

Sensory Processing Measure (SPM) & Sensory Processing Measure-Preschool (SPM-P)  
Chat with Diana A. Henry, MS, OTR/L, FAOTA  
on Deanna Iris Sava's [www.otexchange.com](http://www.otexchange.com) - August 12, 2010

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- 3:59 PM [[Deanna](#)] Welcome, everyone, and thanks for joining the chat today
- 4:03 PM [[Marlene](#)] I'm from Montreal, Canada.
- 4:03 PM [[amy](#)] I am in central Nebraska. I work in the schools.\*
- 4:04 PM [[Brenda](#)] I'm in Naples, FL.\*
- 4:04 PM [[Sharelle](#)] I'm near Sydney, Australia.\*
- 4:04 PM [[Beth B](#)] I am from Columbus, Ohio and work in the City schools. My friend Nancy also works with me in CCS and is sitting with me.\*
- 4:05 PM [[Deanna](#)] I'm in Illinois.\*
- 4:05 PM [[Sharelle](#)] Anyone else in private practise? \*
- 4:05 PM [[amy](#)] I am near Kearney. I currently live in Amherst (20 miles west of Kearney). I do a few kiddos on the side with private practice also.\*
- 4:06 PM [[Brenda](#)] I'm in private practice, Sharelle. I do mainly early intervention and work in homes and preschools.\*
- 4:06 PM [[Marlene](#)] I consult in schools and daycares and manage to do some afterschool private OT.\*
- 4:08 PM [[Beth B](#)] Are you all using the SPM now?\*
- 4:08 PM [[Sharelle](#)] Yes all the time.\*
- 4:08 PM [[amy](#)] I am currently using the SPM for my elem kiddos and LOVE IT.\*
- 4:08 PM [[Deanna](#)] I am and have been using it since it was developed. I don't work with pre-schoolers so don't use the SPM-P but our pre-school OTs ordered it.\*
- 4:09 PM [[amy](#)] I helped with the standardizing of the SPM-P so am a little familiar with it.\*
- 4:10 PM [[Deanna](#)] I helped with standardization as well.\*
- 4:10 PM [[Brenda](#)] I don't have the SPM, but I have been using the SPM-P and love it.\*
- 4:10 PM [[Beth B](#)] I love the SPM-P..... really good info for parents.\*
- 4:10 PM [[Sharelle](#)] We have just ordered the P version for a health facility I work at also, but I can't afford it yet. Prefer SPM over SP for utility and usefulness in my own practise.\*
- 4:10 PM [[Marlene](#)] I attended a workshop this year but was told to wait for the new manual and still need to order it.
- 4:10 PM [[amy](#)] Do you like it better than the sensory profile- infant/toddler?\*
- 4:11 PM [[Beth B](#)] Yes, the SPM-P gives more detail and is easier to use to explain to parents. I also like the motor planning part.\*
- 4:12 PM [[Deanna](#)] I like the self-scoring aspect of the SPM.\*
- 4:12 PM [[amy](#)] Does it compare to the SPM for older kiddos?\*
- 4:12 PM [[Brenda](#)] Amy, I didn't use the SP infant toddler much so I can't really compare, but I really really like the SPM-P. I just have a hard time writing a report for it. \*
- 4:13 PM [[Beth B](#)] Are there any sample report summaries?\*
- 4:13 PM [[amy](#)] I have to agree with that for the SPM- I am curious how they are alike/different or if I can use my similar format that I had to revamp from the the sensory profile report I use.\*
- 4:13 PM [[Sharelle](#)] Amy, SP toddler is a bit of a waste. I find it doesn't answer the questions I ask, and doesn't guide my practise. Expecting SPM-P will do.\*
- 4:13 PM [[Deanna](#)] Once you use the SPM it might be easier to develop a template that you can use for future reports.\*
- 4:14 PM [[amy](#)] [Deanna](#), that's what I am hoping I can do with the Spm-p.\*
- 4:14 PM [[Brenda](#)] For my reports, I like the chart that I found, I think on this site, to put in the scoring, but I would LOVE a sample report! \*
- 4:15 PM [[Beth B](#)] I have been revising my template as I go and it is a work in progress.\*

