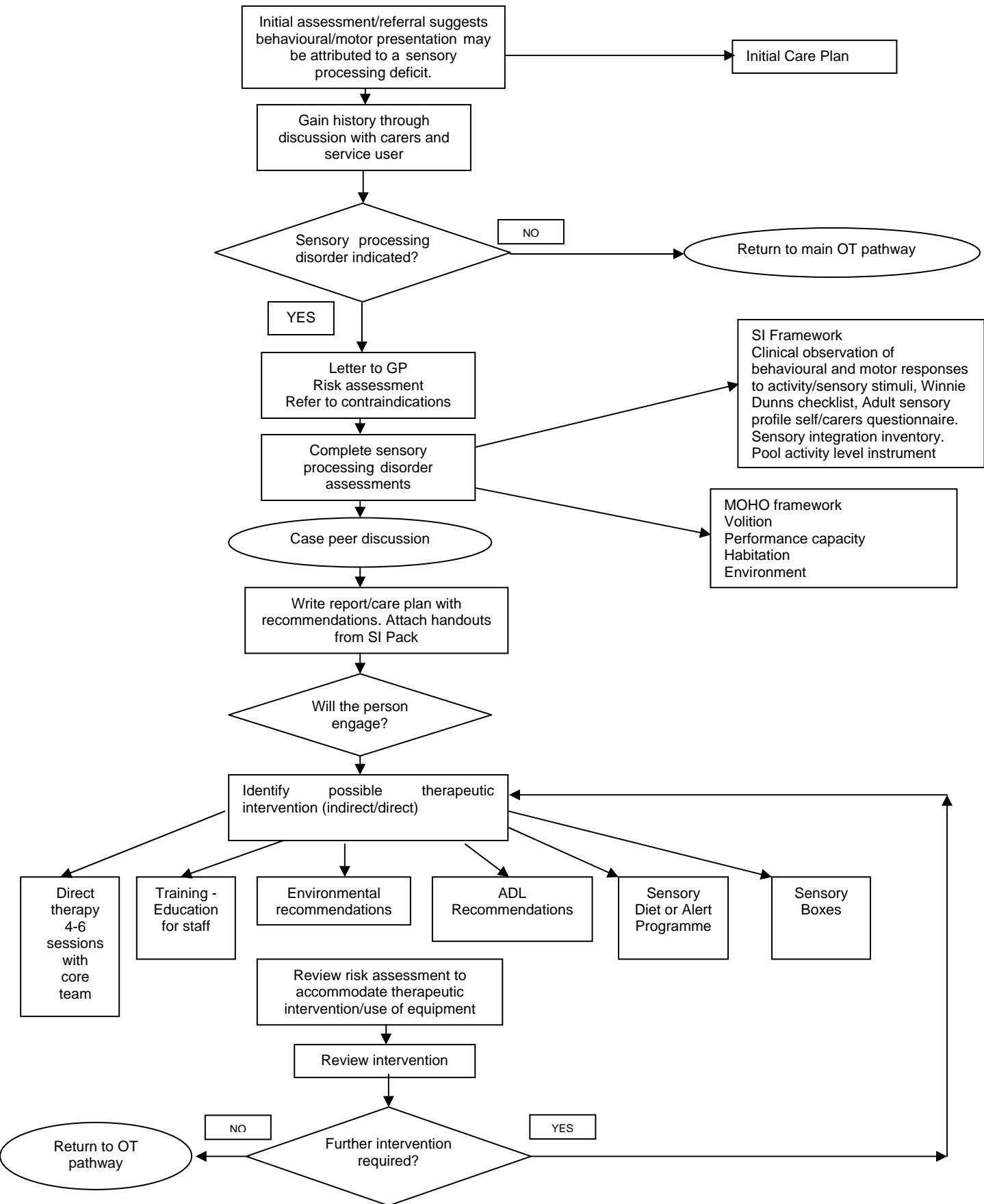
Appendix C - Goal Attainment Scale Outcome measure

