2

SAFE PLACE:

A Multi-disciplinary Sensory Integration-Based Trauma-Informed Intervention for Children

- **Teresa A. May-Benson, ScD, OTR/L, FAOTA**
- President/Owner, TMB Education
- tmb@tmbeducation.com

- **Sarah Sawyer (she/her), MA, OTR/L**
- The SPIRAL Foundation & OTA The Koomar Center
- ssawyer@otathekoomarcenter.com

3

4

SAFE PLACE IS:

- A ***theoretical model*** explicating the relationship between sensory processing, disrupted attachment and complex developmental trauma concerns in children.
- A ***specific 12-week collaborative, interdisciplinary, sensory integration-based trauma-informed intervention program*** among occupational therapists, mental health clinicians and caregivers for children with sensory processing disorder (SPD) and complex trauma and attachment concerns.

5

SAFE PLACE Model

- Provides a therapeutic framework for service providers and caregivers
- Emphasizes development of body-based regulatory and adaptive functions with co-regulation and intersubjective experiences
- Supports a deepening of attachment bonds and security
- Facilitates the processing and healing of traumatic experiences
- Occurs within the context of a sensory integration intervention process

6

"SAFE"

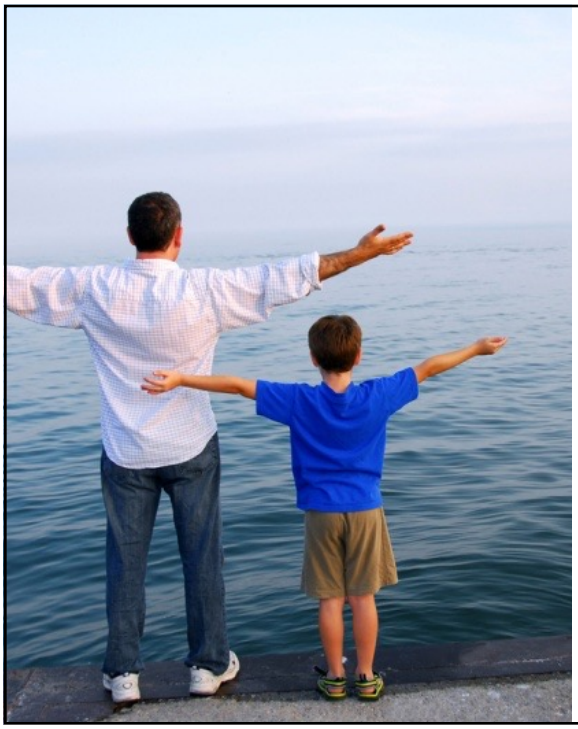
- Reflects the sensory component of the theory
- ***Sensory Attunement-Focused Environment***
- Represents use of safe, supportive, developmentally appropriate, sensorimotor activities and environments
- Promote engagement through play and fun in children's physical and emotional development

7

"PLACE"

- Reflects the attachment component of the theory
- ***Playfulness, Love, Acceptance, Curiosity and Empathy,***
- Qualities of mindful engagement utilized by collaborating therapists to facilitate secure attachment and healing within the child and family.

8



"SAFE" and "PLACE" as *"safe place"*

- Represents the trauma component of the theory
- Highlights the process of establishing and maintaining an environment and experience of safety and stability for the child
- Allows processing of traumatic experiences

9

9

Foundational Characteristics of the SAFE PLACE Model

10

SAFE PLACE Intervention Manual

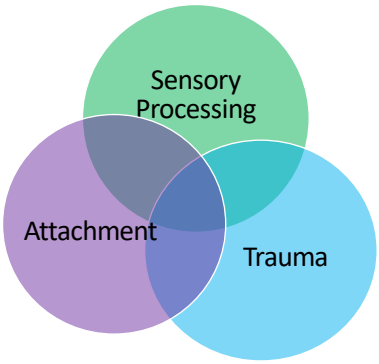
- Describes core components of the theory and model
- Describes assessment process in detail
- Description of the program structure
- Describes staffing requirements and space
- Core components of the intervention along with descriptions of the clinical reasoning process and activities needed to implement the intervention
- Allows for replicable implementation

11

SAFE PLACE Program: Criteria for Participation

- Children 4 – 15 years of age
- Sensory integration challenges
- Trauma background resulting in current attachment concerns
- Child is unable to make adequate progress in sensory integration intervention because of trauma/attachment- related challenges

  or
- Child is unable to make adequate progress with trauma processing, etc. because of sensory integration and/or praxis challenges



12

Team Members

- Child
- Caregiver
- Occupational Therapist
- Mental Health Clinician

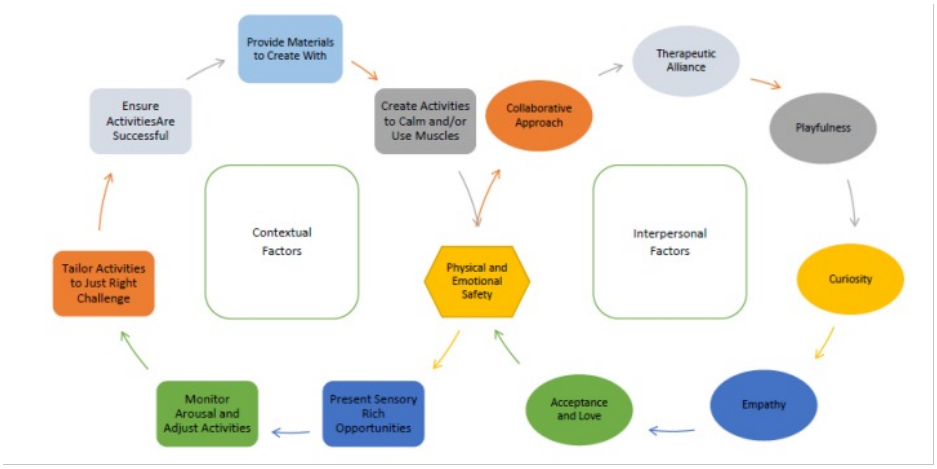
13

SAFE PLACE Program: Intervention Structure

- 12-week program consisting of:
  - Twice weekly child therapy with caregiver, occupational therapist, and mental health professional for 1-hour each session, conducted in a sensory integration clinic environment.
  - Once weekly caregiver education/consultation session for 1 hour with the occupational therapist and mental health professional.
  - Once weekly professional collaboration for 1 hour between the occupational therapist and mental health professional.

