Speech and Language Therapy and SI

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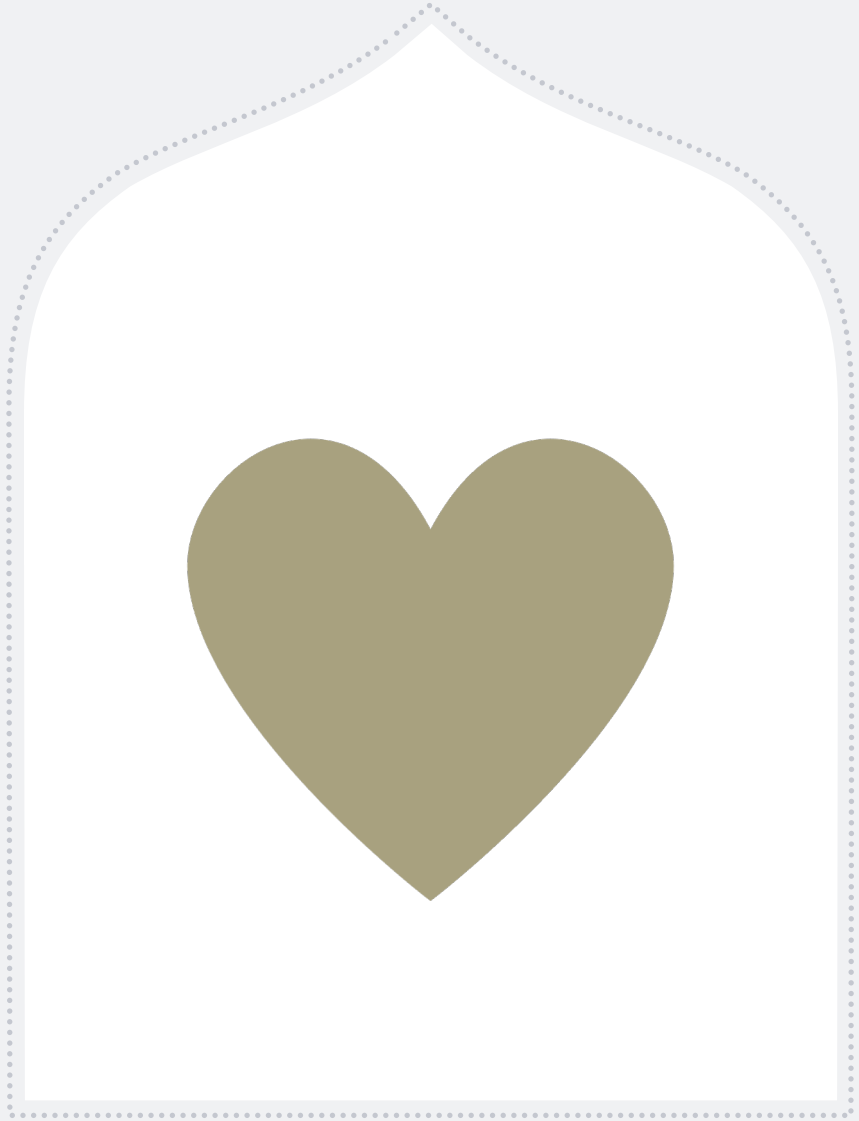
Background

Strong tradition of OT SLT PT SI training in SIE

- OTs are 93% of the students in training with SIE
- SLTs and PTs have always been included –SLT 4.5%
- Current Postgraduate SIE Education team – 27 members - 22 are OTs, 2 are SLTs, 1 is PT, 1 is an administrator
- ASI is, and will remain, an OT-dominant framework and intervention



I am passionate about a shared knowledge base and shared framework of reference which is applied within profession-specific roles for the benefit of people who are supported by more than one professional

SLT and SI –what may be your questions?

- SLTs want to access your training?
- SLTs need to access your training?
- What does an SLT trained in SI do?
- SLTs' learning needs may not be met by your content?
- Do they need a more tailored training?
- SLTs may not be able to carry out the clinically assessed hours?

THESE ARE NOT YOUR QUESTIONS…

- Will SLTs take over OT roles?….professional 'turf'?
- Will they reduce / water down ASI intervention?

SLTs want to access your training

My experience says Yes let them

They are right to seek this training in all its components

The training is tranformational

Do they need to access the training?

Yes they do because the training is so pertinent to them

STUDENT NUMBER: B00745626 Student at the end of SI1 SLT works with adults with brain injury

At the end of this module I have enhanced my knowledge in the following areas:

- a greater and more in-depth understanding of the tactile, proprioceptive and vestibular systems;
- increased clarity around the SI concepts of modulation, regulation and registration;
- The purpose of the use of equipment in therapy and how it relates to the underlying neuroscience.

