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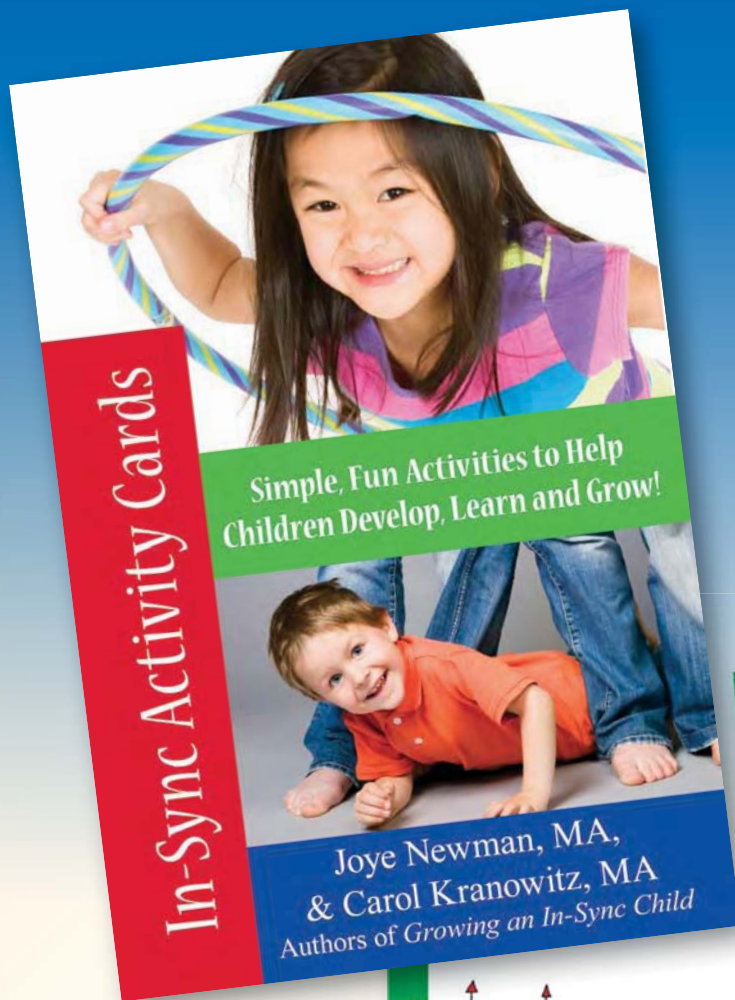
by  
Jennifer  
McIlwee  
Myers

### ALSO IN THIS ISSUE:

*Back to School Sensory Strategies* Britt Collins MS, OTR/L  
*Vision Problems in Children* Lynn F. Hellerstein, OD, FCOVD, FAAO

*Meaningful Roles for Parents in OT* Lucy Jane Miller, PhD, OTR/L  
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# SENSORY FOCUS

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Fall 2014



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Once again, it is my favorite time of year. The summer heat has dissipated, and the air is cool, crisp and smells of pumpkin and cinnamon waft through the stores. OK, I have a confession—today, I finally did it. I went out and got that darned Pumpkin Spice Latte. Had to see what all the fuss was about, and what do you know, it was pretty good. So, I guess I will have to stop making fun of it for now. Darned it!

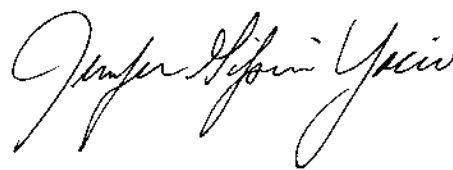
But, do you know what all this cool air and yummy warm drink means? Yes—the holidays are almost upon us!

The Halloween decorations are already out, and Thanksgiving (in the U.S.) and Christmas are trailing right behind. Are you ready for the holiday melee and festivities coming your family's way? Well, don't enter the holidays without catching up with Jennifer McIlwee Myers' guide

to getting through them soundly. A woman with Asperger's and a regular columnist, Jennifer gives us a guide to how she navigates the holidays with her senses intact. Quite a feat!

Hope your school year is starting out well. Any sensory issues with your kids? Don't worry—Britt Collins OTR/L has some sensible "Back to School Strategies" for you. Vision problems are addressed by Lynn Hellerstein and the wonderful Barbara Sher winds up her trilogy of "Mary Poppins" articles. And once again, we are honored to bring a great article by Dr. Lucy Jane Miller, where she addresses the roles parents can, and should, play in Occupational Therapy.

OK, we have a lot of good stuff to take in. So why are you spending time reading this? Go get your pumpkin latte, cuddle up, and enjoy this warm issue of *Sensory Focus* magazine. We certainly enjoyed compiling it.



**Jennifer Gilpin Yacio**  
*President of Sensory World*  
*Editor in Chief of Sensory Focus*

# Back to School Sensory Strategies

**Britt Collins MS, OTR/L**

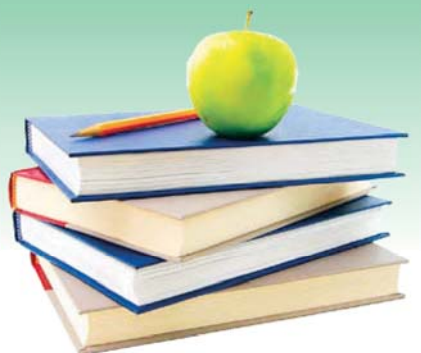
**M**ost of us have now started school with our kids and are getting into our routines. As parents, you may be feeling excitement for your child to go back to school (maybe they were bored all summer long), or you are nervous because they may be starting school for the first time, or they made a transition and are starting Kindergarten, or Middle School/Jr. High, or even High School. For all parents with a child with sensory challenges, going back to school, no matter at what age, can be stressful for you and your child.

If your child has sensory processing challenges, the transition of getting back to school can be difficult to manage, and some children take longer to adjust than others. As we know, sensory processing is the ability to take in information from our environment and ourselves, process it, and have a functional motor and behavioral response. This includes sounds, sights, smells, touch, movement, our own internal sense of self, which all affect our ability to function on a day-to-day basis. Sometimes this is easy for children, and sometimes it is really hard.

If you have a child who is *Sensory Over-Responsive* (SOR), then your child might

be sensitive to lights, sounds, or lots of movement around him or her. These children might not like to be touched by other people, and standing in line with their peers bothers them. Maybe the lunch room is way too loud, and they end up

**Maybe the lunch room is way too loud, and they end up not eating a good lunch, which makes it more difficult for them to learn during the rest of the day.**



not eating a good lunch, which makes it more difficult for them to learn during the rest of the day.

