

**Occupational Therapy and  
Sensory Profile Report**

CONFIDENTIAL

<b>Name of Client</b>	Lee
<b>Date of Birth</b>	16 August 1979
<b>Consultation date</b>	6 June 2007
<b>Report Date</b>	17 July 2007
<b>Sources of Information</b>	General Observations  Sensory Profile Caregiver Questionnaire
<b>Referral Request</b>	Speech Pathologist
<b>Report provided to</b>	Staff  Sherran (Parent)
<b>Occupational Therapist</b>	OT  Department of Human Services Incorporating: Health, Community Services, Aged Care & Housing Victoria Australia

**Home visit**

A home visit was conducted by Occupational Therapist; Occupational Therapist to initially meet and spend some time with Lee and then complete the Sensory Profile, Caregiver Questionnaire staff members and Speech Pathologists. The following information was gained through general observations and the interview process while administering the Sensory Profile.

**Diagnosis:**

- Intellectual Disability
- Mowat-Wilson Syndrome

**Medication:**

- Zyprexa 10 mg orally nocte
- Nexium 20mg orally mane
- Coloxyl with senna ii orally nocte
- Diazepam 5mg orally mane

**Hearing:**

- Staff have not noticed hearing deficit (Parent suspects a hearing loss)

**Physical Status:**

- Mobility: Lee is independently mobile although he walks stiffly
- Upper limbs – carries his left arm in flexed position and has cogwheel rigidity in both arms

**Self Care:**

- Bathing: needs physical assistance from staff to run a bath, get into and out of bath and with washing & drying self
- Hygiene: withdraws from staff when they attempt to cut his nails, shave and brush his hair. (but will allow parents to cut nails and shave)
- Bowel & Bladder: independent, goes in/out of the toilet several times a day

**Eating/feeding/oral:**

- Lee needs either soft textured food or his food cut up.
- Frequently chews on right thumb and left middle finger pushing it in/out of mouth
- Lee has poor mouth closure and drools fairly constantly

**Communication:**

- Says 'mum'
- Responds to simple directions like 'close the door'
- Rocks in a forward/backwards direction when he is 'not happy'
- Likes to greet people when they come into the house by shaking their hand
- Will kiss or touch staff on the shoulder

**Behaviours of Concern:**

- Vomiting and retching. Lee retches until he vomits. Retching occurs when Lee sits down to eat, especially breakfast, when he is in the bathroom and getting dressed. Lee vomits frequently on the taxi bus (maxi taxi), however if he doesn't vomit, he will retch. This means Lee will have vomited on himself on his way to day placement. Lee does not vomit on his bed or on the house bus.

- Lee has poor mouth closure and drools fairly constantly
- Lee will punch himself in the head and the belly
- Lee will pick up objects off the ground and place them in his mouth, chew and swallow them. This can include grass, leaves, and bits of bark. Lee will also eat things off the floor like fluff, food and paper. This behaviour occurs at Clark Street. Mrs Mitchell reports that this behaviour does not occur in her home environment.
- Lee will also put his fingers into his bottom and then put his fingers straight into his mouth.

### Interests

Lee enjoys: -

- puzzles, pushing buttons on stereo
- magazines and being read to
- 1:1 colouring in, puzzles & play doh
- Listening to music

### Sensory Profile Assessment

The Sensory Profile is a questionnaire that is completed by parents or caregivers. It contains 125 statements about the person's reactions to sensations in their daily life. These sensations include information about hearing, vision, movement, touch, taste and a combination of all the sensations together.

#### Sensory Processing

	Score Total	Typical Score	Probable Difference	Definite Difference
Auditory processing	40	33		
Visual processing	45	39		
Vestibular processing	55			42
Touch processing	90		66	
Multi-sensory processing	35			22
Oral Sensory processing	60	53		

The scores on the Sensory Profile showed that Lee has auditory, visual and oral sensory processing in the typical range. This indicates that Lee can understand what is going on around him.

Lee has difficulty with movement, touch and multi-sensory information processing. This means Lee will have difficulty understanding sensation from his body.

When people have difficulty with sensory processing it means that this form of sensory input is confusing, upsetting or not meaningful to the person.

