

Sensory Integration Therapy: Senseless or Sensational?

For those of us who have been living and/or working with children suffering with attachment issues over the years, there is a cadre of behaviors frequently observed from these youngsters: lying, stealing, hoarding, nocturnal wandering, oppositionalism to beat the band, etc, etc. Another fairly common manifestation among these kiddos however is a set of sensory oddities.

I know. You've seen them too.

Extreme tactile (touch) sensitivity to clothing tags and/or various fabrics. Category IV aversion to loud noises. Or bright lights. Or too many people speaking at once at a birthday party (similar to my 40th back in 1993—oh, right, that's a bad example—lots of RSVPs-- declining, due to a prescient *Sham-Wow!* convention in town that weekend). Or various food textures, such as pudding, meat, etc. Or my favorite: watching *Sponge Bob* TV episodes from an upside-down position on the sofa.

All of the above are related to sensory integration (SI) quirkology.

Turns out, for the uninitiated among us, SI is a subspecialty within occupational therapy (one of the long-time staples of brain injury rehabilitation). SI is based upon 40-plus years of theory and research. Sensory Integration Therapy (SIT) aims at resolving sensory processing challenges experienced by various individuals.

So, what exactly are the senses we're talking about here? Well, there's visual, auditory, tactile (touch), and proprioceptive/vestibular (awareness of posture, movement, equilibrium), gustatory (smell). Each of these is connected back to one or more areas of brain anatomy/ function.

A quick lesson, courtesy of the History Channel: SI was originally developed by Jean Ayers, Ph.D., OTR, who was both an occupational therapist (OT) and an educational psychologist. As a former USC Trojan occupational therapy faculty person, Dr. Ayers' life work centered on the identification and habilitation of SI problems among children. Her publications stretch over a 30-year span from the 1960s through the 1980s—including psychometric research, clinical trials, and single case studies. Since then, other specially trained OTs have advanced the ball down the SI gridiron.

Some of the populations frequently encountering SI issues include: Autism Spectrum, ADHD, learning disabilities, Fragile X, developmental delays...and, attachment disorders.

And if I were observing a trained OT conduct SIT, what might I actually see? Well, there would be—ensconced within a specially-outfitted room—various motor and sensory tasks that gradually become more challenging over time (e.g., activities requiring textured mitts, carpet squares, scooter boards, ramps, swings, bounce pads, etc). Most of the exercises take on a decided play flavoring for the child, and thus produce the f-word: fun.

So, as an ATTACH community, why should we care about SIT? Well, because SI anomalies bespeak the presence of neurologic irregularities, to one degree or another, which relate to neurophysiologic disruption within children who have experienced early trauma and/or in utero drug/alcohol exposure.

Said another way: SI disruption is wholly consistent with our field's paradigm shift, wherein emotional dysregulation is an all-too-common piece of neurologic fall-out owing to early maltreatment. Thus, can it be that SIT can nuke sensory integration crappola for some or most affected children? Well, there's a pretty decent body of research to back up such an assertion, from Ayers and others. On the other hand, there exist literature reviews by others which question the validity and efficacy of SIT, especially its component having to do with helping auditory processing weaknesses. So, there are two sides in the debate.

On the other hand, if SI therapy can enhance a youngster's ability for healthy affect regulation—by virtue of helping the parts of the brain work and play better with each other— then that's obviously a good thing. And, a thing that definitely deserves inclusion into our field's tool box of interventions. For the record, I can report an almost unanimous thumbs-up regarding SIT among parents I've spoken with over the years, whose children participated in it. I unfortunately can't say the same for a couple of other common approaches currently used with attachment disorders.

So, is SIT as effective as a *Sham-Wow!*? From what is currently known, I wouldn't bet against it.