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- 4:15 PM [Deanna] Yes, I've been trying to streamline what I say in my reports as well. It is a work in progress.\*
- 4:15 PM [Sharelle] I report as little as needed, so usually just indicate there are 'differences. ok ok, I borrow the terminology from Dunn. I just haven't determined for myself if I am measuring dysfunction/disorder or difference. grin.\*
- 4:16 PM [amy] I am willing to share my rough draft report that I have been using and would love to see what others do.\*
- 4:17 PM [amy] I feel the parents are getting overwhelmed with our reports and the ones I have for the sensory profile are SO LONG I don't really think anyone reads them (parents, staff, etc.)\*
- 4:17 PM [Brenda] I agree, Amy. I like to have some information in writing so that mom can share with dad, grandparents, babysitter, etc., but often the most important info is shown by demonstration.\*
- 4:18 PM [Marlene] I think that's a great idea to share our ideas for reporting.\*
- 4:21 PM [diana henry] I had a couple of questions sent early on. Should I address them now?\*
- 4:21 PM [Deanna] That would be good since some people sent in questions ahead of time.\*
- 4:22 PM [diana henry] Ok. This one is from Sharelle , in beautiful Australia!\*
- 4:27 PM [Sharelle] Aah, yes, I think my main one was the terminology of SP and SPM = difference vs. disorder or dysfunction. It's such a philosophical leap to go from one to the next, and I wonder how you made the decision to go that way. Dunn's theory terminology doesn't. \*
- 4:27 PM [diana henry] (This answer is related to a conversation we had together as co-authors... Heather Miller Kuhaneck: Dysfunction is just a label---one that different people may perceive differently---someone with different levels of behavior may or may not be perceived dysfunctionally by the family ---depending on how much the behavior interferes with their life. The most important is the differences between the two instruments. We organized our SPMs around norm referenced scales including each sensory system, social participation and praxis as well.\*
- 4:32 PM [Deanna] I think the praxis component is one of the important features of the SPM. And the social participation piece helps us differentiate between pure sensory and behavior (if I'm explaining this piece correctly).\*
- 4:32 PM [diana henry] We also included the different environments...very different from the SP which looks at sensory vulnerabilities. When we applied psychometrics /factor analysis etc. on both the SPM and SPM-Preschool, those vulnerabilities did not hold up strong! When we developed the SPMs we wanted to have an instrument that would be strong statistically and could hold up in research. We know many folks want the scores for sensory seeking, under responsive etc., but our data did not support (in both the SPM and SPM-P) that all children fit into those categories. The SPM factor analysis did not have the same findings. We all know students who can be both and it is important to tease out what sensory systems are involved to be able to address them properly.\*
- 4:37 PM [Sharelle] Was that across all sensory areas, Diana?\*
- 4:37 PM [diana henry] Yes, Sharelle, across all sensory systems.\*
- 4:37 PM [Sharelle] he he, I agree. My own working model says NS can either seek or avoid. I'm not at all convinced about the under registration thing, and sensitive does not to me mean a discrete NS way of working - it must be sensitive, otherwise it's not doing its job.\*
- 4:37 PM [diana henry] Who on this chat has used the SPM, the SPM-P and have you all read the manuals :-)? I sometimes hear that OTs are using the SPMs without having read the manuals because they only have one in the district and don't have access . It is really important to read the manual!\*
- 4:37 PM [Deanna] I've use the SPM (I don't work with pre-schoolers) and I did read the manual cover to cover.\*

