

Early Childhood Newsletter

A Publication of the *American Music Therapy Association's* Early Childhood Network
August, 2002 Volume Number 8 *Marcia Humpal, Editor; Jessica Major, Asst. Editor*

[The information printed in this newsletter does not necessarily reflect the opinion of AMTA, the network co-chairs, or the editors.]

WELCOME to the 2002 edition of the Early Childhood Newsletter. A big **THANK YOU** goes out to the authors and contributors who made this issue possible, as well as to Assistant Editor Jessica Major who spent countless hours compiling and working on lay-outs.

We urge you to carefully read Judy Simpson's article on Early Childhood Advocacy beginning on page 2. This is your opportunity to actively advocate for music therapy with young children. ***Take time to FAX or call your senators and representatives TODAY, for this is a time-sensitive issue.**

Plan to join us at the annual meeting of the *Early Childhood Network* at the upcoming AMTA Conference in Atlanta. We hope to have the *Early Childhood Roundtable* be a part of the general networking session on Friday, November 1st. This will be an unopposed time slot set aside specifically for networking, so more people should be able to attend. Check the final Conference Program for specific details. If you have topics for discussion, please send them to Ronna at the address below.

We are looking forward to meeting with many of you in Atlanta! Feel free to contact either of us at any time.

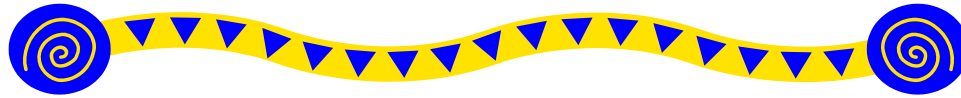
Early Childhood Network Co-Chairs:

<i>Marcia Humpal, M.Ed., MT-BC</i> 26798 Mangrove Ln. Olmsted Falls, OH 44138 Mehumpal@ameritech.net	<i>Ronna Davis, M.A., MT-BC</i> 2557 Derbyshire Rd. Cleveland Hts., OH 44106 Rkdavis522@aol.com
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Early Childhood Advocacy
Judy Simpson, MT-BC
Government and Public Relations Associate

Although the AMTA web-site serves as a resource for the general public, especially parents and family members seeking information about our profession for their children and loved ones, the AMTA web-site is also a great resource for music therapists. Below are some specific sections you might find helpful as you pursue new employment opportunities and educate others as to the benefits of music therapy services.

www.musictherapy.org

About AMTA

Frequently Asked Questions

Researching Music Therapy

Music Therapy with Specific Populations

How to Find a Music Therapist

Referral Service to Professional AMTA Members

Events and News

IDEA Reauthorization – Sample Response Letter

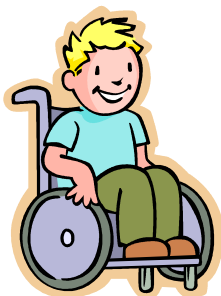
Members-Only section

Online Resources

Fact Sheets

Reimbursement Information

Letter from U.S. Department of Education



Perhaps you have seen the recent addition under “Events and News” regarding IDEA Reauthorization. IDEA, the Individuals with Disabilities Education Act, is legislation of particular importance to many clinicians working in early childhood settings as it outlines services and procedures required in special education. IDEA is currently being reviewed for reauthorization in Congress. As many of you know, although music therapy is considered a related service under this law, the words “music therapy” are not specifically listed within the legislation.

Working with education consultant, Myrna Mandlawitz, Esq., AMTA developed recommended legislative language which adds "music therapy" as a specifically listed related service in Parts B (age 3-21) and C (early intervention) of the Individuals with Disabilities Education Act (IDEA). In addition, the recommendations included language regarding access to grants for research through the Office of Special Education Programs, to assist in producing information on the efficacy of all related services. These recommendations, included below, were sent to congressional offices of members who serve on the Senate Committee on Health, Education, Labor, and Pensions (HELP) (21 members), Senator Edward Kennedy (D-MA)-Chair, and the House Committee on Education and the Workforce (49 members), Representative John Boehner (R-OH)-Chair.



Recommended Language: AMTA offers the following recommendations to ensure that students receive music therapy, as deemed appropriate by the IEP team:

A. Definitions, Sec. 1401(22) – Amend to read:

*"Related Services.—The term 'related services' means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, psychological services, physical and occupational therapy, **music therapy**, recreation...except that such medical services shall be for diagnostic and evaluation purposes only) as may be required...identification and assessment of disabling conditions in children."*

B. Definitions, Sec. 1432(4)(F) – Add new subparagraph (v) and reletter current (v)-(xi):

"Early Intervention Services.—The term 'early intervention services' means developmental services that—

(F) are provided by qualified personnel, including—

(v) music therapists

C. Research and Innovation to Improve Services and Results for Children with Disabilities, Sec. 672(b)(2) – Add new subparagraph (C) and reletter current (C) – (H):

(b) New knowledge production

(2) Authorized activities.—Activities that may be carried out under this subsection include activities such as the following:

(C) Producing information on the efficacy of related services, as listed in Sec. 1401(22), on improved early intervention, educational, and transitional services and results for children with disabilities.

