

# Editorial comment

The web page of SAJOT [www.sajot.co.za](http://www.sajot.co.za) now provides a detailed guide for the submission of an article on line as well as a guide for reviewers. Clicking the tab at the header of the home page allows access to these instructions. SAJOT would also like to inform both its readers and authors that we are in the process of applying to Thompson Reuters to be listed on the PubMed lists. To be accepted we have to meet the following criteria:

- ❖ timeliness,
- ❖ international editorial conventions,
- ❖ full text in English,
- ❖ articles peer reviewed,
- ❖ the content enriching the data base of occupational therapy, and
- ❖ international diversity among the Journals contributing authors as well as the editorial advisory board.

This means that we have to produce high quality research articles with a minimum of six articles per Journal. To meet the criteria for this listing, we require a regular supply of articles and we need SA academics in touch with the international occupational therapy scene to recruit articles from academics outside SA.

The first article in this edition of SAJOT deals with Constraint Induced Movement Therapy<sup>1</sup> and is a very interesting account of the use and effectiveness of this type of therapy in the treatment of a child with cerebral palsy. The single system design with an intervention phase followed by withdrawal of treatment phases also adds to the knowledge of different types research methods that can be used in occupational therapy. The authors of this article found that considerable gains were made in the child's self care and functional skills as well as in the speech and play behaviour. The fact that improvement was found in the subject's speech at home was an interesting spin off from the programme. There is enough evidence from this research to make this type of treatment worth trying.

In the second article, Spies and van Rensburg investigated the experience of parents with tactile defensive children<sup>2</sup>. So often, as therapists, we focus all our attention on the problems being experienced by the child that we are treating that we neglect the needs of the care giver. Little research has been done on this topic and this paper provided us with a valuable insight into the feelings experienced by the parents of tactile defensive children. The impact of the different physical handling, the potential for conflict between the parent and the child and indeed between siblings and the alteration in the relationship between the child and the parent as well as the relationship between parents as a result of a family member being tactilely defensive, needs to receive attention when treating a child with this problem. This paper describes the ways in which parents are affected but also found that parents "placed a high premium on professionals who can provide them with practical and accurate suggestions"<sup>2:10</sup> for handling their child. Parents, although stating that occupational therapy made a difference, found that the input from a multi-disciplinary team of the occupational therapist, psychologist and dietician to be essential.

Part of being able to provide parents with information on their child's problems is the ability to make an accurate diagnosis, hence the need for relevant, accurate and standardised assessment tools. Many tests used by occupational therapists have normative data used for diagnostic purposes that have been based on a sample of American children. This leads one to question the validity of the tests for use with the SA child. One such group of tests is the Sensory Integration and Praxis tests (SIPT). It is for this reason that the third paper which describes the results of evaluating whether the use of the SIPT (a very widely used set of tests) provides results that are fair and just to SA children is an extremely important paper<sup>3</sup>. In this study the results of testing SA children were compared to that of American children. Importantly it was found that firstly in a number of the tests in the battery, the published scoring can be used as there is an equivalency between the results of the USA sample and that of the SA sample. Secondly, in some of the tests the scoring needs adjustment before the USA norms can be used for diagnostic purposes as the SA children performed better than the American children.

In the next article on the "Sources of Professional Confidence in Occupational Therapy Students"<sup>4</sup> the authors have identified impor-

tant determinants of professional confidence within the educators, the students and the profession or the service providers. This paper along with that published by De Beer and Voster<sup>5</sup> on the interpersonal communication factors in the supervisory relationship that played a role in enhancing final year occupational therapy students' clinical reasoning skills provide teachers of occupational therapy students with a comprehensive guide to "bringing out the best in a student". Importantly Holland, Middleton and Uys<sup>4</sup> suggest that a "one-size-fits-all" approach to clinical practice might not be beneficial to the student but that, as students differ in their needs, clinical learning may have to be individually constructed to provide the experiences needed to build confidence. Not unexpectedly, positive constructive feedback from teachers as well as peers is a most important confidence booster. Additionally guidance from a confident supervisor and being part of a work environment in which the scope of the profession is understood and respected is important. Confidence, according to the authors also emanates from within the student and those who are able to effectively deal with stress and change are more confident than others.

The fifth article<sup>6</sup> is in line with the Journal's commitment to being the "leading publication for research into occupational therapy in Africa". We are therefore pleased to publish this article on the linguistic validation of the Multidimensional Scale of Perceived Social Support in the Hausa (Nigerian) language. Although the actual translation into the Hausa language cannot be used in SA, the process used to produce a valid translation of the questionnaire will be extremely useful for SA occupational therapists as they attempt similar translations into SA indigenous languages.

The sixth and final article in this edition of SAJOT is an Opinion Piece<sup>7</sup> which describes the potential for Dementia Care Mapping as a practice development tool for occupational therapists in SA. This paper provides a description of this important tool for monitoring and assessment of the care given to persons suffering from dementia who are housed in institutions. A recent study carried out by the University of the Free State found that 6% of urban black people suffer from dementia. Considering the fact that many elderly black people are looking after grandchildren due to the high incidence of HIV and AIDS, this is a frightening statistic which has implications for the long term care of children. But it also means that there is probably a need for more institutional care. As occupational therapists we are familiar with the sterile and uncaring environment in some institutions and this paper describes a very useful way of determining exactly what the problem is and provides a guide to the way in which the situation can be improved.

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3. van Jaarsveld A, Mailloux Z, Herzberg D S. The use of the Sensory Integration and Praxis tests with South Africa children. *SAJOT*, 2012; Vol 42:3, in this edition.
4. Holland k, Middleton L, Uys L. The sources of professional confidence in occupational therapy students. *SAJOT*, 2012; Vol 42: 3, 2012 in this edition.
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8. Hayns M and van de Poel R. Higher than expected prevalence of dementia in SA urban black population, *News Archive* UFS 2010. [www.ufs.ac.za/templates/archive.aspx?news=187&Oct=1](http://www.ufs.ac.za/templates/archive.aspx?news=187&Oct=1). Accessed 15<sup>th</sup> Nov 2012.

**ME Concha, Editor, SAJOT**