Difficulty with sensory processing can interfere with the person's ability to complete important activities successfully as other people do.

### Modulation

Modulation reflects the person's ability to receive sensory input and organise it for an appropriate response. Modulation is also the ability of the brain to screen out familiar but harmless sensory information, for example, television in the background or the ability to react quickly to potentially harmful sensory stimuli, for example the smell of smoke in the house after bedtime. This allows a person to focus on their daily tasks but be able to react to danger should the need arise.

	Score Total	Typical Score	Probable Difference	Definite Difference
Sensory processing related to Endurance/Tone	45		36	
Modulation related to Body Position & Movement	50		38	
Modulation of Movement Affecting Activity Level	35	27		
Modulation of Sensory Input Affecting Emotional Responses	20			12
Modulation of Visual Input Affecting Emotional Responses and Activity Levels	20		14	

Lee obtained scores that indicated his sensory processing was similar to others in his age group in the following areas: -

- Modulation of Movement Affecting Activity Level. This is the ability of the person to match his level of activity to the requirements of the task. Lee seldom seeks sedentary activities, however he enjoys looking at magazines and catalogues, being read to, and 1:1 colouring, puzzles and play doh and music. Lee is frequently 'on the go' and constantly paces, having a variety of circuits in the house.

Lee obtained scores that indicated he had difficulty processing: -

- Sensory Processing related to Endurance/Tone. This is the ability to move fluidly, have stamina when standing, grasping and lifting objects. Lee frequently moves stiffly, tires easily and appears lethargic.
- Modulation Related to Body Position and Movement. This is the ability of a person to move effectively and safely in their environment. Lee frequently holds onto walls or banisters especially in the bathroom and occasionally hesitates going up or down curbs or steps, fears falling, avoids bumpy/uneven ground and turns whole body to look at you.
- Modulation of Sensory Input Affecting Emotional Responses. This is the ability to use body senses to generate emotional responses. Lee always needs more protection from life than other people. Occasionally, Lee doesn't perceive body language or facial expressions.
- Modulation of Visual Input Affecting Emotional Responses and Activity Level. This is the ability to use visual cues to establish contact with others. Lee always watches everyone move around the room and occasionally avoids eye contact especially when he does not want to comply with requests.

### **Behavioural and Emotional Responses**

When people have typical scores in this section it indicates that they are using their sensory input and their ability to focus and defocus (modulate) successfully to produce appropriate responses in everyday life. When people have difficulty using their sensory input and modulation, their possible range of responses is on a continuum. Some people can be driven to perform certain rituals, which interfere with every day life, and other people are so detached from the circumstances around them that they miss the experience of daily life routines.

	Score Total	Typical Score	Probable Difference	Definite Difference
Emotional/Social Responses	85	64		
Behavioural Outcomes of Sensory Processing	30			14
Items Indicating Thresholds For Response	15		11	

Lee's scores indicate he has typical scores in: -

- Emotional/Social Responses. This indicates a person's psychosocial coping strategies, that is, Lee does not display excessive emotional outbursts, like crying and outbursts of temper. Lee does however frequently become stubborn or unco-operative during personal hygiene tasks and has definite fear about falling in the bathroom.
  - Emotional/social Responses can sometimes be related to confusing information from the sensory systems. In some cases, the person's nervous system is not interpreting the input in a helpful way, leading to the person's sense of confusion with what is going on around him.
- Behavioural Outcomes of Sensory Processing. This indicates the person's ability to complete tasks asked of him, and accept changes in routines. Lee is unable to complete writing tasks and is unable to colour in between lines and uses inefficient ways of doing things. Lee occasionally has difficulty tolerating changes in plans, expectations and routines, for example when Lee has made up his mind where he wants to sit in the taxi, he does not like to be redirected to sit elsewhere.
  - When sensory processing is difficult for a person it often means they will have difficulty completing tasks accurately. This is a result of the person having inaccurate mental images of their bodies and their environment, which means they will have difficulty using their body in their environment successfully.