Voice Your Support: If you are interested in participating in the democratic process of communicating with your Senators and Representatives regarding this important legislation, please consider completing one or more of the following tasks:

Fax your comments of support to your Senator or Representative.

Call your Senator or Representative and voice your support.

Contact parents, administrators, and related healthcare professionals and request their assistance in contacting members of Congress to support the AMTA recommendations.

*Please **include an example** of how music therapy has been effective in assisting a child achieve IEP goals, if possible.*

In communicating with offices in Washington, we have been advised not to mail any information as all mail is sent through a processing center, which frequently delays delivery and damages the contents. Email is also not recommended at this time due to the large volume of email messages received. Instead, Hill staffers have requested we **send faxes** or **make phone calls** to state support and express concerns. Phone and fax numbers can be located in the government section of your phone book or may be accessed through <http://thomas.loc.gov/> and clicking on the House or Senate Quick links. As we follow-up with additional information, schedule Hill visits, and track responses, it would be helpful to know which Congress members have been contacted. If possible, please send a brief email to Simpson@musictherapy.org indicating the advocacy work you successfully complete. If you've always wished that music therapy would receive more

recognition, now is the time to speak up and let your voice be heard. Take advantage of this opportunity to effect a positive change for the individuals who could benefit from music therapy.

Sample Letter of Support

Please feel free to copy, paste, and personalize sections of the following sample letter to fax to your Congress members or to outline your comments when calling Congressional offices.

Dear Senator _____ (Last Name) _____ :

Or

Dear Representative _____ (Last Name) _____ :

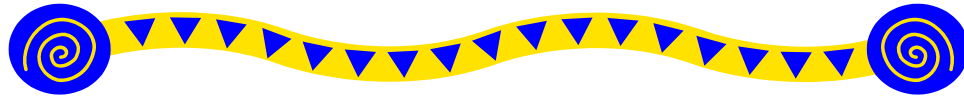
I am writing/calling to request your support of IDEA Reauthorization legislative language recommendations recently submitted to the Senate Committee on Health, Education, Labor and Pensions and the House Committee on Education and the Workforce by the American Music Therapy Association. Specifically, I would like for you to support inclusion of the term "**music therapy**" in the Definitions of Related Services, **Sec. 1401(22)** and Definitions of Early Intervention Services, **Sec. 1432(4)(F)**

Music therapy is a recognized related service. However, school districts sometimes refuse to provide this service when it is appropriate and necessary, using as their rationale that music therapy is not currently among the listed services in the IDEA. Adding music therapy to the current list of related services will ensure that these services are provided when determined necessary by the IFSP or IEP team. Music therapy is also used effectively in the Part C program, encouraging socialization, self-expression, communication, and motor development among infants and toddlers. Research has demonstrated that music therapy is an effective intervention in stimulating cognitive functioning and for remediation of some speech-language skills. Furthermore, music therapy has been successfully utilized as a non-invasive diagnostic tool, especially for young children with special needs. Listing music therapists as "qualified personnel" will ensure that music therapy services are considered by the IFSP team and implemented by appropriately trained personnel.

My personal experience as a music therapist/parent/administrator has demonstrated that music therapy has (add personal example of the effectiveness of music therapy in early intervention and/or special education). *Please limit to 1-2 sentences*

Thank you for your attention to this important issue for children with disabilities who rely upon us to serve as their advocates.

Sincerely,
Your Name



**Moving Forward through
Collaboration**

**Sheri L. Robb, Ph.D., MT-BC
University of Missouri – Kansas City**

Is music therapy a viable treatment modality that can provide predictable outcomes for clients in specific areas of psychological, developmental, and physiological functioning? This is a question posed by professionals from related disciplines, insurance companies, educational and healthcare institutions, clients, and music therapy professionals. It is a fair question, and one that has fueled the desire of music therapy professionals to identify best practice methods through documentation and clinical research for over fifty years.

The need for intervention is often clear – what often remains less clear is the identification of the treatment modalities most appropriate for the client, as well as specific treatment strategies that have a high probability of producing the desired therapeutic outcome. The profession has come a long way toward providing more definitive answers to these questions. The clear answers to these questions, however, can only come through the collaborative efforts of clinicians, researchers, clients, and service providers.

The American Music Therapy Association (AMTA) with funding from the National Association for Recording Arts and Sciences (NARAS) is conducting a research project that will help provide additional information regarding the effectiveness of music therapy interventions for hospitalized children. Specifically, this study will investigate the efficacy of a standardized music therapy protocol to reduce anxiety

levels and increase active coping behaviors in young children with cancer. Additionally, the study will document client and parental satisfaction with music therapy services. Outcomes from this study will serve to shape best practice methods for hospitalized children and provide objective data regarding the efficacy of these services to healthcare providers.

