



Sensations

E-Newsletter

August 2007

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WELCOME: A Special Message from Dr. Miller

"Dear Mom and Dad,

It's been a great summer, now I'm back to hit the books at college. Love to you both. Please send money."

Any parent who has a child in college has probably received a communication like the one above. Perhaps the wording is a bit more subtle, or dramatic, but the message is the same: Please send money.

This is the message I'm sending to you now. It's been a great summer here at SPD Foundation. In fact, we are having a great year:

- Our name change to SPD Foundation has been enthusiastically received;
- Professional recognition of SPD was validated last spring when the Association of Occupational Therapy Journal devoted its spring issue entirely to SPD; and
- The New York Times article on SPD dramatically furthered our efforts to increase public awareness of the disorder.

This success is a double-edged sword for SPD Foundation: as awareness has increased, so have demands for more service to families and training for professionals. We must respond to these requests or risk losing our hard-won momentum.

As "back to school" time approaches, we are ready to redouble our efforts, putting completed research studies on the fast track to publication, and adding new strategies to our treatment tools at the STAR Center. As exciting as all these developments are, one point is vitally important:

Please send money!

SPD Foundation receives no governmental support of its research mission, our resources for families or treatment efforts. We are dependent on the generous support of individuals like you.

Your support of SPD Foundation's efforts this year – the DSM petition, the parent survey, and other activities has been stellar. We need your continued support, especially through tax-deductible giving. Never has your gift been more vital, and never has the need been more urgent. Please [Click here](#) to make a gift to SPD Foundation now.

With warm regards,

Lucy Jane Miller





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FEATURE ARTICLE: THE NEED TO MOVE

Offered by the professionals at Zone'in and Move'in

The advent of technology has caused profound changes in children's development and their ability to learn. Delays in printing and reading and a decrease in the ability to pay attention are increasing at alarming rates. Attachment and developmental disorders seem to be today's norm. As children spend more and more time *connecting* with technology, relationships are *disconnecting*, at a very rapid pace. North American children watch on average 6.5 hours of TV and videogames per day, and parents spend on average 3.5 minutes per week in meaningful conversation with their children. By the time children graduate from high school, they will have spent more time in front of a TV than at school. Is virtual reality now home and teacher to our children? By allowing our children to watch this much TV, are we literally draining the life force from our children?

Cris Rowan, a Pediatric Occupational Therapist who spent eight years working with children in a school-based setting, observes that 30% of primary classroom children have attention problems, with energy levels ranging from sleepy and lethargic to charged and wired, while 20% have printing delays, primarily in the areas of planning movement. Changes to home and school settings have contributed to these delays. Continued budget cutbacks have resulted in overcrowded classrooms with subsequent "caged animal" symptoms in children (anger, anxiety, chewing, and depression). Sedentary home lifestyles, as well as decreased school gym, supervised recess and organized sports, have contributed to observed delays in sensory and motor development. Consequently, these delays have an effect not only on children's ability to print and read, but also impact their energy states, creating either hypo- or hyperactive children with huge attention difficulties.

So how do we learn, and how can we improve printing, reading and attention skills? We take information in through our sensory channels, we make "sense" of that information, and we produce an output – which could be how we behave, feel, move, and learn. The principles of Sensory Integration Theory, and Cris Rowan's Body Energy Model, posit that sensory input is energy, and can either charge, deplete or ground body energy. Movement, in the form of heavy work, is an energy outlet. In energy terms, "what goes in, must come out"...because energy is neither created nor destroyed; only transferred. When sensory input is balanced with movement output, the energy body is at its optimal state for learning.

