

THE SENSORY INTEGRATION ISSUE

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Volume 1; Issue 4 Collaborators: BBB Autism, ASO York Region, ASO Halton July 30,  
2001

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*What are some signs of Sensory Integrative Dysfunction?*

- *Avoids getting messy or wants to be cleaned up immediately*
- *Dislikes being touched, hugged or kissed*
- *Resists bathing or grooming tasks*
- *Avoids certain textures of clothing*
- *Avoids going barefooted, especially on grass or sand*
- *Avoids certain food textures or lights*
- *Dislikes movement activities, changes in position, or being upside down.*
- *Needs to move constantly or has difficulty sitting still*
- *Has an excessively high pain tolerance*
- *Has a hard time following directions*
- *Seems clumsy or awkward in movement*
- *Walks on toes*
- *Falls or trips often*
- *Has difficulty in crowds or groups of other children*
- *Has social/emotional problems*
- *Has difficulty with transitions*
- *Has delayed fine motor and/or gross motor skills*

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**OUR FAVORITE SENSORY POST**

Hi,

I thought I'd share this experience in case it effects any others families.

I'll be honest I'm not a guru on this topic as my son didn't have a great many sensory issues, but on the few he did... he sure went to town on them.

Sensory or Stim it could fall either way. He was extremely oral and it affected him all over the place.

1) For two years he would eat only three foods, as he couldn't stand the texture of other foods. They included French fries, grilled cheese and CHICKEN wieners. It was rather difficult to plan three meals a around this repertoire of foods.

We initiated a program within our ABA program to try a deal with this. He was going to preschool (shadow in the mornings and home for ABA in the afternoons, so we started having him stay for lunch at preschool before bringing him home so that we could have peer modeling to help with it.

This process was slow and it took a long time upwards of over a year and a half... but it worked for us.

1st step) We picked one new food to introduce at all three meals. (We picked corn to start with) Note: He had to do the following before he was allowed to eat his preferred foods.

2nd step) All he had to do was touch this food to the outside of his bottom lip. The natural reflex is to either scrap your lip with your top teeth or to lick it. This allowed him to slowly and gradually get used to the new taste without dealing with the offensive texture. This was continued for two weeks and over this time we increased the number of occurrences expected until it was one bite of preferred food for one touch of corn to his bottom lip.

3rd step) We stepped it up and he now had to touch the food (corn) to his tongue and that was all.. then he could again have his preferred foods.

This was over a little more than a week.

4th step) Now he has to do one chew of the targeted food and then he can remove it from his mouth into a napkin. Over the course of two weeks we increased the number of expected chews before removal.

5th) Now he has to take one miniscule bite of the targeted food, chew it and swallow it... for each bite of preferred food. Note: miniscule bite consisted of a tiny portion of one kernel of corn. Over the next two weeks the bite was increased until it consisted of one whole corn kernel.

6th step) This was increased to two, three, then four kernels at a time, until he could do a child size spoonful of corn. Then we increased until he could complete a child size portion of corn on his plate.

7th step) This was then put to maintenance so that the food was included in one meal a day 2 to 3 times a week.

And on it went with each new food, as we progressed the time may be shorted in any step and you could stagger new foods about a week apart... BUT all foods had to be put on maintenance... because if you did not he would strike them from his list of acceptable foods and you had to start again with them. Once in a while a new food was accepted more easily and could go through all the steps within days and others not so easily. We tried to start with foods that most children would eat and we also incorporated the school menu so that he was working on foods that were served at school anyway. While a specific food was on target we sent him to school each day (I didn't expect the school to serve it daily on his account).

OUTCOME: Today he will eat almost anything, when we have his friends over for lunch or dinner, it is the friend that is now the picky eater. I understand that there will be foods he will never eat or like, but it is not that true for all of us. Example: he detests tomatoes, but loves anything made from tomatoes i.e.: ketchup, pasta sauce etc... But we still live with one rule and I think we will always have to... he has to have one bite of anything that is served at a meal (except tomatoes). He at times will still attempt to remove certain foods that he had previously liked and eaten without question i.e.: broccoli and carrots. But with the one bite rule we are able to keep this under control, and he actually finds new foods he likes sometimes that he thinks he will not... like shrimp, scalloped potatoes, Chinese noodles, rice, and salmon steaks. We recently found a way to get him to willingly try and eat almost anything, and my daughter loves this as well. I bought them both their own tiny ceramic portion cup (it holds about 4 oz full), we fill it about half full with ranch salad dressing as a dip, and they will both eat any vegetable or meat if they can dip in it the dressing.