*Sensory Strategies:* if your child is over-responsive to sounds, you could give them sound-cancelling headphones to wear in the classroom or in the lunchroom, if that is where they need them. If they feel self-conscious about looking different and don't want to do this, you can teach them calming strategies when they start to feel stressed. Many children who are SOR can benefit from behaviors such as:

- Taking deep breaths
- Engaging in heavy work activities to help them regulate their feelings: wall pushups, carrying the lunch bucket with their classmates' lunches, carrying books to the library, push fives (pushing your hands against another's with even amount of pressure to give input to the muscles and joints), stacking chairs, moving desks around the classroom, etc.
- Incorporating movement in the classroom: jumping jacks, animal walks to line up the class for a transition (crab, bear, frog hop, belly crawl), chair pushups, standing up at a desk to "get the sillies out."
- Viewing videos and programs for kids online that can offer movement



strategies in the classroom (i.e. Go Noodle for brain breaks, Brain Gym, Ready Bodies Learning Minds)

- Using a squishy fidget toy (as long as they are not distracting themselves or other children)
- Following a visual schedule so they know what to expect in the classroom and can visualize how to prepare for the next activity (such a schedule benefits children with a variety of disabilities and challenges). This can include real pictures of the child and their environment, clip art, and a written list if the child can read.

If you have a child who is *Sensory Under Responsive* (SUR) he or she might be more lethargic, hard to motivate, and difficult to engage in school activities.

**Sensory Strategies:** If children seem to be plodding through their routine, seem not to hear you when you talk to them, or seem to be in their own little world, they may need sensory strategies to wake their bodies up, such as the following:

- Alerting strategies: jumping jacks, animal walks (bear, frog, snake, crab), drinking something cold through

a straw (ice water, cold smoothie in the morning before school)

- A wake-up obstacle course before leaving the house in the morning that includes heavy work and movement (see above lists)

**Some of our children with sensory challenges also have difficulty with gross or fine motor skills, and this also can affect their ability to function in the classroom.**



- Something sour (lemon or lemon water) could be alerting to have at school
- Giving the teacher some movement ideas for the

classroom (we know movement increases learning and attention) and have the whole class participate in movement ideas to help those kids who need to wake up but also to help those who need movement to help calm them down and regulate.

If children are *Sensory Cravers* (SC), you may see them constantly touching things, putting things in their mouths, constantly jumping, moving, spinning, and crashing. This means they are trying to get input to their sensory system to regulate it, but we need to make sure we give them the right kind of input to help them organize instead of revving them up too high.

**Sensory Strategies:** For these kiddos, heavy work and movement are most regulating for their sensory systems as well as calming strategies:

- Anything that gives input to their muscles, such as heavy work (see above), pushing, pulling, pushups, climbing outside, pulling up a scooter board ramp, carrying objects (we don't want to make their backpacks too heavy, but it's okay for them to carry this on both shoulders for good



- input), and cleaning the boards in the classroom.
- Movement strategies (see above), such as swinging, rolling down a hill or across the floor, dancing, skipping, and galloping
  - At home, create an obstacle course for them before and after school. Have them bear walk to breakfast, then frog hop to brush their teeth. Run to the car and jump inside. Swimming, gymnastics, karate, and other sports are also helpful to provide both movement and heavy work input.
  - Calming strategies may include deep breaths, listening to calming music, lowering the lights in the room, decreasing the volume in the environment, drinking through a straw, and taking a warm bath.

Some of our children with sensory challenges also have difficulty with gross or fine motor skills, and this also can affect their ability to function in the classroom. If you feel your child struggles with motor challenges as well as sensory challenges, ask your schools occupational therapist about strategies that can specifically help your child. ♦

## Resources:

[www.sensoryparenting.com](http://www.sensoryparenting.com)  
[www.spdstar.org](http://www.spdstar.org)

[www.readybodies.com](http://www.readybodies.com)

[www.braingym.org](http://www.braingym.org)

[www.gonoodle.com](http://www.gonoodle.com)

*Britt Collins, MS, OTR/L works at the acclaimed Sensory Therapies And Research (STAR) Center in Colorado. She also tours the country, speaking about the benefits of occupational therapy for children. Britt co-authored the Sensory Parenting book series and the OT (Occupational Therapy) DVD series. She co-*

*founded Special Needs United, which raises money to support children and families needing therapy and equipment. Her Web sites are [www.sensoryparenting.com](http://www.sensoryparenting.com) and [www.sensorypathways4kids.com](http://www.sensorypathways4kids.com).*



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-Temple Grandin, PhD

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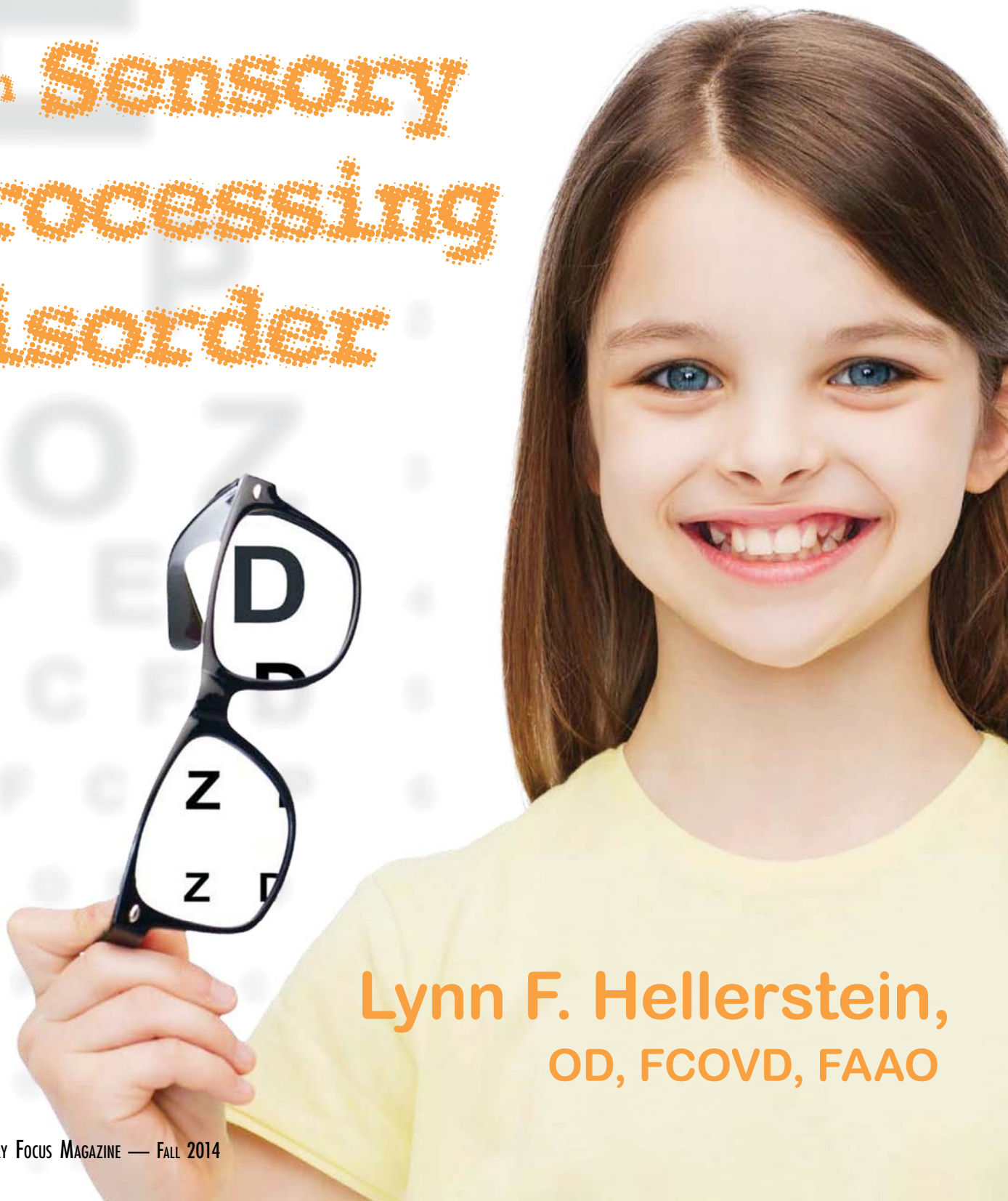
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# Vision Problems in Children with Sensory Processing Disorder