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- 4:38 PM [[amy](#)] I use the SPM and will be ordering the SPM-P for this school year. I have read the manual but it has been awhile since I have done that\*
- 4:38 PM [[Brenda](#)] I am using the SPM-P, and yes, I read the manual. \*
- 4:39 PM [[Beth B](#)] I am using the SPM-P and have read the manual. I am wondering about students who 'shut down'? Or the anxious student who come up low registration and sensory avoiding on the SP?\*
- 4:40 PM [[Sharelle](#)] Yes, the SPM manual. I really like your identification of salient behaviours that might reflect sensory function, and the praxis and participation can indicate the range of difficulty that these cumulative functions impart. I have had number of kids just at the upper limit of your typical range in sensory function areas, but praxis/participation tip over to difficulty.\*
- 4:40 PM [[diana henry](#)] addressing Sharelle: when scores tip over in SOC and or PLA, then you need to look at many other places if the sensory systems all fall in the typical range...such as language delays, other dx like FASD.\*
- 04:49 PM [[Sharelle](#)] ADHD ish to me often, but that dx is not so common lately in Aus., with the introduction of gov't funding of ASD interventions...\*
- 4:41 PM [[diana henry](#)] We did get together (as the 5 authors and we have many years' experience in SI and sensory processing) and labeled each item also in tables as sensory vulnerabilities so in Body Awareness (proprioceptive scale) you will find the sensory seeking, perception, etc. listed. We added an additional table in the SPM-P that lists the items by vulnerabilities...so all sensory seeking items are together ,etc.\*
- 4:41 PM [[Deanna](#)] I use the vulnerability tables. A lot of times is there a lot of variance, but I look for any patterns (like strong in certain areas).\*
- 4:42 PM [[Beth B](#)] I like the vulnerability tables also. I think it is easier to use them to explain to parents.\*
- 4:42 PM [[Brenda](#)] I use that vulnerability table all the time, also. \*
- 4:43 PM [[amy](#)] That's usually how I get my teachers to understand some examples with my OT lingo\*
- 4:45 PM [[Sharelle](#)] Yes, exactly. I guess what I find is that it SPM is more likely to give that information = that the sensory processing is not the core of the difficulty. I do think those kids (those whose scores are high in typical) are maybe the funny modulators.
- 4:45 PM [[diana henry](#)] I have an example of a case study that I used the SPM-P with this year. A preschooler had been kicked out of Montessori because of behavior and placed in a developmental preschool. His parents filled out the SP in the fall and the developmental school team used a top down approach to have him behave...Is your engine going too high?...he was very smart and always in trouble for crashing into other kids' blocks, etc. What the SPM showed in January was Definite Dysfunction in BOD (proprioception) in both school and home. So we decided to up the ante in proprioception as we know prop is responsible for perception and body scheme. After 2 months of intervention at school and at home with everyone jumping in (including classroom teacher, teacher assistants, parents, grandparents and OT) his school scores on the BOD SPM-P retest in March changed from Def Dysfunction to borderline/ typical. We got to the root of the problem. His draw-a-person test, Clinical Observations related to weight bearing changed dramatically and so did his behavior across all environments. The father is co-writing an article with me and this is what he said " Had we not embraced the SPM-P methodology, we would have been behind the curve in our son's heading into Kg. Thankfully today we now have a road map for our son's academic and social success." BTW, the article will be in the Journal of Occupational Therapy, Schools and Early Intervention (published by Taylor and Francis) in early 2011.\*
- 4:50 PM [[Brenda](#)] Diana, I have a preschooler who is basically the same! We have done tons of prop and now we are working on grading his actions with games like Don't Spill the Beans and Kerplunk. He's come a long way from his first SPM-P at the end of April. \*
- 4:52 PM [[Deanna](#)] That's great, Diana. Sounds like you had success, too, Brenda.\*