That's a personal decision you have to make but I'm happy to let them have it when they'll eat things like asparagus, brussels sprouts, broccoli etc...

2) This one definitely falls across both sensory and stim and again is oral. My son used to grind his teeth and he did it to the point that he ground both of his top centre two teeth away until he exposed the nerves and needed two emergency root canals done.

Note: This is back at the very beginning of our home program and he displayed NO PAIN EVER about anything. His tolerance was so high I used to live in fear of internal injury and would never know it because

of a lack of pain as a consequence for things, he'd do anything and often hurt himself and never show or acknowledge it. (i.e.: he used to spin himself around and around until he was so dizzy he'd fall, once he fell at my in-laws onto the wooden arm on their sofa and got himself across the bridge of his nose, he was bleeding and both eyes swelled up and he was completely oblivious to it). Any way I'm getting off target trying to explain the lack of his feeling any pain. On the issue of his grinding his teeth though this was a stim it originated from a need for sensory. Once the root canal was performed he stopped but moved on to chewing the inside of his cheek (again no pain issue), he'd be sitting in circle at preschool and you'd see blood trickle out of his mouth!

I took him to the dentist and he said the inside of his mouth was like raw hamburger and he had no ideas or solutions to deal with it other than wearing a mouth guard. We opted out on this for a few reasons, it didn't treat the problem, we couldn't go through life putting guards on him, it would definitely make him stand out from his peers, and it would prohibit his speech and he definitely didn't need that. We (the team) put our heads together and came up in the end with a very simple strategy to try and tackle this. To try and give him an alternative to get the sensory he needed we would implement chewing gum. Sounds easy right... except he would treat it like food... chew it and swallow it. So though it started as a sensory issue, it has now turned into a stim.. we took data, he only did it at times he had to be still (circle time, story reading times he was waiting from one activity to the next) and he couldn't go longer than 5 seconds without doing it. For someone not watching for it, it was hard to catch because on the outside it was only a slight movement of his mouth. You couldn't stick your hand in his mouth and if you gave him any verbal attention for it... it would be on the rise. So we came up with plan 2, if he could only last five seconds then we started reinforcing him at 4 seconds for not doing it. (We enlisted the help of his preschool teachers to support this as it would be a little disruptive at circle time.) We started pulling him out of circle to give him a tiny piece of candy (mini M & M, skittle etc.) Note: we only pulled him out as we couldn't give him candy in front of the other kids, it wasn't fair to them. He gradually increased the time he could go without doing it until it was extinguished. It took months. I'm happy to say this was the last destructive oral thing he did though he did replace it with verbal oral stims to get the oral sensory he was after. But we addressed each of those the same way as the cheek chewing until they also were gone. Each was a long process... but today he only visits verbal stims once in a blue moon and always with one eye on me to see if I'm watching... it's more for attention now than anything.

3) He used to strip down naked whenever and wherever he felt like it, he especially had an issue with socks. Though I'm happy to report this was not a daily occurrence. We could be in the grocery store the bank name it and I'd find him stripping down. This could be a long story as well but I'll make it short. To tackle it I only put him in pants that had belt loops so that I could put on a belt. (He couldn't undo a belt yet). That left his socks and his shirt. Which we addressed exactly as above, we put him on a regular reinforcement schedule for keeping his cloths on....

This one went relatively quickly except for the socks which lasted about a year. Today he stills prefers to be barefoot (as do I), but will keep socks on without an issue. So in the cold months socks are not to be removed ever and in the summer he can live in bare feet and sandals, except when doing sports, bike riding etc... and it's not a problem at all anymore.

I'm sorry this ended up being so long. I don't know if this will help anyone and like I said I think these behaviors on the fringe they started out as a way to deal with a sensory issue and all turned into full blown stims, but though the process seemed long and slow while we were living through it, it now almost seems like a lifetime ago and he's only seven. But I will proudly tell you he is my HERO!

Cindy Faria, ASO, Halton

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*From Children's Therapy Works*

**Sensory Integration (SI)** is a therapeutic approach, which was developed by Dr. Jean Ayres incorporating the vestibular, proprioceptive and tactile systems. This input facilitates the development of the nervous system. through the familiar sensory systems of touch, sight, smell, taste, and hearing that we receive input and information about our world. This information is taken in by the vestibular, proprioceptive and tactile systems which sorts and connects the information to the environment. Additionally, information is processed combined with the perception of position in space, an awareness of body posture, and the ability to discriminate and plan motor movements.