In order to help our children, we need to go back to the basics of our nature. For generations, human beings have engaged in heavy work, and sensory stimulation was nature-based and calming. We moved to survive; chopping wood, hauling water, plowing fields...listening, looking and smelling nature. Advances in technology and transportation have resulted in a physically sedentary human body that is bombarded with chaotic and complex sensory stimulation. While TV and computers may be compelling and interesting, burying our heads in technology is causing *sensory deprivation* and a "disconnect" from our worlds. Dr. Gabor Mate, M.D. author of *Scattered Minds, A New Look at the Origins and Healing of Attention Deficit Disorder*, brings to





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light the importance of quality of “attunement” between parents and children and states, “The letters ADD may equally stand for Attunement Deficit Disorder.” Dr. Mate points out that, “happy interactions between parent and child generate motivation and arousal by activating cells in the midbrain that produce endorphins, and activating cells that trigger the release of dopamine.” Dr. Mate goes on to say, “A relative scarcity of dopamine receptors is thought to be one of the major physiological dimensions of ADD.” How well have we evolved to accommodate to these changes? Human evolution takes time, lots of time. Have we adapted as a species to accommodate to this sedentary yet frenzied existence? Are we pushing evolution? What will be the consequences for our children if we continue?

As a society of parents, teachers and professionals, we need to work together to address how we can assist children to balance sensory stimulation with heavy work, to increase attention and reduce sensory overload (fright, flight, fight). For example, at home, a parent might allow one hour of “box time” (TV, video game, computer) for one hour of heavy work (bike uphill, haul wood, dig in garden). Schools could work toward increasing classroom-based resistive type movement through desk isometrics (hand push/pull), or through recess/gym activities (tug of war, climbing ropes). Schools could also reduce sensory stimulation by decreasing classroom visual and auditory “clutter,” creating sensory hideouts, as well as improving children’s ability to attend by utilizing sensory tools and techniques for optimizing energy states.

Parenting and teaching styles of the past no longer seem to work for today’s child, causing frustration and apparent resignation of teachers and parents. While we know that watching TV results in obesity, aggression, addictions and detachment, little has been done at schools or in the home to address this growing concern. Dr. Susan R. Johnson, Assistant Clinical Professor of Pediatrics at University of Southern California, describes how children’s developing nervous systems are adversely affected by watching TV and playing videogames. Dr. Johnson, in her article *Strangers in Our Homes: TV and Our Children’s Minds*, states that, “Watching TV has been characterized as multi-level sensory deprivation that may be stunting the growth of our children’s’ brains. Brain size has been shown to decrease 20-30% if a child is not touched, played with or talked to.” Technology is now the teacher of our children; virtual reality is now our children’s home. Dr. Johnson goes on to state that watching TV weakens the eye muscles necessary for reading.

Teaching programs at universities no longer instruct teachers in printing acquisition skills. Dr. Marvin Simner, Psychologist and Professor at University of Western Ontario, and author of *Promoting Skilled Handwriting*, states, “Handwriting is an essential skill, despite modern technology. People present themselves to the world through their handwriting, and are inevitably judged by it.” Dr. Simner goes on to explain that children who experience difficulty printing are likely to be delayed in spelling and reading as well. While newer teaching styles appear to have a greater emphasis on analytical thinking, creative writing, and communication skills, printing efficiently will always be necessary to accomplish higher level thinking and learning. Dr. Jan Hasbrouck, PhD., Educational Consultant with Read Naturally, states, “I cannot imagine a world in which printing won’t be a part of what we do. There is still a need for printing, so the logical conclusion is that we should TEACH it!”





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So while the pace of our society may not allow us to stop pushing evolution, we must start listening to our bodies if we want to successfully accommodate recent advances in technology and transportation. We need to intersperse our daily lives with increased heavy work and need to moderate daily amounts of sensory stimulation to get back on the natural evolutionary track. Increasing necessary touch and movement sensation can be achieved by daily hugs, playful wrestling, nature games and by quite simply “reattaching” to our children! Now is the time to plant the seed for children to learn in a new and conscious way. Teaching children to be aware of their bodies, so they know who they are, creates a strong and healthy foundation for learning. Using their energy in positive and productive ways, children learn to create balance and wholeness of body, mind and spirit.

Biography

Cris Rowan has been an Occupational Therapist for 20 years, working in schools for the past eight years. Cris has recently developed two new educational programs, Zone'in and Move'in, for use in schools and at home. Zone'in is derived from Sensory Integration theory, and helps children get their energy *Zone'in to Learn*. Move'in is based on Fine Motor Development theory and is designed to help children print and read by taking them on a *Printing Adventure*. Cris has also developed a TV and Videogame Help Section for Parents and Teachers composed of download handouts for TVVG reduction strategies. Learn more about these programs at www.zonein.ca, or email Cris at info@zonein.ca.