Lynn F. Hellerstein,  
OD, FCOVD, FAAO



ensory Processing Disorder (SPD) affects a wide variety of people. Individuals with SPD and other different diagnoses or labels may have sensory issues such as sound sensitivity, difficulty screening out background noise, or visual sensitivity to fluorescent lights. SPD can occur in conjunction with autism, dyslexia, attention-deficit/hyperactivity disorder, speech delay, and learning problems (Temple Grandin, PhD, *Sensory Focus Magazine*; Spring 2013).

Many students with SPD (and those with other special needs or learning challenges) have been described as being *visual learners*. That means they understand what they see better than what they hear. Vision may be their learning strength, compared to their ability to respond to auditory information.

But that doesn't mean they have perfect vision. Even if they are tested at 20/20 eyesight, they can still experience vision problems that affect their learning and participation.

Visual processing skills are often affected among those in this population. Visual symptoms in people with SPD are linked to underlying differences in the central nervous

system, including the visual system. Since these students rely heavily on visual strategies and visual information for learning, it is essential that visual processing skills be appro-

priately evaluated and treated. The typical vision screening tests that these students may receive do not identify VISUAL PROCESSING PROBLEMS (described later in the article).

## Which behaviors can be related to visual processing difficulties?

The following are some specific behaviors that can be observed in children with SPD. Parents and teachers may attribute these behaviors to the diagnosis of SPD without realizing how they can indicate a possible problem with visual processing.

- Peering at objects/tilting the head
- Looking out of the corner of the eye
- Poor eye contact
- Squinting
- Does not follow where

someone else is looking

- Stares into space
- Poor spatial awareness
- Light sensitivity
- Fixation on light patterns, windows, or blinds

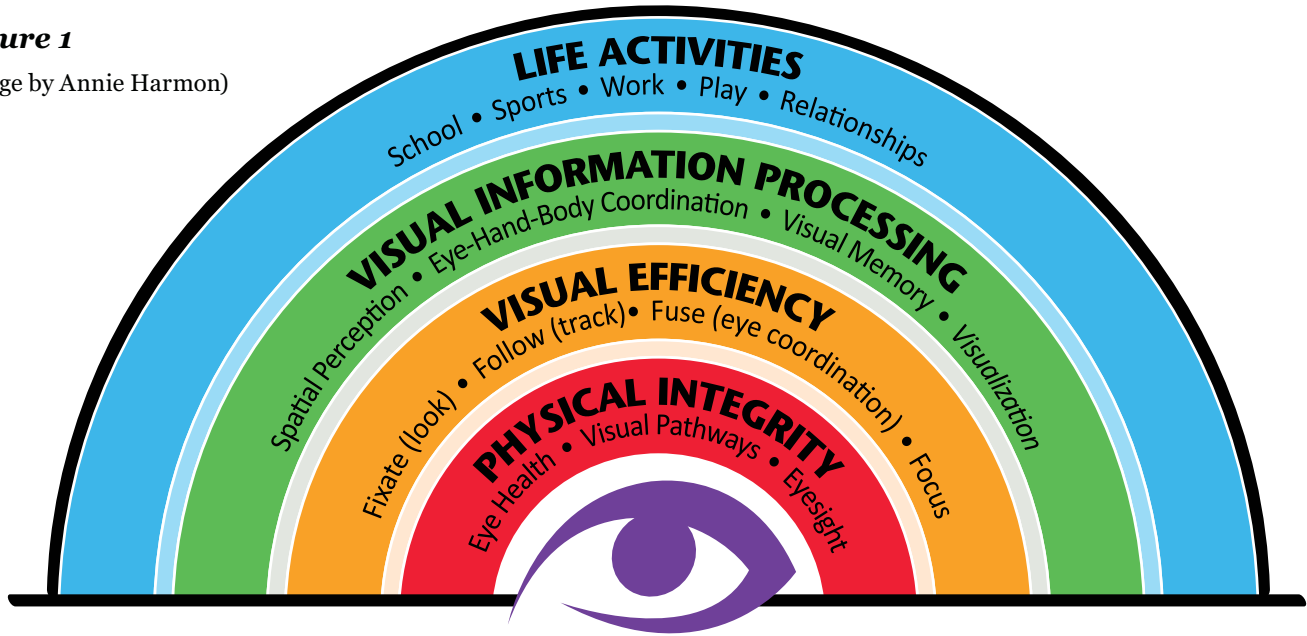
**“Many students with SPD ... have been described as being visual learners. That means they understand what they see better than what they hear.”**

- Gaze aversion
- Academic related signs, which may include:
  - Poor tracking with reading, loss of place or need for a finger/marker when reading
  - Difficulty with handwriting
- Difficulty with movement or sports, such as:
  - Poor balance and coordination
  - Poor eye-hand coordination
- Physical symptoms, such as:
  - Headaches in the forehead or temple
  - Closing or covering an eye
  - Turning or tilting the head
  - Having an unnatural posture when reading or performing sustained visual tasks



**Figure 1**

(image by Annie Harmon)



## THE DEVELOPMENTAL MODEL OF VISION

### What is important to know about vision?

A vision acuity screening test measures what size letter or picture you can see at 20 feet. For example, if a person has 20/20 vision, he can see a letter about 1 inch high from that distance. But vision involves much more than 20/20 eyesight. A person can have double vision and pass the vision screening test. More skills are necessary for a person to be able to see, process, integrate, and respond to visual information.

### What else is involved with vision?

Figure 1 depicts a Developmental Model of Vision. The outer

circle represents the life activities that are important to your child: school, work, coordination, sports, play, relationships, and success in life.

A strong *foundation* is required to build success. The foundation is represented as the central core of the concentric circles. This core includes the structural integrity of the vision system; this involves the physical health of the eyes, eyesight, and the visual pathways.

The first concentric circle outside of the core represents *visual efficiency*. That includes how well the eyes fixate (look), follow (track), fuse (coordinate together), and focus (make objects clear). These visual skills are movement based.

