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SPRING 2014

The **Emotional**

**Needs of
Children**

with

**Sensory
Processing
Issues**



Theresa Kellam, PhD

Occupational Therapy: A Child's Perspective

Paula Aquilla, OT, DOMP

An Ode to My Handler

Rachel S. Schneider, MA, MHC-LP

Sensory Enrichment Therapy

Lyn Dunsavage Young

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THIS ISSUE:**

Behaviorism and Behavior

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What Would Mary Poppins Do?

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Feature Articles & Columns



2 Focus on Feelings

The Emotional Needs of Children with Sensory Processing Issues
Theresa Kellam, PhD



6 PlaySense

What Would Mary Poppins Do?
Barbara Sher, MA, OTR



8 Focus on Autism

Behaviorism and Behavior
Jennifer McIlwee Myers



14 Focus on Marriage

An Ode to My Handler
Rachel S. Schneider, MA, MHC-LP



18 Focus on the Child

Occupational Therapy: A Child's Perspective
Paula Aquilla, OT, DOMP



24 Focus on Research

Sensory Enrichment Therapy: Increasing Cognitive Abilities &
Decreasing Autistic Behaviors

Lyn Dunsavage Young



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UNDERSTANDING THE ISSUES BEHIND THE BEHAVIOR

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Spring! Spring! It is finally springtime. Whew! Many of us here in the Northern hemisphere had a pretty strenuous winter, and the warmth is most welcome.

Also most welcome—our second print edition! This one is really interesting. Our featured article is by Dr Teresa Kellam and covers an issue not often discussed about our kids with SPD—the emotional challenges. I appreciate this extra dimension and know you will, as well.

Rachel Schneider, a woman with Sensory Processing Disorder, tells us about her wonderful support system in “An Ode to My Handler,” and Paula Aquilla discusses the kids’ view of occupational therapy in “Occupational Therapy: A Child’s Perspective.” Rounding the issue out, we also have insight on some fascinating research written by Lyn Dunsavage Young.

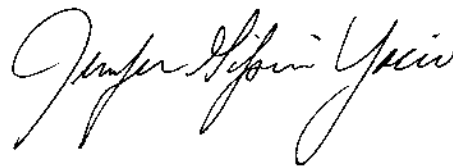
And, of course, the issue would never be complete without a few pages from our wonderful columnists. Barbara Sher gives a nod to everyone’s favorite fictitious nanny in “What Would Mary Poppins Do?” and Jennifer Myers spells out the difference between Behaviorism and Behavior. There’s something for everyone in this issue.

Speaking of everyone, while I was writing this, my 16-month-old daughter jumped into my lap to help me write. She wanted to share this with all of you, so here it is—unedited:

P;ghyhuip[pygttlkful.][ml.Nn;

Hmm. As she does not speak much yet, I can only give my best guess at a translation. But I think she was saying, *It’s a pretty day, Momma. Let’s go take a walk and look at all the neat stuff outside!* And so we shall, little Maddie.

You guys, too! Get outside and enjoy. And when the outdoor exploration is through, come back to your favorite sensory magazine. Have a wonderful spring, my friends!



Jennifer Gilpin Yacio

Vice President of Future Horizons, Inc.

Editor in Chief of Sensory Focus

The Emotional Needs of Children *with Sensory Processing Issues*



Theresa Kellam, PhD

Meeting the emotional needs of children with Sensory Processing Disorder (SPD) requires having an understanding of their world. They can experience emotions differently than typically developing children do. They can also experience a lot of pressure to change and become a different person. These two factors have a profound effect on a child's self-image and self-esteem. It's difficult to communicate to anyone, "I love you just the way you are," while trying to change them or how they feel. The difficulties children have with coping emotionally and exhibiting appropriate behavior can lead to social judgments about them that are hurtful. All of these elements affect not only how emotional needs must be addressed, but also what those emotional needs are.

Here are a few guidelines to help you figure out what your child may need.

See the World through Your Child's Eyes

When your children are upset, it's natural to want to make them feel better. However, trying to make a child feel better may accidentally send the wrong message. For example, if my son is upset and I tell him there is nothing to be upset about or try to change his feeling, I am communicating to him that his feeling is not okay or, worse, that even if he feels bad, I need him to pretend he is feeling okay. This makes it more difficult for my son to manage his feeling.

We all become better at managing an emotion when we feel understood. Trying to talk someone out of how he feels makes him feel misunderstood. This is even more important with children who have SPD, because they can experience being misunderstood more often than other children.

The first step in meeting children's emotional needs is to see the world through their eyes, so they feel supported and understood. It's simple to do, but not easy, because we

have to let go of trying to get our child to feel the way we want and simply accept the feeling our child is having. For example, if your son is hurt because the kids at school don't seem to like him, instead of trying to stop him from being hurt, simply acknowledge the

“The first step in meeting children's emotional needs is to see the world through their eyes, so they feel supported and understood.”

hurt by saying, “I understand your feelings are hurt, and you're feeling lonely and left out at school.” This communicates that you understand and that you are willing to be with your son in the pain, so he doesn't have to be in it alone.

Correct the Behavior, Not the Feeling

We all become overwhelmed with feelings sometimes, but children with SPD can become overwhelmed more often, more intensely, and more easily than typically developing children. If my daughter is upset often and more easily than my son, what may happen is that I try to keep her from get-

ting upset or try to teach her not to be upset. This can result in my walking on eggshells or giving in to my daughter and robbing her of the chance to develop coping skills. Instead of trying to keep my daughter from getting upset or changing her feelings, I need to focus

on changing her behavior when she is emotionally overwhelmed. My daughter needs to learn the socially appropriate behavior associated with the emotion she is experiencing.

To focus on changing a child's behavior, rather than trying to change a child's feelings, you can use “ACT Limit Setting.” This is a great tool to enhance your child's coping skills and increase her emotional intelligence. A stands for *acknowledge the feeling*: “I know you are really angry.” C stands for *communicate the limit*: “But, I'm not for hitting.” T stands for *target the alternative*: “You can tell me you're angry, or you can hit a pillow.” What you are teaching your child is, “It's okay to feel whatever you are feeling, but you

can't act in an inappropriate way when you feel those feelings. You can act in this (more appropriate) way." You might notice that there is not a punishment associated with this first level of setting limits. It's important to first teach your child the appropriate behavior, before you give a consequence.