Reference Literature

Citations and reference literature for this article can be found in TVVG Help Section for Parents and Teachers at www.zonein.ca.





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FEATURE ARTICLE: CURE AUTISM NOW

Children with Autism Spectrum Disorder: Electrodermal Activity

Sarah A. Schoen, PhD. OTR, Director of Applied Research

KID/SPD Foundation Research Institute

The Research Institute of the KID/SPD Foundation continues to focus on studies to help understand Sensory Processing Disorder in children with and without co-morbid diagnoses. The following is a summary of a recent study examining some aspects of the physiology of children with Autism Spectrum Disorder (ASD).

For over four decades, theorists have been debating the sensory abnormality in children with ASD. The over-arousal theory characterized children with ASD as more reactive and less likely to habituate to sensory stimuli in the environment, while the under-arousal theory of ASD characterized children with ASD as less reactive to environmental stimuli. Others suggested fluctuating states of both over-excitation and over-inhibition within an individual.

This study used the *Sensory Challenge Protocol*, developed by Dr. Lucy Jane Miller (Miller et al., 1999), to study the arousal and reactivity of children with ASD to sensory stimuli in five sensory domains: visual, auditory, tactile, olfactory and vestibular. The *Sensory Challenge Protocol* is a child-friendly paradigm that uses a psychophysiological measure called electrodermal activity (EDA). EDA evaluates how much participants respond to stimuli by measuring electrical changes in the skin after stimulation. EDA provides an index of functioning of the sympathetic branch of the autonomic nervous system.

The *Sensory Challenge* laboratory looks like a pretend spaceship with walls painted to look like three dimensional space ship panels and low light levels. A small console, the "control panel for our space ship," is centered in front of the child with video monitor and strobe light. The child is seated in a sturdy armchair mounted on a motorized tilting frame. As the experimenter attaches electrodes to the child, the child watches appropriate parts of Apollo 13, depicting astronauts having electrodes attached. EDA is recorded continuously during a 3-minute baseline period during which no stimuli are delivered. This is followed by the presentation of 48 sensory stimuli (eight trials in each sensory domain) administered in the following order: auditory (tone), visual (flash), auditory (siren), olfactory (wintergreen), tactile (feather) and vestibular (chair tip). The experiment ends with another period called "recovery" during which no stimuli are delivered.

This study of children with High Functioning Autism (HFA) and Asperger's Syndrome (AS):

- explored the feasibility of using the *Sensory Challenge Protocol*, to characterize the child's general level of arousal and his/her reactivity to specific sensory stimuli,
- determined the reliability of electrodermal measures and
- described the variability of EDA in this sample of children.





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Forty children with HFA and AS participated. All participants received a diagnostic psychological assessment and a physiological evaluation. Fourteen participated in a retest study on the physiological measures.

Two types of EDA were collected during the *Sensory Challenge* experiment. Tonic EDA reflects the internal state of arousal and is collected during the baseline and recovery periods. Phasic EDA reflects attention in-the-moment to specific external sensory stimuli.

The results showed that *The Sensory Challenge Protocol* was successful in measuring both arousal and sensory reactivity in children with ASD. This finding suggests that electrodermal activity can be utilized as an objective measure of autonomic function in children with ASD following exposure to sensory stimuli. The EDA variables were moderately reliable, with a median variable reliability of .45 and 73% of the variables having reliability coefficients greater than .33.

Analyses did not reveal significant differences between HFA and AS. This finding is important in light of the controversy surrounding the clinical usefulness of differentiating HFA and AS. This study found that HFA and AS cannot be differentiated based on physiological characteristics of arousal and reactivity to sensations.

Another significant finding was that two distinct patterns of arousal and reactivity occur in ASD. One group has high electrodermal arousal, high reactivity and a quicker response to stimuli. The second group demonstrates lower arousal, less reactivity, and takes longer to respond to stimuli. The second group (lower arousal) tended to habituate faster than the high arousal group.

This study has important implications for future research of sensory processing in children with ASD. The findings support the theory that children with ASD fall into two groups, one which is over-aroused and reactive while the other group is under-aroused and less reactive.

