Using the Adolescent/Adult Sensory Profile to develop intervention for early psychosis: Implications for occupational therapy

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Using the Adolescent/Adult Sensory Profile to develop intervention for early psychosis: Implications for occupational therapy

Disciplines
Mental and Social Health | Occupational Therapy

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Using the Adolescent/Adult Sensory Profile to develop intervention for early psychosis: Implications for occupational therapy

Prepared by: Victoria Eaton, OTS  
(veaton@pacificu.edu)

Date: December 2010

CLINICAL SCENARIO:
Over the past fifteen years, programs have been developed worldwide to meet the needs of persons experiencing early psychosis and to increase a practice of early intervention. The needs of persons experiencing their first psychotic episode are different from those who have long-term experience with their illness/diagnosis. McGorry and Edwards (as cited in Lloyd, Basset, and Samra, 2000) note that some of the difficulties for a person after their first psychotic episode include, but are not limited to “lack of confidence..., lack of motivation...a loss of skills.. and increased anxiety in social situations.” To date, there is no research published regarding use of the Adolescent/Adult Sensory Profile with persons experiencing early psychosis. This research was conducted to see what questions are being asked, and further explore how an individual’s sensory perception impacts their interaction with the world around them.

FOCUSED CLINICAL QUESTION:
What evidence exists to support the use of the Adolescent/Adult Sensory Profile in intervention-planning for persons experiencing early psychosis?

SUMMARY of Search, ‘Best’ Evidence appraised, and Key Findings:
Five citations were located to meet the inclusion/exclusion criteria.

- Roy, Rousseau, Fortier, and Mottard (2009) explored perceived competence and handicap-creating situations experienced by young adults living with recent-onset schizophrenia. This qualitative study explored the effect on their roles and activities. They give specific examples of situations within the community in which the participants struggle and ideas to improve the supports available to them.
- Braus, Weber-Fahr, Tost, Ruf, and Henn (2002) present findings regarding functional magnetic resonance imaging (fMRI) and difference in processing simple auditory and visual tasks in a population of persons experiencing their first episode of psychosis as compared to a typically-functioning comparison cohort.
- Bejerholm and Eklund (2007) looked at occupational engagement and quality of life among individuals with schizophrenia. Though the participants were not defined as being in “early psychosis”, this article was included as it depicts some of the long-term concerns regarding a person’s ability to relate to their environment—which is affected during psychosis.
participation in the period following the first episode of psychosis (FEP). Findings include the perspectives of participants of those who live with psychosis and those living around them during this experience.

- Roe, Chopra, and Rudnick (2004) looked at the experience of psychosis over a period of time, focusing on the participant as an active, goal-oriented individual.
- The best evidence found during this research was that of Roy et al (2009). Findings focused on roles and activities, with specific examples of what types of interactions were handicap-creating. Primary roles of “family member” and “friend” determined, in addition to two primary activities affected by early psychosis: “education,” and “work”. Each role and activity was further broken-down to two-to-three themes common for those experiencing a self-perceived deficit in their occupational performance.

After the research for this CAT was conducted, the author learned of the Schizophrenia Bulletin and a particular edition (Vol. 35, No. 6) published in 2009 with a large section dedicated to sensory processing in schizophrenia. In the introduction, Javitt (2009) quickly provides an overview of the articles within this special issue, including discussion of a proposed challenge to the dopamine model of etiology (thus looking a schizophrenia beyond a single cause, but more as a complex interplay of neurotransmitters that affect multiple parts of the brain); articles focusing on auditory and visual processing, new evidence regarding olfactory processing and impaired emotion processing. Due to time constraints, these articles were not included.

**Clinical Bottom Line:**
Though there is no direct evidence that the Adolescent/Adult Sensory Profile is useful as a basis for intervention, the differences noted in processing—both via fMRI and personal accounts, support a further understanding of a person’s processing be included in their client-based treatment. As there are noted deficits with visual, auditory and olfactory systems, and social perceptions and interactions, understanding how a person is perceiving such stimuli may be helpful in planning a client’s intervention, including community and vocation-based plans.

