

**Psych***Press*

Talent Management Psychologists

**O c c u p a t i o n a l  
T h e r a p i s t s &  
P h y s i o t h e r a p i s t  
C a t a l o g u e**



**Catalogue Copyright © 2008 by Psych Press Pty Ltd.**  
Not to be reproduced in whole or in part without written permission.  
All rights reserved. Printed in Australia.

## Applying Sensory Integration Principles Where Children Live, Learn, and Play

This 30-minute instructional DVD presents the guiding principles of sensory integration and shows the viewer how they can be applied in various settings. It demonstrates how sensory-rich environments can create growth opportunities for both typically developing children and those with disabilities.

Designed for pediatric health professionals, educators, and parents, this DVD shows how the principles of sensory integration can help children develop the adaptive skills needed to succeed. The clear, easy-to-understand presentation makes this DVD an excellent way to communicate potentially difficult concepts to both professional and lay audiences. The sensory experiences shown help illustrate the "hidden processes" that affect learning and behavior.

## Creative Therapy

by Jane Dossick & Eugene Shea



If you want to energize a group, try the therapeutic exercises presented in these three books. Designed to help therapists, social workers, teachers, or anyone who leads a group, these books are packed with activities that will bring any group to life. They'll help group members develop interactive skills, provide ways for quiet members to participate, and encourage group cohesiveness.

For each exercise, the books describe purpose, materials needed, implementation, and guidelines for group discussion. Illustrations that accompany the exercises can be photocopied, distributed to participants, and used as worksheets. These exercises have proven useful with couples and families, school children, therapy groups, and recovery and rehab groups.

## DeGangi-Berk Test of Sensory Integration (TSI)

by Georgia A. DeGangi, Ph.D., OTR and Ronald A. Berk, Ph.D.



The *DeGangi-Berk Test of Sensory Integration (TSI)* makes it easier to identify sensory integrative dysfunction in young children. Sensitive to even subtle developmental deficits, the TSI permits early detection of problems that could lead to learning difficulties if left untreated.

Designed for use with 3- to 5-year-old children, the TSI includes 36 items measuring overall sensory integration as well as three clinically significant subdomains: Postural Control, Bilateral Motor Integration, and Reflex Integration. These vestibular-based functions are essential to the development of motor skills,

visual-spatial and language abilities, hand dominance, and motor planning.

TSI items require the child to perform specific tasks or respond to various stimuli. The test can be individually administered and scored in just 30 minutes. The therapist simply rates the child's performance on each item, using a numerical scale ranging from "abnormal" to "normal" development. In addition to a total score, the TSI provides scores for each of the three subdomains measured. Cutoff points allow you to quickly compare the child's performance with that of normal, at risk, and deficient youngsters.

The TSI effectively differentiates normal and developmentally delayed children. When used as the basis for screening decisions, total scores demonstrate an 81% accuracy rate, with a false normal error rate of only 9%.

## **Educational Assessment of School Youth for Occupational Therapists (EASY-OT)**

by Sharon Kenmotsu and Katy Tressler

Here's an occupational therapy assessment tool that lives up to its name. The EASY-OT lets you quickly evaluate school-based skills and create individualized reports. Because it's provided on an unlimited-use CD, you can use EASY-OT again and again, printing out forms and generating reports as needed.

### **Four Developmentally Appropriate Forms**

The EASY-OT includes four different Assessment Forms: Pre-Kindergarten-2nd Grade; Grades 3-8; Grades 9-12; and Low Functioning (for students with developmental or physical disabilities). Each form assesses developmentally appropriate, school-related skills in five areas: Fine-Motor, Gross-Motor, Visual-Perceptual, Visual-Motor, and Self-Help.

All Assessment Forms (except Low Functioning) contain a chart on which to record your observations about the student's work space, environment, and performance. Each form (except Low Functioning) also includes a grid on which to record results from the 14 most commonly used standardized tests. This grid can be easily customized to add results from other tests as well.

### **Assessment Aids and Options**

Along with the Assessment Forms, 18 templates are provided to assist you in evaluating students' pre-printing, writing, coloring, cutting, and visual-perceptual skills.

In addition, several supplementary forms offer useful assessment options:

- **Screening Form**--a timesaving checklist that helps you determine the need for a complete EASY-OT assessment.
- **Annual Report Form**--a systematic way to document student progress, report on continued eligibility for services, and organize considerations for the next IEP.
- **Sensory Processing Skills Addendum**--a checklist completed by a parent or therapist, indicating how the student's sensory processing skills may be affecting school performance.
- **Life Skills Addendum**--a vocational observation form and life skills checklist that offers a more complete picture of student functioning.