Children diagnosed with disorders in the autism spectrum commonly experience problems with sensory integration. These problems can vary from low arousal levels and a decreased sensitivity to visual or auditory input, to poor organizational and motor planning skills, to hypersensitivity. Speech and language delays are usually also present, as without appropriate organization of sensory input, a sufficient level of neurological arousal, oral-motor prerequisite skills and adequate interaction, communication skills may not optimally develop. Because a diagnosis of autism is usually made based on decreased social interactive behaviors, speech and language development issues, or decreased learning ability, the sensory integration deficits may be readily identified because they are less obvious, and are developing on an unconscious level.

The vestibular system controls where one's head is in space - receptors are located in the inner ear, and is stimulated by movement of the head. This gives us information about where our bodies are in space, i.e., up, down, fast, slow and angular, and whether we are moving or our surroundings are moving. When a child is unable to master his own position in relation to space, he is seen to be clumsy or disorganized, and have problems of balance. This can manifest in fine motor activities such as handwriting with letter reversals, right/left discrimination difficulties, and poor concept formation (e.g., up/down, before/after).

Proprioception is the ability to control where one's body parts are and what they are doing. Receptors are located in the muscles and the joints. E.g. the ability to copy from the chalkboard while copying words onto the paper. A child with poor proprioception may have stiff and uncoordinated movements, not be able to do things without looking and have difficulty dressing and undressing.

The tactile system has a protective and discriminatory function- serving the child by alerting them to danger or providing information about the quality of objects in the environment i.e. soft, hard, dull, rough or smooth. A child may experience hypo sensitivity e.g. getting hurt and not realizing it, or hypersensitivity such as disliking certain foods or negative reactions to being touched.

By addressing these three systems, therapy and home programming can positively reinforce growth and development of a neurological system.

READ THE REST OF THE ARTICLE [HERE](#).

## **How to Learn About Sensory Integration**

**From your Parenting Special Needs Guide**

Become an Expert on the Sensory Integration Needs of Your Child.

**Difficulty Level:** Average    **Time Required:** 60 minutes

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### **Here's How:**

1. Our ability to learn is directly correlated to our senses, symptoms of sensory impairment include

2. Hypersensitivity to light.
3. Hypersensitivity to touch.
4. Hypersensitivity to sound.
5. Hypersensitivity to taste.
6. Hypersensitivity to smell.
7. If you suspect that your child is having difficulties with sensory integration issues, have your child evaluated by an Occupational or Physical Therapist.

### **Tips:**

1. Do seek expert guidance before working with your child in your home setting.
  2. When using sensory integration techniques at home, be creative and make it fun for your child.
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## **Sensory Tips from REAL Moms!**

By BBB Members: Bernie, Khris, Liz, Juli, Becca and Diana

**Joint compression** - when we are approaching a difficult situation, I will do a few quick repetitions of this, and it seems to calm him down.

**Sensory Fidget Bag**: During family functions, flights, long dinners etc, I bring a sensory fidget bag. I take \$20 from the dollar store and fill a bag with all sorts of neat feely things...like feathers, stress balls, slinkys, koosh balls. This will keep him occupied for a while.

**Reading Moods**: This doesn't always work with us, but most of the time, I can tell when we are reaching the overload of deep pressure massage (for example). Hopefully, I stop in time! Lol

**Deep Pressure Massages**: When A. gets wound up I give him deep pressure massages, on his back and torso this seems to relax him.

**Tactile Defensiveness**: I use bath time as a way to get A. to work with textures. We use the soap foam and/or bubble bath solution. He really enjoys using the finger paint soap and this allows him to write on the wall while bathing. Only problem with all of this is that it's really hard getting him out of the tub.

**Sensory Activities**: I find that giving J. a lot of sensory input before doing something where he needs to really concentrate or be on "good behavior" really helps; also when he has a hard time settling down for schoolwork that he can work. I keep in mind that J. needs to move to pay attention, so if I can sit him on a T-stool or ball he can move and still get his work done.

**Oral Motor**: My big secret for coping with over stimulation when we are out and about is food! The deep pressure of chewing something is very calming to both of my kids, so I always carry a little something in my backpack for them. Gummy fruits work great for this because they come in individual little bags, they don't melt easily and they require a little chewing. Gum is also great for this purpose. I told the OT about it and she said what I did was a great idea.

