

Developmental Practitioners Association

Therapy Outcomes Measures (TOMs)

Supplementary Guidance 1

Assessment April 2024

Therapy Outcome Measures Developed Scale for Uninhibited Primitive Reflexes in line with the principles detailed in: ¹Enderby P & John A (2015) *Therapy Outcome Measures for Rehabilitation Professionals*, 3rd Edition Guildford: J&R Press.

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1. Introduction

You know that your Primitive Reflex Therapy changes lives and improves your client's life chances.

However, sometimes, you can be made to feel like the quack travelling` doctors of the cowboy movies, selling 'Snake Oil' - the cure all for almost everything.

But you know for certain that with your clients you make a difference.

You can make an even bigger difference by joining the DPA Research Network and contributing to giving a greater evidential base to the outcomes of Primitive Reflex Therapy.

We aim to put to bed the 'Snake Oil' label by collecting and sharing data using Therapy Outcome Measures* (TOMs) as outline in the DPA handbook.

Firstly we are asking you to use the TOMs scale at the beginning and end of you therapy to assess four domains, namely:

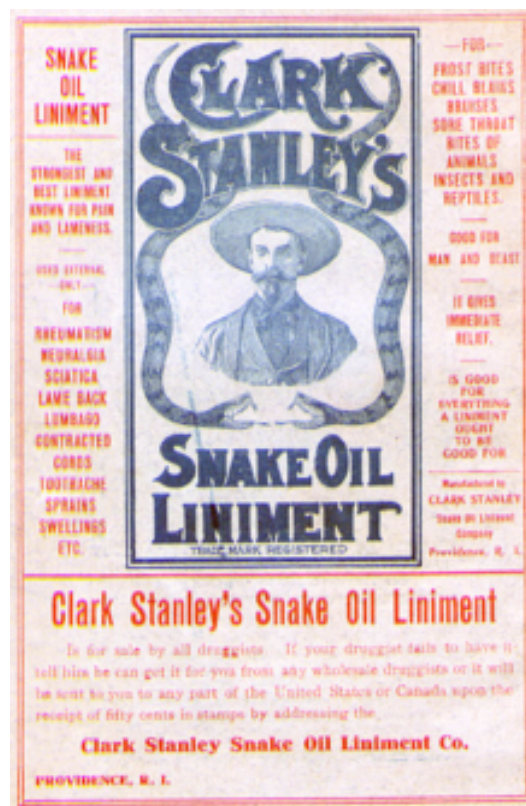
- Impairment
- Activity and Independence
- Social Participation
- Well Being.

At the same time we are asking you to look at another impairment (Impairment 2)

You and other therapist will share this data to the Research team who will be responsible for collating and analysing the information sharing it as research empirical data. Of course members of the network can create their own empirical data.

The main purpose of this is to produce empirical data about the efficacy of Primitive Reflex Integration. At a later stage we may be able to analyse what works better in different circumstances.

However, this is about cold data, and sometimes the individual story about a client is both compelling and moving. Even more so if we have a group of clients with a similar Impairment 2. So you could if you wish produce brief individual case studies. You could describe the client's behaviour before and after therapy and show the degree of change using your TOMs analysis.



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2. Impairment One – Severity

a. Impairment One Uninhibited Primitive Reflexes

Profound		Severe		Severe/Moderate		Moderate		Mild		Normal Limits
0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
Impairment – Uninhibited Primitive Reflexes	0 Profound: Some primitive reflexes may not be evident , or they are all fully uninhibited . 81-100% fully or almost fully uninhibited All Postural reflexes totally underdeveloped.									
	1 Severe: A significant majority of primitive reflexes are fully or almost fully uninhibited . 61 -80% fully or almost fully uninhibited . Most Postural reflexes are totally or mostly underdeveloped.									
	2 Severe/Moderate: Around half of the primitive reflexes are fully or almost fully uninhibited . 41-60% fully or almost fully uninhibited . Some Postural Reflexes may be developing.									
	3 Moderate: Many primitive reflexes are partially inhibited . 21-40% fully or almost fully uninhibited . Many postural reflexes are developing/fully developed.									
	4 Mild: Nearly all primitive reflexes are almost partially or fully inhibited . 1-20% fully/almost fully uninhibited . The majority of postural reflexes are developed/developing .									
	5 No Impairment: All primitive reflexes are fully inhibited . 0% uninhibited . All postural reflexes are fully developed.									