### **Unlimited-Use CD**

The EASY-OT CD (included in the Kit) allows you to print *all* forms, addendums, and templates for use in paper-and-pencil administration. Or, if you prefer, you can choose convenient computer administration. Either way, the EASY-OT lasts a lifetime.

Quickly evaluate students, write in-depth reports, and take charge of your occupational therapy caseload with the EASY-OT. *Available only for PC; not Mac-compatible.*

## **Insta-Snow Therapeutic**



Demonstrated at conventions across the country, this astonishing product never fails to generate excitement. People gasp, smile, and inevitably reach for a handful of *Insta-Snow*<sup>TM</sup>, the sand substitute that offers a fascinating array of tactile sensations. Incredibly soft, *Insta-Snow*<sup>TM</sup> is perfect for tactile exploration, sensory integration exercises, play therapy, or physical therapy.

In its container, *Insta-Snow*<sup>TM</sup> looks like granulated sugar. Just add water and it instantly billows into a light and fluffy pile of "snow." (This transformation alone will captivate kids.) It absorbs the water completely, so it remains dry and airy. Yet you can squeeze a handful and experience an interesting tactile resistance. Normally cool to the touch, *Insta-Snow*<sup>TM</sup> can be heated, frozen, or made "slushy" by adding more water.

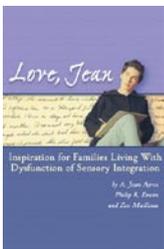
Inexpensive, completely safe, non-toxic (even edible!), non-staining, and easy to store, *Insta-Snow*<sup>TM</sup> expands to many times its original volume. The Jumbo container makes over 8 gallons of fluffy snow, which lasts for days. When it dehydrates, just spray with water for a new fluffy pile. Use it again and again.

This versatile play therapy tool offers a range of sensory experiences.

### **Love, Jean**

#### **Inspiration for Families Living With Dysfunction of Sensory Integration**

by A. Jean Ayres, Ph.D., OTR, Philip R. Erwin, Zoe Mailloux, M.A., OTR, FAOTA



Featuring correspondence from sensory integration pioneer A. Jean Ayres to her nephew Philip Erwin, this book provides hope, insight, and inspiration to parents of children who have been diagnosed with sensory integrative dysfunction. Interspersed with Dr. Ayres's letters are Erwin's poignant and sometimes painful stories about what it felt like before, during, and after his aunt diagnosed his condition. In addition, renowned sensory integration therapist and researcher Zoe Mailloux provides insights into sensory integration from a therapist's perspective. The result is a book that gently explains what sensory integration is and offers hope to children and parents affected by sensory processing issues.

### **Making Sense of Sensory Integration CD**

featuring Jane Koomar, Ph.D., Stacey Szklut, and Sharon Cermak, Ed.D.; introduction by Carol Kranowitz

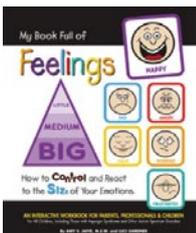
This audio CD helps parents, teachers, and professionals understand the differences between sensory processing disorder and "look-alike" diagnoses. It tells you what to look for at various ages and developmental stages, from infancy through adulthood.

Topics covered include the following:

- An Introduction to Sensory Integration
- How Sensory Processing Disorder Affects a Child's Development
- How the Different Types of Sensory Processing Disorder Affect Children
- Evaluating Sensory Abilities in Children
- How Sensory Disorders Affect Family Life
- How Sensory Disorders Affect Children's Learning and Schoolwork
- Treatment of Sensory Disorders
- Summary and Recommendations

Packaged with the CD is a guide to online resources that provide even more information. 75 minutes

**My Book Full of Feelings**  
**How to Control and React to the SIZE of Your Emotions**  
**An Interactive Workbook for Parents, Professionals & Children**  
by Amy V. Jaffe and Luci Gardner



This highly engaging workbook is the ideal way to teach youngsters how to recognize, evaluate, and manage their feelings. Fully interactive, it helps kids determine the intensity of their emotions and how to respond in an appropriate way. Using a dry-erase marker, you can add unique situations and solutions to the workbook -- then wipe them off and start anew. Because it can be modified as the child masters new skills, you can use this workbook repeatedly. For all children, including those with Asperger Syndrome and other autism spectrum disorders.

Also included is a Communication Pad for tracking and sharing information between home and school.

**Miller Assessment for Preschoolers (MAP)**  
by Lucy J. Miller



This short but comprehensive preschool assessment instrument helps you evaluate young children for

mild to moderate developmental delays. Items are objective and easy to administer, and they give you a broad overview of a child's developmental status relative to other children the same age. A color-coded Record Form clearly shows age-appropriate performance for each item.