My attitude has changed in that I, as a Speech and Language Therapist, have a greater appreciation of the need to evaluate and contextualise an individual's communicative behaviour in light of how they are sensorily and what challenges they may be experiencing. It has enabled me to understand the neuroscience underpinning a range of symptoms which until now I would have noted and discussed with the relevant colleague/s but not fully appreciated the systemic impact thereof.

My professional skills have been influenced in that I'm now able to understand the rationale for and impact of implementing therapy which addresses integration of the sensory systems rather than treating them as separate entities.
I have a much greater appreciation of the importance of the proprioceptive and tactile systems throughout the body.

The individuals with whom I work will benefit in the following ways:

- I have a greater awareness for whom sensory integration may be helpful and therefore will refer to an Advanced Practitioner;
- I now recommend changes to their environment and their therapeutic environment in order to enhance their ability to process

My colleagues will notice the following changes:

- in the questions I ask and the content of my information gathering and assessment of individuals;
- in my understanding of the sensory systems and the underpinning neuroscience, of the vestibular and proprioceptive systems

Student SLT SI1 –works in a neonatal unit

My clinical practice as a speech and language therapist, has definitely been enhanced in many key aspects since starting the SI online Module. I now feel that I have a greater in-depth knowledge of the complexity of the importance of sensory integration has on all aspects of a child's learning, from their ability to regulate their levels of alertness, impact on a child's behaviour and ultimately, ability to learn. I have always worked closely with members of the MDT including sensory integration therapists and have valued the skills they have provided during assessment and treatment sessions. I have wanted to expand my knowledge in this specialist field to ensure that the goals that are set for my clients are realistic and achievable.

The need to carefully consider clinical goals for each child taking into account many aspects such as the impact of postural stability, regulation and modulation as well as the impact of environmental factors in alertness and attention

The course has allowed me to examine my clinical practice with regards to providing a safe and suitable environment, free from distractions both visual and noise, but also to ensure that activities that allow a child to move, and support systems such a their vestibular and proprioceptive systems.

UK SLT -Professional Body

- Royal College of Speech and Language Therapy runs communities of practice through CENs –Clinical Excellence Networks
- 2019 Establishment of an SI-SLT CEN called SI-SALT….pronounced seasalt

SI-SALT CEN

The national Clinical Excellence Network for Speech and Language Therapists working within an Ayres Sensory Integration frame of reference in the UK and Ireland

https://www.si-salt-cen.org.uk/

2022 SI-SALT CEN National Position Paper

Key messages of the paper are:

- That ASI is highly relevant to speech and language therapy
- The work of an SI-SLT is distinct from an SI trained Occupational Therapist or Physiotherapist
- As with any therapy, the decision to use an ASI framework to support communication, eating or drinking is driven by the clinical reasoning of an SLT
- The importance of post-graduate training for SLTs wishing to use ASI in their practice

The project has been led by three Speech and Language Therapists and Advanced Practitioners in SI: Amy Stephens, RCSLT SI Advisor, Judy Goodfellow, PG. Dip. SI. and Alison Dear, MSc. SI.

The paper argues:

What do SLTs gain from the training?

The role of a Speech and Language Therapist is to provide life-improving treatment, support and care for children and adults who have difficulties with communication, eating, drinking or swallowing (RCSLT 2020).

Facilitating engagement and participation is fundamental to the practice of an SLT

So using therapies and approaches from other disciplines has long been a recognised practice

The paper argues:

Depending on the clinical populations they support, SLTs have for many years found it useful to adopt theories and intervention approaches which originate in other disciplines but are widely accepted within the field.

Examples include the Picture Exchange Communication System stemming from behavioural theory (Bondy and Frost 2001); the widespread use of Social Stories from the field of special education (Gray and Garand 1993); and Zones of Regulation from the field of occupational therapy (Kuypers and Winner 2001).

Because of this, over the last decade, an increasing number have undertaken post-graduate training in the field of SI in order to increase their understanding of their clients' difficulties and to offer a wider range of effective interventions.

Section 3. The relevance of SI Theory to Speech and Language Therapists

In broad terms, sensory processing and integration dysfunction can manifest in two areas: difficulties with modulation and/or difficulties with discrimination and praxis (Mailloux et al. 2011; Bundy and Lane 2020). Modulation difficulties mean that a person may typically under- or over-responds to sensations in comparison to the general population. Bundy and Lane (2020, p.11) described how
"individuals who have difficulty modulating sensation behave as though the amplitude of their response is consistently greater or less than of most individuals, decreasing the effectiveness of their performance."