The association between physiologic patterns and behavioral and functional symptoms, however, needs to be further explored. Determining if patterns of high arousal and reactivity compared to low responsivity is associated with specific behavioral or functional challenges in children with ASD or are predictive of outcome, as has been found in studies of individuals with schizophrenia, is an important next step.

A manuscript of this research study has been submitted to *Research in Autism Spectrum Disorders*.





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TREATMENT TIPS

STAR Lights: Clinical Services at STAR Center

By Andrea Stoker

Program Coordinator of STAR Center and

Sarah A Schoen, PhD, OTR

Clinical Director of STAR Center

Director of Applied Research at SPD Foundation

www.STARcenter.us

Children with Sensory Processing Disorder often have auditory processing difficulties, are over-responsive to auditory input, or have a hard time filtering out background noise. At STAR Center our intervention consists of a combination of occupational therapy with a sensory integration approach and listening therapy, in various combinations based on the needs of the individual.

Listening Therapy as provided at STAR Center is based on the work of Dr. Alfred A. Tomatis who studied the ability of sound to influence aspects of function including learning, language, emotion regulation, physical movement, creativity and overall health. The program uses primarily Mozart and Gregorian chant that is filtered through the Dynamic Listening System, developed by Dr. Minson. The headphones are specially designed to deliver sound through the ears as well as through vibration. The sound waves are transformed into electrical impulses that are thought to provide energy to the brain, influencing the ability to focus and attend, to balance, and to move with precision. Thus, listening therapy is a good complement to sensory-based occupational therapy as it maximizes the input to all sensory systems.

Clinically we find that Listening Therapy often helps to:

- Improve ability to maintain a calm, alert state
- Improve processing and discrimination of sound
- Improve reading abilities
- Increase motor planning skills
- Decrease stress and improve emotional balance
- Enhance learning

During therapy sessions children wear headphones that are connected to wireless receivers, which are tucked into a fanny pack worn around their waist. This allows the child to engage in both OT and listening therapy simultaneously, as they are free to move around the therapy rooms without getting tangled up in equipment.

Listening therapy has two phases, a receptive phase and expressive phase, modeling the sequence of language acquisition. The receptive phase utilizes both full spectrum sound and filtered sounds. The purpose of the receptive phase is to improve the ability of the ear to perceive sounds at all frequencies. The expressive phase utilizes a microphone and headphones so that the child can hear their own voice. This phase of therapy increases the client's ability to listen to





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him or herself and improves effective communication with others. Programs are individualized based on the results of a client evaluation, interview, and history.

We have found that the **combination** of sensor-based occupational therapy and listening therapy maximizes the impact of either therapy alone with most clients (children and adults). STAR Center therapy is designed to be intensive, to jump start changes in the child's daily life. For in-town clients, therapy seems to be most effective when children are seen three times a week for a period of 20 - 30 sessions, depending on the child's needs. We find that after the first phase (e.g., 20 - 30 sessions), that taking a therapy break seems to increase consolidation of skills/abilities. After that, clients return for "boosters" as needed that can be 10 or more sessions. For out-of-town clients, we recommend daily treatment for 2-3 weeks, depending on the family resources and needs.

Another tenet of our program is family-centered care; individualized goals are established for each client, and if the client is a child, goals are based on parent priorities. Parent education is integrated into our program. We have found that long-term success can only be achieved through parents' enhanced understanding and knowledge about their child's unique Sensory Processing Disorder features. We teach parents how to problem solve around their child's issues, rather than focusing on specific activities or a planned "sensory diet" for their child.

Remember that SPD can appear in many forms. A diagnostic evaluation is needed to determine specific treatment plans. Treatment must be based on parent's priorities for change and overall goals of increasing social participation, improving self esteem and self confidence and maintaining or increasing self-regulation are paramount.





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SPD PROGRAMS & EVENTS

Save the Date! November 9-10, 2007

SPD Foundation Presents: Sensory Processing Disorder: Advanced Research and Innovative Interventions in New York City!