**Limitation of this CAT:** This CAT is written by a second-year master’s student in Pacific University’s School of Occupational Therapy, not an expert in the field. This critically appraised topic has been read by two faculty members, but has not been externally peer-reviewed and is not an in-depth review of the available literature.
SEARCH STRATEGY:

Terms used to guide Search Strategy:

- **Patient/Client Group:** early psychosis, young adult, adolescent, experiencing early psychosis
- **Intervention (or Assessment):** early intervention, intervention, sensory
- **Comparison:** N/A
- **Outcome(s):** prognosis, success, quality of life, community integration, socialization

INCLUSION and EXCLUSION CRITERIA

- **Inclusion:**
  - Ages 18-60
  - Published within 10 years (2000)
  - English/Spanish languages

- **Exclusion:**
  - Bipolar disorder

RESULTS OF SEARCH

Audit trail located on following pages.
Table 1: Audit Trail for Research

<table>
<thead>
<tr>
<th>Source (database, library catalog, etc)</th>
<th>Search terms/Search strategies</th>
<th>Inclusion/Exclusion Criteria</th>
<th>Notes</th>
</tr>
</thead>
</table>
| OT Seeker Sept. 2010                    | Search kw <<“sensory profile”>> AND <<schizophrenia>> | No limits | Returned 504 citations; note “no precise match” 1 good one  
  • Marshall & Rathbone (2006), Cochrane Database of Systematic Reviews |
|                                        | Search kw <<“sensory profile”>> | Identify Diagnosis/Subdiscipline: Mental health/behavior difficulties: Schizophrenia | Returned 3 citations; none relevant |
|                                        | Search kw <<“sensory profile”>> AND <<psychosis>> | No limits | Returned 364 citations; note “no precise match” |
| OT Search Sept 2010                     | Search kw <<“sensory profile”>>  
  <<schizophrenia>> -Combine with AND | No limits | Returned 2 citations; 1 of interest  
  • Dunn (2001), American Journal of Occupational Therapy |
| CINAHL Sept 2010                        | Search kw <<“sensory processing”>>, <<schizophrenia>> | No limits | Returned 4 citations; 2 of interest  
  • Dunn (2001), American Journal of Occupational Therapy  
  • Leitman et al. (2010), American Journal of Psychiatry |
|                                        | Combine with AND | | |
|                                        | Search kw <<“sensory processing”>>, <<psychosis>> | No limits | Returned 47 citations; 2 of interest  
  • Brickman et al. (2004), Journal of Nervous and Mental Disease  
  • Fitzgerald et al. (2004), Australian & New Zealand Journal of Psychiatry |
<p>|                                        | Combine with AND | | |</p>
<table>
<thead>
<tr>
<th>Study Category</th>
<th>Search Criteria</th>
<th>Limits</th>
<th>Relevant Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy in Mental Health Sept 2010</td>
<td>Search kw “sensory”</td>
<td>No limits</td>
<td>Returned 25 results; 3 of interest</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Reisman &amp; Blakeney (1991)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Hayes (1989)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Bejerholm (2010)</td>
</tr>
<tr>
<td>Word of mouth (speaking with faculty advisor), reference from other articles Sept/Oct 2010</td>
<td>N/A</td>
<td>No limits</td>
<td>Returned 5 results; 3 of interest</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Roy, Rousseau, Fortier, Mottard (2009)</td>
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<tr>
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<td>- Braus, Weber-Fahr, Tost, Ruf, and Henn (2002)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Bejerholm and Eklund (2007)</td>
</tr>
</tbody>
</table>
BEST EVIDENCE

The following study/paper was identified as the ‘best’ evidence and selected for critical appraisal. Reasons for selecting this study were:

- This article provides the most accurate understanding of participants’ experiences regarding function in the community.
- This article identifies specific roles and activities in which a majority of participants experience handicap-creating situations.
- There is currently a lack of information regarding functional recovery after first episode psychosis; this study meets that need and is written based on information from participants’ themselves.

