

# SENSORY FOCUS

UNDERSTANDING THE ISSUES BEHIND THE BEHAVIOR

SPRING 2015

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## DEALING WITH SENSORY ISSUES

An exclusive excerpt from  
*Temple Talks*, the new book  
by Dr. Temple Grandin

Also Inside ...

*Therapy Through Surfing*

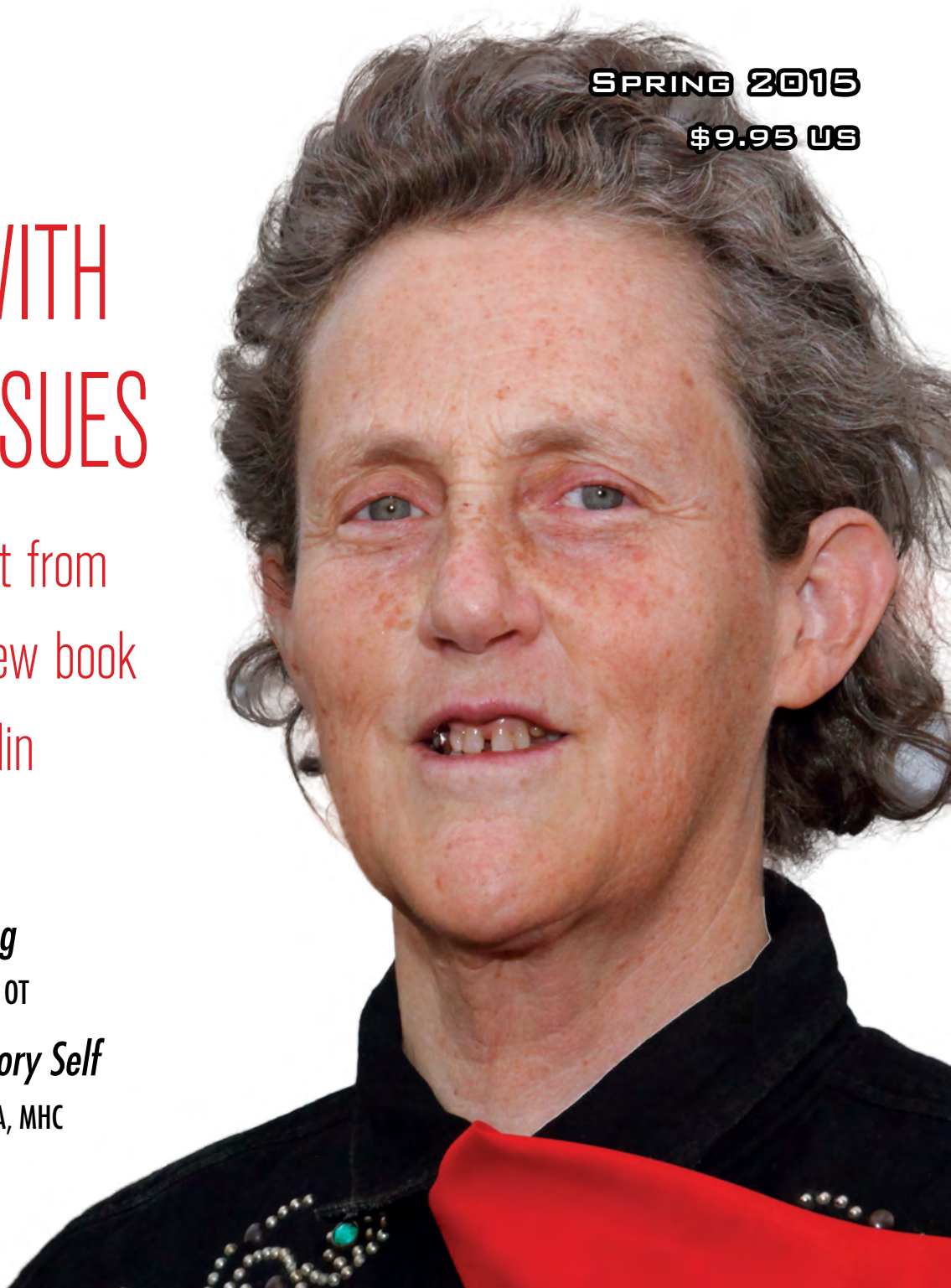
J. Taborda Lopes, MEd, OT

*Reflections on the Sensory Self*

Rachel S. Schneider, MA, MHC

*Bobbi's Book Corner*

Bobbi Sheahan



ALSO IN  
THIS ISSUE:

*Pain and Issues with the Interoceptive Sense*  
by Jennifer McIlwee Myers

*What to Do When Your Child Gets Blue*  
by Barbara Sher, MA, OTR

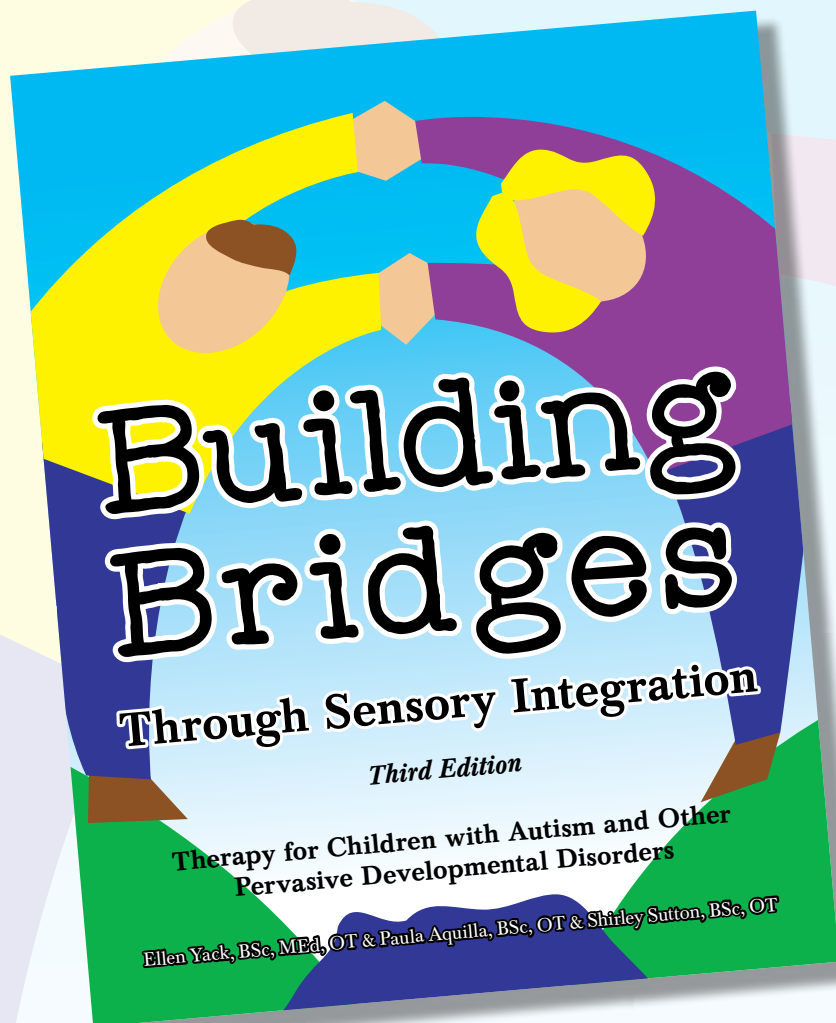
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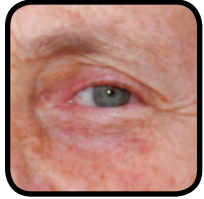


This revised and updated edition—written by three experienced occupational therapists—offers a combination of theory and strategies. It is a perfect tool for those working with young children, but also broad enough to be adapted for older children and adults. *Building Bridges* provides creative techniques and useful tips, offering innovative strategies and practical advice for dealing with everyday challenges. These include managing behaviors, improving muscle tone, developing social skills, selecting diets, and more.