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- 4:52 PM [[Sharelle](#)] It's interesting that prop should be such a problem area, isn't it. It is so integral to every function the child does, it just interests me that the NS doesn't get that right.\*
- 4:53 PM [[diana henry](#)] Re Prop: I find it interesting that when kids have prop issues, there is a fear of giving too much. The school OT initially was concerned that if we upped the ante, we would lose him...but actually as the father said, he was able to sleep like a baby and his teacher said she had him do more in recess so he could attend at circle time. If kids are unable to integrate the info and they overload, that is one thing...that is why it is important to do item analysis.\*
- 4:55 PM [[Sharelle](#)] Do you find weighted products are a useful tool in school-aged population. That and joint compression component of the Wilbarger protocol are two elements I have to address carefully with families.\*
- 4:57 PM [[Marlene](#)] Brain gym exercises are used increasing in classes I have visited and most of the children seem to appreciate this movement break.\*
- 4:57 PM [[diana henry](#)] Again, it is all about individual needs...As therapists it is our ethical responsibility to address individual needs ...and what works in one environment, on one day , at one time , may not during another. The grandmother in the case study said she used to spray the sunscreen, but now (with information from the SPM-P) she rubs him down with the lotion from head to toe.\*
- 5:00 PM [[Deanna](#)] I'm sure parents and other team members come up with their own ideas when you share the child's issues from the SPM, right?\*
- 5:00 PM [[diana henry](#)] What is wonderful about SI is that we all need it ! The key is to understand the individual differences as we integrate sensory processing into universal design and curriculum.\*
- 5:00 PM [[Beth B](#)] Could you address the relationship of planning and balance to the vestibular system and how you report this?\*
- 5:00 PM [[diana henry](#)] Beth, if you could describe a case for me, that might help me answer your question re reporting.\*
- 5:01 PM [[Beth B](#)] We see many kids who can't copy from the board or stay seated because the relationship between oculomotor function, retained reflexes, and praxis interfere with function in the classroom. We need explain that these bxs are not intentional but neuro. I don't have a specific kid in mind, but notice a trend with these students.\*
- 5:01 PM [[diana henry](#)] Ok, so what do they look like in the classroom?\*
- 5:01 PM [[Beth B](#)] Frequent fidgeters, out of seat, falling out of seat, can't copy from the board, hiding under the table, acting out because they don't feel safe, unable to play on the playground.....\*
- 5:02 PM [[diana henry](#)] ok. So when you give the SPM to school teacher, playground person, etc. to complete, what do you find?\*
- 5:02 PM [[Beth B](#)] I wish I had examples with me, but the trend would be connecting the visual with the movement in order to maintain balance and attention.\*
- 5:02 PM [[Deanna](#)] You do have some oculomotor items in your charts, right Diana? Beth, were those items indicated on your SPM result in those cases?\*
- 5:02 PM [[Beth B](#)] I like the graph. It does help. Thank you!\*
- 5:02 PM [[diana henry](#)] I have to give WPS the publisher a lot of credit...they went along with the chart...and now the color coding in the SPM-P. I am developing Quick tips to promote collective team empowerment \*
- 5:03 PM [[Deanna](#)] Can't wait to see those.\*
- 5:03 PM [[Beth B](#)] I think so, we see a lot of VOR problems (vestibulo-ocular reflex) combined with motor planning.\*
- 5:03 PM [[diana henry](#)] As [Deanna](#) said, there are ooculomotor items on the SPM.  
Beth do you find the visual postural ocular items scores, balance scores and social participation scores fall in the Dysfunction area? Then you can show the school that it is not just social participation, but that the test also

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shows the visual issues, balance and motor planning. So these have to be addressed, probably best via some Ayres SI intervention to also work on the reflexes as well as changes in seating, etc. When you can show on the graph that it is not only social participation, I find folks (like teachers), get it. \*

5:04 PM [[Sharelle](#)] Yes, the variability is a pain. Many larger kids like to wear compression underwear (nix), the theraTog/second skin garment is financially out of reach for all my families so not sure how they compare. Unfortunately, we can only get nix for about 8 yo child.\*

5:04 PM [[diana henry](#)] So praxis which is our Planning and Ideas category has two components on the SPMs: Motor planning and Ideation. If there is a poor score on the balance scale (vestibular) then you need to see which items contributed to that score. If, for example, you find that all the scores are related to over responsiveness and the praxis items which are in the problem range are related to motor planning, then perhaps the child is not able to climb the playground equipment because of the over responsiveness to vestibular. One of my case studies with the SPM-P was a child who would not fall down during the Ring Around the Rosie song...she loved the movement, but not the falling down.\*

5:10 PM [[Beth B](#)] So the vestibular piece is implicit in the balance scale? Do you include a description of the interaction between oculomotor function and vestibular function in your report?\*

5:09 PM [[Sharelle](#)] Thoughts on inclusion of SPD in the DSM? I emailed a question re this.\*

5:12 PM [[diana henry](#)] re a discussion we had as authors re SPD on the DSM from Diane Parham: First it is clear that one can have sensory issues and Autism, ADHD, Down Syndrome and/or CP, etc. We don't know how it will play out with the DSM. All we know is that at the present historical time in the USA it is difficult to obtain services that will meet the sensory needs of children. The dysfunction language is in our SPM because it is pragmatically useful when documenting and pushing for services. It has a more urgent tone and calls attention to those children who are more likely to really need extra help in understanding to be comfortable, productive, and successful as they can be. We need to have a way to document need for services. Some children ONLY have challenges processing and integrating sensory information which can impact their social participation and functional performance in one or several areas..