Designed for children from 2.9 through 5.8 years of age, MAP provides a separate form for each of six age levels. All forms evaluate five areas of performance, yielding the following Index Scores:

#### **Foundations Index**

Assesses abilities involving basic motor tasks and the awareness of sensations.

#### **Coordination Index**

Assesses complex gross, fine, and oral motor abilities.

#### **Verbal Index**

Focuses on memory, sequencing, comprehension, association, and expression in a verbal context.

#### **Nonverbal Index**

Examines memory, sequencing, visualization, and the performance of mental manipulations not requiring spoken language.

#### **Complex Tasks Index**

Measures sensorimotor abilities in conjunction with cognitive abilities that require interpretation of visuospatial information.

Administered in 30 to 40 minutes, the test presents scores as percentile ranks. Test development was based on research involving more than 4,000 children and 800 items to insure a comprehensive determination of developmental status.

## **Moon Sand**

This incredible product behaves like wet sand, yet it's dry to the touch, and you can mold, squeeze, and sculpt it without all the mess of normal sand. *Moon Sand* offers resistance, feels soothing in the hands, and cleans up easily. (Simply mist the sand with a disinfectant and air dry.)

Each 5-pound bag of heavyweight sand can be used to create a variety of fun shapes, including sand castles! Amazingly, it not only repels water but floats as well.

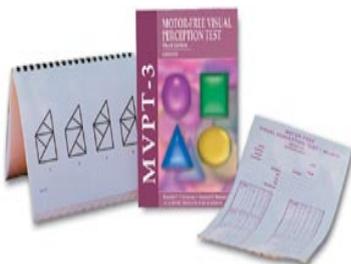
An excellent choice for play therapy and sensory integration activities, *Moon Sand* is affordable, completely safe, gluten-free, nonstaining, and nontoxic (even edible!). Available in eight vibrant colors.

### **Inflatable Moon Sand Tray**

The innovative *Inflatable Moon Sand Tray* is made of thick vinyl polymer. Measuring 27 1/2" x 19 2/3" x 2" when inflated, the tray can be deflated and folded for easy storage (with sand still inside).

### **Motor-Free Visual Perception Test, Third Edition (MVPT-3)**

by Ronald P. Colarusso, Ed.D., and Donald D. Hammill, Ed.D.



The MVPT-3 assesses an individual's visual perceptual ability--with no motor involvement needed to

make a response. It is especially useful with those who may have learning, motor, or cognitive disabilities.

MVPT-3 norms are based on a nationally representative sample. An optional, feature of the MVPT-3 is response time norms, often useful in rehabilitation settings. The test can be used for screening; diagnosis; or research by educators, psychologists, occupational therapists, optometrists, and others who need a quick, reliable, and valid measure of overall visual perceptual ability in children and adults (ages 4 through 70).

The test format is a visual multiple choice: the individual is shown a line drawing and is then asked to choose the matching drawing from a set of four on the following plate.

Five categories of visual perception are measured:

- Spatial Relationship
- Visual Closure
- Visual Discrimination
- Visual Memory
- Figure Ground

The test provides a perceptual quotient and a perceptual age score.

The MVPT-3 takes approximately 25 minutes to administer. The horizontal, multiple-choice item format of earlier versions has been retained. Test plates are contained in one easy-to-use book with an easel back. Administration cues are provided on the record form to simplify testing. Scoring is extremely easy; no basals or ceilings are needed. Raw scores are quickly converted to standard scores and percentile ranks. Optional response time data identifies whether an individual's responses are significantly delayed.

### **Observations Based on Sensory Integration Theory**

by Erna Blanche, Ph.D., OTR, FAOTA

Skilled observations of sensory integrative dysfunction allow therapists to discreetly analyze a child's behavior and skills and, in turn, develop more effective intervention plans. This very useful DVD set provides guidelines for clinical observation and non-standardized assessment. Dr. Erna Blanche, an internationally renowned expert on sensory integration, shows therapists how to observe and interpret children's behavior from a sensory integration perspective. The DVD and accompanying workbook show, step-by-step, how to administer specific observations, including those originally defined by Dr. A. Jean Ayres. These are specific tasks, postural responses, and signs of nervous system integrity associated with sensory integrative functioning. Dr. Blanche compares children's skills, using split-screen images and in-depth discussion. The workbook provides a table of observations, normative information, a glossary, references, and worksheets that support the learning process.

This set is an excellent way for occupational therapists to develop skills in non-standardized assessment. The observations demonstrated can be used with children of varying ages and skill levels.