**Moving Fast:** Nicolas loves moving so he runs back and forth to organize himself. I know he needs to but at school we'll have to make this organizing behavior more socially acceptable. I frequently turn it into a game of chase or block his path and play but a few times a day I just let it go. We schedule a walk break or park trip before any major or undesirable activity.

We do a lot of oral work, massaging around his mouth, using a NUK brush, brushing his inside cheeks and tongue when we do his teeth - with a battery-operated toothbrush. We also do lots of water play, sand, rocks and load jumping on the bed. We use a bear hug when we need to calm him down we call it a squishee hug. From behind, tuck his legs and arms in and squeeze.

### **Auditory Processing Disorders:**

- Make sure you are looking the individual with the auditory processing challenge directly... do not turn your head or change the pitch of your voice drastically during speech...
  - \* Ask them to repeat back to you what you said to make sure that they understand....
  - \* Earplugs and Earphones are a heaven sent blessing to those suffering from auditory discomfort and or pain.
  - \* Repeating the same musical piece repetitively (especially through earphones) can be incredibly calming to my central nervous system.
  - \* Using written/pictures/or sign language to enhance verbal communication.
  - \* Reduce the amount of competing noises.... a TV. (even quiet) in the background can make it extremely difficult to make out other people's words.... it can also cause physical pain....
  - \* Don't expect an individual with an auditory processing disorder to necessarily look at you. A lot of people with auditory integration disorders also have visual processing disorders. For example I cannot look at a person's continual face and body language without becoming so distracted that I can't think or speak. I cannot listen to meaning and emotion in a person's voice just like a blind person.
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### **Visual Processing Disorders:**

- \* Simplify the environmental stimuli and reduce visual distractions. If you want to gradually increase the amount of visual stimuli this again needs to be done extremely slowly over a long period of time.
- \* Be aware that some children may not be able to concentrate, read, write or even think in a normal classroom environment. What they need is fewer stimuli in order to concentrate. Some of my children (as well as myself) have difficulty reading if someone is even moving slightly to their side. A quiet still non-stimulating environment is important for these children to reach their full potential.
- \* A lot of children with visual sensitivities are sensitive to light. I suggest sunglasses, dim lighting, dark curtains

and or a plastic black bag over the window to block sunlight when they are sleeping (or hopefully sleeping). Also if they have difficulty getting to sleep make sure there isn't even a crack of light coming under the door and that there are no shadows that make objects look strange.

### Vestibular:

- Teach her to carry a bucket when she feels unwell. Vestibular dysfunction causes you to feel sick and dizzy on occasion. I need a bucket was one of her first sentences... sigh...
  - \* Swinging on a swing or rocking gently in the same direction. Helps alleviate the dizziness and nausea. Gently walking helps with this too.
  - \* Again time and Patience.... gradually increasing the movement level as her coping gradually increases.

### Fine Motor Movement:

\* Place small round foamy pieces on pencils to make them thicker. Many kids are completely turned off writing in early school years, as the pencil is too hard to hold.

### Tactile:

- Gloves help in the desensitization process; helps in touching a lot more things than you would be able to otherwise.
  - \* Depends how you feel about cream but one of my sons and I use cream often as our hands feel uncomfortable a lot of the time. In our case the cream makes us feel better which can restore our ability to concentrate and function normally.
  - \* Determine if there is a level of pressure that is desirable when being touched. Or if certain spots are more vulnerable and uncomfortable than others. Also some need warning if they are about to be touched but as long as they are warned they are more comfortable.
  - \* Check all fabrics that come in contact with the child. Make sure their clothes aren't too tight or loose (including underwear). Anthony wears all soft fleece sweat suits. Other items to evaluate are bedclothes (difficulty sleeping), carpets, couches (fights with siblings), chairs (irritable meal times), towels/facecloths (some children even dislike the feel of the bathtub/bathmat) and the upholstery in cars/car seats (lead to cranky car rides).
- We do a lot of rough and tumble play here. The boys love the touch, and the deep hugs. T. is the king of jumping, and it really works to get him out of a bad mood, or stressed out time.

We have done the Willbarger brushing Protocol which had medium results...we have discontinued it for now.

The one thing that we have used with T. recently is a bearhug vest. It simulates deep pressure. He wears it for 20 minutes and gets 2 hours of calming effect. We put it on before bed...and he is finally sleeping through the night almost all nights!! This is huge for us.