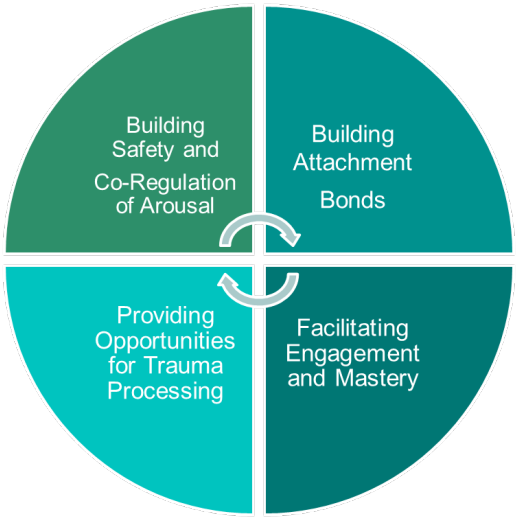
14

Intervention: Process Factors



15

SAFE PLACE Program: Core Goals



16

Intervention: Phases

17

17

SAFE PLACE Research To Date

- Studies have been completed which examine:
  - Validation of the theoretical construct
    - Qualitative video review
    - Examination of intervention fidelity
  - Feasibility of implementation and preliminary outcomes of clinical implementation
    - Case study of clinical outcomes
    - Feasibility program review with one child

We have lots more work to do.....Join us....

18

ssawyer@otathekoomarcenter.com
www.thespiralfoundation.org

THE KOOMAR CENTER
Collaborative Therapies • Sensory Integration

Spiral foundation
Sensory Processing Institute for Research and Learning

19

20

DEVELOPMENTAL FX

therapy that fits

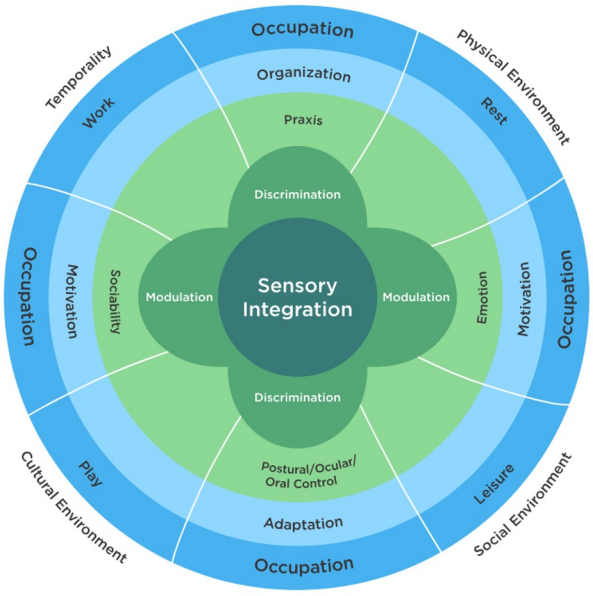
Our mission is to prepare children with developmental differences for a bright future of engaged belonging by equipping them, their families, therapists, and teachers via innovative programs in Colorado and around the world.

21

The STEPPSI and SpIRiT are Clinical Reasoning Tools

22

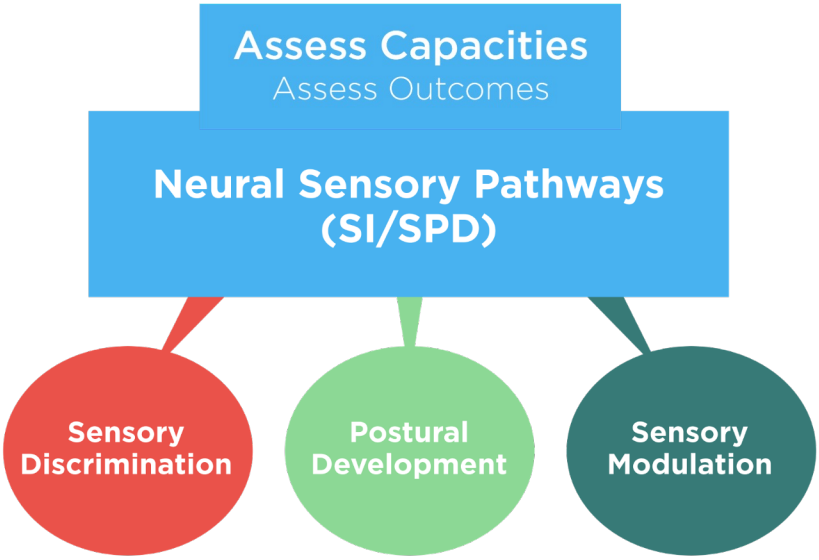
Ayres Sensory Integration® (ASI®)
Is the foundational theory for the STEPPSI & SpIRiT; developmental neuroscience and interpersonal neurobiology are used to elaborate the models



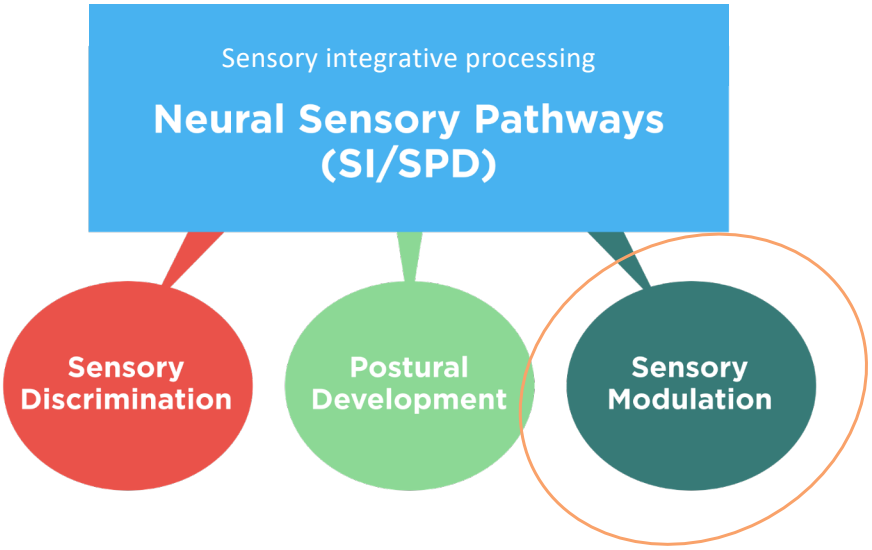
Ayres, 1972, 1979, 1981; Smith Roley, Schaaf, Blanche, (2001);Parham et al. 2011

23

Sensory integrative processing is an overarching term that refers to the method the nervous system uses to receive, organize, and understand and use sensory input for adaptive outcomes.