### **Occupational Therapy for Children, 5th Edition**

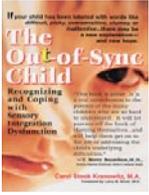
by Jane Case-Smith, Ed.D., OTR/L

This is the definitive text on occupational therapy for children. Taking an evidence-based look at children's development, it addresses conditions and treatment techniques, in both medical and educational settings. Early chapters explore the knowledge base of pediatric occupational therapy, while later chapters focus on evaluation, standardized tests, and interventions for postural control, hand skills, sensory integration, visual perception, psychosocial issues, and more. The final section describes OT practice in various settings, including neonatal intensive care units, preschools, hospitals, rehabilitation facilities, and transition services. Illustrations and case studies bring the text to life, and new contributors provide a fresh perspective on play, social skills, visual and auditory disorders, and hospital services. This book is a must for professionals who want to keep up with changes in pediatric OT practice. Illus., 960 pp.

### **The Out-of-Sync Child**

## **Recognizing and Coping With Sensory Integration Dysfunction**

by Carol Stock Kranowitz, M.A.



Here is help for the parents, teachers, and therapists of children who have been labeled difficult, picky, oversensitive, clumsy, or inattentive--children who may be suffering from Sensory Integration Dysfunction, a common but frequently misdiagnosed condition.

Often confused with ADD, learning disabilities, and other problems, SI Dysfunction is a subtle developmental difficulty in which sensory input is not correctly processed by the central nervous system. It can lead to learning, social, emotional, and behavioral problems. This book tells you how to recognize SI Dysfunction and how to cope with it. Accessible and clearly written, it offers practical help--including a drug-free treatment approach--to parents and professionals. Paperbound, 322 pages.

Also available is a set of two DVDs of a workshop, in which the author explains how to recognize and deal with sensory integration dysfunction. These DVDs are perfect for group presentations.

In addition, a new book, *The Out-of-Sync Child Has Fun*, offers more than 100 activities to help develop and organize a child's brain and body. These activities are a great way to counteract Sensory Integrative Dysfunction at home, at school, and out in the world.

## **Peabody Developmental Motor Scales, Second Edition (PDMS-2)**

by M. Rhonda Folio and Rebecca R. Fewell



The PDMS-2 not only assesses gross and fine motor skills in young children but also provides a convenient remediation program.

Designed to evaluate children from birth through age 5, the PDMS-2 is composed of six subtests that assess related motor abilities that develop early in life: Reflexes, Stationary (body control and equilibrium), Locomotion, Object Manipulation, Grasping, and Visual-Motor Integration.

Results from these subtests are used to generate the three composite scores: Gross Motor Quotient, Fine Motor Quotient, and Total Motor Quotient. Scores are presented as percentiles, standard scores, and age equivalents. Norms, based on a nationally representative sample of more than 2,000 children, are stratified by age.

The test can be individually administered in 45 to 60 minutes. *A Guide to Item Administration* provides explicit, illustrated instructions for each item.

Once you have evaluated the child, you can use the *PDMS-2 Motor Activity Program* to plan individualized intervention. This spiralbound book contains concrete, practical suggestions for helping the child acquire fine and gross motor skills. It is highly useful in identifying goals, objectives, and activities for inclusion in IEP and IFSP plans.

The PDMS-2 can be used to estimate a child's overall motor competence relative to peers, or to evaluate his or her fine versus gross motor abilities. The test is useful in educational therapy because it assesses both qualitative and quantitative aspects of the child's motor performance. The quantitative information generated by the PDMS-2 is helpful in monitoring the child's progress during remediation.

## **Play in Occupational Therapy for Children, Second Edition**

by L. Diane Parham, Ph.D., OTR, FAOTA and Linda S. Fazio, Ph.D., OTR, FAOTA

This highly useful text focuses on the importance of play in evaluating and treating children with disabilities.

Early chapters cover play assessment, discussing observation techniques, formal play scales, and family narratives. A section on skill acquisition explores parent-infant play in neonatal units, object play with at-risk children, play and sensory integration, and play in middle childhood. The book also considers play as a goal of intervention, showing how to integrate children with disabilities into family play and how to enhance the play of preschoolers with prenatal drug exposure and youngsters with cerebral palsy.

This second edition includes eight new chapters addressing play for children with autism, school-based play, assistive technology, and more. Helpful case studies serve as snapshots of real-life situations and solutions. Illus., 304 pp.

**Preschool SENSE  
(Preschool Sensory Scan for Educators)  
A Collaborative Tool for Occupational Therapists and Early Childhood Teachers**  
by Carol Stock Kranowitz, M.A.

Composed of a Workbook and Form Packet, Preschool SENSE provides a blueprint for collaboration between preschool teachers and occupational therapists. It gives OTs an organized, systematic way to introduce teachers to sensory processing disorder. And it gives teachers a set of checklists, forms, and sample letters to use in identifying and helping youngsters who may have sensory processing difficulties.