# ARTICLE OF THE WEEK

## OUR SENSORY STORY

by BBB Autism Member Gabrielle

>> My third son has some major sensory difficulties. He can't stand sudden, loud noises, gets "lost" in a visually stimulating environment and is tactile defensive...he can't stand a light, tickly touch at all. School fire alarms upset him so much he didn't want to attend class. He never knew when that alarm would go off.

To solve the problem we asked the Principal to warn him when a fire drill was scheduled. It helped!

My son has a lot of trouble concentrating in a place with too much visual stimulation. Grocery stores, sporting events and school assemblies are difficult for him. We try to avoid those situations as much as possible.

When that isn't possible, we make a special effort to help him stay engaged and on task. We bring books and toys for him to concentrate on, use multiple verbal reminders to keep him on task and I will often actually put my hands firmly on his back and chest to get his attention. Since we know he has such trouble with excessively visual and auditory situations, we try to provide its opposite, calm and quiet, for him as often as possible.

His room has as little in it as possible...few toys, no electronic games, books kept in a plain white box. When it is time for homework, we put him in a quiet corner with no wall decorations. He does so much better!

Our son's biggest problem has been the tactile defensiveness. To him, a light, tickly touch feels like spider claws crawling on his skin. It makes him want to run away, even to the point of becoming physically violent.

A year ago we tried the Willbarger Protocol with him in an effort to calm this over-sensitivity. The Protocol involved 3 parts, all of which were planned specifically for him by a trained Occupational Therapist (OT).



The first was brushing. We were told to use a soft surgical brush on his back, arms and legs. At first I was skeptical about the whole idea, not sure if it would work. However, I was "converted" at our first session. My son was sitting on his bed, and as I applied the brush to his arm this normally tightly-wound little boy melted into a "bowl of contented jelly." I had never seen him like that! I wondered if I had unwittingly hypnotized him or something. This reaction continued for quite some time. It really made a difference.

The second thing we were asked to do for him was joint compressions. After a brushing session, we would press his joints together a certain number of times. He really enjoyed that. He would remind us if we missed an area, or if we did the wrong number of compressions.

The third part of the Protocol was a sensory diet. The OT determined where our son needed work, and gave us a list of suggested activities to add to our daily routine. Our son needed to use his large muscles, run around, and do some swinging 3 times during the day. We actually had him jump on a bed (just a mattress on the floor) 20 times every morning, run around in circles after lunch, and swing from our "Tarzan" rope in the evening.

Our other children seemed to enjoy doing the sensory diet as well...jumping on the bed was a favorite. Working with the OT we discovered a few more things that helped our son feel better and focus more, and we added those things to his day. Chewing on things was comforting to him, so we packed a few gummy worms or pieces of gum with us when we attended an event that we knew would be stressful to him. He liked to be "squished," so once in a while we would make him into a sofa pillow "sandwich."

We also noticed that he really enjoyed playing with extra-soft putty, like silly putty. We purchased a larger quantity of it for him, and started taking little containers of it with us

Some suppliers of "sensory objects" charge a lot of money for some of their products. Our family budget does not allow for that. We have found that a little creativity can go a long way. Instead of spending \$100 for a "professional" net swing, we strung up our old hammock and got the same results. Paying \$87 for a vibrating toy was too much...we got a generic "Bumble ball" at a toy store for just \$3, and it did the same thing. Not

everything in a catalog is that expensive...you can get some really good products cheap if you look...but a desperate parent with a dollar store close by can do some marvelous things.

Other things that we have found that are helpful: --washing dishes by hand; --swimming lessons; --letting him hang upside down from the bunk bed frame; --wrapping up in a slippery, stretchy sheet; wearing bike shorts for pajamas; and --wearing earplugs once in a while.

**Some things we have avoided:** --NERF toys (he obsessively chews holes in anything made of foam)...those cloth-covered "water bomb" balls (dry, of course,) are great to throw around in the house without causing damage; --plastic garbage bags for storage (another thing he destroys obsessively)...we use the big hard plastic containers instead. Since each child with Sensory Integration issues is an individual with their own unique set of needs, finding someone to help you determine what those needs are, and treat them appropriately, is very important. Most schools has an OT on site who can help. You can also find a good OT at the closest children's hospital or at a private OT clinic. Often your child's regular physician can help you find someone who will help. In any case, finding the right person who can help you sort it all out is worth the investment of time, effort and financial resources.<<

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## CHRIS'S CORNER

*by BBB Autism member Chirs*

Sensory issues for the child with autism have an enormous affect and impact on behavior, participation, and overall moods and temperament. Therefore, it is crucial for parents and educators to have an in depth understanding of how the sensory system processes information. When these processes malfunction by modulating too much or too little than adverse manifestations occur by meltdowns, rages, defiance and an out of control child.