### The Neurological Threshold Continuum

Each individual has preferences for different sensations, for example, some individuals find music in the background helps them become more alert and therefore they can work more productively. For others, background music creates a distraction, interrupting thinking and performance. By understanding how we process information from our senses, and our preferences for sensations, we can change our environments and design strategies which will help us learn and cope more effectively with daily life.

The *Neurological Threshold Continuum* is divided into four sections called quadrants. The quadrants are called Low Registration, Sensation Seeking, Sensory Sensitivity and Sensation Avoiding.

- Low Registration can range from not noticing enough to noticing too much.
- Sensation Seeking reflects an individual's preferences for pleasurable sensation.
- Sensation Avoiding reflects an individual's need to stay away from certain sensory experiences.
- Sensory Sensitivity is associated with an individual's irritability to sensations.
- The quadrants include the senses of Taste/Smell, Movement, Vision, Touch, Activity Level and Hearing; these categories are distributed throughout the quadrants.

	Raw score	←Less than others		Typical Performance	More than others→	
		Definite Difference	Probable Difference		Probable Difference	Definite Difference
Sensation Seeking				105		
Low registration						52
Sensory Avoiding				118		
Sensory Sensitivity					79	

### **Sensation Seeking (“I like it – keep going”)**

Lee’s cumulative scores for Sensation Seeking are in the typical range, however staff report that Lee constantly paces around the house and this is reflected in his raw scores, where he seeks: -

- i. Movement. Lee always seeks all kinds of movement and this interferes with his daily routines. He occasionally rocks unconsciously on the chair or the bus. Lee is always ‘on the go’ and constantly paces having a variety of circuits in the house.

Intervention strategies could include:

- Incorporating movement in activities, for example, in the home situation, Lee could complete one puzzle and then put it back on the bench and then obtain another puzzle, sit down again, complete the next puzzle etc.
- Lee could also be encouraged to pass things out or put the items away, for example setting the table for meals.
- Select activities that incorporate bending over and/or changing speeds

- ii. Touch. Lee always touches people and objects. Lee likes to greet people and shake their hands.

Intervention strategies could include: -

- Choosing activities that incorporate touch with others, or with the environment for example gardening and cooking.
- Select clothes, furniture, and utensils with a variety of textures to use with Lee
- Use varying textures of carpets, towels and blankets
- Use textured lotions and creams
- Use craft activities, for example clay, play-doh, finger painting

### **Low Registration (“What?”)**

Lee’s scores for Low Registration are in the ‘Definite Difference’ more than others and suggests Lee has difficulty with: -

- i. Auditory processing. Lee frequently appears to not hear what you say and occasionally Lee does not respond when his name is called.

Intervention strategies could include:

- moving close to Lee, gain eye contact, and then say his name
- make a sound that Lee enjoys and call his name when you want his attention.
- use clear short sentences
- use makaton and natural cues with speech as previously recommended by Speech Pathologist.

- ii. Multi-sensory information. Lee occasionally gets lost and occasionally seems oblivious within an active environment and frequently leaves clothing twisted on body.

Intervention strategies could include: -

- using visual and touch cues to gain Lee's attention to the task at hand.
- try and use a quiet room with less distractions when Lee is doing table top work

### **Sensation Avoiding ("argh – I have to get away")**

Lee's scores for sensation avoiding are in the typical range. However Lee's raw scores indicate that when Lee is overwhelmed or bothered by certain sensory stimuli, he may attempt to avoid that stimulus by displaying behavioural responses. Lee frequently has definite fear of falling in the bathroom and is frequently stubborn and uncooperative especially when Staff are attending to his personal hygiene.

Intervention strategies could include: -

- respect Lee's fears
- use deep pressure touch rather than light touch when attending to Lee's personal hygiene
- encourage Lee to hold onto any rails or bars that are in the bathroom.

### **Sensation Sensitivity ("it bothers me")**

Lee's scores for Sensation Sensitivity are in the 'Probable Difference' category, more than others and suggests that Lee has difficulty processing: -

- touch information. Lee always expresses distress during grooming, for example shaving, brushing his hair and nail cutting and expresses discomfort at dental work or tooth brushing.