Offering side-by-side examples of typical and atypical responses to everyday sensory stimuli, the Workbook helps teachers recognize signs of sensory processing disorder in their most challenging students. It discusses assessment tools, sensory strategies for preschoolers, and "do's and don'ts" for educators. The Forms Packet includes introductory and follow-up letters to parents, a teaching approach questionnaire, instructional tips, and checklists for individual children and the entire class.

Although not a standardized assessment, Preschool SENSE provides a quick glimpse of children (2.5 to 5 years of age) who may benefit from early intervention. It's a great way for occupational therapists and teachers to find simple accommodations that address out-of-sync behavior in young children.

**Sensory Integration and Praxis Tests (SIPT)**  
by A. Jean Ayres, Ph.D.



The *Sensory Integration and Praxis Tests* (SIPT) measure the sensory integration processes that underlie learning and behavior. By showing you how children organize and respond to sensory input, SIPT helps pinpoint specific organic problems associated with learning disabilities, emotional disorders, and minimal brain dysfunction.

SIPT measures visual, tactile, and kinesthetic perception as well as motor performance. It is composed of 17 brief tests, which are listed with the pricing information below.

The entire battery can be given in 2 hours. And any of the individual tests can be administered separately in about 10 minutes. Norms are provided for each test-based on a national sample of more than 2,000 children between the ages of 4 years and 8 years, 11 months.

All SIPT tests are computer scored, using WPS TEST REPORT prepaid Mail-In Protocol Sheets or the SIPT CD. Any combination of the 17 tests can be scored-you don't need to administer the entire battery.

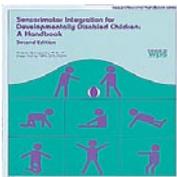
For each child tested, you'll receive a detailed report explaining SIPT results.

In addition to scoring all 17 SIPT tests, the SIPT scoring program allows you to administer a partial test battery without wasting the cost of unused tests. Each CD contains a counter with 150 credits, and each credit allows you to score one SIPT test. The SIPT scoring program now gives you added flexibility in administering all or part of the battery. If you administer one test, the counter will reduce your credits by one unit. If you administer 16 tests, or the complete battery of 17 tests, the counter will reduce your credits by only 15 units. Therefore, each CD can score 10 complete test batteries or 150 individual tests.

NOTE: SIPT interpretation requires professional training. Orders should indicate the name and professional qualifications of the individual responsible for SIPT use.

## **Sensorimotor Integration for Developmentally Disabled Children A Handbook**

by Patricia Montgomery, Ph.D., PT and Eileen Richter, M.P.H., OTR, FAOTA



This useful text presents a program of activities to improve perceptual and sensorimotor functioning in children who are developmentally delayed or disabled. Appropriate for a wide range of children, from mentally retarded to learning disabled, the program is divided into two parts: Early Locomotor Development and Basic Balance Activities. Each section includes observation criteria, activities for sensory input, activities for postural control, gross and fine motor exercises, illustrative photographs, required materials, and therapeutic objectives.

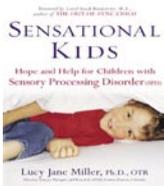
The Second Edition incorporates research on neuromotor development in mentally retarded children. And it adds revised lesson plans that are easier to use, a model of the treatment program adapted for learning-disabled children, and guidelines for adapting the program for other populations, including developmentally disabled adults and preschoolers.

Designed for occupational and physical therapists, it can also be used by teachers and other professionals who are helping implement sensorimotor therapy. Spiralbound (8.5" x 11"), 132 pp.

## **Sensational Kids**

### **Hope and Help for Children with Sensory Processing Disorder**

by Lucy Jane Miller, Ph.D., OTR, FAOTA



Imagine, for a moment, that you are a parent of a child with no visible disability, but whose experiences of everyday life present constant challenges. What may be typical activities for most people--eating, dressing, making friends, taking a spelling test, responding to a hug--are a struggle, often resulting in social, emotional, and academic problems.

This is the bewildering and largely uncharted world of Sensory Processing Disorder (SPD), a complex brain disorder affecting 1 in 20 children. These children experience sensations--taste, touch, sound, sight, smell, movement, and body awareness--vastly differently from other children their age. They may feel attacked by the slightest touch, fail to register bumps and bruises, or be unable to figure out where they are in space without constantly touching others. While SPD is more widely recognized than it once was, parents of these sensational children have been searching for ways to help their children navigate in the world. Dr. Lucy Miller, one of the leading SPD researchers in the world, is that voice: warm, clear, and upbeat. Dr. Miller identifies the disorder and its four major subtypes, provides insight into assessment and diagnosis, and suggests treatment options and strategies, including the importance of occupational therapy and parental involvement. Portraits of five children illustrate the different ways in which SPD may manifest itself as well as how families cope, while offering hope and advice to parents on how to be the best possible advocates for their children.