The second concentric circle out from the core represents *visual information processing*. This refers to understanding what we see, where things are in space, integrating visual information with other senses, eye-hand-body coordination, visual memory, and *visualization*.

This Model of Vision represents the basis for a thorough vision evaluation and determination of a treatment program for your child. As you can see, good vision involves much more than 20/20 eyesight; even if an eye doctor says your child has 20/20 vision, it doesn't mean all these other visual skills have been appropriately evaluated.

### What type of eye doctor should you find for a child with SPD?

Selecting an optometrist for you and your family is an important decision. For some common vision problems, eyeglasses, contact lenses, medication, or surgery may be necessary. These are typical treatments in which optometrists are uniquely skilled, with surgery falling into the domain of ophthalmology.

But when basic visual skills are problematic, there are more treatment options that can be investigated. A *developmental/behavioral optometrist* treats special vision problems such as visual eye focusing, eye coordination, eye movements, and visual perception. Vision problems are addressed to improve visual function and comfort. More specialized treatments such as vision therapy, tinted lenses or special prism glasses may be necessary to manage these problems.

### Where can I find a developmental optometrist?

Not all optometrists provide in-depth testing for developmental and functional vision problems and the relevant treatment, such as vision therapy. Optometrists who are members of the College of Optometrists

in Vision Development (COVD) emphasize an expanded functional and behavioral approach to patient evaluations. Their approach to vision care is directed at correcting existing vision problems and enhancing visual abilities to allow individuals to see clearly and comfortably. Fortunately, there are several well-qualified COVD members located in large cities and small towns throughout the United States as well as in many countries throughout the world.

(Check out [www.covd.org](http://www.covd.org) for a developmental optometrist in your area.)

### How can an eye doctor evaluate a person with SPD?

A vision evaluation may be challenging for both your child with SPD and the doctor. However, with time, patience and special tools, a good eye doctor can obtain a great deal of visual information. Methods for evaluating the vision of people with SPD will vary depending on the individual levels of intellectual, emotional and physical development. Testing is often done while the patient is asked to perform specific activities while wearing special lenses. For example, observations of the patient's postural adaptations and compensations will be made as he or she

sits, walks, stands, catches and throws a ball, etc. Such tests help to determine how the SPD student is seeing and how he or she can be helped.

You can also ask your family optometrist the following two questions.

- Do you see many patients with special needs/SPD?
- Do you provide vision therapy or refer to an optometrist who does?

### What are some successful optometric treatment options?

Depending on the results of testing, lenses to compensate for nearsightedness, farsightedness and astigmatism (with or without a prism) may be prescribed. Special prism glasses may help with spatial localization and movement.

Vision therapy activities can be used to stimulate general visual arousal, eye movements, and the central visual system. The goals of treatment may be to help the student with SPD organize visual space and gain peripheral stability so that he or she can better attend to and appreciate central vision and gain more efficient eye coordination and visual information processing.

## What is vision therapy?

The goal of vision therapy is to train the eyes and brain to work together more effectively, and to integrate these abilities with the rest of the body. Think of the visual system as working like steering and directing your car; your visual system is your body's primary GPS for spatial position and motor guidance. Vision therapy enhances the brain's ability to control eye alignment, tracking, eye teaming, focusing, eye movement, visual processing and visual spatial skills. Visualization or visual imagery strategies may be useful for relaxation and reduction of anxiety, more successful learning and sports performance.

## Case studies

*Melissa, 5 years old—student with SPD and autism receiving glasses with prisms*

Before glasses, Melissa wouldn't look at objects and had poor eye contact. Since wearing the glasses (extreme farsightedness with yoked prisms), she is much more aware, pays better attention and shows more interest in interacting with her family. She

is beginning to point to objects and communicate better using visual strategies. She used to demonstrate many autistic characteristics when watching

knew that Joey was still experiencing significant visual skill and processing problems. Take a look at his handwriting (see figure 2).

**“Improvement of visual processing skills can help a child with SPD become more successful in communication, school, sports and life.”**

TV (hand flapping, squinting, staring in space). With her new glasses, those behaviors have stopped, and she can sit more comfortably on the couch without the classic symptoms attributed to autism.

*Joey, 7 years old—student with fine motor deficits, strabismus receiving glasses and vision therapy*

Joey was a bright second grader who struggled with fine motor skills. Joey was born with strabismus esotropia—crossed eyes. He received three eye muscle surgeries to correct his condition. The ophthalmologist told Joey's mother that his eyes were “pretty straight” and no other eye/vision treatment was needed.

Joey was referred by his occupational therapist who

At Joey's first vision evaluation at my office, he was prescribed glasses for farsightedness, with a bifocal to help focus and eye alignment for near objects. Vision therapy was then prescribed. After six months of weekly vision therapy treatment, all of his visual skills improved, as did his ability to read and write. In addition to improving Joey's eye movement control, focusing and eye teaming skills, take a look at how his handwriting transformed (see figure 3).

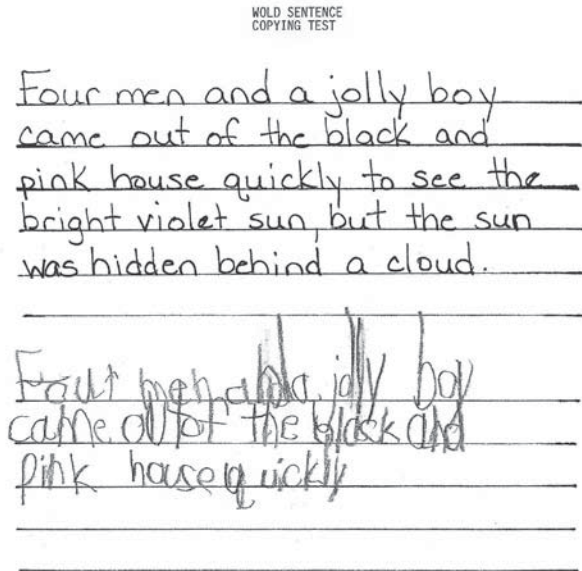
Joey's insight was profound; as he told us after completion of vision therapy, “My writer in me was crammed and squished. Now it's gotten much bigger and I can write better!”

