

Expanding Sensory Access Through Partnerships with Child Life Specialists

Amplify Therapy Summit

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Objectives

1. Articulate the ways a child life specialist's scope of practice is appropriate for implementation and assessment for therapeutic child led sensory play and use of regulation strategies to support participation in medical settings
2. Identify ways to start an interdisciplinary team
3. Name up to three ways to implement structural changes in how sensory items are used and implemented in their facility



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Agenda

- Overview of our hospital structure
- Training and scope of child life specialists
- Situation and background of our patient need
- Formation of an inter-disciplinary team
- Creation of guideline for structural support and access
- Continued collaboration



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Our Health System

Our service area



Primary Children's Hospital Salt Lake

Primary Children's Hospital Taylorsville

Primary Children's Hospital Lehi

Primary Children's Outpatient Clinics

Intermountain Children's Hospital Vegas
(under construction)

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Child Life Specialists Training

Pre-Internship Experiences

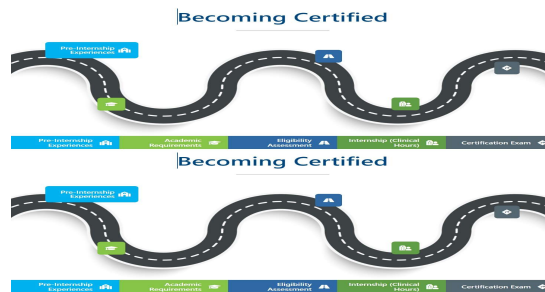
- Volunteer opportunities and relevant work experience
- Child life practicum

Academic Requirements

- Minimum of a bachelor's degree in any field of study
- Completed coursework in content areas outlined by the ACLP

Certification

- Completion of a 600-hr. Clinical internship
- Pass the national certification exam
- Recertification every 5 years



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Process Overview

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Stage one

Leadership identify gap in ability to meet needs of neurodiverse population. Grant received for sensory room.

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Stage two

Purchasing of items for sensory room with input from occupational therapists.

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Stage three

Workgroup created to develop sensory room and sensory items guideline.

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Stage four

Continued training and future collaboration.

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Stage one – identify need

- Sensory processing difficulties impact function for roughly 12% of the pediatric population – there needs to be a shift in disability advocacy and accommodation throughout the system
- Piloted program in emergency departments specifically on supports for Autistic individuals – Behavioral Health Occupational Therapist conducted trainings and increased resources were made available
- Concerns raised about support when receiving services in other departments
- Creation of system wide adaptive care team and use of adaptive care plans documented in chart
- Recognized additional support of sensory room was needed with more robust options for regulation



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Adaptive Care Program

Our Mission

We create equitable and productive healthcare experiences for individuals with developmental disabilities. We identify and communicate unique needs to empower healthcare providers and families to collaborate for positive healthcare outcomes.

Who

- 3 y/o and older
- Developmental disability (in or awaiting testing)
- Difficulty coping and cooperating in a medical environment beyond what is age appropriate