SUMMARY OF BEST EVIDENCE


Objective of the Study: The purpose of this study is to “explore the perception of outpatients in a youth psychosis clinic in Montreal regarding their own community functioning and needs for rehabilitation aimed at functional recovery” (Roe et al, 2009) and learn from the perspective of clients regarding situations that create competence or handicap.

Study Design: This study used qualitative interviews to explore participants' direct perceptions regarding experiences that cause handicap or competence. Semi-structured interviews allow the potential for all participants to answer to same basic questions, and then to elaborate as is appropriate to their own, personal experience. Theoretical basis came from the Model of Competence, and “handicap-creating situation” and “competence-creating situation” are defined within the parameters of the study per the model.

Setting: Participants were recruited at the Hopital Sacré-Coeur in Montreal, Quebec, Canada.

Participants:
- 19 young adults (ages 18-30);
- DSM-IV diagnoses of schizophrenia, schizophreniform disorder, or schizoaffective disorder
- experience psychotic symptoms for less than 5 years
- fluency in French
- receiving medication, but not yet included within rehabilitation program

Exclusionary Criteria- diagnosed organic brain disorder, intellectual disability, or substance abuse disorder

Intervention Investigated- Not applicable

Outcome Measure- Not applicable
Main Findings: Authors identified common themes from the participants, noting their perceptions of handicap-creating situations and competence-creating situations. With regard to roles, new information was developed with regard to young adults' perception in how social isolation occurs. It appeared that changing homes frequently; combined with a lower energy, participants had an increasingly difficult time staying in touch with their peers. Perceived vulnerability led to reluctance to explore areas surrounding the new living spaces. Parents' perception of illness was a key element further altering relationships for participants within their family role(s).

The findings regarding educational activity were consistent with other studies in which participants do not perform as well as peers without mental illness. Specific problem areas noted are cognitive difficulties, attention difficulties, low social skills, and low energy levels. The identification of social skills and energy levels provides new insight regarding performance.

Below are the findings; each consists of multiple themes:

Role #1 Family Member: 11 of 19 participants reported handicap-creating situations in relation to role of son/daughter, 6 experienced competence
3 Themes- Diminished quality of relationship with parents; Incompatibility between parental expectations and the young adult's level of functioning; Residential instability leads to less frequent contacts between the young adult and the family

Role #2 Friend: 15 of 19 participants experienced handicap-creating situations with role as friend, 3 reported competence
3 Themes- Profound feeling of isolation; Differences in levels of functioning between participants and friends affect the quality of the relationship; Sharing of common experiences (mental illness or other) is important in maintaining friendship

Activity #1 Education: 5 participants were attending an academic programme, 10 were planning to pursue educational opportunities
3 Themes- Difficulty in maintaining academic performance; Difficulty in accessing education; Academic environment supports the young adult's performance

Activity #2 Work: 2 participants were working full time, 2 during the summer while studying, 2 in work insertion programs; 13 of 19 identified it a handicap-creating situation, 3 identified a competence situation
2 Themes- Difficulty in maintaining adequate work performance in the past and in the present; Work environment strongly influences work performance.

Original Authors’ Conclusions: This study provides participant perception of engaging in meaningful roles and activities during FEP. The investigators recommend that, based on this information, intervention should focus on specific areas, including “management of energy level, communication and social skills training, residential stability, academic rehabilitation and attention to physical environments” (Roy et al, 2009, p. 431).

Critical Appraisal: In all, this study addresses some questions that have been in need of research for a while—what are some of the roles and activities in which young adults experiencing FEP have difficulties? Specific roles and activities were expanded upon with participant information. The reviewer is curious as to what other roles and activities
may have been part of the study. The original study questions were not available within the publication, leaving the reader without knowledge regarding the potential for upcoming researching.