**Helpful topics include:**

- What is Occupational Therapy?
- What is Sensory Integration?
- What are the Sensory Systems?
- Identifying Problems with Sensory Integration
- Strategies for Challenging Behaviors
- Ideas for Self Care Skills
- Adapting Home, School, and Child Care Settings

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**W**oo-hoo! It's Springtime! To me, this is always such a great season, when the world around us is suddenly reborn. Yes, allergies and spring rains abound, but what a relief to see the departure of winter. Time to go outside again! But, wait ... not before enjoying your latest *Sensory Focus*, of course. It's a good one. Why don't you take it out on the porch with you and enjoy the day?

This season, we are happy to offer an exclusive excerpt from Dr. Temple Grandin's latest book, *Temple Talks about Autism and Sensory Issues*. Temple is straightforward as always, and gives us much-needed insight into the world of people with sensory issues. She offers great advice, too!

After that, are you read to start thinking ahead to summer? Then jump over to the surfing therapy article. Surfing does require so many senses, but I never considered the therapeutic possibilities before. It turns out there are many of them, and I am intrigued to learn more.

Our wonderful columnist, Jennifer Myers, shares her insight into the interoceptive sense, one that we do not think about all the time, but is pretty darned vital to our survival. What happens when this sense goes askew?

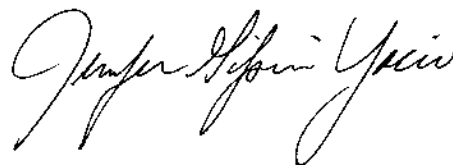
And we are so happy to welcome former columnist Bobbi Sheahan back with Bobbi's Book Corner. Each issue, she will share her review of a book that pertains to our senses. This time we examine a fun children's book.

In PlaySense, Barbara Sher tackles the emotional difficulties many of our kids may face in "What to Do When Your Child Gets Blue". People with SPD face many unique difficulties, and it is good to stock the emotional toolbox to help deal with them.

We finish with "Reflections on the Sensory Self," an insightful piece by Rachel Schneider, which describes her first feelings after being diagnosed with SPD, and how she has changed since then. She even shares with us a story she wrote soon after diagnosis, and tells how she has grown since then. A great find!

By the way, do you ever want to comment on an existing story? Or, do you want to suggest a certain topic or book for review? Go ahead and shoot us an email at [info@sensoryworld.com](mailto:info@sensoryworld.com). As always, we look forward to hearing from you.

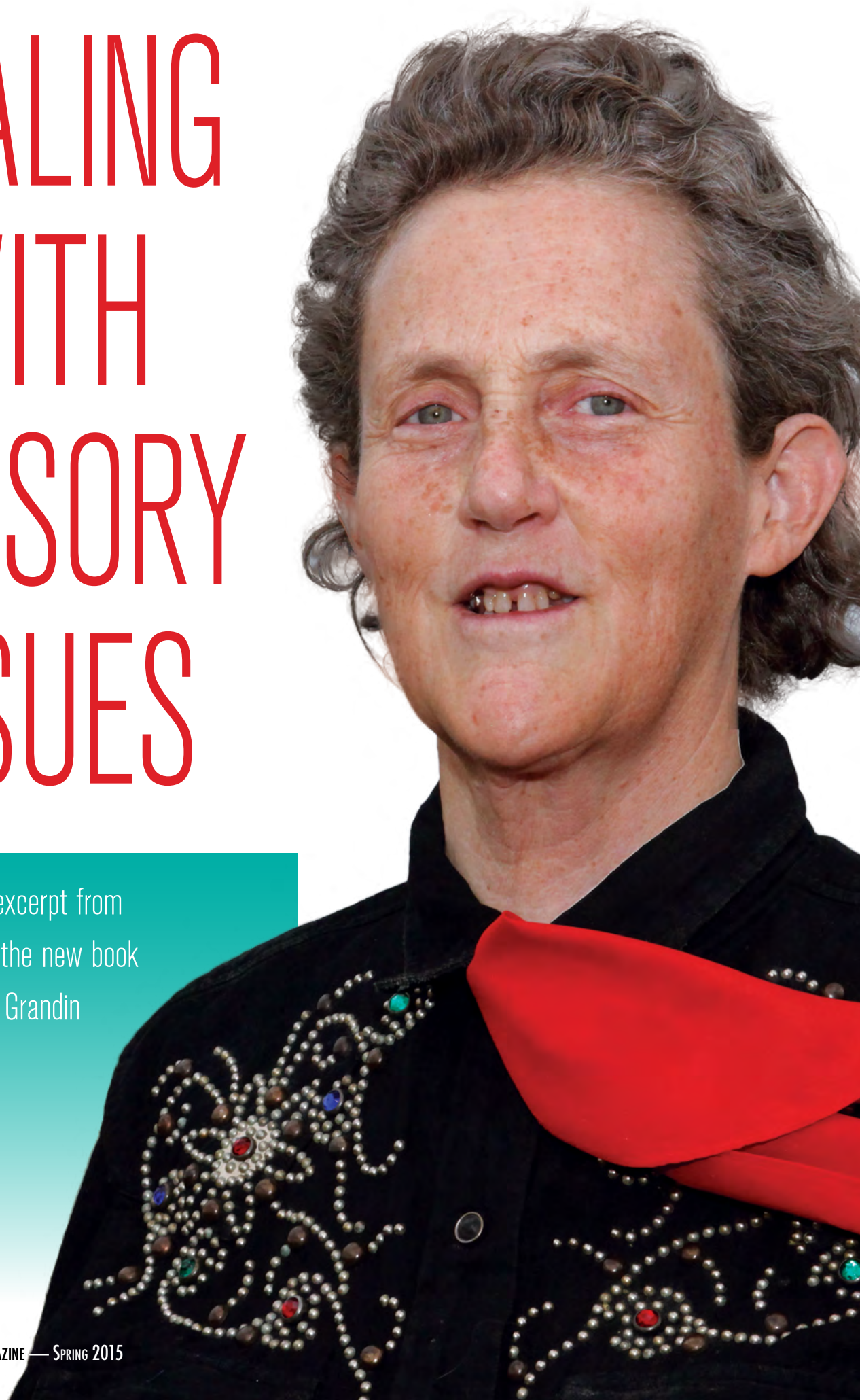
Alright—it's that time again. Sit back, get comfy, and enjoy this issue of *Sensory Focus* ... and the brave new world of Spring.



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

# DEALING WITH SENSORY ISSUES

An exclusive excerpt from  
*Temple Talks*, the new book  
by Dr. Temple Grandin



The big thing I want to address more specifically in this book is sensory issues.

Sensory issues occur in conjunction with many different diagnostic labels, such as autism, dyslexia, attention deficit hyperactivity disorder (ADHD), and head injuries. The problem with a lot of these labels is that they are not precise enough. People treat them as if they are precise, as if they were receiving a diagnosis of tuberculosis, but they are not precise.

In fact, according to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), autism now covers a huge spectrum of people, from computer programmers in Silicon Valley and Einstein (who could not speak until age three) to those who are severely handicapped. In my opinion, removing all the diagnostic criteria about speech delay from the new DSM was a bad idea. I also think the American Psychiatric Association planned to call most cases of Asperger's syndrome in which there is no speech delay a social communication disorder, but that is not happening today because, unfortunately, there is no funding for it.

So, let's talk about my sensory issues and how they affected me.

"But there is one basic principle: A lot of these things are tolerated much better if the child initiates them ..."

When I was a little kid, loud sounds hurt my ears. As you may know, sensory problems can vary from mild to extremely debilitating. One child may have a problem with sensitive hearing, while another may have problems with sensitive vision, such as being bothered by fluorescent lights; another may not tolerate certain smells.

But there is one basic principle: A lot of these things are tolerated much better if the child initiates them; for example, if he turns on the sound. Let's take microphone feedback; that can be a bad one for all of us. A child might be throwing a fit because he sees a microphone and is afraid it will squeal. So, if you hand him the microphone, walk over to the speaker, and have it make a sound, then he may back off. When he controls the initiation of the sound he/she may learn to tolerate it better.