It is important to recognise that these reactions are automatic and stem from dysfunction within the nervous system resulting in an individual being unable to manage the sensory stimuli from within their body or their immediate environment. The automatic nature of the response may result in difficulties in being able to communicate their needs effectively and may impact on the building and maintaining of relationships throughout their lives.

If a person has praxis difficulties, they have difficulty planning and executing new movements rather than ones they are familiar with. Cermak and May-Benson (2020 p.115) reported that, in 1985, Ayres defined praxis as:
"The neurological process by which cognition directs motor action; motor or action planning is that intermediary process that bridges ideation and motor execution to enable adaptive interactions with the physical world. Thus praxis pertains to more than just physical acts of interacting with the environment, it encompasses the process of conceptualising and planning those motor acts."

Section 3. The relevance of SI Theory to Speech and Language Therapists Continued

Modulation and praxis difficulties have the potential to impact upon the professional remit of an SLT in a variety of areas including communication, social interaction, eating, drinking and swallowing, as these all require the processing of sensation and motor control.

For example, gaze stabilisation and tracking are essential to tracking conversation in a group or to notice and respond to non verbal communicative acts such as gesture.

Where sensory processing challenges are creating a barrier to a client's ability to access and/or engage effectively in some forms of therapy, addressing these sensory needs will be a starting point in an episode of care. For example, if the goal of intervention with a person with social communication needs is to support their ability to co-regulate and sustain attention, the SLT will need to be able to understand the client's regulatory and sensory-motor needs.

Since effective and appropriate assessment and, if necessitated, treatment in the areas of communication, eating, drinking and swallowing is within the remit of speech and language therapy, in circumstances where sensory processing difficulties contribute directly to concerns of these areas of function, this assessment and treatment should be carried out by SLTs who have undertaken post-graduate training in sensory integration.

The paper makes the point that:

It should be emphasised that ASI therapy is an intervention which would be utilised by an SI-SLT when assessment indicates that sensory modulation or praxis difficulties may be having a significant detrimental impact upon their client's communication, eating, drinking or swallowing experience. The therapy may be used alongside other Speech and Language intervention approaches which would also be driven by the therapist's clinical reasoning.

Section 7. Boundaries of practice for an SI-SLT

The core professional remit of the SLT is the assessment and treatment of communication, eating, drinking or swallowing difficulties.

Ayres SI therapy is only an appropriate intervention tool for SI-SLTs where the client's presenting difficulties in these areas have an identified sensory component.

The decision by an SLT to employ an SI approach when assessing or treating a client's communication, eating, drinking or swallowing difficulties is driven by clinical reasoning stemming from their expertise in these areas.

Speech and Language Therapists, unlike Physiotherapists and Occupational Therapists, are not specialists in assessing and treating the gross and fine motor difficulties which may result from a range of neurological and musculoskeletal conditions.

When accepting referrals, Speech and Language Therapists should always be mindful that it is their responsibility to ensure they do not undertake work outside their scope of practice as required by the standards of the Health and Care Professions Council.

Section 8. The benefit of SI-SLT assessment

There are increasing numbers of SLTs undertaking postgraduate training in SI. An SI-SLT is uniquely placed to differentially diagnose communication, eating, drinking and swallowing difficulties that have a sensory basis from those that do not. For example, an SI-SLT rather than an Occupational or Physiotherapist could ascertain if:

- Auditory processing or discrimination difficulties are impacting upon the client's difficulties e.g. differential diagnosis between developmental language disorder; auditory processing disorder; and a sensory modulation dysfunction.
- Challenging behaviour is being driven by a communication difficulty or a sensory difficulty e.g. a child may hit themselves or others because they are seeking proprioceptive and/or tactile sensation or because they are unable to express their frustration in other ways.
- A client's dysphagia stems from difficulties at the oral rather than pharyngeal stage, e.g. hyper-reactivity to tactile stimulation, and clients may well have a combination of motor and sensory difficulties affecting the oral stage.

SLTs' learning needs may not be met by your content?

Try it and see -SLTs will work to apply it.....

Do they need a more tailored training?

Not initially -they should learn alongside OTs...and PTs

SLTs may not be able to carry out the clinically assessed hours?

Within their scope of practice.....link up with SLT SI Advanced practitioners and explore

In the future...

- There may be research to articulate further what is SLT-SI and PT-SI when contrasted with OT-SI

- Too soon

- Other bigger questions to be prioritised