Validity  Transcripts of interview recordings (made with permission) were formatted for qualitative analysis using NVivo2 software; mixed list codes reviewed and validated by three reviewers with 73% interrater consistency. All 86 codes were used by the primary author with matrix to cross-reference with codes for handicap and competence-creating situation. Trustworthiness was increased by peer debriefing, code revision, matrix analysis, and organization of findings. A research journal was kept.

Interpretation of Results  Participants’ perceptions provided insight for the researchers and those reading the article to further understand the dynamics involved, the perceptions taking place, and the problems that create handicap-creative situations. The sub-themes described within this article allow for persons to further explore areas within activities to help fulfill occupational performance, but also to discuss certain aspects of role participation in which there may be conflict between expectations of the individual and those of the person/environment with which they are interacting.

Summary/Conclusion:  Community functioning is increasingly understood due to shared perception of young adults with FEP. Specific intervention ideas include: "management of energy level, communication and social skills training, residential stability, academic rehabilitation and attention to physical environments…" Clinical teams also need to take into consideration the larger issues: stigma and advocacy.

Main limitations, per the researchers, include that this particular paper focuses on two roles and two activities-- it does not allow for a more comprehensive understanding of community functioning issues from the perception of the participants. Also, only the people experiencing FEP are sharing their point of view; those of parents, friends, partners, etc. are not included. Per the reviewer, additional limitations include the following: How did the researchers assure competence to give consent?; it appears as though “outpatient” status (overall competence to consent to mental health treatment and to live unhospitalized) were assumed. Also, an interrater reliability of 73% has the reviewer questioning the validity of the codes list; if all of the reviewers were familiar with the model, why wasn’t the consistency higher?
Table 3: Findings of included studies (no comparisons or interventions tested)

<table>
<thead>
<tr>
<th>Study</th>
<th>Purpose</th>
<th>Method</th>
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</thead>
<tbody>
<tr>
<td>Braus, Weber-Fahr, Tost, Ruf, and Henn (2002)</td>
<td>This study explores the sensory processing at the neurological level of persons experiencing early psychosis compared to typically healthy control group. Sensory input tested are visual and auditory, tested via functional magnetic resonance imaging (fMRI).</td>
<td>Purpose of the study and the procedures were explained, followed by participants giving written informed consent. Subjects lay in the supine position and “viewed a screen through an adjustable mirror fixed to the head coil. Acoustic stimuli were presented through customized magnetic resonance headphones.” Conditions of stimulation and fixation were both tested and recorded in 5 sequences of 10 measurements, alternating in order. Imaging included the presentation of a flickering checkerboard and auditory stimuli (drumbeats). Instructions were simple: look and listen.</td>
</tr>
<tr>
<td>Bejerholm and Eklund (2007)</td>
<td>“This study explores possible relationships between occupational engagement and personal factors, such as self-related variables and psychopathology, and quality of life” (p. 23)</td>
<td>Participants completed a 24-hour time log and a follow-up interview. Participants completed various measures (The Profile of Occupational Engagement in people with Schizophrenia (POES); Locus of Control, Mastery, Sense of Coherence; Brief Psychiatric Rating Scale; Lancashire Quality of Life Profile).</td>
</tr>
<tr>
<td>Krupka, Woodside, and Pocock (2010)</td>
<td>This study examines activity performance and social participation in the period following the first episode of psychosis.</td>
<td>Qualitative interviews were conducted with primary and secondary participants (family, friends of primary participants), and document analysis looked at pertinent documents that the primary participants made available for researchers. Six experts also provided their perspective of the research questions.</td>
</tr>
<tr>
<td>Roe, Chopra, and Rudnick (2004)</td>
<td>The purpose of this longitudinal study is to further explore the experiential component of coping with psychosis from the perspective or individuals experiencing such phenomena by using systematic, qualitative interviews and keeping in mind that the participant is an active, goal-oriented individual.</td>
<td>A phenomenological approach was taken to explore the individual’s conceptualization of their coping strategies while experiencing psychosis. Structured, qualitative interviews were held during each participant’s hospitalization, and then completed again bi-monthly for one year. There were additional follow-up interviews every 6 months for 2-3 years, thus allowing for a longitudinal view of initial coping, development, and incorporation of coping strategies within daily life.</td>
</tr>
</tbody>
</table>
Population