## Auditory Processing Problems

You can test a child's hearing and find that the auditory threshold—the ability to hear a faint sound—is normal, but that tells you absolutely nothing about auditory detail, the ability to hear hard consonant sounds. My speech teacher would hold up a cup and say "cup," and then she would say "cu-p," where she'd slow down and enunciate the hard consonants so I could hear them. When grown-ups talked really fast, it sounded like gibberish. In fact, I used to think grown-ups had their own special language. There are some individuals whose hearing may fade in and out like a bad mobile phone. And keep in mind that when a child gets tired, all of these problems get worse.

There are also different types of speech delay. I had trouble getting my speech out. Another kid might actually have a lot of speech and yak out all this echolalia and whole movie scripts, but he doesn't know what they mean. So you have different types of speech problems here, and you have to be aware of them and treat them differently.

## Attention-Shifting Slowness

Another problem is attention-shifting slowness. Let's say a



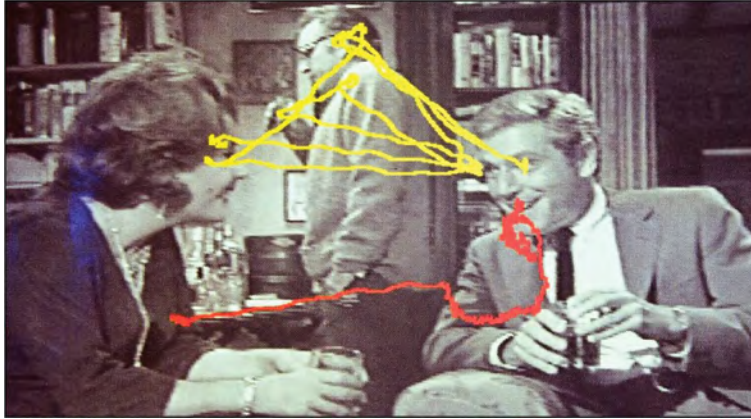


Figure 1

cellphone goes off in the room during one of my lectures. It attracts my attention, and it takes me much longer to shift back to something else, because I have attention-shifting slowness.

A study was conducted with a special device that tracks eye movement (figure 1). Notice how many times non-autistic people look back and forth between the eyes. Autistic kids are looking at the mouth. They don't even know why they should be looking at the eyes. The eyes are not talking to them. However, one of the reasons they look at the mouths because they may not hear very well. They are trying to lip-read and figure out what is being said. Look how many times the yellow lines, which show the eye movements of a normal person, went back and forth. The red line, which tracked the eye movement of a person with autism, never shifted. This really shows attention-shifting slowness.

If you are working with a child with very severe sensory problems, it is important to watch out for clipping. Let me explain. If I said, "Tommy, hang up your coat," a child with severe sensory problems might hear only the word coat, because the first part of the sentence got clipped due to poor attention shifting. It took him that long to shift his attention to what you said. To get around this, you might want to first say, "Tommy, I need to ask you to do something." Now the channel is open, so you can go on to say, "Hang up your coat."

### Visual Image Fragmentation

Other individuals may have problems in which visual images fragment and break up. I have looked at message boards on the Internet, and found one person who wrote that he had Picasso vision. Many of Picasso's paintings might have been influenced by

some kind of visual-processing problem. Similarly, if you look at a picture from Oliver Sacks's book, *Migraine*, you will see that some of these visual-processing abnormalities resemble those that occur during a migraine headache. I don't have visual problems. This is where the sensory stuff is so variable.

What are some signs something is wrong with a kid's visual system? There may be lots of finger flicking in front of the eyes, and he or she may tilt the head to look out the corners of the eyes. One surprising cue is that often, children who have visual issues are terrified of escalators because they can't tell when to get on and off. The big one, however, is old-fashioned, 60-cycle fluorescent lights because kids with visual sensory issues can see them flicker. Now, thankfully, LEDs are starting to replace these fluorescents, and it's good riddance to those old 60-cycle lights.

If your child has an eye exam, often you are not going to find much because the problem is in the visual cortex. The issue is a large area at the back of the brain that assembles the image. This area has four types of circuits: shape, color, motion, and texture. These circuits must work together to form an image. In vision



research, this is called the binding problem. Nobody really knows how it works, but in people with visual sensory issues, something is wrong with the visual cortex. Head injuries can also cause images to break up, and in some developmental disorders, a person might use the color circuits first, before he or she sees the shape.

In fact, if you want to read descriptions of some of these problems, there are some great books out there, such as *Carly's Voice*, by Arthur Fleischmann; *How Can I Talk If My Lips Don't Move?: Inside My Autistic Mind*, by Tito Rajarshay Mukhopadhyay; and *The Reason I Jump: The Inner Voice of a Thirteen-Year-Old Boy with Autism*, by Naoki Higashida.

## Visual Reading Problems

If you ask a child who is fully verbal and having trouble learning to read, "Do you ever see the print jiggle on a page?" and the answer is yes, there is a problem with the visual system, and fluorescent lights will be especially problematic. I want to emphasize this does NOT explain all reading problems, but a subset of children may be helped by the procedures described in this section.

Here are some simple things you can do to help this

"Try printing the child's homework on gray, tan, or pastel paper."

type of visual problem. You can put an old-fashioned incandescent light—if you can still get one—next to the child's desk or put the child's desk next to a window. An LED light might work as well. The child could also try wearing a hat. An important thing to note is that if you are using computers, you should make sure you only use phones, laptops, and tablets. The other kinds of flat panels and old fashioned TV-type screens are terrible. Some of them have fluorescent lights that flicker inside them.

Try printing the child's homework on gray, tan, or pastel paper. This helps many kids. Let the child pick the color that works for him or her. Some individuals have been helped by the use of Irlen colored lenses. It may help to make a trip to a local office supply store and experiment with pale pinks, lavenders, and tan-colored paper. Try every pale-colored paper the store has. Trying on pale pink, lavender, blue gray, or tan sunglasses may also be helpful. I had a student who bought some


pink sunglasses that helped stop the print from jiggling.

## Problems with Sensory Research

If you look at the research, you'll find that many studies have conflicting results. The problem with many of these kids with sensory issues is that there are so many subgroups. For instance, one child may have a visual-processing problem; another child may not. However, you can experiment with colored glasses and colored paper at very little cost. I have seen many people helped by this simple intervention. I was talking to the mother of a partially verbal little girl who could tolerate only five minutes of shopping in a large, busy store. After getting some little pink glasses, she could tolerate an hour of shopping in the same large store. ♦

*Temple Grandin, PhD, is an internationally respected specialist in the design of livestock handling systems. She is also the most famous person with autism in the world today. She was recently named one of Time magazine's 100 most influential people. Temple has authored several books on autism and speaks internationally on the subject. Her Web site is [www.templegrandin.com](http://www.templegrandin.com).*





# Therapy Through Surfing

The Beach as a Sensorial Room

**J. Taborda Lopes, MEd, OT**



The physiological effects of participating in sport and physical activity are widely known, and one of the best-established findings in the research literature.

All the other benefits of participating in sport identified in the research literature, such as the psychological and social benefits and improved mental health, appear to be an indirect outcome of the context and social interaction possible in sport, rather than a direct outcome of participating in sport (Andrews, 2003).

In recent years, promotion of outdoor play has been put high on the agenda for children. Outdoor play should support the child in a holistic approach, meeting needs that may not be met within other areas of the child's life.

For children who live in flats or other homes without gardens, the opportunity to play with wheeled toys, learning to steer, regulate speed, pedal, push or pull, build muscles and persevere, is invaluable (Dryden et al., 2005).

As Stephenson (2002) noted, when children are upset or anxious, they tend to move to the more intimate, enclosed spaces indoors. Outdoors offers a rich landscape of sensory

experiences that stimulate the whole body. On the other hand, indoors, where air, temperature, sounds, smells, and textures are regulated, the sensory range is much more limited.



