RAPHA OT/ PCAC

FIRST FIVE GRANT

SCOPE OF WORK

INTRODUCTION

This is a contract between First 5 Placer and Placer Community Action Council Incorporated, to provide a series of trainings to teachers and professionals serving children ages 0-5 in a preschool setting in partnership with Rapha Occupational Therapy.

OUTCOMES

Participants receiving this training will independently be able to utilize the Sensory Integration Dysfunction (SID) Inventory and implement appropriate sensory activities so that children ages 0-5 in their car are achieving enhanced sensory processing and able to participate in classroom educational goals.

PERFORMANCE MEASURES

Quantitative

DEMOGRAPHICS

Number of people trained by affiliation.

A total of 43 head start teachers participated in the trainings.

DEMOGRAPHICS

Quantitative

Number of Trainings Provided:

A total of 3 trainings were offered on the following dates:

1/27/06, 3/31/06, and 4/17/06.

Location of trainings:

#1 Auburn Grace Church.

#2 Shepherd of the Sierra Presbyterian Church.

#3 PCAC office.

DEMOGRAPHICS

Quantitative

<u>Number of children served 0-5:</u>

- Early Head Start=39 children
- Head start=80 children

Total=119

DEMOGRAPHICS

Quantitative

GENDER:

	EHS	HS	TOTAL
MALE	18	44	62
FEMALES	21	36	57

DEMOGRAPHICS

Quantitative

ETHNICITY:	EHS	HS	TOTAL
African American	0	2	2
Asian	1	1	2
Caucasian	27	54	81
Hispanic	7	16	23
Native American	1	0	1
Other Mixed	3	7	10

DEMOGRAPHICS

Quantitative

AGES:	EHS	HS	TOTAL
Less than 1yr.	17	0	17
1 year	10	0	10
2 years	10	1	11
3 years	2	28	30
4 years	0	47	47
5 years	0	5	5

DEMOGRAPHICS

Quantitative

<u>Number of educators that gained increased awareness in SD &VSI</u>

It was proposed that only in completing all three trainings, would a participant have the increased knowledge in sensory dysfunction required to adequately utilized the inventory, and implement sensory based strategies. This was the focus of this grant. However it also our belief that attendance of any of these in-services would increase a participants awareness of sensory dysfunction.

The totals reflect the numbers at each training.

Training number #1	29	
Training number #2	10	
Training number #3	4	Total=43

DEMOGRAPHICS

Quantitative

Number of educators that gained increased awareness in SD &VSI

It is our belief that the numbers of educators that gained the type of awareness that could benefit the students in the spirit of the in-services/grant was 4. This was the total number of participants that completed all 3 trainings including the case study.

PRE TRAINING QUESTIONAIRE

- **In-service #1-** 12 out of 29 surveys were collected. (*these initial surveys were reconstructed and redistributed in the second in-service*)
- **In-service #2** – 10 out of 10 surveys were collected.
- **In-service #3**- 4 out of 4 post questionnaires were collected

PRE TRAINING QUESTIONNIRE

The purpose of pre training questionnaire was:

- To establish a base line of the participants basic knowledge in the area of SPD
- To establish the participants ability to identifying sensory processing dysfunction.
- Additionally, when combined with the post questionnaire, it was to be utilized as a instrument to measure transfer of knowledge at completion of the trainings.

QUESTIONNAIRE

The pre questionnaire was broken into two sections. The first section consisted of two question. Each question then had a “give me an example” portion. This “give me an example” portion was to establish if the participant rating was a true reflecting of their knowledge/rating. The second section was structured in the same manner but consisted of 4 questions.

PRE TRAINING QUESTIONNAIRE

SCALE

- **1** = no class(es)/training – no confidence in implementation.
- **2** = has minimal knowledge of sensory intervention/group application.
- **3** = has attended at least one class based in sensory integration/group application and have attempted to implement sensory strategies in the classroom but not confident.
- **4** = confident with sensory knowledge and has utilized sensory strategies in the classroom but are limited by amount of sensory tools/activities.
- **5** = very confident with sensory background and activities on an individualized student basis. Not comfortable identifying groups and implementing sensory strategies.
- **6** = confident with sensory knowledge, identifying groups, choosing appropriate tools/activities, and implementation with groups.

QUESTIONNAIRE

1. On a scale of 1- 6, what do you feel is your current knowledge level regarding your understanding of sensory processing/integration?