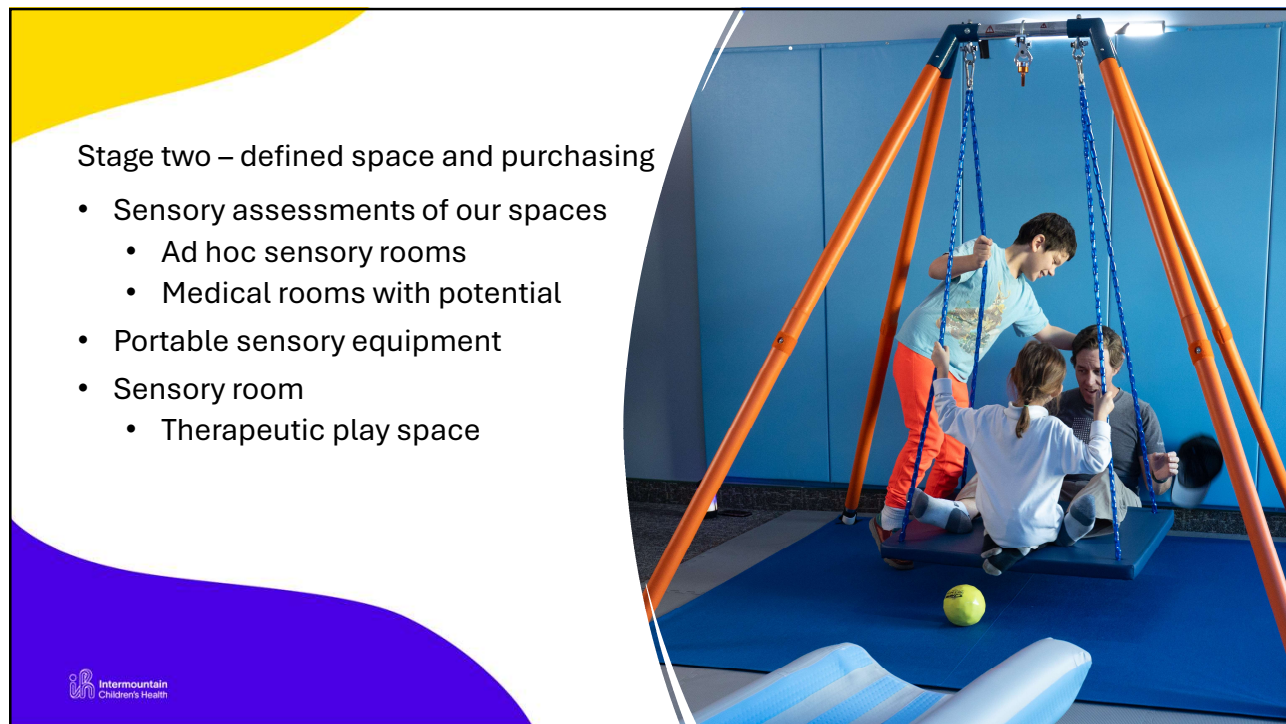
How

- Adaptive Care Plans in EMR
- Staff education hospital wide
- New physical resources
- 3 CCLS for adaptive care support



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Stage three – interdisciplinary team

- **Determine stakeholders**
 - Child life specialists on adaptive care team
 - Occupational therapy practitioners from inpatient, outpatient, and behavioral health
 - Leadership for each service line
- **Submit for approval to create workgroup**
 - Situation and background explaining the need
 - Defined members
 - Frequency of meetings, allocated time for asynchronous work, and timeline for completion



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System Wide Sensory Guideline

Official guideline published in our organizations policy library

- Emphasizes safety above all else
- Helps child life and other teams use sensory items for therapeutic purposes safely and confidently
- Defines, protects, and encourages the CCLS in their support of kids with NDDs

Barriers

- Scope creep, mistrust, and difficulty unifying



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System Wide Sensory Guideline

- Clear definitions of professionals, terminology
- Clear definition of sensory room, how it is used and by whom
- Maintenance and sanitation procedures
- When to consult OT
- Table of items with information regarding use and if it requires additional safety precautions
- Protocol line item regarding items brought from home
- Tracking system check in/out
- Documentation of drop off and education



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Stage four – continued improvement

- Occupational Therapist led training for Child Life Specialists
- Occupational Therapist led training for Speech Language Pathologists
- Occupational Therapist led training for inpatient rehab team
- Occupational Therapist led training for Applied Behavior Analysis team planned
- Integrated into onboarding for new Child Life Specialists
- Child Life Specialists training other providers/caregivers
- Continued collaboration to prepare adaptive care plans prior to visits when possible, educating families to advocate for adaptive care
- Creation of sensory rooms at other locations



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Process Application

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Stage one

Identify gaps in service or area of need – What is your goal?

2

Stage two

Determine stakeholders for change - Plan for change

3

Stage three

Proposal for changes – access, policy, education – Take action

4

Stage four

Review – continued barriers, success, next steps

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Thank you

Questions contact Taelor at taelor.coyle@imail.org



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