24



25

STEPPSI©

A Tool for Effective Clinical Reasoning

Authors:
Tracy Stackhouse, MA, OTR | Julia Wilbarger, Ph.D.,OTR | Sharen Trunnell, OTR
Developmental FX | www.developmentalfx.org

DEVELOPMENTAL FX therapy that fits

26

STEPPSI© =

- **S** Sensation
- **T** Task
- **E** Environment
- **P** Predictability
- **P** Playfulness
- **S** Self Regulation
- **I** Interaction

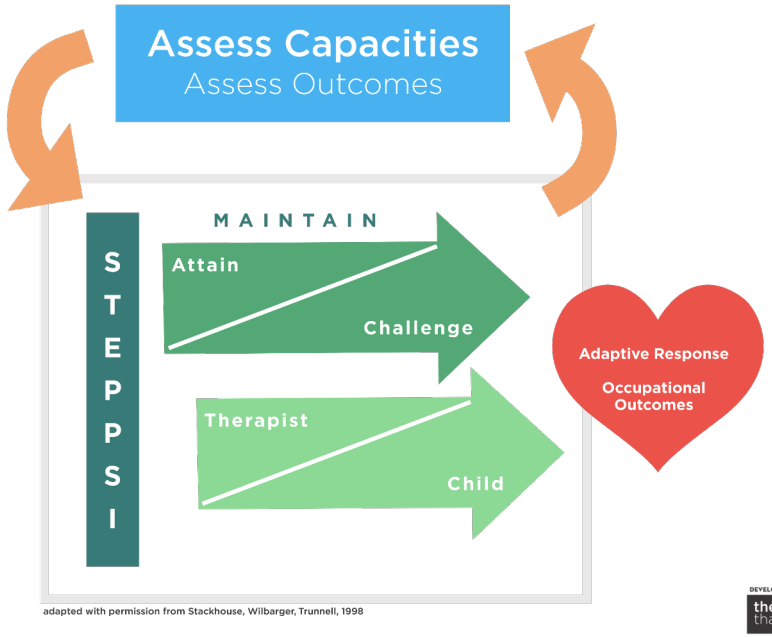
Components utilized by OT's in (Ayres) SI Treatment – to obtain adaptive responses evinced through state regulation and improved sensory modulation

adapted with permission from Stackhouse, Wilbarger, Trunnell, 1998

DEVELOPMENTAL FX therapy that fits

27

STEPPSI©



adapted with permission from Stackhouse, Wilbarger, Trunnell, 1998

DEVELOPMENTAL FX therapy that fits

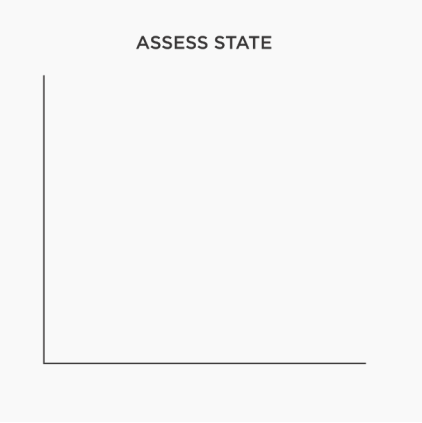
28

Assess Capacities
Assess Outcomes

STEPPSI© Model

SKETCH PAD

for Sensory Modulation and Regulatory Capacities

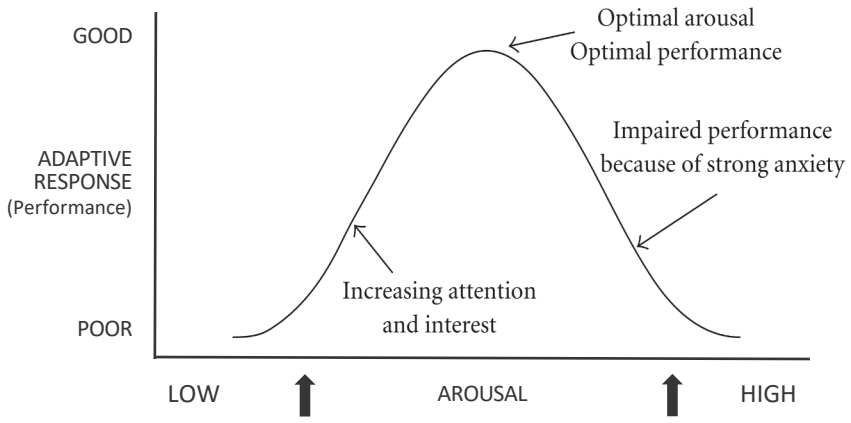


DEVELOPMENTAL FX therapy that fits

29

Optimal Adaptation Theory

Window of Tolerance
Window of Adaptation

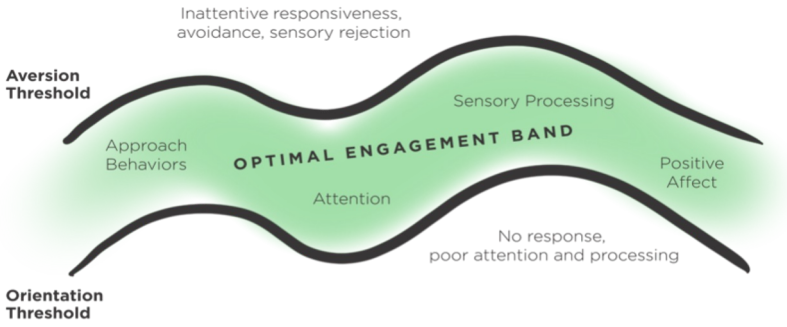


After (Yerkes/Dodson, 1908; Hebb, 1949; Siegel, 1999)

30

Dynamic Model of Sensory Processing

Baranek, 1998; adapted from Field, 1982

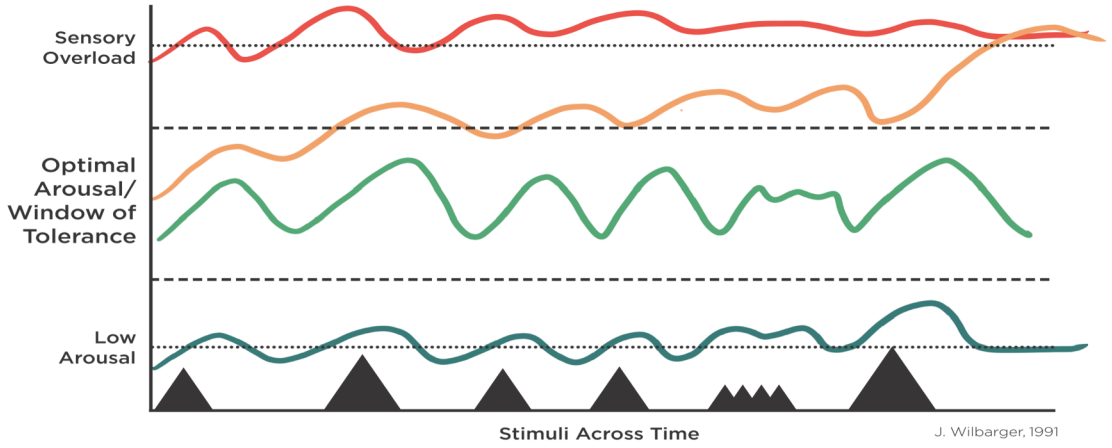


Orientation Threshold -- point at which sensory information is noted and interpreted in a meaningful way to enable engagement in occupation