	1	**2**	**3**	**4**	**5**	**6**
#1	3	2	7	0	0	0
#2	0	2	4	4	0	0
Post	0	0	0	**4**	0	0

It should be noted that the individuals that rated themselves the highest (#2) could not give the correct definition in the “give me an example” section.

QUESTIONNAIRE

(give me an example)

Please give a brief statement of what you consider sensory processing dysfunction to be.

Definition: Sensory processing is your brain organizing incoming sensation for use.

Example: you touch a hot stove, the brain interprets this sensation as dangerous and you pull your hand away.

QUESTIONNAIRE

<u>Sample responses from question #2</u>

- Sensory processing is when a child has a tag that bothers them/irritates their skin or always washes their hands.
- Sensory processing is when a child is sensitive to noise, light, touch, smell, over stimulation.

***It should be noted that on the post questionnaire, the participants rated themselves a 4, but they all nailed the definition.**

QUESTIONNAIRE

2. On a scale of 1- 6, what do you feel is your current competency level in developing group/classroom sensory intervention?

	1	**2**	**3**	**4**	**5**	**6**
#1	4	2	3	3	0	0
#2	1	2	3	3	1	0
Post	0	0	0	**3**	**1**	

QUESTIONAIRE

(give me an example)

Please list the group/classroom sensory interventions you have or are utilizing.

PRE QUESTIONNAIRE

- Using material that can be mouthed.
- Lower the lights, calm music.
- Dramatic play.
- No answers

#2 POST QUESIONAIRE

- INTRODUCE VESTIBULAR AS IN A BALANCE BEAM TO WAKE UP A GROUP.
- PROPRIOCEPTION-CALMING/DEEP PRESSURE-ROLLING A STUDENT IN A BLANKET.
- PROVIDE A TENT FOR AN OVERSTIMULATED CHILD.
- PROPRIOCEPTION FOR CALMING.
- A VESTIBULAR ACTIVITY LIKE THE BALLET, WASHING MACHINE, HEAD DOWN.

QUESTIONNAIRE
part 2

The second part of the questionnaire was to determine the participant's ability to identify sensory processing dysfunction.

SCALE

5 point scale was used.

1=NEVER

2=RARELY

3=SOMETIMES

4=OFTEN

5=ALWAYS

QUESTIONNAIRE

1. **In the past, on a scale of 1-5, how successful or knowledgeable have you been in identifying a student as demonstrating possible sensory processing deficits?**

	1	**2**	**3**	**4**	**5**
#1	3	3	3	3	0
#2	0	3	4	2	1

Now that you have completed the training….

Post	0	0	0	**2**	**2**

QUESTIONNAIRE

(give me an example)

Please give an example of what your would consider a sensory processing deficit or concern that you would list on an IEP and how that behavior impacts the student educationally.

Only 2 out of 10 participants attempted to answer this question. Their answers reflected a behavior but there was no evidence that they understood the link to the educational component and it importance.

Examples:

pinching other, putting objects in their mouth all day,

QUESTIONNAIRE

Post questionnaires examples:

Reflected a greater understanding in connecting a behavior to the impact educationally.

- Difficult with tracking makes them have a harder time sitting at circle time.
- Identified behavior and how it disrupts attention and takes away from focus on academics.
- Recognized that some dysfunction impacts their ability to socialize.

QUESTIONNAIRE

#2 In the past on a scale of 1-5, if a student was exhibiting behavioral concerns, how often would the possibility of a sensory processing deficit come into the picture

	1	**2**	**3**	**4**	**5**	**NA**
#1	this portion was not in the initial class.					
#2	0	1	5	2	0	2
	Now that you have completed the training…					
Post	0	0	0	0	4	0

QUESTIONNAIRE

(give me an example)

Please list an example of a behavioral concern that you could link to a sensory deficit.

- Aggressive behavior such as hitting.
- Avoiding play.
- Does not liked to be touched.
- Slamming their body into objects/people.

QUESTIONNAIRE

#3 In the past, when a child had a visual examination and the report states that the child's acuity is normal and functional, but the student continues to demonstrate deficits in the area of vision related tasks: puzzles, letter identification, cutting, spatial concepts and demonstrating interest in books, would you still consider vision a possible factor?

QUESTIONNAIRE

	N/A	1	2	3	4	5
#1						
#2	*1	*1	3	*2	*3	0
Now that you've completed the training…						
#Post	0	0	0	0	0	4

*on the "give me an example" questionnaire #2, the participants that rated themselves a 3 either gave a wrong answer or did not answer this portion. Participants that rated themselves a 4 all answered incorrectly or not at all.