Focus on Being Skilled Rather Than Trying to Control Your Child's Behavior

While trying to teach your child an appropriate behavior, it's important to remember that you can't take responsibility for his behavior. For example, if I am trying to get my son to remember to brush his teeth in the morning before school, and I keep asking him and reminding him and trying to get him to do it, I am taking responsibility for something he should be responsible for. My son may even become resistant to cooperating because he feels I am trying to control his behavior. Instead, I can make my son responsible for his decisions by setting up choices and consequences. For example, I can say, "If you choose to brush your teeth

before school, you choose to get a dessert in your lunchbox! If you choose not to brush your teeth before you go to school, you choose not to get a dessert at lunch." If your child is upset about the choices you have set up, remind him that he gets to decide what to do. Explain to him that if it were up to you to decide, you would choose for him to brush his teeth and get to eat dessert! Once you establish a choice, it's important to let the choice do its work. Don't remind him. All you have to say from this day forward is, "I see you've decided to have a yummy dessert" or "I see you've decided not to have any dessert today." This only works if you let your child experience the consequences of his choice. Children need to understand that every decision they make has a consequence.

Mindfulness

There seem to be two broad and vastly different experiences of emotions that children with SPD have. In some children, SPD may manifest as extreme sensitivity to sensory input, while in others, it may be just the opposite—an insensitivity to sensory input, to the extent that there seems to be no awareness of the body. Body awareness is integral to

emotional awareness, because every emotion has a physical sensation. For example, when people are very sad, they describe their heart as "breaking." The research shows that people

"To focus on changing a child's behavior, rather than trying to change a child's feelings, you can use 'ACT Limit Setting.' This is a great tool to enhance your child's coping skills and increase her emotional intelligence."

experience the physical sensation of a breaking heart as intensely painful as a scalding cup of hot coffee being poured on them! If children are overly sensitive to bodily sensation or not sensitive enough, it affects the way they experience and process emotions. Healthy emotional processing means being able to cope with the experience of emotion without

pushing it out of your awareness or acting out. Practicing mindfulness exercises with your children can help them learn to cope with their emotions, so they can experience the emotion and still choose the appropriate behavior.

A simple way to practice mindfulness is by asking your children to sit down with their feet on the floor or in a cross-legged position, hands folded, back straight, with their eyes closed or half open, looking down at the floor. As they sit quietly, you ask them to focus on their breath, counting each exhale breath up to 10, then starting again at one and counting up to 10 again. You can also teach your child to tune into his senses by sounding a bell and asking him to listen for the fading sound until it is completely gone or by holding a cold metal object and paying attention to the cold disappearing into warmth. Being attuned to senses helps children become centered. Similarly, children can learn to “sit with” their emotions. When a child is experiencing an emotion, learning to tune into the physical sensation of the emotion can be very helpful. Ask your child to imagine what color or shape the emotion might have, and have him draw it.

Check Your Expectations

If your child receives a diagnosis of SPD, it is important to check your expectations often. Expecting too much puts too much pressure on your child, and expecting too little can weaken her skills or her ability to cope. Remember, though, to check your expectations of yourself, too. Allowing yourself to make mistakes and simply apologizing for mistakes and correcting the ones you can, while remembering to be kind

to yourself, is one of the most important lessons you can teach your child. ♦

Theresa Kellam, PhD, is the author of The Parent Survival Guide: From Chaos to Harmony in Ten Weeks or Less. Dr Kellam bases the book on something called child-parent relationship therapy, a technique that helps parents and children use structured playtime to reconnect with each other and grow. Read more at www.theresakellam.com.

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PlaySense

What Would Mary Poppins Do?



I want to be more like Mary Poppins. Instead of screeching at my children like the Wicked Witch of the West to clean up yet another big mess they've made, I want to burst into song and, with that "spoonful of sugar," watch the work get done.

I want to be Poppins-esque not only because it would make me feel better about my mothering, but also because I know how important play is. As a pediatric occupational therapist who works with children, I use game playing as a primary way of helping children remain open to their lessons. I know that fun makes *everything* go down more easily and that the fun of play is how children learn.

So, over the years, I have devised some games that I use with my own and other children to make the things we have to do more enjoyable. I don't use games every time, but whenever I do, a potentially bad moment is turned into a fun one.

Play, humor, and laughter release a hormonal, natural high. It's organic, it's free, and it's an all-natural joy jumper—and best of all, it gets the job done.

Pile It Up

I came up with this lighthearted way of clearing up a mess when I'd returned from an out-of-town workshop, and my young daughters had been left in the company of their loving but not particularly tidy father. I came home to two very happy, healthy girls, but to get to them I had to wade through 5 days' worth of strewn clothes, game pieces, stale slices of toast, and other flotsam and jetsam. I was delighted to be home

by Barbara Sher, MA, OTR,
The Gameslady

and, fresh from a workshop on singing games for children, I wanted to keep my good mood, practice what I'd learned—and get this overwhelming cleaning job done.

I decided to throw everything, regardless of what it was, into one big pile in the middle of the room, and then sort it all out. To the tune of “The Bear Went Over the Mountain,” I began tossing everything into the pile while singing, “Put everything in a pi-ile, put everything in a pi-ile, put everything in a pi-IIIILE—in the middle of the room! The middle of the room, the middle of the room, put everything in a pi-IIIILE—in the middle of the room!”

My 5-year-old was immediately suspicious that this might be work, but I reminded her that it had to get done no matter what, so we might as well have some fun. She understood, and she and her sister and I tossed everything that was out of place onto the pile, singing and giggling as we made long shots and high tosses.

The rooms were quickly cleared of debris, except for the

big mound in the middle of the living room. We sat around it as if it were a campfire. I held up each item and, in rhythmic sing-song, said, “A sock, a sock, where does it go?” Someone would answer “The laundry basket!” We did this for each item, and soon the big pile had been separated into smaller piles of books, blankets, laundry, and toys. Everyone was then assigned some piles to put away, while I swept the floor. Within a relatively short time, the house was inhabitable again, and we were all still in good moods.

Pile It On the Bed, Too

We've since used this method often, whenever my daughters' bedrooms—or mine—get in that state of overwhelming messiness. At these times, we pile everything on the bed so that the floor and all other areas are clear. Once that's done, the project feels doable—now only *one* pile on the bed needs sorting, instead of the entire room.

You can organize the “putting away” aspect according to your child's skill level. A mobile child who can sort will be able to put objects in the correct drawer or on the right shelf. Another child might need to have the toy basket put near her chair, and her job is to toss the toys in the basket. Another child might do best at just dropping dirty clothes in the hamper.

I don't have a song for this work, but having an uncluttered house again and everyone helping in their way sure makes me feel like singing. ♦

Barbara Sher, MA, OTR, is a pediatric occupational therapist who has published seven books on children's games. Some of the ideas for this article are from Spirit Games. You can check out her books and workshops in any online bookstore or on her Web site, www.gameslady.com. Requests for presentations or comments can be e-mailed to barbara.sher@gmail.com.



Behaviorism and Behavior

There are some pretty cool behavioral experts out there, who care about kids and listen to children with disabilities and their parents so they can learn how to best apply their knowledge. These wonderful folks will use the latest and greatest in behavioral psychology to motivate and help kids. If you find a specialist like this, hang onto him or her with everything you've got!