Surfing as a sport practiced outdoors, with a water element in constant motion, appears to be an asset, compared to traditional sports. As one single activity, it covers several areas of occupational performance as well as various physical and psychosocial skills among participants. Surfing can play a significant role in the lives of all children, and especially those with disorders. The sport can promote physical well-being, combat social discrimination, build confidence and a sense of security, and play an

**“For children who live in flats or other homes without gardens, the opportunity to play with wheeled toys, learning to steer, regulate speed, pedal, push or pull, build muscles and persevere, is invaluable.”**

important role in the healing and rehabilitation process for children with disabilities.

Well-designed surfing programs, with organized and supervised activities, can offer important opportunities for leadership development, discipline, teamwork, and personal and social development.

### Can Surfing be Considered a Therapeutic Activity?

Occupational therapists believe individuals are occupational beings inserted into a social context. Occupational therapy's domain stems from the profession's interest in human beings' ability to engage in everyday life activities. The broad term occupational therapists use to capture the breadth and meaning of everyday activity is occupation. An occupation is defined as: “Activities of everyday life, named, organized, and given value and meaning by individuals

**"... surfing can and should be seen as a valuable activity that can help prevent and treat many disorders ..."**

and a culture. Occupation is everything people do to occupy themselves, including looking after themselves ... enjoying life ... and contributing to the social and economic fabric of their communities" (Law et al., 1997).

Surfing can be a complete and integral activity, taking into account the huge amount



of features associated with performance in areas of human occupation, performance skills, and the characteristics of the context (Lopes, 2006).

Thus, we can identify four major factors intervention in practice centered with surfing:

- **Aquatic Environment** (Physical properties of water): Important in functional rehabilitation (balance, strength, flexibility); stimulating and relaxing effect; absence of gravity improves mobility; im-

proves cardiorespiratory ability; integral muscular work; pleasure.

- **Environment—Individual Interaction** (Sensory integration in an environment rich in stimuli): Environmentally rich in sensory stimuli (water, sand, seaweed, rocks, aquatic fauna); also offers healthier ways of interacting with the surrounding world.
- **Individual—Therapist Interaction** (Work concepts such as expressing feelings and emotions): The trust relationship between therapist and the individual allows the latter to explore his/her intra-personal conflicts and find solutions; express emotions; look/gaze, enjoy physical presence, touch, and movement; share feelings; work on intrapersonal and interpersonal concepts; and improve self-esteem and self-confidence.
- **Group Interaction** (Work concepts of socialization): Contributes in a playful way to group motiva-

tion, establishing a suitable climate for interpersonal interaction, developing social skills and concepts of leadership, mutual respect, and mutual help.

## Sensory Integration through Surfing

Surfing offers a wide range of sensory stimuli (Lopes, 2010):

- **Visual:** Reflection and refraction of light on the ocean surface, associated with the constant motion of the waves.
- **Gustatory / Olfactory:** The intense saltiness of the sea, and the smell of the sea and algae/seaweed (more intense at low tide).
- **Tactile / Proprioceptive:** Buoyancy, drifting on the surface of the sea, and the simple passage of the hands through the water – distal movements made as individuals ride the waves or experience the tactile stimulation of feet on the sand.
- **Auditory:** The sound of the waves and movement of the sea.
- **Vestibular:** Constant imbalance and rebalance inherent in the activity.



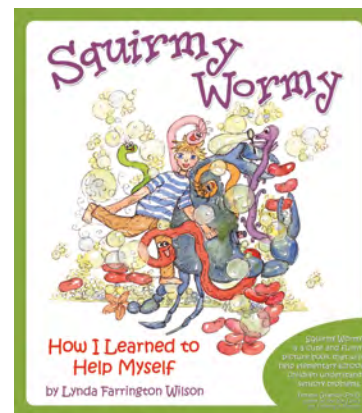


In short, surfing can and should be seen as a valuable activity that can help prevent and treat many disorders, contributing to personal and social development, improved self-esteem and self-confidence, as well as encouraging teamwork. ♦

*João Manuel Taborda de Matos Lopes is an OT at the Pediatric Hospital of Coimbra, and has his MEd in Physical Education and Sport. He is also the surfing instructor at the Portuguese Surfing Federation, the visiting Lecturer of Occupational Therapy in the Polytechnic Institute of Leiria, and the author of many articles.*

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— Dr. Temple Grandin  
author of *Thinking in Pictures*

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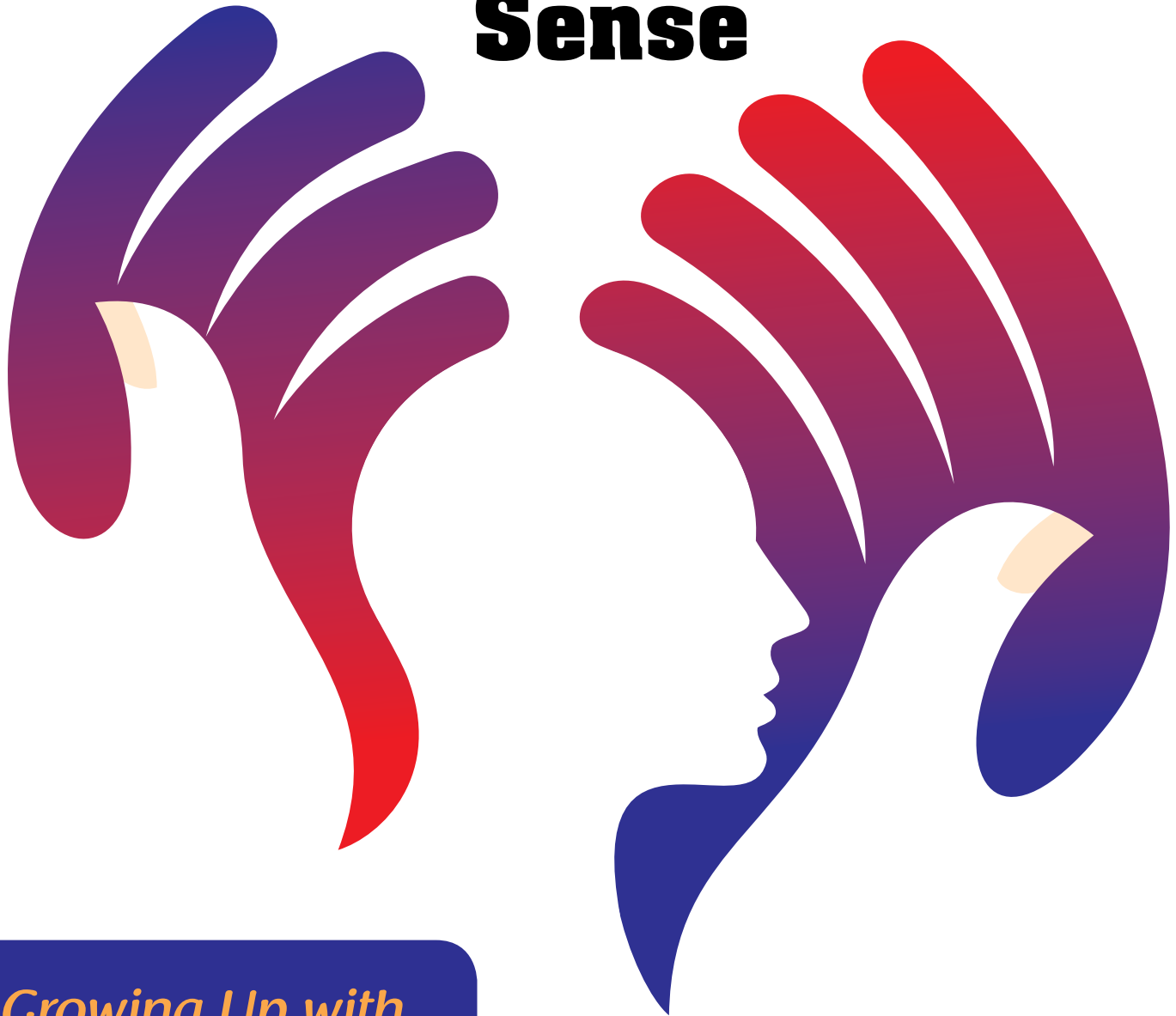
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# Pain and Issues with the Interoceptive Sense



## *Growing Up with Sensory Issues*

*by Jennifer McIlwee  
Myers, Aspie At Large*

**I**'ve written before about the less-known, less-understood senses that happen on the inside, so to speak. These include the interoceptive, proprioceptive, and vestibular senses.