## Summary

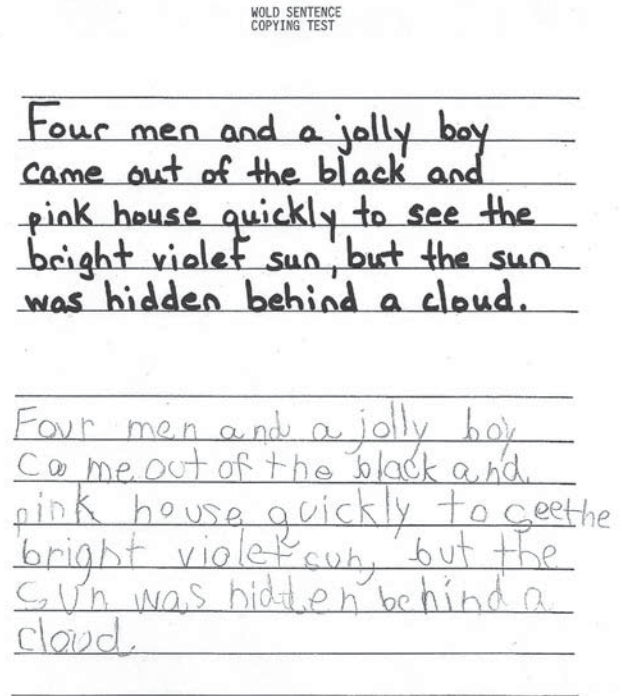
Visual problems found in children with SPD are pervasive



**Figure 2:**  
**Pre-vision therapy**



**Figure 3:**  
**Post-vision therapy**



and often severe in their intensity. Yet, many of these students see 20/20, are visual learners and benefit from improving visual processing skills. To identify their individual learning needs, have your student tested by a developmental optometrist. Improvement of visual processing skills can help a child with SPD become more successful in communication, school, sports and life. ♦

## Resources

[www.LynnHellerstein.com](http://www.LynnHellerstein.com)  
[www.covd.org](http://www.covd.org)

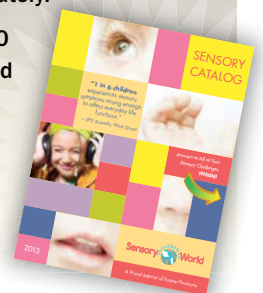
*Lynn F. Hellerstein, OD, FCOVD, FAAO is a developmental optometrist, author and speaker. She has published extensively on vision-related topics, including her award-winning books, See It. Say It. Do It!: The Parent's & Teacher's Action Guide To Creating Successful Students & Confident Kids (2012), Organize It (2012), and 50 Tips to Improve Your Sports Performance (2013). To learn more or to sign up for her free e-newsletter, visit [www.LynnHellerstein.com](http://www.LynnHellerstein.com)*

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# *Growing Up with Sensory Issues*

*by Jennifer McIlwee Myers,  
Aspie At Large*

## **Halloween, Thanksgiving, Christmas: A Sensory Triathlon**



*F*all brings us cooler evenings, color-changing leaves, and, of course, the inevitable articles about how to help your child cope with the holidays despite their struggles with SPD. There are a lot of standard items in these articles that are extremely helpful, such as lists of items to keep on or about your person (such as acceptable snacks, earplugs, and tranquilizer darts for relatives who don't believe in SPD).

Those are great articles, but I want to tackle a few things that aren't so easy to check off the list. First, I want to deal with the big pre-planning concepts. This is not to imply that checklists and having a "go bag" ready are bad things, but in an emergency, you can usually find Pop-tarts and earplugs at any convenience store. What you can't get unless you plan ahead are things like deciding where your priorities lie, a united family front, and multiple lines of retreat.

Priorities. What's more important: a child who gets stuffed into a socially acceptable Halloween costume or letting the child get through Halloween happy? Is it all about continuing the family traditions, or is it more important to have a holiday where your children all feel safe? (Hint: If you insist on doing things "just

so," typical siblings may well pay the price when the little SPuDster loses it.)

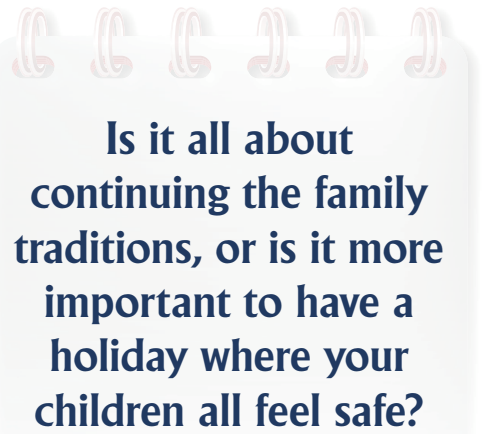
You can, of course, easily guess where my priorities lie: in keeping both the people with SPD and those without both comfortable and relatively sane. And many people reading this have long since abandoned all hope of anything approaching normalcy and switched to being flexible and improvising like crazy. I salute you, and I applaud your extreme lack of normal!

Just as important as figuring out where your priorities lie (and being flexible as more data comes in) is doing your best to create a united front. A united front is what you create when you get as many adults on the same page as possible before the big event. This could mean Mom and Dad, or it could mean Dad and Grandma and Aunt Ella, or any combination of adults who are invested in the kids and "get" SPD.

Whoever the parenting team consists of, everyone on it should know the high sign that will be given when it is necessary to extract a child from an overwhelming situation and how that extraction will be attempted. That means that, when the kids go out in their costumes, a reliable member of the trick-or-treating team

knows to call Mom when things go south. No one can predict when you might hit three houses in a row with intense haunted-house decorations and volume 3 of "Spooky Songs for Terrifying Total Strangers" blasting onto the porch.

By the way, while I said, "Call MOM," it doesn't always need to be Mom. If there is more than one parent around, then it becomes important to



**Is it all about continuing the family traditions, or is it more important to have a holiday where your children all feel safe?**

take turns handling the extraction process as much as is practical. The more people who have experience in making the strategic retreat, the better off the team will be when an unexpected "situation" arises.

That means that the united front is an important part of developing those multiple lines of retreat. Adults, teens, and children with SPD all have one thing in common: they need to know how to exit a situation, whether it's a walk outside, a break in a quiet room, or an



all-out full-family get-out-of-Dodge moment.

All of the things I've talked about so far are important, and they all have a few things in common. The biggest commonality is that they are really difficult to do. Seriously, this is the tough stuff, but I wouldn't be talking about them if they weren't worth attempting. If you can't do all three, pick the one that you think is most likely to be doable, and go with that first. If you actually get two of the three lined up, toast yourself with a glass of champagne, or coffee, or whatever the heck juice boxes you find lying in the back of the fridge.

Some day your kid will have to fend for himself, and the most likely model for what he will do is what you do while he's growing up. That means that, when Grandma refuses to believe that her pumpkin-spice scented oils and proliferation of cinnamon brooms could possibly be a problem for your own little SPuDster, then you stubbornly and politely make your case, and, if necessary, you act on your words. You have the right to do so.

Similarly, you have the right to be just as stubborn when your child refuses to do things he dislikes doing. For example, when I was a child, at the holidays, I was allowed

## Adults, teens, and children with SPD all have one thing in common: they need to know how to exit a situation ...

to take only the food I could tolerate onto my own plate (plain turkey that no dressing had touched, jellied cranberry sauce, and a roll; of course, they had to be arranged so none of them touched), but I was required to be polite throughout the process. This meant that, if I said rude things about any of the food I was offered or what other people ate, I would get taken aside for a little come-to-Jesus meetin' with Mom or Dad.