Unfortunately, there is another type of behaviorist. This person may be a professional in the behavioral field, or, even more often, a layperson. These are folks who see behaviorism as a black-and-white field, with no shades of gray. And, whether they are pros or amateurs, they can cause real problems when you are trying to raise a child who has Sensory Processing Disorder (SPD).

You can't change a child's neurologic makeup in a positive way by using punishments or rewards. If you could, I wouldn't be writing this column, because *Sensory Focus* wouldn't be necessary. If we could make it possible for child who is overresponsive to stay

Growing Up with Sensory Issues
by Jennifer McIlwee Myers, *Aspie At Large*

calm in a chaotic classroom by taking away privileges or offering bribes, 90% of the research that needs doing in the whole field of sensory processing would be utterly unnecessary.

It would be nice, really nice, if that whole reward/punishment thing was as simple as it looks to behavioral “fundamentalists.” I mean, wouldn’t it be a wonder if, when your child was having a meltdown in public, and someone said, “A good spanking would fix that,” you could just lean over, spank the kid, and have the meltdown immediately disappear and the child’s overall behavior improve rapidly? It would, in fact, be a huge relief.

(Disclaimer: Don’t spank kids. If you don’t believe that spanking is a problem, just take a good, close look at the people who say, “I got spanked all the time and I’m okay.” That should be enough to scare anyone into utter and complete nonviolence.)

The reality? The use of consequences and rewards consistently can help kids know where they stand and get more done, but it only works if someone involved understands the child.

I had a teacher complain to me about one kid in her class. He had SPD and attention-deficit/hyperactivity

disorder (ADHD), and, she told me, he was purposely making her life difficult. How did she know this?

“I know he loves Spider-Man, so I went all over looking for this one Spider-Man toy he wanted and finally found it and bought it with my own money, and I showed it to him and told him that he could have it if he spent *just one day* without getting into trouble. I reminded him of it all the time, but day

If an action is rewarded, the action usually happens more often.

after day he wouldn’t sit still, he scribbled on his worksheets, and he talked out of turn.”

The reality is that many second graders with SPD (nevermind SPD *plus* ADHD!) actually *can’t* spend just one day without getting into trouble. Not getting into trouble means not tilting your chair, not talking too loud, not getting antsy and cranky when you have to sit still, not grabbing or yelling or ... well, it’s a long list. It’s a *very* long list when you’re seven.

Adding in the carrot-dangling “reward” of a Spider-Man toy and reminding him he can’t have it yet is inadvertently and incredibly cruel. The poor guy couldn’t possibly do what it took to earn that reward, but knowing it was there, in his teacher’s desk, just out of reach ... well, the fact that he was doing any work at all in an attempt to earn the toy was a tribute to his desire to do what he was supposed to, even if the situation sucked.

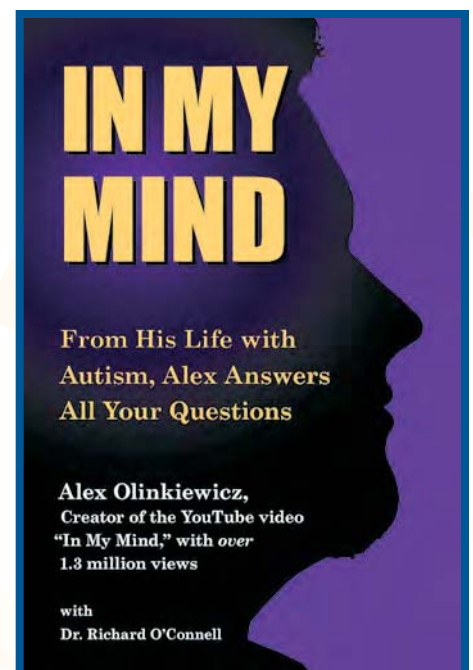
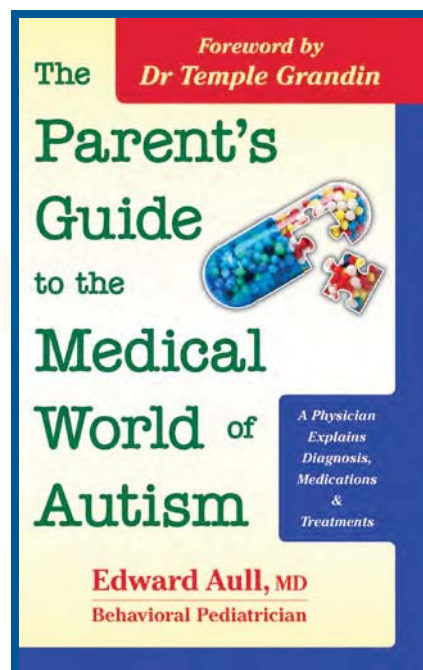
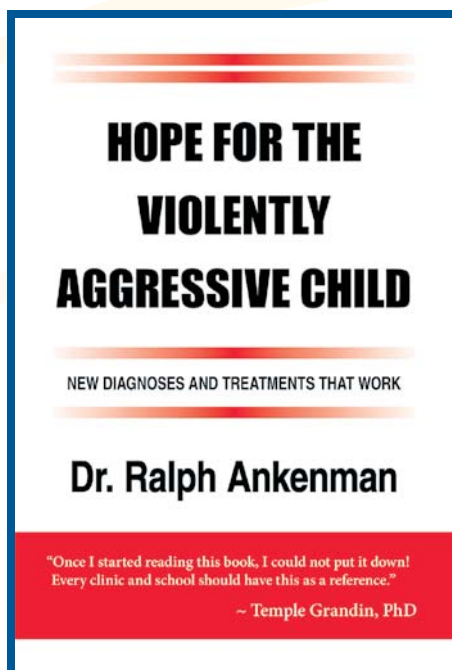
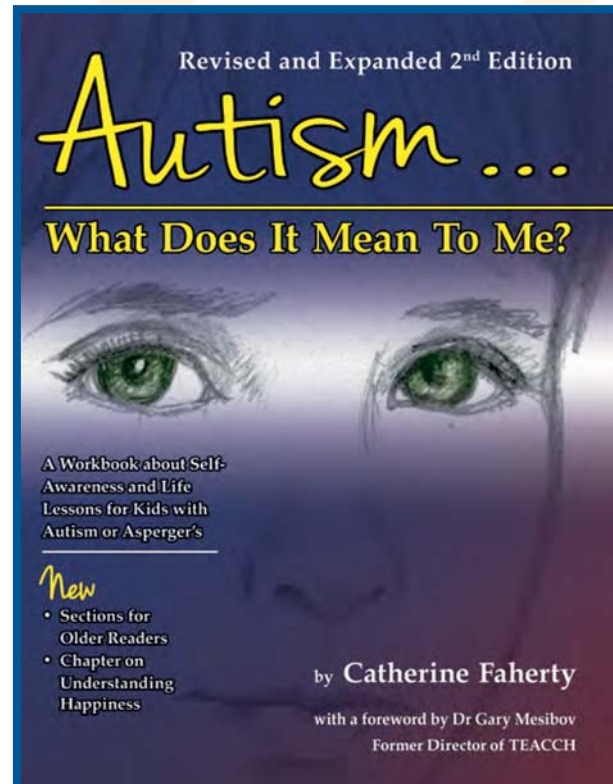
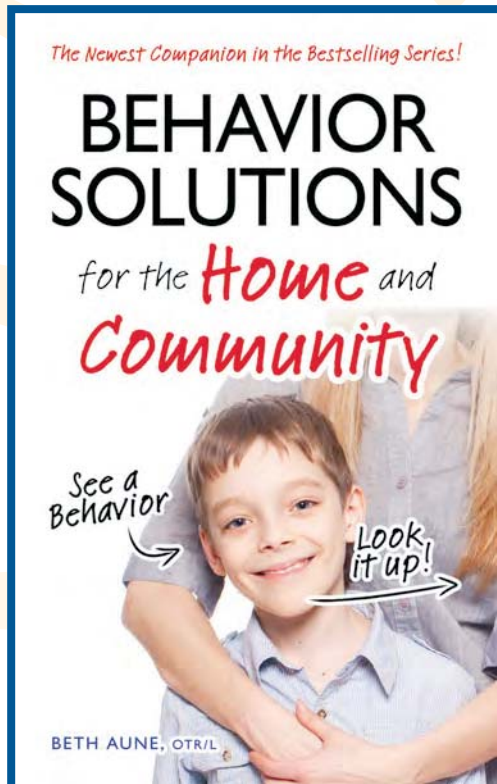
That same teacher would never have offered a bright second-grader the opportunity to have a fistful of cash if he could just learn calculus. She would understand that *no* second grader could do that.