Wait! Please don't leave. I know a lot of people's eyes glaze over when I start using the dreaded Technical Language, but—honest!—this isn't going to be a technical column.

The inner senses that have the big technical names all actually come down to this: Your body has built-in ways to let you know all sorts of important stuff about yourself, and having those abilities is vital.

These are abilities like being able to tell when you're overheated, feeling what direction you are going in so you can catch yourself when you fall and, vitally, knowing when you are in pain and where in your body the pain is—that kind of stuff.

too little and you can wind up pushing yourself too hard without even knowing it—or failing to get help when you really need it.

In my life, there have been some occasions when I wouldn't feel pain until the situation got pretty advanced and others where I'd be in serious pain the moment some tiny thing went wrong. For the first three-and-a-half decades of my life, this made me paranoid and cranky about my pain.

is incredibly weak and other times it's way too strong, often depending on the type of pain and how much stress the person is under.

For me, my outer layer (for lack of a better word) is too sensitive, but a lot of my inner stuff lacks sensitivity. If I fall and get a tiny scrape, it feels like a majorly huge injury with lots of pain telling my brain that there is a serious problem that needs attention right away. But if I plow into a piece of furniture and bang my arm

**“Mixed sensitivity means that sometimes the sensory input from an illness or injury is incredibly weak and other times it's way too strong, often depending on the type of pain and how much stress the person is under.”**

You know when you're in pain, right? You can usually locate the pain, so you know where the problem is, right? Okay, there are unusual cases, like how a heart attack can make the left arm hurt when that's not where the problem is; but basically you can usually tell where the problem is because of how pain works.

Pain can be a real point of confusion for us SPuDsters, and it can get us in trouble in many ways. Too much sensitivity gets you labeled a hypochondriac, a wuss, or a faker;

It's not just my problem, though. Unfortunately, there are a lot of kids out there with SPD who have too much sensitivity, too little sensitivity, or mixed levels of sensitivity to pain.

Me? I've got mixed sensitivity, and the way that plays out demonstrates how complex and varied the sensory processes involved with pain are. As regular readers may guess, that means I get to talk about myself again.

Mixed sensitivity means that sometimes the sensory input from an illness or injury

or leg, I usually don't feel it—as in, friends who see me clobber myself in this way will ask, with great concern, if I've hurt myself. And I say, “What do you mean?” because I am completely unaware that I've banged myself up. I usually figure it out later, when the bruise shows up.

So when the problem is too much sensitivity or mixed sensitivity, it means getting huge brain signals that something is very, very wrong when there actually may or may not be a truly urgent problem.

If there *may or may not* be an urgent problem, what's



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the safest thing to do? Please feel free to hum the *Jeopardy* theme to yourself while you think about that.

The only safe response to something that has a large chance of being a really urgent problem is to assume there is a real problem and then deal with it. For children with an oversensitive or partly oversensitive sense of pain, this usually means the only choice that feels reasonably safe is to *panic and frantically seek help*.

need for help and other times is only an over-response of the nervous system does not make the pain hurt any less in either of those cases.

This means that you get to be matter-of-fact, not demeaning, when your oversensitive child is in pain—as in, “Wow, I know that really hurts, but it’s a minor scrape, so it will heal soon. Let’s douse it with Bac-tine and put a bandage Band Aid on to help it heal.”

Now, that’s not going to always make a child calmer, but

breaks down into both physical and psychological effects. If your body is telling you that you are in real pain and the people around you tease you or otherwise deny your pain, then the most natural thing in the world is to tense up and panic. Such responses create fear—fear that real pain is not going to be taken seriously, fear that no one will help when you get hurt because they won’t listen, fear that your real problems aren’t real to other people.

**“First of all, let’s be clear: When a child is hypersensitive to pain, the pain is real. The pain signals in the brain are absolutely actually there, and the child is absolutely feeling real pain.”**

When a child is obviously oversensitive (or oversensitive some of the time), they get a lot of flak for crying too often, needing too many bandages, going to the nurse too often, and otherwise making too much of a fuss over small pains and injuries. And none of that helps at all.

First of all, let’s be clear: When a child is hypersensitive to pain, the pain is real. The pain signals in the brain are absolutely actually there, and the child is absolutely feeling real pain. The fact that sometimes the pain signals a serious

it isn’t going to make him or her nearly as crazy as the normal responses. Do you know what people actually say to children? “Oh, that doesn’t hurt.”

*That doesn’t hurt.* Seriously.

I can guarantee you, from an inside view, that it is crazy-making and scary when people tell you “that doesn’t hurt” when it does. It means that you aren’t being taken seriously, which means that your pain doesn’t matter, which also means that the next time you are in pain, it hurts more.

Yes, when you are terrified, pain hurts more. Pain

The combination of pain and fear can lead pretty fast to total drama queen behavior. This can easily become a vicious cycle: The kid overreacts (or “overreacts”), the adults poo-poo the child’s pain, the child then is more scared and panicky because the pain is being ignored, and—BAM!—things cycle out of control.

So acknowledge the pain. You can also introduce calming techniques, like practicing deep breaths, to help steady a kid’s rattled nerves and take time to help your child learn to focus on distracting and pleasant

things at will. (You practice that stuff when the child is not in an immediate panic situation, BTW.) The great thing about prompting calming techniques when a child hurts is that they are a way of acknowledging that things are not going well. They are also a way of gauging how severe the pain is and how the child is recovering. For some of us, when an attempted distraction using a nice fresh sealed pack of magic cards has no effect, it means the pain is pretty darn serious.

And yes, I know, sometimes you wind up dealing with a flailing, panicking ball of child-in-pain who does not exactly respond to the best of responses. Respond well anyway: Acknowledge the pain in a calm way, keep moving toward appropriate treatment (even if that consists entirely of a SpongeBob Band-aid), and don't accuse the kid of being wussy. (You can, of course, scream later on your own if you find you need to.)

The SPuDster who is undersensitive to pain causes less muss and fuss but can get in at least as much trouble. I'm pretty sure if I felt it more when I banged my leg against the coffee table, I'd bang against the coffee table a lot less. As it is, the above-described effect, when other people notice that

I've hurt myself but I don't, happens all too often.

For me, physical activity that provides good body feedback has been key to somewhat reducing the number and frequency of bruises. This means that getting an occupational therapist (OT) involved can be a major plus for kids who are underresponsive to pain.

What provides good body feedback? Any time you have to move and stretch in ways that make you aware of your own body, you get feedback. An OT can teach your child specific activities to "activate" the connections between the body and brain and provide some real feedback for the brain.

For me, on my own, this means doing exercises with small dumbbells. You see, to do an ordinary biceps curl correctly, you have to keep your wrist completely straight the whole time. For me, this initially meant learning to do curls by working one arm at a time so I could watch the one wrist involved carefully and learn to be consciously aware of what keeping my wrist straight felt like in each moment of the movement. Eventually, I could tell if each wrist was straight without having to watch continuously. As I learned a variety of exercises

involving the use of weights, I sent more and more information to my brain about what my body felt like in specific states—to the point where I started getting many more coherent signals from my body in general.