Comprehensive and compassionate, *Sensational Kids* is the book no parent, teacher, or caregiver of children with SPD should be without. Paperback, 320 pages.

## **Sensory Integration: Theory and Practice**

### **Second Edition**

by Anita C. Bundy, Sc.D., OTR, FAOTA, Shelly J. Lane, Ph.D., OTR/L, FAOTA, and Elizabeth A. Murray, Sc.D., OTR/L, FAOTA

This groundbreaking text presents a wealth of valuable information to help occupational therapists understand both the theory and therapeutic applications of sensory integration. It shows how sensory integration and play can be combined to create a powerful therapeutic tool. Various kinds of dysfunction--vestibular-proprioceptive processing deficits, tactile processing and sensory defensiveness, somatodyspraxia, and hemispheric specialization--are presented. Case examples effectively distinguish one disorder from another.

The book describes the content, standardization, and validity of the *Sensory Integration and Praxis Tests* (SIPT) (WPS Product No. W-260). A detailed case study illustrates the process of interpreting SIPT scores in relation to clinical and historical data.

This book is full of useful assessment tools and ideas that can be easily applied in clinical settings. 496 pp.

## **Sensory Integration and Learning Disorders**

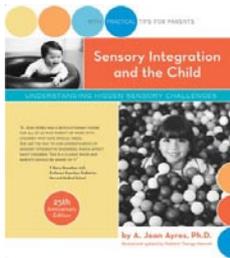
by A. Jean Ayres, Ph.D.

This book presents a model of sensory integrative processes and their malfunctions in children as well as a specific intervention program stressing control of sensory input and the development of adaptive responses through purposeful activities. This definitive text now has more than 35,000 copies in print and represents years of research in the field of learning disabilities. The program's effectiveness in improving academic achievement has been demonstrated.

The volume offers useful information for all professionals concerned with children who have sensory integrative dysfunction, including special educators, psychologists, and occupational therapists. 294 pp:

## **Sensory Integration and the Child Understanding Hidden Sensory Challenges 25<sup>th</sup> Anniversary Edition**

A. Jean Ayres, Ph.D.; revised and updated by PediatricTherapy Network



This classic handbook, from the originator of sensory integration theory, is now available in an updated, parent-friendly edition. Retaining all the features that made the original edition so popular with both parents and professionals, *Sensory Integration and the Child* remains the best book on the subject. With a new foreword by Dr. Florence Clark and commentaries by recognized experts in sensory integration, this volume explains sensory integrative dysfunction, how to recognize it, and what to do about it. Helpful tips, checklists, question-and-answer sections, and parent resources make the new edition more informative and useful. Indispensable reading for parents, this book is also an excellent way to improve communication between therapist, parents, and teachers.

The original edition was the first book to explicate sensory integrative dysfunction--and this edition offers new insights and helpful updates in an easy-to-use format. *Infancy through Adolescence*.

### **Sensory Integration: Answers for Parents**

by Gina Geppert Coleman, M.A., OTR/L, Zoe Mailloux, M.A., OTR/L, FAOTA, and Susanne Smith Roley, M.S., OTR/L, FAOTA



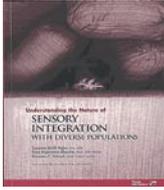
This 16-page booklet is an excellent resource for parents who have just learned that their child has sensory integration issues. The booklet answers common questions such as:

- What is sensory integration?
- What is sensory integration dysfunction?
- What are some of its signs?
- How is it assessed and treated?
- What can parents do to help their child?

Designed as an informational lead-in for parents unfamiliar with the topic, this booklet helps calm overwhelmed parents with its authoritative and reassuring tone.

## Understanding the Nature of Sensory Integration with Diverse Populations

edited by Susanne Smith Roley, M.S., OTR, Erna Imperatore Blanche, Ph.D., OTR, FAOTA, and Roseann C. Schaaf, M.Ed., OTR/L, FAOTA

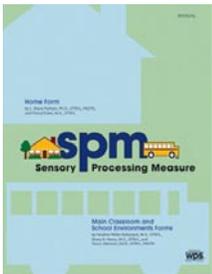


This comprehensive, convenient resource is essential for understanding and treating sensory integration dysfunction in children, from preschool through adolescence. Its 20 chapters combine current theory and treatment applications from leading researchers and clinicians. They address many issues experienced by clients from diverse populations. Topics discussed include Attention-Deficit/Hyperactivity Disorder, Autistic Disorder, Cerebral Palsy, Dyspraxia, Fragile X Syndrome, Proprioceptive Dysfunction, Sensory Modulation Dysfunction, Visual Deficits, environmental deprivation, and more. Throughout, richly detailed case examples bring clinical applications to life. Paperbound, 433 pp.

