



Practitioner Survey on the Effectiveness of iLs Programs with Children with Autism Spectrum Disorder

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Abstract & Summary

The purpose of this 19 question survey study was to examine the perceived effectiveness of iLs listening programs, among qualified professionals, for children aged 2 to 18 years with Autism Spectrum Disorder (ASD) in improving auditory processing and sensitivity, social skills (e.g. eye contact), sensori-motor skills, and behavioral abilities (e.g. impulse control, self-regulation) and aspects of implementation of the iLs program. The survey was emailed to 1174 associates who were expected to have completed the iLs training and to have had the time opportunity to complete at least one iLs program. This mailing resulted in 144 responses with an overall response rate of 12.2%. Participants were asked how often they noted improvements in 24 specific outcomes categorized in three different functional areas: sensory-motor/ behavioral skills, social-emotional skills and functioning, and language/ academic skills. Participant responses represented approximately 1304 children with ASD who completed iLs programs. Responses ranged from 1 = Never to 5 = Always. All 24 outcomes had mean scores between 3.2 – 4.5 (Sometimes and Often range). Median scores were all 4's with the exception of sensory integration/ sensory processing which was 5 and digestion and self injurious behaviors which were 3's. There were very few Never responses across the 24 outcome areas. In general 70-80% of responses were in the Often and Always range with an additional 10-30% in the Sometimes category. The most frequent changes were seen in motor coordination, sensory integration/ sensory processing, and auditory processing with self-regulation and ability to make transitions having similar levels of change. Overall, practitioners perceived the iLs program to be very effective with children with ASD.

Practitioners utilizing the iLs program with children with autism spectrum disorder were predominantly occupational therapists who have practiced for over 10 years and who have used iLs for 1-3 years, although there was a range of experience and professions which included educators, mental health professionals, psychologists, speech and other types of therapists. The average respondent had completed this program on 3 children with ASD and indicated they used the iLs program in a clinic-based setting or a combination of clinic and home programming. Clinic-based services were most often implemented 3 times per week with up to 90 minutes of listening per session but a range of frequency and duration of listening were reported. When implemented with a home component or home only program, respondents reported listening 5-7 days per week for hour long sessions. The total number of days listening varied. Clinic-based programs ranged from 20 to over 60 sessions likely reflecting the more intense programming provided with the iLs Pro units. Home-based programs or combined clinic and home programs were most often 41 to over 60 sessions which may reflect the standard 60 and 40 session iLs Focus programs. Overall, survey responses and respondent comments indicate that implementation of iLs programs are individualized to the needs of the child with some children needing less intense but longer programs and others benefiting more from shorter but more intense programming with multiple listening sessions occurring over time. Lastly, 83.7% responded that they were "Likely" to recommend iLs to colleagues and an additional 14.1 % were "Somewhat Likely" indicating that practitioners are overwhelmingly satisfied with the iLs program's effectiveness with children having autism spectrum disorders.

Summary

In conclusion, practitioners utilizing the iLs program with children with autism spectrum disorder are predominantly occupational therapists who have been practicing for over 10 years and who have used iLs for 1-3 years, although there was a range of professions and experience. The average respondent to this survey had utilized this program on 3 children with ASD but may have used it more frequently with children with other diagnoses. The vast majority of respondents indicated they utilize the iLs program in the clinic setting with nearly as many utilizing a combination of clinic and home programming. Comments from respondents indicated that many practitioners did an initial clinic program and then followed up with additional home programming. Clinic-based services were most often implemented 3 times per week with up to 90 minutes of listening per session but a range of frequency and duration of listening were reported. When implemented with a home component or home only program, respondents reported listening 5-7 days per week for hour long sessions. The total number of days listening varied greatly and may be related to the recommended and pre-established programming.

Clinic based programs ranged from 20 to over 60 sessions likely reflecting the more intense programming provided with the iLs Pro units. While home-based programs or combined clinic and home programs were most often 41 to over 60 sessions which may reflect the standard 60 and 40 session iLs Focus programs. Overall, it is clear from the survey and from the respondent comments that the implementation of the iLs program is individualized to the needs of the child with some children needing less intense but longer programs and others benefiting more from shorter but more intense programming with multiple listening program sessions occurring over time.

Regardless of frequency respondents overwhelmingly reported positive gains in all functional performance areas. Sensory integration/ sensory processing, motor coordination and auditory processing were reported as most often having positive outcomes with behavioral/ emotional areas of self-regulation and ability to make transitions also demonstrating similar levels of positive change. Areas with less frequent positive outcomes also tended to have higher rates of not applicable, do not know or non-response, indicating that those problems may not be as frequent. This included areas such as self-injurious behaviors and digestion.

Comments reported by respondents indicated that additional listening beyond an initial program was often needed to see strong gains in higher level outcomes such as reading or writing. Lastly, respondents were overwhelmingly happy with the iLs program and were very likely to recommend it to colleagues.