Patient group:
- 12 inpatients (6 men, 6 women; average age 25.1, +/- 4.8 years; education 10.6 +/- 1.8 years)
- Satisfy DSM-IV and ICD-10 criteria for schizophrenia
- Entered the study post initial psychiatric hospitalization
- Inclusionary criteria:
  - Neuroleptic-naïve
  - Predominance of delusions, hallucinations, and distrust
  - Urine screening for drug use was negative
  - All stabilized patients rediagnosed at 6 months after initial exam; diagnosis stable

Control group:
- 11 volunteers (6 men, 5 women; age 29.4 +/- 6.2 years; education 12.0 +/- 1.4 years)
- Exclusionary criteria for both groups included history of significant medical, neurological, or psychiatric illness and/or history of substance abuse

Comparison groups were similar in quantity of subjects, gender, age, and educational levels.

74 participants. Participant selection included diagnosis of schizophrenia (DSM-IV-TR), aged between 20 and 55 years old.
- 2/3 men.
- 44 participants had at least a high school education, 35 had some vocational education, 5 had a university degree.
- Most of the participants had a disability pension.
- 12 reported employment.

Primary participants:
- 25 total; 17 men, 8 women; avg. age at time of episode was 25.7 years, range of 18-39 years.
- Varied educational backgrounds
  - 8 some high school
  - 9 some post-secondary
  - 7 completed post-secondary
- 20 in Canada, 5 in Australia
- Varied work experiences
  - 1 had never worked
  - 6 less than 1 year
  - 13 worked 1-7 years
  - 5 worked 7+ years
  - 16 reported drugs and/or alcohol use prior to onset

Secondary participants:
- 10 parents
- 3 siblings
- 2 friends

Documents:
- Medical health records (for each participant)
- Personal documents
  - Report cards
  - Journals

Originally 49 participants; 43 (87%) completed bi-monthly follow-up interviews over the next year.

Two participants were excluded due to technical difficulties of interview recording quality.

Participants experiencing psychosis and hospitalized at any of the four hospital facilities connected to the Yale Department of Psychiatry were invited to participate in the Yale Longitudinal Study.

Inclusion criteria included ages 18-55 years, no evidence of organic brain disorder, no severe alcohol or drug abuse.
### Findings

<table>
<thead>
<tr>
<th>Patient group v control group:</th>
<th>The study concluded that “a higher level of occupational engagement was associated with higher ratings of self-related variables, fewer psychiatric symptoms, and better ratings of quality of life.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Markedly … reduced subcortical processing of sensory information.”</td>
<td>Limitations included the small cohort number, the fact that all participants were living in community (study not generalizable for board populations of people with schizophrenia), accuracy of participants’ time use diary. Including a broad spectrum of subtypes is beneficial to (hopefully) give a more generalizable view of outcomes among the broader population, however also limiting, as people experiencing a “paranoid” subtype may interact with their environment differently than someone experiencing “catatonic” subtype.</td>
</tr>
<tr>
<td>Bilateral hypoactivity in the middle occipital and inferior parietal lobes which correspond to the dorsal visual processing pathway</td>
<td>Services for persons experiencing early psychosis need to be sensitive to daily life activities and social experiences of those receiving their services. Re-establishing activity is a complex undertaking in the time following the first episode of psychosis. Due to the high risk for disengagement, it is important that occupational therapists work with their clients to work tasks with an appropriate level of complexity and support in order to enhance occupational performance.</td>
</tr>
<tr>
<td>Reduced prefrontal activation of the right frontal eye field and reduced blood oxygen level response on the left acoustic cortices of the superior temporal lobe.</td>
<td>People with mental illness are able to take an active role in their outcome and learn to cope with a broad range of strategies. Occupational therapists can work with clients to help identify goals, practice coping strategies and self confidence, and promote opportunities for the clients to have an active voice in their treatment and wellbeing.</td>
</tr>
<tr>
<td>Functional deficits in the right thalamus</td>
<td>Limitations included criteria from the DSM-III, inconsistency about when primary interviews occurred (during hospitalization or after discharge), summarizing interviews prior to transcription, and no declaration of informed consent. Also, were participants medicated? To what extent were they able to participate during the first interview? Did the researchers decide purposefully not to triangulate data given from interviews?</td>
</tr>
<tr>
<td>Areas shown to be affected within this study have been shown via other research to be involved specifically with perception and awareness of sensory stimuli.</td>
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</tbody>
</table>