Uninhibited Primitive Reflexes – Uninhibited Primitive Reflexes is concerned with the severity that having uninhibited reflexes has upon an individual. Assessment of the primitive reflexes can be based on criterion referenced physical tests or on behavioural observation. The therapist must come to a judgement of how severe the impairment is. The judgement should be based on the number of Primitive Reflexes that are Uninhibited and how active they are. Further guidance and explanation can be found in Booklet 1 'TOMs Handbook'.

A word of caution an individual may have in clinical examination a 'Severe' Uninhibited Primitive Reflexes but may compensate well so that Activity/Social/Wellbeing might be, for instance 'Moderate'. In contrast the Uninhibited Primitive Reflexes could be Moderate but the impact severe.

b. Activity and Independence- My child is as independent as their peers. Consider things such as age-appropriate washing, dressing, feeding, toileting, independent learning, and dependency upon others.

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Activity / Independence	0 No purposeful active movement, totally dependent, requires full physical care and constant vigilance/supervision	
	1 Assists/Co-operates but burden of task falls on professional/familiar carer	
	2 Can undertake some part of task but needs a high level of support to complete	
	3 Can undertake task function in familiar situation but requires some verbal prompting/physical assistance	
	4 Requires some minor assistance occasionally or extra time to complete a task	
	5 Independent/able to function	

Activity and Independence – *‘Activity is concerned with what someone can do. It is the ability to execute tasks and/or limitations on actions of an individual indicating the level of dependence and independence. It concerns the degree of abnormality (as compared to someone of the same age, gender and culture) in terms of difference from the norm of what someone undertakes. Consider limitations, the person’s capabilities, and their performances on an activity.’ You ‘should rate the degree to which a person can perform a task/function at an age appropriate level (e.g. mobility, dexterity, self-feeding, independence, appropriateness of emotional responses, behaviour’**

For some developmental examples see Appendix H

c. Social Participation - My child is as socially able as their peers. Consider age-appropriate social engagement in terms of play, conversation, participation, clubs etc.

Social Participation	0 No autonomy, isolated, no social/family role.	
	1 Very limited choices, contact mainly with professionals/familiar carers, no social or family role, little control over life.	
	2 Some integration, value, and autonomy in one setting.	
	3 Integrated, valued, and autonomous in a limited number of settings.	
	4 Occasionally some restriction in autonomy, integration, or role.	
	5 Integrated, valued, occupies appropriate role.	

Social Participation is *‘the amount of social functioning of the individual within a social context. That is: ability to make choices to make choices and have control over their lives/environment: self-awareness and confidence: integration into age appropriate activities; achievement of potential. This dimension reflects the capabilities of the patient/client as well as the environment and those in the environment’**

For some developmental examples see Appendix I

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d. Well Being - My child can emotionally regulate as well as their peers.

Consider age-appropriate emotional control, fears, confidence, and self-awareness in a variety of settings.

Wellbeing	0 High & constant levels of concern/anger/severe depression or apathy, unable to express or control emotions appropriately.	
	1 Moderate concern, becomes concerned easily, requires constant reassurance/support, needs clear/tight limits and structure, and loses emotional control easily.	
	2 Concern in unfamiliar situations, frequent emotional encouragement and support required.	
	3 Controls emotions with assistance, emotionally dependent on some occasions, vulnerable to change in routine, spontaneously uses methods to assist emotional control.	
	4 Able to control feelings in most situations, generally well-adjusted/stable (most of the time/ most situations), occasional emotional support/encouragement needed.	
	5 Well adjusted, stable, able to cope with most situations, opportunity to self-analyse, accepts and understands own limitations.	

'This domain is concerned with emotions, feelings, burden of upset, concern and anxiety, and the level of anxiety.'

*'Do not try to attribute distress to any aspect of a person's life or difficulties. Rate this overall even if you think the degree of upset is related to some extraneous issue, e.g., finance/housing, etc.'**

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3. Impairment Two - Categories

Broad Brush Stroke or Your Burning Issue?

Most clients will come to you with a mixed bag of issues and we cannot complete analysis of every issue, So, initially the Research Network has focused on a broad brush stroke approach. As time goes on, we may be able to drill down and look a lot deeper at the fine detail. We are happy to support you and some colleagues doing your own thing. I, for instance believe that for a majority of my clients, who are low achieving academically, one of their limiting factors is slow handwriting speed. As the Primitive Reflexes become better inhibited their handwriting speed increases. It is a possible contributory factor in improved school performance. I intend, hopefully along with a few colleagues to use TOMs to show any relationship. I will initially focus Research Team categories of Impairment 2.

We would request that any separate study is shared across the Network. Any investigation referring Uninhibited Primitive Reflex Scale, TOMs and the DPA Research Network should be accredited by the DPA before publication.