Two excellent resources for understanding this process as well as providing appropriate options and interventions are [The Out-of-Sync Child: Recognizing and Coping with Sensory Integration Dysfunction](#) by Carol Stock Kranowitz and [Asperger Syndrome and Sensory Issues: Practical Solutions for Making Sense of the World](#) by Brenda Smith Myles, PhD., also the author of [Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage, and Meltdowns](#).

[Asperger Syndrome and Sensory Issues](#) offers wonderful visual graphics (in the form of smiley face people) as examples of the sensory gang. Explanations of each process are presented in an easy format that is adaptable for children as well. It also offers a 26 page chart of incidents, interpretations, and interventions. It serves as a great tool for seeking out explanations of the whys of behaviors.

Oftentimes communication is the primary area of concern, but in order to communicate the child must be in a receptive state of alertness and attention in order to participate in communication. To achieve this the sensory load must be at

the level of modulation most appropriate for that child. With an understanding of the sensory process, real interventions can occur and behaviors can be understood.

Armed with this information the child, parents, and educators can empower both the child and those around them with the ability to "control" some of those invasions on the sensory system and enable the child to be better equipped and understood. By feeding the sensory system appropriately what it needs, many negative behaviors can be eliminated. By empowering the child with an understanding of his levels of comfort and discomfort, he can better participate.

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## KIDS CORNER

by BBB Member Chris

Many of our kids who have had sensory integration therapy have been exposed to playing with sand, birdseed, beans, rocks, etc. It is important to extend these activities at home. While always respecting the level of comfort for your child explore things from a sensory sense and adapt according to what your child's level is. If touching the shaving cream is too much, put it in a Baggie and let them do it that way, eventually working up to the actual thing. Use whipped topping for extra enticement so they can eat it too! The possibilities are limitless!! Ice cream, yogurt, etc. Mini trampoline swinging, sliding, all great activities! Sit 'n' Spin is a great toy for those twirlers of ours! Explore auditory sounds, eventually and in controlled situations try to introduce those forbidden ones. Try alarm clocks, your fire alarm, etc. If attending events that are loud and over stimulating, carry shooters ear muffs and sunglasses, hats, shirts with hoods for the feeling of retreat. For those harrowing hair cutting sessions and hair washings try swimming goggles. Get in tune with your own child by being a sensory detective and OBSERVE and notice what your child is drawn too and of course, you are probably already all too familiar to what they aren't. Write a descriptive sensory analysis for your child's teacher so they will be aware and anticipate these issues. Write a story with your child about their sensory system so they can begin to understand what is happening to them and what they can do to control it, anticipate it or avoid it.

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## POST OF THE WEEK

### Nervous Nellie

by BBB Member Michelle

>>Hi! For those of you that were on chat last night - You know I had to leave because Brian was nauseous. Well, When I got upstairs Brian was by the toilet looking peaked. Danny was sick the week before so I figured Brian was coming down with the same thing.

When I got up there, Brian said he was Nauseous and NERVOUS - and I asked why he was nervous. He said because he went outside with his father and they both made wishes on

stars. Then he asked his father what he wished for and Rob said "I wished to live to be nice and old and watch my children grow up and have happy lives. That sounded innocent enough. Brian said he wished for Run Away Chickens. As they went back in - there was a rustle in the bushes. 15 minutes later - I was called up from the chat room because Brian was Nauseous.

He was nervous about the run away chickens and couldn't get over this. I tried reasoning with him but he is so damn literal that he didn't get it. Then I ended up telling him that there are no such things as wishing on a star and having it come true - he seemed relieved until Rob piped up (DH) with "Except with good wishes". Well, I gave Rob a look that said "I wish to kill you" while Brian started in again about not wanting any wishes to come true. Once again I told him not to believe in that silly stuff (he is so neurotic LOL) and he was happy. Asked him a million times if wishes don't come true. Then DH couldn't help himself - he started making Chicken sounds. LOL I was ready to slap him for that. LOL  
Robert my 9 yr old summed it up best - You can make your wishes come true by accomplishing what you want. The boy amazes me sometimes.

Oh and the kicker of the story is that the reason he didn't want any wishes to come true is because he was thinking ahead (as usual) and he said "What if Robert wishes me DEAD" LOL Poor kid - I felt bad for him.  
But once he was satisfied that the Chickens weren't going to run away after him - and that Robert couldn't wish him dead - his nausea went away.