In case you think I’m just picking on teachers, that’s actually not the intent here. It’s not the person, it’s the attitude—and it can come from anyone.

My dad is one of the most spectacularly great dads of all time. I adore him. And after I finished my typing class in junior high school (in the olden days, when you didn’t need to learn to type before junior high), he offered me what seemed to be a great deal.

He needed cold mailings to go out to potential customers, and typists were expensive. So he brought home everything I would need to type up letters

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and prepare packets to go out. He offered me the unheard-of sum of seven dollars per packet, with two caveats: I had to type up seven letters within a given week to get paid, and each letter could have no more than one correction.

I wanted that money more than I wanted food. I had a bad addiction to vinyl records back then, as well as books, and that cash looked pretty darn sweet.

I tried, and I tried, and I tried, but I could *not* type up

dad feeling like I wasn't willing to work hard for what I wanted. He really believed I wasn't going to do well in life until I got over my "problem," which he saw as a failure of will, rather than neurology—because anyone can type up one or two letters a day without typos, right?

The thing is, all the money in the world cannot fix fine-motor difficulties. There are a lot of things you can do to support the development of a child's motor skills and help

The funny thing is, consequences and rewards worked really well with me in many other situations. When my mom limited us to two hours of TV a day, I curtailed my beloved all-day TV-athons because I didn't want to lose privileges. Mom knew my capacity and made the consequences clear, and it worked.

It was the same with rewards; my sister and I got rewarded with one free pack of (sugarless) gum from my par-

It may have happened a dozen, or 50, or even more times: The child acts up in a predictable way, the teacher sends the child to the office, but the same thing happens over and over again.

those letters without making multiple typos. In fact, my typing was (and is) pretty bad, because I have trouble keeping both hands going at the same rate. The backspace key and I are very well acquainted.

My dad got frustrated with me because I wasn't producing, but I also begged him to keep the equipment I needed available so I could try one more time. He was upset, and he believed I just wasn't willing to do the work. Eventually the whole venture folded, with my

her do better, but bribery didn't work with me because it couldn't. No matter how many times I tried to type up error-free letters, I couldn't learn it.

I was left feeling like I was stupid and lazy. What should have been a great scheme to motivate me to have a good work ethic instead clobbered my sense of self-efficacy while making my dad frustrated. It was not a good situation, even though both parties were absolutely sincere and had no ill intent.

ents every week, as long as we never chewed gum with sugar in it.

I'm sure you can think of examples in your own life where clearly stated rewards or consequences helped you modify your behavior. The basic idea of behaviorism works. If an action is rewarded, the action usually happens more often. If an action has negative results, usually the action occurs less often.

Okay, so this is not always true. I've heard it over and over

again—parents are distraught because their child is getting sent to the office at school or given detention day after day for the same problematic behavior. It may have happened a dozen, or 50, or even more times: The child acts up in a predictable way, the teacher sends the child to the office, but the same thing happens over and over again.

Clearly, this predicament shows the limits of behaviorism. The teacher is performing the exact same action over and over and getting the same undesirable result, and yet, said teacher keeps up the behavior. Pure behaviorism would indicate that the teacher's actions should change—but they don't.

Again, this isn't just limited to teachers. Many, many adults will not change the way they react to a child, despite a seemingly endless round of negative results. It's astounding.

And, that's where parents and others have the responsibility to stop, look around, and reassess the situation. If you have a system of rewards and consequences that just plain isn't working, then it's time to look more closely at what is really going on.

If a child is kept back from recess repeatedly but she keeps doing the same things, your first thought should be,

"What's going on in and around the behavior?" If you have some idea of the child's sensory profile, start there. Is the child averse to noise? Is she under-responsive? Is she super-duper sensitive to being tapped on the shoulder?

Trust me, the overresponsive child who is extremely sensitive to being tapped or touched unexpectedly can become an exploding ball of rage, purely because his brain has catapulted him into a full-on flight-or-flight state. It's nearly impossible for an adult to suppress the outburst that comes from that much adrenaline, nevermind a child. That was me. And all the scoldings and punishments in the world couldn't change my biochemical reaction to a pat on the back.

And there is one other thing, too. When you are so overresponsive that you scream at people who touch you unexpectedly, other kids get upset with you. At that point, being held back at recess means not having to deal with the retaliation that is likely to happen on the playground.

I could not have "learned" to control my yelling without some serious occupational therapy intervention to deal with my overresponsivity and some cognitive therapy support

to help me respond to anger better. But, I sighed with relief when the teacher told me I had to stay inside at recess. I was getting rewarded for the very behavior she wanted to stop.

So, watch carefully when you are using rewards. Think about what a consequence or punishment means to an individual child. You may find that a behavioral approach can help just about any child, if it is done thoughtfully and with an awareness of that particular child. ♦

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 soon to be released Growing Up with Sensory Issues (Future Horizons, 2014).