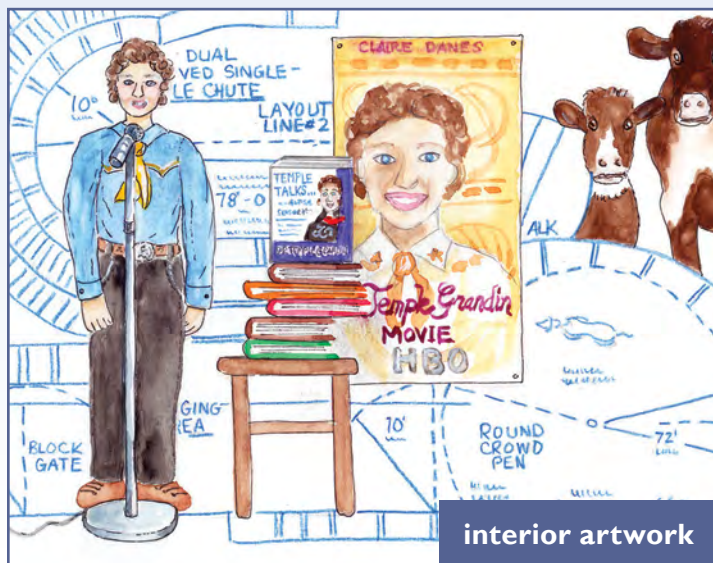
The above example is significant for two reasons: First, it can be done. Human beings can develop better inner body awareness over time through work. Second, if my 40+-year-old brain can learn new tricks, then you can bet your bottom dollar that an 8-year-old brain can learn even better new tricks—with support and coaching, of course.

The main thing I'd love you to be able to take away from this whole column is that people (including children) with SPD are very likely to experience pain differently than expected, and those kids deserve and need support to help them do well while being different. ♦

*A woman with Asperger's syndrome, Jennifer provides countless tips to improve the lives of those with sensory difficulties. She is the author of Growing Up with Sensory Issues (Sensory World, 2014) and is a regular columnist for Sensory Focus.*

# Upcoming Books

## Fall 2015



### Temple Did It, and I Can Too!

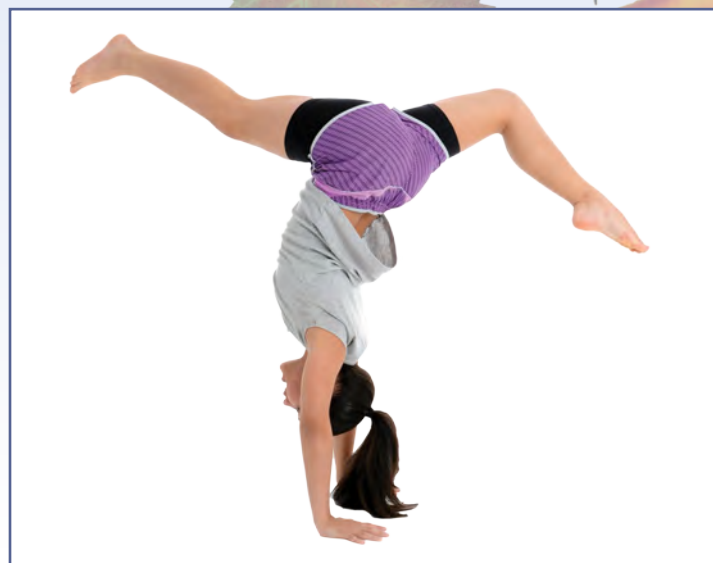
Oct. 2015

Jennifer Gilpin Yacio

ISBN: 978-1-935567-52-3

\$14.95 | Hardcover

Here is a children's book that will help guide and inspire all kids to reach their full potential. *Temple Did It, and I Can Too!* explains the obstacles Temple Grandin faced while growing up, then gives the rules she followed to overcome them and become a leading animal scientist. Includes worksheets for kids to identify and reach their goals.



### Yoga for Children with Special Needs

Dec. 2015

Britt Collins MS, OTR

ISBN: 978-1-935567-48-6

\$14.95 | Softcover

Childhood is a time filled with new motor challenges and all kinds of hurdles; this is doubly true for kids with autism and special needs. The motor challenges kids face require strength, coordination, and the ability to focus and attend. Yoga can help kids with these challenges as it can strengthen their bodies while calming. This book demonstrates how to get kids started with the discipline that so many of us use in our daily lives. Occupational therapist Britt Collins tells how to use yoga to support special needs, increasing body awareness and fine tuning coordination skills.





# Bobbi's Book Corner by Bobbi Sheahan

## *Applesauce Grows on Trees*

by Phyllis Barrett Samara, OTR/L and Jennifer MacNeil

Illustrated by Sarah Ruth Forde

**D**o you have a child who only likes bland food or who refuses to eat fruits and vegetables? How about a kid who only likes food of a particular color or shape? Authors Phyllis Barrett Samara and Jennifer MacNeil are here to help with *Applesauce Grows on Trees*.

**"As a parent, I found it nice to see healthy food getting such good press. Junk food has the benefit of an entire advertising industry, but apples? Well, not so much."**

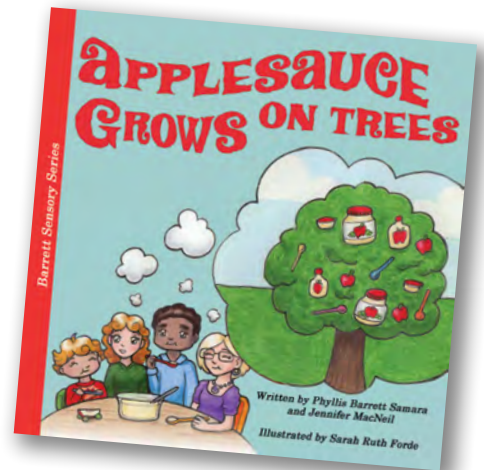
In their adorable book, they have found a way to reach out to kids with anxiety and food-related sensory issues.

Children with anxiety or issues with food colors, tastes, or textures will relate with Sam, the main character. Sam loves applesauce, bread, and other white foods, but sees no

point in eating anything else. Sam's parents take him to meet Ms. Phyllis, who demonstrates—in a non-stressful way—the merits of healthy foods with different colors and textures. Kids are also sure to love Sarah Ruth Forde's illustrations, which are cute and brightly colored.

As a parent, I found it nice to see healthy food getting such good press. Junk food has the benefit of an entire advertising industry, but apples? Well, not so much.

Given that it is a picture book, I asked my three kids for their reviews as well. All three of them gave a strong thumbs-up. My eleven-year-old daughter, who has autism, loved reading it again and again to her little brother. She is also now obsessed with making applesauce, using the recipe from the back of the book. Her older sister remarked that *Applesauce Grows on Trees* could be helpful for children with autism or sensory issues because it might help them believe that new and healthy foods aren't all bad.



*Applesauce Grows on Trees* is a good resource for parents and professionals alike. Your kids will want to read this clever, engaging story over and over. ♦

*Bobbi Sheahan is the co-author of What I Wish I'd Known about Raising a Child with Autism (Future Horizons, 2011).*





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# PlaySense

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## What to Do When Your Child Gets Blue



by Barbara Sher, MA, OTR,  
The Gameslady

**Y**ou don't have to be an adult to know that life ebbs and flow ... but it helps. For children, ups and downs seem more personal. If things go awry, they fear that something must be wrong with them. If things go especially well, they might surmise that they are too cool for school, as it were, and then get thrown when life does inevitably change. It's especially tricky when your child is different physically or sensorially and has a harder row to hoe than other kids. What do you do? How can you help? Here are some ideas for games to play when your child is feeling blue to help him or her understand that life is workable.

### What's the Worst?

The "Worst Case Scenario" game is about imagining what would be the worst thing that could happen. Name them. The idea isn't to "scare the bejesus" out of your child—although that might be the immediate reaction—but to help children recognize that there is "a next

day" and that they have the ability to deal with today. The question is, "If that did happen, what would happen next? What about after that?" You want your child to realize that

both enjoy the unfolding image. When imagining the future as they would prefer it, they are also getting in touch with their preferences. Often we don't even know what we want until

**"You want your child to realize that there are choices that can be made and people to lean on. No matter what happens, life will go on and so will they. They can do this."**

there are choices that can be made and people to lean on. No matter what happens, life will go on and so will they. They can do this.