Aversion Threshold -- point at which sensory information becomes threatening and no longer able to be interpreted meaningfully and cannot support engagement in occupation

31

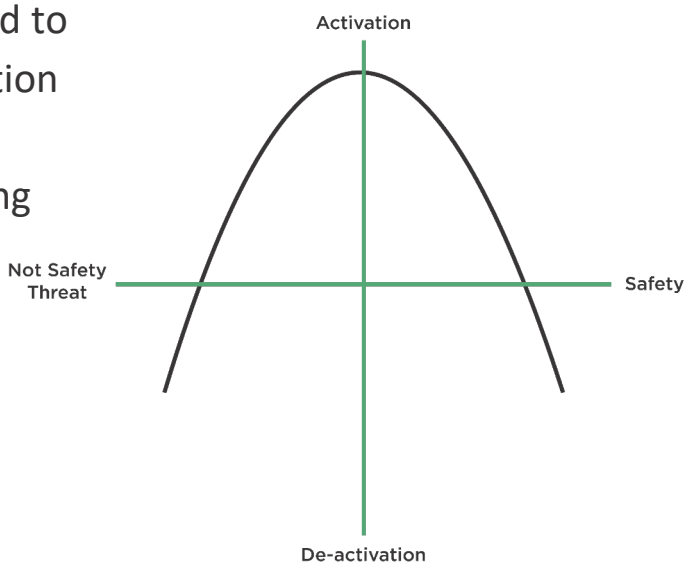
A Model for Understanding Sensory Modulation



32

Polyvagal Theory Applied to Modulation and Regulation Functions

Valence-based Processing



Neuroception is a summary term for this function

~ Porges 2009

33

Sensory Modulation 'for the purpose of…'

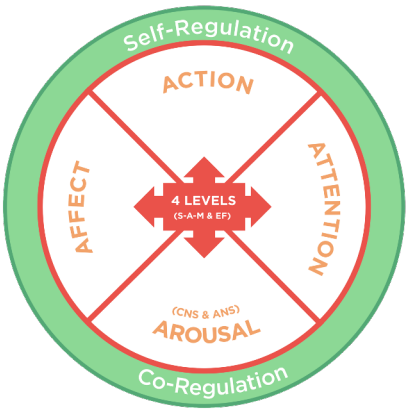
Regulation...of:

Response/Recovery

(degree, nature, intensity, valence of)

so that, the deep central core brain functions can do their work:

Attention
Action
Affect
Arousal
Autonomic



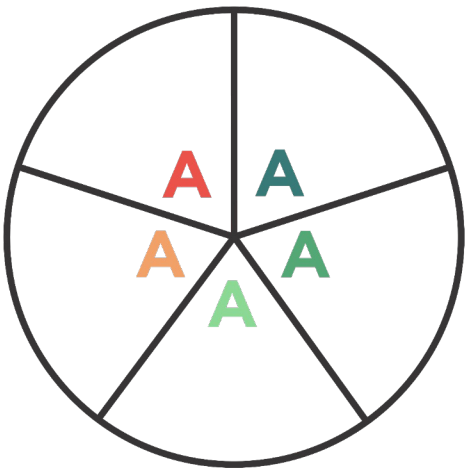
via:

- Neuroception
- Co-regulation
- Self-regulation

34

Pair "A" function with adaptive outcome:

Attention
Action
Affect
Arousal
Autonomic



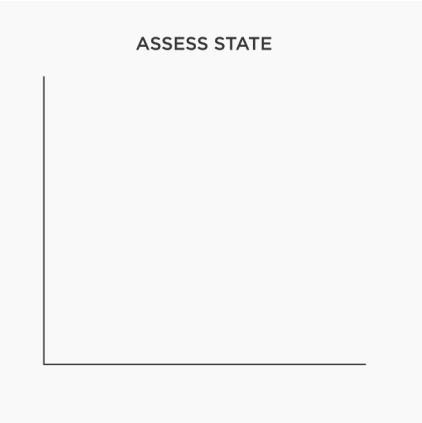
35

Assess Capacities
Assess Outcomes

STEPPSI© Model

SKETCH PAD

for Sensory Modulation and Regulatory Capacities



DEVELOPMENTAL FX therapy that fits

36

The SpIRiT of Pediatric Therapy

Sensory processing/Integration Reasoning interactive Tool

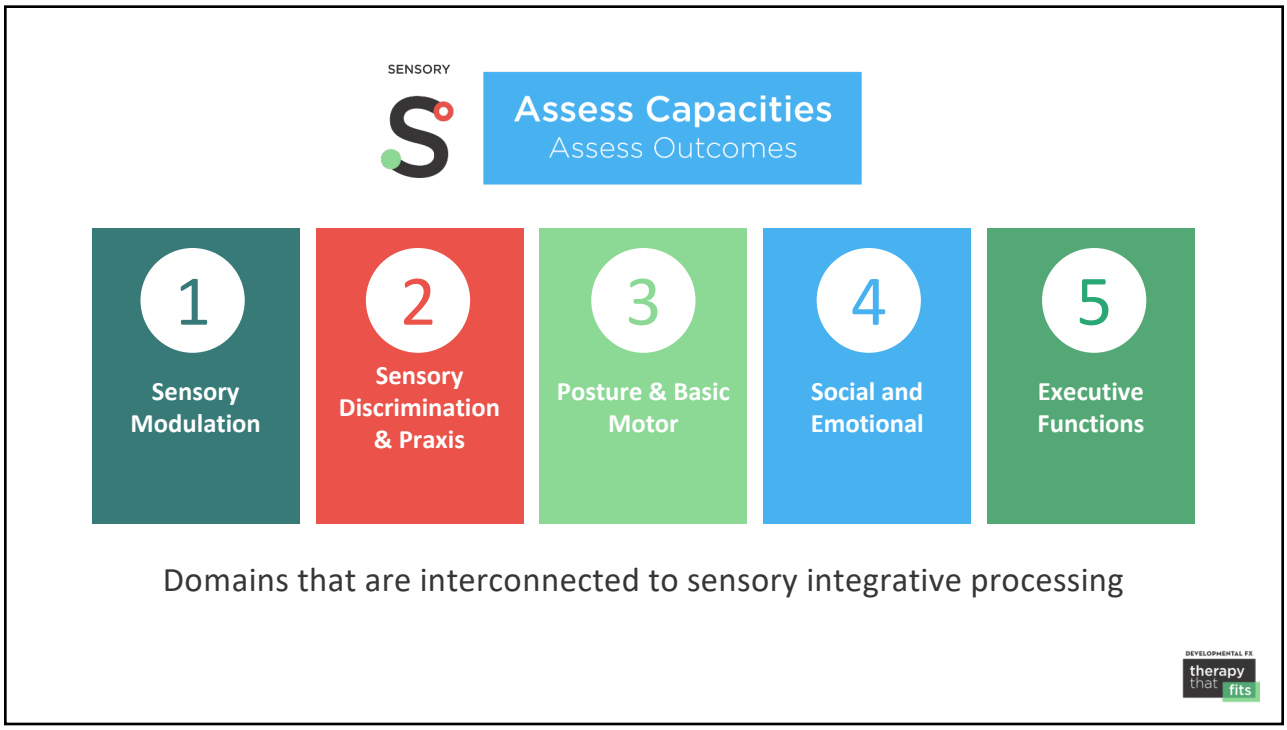
Sensory integrative processing

Assess Capacities
Assess Outcomes

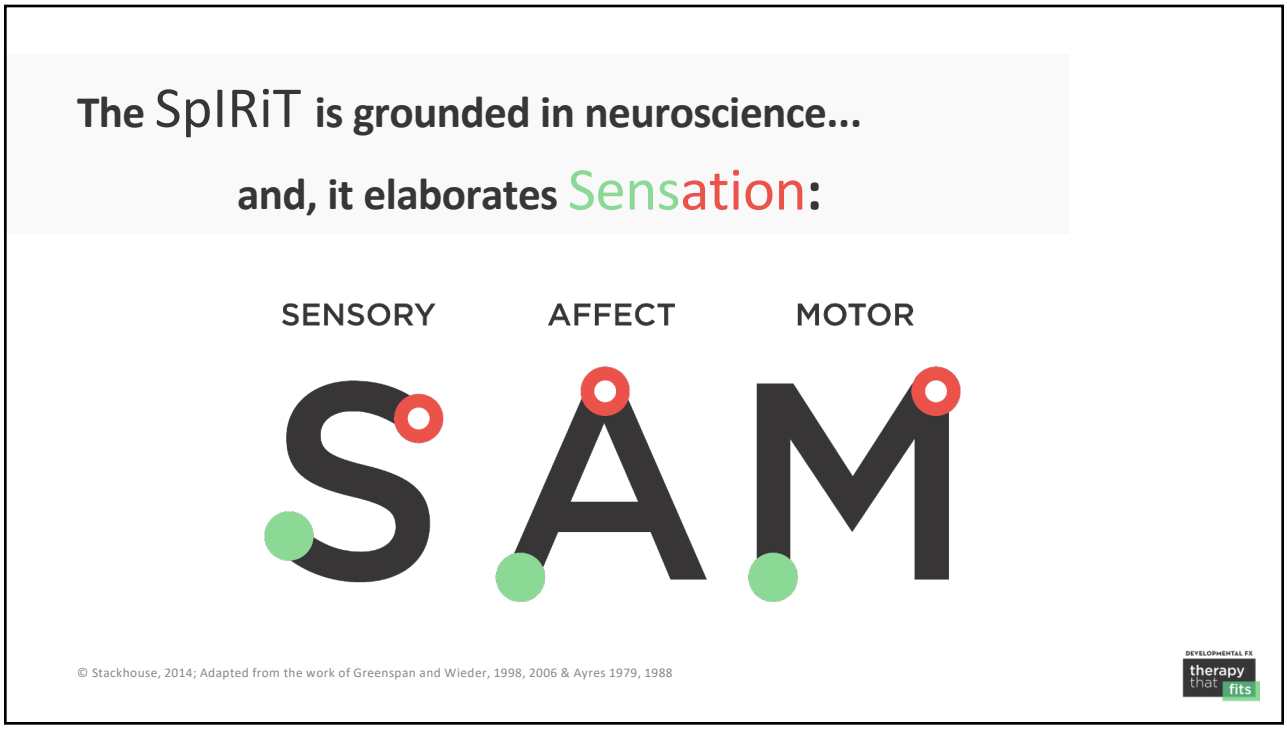
- Sensory Discrimination
- Postural Development
- Sensory Modulation

DEVELOPMENTAL FX therapy that fits

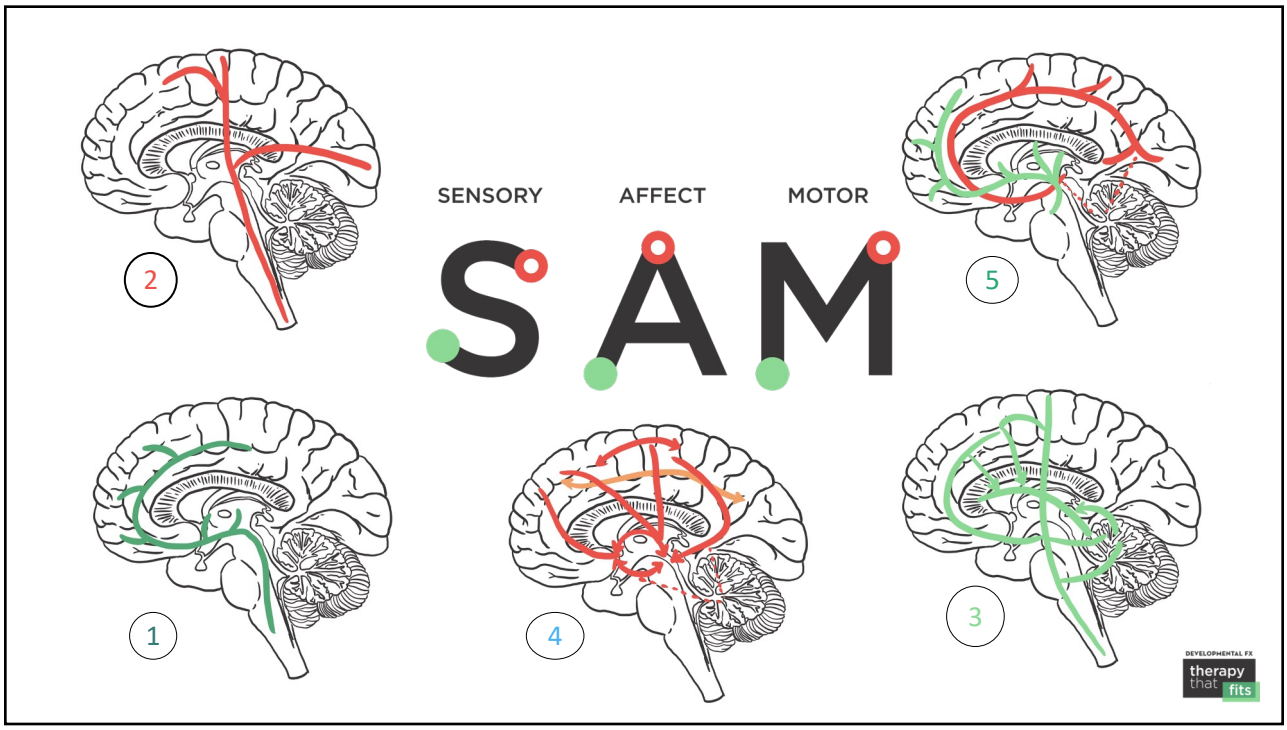
37


SENSORY
Assess Capacities
Assess Outcomes
1
Sensory Modulation
2
Sensory Discrimination & Praxis
3
Posture & Basic Motor
4
Social and Emotional
5
Executive Functions
Domains that are interconnected to sensory integrative processing
DEVELOPMENTAL FX
therapy that fits