You can't make this stuff up man lol.<<

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## Activities for Gravitational Insecurity

- Swinging – swings, hammock, trapeze
- Jumping – pillows, trampoline, rebounder
- Bouncing – on pillows, mattress, large ball
- Hanging upside-down – off couch, off monkey bars, from trapeze bar
- Climbing – on playground equipment, furniture
- Rolling – in a barrel, rolling up in a blanket
- Spinning – on chair with wheels, sit 'n' spin toy
- Rocking – rocking horse, rocking chair
- Dancing

- Toys with wheels – roller skates, scooters, tricycles, wagons
- Running
- Games – tag, hopscotch, soccer
- Playground – teeter totter, slides, swings

### **Activities for Tactile Defensiveness**

- Brushing – varied brushes, textures (soaps, shaving cream, lotion), drawing with chalk on body and erasing with varied textures (loofa sponges, thick washcloths, plastic brushes)
- Massage – Apply deep, firm pressure to child’s back and limbs. Rub downward.
- Encourage finger painting – If child craves it, let him go to it!! If child shuns it, encourage him to stick his fingers in, but don’t force. Adding sand or rice into the paint provides a different tactile experience.
- Sensory play activities – water table, sand box, play doh, clay, popcorn, rice, oatmeal
- “Feelie” Activities – hide small objects in a box (shoe box with hole cut in top) or in the sand. Have child retrieve specific toy/object from box without looking. Or, have child insert hand into box and guess what toy he is touching without looking. See if child can describe object he is touching (without looking if possible)...is soft, smooth, round, hard, rough, hot, cold, sticky...etc?
- Face painting and body painting (can use standard face paints; can use large paintbrush with water to try body tattoos and stickers on body parts.
- Oral Activities – crunching dry cereal, popcorn, chips, crackers, apples, celery, nuts, carrots or ice cubes; blowing bubbles through a straw; chewing gum, gummy candy or rubber tubing; blowing whistles, licking stickers; drinking through “crazy” or regular straws.
- Secret Hideaway – provide a ‘hideaway’ for child to escape to when feeling “overloaded”; supply pillows, sleeping bags, comforters, towels, etc. for a ‘hideout’ under a table or desk or behind a couch.

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## **A SPOONFUL OF HUMOR**

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Frequently Asked Questions About Health Care

By David Lubar

Q. What does HMO stand for?

A. This is actually a variation of the phrase, "Hey, Moe!" Its roots go back to a concept

pioneered by Doctor Moe Howard, who discovered that a patient could be made to forget about the pain in his foot if he was poked hard enough in the eyes. Modern practice replaces the physical finger poke with hi-tech equivalents such as voice mail and referral slips, but the result remains the same.

Q. Do all diagnostic procedures require pre-certification?

A. No. Only those you need.

Q. I just joined a new HMO. How difficult will it be to choose the doctor I want?

A. Just slightly more difficult than choosing your parents. Your insurer will provide you with a book listing all the doctors who were participating in the plan at the time the information was gathered. These doctors basically fall into two categories--those who are no longer accepting new patients, and those who will see you but are no longer part of the plan. But don't worry--the remaining doctor who is still in the plan and accepting new patients has an office just a half day's drive away!

Q. What are pre-existing conditions?

A. This is a phrase used by the grammatically challenged when they want to talk about existing conditions. Unfortunately, we appear to be pre-stuck with it.

Q. Well, can I get coverage for my pre-existing conditions?

A. Certainly, as long as they don't require any treatment.

Q. What happens if I want to try alternative forms of medicine?

A. You'll need to find alternative forms of payment.

Q. My pharmacy plan only covers generic drugs, but I need the name brand. I tried the generic medication, but it gave me a stomach ache. What should I do?

A. Poke yourself in the eye.

Q. I have an 80/20 plan with a \$200 deductible and a \$2,000 yearly cap. My insurer reimbursed the doctor for my out-patient surgery, but I'd already paid my bill. What should I do?

A. You have two choices. Your doctor can sign the reimbursement check over to you, or

you can ask him to invest the money for you in one of those great offers that only doctors and dentists hear about, like windmill farms or frog hatcheries.

Q. What should I do if I get sick while traveling?

A. Try sitting in a different part of the bus.

Q. No, I mean what if I'm away from home and I get sick?

A. You really shouldn't do that. You'll have a hard time seeing your primary care physician. It's best to wait until you return, and then get sick.