### What is the Best?

In one's mind there is no limit to the imagination. For this activity, take a break from reality and let the imagination soar. Let the children fantasize about the future they would like to have. They can make tomorrow's dream as perfect as they want. You can have fun adding details so you can

we aren't liking what we have. Maybe, you could point out that this is the silver lining—the up side—to this dark moment.

### Create a Symbol

Are you feeling sad or angry or guilty or afraid or worried? Perfect. Emotions are just what we need to make an image that captures our moods. Have your child think of an image that fits. Sadness could be a drooping weeping willow tree; fear—a bird cowering under a leaf; anxiousness—a constantly hopping bunny.



Having an image gives us the power to change it. Children can enjoy creating the changed image even if they don't believe things can change. Butterflies can surround a weeping tree. A frightened bird can soar in the skies, and an anxious bunny can chill with cozy friends. They might be surprised later when their new image becomes their reality.

## "Hello Darkness, My Old Friend"

It takes practice to make friends with shadow feelings. Sometimes we have to comfort our children by just acknowledging their feelings ("I know you feel bad") or even agreeing with their feelings ("I know, this sucks"). There are days when they will feel on top of the world; on other days, they will be overwhelmed with self-doubt. Being human, we have all the feelings. The trick isn't to make uncomfortable feelings go away and never happen—that's not possible. What is possible and crucial to growth is to first notice how they feel and, then, notice that they're noticing. Play the game of giving the feeling a name and just saying "hello": "Hello, Sadness. Are you here again? I don't want to hurt your feelings, but I'll be glad when

you're gone and I can do my happy dance again."

## Sit With It

If your child has the tendency to fix problems quickly because it's too uncomfortable to hang with uncertainty, sitting with it might be the best strategy. When there is a decision to be made or a problem to solve and the answer is not yet clear, suggest waiting for a bit:

"Let's sleep on it."

"Wait and see."

"Wait and see what comes up."

"The answer will reveal itself in time."

"I'm not sure what to do, so let's do nothing for now."

"Everything happens in its season."

Often there is a whisper of the next step. It might be a phone call, a line in a book, an unexpected visit, or a sense of what is next.

## Breathe and Hum

Often there is nothing we can do to make a difficult time better in this very instant, but sometimes it helps to consciously breathe exactly together with your child. Breathe in and exhale out in sync. Another enjoyable activity at this time is to hum. Hum together—the same tune, different tunes, or no tune at all. Just join your energies and raise a soothing vibration through humming. Whether sweet, silly, or soulful, humming together can be the best cure of all. ♦

*Barbara Sher, MA, OTR, is the award-winning author of ten books and one CD on playing games that enrich children's development. She is also a regular columnist for Sensory Focus. Check online bookstores ([www.amazon.com/author/barbarasher-gameslady](http://www.amazon.com/author/barbarasher-gameslady)) or [www.gameslady.com](http://www.gameslady.com) for her work and to hear her Playful Parent podcasts.*

**"1 in 6** children experiences sensory symptoms strong enough to affect everyday life functions."

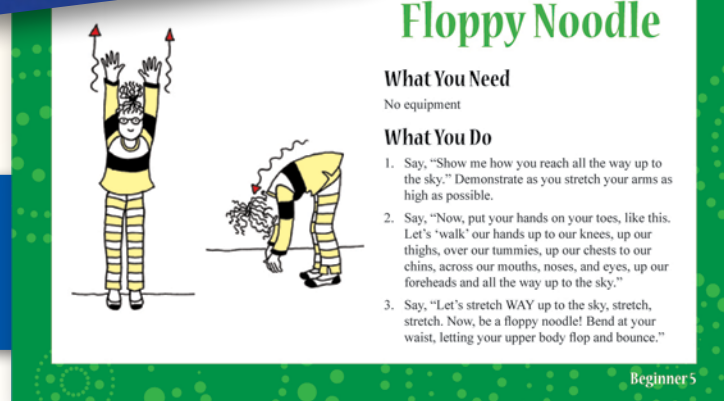
— SPD Scientific Work Group



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# Reflections on the & Sensory Self

(or "The Changes That  
Come in Time")

Personal growth is a funny thing, isn't it? Because we're saddled with ourselves from day-to-day, because we're always wearing our perceptive goggles through which we see every last little nuance of our world, it's often hard to gauge how far we've come until we turn around to look back into the past. It's the same phenomenon as when someone sees you after months and months of weight loss and gasps at

Rachel S. Schneider, MA, MHC



your newly svelte figure. Sure, you knew it was happening—you noticed how your favorite pants suddenly hung lower on your hips, you watched the numbers on your scale dip down week after week—but you were there the entire time (after all, wherever you go, there you are), fighting every last urge to lick the chip bag clean. You never had that same “gasp!” moment. You were too busy becoming you to stop and admire your transformation.

Sometimes we don’t notice the results of the work that we do to make changes within ourselves. We slip from one state into another without feeling the power and significance of our transition because we are living the transition. It is hard to see the magnitude of the changes that we make when the daily incremental change is so small.

When I was diagnosed with SPD in 2010 at age 27 (too little and decades too late, I thought at the time), it was as if I’d woken up from a very long nightmare, confused and wrapped in sweaty bedding. *What happened?* I gasped as I looked around for information that would make me feel safe and grounded. *You mean this was all a bad dream?* And, in a way, it was just a bad dream,

the end of a long stretch of time when I didn’t truly know myself—because really, how could I know myself when I was missing this vital piece of information? This realization made me endlessly angry with everyone and everything in my life, including myself. How had I made it to nearly my 30s without this crucial

“Anger is so often just a way station between two realities: the bridge between a truth that is no longer valid and a truth that has yet to be adopted.”

component of what makes Rachel “Rachel”?

In the years since my diagnosis, I have stopped being so angry. Anger is so often just a way station between two realities: the bridge between a truth that is no longer valid and a truth that has yet to be adopted. Instead of seeing the world through the framework of what I can’t do because of my SPD,

I’ve begun looking at my life in terms of what I can do in spite of my SPD. This framework, like gradual weight loss, developed slowly and seemingly established itself from thin air, as if one day I was ashamed and disillusioned about my situation and the next I was embracing it and writing about it to you. I know that this is entirely untrue. It’s taken years of dedicated therapeutic work and patience to get this far. It’s taken super-human strength, self-compassion, humor, flexibility, hope, and the belief that I was capable of living a better life to be who I am today. Gasp-worthy, indeed.

It is for all of these reasons that I was especially taken aback by a piece of writing I’d abandoned back in September 2012, two years after my diagnosis. I was digging through a folder and came across a document called “Left Out.” It captured how I was feeling the night of a big, popular concert that I chose not to attend because of my sensory issues. In an instant, the entire evening rushed back to me. It was a September night that felt like mid-August, breathy and hazy. I sat alone in my dimly lit living room, crying into my laptop as I wrote each word you are about to read.

## The One in the Middle is the Green Kangaroo

September 14, 2012

**A** Friday night in mid-September. Like *déjà vu*, I am *here* and they are *there*. Tonight, *there* is Central Park, the expansive patch of green that wedges itself stiffly into the middle of Manhattan. Tonight, they are seeing one of my favorite musical artists—live and within spitting distance. They flock to the park like a parade of pigeons. Post after post surfaces on Facebook. They are from all corners of my lonely life: an old classmate, a friend of a friend, a painful sting from my past. In pairs, I hear them singing along:

*Won't you look up at the skyline*

*At the mortar, block, and glass*

*And check out the reflections in my eyes*

This is every Friday night as far back as I can remember. I am *here* and they are *there*. Tonight, I am sick with a cold that stole in through the front door and settled in my bed. No matter. It's the same feeling of isolation. A game of luck versus ... what, genetics? Missing

research can't even begin to heal me.

I want to be the one singing along as the cool early autumn wind shifts through my hair. I want a roaring crowd to feel like a united front of energy instead of a threat. I want to bare my ears to the pressing music without wincing. I want to understand the strength of standing without the swirl of detachment. I want to know what it's like to just be one tiny person in one expansive stretch of land and not even notice.