Intervention strategies could include:

- Increasing Lee's acceptance of touch around and in his mouth by using oral-facial programs.
- multi-sensory information. Lee frequently has difficulty paying attention.

Intervention strategies could include: -

- Redirect Lee to the task at hand by using visual and auditory cues.

### **Summary**

The Sensory Profile indicates that Lee has

- Definite difference in low Registration particularly in response to auditory processing and multi-sensory processing
- Probable difference in Sensory Sensitivity particularly for touch and multi sensory information.
- Lee has typical scores in Sensation Seeking although raw scores indicate that Lee does seek movement and touch
- Lee has typical scores in sensation avoiding, although raw scores indicate that Lee may use behavioural responses to avoid certain sensations like touch.

The Sensory Profile was not able to provide an explanation for: -

- retching or vomiting
- eating non food objects or chewing on thumb and finger. From observations this appears to be a sensation seeking for touch in the mouth and hand but is not indicated on the Sensory Profile.
- punching himself in the head or the belly

## **Suggestions**

- Further assessment/investigations may need to be completed to exclude physical causes of retching or vomiting that may be linked with the diagnosis of Mowat- Wilson Syndrome particularly in relation to Hirschsprung's disease.
- Staff to continue appointments with the Dietician and the implementation of dietary recommendations.
- Further Speech Pathology involvement to enhance communication between Lee and others.
- Consultation with the Dual Disability Worker, Specialist Services Team is available on a one off basis to discuss the current medication regime and whether this could be changed to produce a better outcome for Lee.
- A Behavioural Assessment (including behavioural recording by staff) could take place to further understand the function of Lee's behaviours of concern and to provide practical recommendations to his caregivers and family.

Following consideration of this report by Lee's parents and Staff – a joint discussion be held with Lee's parents, Staff, O T and Speech Pathologist to decide on the best way forward to assist Lee considering the above recommendations.

**Occupational Therapist  
Specialist Services  
Access, Planning and Support  
Health and Wellbeing Programs**

**Meeting re: Lee**

**Minutes from meeting**

**Purpose:** To discuss Occupational Therapy and Sensory Profile Report & suggestions  
**Date:** 30/1/08  
**In attendance:** Sherran - Lee's Mother; House Staff; Occupational Therapist;  
Speech Pathologist

Lee: Doesn't like change, doesn't like to wait. He likes to do it his way and to have choice.

Strategies staff have developed and implemented [as a result of Lee's sensory profile report] which have worked

<b>SITUATION</b>	<b>PREVIOUS STRATEGY</b>	<b>CURRENT STRATEGY</b>	<b>RESULT</b>
First thing in the morning when Lee gets out of bed and comes out of his room.	Staff would say to Lee, "Lee go to the toilet"  [Staff report, this directive plus busy environment would send him into sensory overload and meltdown.]	"Good morning Lee." "Your drink's there if you want it." Lee's drink is left for him on the kitchen table, where he usually sits, on his tablemat for him to have when he is ready. Lee is encouraged to get used to the day and go about toileting at his own pace.	This has minimized his initial retching.
Breakfast	"Sit at the table Lee it's breakfast time." Vomit.	Give Lee time. Let him know he can have breakfast when he is ready. Needs time to process. Facilitate Lee to eat when he is ready.	Usually no vomiting with current strategy. If Lee does not come to eat within a reasonable time, Staff remind him that he can have breakfast when he is ready.
		Lee loves food, he wants to eat but his first response is to retch. By leaving the table, he can give himself some time out and overcome his sensory overload and then go back and eat. [By leaving his meal on the table he has control of when he goes back and his timing of eating when he is able and ready.] Movement for Lee is calming.	A decrease in the amount of vomiting.  Staff also noted they felt that staff's response is now more "matter of fact" when vomiting does happen than was the previous response.

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Staff felt the report highlights the issues Lee has around processing information.

Have altered working routines in the house –

Lee's fears:

Respect and Acknowledge Lee's fears verbally, eg fear of slipping in the bathroom. He remembers his bad experiences eg slipping in the bathroom and has movement processing difficulties so may feel less sure on his feet than others. Give him time to process. Work around his fears.

Now walking to Day Placement with a staff member, and going home in the bus. [Initiated by Day Placement Staff].