5:18 PM [[Deanna](#)] Great response.\*

5:19 PM [[Sharelle](#)] I'll have to go to our health services library to get access to that issue. In Aus., Ot's are not yet registered nationally, and we do not have diagnostic provisions. So for Ot at present, Dx of an SPD would still rely on Paed or psych, who are not well placed to do that.\*

5:21 PM [[diana henry](#)] re Australia: Sharelle, there is a psychologist in Sydney who has written a document on the SPM. You can go to my website [www.ateachabout.com](http://www.ateachabout.com) to read it. He changed his mind about SI. I sent you an email about coming back to present in Australia next spring. Hope to meet you then!\*

5:25 PM [[Sharelle](#)] Thanks, Diana. Just reading the article now.\*

5:24 PM [[diana henry](#)] Are there any other questions? I had one from Melissa in Canada, and again it is a pretty long answer...If you give me an example re interpretation of scores, perhaps I can respond? \*

5:37 PM [[Melissa V](#)] My question relates to using the SPM for diagnostic purposes. We have an FASD Diagnostic Clinic and in order to diagnose FASD there need to be a number of "hits" from various assessments (a "hit" being 2 standard deviations below the mean on a given ax). The Sensory Profile Short Form currently is being used as sort of the "gold standard" for giving a hit. If the client scores in the "definite difference" range in certain categories we can feel confident giving a Hit under the Sensory Category. However the SP doesn't really give us a good look at praxis, and vestib. like the SPM does... so we're trying out the SPM to see if it fits better for us (plus we just like the format of it - so easy to score). Do you have any information on FASD regarding the SPM? \*

5:42 PM [[Sharelle](#)] What does FASD stand for?\*

5:42 PM [[Melissa V](#)] Fetal Alcohol Spectrum Disorder.\*

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5:42 PM [[Sharelle](#)] Thanks. We don't tend to use the 'spectrum disorder' just syndrome. How many different assessments are utilised for dx? Is this just at your clinic, or general requirement (like ADHD dx protocol)?\*

5:45 PM [[Melissa V](#)] It's under the 4Digit Diagnostic Code developed for the diagnosis of FASD in Seattle, WA, USA. We went there to be trained by the developers to use it here in Alberta, Canada. There are 4 categories - Growth, Face, Brain and Alcohol Use. Under the Brain category we look at - IQ scores, Ex. Functioning, Speech, Language, Motor function, Sensory... umm... behavior, and attention.\*

5:45 PM [[diana henry](#)] Well the SPM is so new that folks are just beginning to look at specific diagnoses. My colleague, Dr. Maureen Kane Wineland at rehab Dynamics in Ohio, who co-wrote Tools for Tots with me, has been involved in many projects with FASD. She would be a good person to contact as she has used the SPM. If you email me with your question re your center and FASD, I can pass it on to her and link you together.\*

5:45 PM [[Melissa V](#)] Sure, that would be great, Thanks, Diana.\*

5:46 PM [[karen](#)] Due to work I was late getting into the chat room. Will a transcript of the chat be available? \*

5:46 PM [[Deanna](#)] I have been manually saving this chat as it progressed (copy and paste into Word) so there will be a transcript available. \*

5:46 PM [[Brenda](#)] Thanks, **Deanna**. \*

5:47 PM [[diana henry](#)] I was wondering, is it possible to do a Skype chat with a group? Wouldn't that be fun?\*

5:48 PM [[Melissa V](#)] That would be SO fun!!\*

5:49 PM [[Deanna](#)] I would be interested in that as well!\*

5:49 PM [[diana henry](#)] Please keep in touch with me re questions you have using the SPMs. My email for the SPM is [ateachabout@aol.com](mailto:ateachabout@aol.com). If I don't know the answer, I can ask the other authors and the research statistician at WPS David Herzberg, who has been a great partner in this process.\*

5:49 PM [[amy](#)] ??? One of my biggest struggles is deciding when to use the SPM and SP. I tend to use both during my assessments and then my reports are WAY TOO LONG. I like the team approach to the spm but sometimes feel the SP has a little extra to add to my findings.\*

5:49 PM [[diana henry](#)] Amy, again from a discussion with my co-author Heather Miller Kuhaneck: I think there is a need to use several tools when we assess. Multiple measures and observations and never just one tool. ...the way you tease things out is to gather lots of info and make hypotheses and test them one by one...if social items are a problem, look for whether or not sensory items are also. If not, then get scores on other language assessments, do classroom observations, speak with teacher and parents, basically thorough evals do take time. The SPM is quick and easy, but it may not give enough info for complex kids. That is why I like to have the OT, SLP, PT, etc. also fill out the forms to get everyone's perspective. I may not score them, but it gives additional info from their expertise.\*

