

# Sensory Systems Clinic Newsletter

Providing Therapy for Children Since 1982

Winter 2006

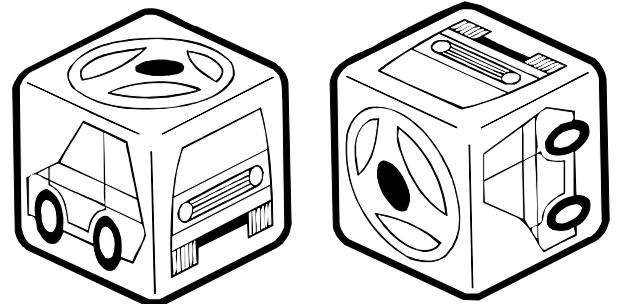
## Where Do I Start? A Treatment Plan for Autism Spectrum Disorder

### Getting the Diagnosis

**T**rust your instincts as a mother. Do not let anyone tell you there is nothing wrong. If you have an underlying concern, have your child evaluated by an expert in the field of autism and related disorders, a psychologist or psychiatrist recognized by their peers for their expertise in diagnosing autism spectrum disorder. Although it is never too late to treat ASD, acting early and aggressively will give you better outcomes. It may be expensive, but many approaches can be accomplished with supervised home programs. The National Institute of Health recommends 25 or more hours per week of intervention to treat autism. Very few families can afford this. The secret is home programs, so do not be discouraged. Do not put all your eggs in one basket. Explore your options. There are many differing opinions about how to treat autism. Trust professionals that are willing to listen.

### The Treatment Plan

**S**tart with the building blocks as this is where the problem started. Look at nutrition and feeding, sensory and



emotional regulation, structure and manual therapy, play skills and relationships, socialization and communication, and refining skills on the following pages.

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## Nutrition and Feeding

**S**ome experts say that it is genetic errors in metabolizing, food additives, or non-food chemicals in our environment that starts the problem during pregnancy. There are so many choices in this area: allergies, dyes, metals, elimination diets, supplements, etc. At Sensory Systems Clinic, almost all therapists have taken courses on nutritional aspects of autism. We believe strongly in the affect of nutrition and will refer you to experts that we are aware of. Unfortunately, there is no consensus between many of the experts and we do our best to refer you to someone that will meet your needs regarding the intensity and direction of the plan.

We are experts in the area of feeding, so that if the child has eliminated many foods from the diet we are well prepared to address this problem in a physical, sensory and behavioral manner. We will respectfully address your dietary concerns.

## Sensory and Emotional Regulation

**T**he first two months of life, the infant is a sensory being. This is the building block of emotions, movement, play skills, language and learning. Recent studies suggest between 80-90% of children with autism have sensory processing problems (Huebner, 2001; O'Neill & Jones, 1997). Get the child evaluated by an occupational therapist with expertise in the area of sensory integration. ICDL (Interdisciplinary Council on Developmental and Learning Disorders) studies (Greenspan & Weider, 2005) have indicated that

occupational therapy with a sensory integrative approach is an integral part of DIR/Floor time (Developmental, Individual, Relationship based therapy). If you cannot provide occupational therapy with a sensory integration base two times per week as recommended, do it one time per week. At the very minimum, get an evaluation and recommendations for sensory activities to do at home, and upgrade it periodically. Sensory is the building block for all development.

Sensory Systems Clinic specializes in sensory integration. We believe that improving sensory processing provides building blocks through which all other development takes place. We believe in empowering the parent through excellence in treatment and home programming.

## References

- Greenspan, S. & Wieder, S. (2005). *Can children with autism master the core deficits and become empathetic, creative, and reflective? A ten to fifteen year follow-up of a subgroup of children with autism spectrum disorders (ASD) who received a comprehensive developmental, individual-difference, relationship-based (DIR) approach*. Journal of Developmental and Learning Disorders.
- Huebner, R.A. (2001). *Autism: A sensorimotor approach to management*. Gaithersburg, MD: Aspen Publishers, Inc.