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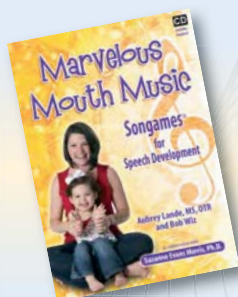
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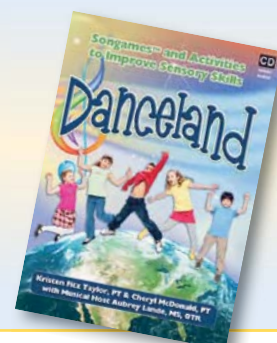
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Rachel S. Schneider, MA, MHC-LP

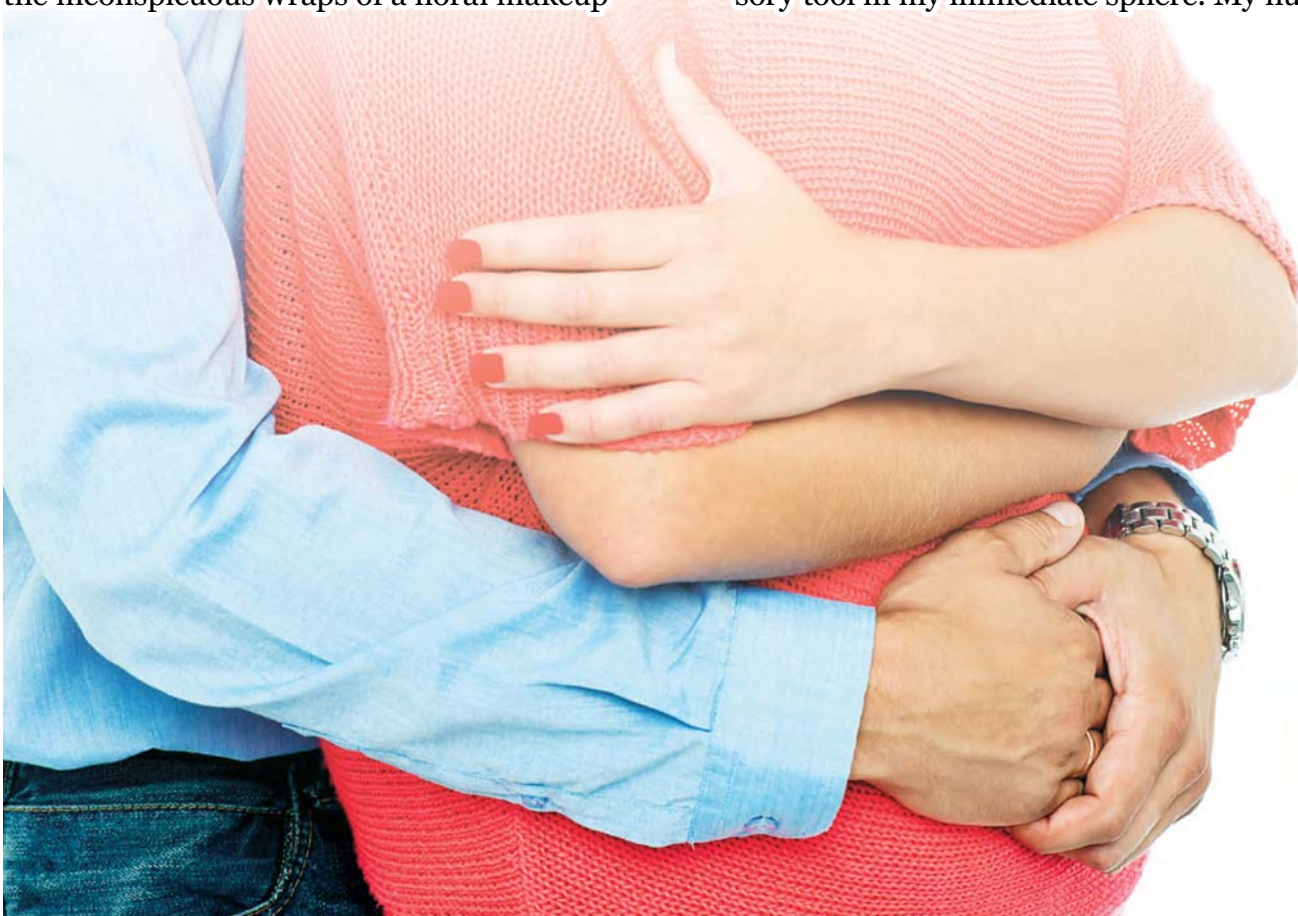
If you asked me which tool—occupational, therapeutic, or psychotherapeutic in nature—is the most valuable to me as an adult with Sensory Processing Disorder (SPD), I'd say without a single moment of hesitation: It's my husband.

This is saying a lot. I am a woman known for her deep, inane dedication to her furry band of finger-friendly fidget friends (yes, they have names and distinct personalities). I feel completely unclothed and unfettered without my trusty Wilbarger brush by my side, cloaked in the inconspicuous wraps of a floral makeup

pouch. As a psychotherapist, I am a huge proponent of deep breathing and visualization techniques, and I frequently slip away from the midst of large, raucous social gatherings to collect my breath and thoughts. I refuse to leave the house without a pair of blue-tinted buddy-cop-comedy sunglasses tucked into my purse.

I am clearly a quirky and interesting person.

And yet, in a single adult-sized male, fringed with a surprisingly robust rust-toned beard and kind eyes, exists the most comprehensive sensory tool in my immediate sphere. My husband is



a squeeze-machine-meets-service-dog, with patient, strong arms and fingers that have narrowly avoided the puncture of my proprioception-hungry teeth more often than I care to admit. He's a warning alarm and a mirror when my eyes glaze over and a secure escort when my field of vision turns to haphazard streaks of sharp, incomprehensible brightness and when sounds become meaningless. He is never, ever judgmental about my SPD needs. He slices. He dices. He makes me want to write an infomercial.

My husband and I jokingly refer to him as my expert handler, not unlike a wrangler who keeps a pacing tiger at bay and a trainer who soothes even the most temperamental boa constrictor. Except, instead of taming roving wildlife, he tends to me and my sometimes (OK—*frequently*) stubborn neurology.

We had been dating for just under a year when I met with an occupational therapist (OT) for the first time and received my diagnosis. It might have been the deep-pressure brush the OT pressed into the palm of my hand or the tangled bucket of small toys she proffered. Perhaps it was learning that my unyielding urge to flee the flash and thump and undulation of busy spaces had a new name. But the night I

met with my OT for the first time, I was rapturously giddy. My husband—my then-boy-friend—found me sprawled on my red couch, mid-giggle-fit, completely intoxicated with relief as the weight of 28 years of self-doubt and strangeness began its slow drain from my system. He learned that evening how to brush my back and help me quell the jagged surge

in countless photographs, my smile spread ear to ear.