Special Keynote Presenters:

- Carol Stock Kranowitz, author of *Out-of-Sync Child*, and
- Lucy Jane Miller PhD, OTR author of *Sensational Kids*

Symposium Features Four Plenary Sessions and a Choice of Two Tracks:

Research Track Includes: Animal and human model research in genetics, neuropathology, treatment effectiveness and psychophysiology related to SPD. Treatment Track includes: Innovative assessment and treatment strategies.

Research Track Presenters:

- SPD Scientific Workgroup Members including:
- Margaret Bauman, MD Harvard Medical School: Anatomical Considerations in SPD
- Barry Stein PhD, Wake Forest University: Early Neurodevelopment of SPD
- Edward Levin PhD, Duke University: Rat models of Neuropharmacology affecting Sensory Gating
- Mary Schneider PhD, OTR University of Wisconsin-Madison: Primate model of SPD: Antecedents of SPD
- Alice Carter PhD & Margaret Briggs-Gowen, Yale University: Population-based Epidemiology of SPD
- David Pauls PhD, Harvard University Genetics Lab: SPD in ADHD, OCD and Tourette's syndrome
- Edward Goldson MD, University of Colorado: Parent-Centered Care for SPD in Pediatrics
- Patti Davies PhD, OTR Colorado State University: Sensory Gating in SPD vs. Typically Developing Children
- John Foxe PhD & Barbara Brett-Green PhD: Multi-Sensory Integration using an EEG model
- Shula Parusch PhD, OTR, Hebrew University-Hadassah Medical School

Intervention Track Presenters:

Expert OT clinicians including: Jane Koomar, PhD, OTR, Moya Kinnealey, PhD, OTR, Shelly Lane, PhD, OTR, Sarah Schoen, PhD, OTR, Teresa May-Benson, Sc.D, OTR, Jan Hollenbeck, MS, OTR/L, Sharen Ray, Sc.D, OTR, June Bunch, MS, OTR, and more. Topics include the newest assessment and intervention methods for Sensory Modulation Disorder, Sensory Discrimination Disorder, Dyspraxia, Postural Disorder, and OT treatment of SPD in School-Based Settings.

REGISTER NOW AT: www.SPDFoundation.net/Symposium or call 212.500.5953 x113.

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Advanced Intensive Mentorship Program

We are pleased to now offer The Advanced Intensive Mentorship in Diagnosis and Treatment of Sensory Processing Disorder. This intensive program will provide an opportunity for advanced clinicians to apply clinical reasoning through treatment co-planning and co-treatment with experienced therapists at the Sensory Therapies And Research (STAR) Center (www.STARcenter.us). Participants will be paired with an experienced STAR therapist throughout the program and will have an opportunity to work with children in direct therapy using combined Occupational Therapy and Listening Therapy. Active mentoring will occur before, during and after treatment sessions. Group processing/supervision guided by Dr. Lucy Jane Miller and Dr. Sarah Schoen will occur at the end of each day clients are seen in treatment. Supervision will focus on clinical reasoning, problem solving, constructive feedback and note writing, emphasizing clinical reasoning. Intervention clinical reasoning tools developed by Dr. Lucy Jane Miller will be used to teach intervention and report writing. Program will also feature didactic lecture sessions by researchers at the Sensory Processing Disorder Foundation (formerly the KID Foundation (www.SPDFoundation.net)) and in addition to the mentored clinical experiences at the Sensory Therapies And Research (STAR) Center.

This program consists of five course levels. Participants will begin with the one-week, Level One, course and may return later for Levels Two, Three, Four, or Five. Participants demonstrating mastery of the program content at each course level will receive SPD Foundation competency credentials in SPD. Courses can be taken sequentially if space permits or over several years.

Level 1 Program dates being offered now! **Register for our upcoming sessions, August 21 – 25, September 21 – 25 and October 30 – November 3**

Please visit the SPD Foundation website for more information and to register – www.kidfoundation.org/mentorship or contact the SPD Foundation at 303.794.1182.





