

22702

**ATTENTION DEFICIT / HYPERACTIVITY DISORDER: THE DEVELOPMENT OF OCCUPATIONAL THERAPY CLINICAL PRACTICE GUIDELINES****Pepin, G., Lavasani, N., Stagnitti, K., Hitch, D.***Deakin University, Geelong, Victoria, Australia*

**Introduction:** Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed neuropsychiatric disorders in young people. It is characterized by inattention, hyperactivity and impulsivity, and can have profound effects on both individuals and their families. There are no existing clinical guidelines for occupational therapy in this area.

**Objectives:** The presentation will describe the development of occupational therapy clinical practice guidelines for working with people who have attention deficit hyperactivity disorder. The guidelines themselves will also be presented in overview.

**Approach:** A comprehensive review and analysis of all occupational therapy evidence published since 1990 was conducted. It framed the scope of the guidelines and facilitated their development. Where there was insufficient evidence to guide practice, a consensus of opinion was sought from an expert panel of paediatric and mental health occupational therapists. This consensus was developed using the nominal group technique, via email and other electronic communication.

**Practice Implications:** These guidelines define the best and most effective practice for occupational therapists working with people with this condition, but still allow for the use of clinical judgment and artistry. As such they will support the provision of high quality; evidence based practice and provide a structure for quality improve activities such as audits.

**Conclusion:** Evidence for occupational therapy with people who have attention deficit hyperactivity disorder emphasizes the use of sensory techniques and early intervention with primary school aged children. Further research is needed around other approaches and the impact of this condition on occupational performance across the lifespan.

22703

**NO FRIENDS NO FUN: THE IMPORTANCE OF PLAYMATES IN DEVELOPING THE PLAY AND SOCIAL SKILLS OF CHILDREN WITH ADHD****Cordier, R.***University of Sydney, New South Wales, Australia*

**Introduction:** Social play promotes active peer engagement and social competence. Whilst we have learned more about the play of children with ADHD in recent years, there is limited research describing their playmates. This is surprising, given the important role of playmates in the social development of children with ADHD.

**Objective:** This study aimed to examine the effectiveness of an intervention designed to improve the play and social skills of children with ADHD and their playmates. This paper focuses on the playmates of children with ADHD in acquiring social skills.

**Methods:** This study involved children with ADHD ( $n = 14$ ) playing with age matched typically developing playmates ( $n = 14$ ). The intervention involved seven weekly free-play

sessions and various decentring techniques to promote social play. The test of playfulness (ToP) was used as a pre/post-test measure. Data was subjected to Rasch analysis to calculate measure scores on interval level; *Cohen-d* and *paired sample test* calculations were used to measure effect.

**Results:** Results revealed a large effect ( $d = 1.3$ ) in improving the play and social skills of playmates of children with ADHD. A *t*-test for paired samples revealed that the children with ADHD improved in their social play (pre-test mean measure score = 56.8; post-test mean measure score = 75.7;  $SD = 10.3$ ;  $t = 6.9$ ;  $p < 0.01$ ;  $df = 13$ ).

**Conclusion:** The intervention shows great promise in developing the play and social skills of the playmates of children with ADHD. The importance of involving the playmates of children with ADHD in interventions needs further investigation.

22704

**USE OF A SENSORY PROTOCOL BY PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITY AND SENSORY DEFENSIVENESS TO ACHIEVE FUNCTIONAL AND BEHAVIOURAL GOALS: A RANDOMISED CONTROLLED STUDY****Chapparo, C.<sup>1</sup>, Mora, L.<sup>2</sup>**<sup>1</sup>*The University of Sydney, Lidcombe, New South Wales, Australia*<sup>2</sup>*Aging, Disability and Home Care, Sydney, New South Wales, Australia*

**Introduction:** Many children with intellectual disability demonstrate sensory defensive responses (withdrawal, anxiety) which reduce their ability to participate in daily home and school life. There are few studies that provide empirical support for parents using a home based sensory intervention to manage difficult behaviour (self-injury, stereotypy), and none that utilise a randomised controlled design.

**Aims:** To determine whether a home based Sensory Protocol (sensory diet and therapeutics) improves functional and behavioural outcomes for children with severe sensory defensiveness.

**Methods:** A randomised controlled crossover study with concealed allocation was employed. 30 child participants (6 – 12 years), each with a nominated carer/parent were randomly allocated to either an experimental intervention (Sensory Protocol) or a control intervention (Behavioural Support). Instruments used to measure relevant variables prior to and at the conclusion of two six week intervention phases included: Short Sensory Profile; the Developmental Behaviour Checklist; Parent Interview; and Parent Sensory Protocol Diary. Four Goal Attainment Scales were negotiated at the start of each intervention phase and used to measure functional change based on the child's individual situation. Two of the goals related to functional performance and two related to behaviour.

**Results:** There were statistically significant differences in functional and behavioural outcomes between the two interventions in several of the variables measured. Parents indicated a significantly greater reduction in problem behaviours when using the Sensory Protocol.

**Conclusion:** When applied with caution, in context, and with appropriate training, parents successfully use a sensory protocol to achieve functional and behavioural outcomes for children with severe sensory defensiveness.