He saw me at my worst: My already overly alert and in-tune body suddenly thrust into sensory overdrive as I struggled with what we now realize was a vitamin deficiency, paired with a particular food sensitivity. (Leave it to an SPDer to manage such perpendicular, yet simultaneous, internal health

“We must grab the hand of someone who helps us make space for our three-legged Yetis—whether this is a partner or parent, an old friend, or the soft-spoken neighbor.”

of residual sensory input. Two months later, he knelt before the very same couch and presented me with an engagement ring. SPD be damned.

In time, he saw me at my best: I strode across the stage, solo, to accept my master's degree, momentarily unhindered by the applauding crowd gathered in the echoed chapel, beaming. He waved from the middle row, flanked by my ever-supportive family. We all retired afterward to the celebration hosted by the university. I bent the ear of my favorite professors and joined my peers

feats.) For weeks, my heart was a propeller; my flesh felt flush with the ceaseless, tiny march of invisible wingless insects; my eyes stung and swelled with tears; and I startled with every punishing word that emanated from our television. I could not bring myself to the peaceful doorstep of sleep. It felt as if my entire body was on fire.

My husband watched at first, powerless, unsure of the best tactic to take in the face of my restless writhing and acute sensitivity. I don't know what inspired him one night, but I remember peering up through a

thick fog of malaise to see him hovering above me, and then he leaned downward and pressed his entire body, from head to toe, against mine. My handler—this wacky, clever man—had transformed himself into a powerful, human, weighted blanket. My body fought back against his frame for only an instant, before it sunk into a temporary calm. It felt like the first gasp of crisp air after coughing up pool water.

People say, “Love is *this*, love is *that*.” Let me tell you: Love is the drape of skin and bones of one body across another, when nothing else will suffice.

I’m not saying that life is perfect. Nothing is further from the truth. As an adult with SPD, life is more of a three-legged race in which all tied limbs belong to you. It’s an invisible birthday obstacle course lacking in layered party cake. It’s like living with a shy Yeti who insists on preparing every meal from scratch in your pajamas. SPD is nonsensical and moody, elusive and effusive. It is a complex beast that sometimes defies even our last elusive bastions of self-worth.

It is in these moments that we all must set aside ego and questions of personal ability and unfathomable strength. We must return to the schoolyards of our minds and touch

base. We must grab the hand of someone who helps us make space for our three-legged Yetis—whether this is a partner or parent, an old friend, or the soft-spoken neighbor. This need knows no age boundaries. I’ve had the great honor to engage with numerous adults with SPD, and each person has expressed to me how crucial a deep, trusting relationship is to their sense of self and well-being in this sometimes-haphazard world of shrill sirens, foul smells, and socks with intolerable seams.

I am thankful for the sensory pleasures in this life that I am living. I love the smooth glide of a softened stick of butter between wooden spoon and ceramic bowl as I prepare a fresh batch of chocolate chip cookies; I love the smell as dough becomes dessert in the oven. I relish the physical stability I feel with each leg stride of my morning elliptical workout routine and the spring of my feet against a trampoline. I am delighted by my father’s lively laugh, my mother’s gentle embrace, and the genuine joy in my sister’s voice when I pick up the phone and say hello. I savor the feel of warm, lavender-perfumed bathwater against my form.

I’d be lying, though, if I didn’t say I was most thankful

for my husband. This stubborn, silly, patient man—my judgeless and willing handler—has an intrinsic ability to help me navigate through my SPD life. Ultimately, it’s nothing I can’t handle alone, but it sure is nice to have company. ♦

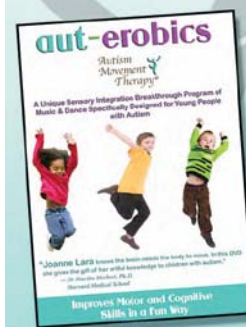
Rachel S. Schneider, MA, MHC-LP, is a psychotherapist and “adult SPDer,” who received a diagnosis in 2010 at the age of 28. She lives in Queens, New York, with her husband. She authors the blog “Coming to My Senses” at www.comingtosenses.blogspot.com.



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Occupational Therapy: A child's perspective

Paula Aquilla, OT, DOMP

“Fun”

was the word consistently offered by children at our clinic, when they were asked to describe their experience in occupational therapy (OT). They also used these descriptors: “a place where I can be myself” and “a place where I can learn about myself and the reasons why my body doesn’t always do what I want it to do.” “OT is a place where I can learn why my work is not consistent, even though I try really hard!” “OT is a place I learn about what I am good at and get better at tasks that are difficult for me.” “I get real feedback that I know is true in OT!”

There is not a lot of research in the OT literature that is written from the child’s perspective, which is a very important perspective.

All children, regardless of the diagnosis, want to have fun and be happy and successful. No matter what their behaviors, coping style, communication style, or sensory processing ability, they are children! By using a sensory lens, an occupation-

al therapist can see the child beneath the behaviors and can develop a comfortable sensory environment so the child can relax and blossom.

Our Approach: Facilitating the Child’s Perspective

Children love to feel special, important, and welcome. Occupational therapists can facilitate this. In OT, children can learn about their sensory strengths and challenges and learn strategies to meet challenges head on. We can modify our interactions so that we help the child with sensory processing dysfunction feel comfortable and engaged. We can modify the volume and speed of our voice, where we stand, how we smell, and how we look. For example, Noah is very sensitive to loud sounds and becomes distracted when there is a lot of color in the environment. Greeting Noah with a quiet voice in a place with blank walls can help him enter the OT room calmly, so he is ready to be engaged. Peter, who is a movement seeker and responds well to music, can be greeted with a hug and a twirl while singing a “Hello Peter” song! Two different greetings

for two different children yield the same result: The child feels welcome, special, calm, and ready to learn.

The occupational therapist can modify the approach throughout the session to accommodate the sensory needs of the child. The amount of space around the child can help him feel comfortable in initiating a task. For example, a child with tactile defensiveness may feel threatened when approached, even in a helpful manner. An occupational therapist can give this child space, ask him if he wants help with a task, and provide help with the child’s permission. A child who has difficulty with planning new tasks may feel rushed if the occupational therapist is placing the child’s feet on the rungs of a ladder. This child may do better if the therapist watches and offers help, if initiated by the child.

Feedback is a valuable part of the learning process, and children need feedback to be positive and accurate. Always compliment a child on her effort, even if the only thing to compliment is her breathing! “I like how hard you’re trying.” “I am impressed that you didn’t give up!” If a child did something new and creative, the feedback can be, “Wow! I didn’t know you could do that with

this game! I'm going to teach this to all the other children who come and play here!" A child with Sensory Processing Disorder (SPD) is often working so hard at staying on task and planning for the task that she is not paying attention to the end result. The feedback can close the gap for her and help complete the memory of the task, so it can be stored and retrieved anytime. If the feedback is accurate and positive, it can contribute to a positive sense of self and a feeling of mastery and competence. These are the ingredients of self-esteem and self-knowledge. Children can learn about themselves and begin to trust themselves.