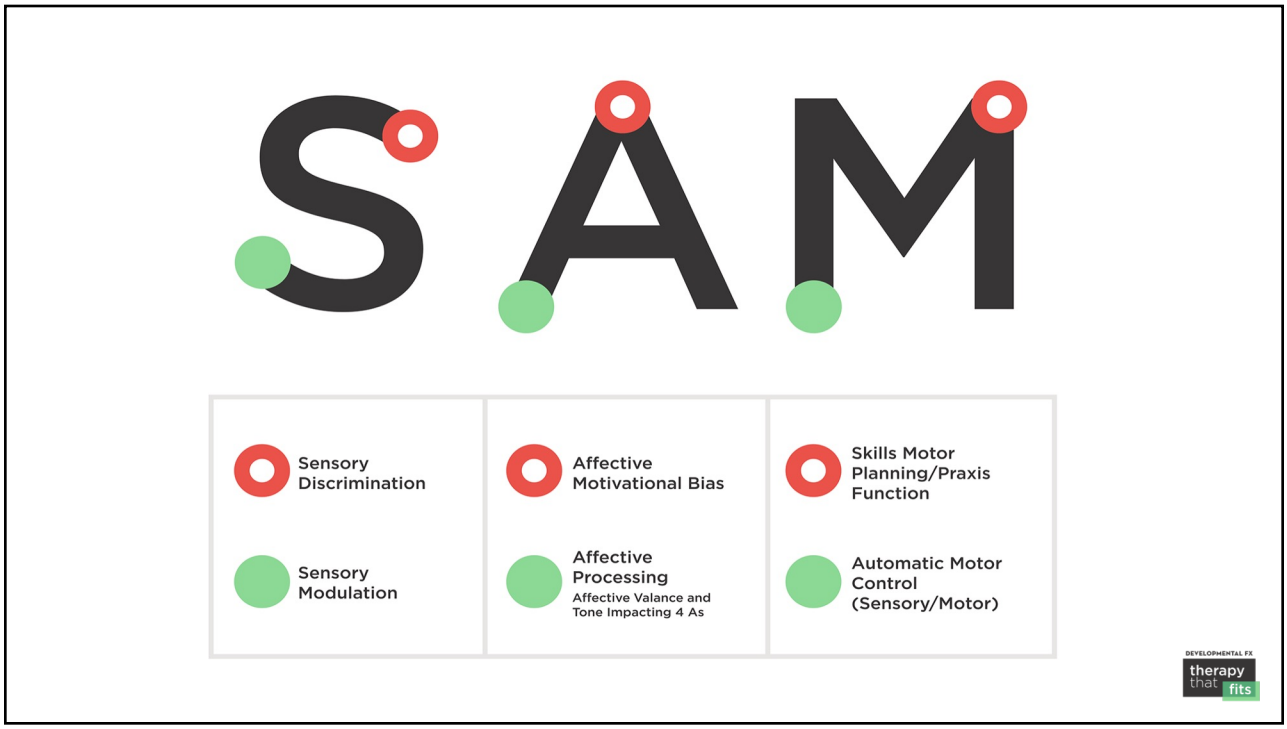
38


The SpIRiT is grounded in neuroscience...
and, it elaborates Sensation:
SENSORY
AFFECT
MOTOR
SAM
© Stackhouse, 2014; Adapted from the work of Greenspan and Wieder, 1998, 2006 & Ayres 1979, 1988
DEVELOPMENTAL FX
therapy that fits