My parents had the right to prevent people from trying to force food I hated on me (because there are people who feel that children NEED stuffing and marshmallow-topped sweet potatoes), but they also had the right to require basic politeness and non-hostile behavior from me.

And that's actually important. As a parent, you have the right to raise your child, which means you have the right to be an activist for your child.

If standing up for your child means that you have to stand up to family members, that's okay. If making things work means doing things differently, that's okay too.

Have a happy Hallow-Thanks-Christmaskah! ♦

*A woman with Asperger's syndrome, Jennifer provides countless tips to improve the lives of those with sensory difficulties. She is the author of How to Teach Life Skills to Kids with Autism or Asperger's (Future Horizons, 2010) and the recently released Growing Up with Sensory Issues (Sensory World, 2014).*



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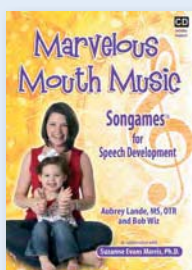
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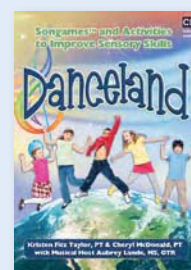


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# Meaningful Roles for Parents in Sensory-Based Occupational Therapy

**Lucy Jane Miller,**  
PhD, OTR/L



*“**B**ut I need time to recover, you just don’t understand what it’s like to be with Bailey—please don’t make me come into the therapy session with him. It is the only time I can catch my breath.”*

*“Mrs. Brown, our experience has shown that, when parents are involved in therapy, the child makes quicker and more profound*



*changes. When parents are not involved in the treatment sessions, the child's progress is slower and unpredictable. Maybe we can compromise. What do you think?"*

*Mrs. Brown had tears in her eyes. "But I am always compromising. I never, never, never get time to myself."*

*"Maybe in your parent education meeting tomorrow, we can discuss a respite program. I support getting time for yourself. But the question is whether the best time is here at STAR center, in time that could help you to understand Bailey."*

Now the tears started to flow down Mrs. Brown's cheeks. "I know you want me to come into the therapy sessions, but my brain just closes down. I feel like a bad mom. I love my Bailey, but I just don't have any more to give."

I so want to support Mrs. Brown while at the same time making sure Bailey gets what he needs. What should I do?

Mrs. Brown had come to our program from another center where Bailey had received OT once a week for several years. Mrs. Brown

was intrigued by our intensive program and hoped that Bailey would make changes that would permit him to start being successful in school.

How could I create a positive experience for the parents? Mrs. Brown was completely depleted. How could I honor her needs while moving forward with Bailey? We know from experience that parents must participate in meaningful roles for therapy to be effective in the long term. Changes in children are quicker and devel-

parent education and coaching (20% of sessions are with parents only) and an emphasis on multi-disciplinary treatment. But the most important difference is the emphasis on the meaningful roles for parents in the therapy process. We support and coach the parents, which becomes a priority higher even than direct intervention with the child. This is a paradigm shift for many therapists. "I went into pediatrics because I love children, not to work with adults," said

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***We support and coach the parents, which becomes a priority higher even than direct intervention with the child. This is a paradigm shift for many therapists.***

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opmentally greater when the STAR model is followed. Space precludes a complete description of the STAR intervention model.<sup>1</sup> A summary of key differences from a traditional occupational therapy model are depicted in figure 1 on the following page.

The STAR model has procedural elements that are unique, such as greater intensity (5 days a week), a focus on

one participant in our ongoing mentorship program. "I don't really feel comfortable training adults, but I feel truly "in sync" when I am connecting with kids."<sup>2</sup>

One mentee said, "I have tried and tried but the parents do not follow through ... Basically, the parents are non-compliant. They do not implement any change I suggest. What can I do?"

1. For more information on the STAR Treatment Model see Chapter 4 in *Sensational Kids*, Revised 2<sup>nd</sup> edition. Miller, 2014. Penguin, NY.

2. See [SPDFoundation.net/Mentorships.html](http://SPDFoundation.net/Mentorships.html) for more information about our mentorship training program.

**Figure 1. Key differences between traditional occupational therapy and the STAR intervention model**

<i>Element of Program</i>	<i>Standard Model</i>	<i>STAR Model</i>
<b><i>Parents' role</i></b>	Wait in waiting room or watch from sidelines or behind 1-way mirror	Participate in meaningful role in treatment and receive coaching in techniques to SMART play
<b><i>Intensity</i></b>	One day a week	3 to 5 days a week
<b><i>Nature of Treatment</i></b>	Expert OT with advanced training in sensory integration therapy	Multi-disciplinary team
<b><i>Foundation of Intervention</i></b>	Sensory integration activities—developmental focus	Process-focused, Arousal Regulation & Engagement-Relationship with sensory supports
<b><i>Content of therapy session</i></b>	Multiple activities with the “just-right challenge” and an adaptive response	An interactive flow/process with increasing duration of engagement
<b><i>Goals of intervention</i></b>	Set usually by expert	Set by parent with therapist support
<b><i>Attachment and trust</i></b>	Primary relationship of therapist is with child	Relationship with parents is at least as important or more so than relationship with child
<b><i>Magic Moments</i></b>	Therapist loves children and works hard to achieve shared “magic moments” with child	Therapist sets up “magic moments” between parents and child
<b><i>Developmental vs. Social-emotional challenges</i></b>	Focus is developmental growth in cognition, sensory, motor, and behavior management. The target is a developmental advance.	Focus is emotion regulation with an emphasis on emotion identification and social-emotional activities. Sensory activities are a means to an end. The target is joy in life.

I did not want to crush the enthusiasm and motivation for the STAR program, but it was a tremendous learning opportunity to hear feedback from the therapists. I asked, “How much of the home program was developed by the parents?” The therapist responded, “I really wouldn’t expect them to know what to do. They came to me asking for advice.”

“But, we know traditional home programs like ‘sensory diets’ rarely work,” I replied. “Where is the sensory diet when the child melts down at Target? ... We work with parents to establish sensory lifestyles. How can we set up a lifestyle for them? Do you think someone could set up a lifestyle for you?”

To be effective, sensory stimulation needs to be relevant and applicable. The therapist is not living the family’s life! Only the family can determine what is appropriate and attainable within the context of their life. Thus, parents must be coached to problem solve and creatively incorporate what their child needs into their lifestyle, not be provided with a list of helpful therapeutic activities. We must teach principles, not prescribe activities. Non-compliant parents are likely working with strategies selected for them rather than by them.

At the STAR Center, we teach parents a special technique called SMART Play:

**S = Sensory**

**M = Motor**

**A = Attuned**

**R = Relationship-rich**

**T = Time**

SMART play is interactive, focusing on increasing the depth and duration of relationships between the parents and their child. Peer social interactions are based upon patterns established between a child and his/her parents. Generally, the blueprint for these interactions is set in infancy/toddlerhood. But with our “sensational kids,” the play platform that is foundational for social interactions is often delayed, occurring years after what is seen in typically developing children.