Appendix D - Loan of equipment

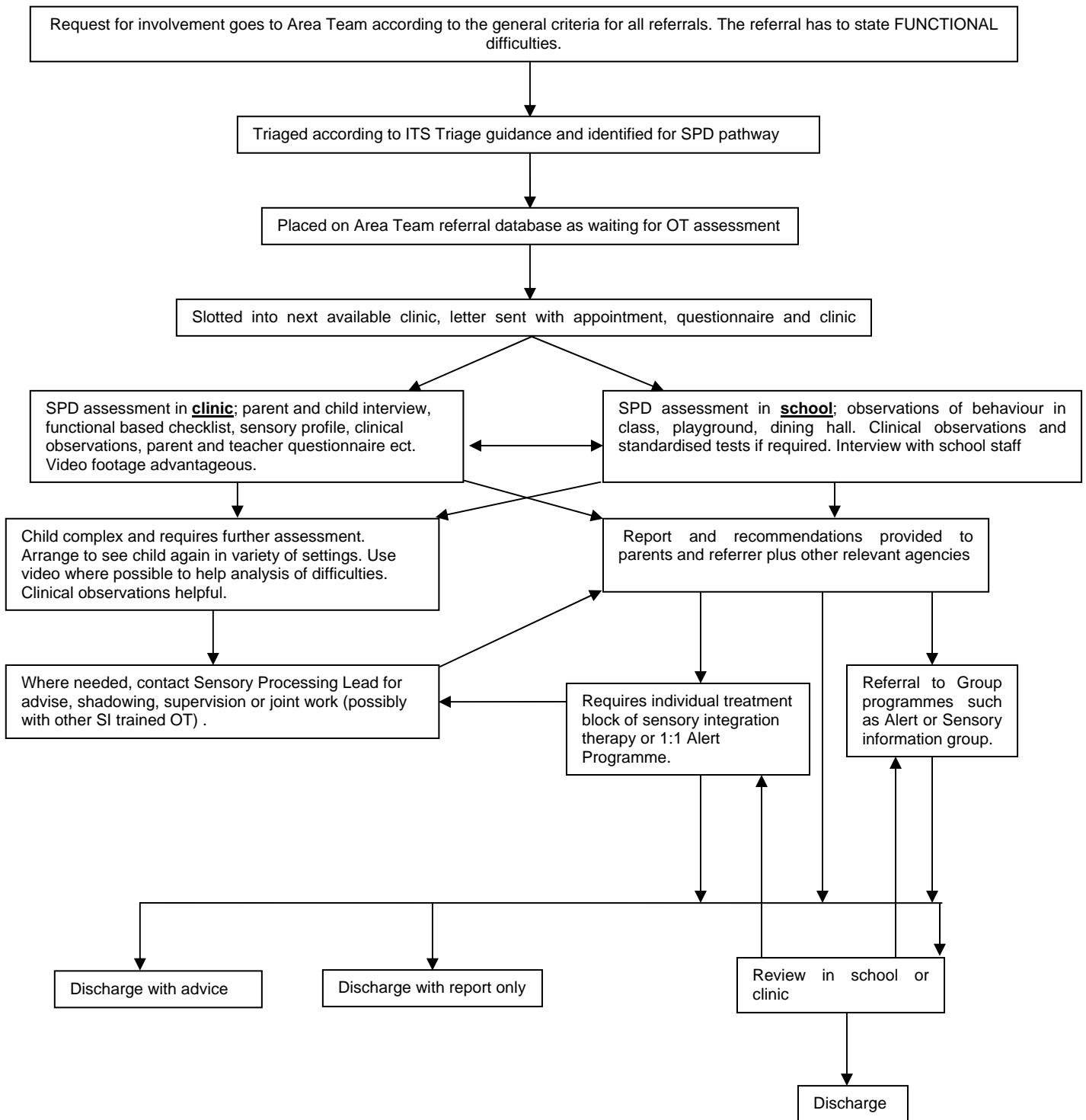
Appendix E - Letter to G.P

Appendix F –Sensory Approaches Diagram

OCCUPATIONAL THERAPY SENSORY PROCESSING CARE PATHWAY LEARNING DISABILITY, MENTAL HEALTH AND CAMHS – APPENDIX A



Integrated Therapy Service Sensory Processing Difficulties Pathway



Example Sensory Integration Therapy GAS Form Mary

Name: Mary		Reduction in self harm Concern: Mary participates in sensory seeking/self harm behaviours that disrupt daily occupations – measured behaviour slapping/punching face Goal: Mary reduces in sensory seeking behaviours which present as self harm during sensory integration therapy (short term goal)
Goal Attainment Scale Rating		
Far Exceeds Expectation	+2	Mary occasionally slaps/hits her face but not as hard during a SIT session (2 times less than +1)
Exceeds Expectation	+1	Mary reduces and is less hard than usual face slaps/hits (2 times less than 0)
Meets Expectation	0	Mary reduces in hard regular slaps/hits to her face (2 times less than -1)
Needs Improvement (baseline)	-1	Mary regularly hits her head and slaps her face (base line measured on 6 x 10 random minutes and averaged)
Insufficient to meet goal	-2	Mary hits and slaps her face 2 x more than baseline