Self-esteem gives us the ability to take the risks necessary to learn new things!¹ Learning is a leap of faith. It involves leaving what you know to move into something you don't know yet. Previous success and feedback about that success give a child the confidence to stretch.

Providing children with choices is empowering for them. They can choose the activity and change the direction of the session with someone who is listening and following their lead. The positive experience validates their choice and can help them build confidence in initiating play with others.

It also encourages them to continue checking in with the occupational therapist to see how the play is progressing. The occupational therapist can create "problems" that can be solved by the child (another self-esteem builder), and the child's confidence can soar.

Feedback from the child in each session is important. Communication sheets can be sent home with the child to outline the therapy activities, and the child can rate the performance of each activity in another column. For verbal children who can write, you can get a full description of their feedback in that column. For children who cannot write yet, they can add a happy or sad mouth to a circle with eyes. Some children love to put checkmarks or X's. Bingo dabbers can also be used to highlight favorite activities ... the sky is the limit. Parents give us feedback that their child proudly held up his communication sheet at dinner and announced his impressions of each activity.

Thanking the child for her hard work and recapping her success is a wonderful way to end the session on a high note. Parents are encouraged to keep a success journal, where the successes at school, in therapy, and in the community

are documented. The successes can be reviewed often and shared with family and friends; they can be a wonderful self-esteem booster!

Our Environment: Facilitating the Child's Perspective

The world can be a very disorganized and inconsistent place for a child with SPD. The sensory environment of the OT clinic can be set up to match the sensory needs of a child to help him feel comfortable.

"Sensory issues are very real, and I think they are more a matter of degree than being either present or absent in people."²

Sound can have a huge impact on a child with auditory defensiveness. Individuals with autism spectrum disorder cited auditory challenges as their number one challenge.² Quieter areas and rooms, accessible music to block out unpredictable sounds, and headphones can provide options for a child to help him manage the sound environment.

Lighting can make a big difference to a child with visual sensitivities. The ability to turn off overhead lights, choose alternative lights, and

wear baseball hats and/or sunglasses can increase the comfort level of a child with visual sensitivity. Be mindful of visual clutter, since this can be extremely distracting for children. The availability of a dark, quiet space (we use a teepee in our clinic) is helpful for a child who needs to relax. Lava lamps, aquariums, and visual toys can also help a child who seeks out visual input to relax. One of the children at summer camp had difficulty making transitions, and staff often

space to give a child a cushion, provide warning when he is going to be touched, have deep pressure and vibration activities available to help maintain a calm nervous system, and modify tactile activities to support success. For example, a child can wear plastic gloves when playing with goop.

The need for movement feeds the vestibular and proprioceptive sensory systems. Access to swings, climbers, trampolines, obstacle courses, open spaces, and stairs can

is that sensory sensitivities are very variable, among individuals and within the same individual.”²

Children’s learning can also be supported through the environment to support success. Pictures and words that support communication can facilitate transitions between tasks. These pictures can be on a clipboard, a blackboard in the OT room, or an iPod or iPad. Provide the child with information so that he knows what is being requested of him. Demonstrate new tasks, have parents demonstrate new tasks, and, for a child who needs time to plan new tasks, film the demonstrations and have him watch the videos daily until your next session. It works beautifully! Pictures posted where toys are kept can enable children to tidy up independently.

“One of the problems in understanding sensory issues is that sensory sensitivities are very variable, among individuals and within the same individual.”

carried him back from the nature hike. The introduction of bubbles that he was motivated to pop facilitated his independence in completing the hike and making transitions.

“Ben has real problems with clothes. He will now wear them to go out to school, but as soon as he comes home, he strips the lot off. If he is stressed when he is out, then he strips wherever he is.”³

Touch sensitivities can have a big impact on social interaction and the ability to participate in tactile activities. Use

provide functional opportunities to move. These movement opportunities can happen before, in between, and after other tasks to enable the nervous system to regulate.

The sense of smell is invisible, and if a child is sensitive to smells, she can get a headache or feel nauseous. A clinic free of strong chemical smells, food smells, and perfumes (in soaps and/or cleaners) can help support a child with olfactory sensitivities.

“One of the problems in understanding sensory issues

Our Activities: Facilitating the Child’s Perspective

When asked, “What do you like about OT?” the children answered, “It’s fun! It’s awesome! We do fun stuff!”

Play is the best vehicle for learning. When the limbic system is engaged, the child is engaged and interested, and

learning is facilitated. Dr Lucy Miller, in one of her many lectures, said, “Every session works from the physiological level toward joy in life.”⁴

Ask the child and her parents what her strengths and interests are. What motivates her to engage, pay attention, participate, and learn? Use this important information when planning the OT sessions. Address the challenges alongside the strengths, so the child experiences success often. Build skills inside motivating activities. Ben is a little boy who has poor muscle tone and needs to strengthen his shoulders to prepare to do written work. He loves jokes. Jokes were written on small pieces of paper and taped to the climber at the clinic. Ben had to climb up the ladder (to practice building shoulder strength) to reach the jokes. He loved this and requested it at every OT visit!

Occupational therapists can also offer structured programs to address other goals put forward by children, like self-regulation and friendship skills. Learning how to recognize emotional states and learning the strategies to support their own nervous systems is very empowering for children. Self-regulation was a goal of some of the children at our clinic.

There are several excellent programs that an occupational therapist can be trained in: The Incredible 5-Point Scale, The Alert Program, and the Zones of Regulation Program. These programs help children identify their emotional states, attach language to those states, and choose strategies to help themselves return to a calm and alert state. These strategies can be trialed and supported in OT. If they work in the safe zone of OT, they can be transferred out into the community. Children can be very successful in learning self-regulation skills. One mother shared that her son labeled her as being in the “red zone” during heavy traffic and suggested that she do 10 belly breaths! The mom was so proud!

Developing and keeping friendships has also been a goal stated by children. Occupational therapists can help in learning the skills needed to make friends. Many OT clinics offer individual and group opportunities to refine friendship skills. These groups are even better when they are run in cooperation with a speech-language pathologist.

“Our job is not to make our children into what we want, but rather to help them grow into what they are.”¹ An OT program that incorporates the

child’s perspective can support this growth.

We can take the child’s perspective into consideration in our approach, our environment, and the activities we choose to support development in children. We can create amazing experiences for children that boost their competence, confidence, and self-esteem. What an amazing privilege! ♦

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Paula Aquilla is a pediatric occupational therapist in Toronto, Ontario, Canada. She co-authored Building Bridges through Sensory Integration, now in a new edition.