In SMART play, we teach parents to use Sensory and Motor activities to: 1) engage the child, 2) increase mutual fun, and 3) correct underlying neuro-motor foundations of function. When we ask parents, “How do you play with your child?” Often we hear something like; “We complete the x protocol or the y technique every day. Most of the times we just do anything to avoid melt-downs.”

### ***Protocols are not play!***

In teaching SMART play, we videotape parents playing with their child, and then we review the tapes and coach parents at sessions attended by parents only. “Let’s look together at this play. Are you having fun? Is your child? Did you feel tuned in (Attuned) to what your child wanted to do or were you trying to come up with ideas yourself? Were you trying to challenge your child or was your goal success? These and other questions help us engage in SMART play from developmentally motivated activities.



A Coaching Parent is crucial in the STAR Model.



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# The Way I See It

Photo by Rosalie Winard

A Personal Look at  
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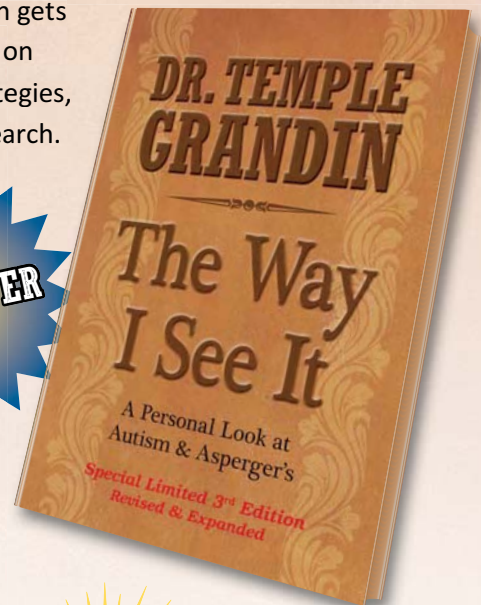
In the revised and expanded version of this innovative book, Dr. Temple Grandin gets down to the **REAL** issues of autism, the ones parents, teachers, and individuals on the spectrum face every day. Temple offers helpful do's and don'ts, practical strategies, and try-it-now tips, all based on her "insider" perspective and a great deal of research.

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To move children forward, they need success and fun. To move parents forward, ‘magic moments’ shared between parent and child are needed. But until the parent feels reciprocal joy with his or her child, our well-intentioned efforts often are not effective in creating long-term changes.

The final letter in SMART play represents time. SMART play requires that parents spend relationship-rich time with their children, not time driving to soccer or piano lessons, not time making dinner while the child plays on the floor nearby, but dedicated one-on-one play time. The play needs to be child-motivated and oriented toward success and joy, not toward moving the child forward developmentally. We recommend, at a minimum, equal time in play as in therapy; e.g., if the child gets 1 hour of therapy a week (plus ½ hr. transportation to and from therapy), that equals a minimum of 2 hours of SMART play.

The next step after creating the STAR treatment model is researching effectiveness. The current literature recommends

## *SMART play requires that parents spend relationship-rich time with their children ... dedicated one-on-one play time.*

randomized controlled trials (RCT). However, the type of intervention and the variable nature of the children with whom we work make completing a RCT difficult. How can we standardize a therapeutic technique while serving the in-

dividual needs of children and families? We conducted a RCT 2001-2005, published in 2007;<sup>3</sup> thus, our team is well aware of the strengths and limitations of the RCT approach, particularly that the group data masks the gains and limitations of individual participants.

We are currently using a non-current multi-probe multiple baseline (MBL) design in our effectiveness research.<sup>4</sup> MBL is a widely used research approach appropriate for studying individuals with varied needs who require different specific approaches.

In MBL research, each subject serves as his/her own control. The outcomes are specific to each child’s level in terms of what is being measured—in our case, social participation, self-regulation, and communication. The individual child’s functioning in 1) baseline (before intervention), 2) during intervention, and 3) after intervention



SMART Play is used to reinforce attunement and relationship-rich play at STAR Center.

3. Miller L.J., Coll J., Schoen S.A. (2007). A randomized controlled pilot study of the effectiveness of occupational therapy for children with sensory processing disorder. *The American Journal of Occupational Therapy*, 61(2), 228-238.

4. See for more information about this research design: Kennedy C.H. (2005). *Single Cases Designs for Educational Research*. Pearson Education, Inc. Boston, MA.



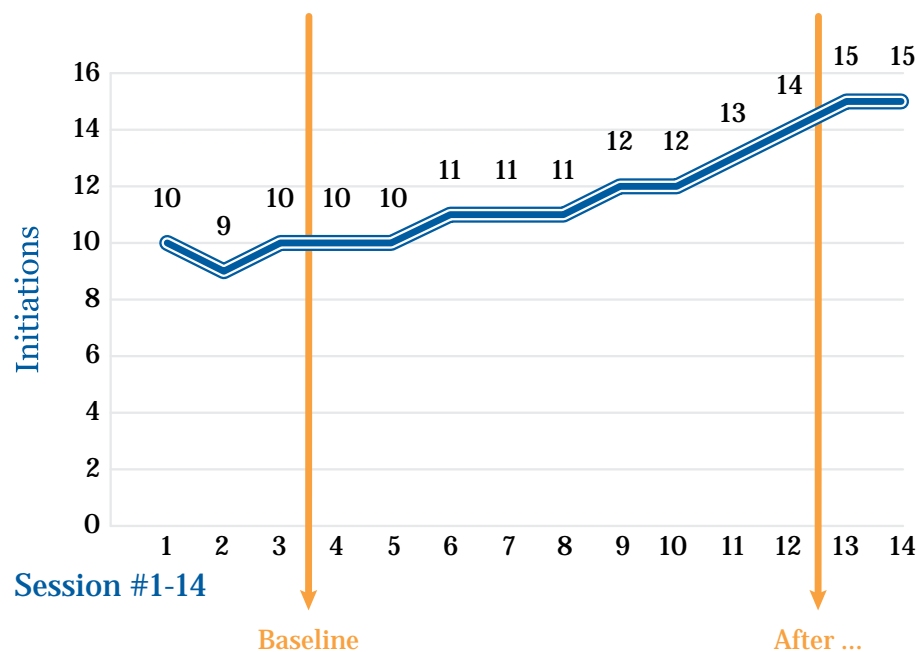
are compared. In MBL design, inclusion criteria, replicable manualized approach, fidelity to treatment, and sensitive and specific outcome measures can be evaluated, with the level of analysis being the individual not the averaged scores of groups of children. To some extent, the wide acceptance of ABA therapy is due to the plethora of MBL studies published on the technique. We would do well to learn from their success and emulate the research methodology, solving the biggest challenge affecting our field—the relative lack of valid outcome studies.

Using MBL, what is expected if the intervention is effective is depicted below in the example of the number of



Success and fun are more important than achieving developmental advances in the STAR Model.

**Figure 2. Number of Initiations (10-15)**



initiations of social contact made by a specific child.