Q. I think I need to see a specialist, but my doctor insists he can handle my problem. Can a general practitioner really perform a heart transplant right in his office?

A. Hard to say, but considering that all you're risking is the \$10 co-payment, there's no harm giving him a shot at it.

Q. What accounts for the largest portion of health care costs?

A. Doctors trying to recoup their investment losses.

Q. Will health care be any different in the next century?

A. No, but if you call right now, you might get an appointment by then.

Okay.....

Mothers from Hel

## OUR FAVORITE LINKS

(note: many of the links for this issue come from BBB Member Bernie! Thanks a million!)

[BBB Autism Web Site](#)

[BBB Autism Online Support Network](#)

### **Sensory Integration by Cindy Hatch-Rasmussen**

[Autism and Auditory Integration Training \(AIT\)](#)

[How can Occupational Therapy Help the Individual with Autism?](#)

[Sensory Integration Resource Center](#)

[Sensory Integration Dysfunction: \*"The Misunderstood, Misdiagnosed and Unseen Disability"\* Written by Sandra Nelson](#)

[Autism and the Irlen Method](#)

[Vision Therapy](#)

[Sensory Integration Dysfunction](#)

[An Interview with Carol Kranowitz, author of Out-of-Sync Child](#)

[Evaluating Alternative Interventions](#)

### **My Experiences with Visual Thinking Sensory Problems and Communication Difficulties by Temple Grandin, Ph.D.**

[Tips for a Successful Summer](#)

[Activities for Developing Fine Motor Co-ordination](#)

[Activities with Fine Motor Manipulatives](#)

[Fine Motor Art Activities](#)

[OT Resources; More Fine Motor Activities](#)

[Canadian Association for Occupational Therapists](#)

[AOTA](#)



***ORDER SENSORY PRODUCTS ONLINE!***

Take A Swing

Kid Kit

Socks for Sensitive Feet

South Paw Enterprises (check out the 'Bear Hug')

Therapy Shoppe

Therapro Theraproducts

Sensory Comfort

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RECOMMENDED READING

Building Bridges Through Sensory Integration

The Out-of-Sync Child

Sensory Activities/Sensory Integration Books

Sensory Integration and the Child

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**Past Issues**

(to request, email [liz@deaknet.com](mailto:liz@deaknet.com) and indicate which volume/issue(s) you prefer

Volume 1; Issue 1 WELCOME ISSUE!

Volume 1; Issue 2 SUMMER CRISIS ISSUE

Volume 1; Issue 3 SPOUSAL CONCERNS ISSUE

## COMING SOON:

Our newsletter suggestion box is getting full, and I am asking for your favorite links, plus stories and articles you have written yourself on the following topics:

**1. Home programs:** this includes anything you have on ABA/IBI, OT, SLP, floortime, Miller method, Options, gfcf diet, sensory diet, swim therapy, music therapy...anything you can think of. Hints for hiring (and firing) employees...anything of that nature.

**2. Difficult Behaviors:** this includes violence, self-injurious behavior and also issues like stimming, echolalia, puberty, masturbation, inappropriate behavior of any kind. Stories of how you handle these behaviors in public would be precious to all our readers...

**3. Back to School - strategies**

**4. Apraxia**

**5. BiPolar Disorder**

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## COME CHAT WITH US!

Regular chats take place Mon-Fri at 1pm and 8:30 pm daily. If no one is in the chat room when you get there...give it a chance. You never know who might drop in!

Enter chat room [here](#).

[Convert to your time zone here.](#)

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### *Attention: Single Parents of ASD children:*

An upcoming series of chats and Newsletter themes will be discussing this issue. We would greatly appreciate any input (i.e. links, articles, book reviews and/or personal stories you may have. Anonymity is assured! Please forward submissions to:

[elkowen@deaknet.com](mailto:elkowen@deaknet.com) or [statuesque\\_f@yahoo.com](mailto:statuesque_f@yahoo.com)

Your help is appreciated!

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A notice to our readers...

The founders of this newsletter and the BBB Autism support network are not physicians.

This newsletter references books and other web sites that may be of interest to the reader. The founders make no presentation or warranty with respect to the accuracy or completeness of the information contained on any of these web sites or in the books, and specifically disclaim any liability for any information contained on, or omissions from, these books or web sites. Reference to these web sites or books herein shall not be construed to be an endorsement of these web sites or books or of the information contained thereon, by the founders.

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