*But this is not my lot in life*, I repeat in an attempt at logic. I get locked away safely, like an antique pearl necklace. I prefer it here, I guess. I don't have a choice though. I would not be able to handle the push and shove of body against body. I am such a delicate flower. Even with earplugs, gum, and a Wilbarger brush, I would be exposed to the movement, the dark, the bright, the loud, and the clash of notes against cheers and whispers.

I hate my brain. Have I mentioned this to you?

Until two years ago, I hastily crafted white lie after white lie. *I can't make the party, I have plans. I'm too tired, please go without me. I'm out of town that day.* What I

wanted to say was: *I am different than you. I have spent my life feeling so painfully left out, I can't even begin to define the isolation.* I truly can't, even though now I know I am not alone in my condition, even though I am slowly coming to terms with myself.

But not tonight. Tonight, I hate SPD. I hate the field that failed to conduct research on people like me so that I could grow up understanding what was wrong. I hate that I have always felt like a buzzkill, a loser, a weirdo. Bad. I hate the therapists who miscalculated and misled me, no matter how well-intentioned—and close—they were. I hate the millions of people in the world who cycle through their daily day with poise, for whom a concert is just that: a concert.

I am not in Central Park tonight. I am not feasting on music and laughter and life. But at home, I am channeling Ben Folds. I am singing:

*Now you take this all for granted*

*You take the mortar, block, and glass*

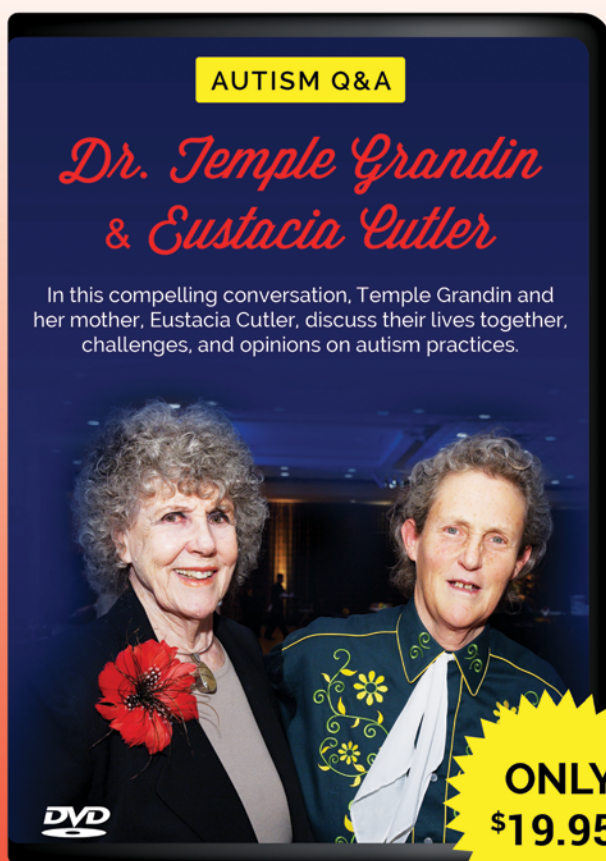
*And you forget the speech that moved the stone*

*And it's really not that you can't see*

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(continued from page 28)

*The forest from the trees*

*You just never been out in  
the woods alone*

I am in the woods alone.

I hadn't thought about that evening in nearly three years—well, not in these terms, at least. In my possession is a concert t-shirt that my husband/handler brought home for me from a rickety folding table on the outskirts of Central Park that same evening. It's a shirt that I wear to bed most nights, especially on evenings just like the one I describe below. It's been with me the whole time, literally on my person as I've grown and changed. The night he handed it to me, I never would have guessed who I'd ultimately become: a proud, passionate, and vocal SPD adult. ♦

*Rachel S. Schneider, MA, MHC, is Sensory World's newest author, and her guidebook for sensory issues is slated to be published in Spring 2016. She authors blogs on SPD at [www.comingtosenses.blogspot.com](http://www.comingtosenses.blogspot.com) and [www.rachel-schneider.com](http://www.rachel-schneider.com). Rachel will be hosting a video series entitled The Inside View on SPD, starting April 2015.*

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### 10 Common Signs of Sensory Processing Disorder

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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.





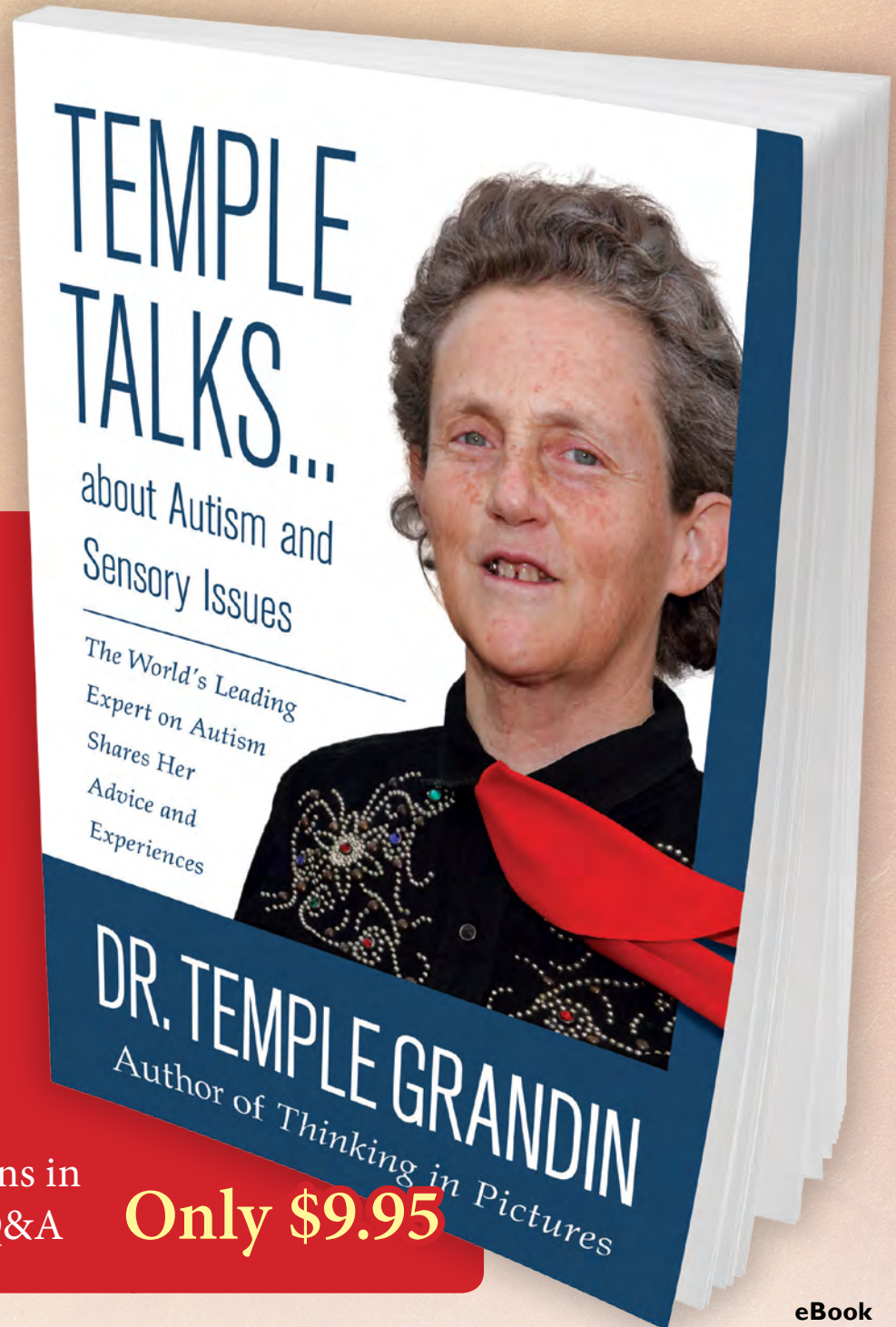
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