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Sensory Parenting Workshops Coming This Fall

Sensory Parenting Workshops focus on the skills needed to better understand and advocate for your sensational kid. Program highlights include:

Review of:

- Brain and sensory development
- How sensory diets can help your child be regulated and can improve development
- Are the problem symptoms sensory or behavioral?
- The importance of a supportive community

You will learn:

- How sensory processing directly affects your child's life
- To use sensory activities at home to help with schoolwork, transitions and other home activities
- Parenting strategies to regulate and discipline your child
- How to build relationships with friends, relatives, teachers and others

You'll take home:

- Fun activities specifically targeted to help your child and family
- A Sensory Activity Plan to help your child excel
- A Sensory Behavior & Discipline Guide that respects sensory needs and fosters appropriate behavior
- A Sensory Community Map for tools to explain SPD to members of your community

Workshops are full-day programs and include registration for two family members and lunch. For more information and to reserve your spot now, please contact the SPD Foundation at 303.794.1182.





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Research Participants Needed

SPD Foundation is recruiting typically-developing children ages five to 12 years old, and individuals with Prader Willi Syndrome ages five to 21 years for our exciting Sensory Space Lab! Our Sensory Space Lab is a non-invasive, fun and interactive experience where participants get to see, smell, feel and hear sensations while participating in a pretend spaceship ride. Data from this lab helps us understand the causes of Sensory Processing Disorder, which will contribute to the medical and professional recognition of SPD as a legitimate diagnosis.

Any interested participants can contact Marianne Reale at 303-865-7628 or reale@spdfoundation.net. We look forward to your visit!

Attention Parents! Survey Now Online

We have developed an on-line survey for parents of children with SPD. The purpose of this survey is to gather information about parent and child experiences related to the diagnosis and treatment of SPD. The information we gather via this survey will help us demonstrate clinical utility of having SPD represented in medical and mental health diagnostic manuals.

This on-line survey will take approximately 15 – 20 minutes of your time to complete. The kind of information requested in the survey may require you to do a little homework beforehand; this would include specific diagnoses received for your child, medications prescribed, as well as cost associated with diagnoses and treatment. This survey is anonymous and your information will not be personally identifiable.

If you have any questions about this survey, please contact the SPD Foundation at 303-794-1182. We hope you'll participate in our survey and we thank you for helping us with this important research project!

Take the survey now: www.kidfoundation.org/parentsurvey





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SUPPORT SPD FOUNDATION

Stock Up for School and Help SPD Foundation!

Books, sweaters, backpacks... oh my! It's back to school time and we want to remind you that when you shop online THROUGH OUR WEBSITE at amazon.com, 1-800-Flowers, RedEnvelope.com, target.com, or travelocity.com, the SPD Foundation receives a percentage of any purchase you make - at no cost to you! Stock up, save time, and help SPD Foundation in just a matter of clicks. Just visit www.KIDfoundation.org/help/nocost.html and select the logo link to one of our affiliates.

And Speaking of Books... *Sensational Kids* is Now in Paperback!

Imagine, for a moment, that you are a parent of a child with no visible disability, but whose experiences of everyday life present constant challenges. What may be typical activities for most people – eating, dressing, making friends, taking a spelling test, responding to a hug – are a struggle, often resulting in social, emotional, and academic problems.

As reviewed in Kirkus Reports, *Sensational Kids* is "...warm, well-written and accessible, this should be every parent's 'go-to' book for questions about their child's sensory development..."

Order your paperback copy of *Sensational Kids* today at www.SensationalKids.org.





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Recent Contributions

KID Foundation and SPD Foundation wish to warmly thank the following donors for their gifts during the last fiscal quarter.

Nancy Allison
Maria Appleton
Nan Arkwright
Marilyn Ballard
Wendy Banker
Sheryl Batchelder
Joy Belew
Larry Bergen
Jonathan L. Brandt
Roxanne Brant
Bright Start Therapies
Ruth Broome
Jennifer Brout
James Bruce
Paul Bush
Michael Cheng
Mila Clifton
J. J. Coulter
Thomas Denington
Tracy Dunning
Napoleon Encalada
Albert F. Eurich
Joel Eurich
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Southpaw Enterprises
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Barry Stein
Earl Strimple
Sandra Stuteville
Constance C. Talmage
James Tarpey
Paula Peri Tiernan
Jean Trescott
Shelli Trimbur
Tuchman Family Foundation
Constance Turrentine
Carol Urban
Mary Warram
Donald Williams
Elaine Wohlner
Karen B. Wolf-Branigin
Arleen Zuckerman
Gerald Zuckerman





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SPD FOUNDATION IN THE NEWS

SPD Foundation and Dr. Lucy Jane Miller have been getting a lot of attention in the news recently. Follow these links to read more...

