

Is Sensory Integration an Effective Intervention for Posttraumatic Stress Disorder in Adults?


Bebe Makena, OTD Student, MOT, MS, OTR/L; Patricia Bowyer, EdD, MS, OTR, FAOTA; Leon Washington, PhD, OTR, LMSW, C/NDT; Jeremy Edmonds, DO; Don Peters, CEO

BACKGROUND	
Posttraumatic Stress Disorder (PTSD)	Sensory Integration (SI)
<p>Lifetime prevalence of 6.8%</p> <ul style="list-style-type: none"> •8 million US adults diagnosed annually. <ul style="list-style-type: none"> •Total # of people experiencing PTSD symptoms is likely larger •More females than males •Symptoms include avoidance, self-harm, self-medicating, intrusive thoughts, poor mood •Symptoms appear in families •Symptoms difficult to manage <p>Current Treatments</p> <p><i>Strong Evidence</i></p> <ul style="list-style-type: none"> •Cognitive behavioral therapy •Cognitive processing therapy •Cognitive therapy •Prolonged exposure therapy •Medication <p><i>Moderate Evidence</i></p> <ul style="list-style-type: none"> •Brief eclectic psychotherapy •Eye movement desensitization and reprocessing therapy <p>Calls issued for new treatments</p>	<p>Traditionally used in pediatric populations</p> <p><i>Classic understanding, per founder Jean Ayers</i></p> <ul style="list-style-type: none"> •Motor learning tied to sensory system development •SI treatment is dynamic, integrated into self-directed, purposeful, rewarding occupations <p><i>Newer Approaches</i></p> <ul style="list-style-type: none"> •Sensory processing disorders addressed by sensory processing treatments focused on one or multiple sensory systems <p>Neurological Similarities</p> <p>Per MRIs, people with PTSD display</p> <ul style="list-style-type: none"> •Smaller prefrontal cortex, hippocampal regions, and anterior cingulate •Increased amygdala activity •Decreased white matter in parietal, occipital, and prefrontal tracts •Increased white matter in the salience network <p>SI reportedly has a beneficial impact on many of the same brain regions</p>
APPROACH	<ul style="list-style-type: none"> •Theoretical grounding, and examination for evidence of, the Model of Human Occupation (MOHO) •Inclusion: use of interventions that could be defined as SI to treat PTSD in adults, English, peer reviewed •Exclusion: interventions used to treat brain injuries, other mental health disorders, or children •Electronic search of 9 databases •Followed PRISMA and AOTA guidelines

RESULTS
<p>156 articles returned, 3 included in this scoping review</p> <p>Overall Strength: Low due to insufficient evidence, lower level designs</p> <p><i>Two studied the Sensory Learning Program (SLP) combined with psychotherapy</i></p> <ul style="list-style-type: none"> •N = 10, each •Designs: Two-Group and Pretest-posttest (with waitlist control) •Risk of Bias: Moderate (both) •Levels of Evidence: 2B and 3B •Risk of Harm: Low (both) •Results: Significant improvements in Structured Interview for Disorders of Extreme Distress scores <p><i>One studied the Wilbarger Therapressure Program (WTP)</i></p> <ul style="list-style-type: none"> •N = 4 •Design: Single Subject ABA •Risk of Bias: Moderate •Levels of Evidence: 4 •Risk of Harm: Low •Results: Significant improvements Basic Personality Inventory, concentration, stress level, cortisol level, and general improvements in several scales if WTP followed as prescribed <p><i>MOHO</i></p> <ul style="list-style-type: none"> •Volition: Not present in SLP studies, Uncertain in WTP study •Habituation: Not present in SLP studies, Uncertain in WTP study •Performance Skills: Not explicitly addressed in any study, but each intervention held potential to effect neuroplasticity. WTP did instruct on a new method to self-manage symptoms. •Setting: Not present in any study

RECOMMENDATIONS
<p>Sensory strategies can be used with...</p> <ul style="list-style-type: none"> •Careful consideration of existing research •AND clinical reflection on the client profile •AND informed involvement of the client <p>Future, focused, high-level studies are needed.</p>

SPECIAL THANKS
<p>Special thanks to TWU librarian, John Humphries, for help with the search string and database selection.</p>

FOR MORE...
<p>Scan this QR code to see the reference list.</p> 

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