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Prepared by: Victoria Eaton, OTS   (December 2010). Available at [http://commons.pacificu.edu/otcats](http://commons.pacificu.edu/otcats)
IMPLICATIONS FOR PRACTICE, EDUCATION and FUTURE RESEARCH

Practice
The various articles recommend that residential stability be an objective for the occupational therapist, in addition to assessing modification of home environments to play on the person’s strengths and decrease their difficulties. There is a lack of attention to home modification in the area of mental illness. Using the Adolescent/Adult Sensory Profile would allow for current mental health practitioners to enhance their client-centred approach by adding the understanding of how the individual currently perceives the world around them.

Education
There is a potential of occupational therapy to advance in academic rehabilitation. In the educational setting, it is important that occupational therapists be aware of the needs of clients, and assist them in advocating for their needs for learning support services. It may be beneficial for occupational therapists to team with school counsellors and present the needs of students experiencing FEP during an in-service with all staff, and address easy ways to meet them (extra time for tests, specific environments for testing, communication tips, etc.) so as to further enhance the understanding of FEP without allowing for stigma to over-run perceptions from educators. Adolescent/Adult Sensory Profile data could assist in determining what environments would best support the student’s learning on a daily basis, as well as under more stressful situations, such as exams.

With regard to occupational therapy education, research within this realm could further enhance the current movement to return to client-centred practice as much as possible and to increase the likelihood that treatment interventions will have a more complete “image” of the client as basis due to an understanding of their sensory needs, in addition to other client factors, occupational performance and goals.

Per the research addresses thus far, there are deficits in functioning during early psychosis. The Adolescent/Adult Sensory Profile would help occupational therapists best match environments with the sensory preferences of their clients to further optimize adaptation and performance during recovery. Modifications can address four particular areas: low registration, sensory sensitivity, sensory seeking, and sensory avoiding. Processes within daily activities that include visual, auditory, tactile, taste, smell, and movement are all assessed within the four particular areas of sensory registration.

Brown, Tollefson, Dunn, Cromwell, and Filion (1999) conducted a study regarding the sensory processing for people with schizophrenia, people with bipolar disorder, and people without mental illness. It was found that people with schizophrenia had the largest variation in sensory perception by group—in essence, there is no way to generalize sensory processing of people with schizophrenia and it appears to be a case-by-case phenomenon. This further demonstrates how the Adolescent/Adult Sensory Profile will be able to enhance the objective of occupational therapy as a client-centred, therapeutic practice that focuses on facilitating the client’s functional performance within their occupations.

Future Research
This study is a good example of how quantitative and qualitative research are needed to provide the most accurate understanding of participants’ experiences with FEP and perhaps encourage a mixed method design for future research. The reviewer would like to see this research with other activities and roles, paired with quantitative data regarding quality of life. Research including the Adolescent/Adult Sensory Profile is necessary if we are to further
understand the implications of treatment interventions based on with sensory-related information as part of the basis. It has been demonstrated that young adults receiving intensive therapy are able to return to the community (Lloyd et al, 2000; Roe et al, 2004; Bejerholm & Eklund, 2007; Krupka et al, 2010); now it is time to further assess the types of interventions available and how sensory-related programming supports their successful transition. In addition, further research regarding the Adolescent/Adult Sensory Profile with populations experiencing early psychosis are needed to determine the benefits of such an assessment tool with this specific population and their therapeutic care.
REFERENCES