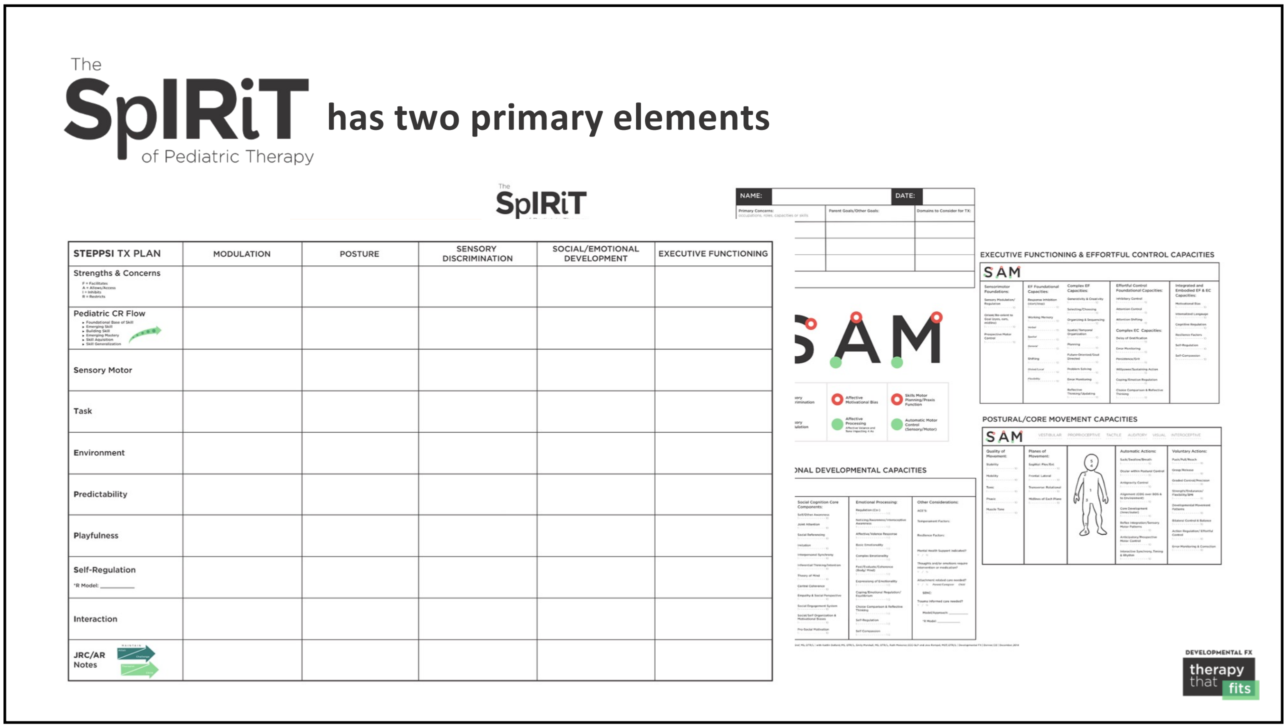
39


SENSORY
AFFECT
MOTOR
SAM
1
2
3
4
5
DEVELOPMENTAL FX
therapy that fits

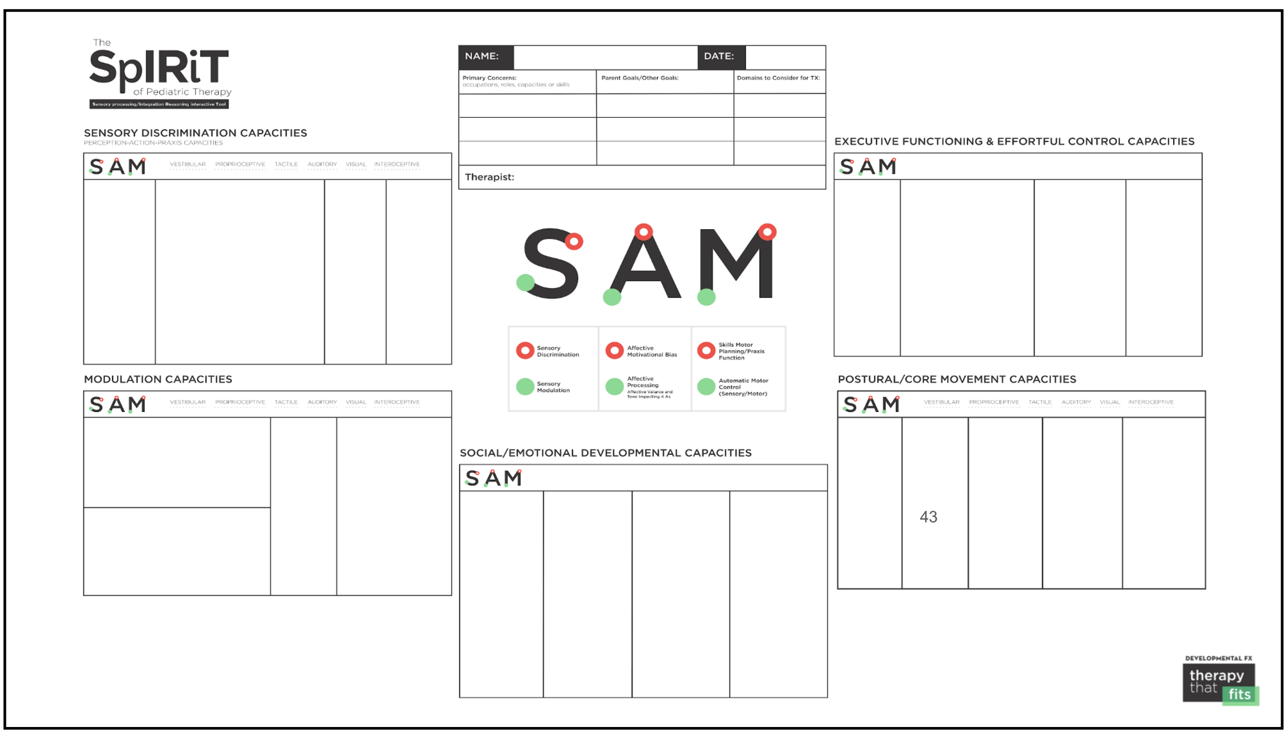
40


SAM
Sensory Discrimination
Sensory Modulation
Affective Motivational Bias
Affective Processing
Affective Valance and Tone Impacting 4 As
Skills Motor Planning/Praxis Function
Automatic Motor Control (Sensory/Motor)
DEVELOPMENTAL FX
therapy that fits

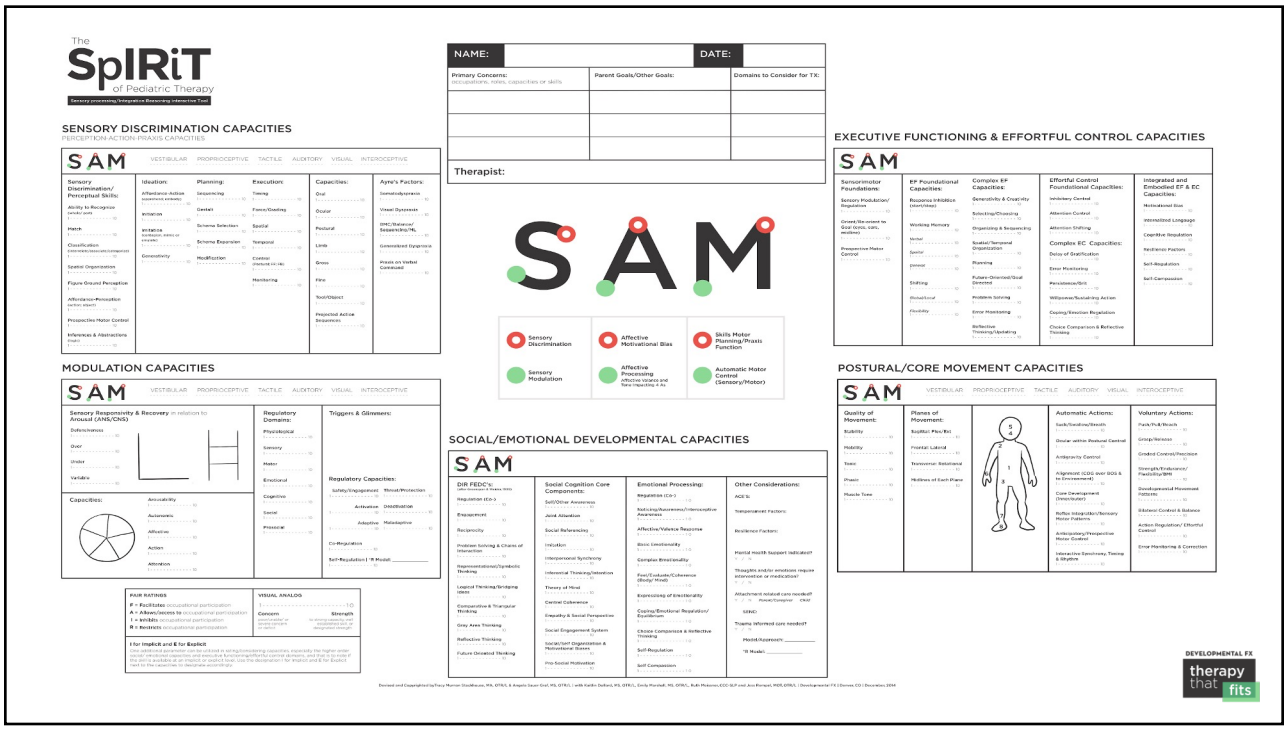
41


The SpIRiT of Pediatric Therapy has two primary elements
The SpIRiT
STEPPSI TX PLAN
MODULATION
POSTURE
SENSORY DISCRIMINATION
SOCIAL/EMOTIONAL DEVELOPMENT
EXECUTIVE FUNCTIONING
Strengths & Concerns
Pediatric CR Flow
Sensory Motor
Task
Environment
Predictability
Playfulness
Self-Regulation
Interaction
JRC/AR Notes
NAME:
DATE:
SAM
EXECUTIVE FUNCTIONING & EFFORTFUL CONTROL CAPACITIES
POSTURAL/CORE MOVEMENT CAPACITIES
DEVELOPMENTAL FX
therapy that fits