## Sensory Processing Measure (SPM)

*Home Form* by L. Diane Parham, Ph.D., OTR/L, FAOTA, and Cheryl Ecker, M.A., OTR/L

*Main Classroom and School Environments Forms* by Heather Miller Kuhaneck, M.S., OTR/L, Diana A. Henry, M.S., OTR/L, and Tara J. Glennon, Ed.D., OTR/L, FAOTA



With the Sensory Processing Measure (SPM), you can now get a complete picture of children's sensory functioning at home, at school, and in the community. Recognizing that sensory processing problems often manifest differently in different environments, this set of three integrated rating scales assesses sensory processing, praxis, and social participation in elementary school children. The assessment's unique multienvironment approach lets you see, for example, why a child who functions well in a highly structured classroom may have problems in a more relaxed setting.

Firmly grounded in sensory integration theory, the SPM provides norm-referenced standard scores for two higher level integrative functions--**praxis** and **social participation**--and five sensory systems--**visual, auditory, tactile, proprioceptive, and vestibular functioning**. Within each system, it offers descriptive clinical information on processing vulnerabilities, including under- and overresponsiveness, sensory-seeking behavior, and perceptual problems.

### Three Forms

The SPM consists of three forms:

- Home Form
- Main Classroom Form
- School Environments Form

The Home Form (75 items) is completed by the child's parent or home-based care provider. The Main Classroom Form (62 items) is filled out by the child's primary classroom teacher. And the School

Environments Form (10 to 15 items per environment) is completed by other school personnel who work with and observe the child.

### **Home and Main Classroom Forms**

Each requiring just 15 to 20 minutes, the Home and Main Classroom Forms yield eight parallel standard scores:

- Social Participation
- Vision
- Hearing
- Touch
- Body Awareness (proprioception)
- Balance and Motion (vestibular function)
- Planning and Ideas (praxis)
- Total Sensory Systems

Scores for each scale fall into one of three interpretive ranges: Typical, Some Problems, or Definite Dysfunction. In addition, for the first time, an Environment Difference score permits direct comparison of the child's sensory functioning at home and at school. While the scales on the Home and Main Classroom Forms are identical, the items themselves are specific to each environment. Individual item responses reveal how sensory difficulties manifest in these two different settings.

### **School Environments Form**

Provided on an unlimited-use CD, this form lets you look at the child's functioning in six school environments outside of the main classroom: Art Class, Music Class, Physical Education Class, Recess/Playground, Cafeteria, and School Bus. Each environment has its own Rating Sheet, which can be printed and distributed to raters as needed. Each rater can complete his or her 15-item Rating Sheet (10 items for the School Bus setting) in less than 5 minutes. Each Rating Sheet is interpreted using a cutoff score for the environment to which it applies. Scores at or above the cutoff point indicate that the child is experiencing an unusually high number of sensory processing problems in a given environment. Whether you use one or all six Rating Sheets, the School Environments Form must always be administered in conjunction with the Main Classroom Form; it cannot be used alone.

Because it solicits input from school staff members who are not normally involved in assessment--the art teacher and school bus driver, for example--the School Environments Form serves a team-building function. It educates school personnel about sensory processing disorders and uses their observations to obtain a more comprehensive picture of the child.

### **Comprehensive, Clinically Rich, and Psychometrically Sound**

The Home Form and Main Classroom Form were standardized on a demographically representative sample of 1,051 typically developing children in Grades K through 6. For the Home Form scale scores, internal consistency ( $\alpha$ ) estimates ranged from .77 to .95 (median = .85), and test-retest reliability estimates ranged from .94 to .98 (median = .97). For the Main Classroom Form scale scores, internal consistency estimates ranged from .75 to .95 (median = .86), and test-retest reliability estimates ranged from .95 to .98 (median = .97). A subsample of 306 children from the standardization sample was used to develop scores and establish cutoff criteria for the School Environments Form. The School Environments scores yielded internal consistency values ranging from .82 to .91 (median = .89). A separate sample of 345 children receiving occupational therapy intervention was used to verify that the SPM scales can differentiate typical children from those with clinical disorders. In addition, factor analysis and correlational studies provided evidence for the validity of the scale scores. Studies reported in the Manual document that the SPM differentiates typical children from those with clinical disorders.

Whether you're an occupational therapist, psychologist, teacher, social worker, counselor, physical therapist, speech-language pathologist, or nurse, you'll find the SPM comprehensive and clinically rich. It supplies the information you want and the psychometric integrity you need.