Date:		Time:				Comments
GAS rating (circle one)	+2	+1	0	-1	-2	
Date:		Time:				Comments:
GAS rating (circle one)	+2	+1	0	-1	-2	
Date:		Time:				Comments:
GAS rating (circle one)	+2	+1	0	-1	-2	
Date:		Time:				Comments:
GAS rating (circle one)	+2	+1	0	-1	-2	
Date:		Time:				Comments:
GAS rating (circle one)	+2	+1	0	-1	-2	
Date:		Time:				Comments:
GAS rating (circle one)	+2	+1	0	-1	-2	

Occupational Therapy Loan of Sensory Integration Therapy Equipment

Equipment Loaned:

Equipment condition:

Name of Person Responsible for the Equipment:

Role:

Address:

Email:

Telephone:

Date Risk Assessment Carried Out:

***Attach Copy of Risk Assessment**

Agreement: All equipment loaned from the Occupational Therapy Department, (**name of team**), Somerset Partnership and Social Care Trust is loaned and to be used specifically as stated in the Sensory Diet and is for the sole use of the service user and carer demonstrating it. All equipment requires a Risk Assessment to be carried out in partnership with the care provider prior to loan. The Occupational Therapy Department, (**name of team**), Somerset Partnership and Social Care Trust will not accept responsibility for any injuries or property damaged during the loan of the equipment. If the equipment is damaged or broken it is the responsibility of the named care provider to have it repaired or replaced.

Name of Care Provider:

Signature of Care Provider:

Name of OT:

Signature of Occupational Therapist:

Date:

Agreed Loan Period:

Our Ref: < >

Your Ref/NHS Number: < >

Date <Format: 1 October 2009>

Name

Address 1

Address 2

Town

County

Postcode

APPENDIX E

2nd Floor
Mallard Court
Express Park
Bristol Road
Bridgwater
Somerset
TA6 4RN

Tel: (01278) 432000
Fax: (01278) 432099

www.sompar.nhs.uk

Dear <Name>

SUBJECT IN CAPITALS AND BOLD

I am a specialist Occupational Therapist who works with Mendip Community Team for Adults with Learning Disabilities; Xxxx was referred to me as it was thought that she might have challenges associated with a Sensory Processing Disorder (SPD).

In brief Sensory Processing Disorder is a neurological disorder causing difficulties with processing information from the five classic senses (vision, auditory, touch, olfaction, and taste), the sense of movement (vestibular system), and/or the positional sense (proprioception). For those with SPD, sensory information is sensed normally, but perceived abnormally. Sensory information received by people with SPD may create distress and confusion. If Xxxx is assessed to have a SPD a therapeutic plan will be put together this is called Sensory Integration Therapy, it is a therapeutic approach that involves controlling sensory stimulation in order to elicit an 'adaptive response'. Therapy usually involves activities that provide Tactile [touch], Proprioceptive [body position sense] & Vestibular [body movement sense] as stimulation.

Some of the activities that Xxxx will be offered to carry out during the assessment process and through Sensory Integration Therapy will involve physical activity such as bouncing on a trampet, stretching and pulling games, spinning on a chair, bouncing on and hanging over a therapy ball, rocking in a chair and use of vibrating massagers.

I would be grateful if you could inform me of any health reasons why Xxxx should not participate in the assessment/treatment process or please inform me of any health risks that you feel I should be made aware.

Please do not hesitate to contact me if you would like further information. If you are happy that I proceed please can you write or email to the above address.

Thank you for your help.

Yours Sincerely,

NAME
Job Title

Copy: Name, Job Title, organisation
Enc (if appropriate)

Appendix F - Definitions of Sensory Approaches