## Structure and Manual Therapy

**C**ranial work and related fields look mysterious. There is a special power to someone putting their hands on your child related to healing. But do not be misled by what it looks like. This approach is a powerful scientific based approach for many autistic children. Information about autism and cranial work can be found at the following website: [www.upledger.com/Clinic/autism.htm](http://www.upledger.com/Clinic/autism.htm). The problem with this treatment is that

when you stop it, sometimes the effects decrease. But it can be so powerful that you feel the child must have it. A good compromise with cranial approaches is to combine them with other approaches so that you can reinforce the progress at home. While it is hard to transfer the results that a skilled practitioner can get into the parents hands (literally), progress reinforced by other functional home programs can be done to help support the changes received during a cranial or manual therapy session. Keep in mind that many of the changes from treatment will be permanent. As the child progresses, frequency of treatment decreases.

We have several expert practitioners of cranial/manual therapy at the clinic, some whom have completed nearly 30 additional continuing education courses in the field. Manual therapy improves structural deficits of the body in soft tissue (digestive, blood supply, etc.) and boney tissue (posture, cranial bones, etc).

## Play Skills and Relationships

Play skills are the building block of language. Without play, language does not have to build to describe it.

Floortime/DIR, has among its most important techniques the building of play in the autistic child. It is even more powerful when combined

At the clinic, we have expertise in Floortime/DIR. We assess the child and parent play skills and train parents in 4-6 sessions . We provide additional sessions as needed.

with a technique like sensory integration that teaches a child how to use their body in play. This is a hugely successful program that fulfills the NIMH (National Institute of Mental Health) recommendation of 25 hours per week of treatment for the autistic child.

## Reference

Greenspan, S. & Wieder, S. (2005). *Can children with autism master the core deficits and become empathetic, creative, and reflective? A ten to fifteen year follow-up of a subgroup of children with autism spectrum disorders (ASD) who received a comprehensive developmental, individual-difference, relationship-based (DIR) approach* . Journal of Developmental and Learning Disorders.

## Socialization and Communication

We have seen many children that have had lots of language training and speech therapy that are not able to use their language functionally.

Through use of typically developing peers that have received sensitivity training to disability (expert players), we provide an opportunity for children with ASD (novice players) to play. Parents report that the child with ASD approaches typically developing peers during play, talks about their friends and even plays imaginatively and creatively with others

Sensory Systems Clinic trains expert players to play with your autistic child. Award winning research demonstrates the effectiveness of integrated play groups for development of language, socialization, and play skills.

outside the clinic as a result of treatment. This approach has been used successfully with children four years through 12 years of age (Wolfberg, & Schuler, 1993).

### **Reference**

Wolfberg, P.J. & Schuler, A.L. (1993). *Integrated Play Groups: A model for promoting the social and cognitive dimensions of play in children with autism*. Journal of Autism and Developmental Disorders, 23, 3, 467-489.

and handwriting may be provided at the clinic or given as home programs. Bicycle riding can be trained by the clinic occupational therapists.

### **Reference**

Shaffer, R. J., Jacokes, J., Cassily, J.F., Greenspan, S.L., Tuchman, R.F. & Stemmer, P.J. Jr. (2001). *The effect of interactive metronome training on children with ADHD*. American Journal of Occupational Therapy (March/April, 2001, Vol 55, No 2)

## Refining Skills

**I**n addition to treating the basic problems of the child with autism as above, parents are concerned regarding vision, learning and language. In the area of vision, sensory integration often improves the larger problems in vision, but for refining, a functional or developmental optometrist may be recommended. To support language development and sensitivity to



sound, in clinic or home programs may be recommended (Samonas Auditory Intervention). Speech and language therapy is recommended for the child with autism when combined with DIR. The *Interactive Metronome* (Shaffer, R. J., Jacokes, J., Cassily, J.F., Greenspan, S.L., Tuchman, R.F. & Stemmer, P.J. Jr. , 2001) program may be recommended for learning, language, fine tuning coordination, and higher level organization and planning skills. Fine motor treatment

## Limited Finances

**I**f funds are very limited, the following suggestions may help greatly:

- a. Have a DAN! (www.danconference.com) doctor get started on the nutritional aspects, then do as much as can be done independently
- b. Get a sensory integration evaluation and start sensory activities for home
- c. Get an evaluation and training in DIR/Floor time and do it at home
- d. Seek school occupational therapy and speech and language therapy services at no charge

**THIS IS A SPECIAL NEWSLETTER ON AUTISM SPECTRUM DISORDER. WE CONTINUE TO PROVIDE OCCUPATIONAL THERAPY FOR MANY TYPES OF DISORDERS. FOR MORE INFORMATION VISIT OUR WEBSITE AT SENSORYSYSTEMSCLINIC.COM!**