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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

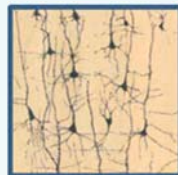
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study performed by scientists at the University of California (UC), Irvine, almost a year ago, sensory enrichment therapy produced significant improvement in cognition (understanding and knowledge) and a decrease in autistic symptoms and behaviors in children with autism across a broad age range (3-12 years).

The UC Irvine neurobiologists and behavioral scientists Michael Leon, PhD, and Cynthia C. Woo, PhD, randomly placed 13 children with autism into a group to receive sensory-enriched stimuli along with their standard treatment to compare the findings with those in 15 children who re-

ceived only the standard treatment for autism. The “standard autism treatment” was defined as Applied Behavioral Analysis (60%) and/or occupational (60%), social skills (13%), speech (80%), and physical (53%) therapy.

At the end of 6 months, the children in the sensory-enriched stimuli group demonstrated autism symptom improvement (42%) that was rated six times higher than improvement in the control group (7%) that received only standard autism treatment. The sensory enrichment group gained at least five points on the Childhood Autism Rating Scale, which was administered

Lyn
Dunsavage
Young

by trained psychometricians who were blinded to group assignment for test evaluations.

The sensory enrichment group also increased their cognitive rating (according to IQ tests conducted before and after the 6-month period) by more than 10 points higher than the ratings of children who received standard care.

Dr Leon characterized the 10-point increase as “unusual” because IQ scores generally re-

was more than double the 31% parental response for the group of children who received standard care.

The decision to undertake this study was based on research in rodents that spans at least the past decade. The research indicates that an enriched sensorimotor experience ameliorates genetically based neurological disorders, such as autism, Down syndrome, Alzheimer disease,

“was particularly effective in producing neurobehavioral changes in young rats, (so) we used a sensorimotor regimen that involved olfactory and tactile stimulation, as well as various combinations of visual, thermal, motor, balance, auditory stimuli, and cognitive tasks, in an attempt to maximize sensorimotor stimulation in humans.” (2) “We also wanted to add novelty into their sensorimotor experience,

The research indicates that an enriched sensorimotor experience ameliorates genetically based neurological disorders, such as autism, Down syndrome, Alzheimer disease, Huntington disease, Parkinson disease, and schizophrenia.

main stable, particularly when the same test is administered by the same administrators.

Parents of the children in both groups were also asked whether the overall autism symptoms their child experienced had improved, worsened, or stayed the same over the 6-month period. A statistically significant increase in the number of parents of children in the sensory enrichment group—69%—reported improvement, which

Huntington disease, Parkinson disease, and schizophrenia.

In various studies on rats, it has been found that sensorimotor enrichment can also improve learning and memory deficits, reduce aggressive behavior, relieve anxiety, decrease repetitive stereotypic activity, and, in some cases, increase exploratory and social behaviors.

In their research, two things stood out to Drs Leon and Woo: (1) The combination of olfactory and tactile stimuli

both by cycling through a set of seven odorants (smells) and by introducing new enrichment activities at regular intervals.”¹

Dr Leon emphasized that “Novelty was a critical ingredient in environmental enrichment.”

He also pointed out that the researchers paired two sensory stimuli at a time, a technique based on their research on rats. Pairing appeared to be “particularly compelling for the developing brain,” while adding just

one form of stimulation didn't generate the same result.

The children in the enriched sensory environment listened to classical music once a day with a CD player and headphones (auditory and tactile stimulation); were exposed to four different fragrances at different times during the day, which was paired with gentle tactile stimulation (a parent rubbing their backs with a clawed hand); and did four to

a parent drew imaginary lines on the child's face, arms, and legs with objects that had different textures, while music played (involving the tactile and auditory senses); the child was asked to walk on a 2-inch by 8-inch by 5-foot board and was then asked to do the same blindfolded (involving the motor and balance senses); the child pointed to objects in a book and said the name of the object (involving cogni-

First, most "standard therapies" are expensive because of the number of hours they require and the professionals that have to provide them. Sensory enrichment therapy involves the use of products that are typically available in the home and the help of adult family members, so it provides a low-cost option for parents who can spend a half-hour twice a day enhancing their child's progress.

Sensory enrichment therapy involves the use of products that are typically available in the home ... so it provides a low-cost option for parents who can spend a half-hour twice a day enhancing their child's progress.

seven exercises twice a day, which were rotated every 2 weeks for diversity.

The daily exercises also involved combinations of sensory stimuli and became increasingly challenging over the 6-month period. For example, a child placed his hands or feet in water of different temperatures (involving the thermal and motor senses); a blindfolded child walked on a pathway of different textures (involving the motor and tactile senses);

tive stimulation and the motor sense); the child drew lines using both hands simultaneously (involving the motor and visual senses and cognitive stimulation); and the child placed coins in a piggy bank by using only his reflection in a mirror.

Many more combinations were involved in the study.

The findings have major implications for parents of children with neurological problems, of which autism is but one.

Secondly, most "standard therapies" have to be implemented early in life to be effective. However, Dr Leon says, "We believe that sensory enrichment can be an effective therapy for the treatment of autism, particularly among children past the toddler stage. The average age in our study was 6.6 years—much older than can be treated effectively with standard treatments."

Dr Leon points out that sensory enrichment therapy

doesn't negate any other therapies, nor does it take a position on the use of a single product or concept, like the so-called "Mozart Effect" (even though classical music is used in enrichment therapy).

"We weren't evaluating any single product in the study. We paired sensory experiences to enhance multiple senses in a scientific experiment to create an enriched environment. We don't recognize any particular item in the therapy as being critical," he explained. "Our goal is to create sensory enrichment with at least two senses involved at a time."

Since the first study, the scientists have completed a second investigation that included girls and a larger number of children on the autism spectrum. Researchers wanted to apply different tests before and after the treatment protocol to test the validity of the findings in the first study.

The second investigation validated the findings of the first, with the sensory enriched therapy group experiencing increased intelligence ratings and social skills and a decrease in the symptoms associated with autism.

The report of the first study by Drs Woo and Leon, which was published in *Behavioral Neuroscience*, just received

the 2014 W. G. Marquis Award from the American Psychological Association—a major recognition by their peers for their achievement. ♦

For those who would like to implement this therapy or obtain further information, the inventors and a parent whose daughter was treated successfully in this study have built a Web site for that purpose—www.mendability.com.

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Lyn Dunsavage Young was the former founder and publisher of "The Dallas Downtown News," which was awarded the Katie for the best weekly in the state of Texas. She is the coauthor of five books and presently handles the national media coverage and marketing for Future Horizons, the parent company of Sensory Focus.

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