*the participants response for this question was that it was not applicable to their population.

QUESTIONNAIRE

(give me an example)

Why?

- **Sensory Processing.**
- **It does not address visual tracking.**
- **Vision is part of the sensory system.**

QUESTIONNAIRE

4. In the past, on a scale of 1-5, if you suspected a vision deficit how often would you have requested a sensory processing evaluation.

	N/A	1	2	3	4	5
#1	2	4	5	1	0	0
#2	1	2	2	2	2	0

Now that you've completed the training……

Post	0	0	0	0	0	**4**

DID WE MEET OUR OUTCOME GOALS?

Participants receiving this training will independently be able to utilize the Sensory Integration Dysfunction (SID) Inventory and implement appropriate sensory activities so that children ages 0-5 in their car are achieving enhanced sensory processing and able to participate in classroom educational goals.

HOW WAS THIS MEASURED?

At the end of the second in-service, all the participants were asked to pick out a student from their case load. Then utilizing all the information that had been taught in course 1 & 2 (this included training in the inventory), they were asked to complete the inventory and apply this knowledge and implementing mock activities or strategies that fit what they had identified as a concern.

HOW WAS THIS MEASURED?

In-Service Part 3 focused on the case studies from the perspective of the participants understanding of the inventory, identifying a sensory concern, linking that concern to a strategy, and seeking appropriate referrals.

HOW WAS THIS MEASURED? (continued)

- All written case studies reflected a good understanding in: comprehension of sensory inventory, ability to appropriately choose area of sensory concern and link it to appropriate activity. 2 of the 4 case studies documented a decrease in identified areas of concern utilizing the inventory and after the application of specific sensory strategies.
- This was demonstrated during the round table portion where each participant reviewed their case study and introduced their ideas for sensory based strategies. 4/4 participants were able to give an independent oral presentation of their finding and sensory strategies utilized. All four participant reported they had a favorable outcome on their case study demonstrated by a reduction in area of concern.
- This transfer of knowledge is also confirmed by the increase in sophistication of their responses in the post questionnaire.

Adult Training Measure

Training participants independently use the Sensory Integration Dysfunction Inventory and implement appropriate sensory activities.

- All four of the final participant independently filled out and utilized the inventory and were able to match the area of concerns with an appropriate sensory based activities that they then presented to the group.

Adult Training Measure

So that children ages 3-5 in their care are achieving enhanced sensory processing and are able to participate in classroom educational goals.

- All participants reported a positive outcome demonstrated by 2 of the 4 students are doing better in the class because of a reduction in sensory seeking behavior and level of arousal. 2 of the 4 students were home visits and parents reported an improvement in the home environment.

CASE STUDY #1

As a Family Advocate I was able to screen children the center staff had concerns about. I educated staff on strategies to use with all the children in their care. I educated the families and made referrals to agencies in the community who could support the family. I also worked with the families to be in direct communication with the caregivers so they were all working together on the same strategies for the child.

The training was extremely beneficial in helping to identify and screen suspected children.

The child I picked (case study) is now receiving services through Placer Infant Development Program. The strategies used in the classroom and home helped to keep this child on task. Dad stated at our last home visit how much the family has benefited from the activities they have incorporated. So now I feel confident the child is on a successful path for the future.

Colene Baby Steps EHS

CASE STUDY#2

I was able to use some of the insights and tools you gave me right away, in large group or circle (consisted of 17 students), we began using the ball to sit on for movement for one child, and we gave two others a tactile object to hold, and for the entire group we began with standing and putting our heads between our legs, stretching our arms and then several two footed jumps for impact on our feet. This was not only fun but it effectively began our circle with some movement and impacted the group for better focus. I also did some deep pressure massage for a child, just to his hand, shoulders, and arms during this time: he seemed to relax and was able to stay by me for five to ten minutes. When we were holding our last conference I was able to give several handouts from your resources materials to two parents. I gave them just a brief overview of what I had learned. I gave them the check list and some other resources and asked to talk to the Kindergarten teacher if they had questions.

Thanks for the workshop Rosemary, Site Supervisor Loomis HS

CASE STUDY #3

Summary of Program Approach

Our approach was to offer three training's and at the end of the three trainings measure the competency of the participants ability to understand and implement sensory based strategies. Although only four participants completed all three trainings, each demonstrated the ability to independently utilize the inventory and apply the sensory based activities to their student with the outcome being enhanced sensory processing leading to increased appropriate participation.