Impairment Two Categories

Firstly, we have chosen the four SEND Code of Practice categories.

- a. Communicating and interacting.
- b. Cognition and learning.
- c. Social, emotional and health difficulties.
- d. Sensory and/or physical needs.

There are two additional categories, where the client has a diagnosis of:

- e. Diagnosed Special Educational Need
- f. Diagnosed medical condition.

a. Communicating and interacting.*

'Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives. This area includes those children and young people with an autistic spectrum disorder who also are likely to have difficulties with social interaction, and with language, communication and imagination, which can impact on how they relate to others.

Some pupils with autism need an easily understood environment with a low level of distraction and sensory stimulus to reduce anxiety or distress. They may need a safe place to calm down and may benefit from having access to a safe, sheltered, outdoor space.

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b. Cognition and learning.*

Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD) - where children are likely to need support in all areas of the curriculum and have associated difficulties with mobility and communication - through to profound and multiple learning difficulties (PMLD). Children with PMLD are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. This range of needs also includes specific learning difficulties (SpLD) which encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Pupils who have these needs may need additional support in the classroom or in a smaller quiet place. They may use specialist equipment.

c. Social, emotional and health difficulties.*

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Pupils who have these needs may need extra space to move around and to ensure a comfortable distance between themselves and others. They may need to be able to withdraw from their group, possibly to a sheltered outdoor area. Some may take extreme risks or have outbursts and need a safe place to calm down. Some may need behaviour support or counselling which should take place in a quiet supportive environment.

d. Sensory and/or physical needs.*

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided in a mainstream setting. This includes pupils with visual impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) who are likely to require specialist support and/or equipment to access their learning or facilitation support. It also includes those with a severe physical disability (PD).

Some pupils with sensory impairments may need extra space and additional 'clues' to help them negotiate their environment independently. Pupils with physical disabilities may use mobility aids including wheelchairs, standing frames, or horizontal learning stations, all of which can be bulky and require storage. Whether they are able to move around independently or need support, there should be sufficient space for them to travel alongside their friends. Accessible personal care facilities should be conveniently sited. Many will need specialist support (for example mobility training or physiotherapy).

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*SEND Code of Practice 2015

e. Diagnosed SpLD

The extent to which a Specific Learning Difficulty, diagnosed by a qualified practitioner, impacts upon the individual. If the client has a diagnosis, such as Dyslexia or ADHD and you are confident, from the information available, to make a judgement about the severity of that condition, then that should be your Impairment 2. If you are not confident, either seek advice or look at the most severe aspects of the condition and classify it in one of other categories. You may find the 'Behaviour Checklists' (Appendix E) useful.

f. Diagnosed Medical Condition

The extent to which a specific diagnosed medical condition impairs the individual compared to their peers.

4. Impairment Two – Severity.

It is recommended that you use the TOMs Core Scale but other scales are available. Activity and Independence, Social Participation and Well Being do not need to be reassessed, as they should remain unchanged from Impairment 1.

a. TOMs Core Scale

Impairment -	0	The most severe presentation of this impairment
	1	Severe presentation of this impairment
	2	Severe/moderate presentation of this impairment
	3	Moderate presentation
	4	Just below normal/mild presentation
	5	No impairment

*'Impairment is concerned with the integrity of body systems and includes psychological and physiological structures. It reflects the disease or medical disorder experienced by the individual'**

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You should rate the degree of severity using the 5 point scale above. Remember that it is age related.

There are a number of different strategies for assessing the degree of severity such as:

- Using your own knowledge and experience
- Looking at the client's report written by a qualified professional.
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b. Other TOMs Scales

There are scales for the following impairments in the Toms handbook if you wish to use them as a guide but strongly recommend that we all use the core scale.

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<ul style="list-style-type: none"> • Autistic Spectrum Disorder • Learning Disability (Language) • Attention Deficit Hyperactivity Disorder 	<ul style="list-style-type: none"> • Developmental Language Disorder • Selective Mutism • Pragmatic Communication Disorder 	<ul style="list-style-type: none"> • Dyspraxia • Acquired Dyspraxia of Speech • Sensory Processing Difficulties
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c. Judgement Strategies

The degree of severity of the Impairment 2 could be judged:

- By straight forward 'common sense' judgement based upon your knowledge and experience.
- Looking at reports written by qualified professionals.
- Looking at test results
- Looking at any difference from that which is normally expected in terms of
 - Behaviour.
 - Support needed in terms of aids, equipment and personnel.
 - Achievement
- Looking at the degree of severity in terms of support and accommodation needed for instance you take account the levels of medication, any adaptations, needs for support and necessary interventions/restrictions.