Now wearing a backpack whilst walking to Day Placement. The staff member with him can hold the handle on the back of the backpack and some of his clothes. She can then steer him when they reach the road they have to stop at before crossing.

Doesn't vomit in house van but does in van that takes him to Day Placement. Staff has looked into it but doesn't know why??

Speech Pathologist noted the need to prepare Lee [with time for him to process information 10 – 20 minutes] for future taxi rides when it is raining in the morning, etc and he is going to need to go in a taxi to D. P.

Lee can protect himself by removing himself from overwhelming stimuli [eg: the smell of foods] then gain control over his bodily reactions, which may appear as controlling the environment.

*Page 6: Intervention strategies:* Lee loves to do activities although not for long. He will now go through catalogues, point to pictures, eg dog, staff will cut these out and facilitate Lee to stick them on a sheet which is then stuck on the wall.

Sherran gave Lee a Vtech – laptop, which he loves and is successful for engaging others in interaction.

Lee likes to sit alone and listen to his music he will come and asked for the CD to be changed (Not sure if he is bored with the music playing or he like to see the CD changed)

Afternoon routine: Staff has slowed it down. Staff are also trying to individualise. More time to have afternoon tea and time is given to residents to choose what they would like.

Sensory profile report and strategies developed are updated and reinforced at every team meeting.

*Page 7.* Lee doesn't like to be touched around his mouth. Trying an electric toothbrush was unsuccessful. However, there have been successful strategies around teeth cleaning – making it more a fun time together. Brushing his teeth gently, slowly, let Lee participate and have control because he is the only one who knows how it feels for him. Slow it down and have a reassuring simple conversation.

Lee has learnt to tolerate this to a greater degree of brushing in a month!

Lee loves his bath and usually has one twice a day. A pleasurable time for him and these are opportunities for sensory experiences eg: loofahs, different textures, etc.

## **Suggestions from the report – update:**

### **Medical**

Lee has had a gastroscopy – no abnormalities detected. Hirschsprung’s disease has not been diagnosed. Chronic constipation has been diagnosed. [Mowat Wilson Syndrome: retching and drooling are features.

**Dietician:** has recommended a high fibre, low fat diet, which has been implemented at the house. Some choices in snacks have been eliminated [with input from mother]. Lee is now exercising more and drinking more water. Sherran has taken photos of appropriate foods for healthy food choices for use in the house.

Staff, are also developing a health plan for Lee, which includes recommendations around management strategies for Lee’s ears – to be regularly checked by Dr during any medical appointment with his GP. Lee has had grommets (Draining tubes) placed in his ears three times from 2 years of age. Also management plan for daily management of constipation issues.

### **Speech Pathology:**

Staff to develop “What does Lee have to do?” board, also “What does Lee want to do board?” With active participation at house and including work from his parents, Lee is initiating conversation more, eg “Please cheese” to let staff know what he wants [cheese] on his sandwich. He is having more opportunities to initiate interactions, conversations, to make choices and to interact meaningfully with others. Lee knows a lot of Makaton. Sherran is working on extending Lee’s verbal skills to short sentences not just single words and initiating chats with Lee using small communication flip booklets. Staff are planning hassle logs. Given the strategies they have been implementing, Staff are understanding Lee’s communication more. Staff would like input from Speech Pathologist around Lee’s drooling.

### **Dual Disability Worker**

Staff does not feel medication is the priority given the other things that are being worked on with Lee, but would like to know more about Zyprexa – its uses and reactions and would like information regarding other types of drugs and in consultation with special services.

### **Behavioural assessment:**

No longer felt to be necessary at present.

Speech Therapist suggested it would be great for Day Program Centre to have the information that house staff have worked out and implemented for Lee. Chat book being developed (upgraded when necessary) used with Lee by staff at Day Placement and house.

Speech Therapist suggested given all the great ideas which are being used with Lee and in the house generally that it would be good to document these into a short few pages, “How to help me have a good day.”

The House Staff were congratulated on the strategies that had been developed and implemented for Lee as a result of the report. Sherran concurred with these sentiments.

Posted by Leezmum