Figure 2 shows flat or decreasing numbers of initiations in the baseline condition (sessions 1-3), increasing initiations during the intervention (sessions 4-12), and maintenance of changes after the intervention is over (sessions 13-14).

A multi-probe MBL design is useful when reversal of the effect of intervention is not expected. A baseline is established for each child, and the independent variable (treatment) is sequentially introduced across the subjects. Researchers in another setting (Vanderbilt University, under the supervision of our col-

league Dr. Stephen Camarata) rate the videotaped behaviors. Outcomes are scored from the videotapes made at the same two probe activities on our sensory playground at each session where data is collected, approximately 1 in every 4-6 sessions. Videotapes of each session are collected, randomly assigned a code, and sent to Vanderbilt as a group after all sessions are collected. The random session number assures that the order of the tapes does not bias the person coding the behaviors. MBL design is useful for clinicians in many settings and across many types of clients, analyzing a wide variety of behaviors. The design is easily adapted to applied settings.<sup>5</sup> ♦

5. We will conduct training in MBL research in our mentorship program beginning in 2015.



Lucy Jane Miller, PhD, OTR is the Executive Director of the Sensory Processing Disorder (SPD) Foundation which focuses on research into the neuropathology and treatment of SPD. She founded and directs the Sensory Therapies And Research (STAR) Center, where children, adolescents, and adults receive a combination of occupational therapy and listening therapy for developmental and behavioral disorders such as ADHD, Autism, Learning Disabilities, Motor Disorders, and SPD.

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## Why Does My Kid Do That?

### 10 Common Signs of Sensory Processing Disorder

1. **Extra-Sensitive to Touch** – They don't like to be touched or can't be touched enough.
2. **Sensitivity to Sounds** – They may cover their ears when the same noises don't bother others.
3. **Picky Eaters** – They will only eat one or two familiar foods.
4. **Avoidance of Sensory Stimulation** – They won't put their hands in anything messy such as glue, clay, or mud. They only wear certain clothes.
5. **Uneasiness with Movement** – They fear amusement park rides, playground equipment, or being turned upside down.
6. **Hyperactivity** – They can't be still during the day or get to sleep at night.
7. **Fear of Crowds** – Crowded areas bother them to the point of frequent public meltdowns.
8. **Poor Fine or Gross Motor Skills** – They have trouble with handwriting or kicking a ball.
9. **Excessive Risk Taking** – They may be unaware of touch or pain, which can appear as aggressive behavior.
10. **Trouble with Balance** – They may be accident-prone or fall more often than others and have a preference for sedentary activities.



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## Mary Poppins-oid Tasks



**L**ike it or not, there are things to be done to keep the house functioning, even if it is not quite humming along. Expecting even the sweetest kids to do their chores often takes, to put it nicely, many verbal cues. In my everlasting quest to keep myself in a happy place and be less like the Wicked Witch, I have come up with yet more Mary Poppins-oid games.

### The Honorable Head Garbage Taker-Outer

Here's a way to get a job done while making everyone feel important, necessary, and appreciated. I discovered it

one day when I was trying to get my kids and their visitors to help me with a garden project of planting peas. I thought for sure they'd enjoy it and was surprised when they seemed reluctant to join me in poking holes in the earth, dropping in the little round pea seeds, covering them, and pressing the soil down over them.

Then I thought about how people at work were starting to get new titles. The custodian was now the Maintenance Engineer, and secretaries were now Assistant Managers. Same work, different titles, yet the new titles were more respectful of the labor done. Janitors *do* maintain, and secretaries *do* manage.

# Growing Up with Sensory Issues

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I announced the positions available: “Let’s see ... for this work, I need an Honorable Hole Putter-Inner, a Gracious Seed Depositor, a Superior Soil Cover-Upper, and a Princely Press-It-Downer.” I was delighted—and astonished—to see everyone claim a title and burst into activity.

Now, instead of asking someone, “Would you grate the potatoes?” I say, “You can be the Great Grater.”

## Race Against the Clock

The intent of this game may be obvious to kids, but as a fun challenge and a way of getting something done, it works almost every time. It goes like this:

Say my daughter needs to go upstairs and get her sweater before we can all leave the house, but she’s feeling too lazy to make the effort quickly. If I say, “Can you run upstairs, get your sweater, and be out in the car before I can count to eight and three-quarters?” I then start counting, and she takes off up the stairs. She’s up for this challenge of speed and agility—to do something in a fun way that has to be done anyway. If she’s especially quick, I’ll say, “Wow! You did it by seven and a half!”

Counting loudly keeps my kids from getting distracted, but if the count goes high, I admit that sometimes, during moments when they’re out of earshot, I’ll do something else, and then resume counting loudly when I hear them coming: “... 16 ... 16½ ... 16¾ ... 17 ...”

I’ve had the tables turned on me. Once, my youngest said, “Can you run downstairs and bring me a glass of water before I count to ten and a half? One ... two ...” I took off. It was fun to meet the challenge, and I noticed that it raised my energy level.

Once, my daughter used it on me in a new way. We were driving home from a trip, but I’d waited too long to get started, and with four more hours still to go, I was already tired. The kids, too, were fussy, and at one point I blew up and started yelling at them.

My then-five-year-old said calmly and sincerely, “Mom, let’s see if you can calm down

by the time I count to seven. One ... two ...” When she saw my face relax and my mouth curl up in amusement, she said, “Good, Mom! You did it by six!”

So sweeten up that potentially sour moment by doing something a little out of the ordinary and play a game. When everyone is having fun *and* doing the work, you’ll feel that bubble of joyous satisfaction and know why Mary Poppins always wears that happy grin. ♦

*Barbara Sher, MA, OTR, is a pediatric occupational therapist who has seven books published on children’s games. Some of the ideas for this article are from Spirit Games. You can browse her books and workshops on any online bookstore or at her website, [www.gameslady.com](http://www.gameslady.com). Requests for presentations or comments can be emailed to Barbara at [barbara.sher@gmail.com](mailto:barbara.sher@gmail.com).*





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-- Verona

Both boys started to have increased eye contact, awareness, joint attention, and both were trying to talk more during the 2nd week.

-- Judy

In addition to words coming more readily to him and reading skills markedly improving, Cade has been calmer and more focused, and he has exhibited new behaviors.

-- Nancy

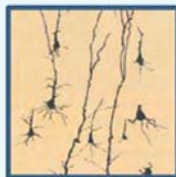
Most importantly, she's never, **\*\*never\*\*** been able successfully to socialize with people her own age before. In the past people were always either very kind and patronizing or ignored her completely. This weekend, people often sought her out just to spend time talking with her.

-- Linda

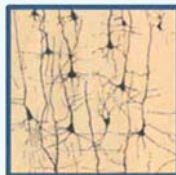
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Sensory Enrichment strengthens the brain

**Brain Plasticity** - many studies have shown that the brain has the ability to change



**Sensory Enrichment** therapy includes specific protocols proven to enhance Brain Plasticity



**MendAbility** gives you everything you need to do Sensory Enrichment therapy at home



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