5:50 PM [[Melissa V](#)] Hooray for Multi Disciplinary assessments and care for our little clients!!!\*

5:50 PM [[Sharelle](#)] I felt the same Amy, then I started ignoring the SP for all the interpretation difficulties it caused, and so often in fact the results were so contradictory – it's so hard to explain to MYSELF why a child is extremely sensitive & low reg. let alone explain to a parent. Took a period of adjustment to be confident that I could match my observation and gut to the SPM. I like intuitive consistency.\*

5:51 PM [[Brenda](#)] Great way to word that, Sharelle. I agree! \*

5:51 PM [[Melissa V](#)] I personally prefer the SPM because it really seems to relate back to function for me. I find that when I do the SP I just end up with information I already knew from talking with the parent (like.. they're sensitive to noise)... I agree with Sharelle.\*

5:52 PM [[Sharelle](#)] Exactly, Melissa. Diana, I find a combo of say BOT-2, SPM, Beh Obs, maybe a discrete VMI Ax, and Ayres Clin. Obs. gives good triangulation of info.\*

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5:57 PM [[karen](#)] I have gotten the SPM-P and have now used it once. I liked the information that it gave me, it seemed clearer and easier to relate to function. Just have to educate my case managers that a 1.5 SD above is not always a good score.\*

5:55 PM [[Brenda](#)] So, I am starting to see a few kids with auditory defensiveness, but not really defensive in other areas, and they all seem to have underlying low muscle tone. Their actions are stuck in the "no's".... scowl on the face, retreating or lashing out when approached by peers, etc. Is anyone else seeing an increase in this type of kiddo, and what works the best? I am still using lots of prop with them and Therapeutic Listening.\*

5:58 PM [[Sharelle](#)] That's interesting, Brenda. My trending is kids who are fearful of movement, head orientation in space. There is a family thing going on I think, that has removed rough and tumble play. Interested in TL longitudinal, from anecdotal perspective.\*

5:58 PM [[diana henry](#)] Brenda, I am going to go through ILS training for my auditory issues this fall. Hmmm, of course you have ruled out metabolic issues, too?\*

5:58 PM [[Brenda](#)] Diana, the interesting thing with all 3 of the kids is they all had GERD as babies, but now the Drs say it is resolved. And, they all spend a lot of time playing either Wii or DS, and not too much playground time. \*

5:58 PM [[Deanna](#)] Hold on a minute, please. I'm lost in saving this chat!\*

5:59 PM [[diana henry](#)] While [Deanna](#) saves her chat, we need to all give her a GREAT BIG THANKS for making this possible ...and for her wonderful OT Exchange!!! Yeah [Deanna](#)!

6:00 PM [[Brenda](#)] Thanks, [Deanna](#)! \*

6:01 PM [[Marlene](#)] Thanks so much [Deanna](#)!

6:01 PM [[Deanna](#)] Thanks to Diana and all of you for joining today as well !! \*

6:01 PM [[diana henry](#)] Brenda, so what are your suggestions knowing this info you just listed? You have a lot to offer them as an OT.\*

6:02 PM [[Brenda](#)] I try to brainstorm with the parents of activities they can do as a family. Give ideas for how to decrease anxiety for loud places. I do a stickkids sensory activity list for them usually for a home program. I still feel like I am putting a bandaid on it rather than treating what I really should be???? \*

6:02 PM [[Deanna](#)] I need to sign off. Is it okay after this that we wrap up the chat?\*

6:03 PM [[Sharelle](#)] Thank you all so much, good information. I look forward to meeting you in Sydney next year, Diana. Thanks [Deanna](#).\*

6:03 PM [[diana henry](#)] Yup. Thank you everyone and please do keep in touch! Best wishes for a great start to the new school year!\*

6:04 PM [[Deanna](#)] I think we have so much expertise here and it's been a great discussion. I wish it could go longer. Thanks again to everyone for joining us. I'll send you the transcript as soon as I clean it up.\*

6:05 PM [[diana henry](#)] Brenda, if you put together a case study, perhaps we can get a discussion going on OT Exchange? Goodbye everyone and thanks again for joining in.\*