New York Times

Science Times

June 5, 2007

Read the article here:

www.nytimes.com/2007/06/05/health/psychology/05sens.html

Colorado Public Radio: Colorado Matters

Interview with Lucy Jane Miller: Recognizing Sensory Processing Disorder in Kids

June 21, 2007

Listen via this link:

http://www.kcfr.org/cgi-bin/comatters/comatters_play.asx?play=3233&type=comatters.asx

The Denver Post

Making sense of the senses

Sunday, July 22, 2007

http://www.denverpost.com/frontpage/ci_6433995

2eNewsletter (www.2eNewsletter.com)

Book Review of *Sensational Kids*, July 2007

Reviewed by Linda C. Neumann

The name Lucy Jane Miller chose for her book, *Sensational Kids*, refers to a group of children whose behavior can be puzzling, annoying, or even alarming to those around them. These are kids whose sensory abilities are impaired by a neurological disorder that affects at least one in twenty children. Sensory Processing Disorder, or SPD, is the name Miller uses for the disorder, although other names, such as sensory integration disorder or dysfunction of sensory integration, are also in use.

Arriving at a diagnosis of SPD often isn't easy, in part because the disorder can look different in different children. Furthermore, many professionals both in the medical/mental health fields and in education are unfamiliar with it or skeptical of its existence.

For these reasons Miller, trained both as an occupational therapist and a research scientist, has written this book. She hopes to validate the concerns of those parents who feel that something is just not right with their children and to educate professionals who work with these kids. The book reflects her more than 30 years of helping and studying children with sensory processing issues.

Among the strengths of this book is the easy-to-understand style in which it's written. Another is the many children's profiles and parents' accounts that the author has included, which provide a





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clear picture of the various types of sensory processing difficulties that children can have. Miller details what a typical day in the life of several children with SPD is like, both for them and for their families. Incorporated into these accounts are Miller's explanations of the children's challenging behaviors. For instance, in the following brief excerpt of one profile Miller describes LaTanya, a kindergartner who is "over-responsive":

In the next bedroom, seven-year-old Trey has slammed his door shut and is playing a lively drum roll on the back of it. The thumps bring LaTanya's sleep to an abrupt end. Her eyes fly open and her hands jerk to cover her ears. A wail of terror follows.

LaTanya has a Sensory Modulation Disorder (SMD), which makes it hard for her to match the intensity of her response to the intensity of the sensations she feels....LaTanya reacts dramatically because she is frightened....The trouble with LaTanya's system is that it cannot filter sensations in a way that would allow her to come up with an appropriate response....

For this profile and for some others in the book, Miller provides a detailed chart that presents questions to ask in order to help identify what triggers the child's extreme or undesirable reactions; goals to set to help modify the reactions; and strategies to follow at home, at school, and in the community in order to achieve those goals.

The book is divided into three parts. The first covers the basics of SPD, including information on assessment, diagnosis, and treatment.

Part 2 consists of profiles describing life with "sensational kids." This section ends with a chapter on what the future holds for these children. In it, Miller asserts that "Sensational children can and do grow into sensationally happy and successful adults. With planning and support along the way, your child can be one of them."

In the third part of the book, Beyond the Basics, Miller discusses what brain research has to say about SPD, the causes and prevalence of the disorder, and therapy. In addition, she addresses the connection between SPD and attention deficit disorder, along with other disorders. The author also provides useful appendices that contain resources for parents as well as information on finding professionals to evaluate a child and provide therapy. She even includes a sample letter that parents can use to help others understand their "sensational" child.

While Miller has addressed the book primarily to parents, it would also be an excellent source of authoritative information for others who work with and care for these children. Miller is considered by many to be the leading expert in the world today on SPD. She has worked with Dr. A. Jean Ayres, a pioneer in the study of how the brain processes sensory information; she established the Sensory Processing Treatment and Research (STAR) Center at the Children's Hospital of Denver, and she started and directs the KID Foundation, which provides support to children with SPD and their families.

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