### **The Touch**

**A game of sensory perception and memory**



This interactive and fast-paced game develops fine motor and visualization skills, while challenging memory. Players develop tactile awareness, enhance mental imaging skills, cultivate subconscious learning, and increase cognitive memorization. Based on the sense of touch, players use tactile perception to identify and collect educational play pieces hidden inside the play container. Ready to play out of the box, The Touch includes 49 detailed play pieces and 20 theme cards, each featuring educational Fun Facts. The innovative play container includes a lighted observation area, comfortable self-adjusting hand opening, and built-in timer. This unique and educational game is fun for the whole family and is appropriate for use with children who have special needs. For 2 to 6 players.

### **Test of Sensory Functions in Infants (TSFI)**

by Georgia A. DeGangi, Ph.D., OTR and Stanley I. Greenspan, M.D



This test helps you identify infants with sensory integrative dysfunction--including those at risk for developing learning disabilities as they grow older. The TSFI provides objective criteria that allow you to determine whether, and to what extent, an infant has deficits in sensory functioning.

Designed for use with children from 4 to 18 months old, the TSFI provides an overall measure of sensory processing and reactivity, as well as scores on the following subdomains:

- Reactivity to Tactile Deep Pressure
- Visual Tactile Integration
- Adaptive Motor Function
- Ocular Motor Control
- Reactivity to Vestibular Stimulation

Composed of 24 items, the TSFI can be individually administered in just 20 minutes. The items require simple interaction with the baby, who is seated on the parent's lap, with bare feet and forearms exposed. The therapist touches the child or presents various stimulus materials and then records the child's reaction using clear-cut scoring criteria.

The TSFI can be used to assess infants with difficult temperament or developmental delays. It is also an excellent way to evaluate high-risk premature babies who may later develop learning problems. Brief, carefully constructed, and easy to administer and score, the test makes it possible to routinely screen infants for sensory integrative dysfunction.

**How to order:**

**By telephone:**

1300 308 076 (Australia)  
(03) 9670-0590 (Australia)  
9:00 am – 5:30 pm (Weekdays – Australia Eastern Standard time)

Overseas clients please call +61 3 9670 0590

**By Facsimile**

Fax order form and user qualification form  
(03) 9642-3577 (24 hours)  
Order will be confirmed on receipt via email or phone call

**By email**

[info@psychpress.com](mailto:info@psychpress.com) – order will be confirmed and any queries answered within 1 business day

**Online**

[www.psychpress.com](http://www.psychpress.com)

# ORDER FORM

Please complete and fax to 03 9642 3577

QTY	CODE (if known)	PRODUCT TITLE	ITEM PRICE	TOTAL
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Subtotal			\$	\$
Postage and Handling (10% of subtotal)			\$	\$
<b>TOTAL</b>			<b>\$</b>	<b>\$</b>

## Payment Details

Cheque enclosed    
  VISA    
  MasterCard

Card Number:

Expiry:   /

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Charge my account PO#: \_\_\_\_\_

## Please send my order to:

Prefix:  First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Using the above details, please confirm my order by:  Fax  E-mail

Please send me the free Psych Press email newsletter once a month

**USER QUALIFICATION FORM**

If you would like to register as a user of Psych Press materials, simply complete the following and return to us.

---

<b>Title</b>	<b>First Name</b>	<b>Surname</b>	<b>Title</b>
--------------	-------------------	----------------	--------------

---

<b>Organisation</b>	<b>Department/Level</b>
---------------------	-------------------------

---

<b>Street/PO Box</b>	<b>Suburb</b>	<b>State</b>	<b>Postcode</b>
----------------------	---------------	--------------	-----------------

---

( )	( )		
<b>Telephone</b>	<b>Facsimile</b>	<b>E-mail</b>	

**Australian Psychological Society membership status** (tick if applicable)

- Full    Associate    Student

**Other Professional Membership(s):** (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

**a. I am a registered test user with the following:**

- ACER                       The Psychological Corporation                       SRA                       SHL  
 Other \_\_\_\_\_

**b. I am a Registered Psychologist with a State Psychological Board or Council**

State: \_\_\_\_\_

**c. My academic qualifications are:**

<b>Degree or Diploma</b>	<b>Institution</b>	<b>Years</b>
_____	_____	-
_____	_____	-
_____	_____	-

**Previous experience in test use, including training or workshop details:**

---

**All applicants must complete:**

I certify that the above is a correct statement of my qualifications and experience in test use. I agree that my use of the tests obtained from Psych Press will be in accordance with the relevant legislation in the state in which I am practising and the standards set by the Australian Psychological Society.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_