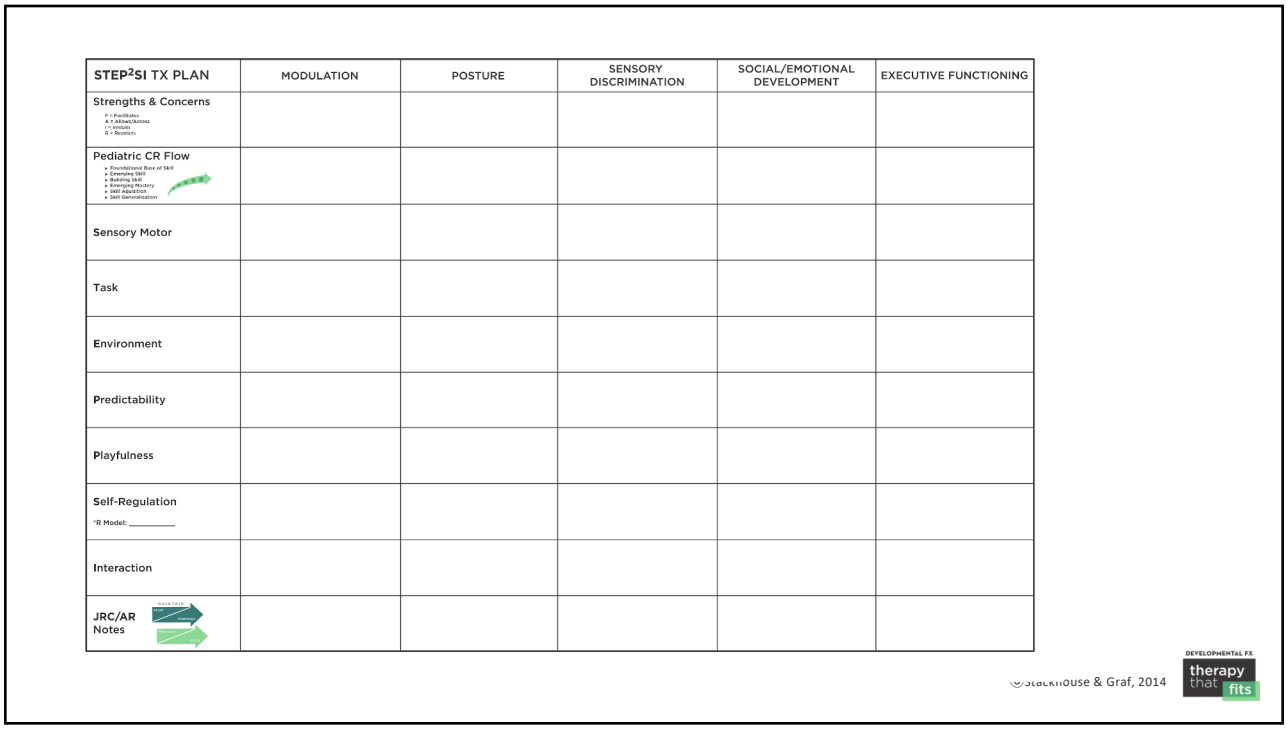
42


The SpIRiT of Pediatric Therapy
SENSORY DISCRIMINATION CAPACITIES
PERCEPTION-ACTION-PRAXIS CAPACITIES
SAM
VESTIBULAR PROPRIOCEPTIVE TACTILE AUDITORY VISUAL INTEROCEPTIVE
MODULATION CAPACITIES
NAME:
DATE:
Primary Concerns:
occupations, roles, capacities or skills
Parent Goals/Other Goals:
Domains to Consider for TX:
Therapist:
Sensory Discrimination
Sensory Modulation
Affective Motivational Bias
Affective Processing
Skills Motor Planning/Praxis Function
Automatic Motor Control (Sensory/Motor)
SOCIAL/EMOTIONAL DEVELOPMENTAL CAPACITIES
EXECUTIVE FUNCTIONING & EFFORTFUL CONTROL CAPACITIES
POSTURAL/CORE MOVEMENT CAPACITIES
43
DEVELOPMENTAL FX
therapy that fits

43


The SpIRiT of Pediatric Therapy
NAME:
DATE:
Primary Concerns:
Parent Goals/Other Goals:
Domains to Consider for TX:
Therapist:
SAM
SENSORY DISCRIMINATION CAPACITIES
EXECUTIVE FUNCTIONING & EFFORTFUL CONTROL CAPACITIES
MODULATION CAPACITIES
POSTURAL/CORE MOVEMENT CAPACITIES
SOCIAL/EMOTIONAL DEVELOPMENTAL CAPACITIES
DEVELOPMENTAL FX
therapy that fits

44


STEP²SI TX PLAN
MODULATION
POSTURE
SENSORY DISCRIMINATION
SOCIAL/EMOTIONAL DEVELOPMENT
EXECUTIVE FUNCTIONING
Strengths & Concerns
Pediatric CR Flow
Sensory Motor
Task
Environment
Predictability
Playfulness
Self-Regulation
*R Model: _____
Interaction
JRC/AR Notes
©Stackhouse & Graf, 2014
DEVELOPMENTAL FX
therapy that fits

45

Thank You

DEVELOPMENTAL FX

therapy that fits

learningjourneys@developmentalfx.org

www.developmentalfx.org

Developmental FX | Denver, CO, USA

46

Objectives

Summarize the key concepts of clinical reasoning and fidelity models, emphasizing their pivotal role in supporting best practices within occupational therapy informed by sensory integrative processing.

Identify and articulate the foundational principles underlying the STEPPSI process, showcasing a deep grasp of its essential components and alignment with Ayres SI.

Summarize the core underpinnings encompassed within the SpIRiT process and the need for a model that connects sensory integrative processing to related neurodevelopmental capacities that support human occupational engagement.

List the 5 neurodevelopmental domains addressed within the SpIRiT

Provide precise definitions of the S-A-M elements within the SpIRiT process, showcasing a mastery of the terminology and its implications within the context of the clinical practice using sensory integrative processing approaches.

DEVELOPMENTAL FX therapy that fits

47