The most exciting component of this project has been the collaborative efforts of clinicians across the United States. On March 24, 2001 nine music therapists from eight hospitals met in Kansas City for a training seminar. Since that time, these clinicians have played a critical role in obtaining Institutional Review Board (IRB) approval at their respective sites so that the study can be implemented in their hospital. To date, six of our eight participating hospitals have been granted full IRB approval and clinicians have begun to implement the music therapy protocol with patients and families in their respective hospitals.

When the study is complete, 150 children and their parents will have participated in this national study. As one of the study coordinators, I have had the opportunity to view tapes from the study. Although time and data will provide objective answers regarding outcomes from this project, I must say it has been a real thrill to watch my fellow clinicians in action. Our team looks forward to completing and in turn sharing what we have learned from this study. These are exciting times for the music therapy profession, as we work together to advocate, document, and investigate the benefits of music therapy for young children.

Special Thanks for their Contributions to Sheri Robb's Article go to:

American Music Therapy Association

National Association for Recording Arts & Sciences

Deanna Hanson Abromeit, MME, MT-BC, University of Iowa Hospital & Clinics, Iowa City, IA

Celeste Behnke, MT-BC, Sutter Memorial Hospital, Sacramento, CA

Alicia A. Clair, Ph.D., MT-BC, University of Kansas, Lawrence, KS

Allison Ebberts, MME, MT-BC, Children's Mercy Hospitals and Clinics, Kansas City, MO

Ann Hannan, MT-BC, Riley Hospital for Children, Indianapolis, IN

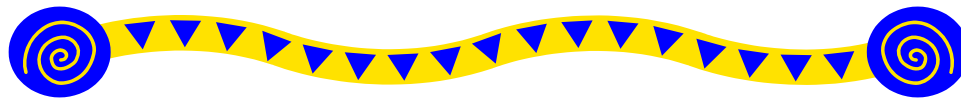
Annie Heiderscheid, MS, MT-BC, FAMI, Fairview-University Medical Center, Minneapolis, MN

Virginia Kallay, MT-BC, University Hospitals Health System – University Hospitals of Cleveland, Rainbow Babies and Children's Hospital, Cleveland, OH

Jan Stouffer, MT-BC, Penn State College of Medicine, The Milton S. Hershey Medical Center, Hershey, PA

Joey Walker, MA, MT-BC, University of Iowa Hospital & Clinics, Iowa City, IA

Julie Tatro, MT-BC, All Children's Hospital, St. Petersburg, FL



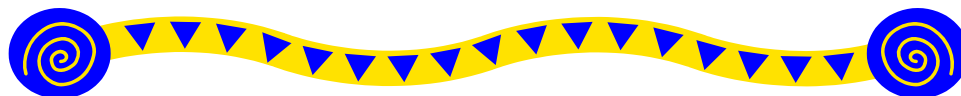
Media Moments

Rebecca Tweedle, M.Ed., MT-BC

- ***Making Music with the Young Child with Special Needs*** is a short, easy-to-read book by Elaine Streeter, a music therapist in England. It is written for parents who are interested in having short music sessions at home with their child. Streeter gives basic information on the benefits of music, equipment needed, and planning music time. The author's training in the Nordhoff-Robbins technique is evident in her guidelines for parents. She advocates using only live music, following the child's lead and aiming for musical conversations. Thirteen activities, rated easy through more difficult, are included with the purpose of each activity clearly stated.

Music therapists in the United States will notice some cultural and language differences when reading the book. This book does not include suggestions for using familiar children's songs and chants. Also, Streeter uses some musical terms that may not be familiar to non-musicians.

- If you're looking for **distance learning courses** you might want to check out www.eduworkshops.com. They offer online workshops in AAC/AT, autism, early childhood, learning disabilities, literacy, occupational and physical therapy, and speech and language. Music therapists might be especially interested in the workshop "Singing to Learn: Music to Jumpstart Reading". Most of the classes are eight weeks long, and one graduate credit hour is available through Colorado State University.
- **Penny Pincher's Tip:** If you work in a school system that offers the Scholastic Book Club to the students, check out the monthly student flyers. You can obtain paperback copies of many children's books very inexpensively. Books by popular children's authors including Eric Carle, Iza Trapani and others are frequently offered as selections.



AMTA Publications

Be sure to log on to the AMTA Web Site for new materials and information. Click on *Music Therapy with Specific Populations* to find currently available **Fact Sheets**. The most recent addition, "*Music Therapy and Individuals with Diagnoses on the Autism Spectrum*" contains much information that is very pertinent to those who work with young children.

Two **book proposals** have been accepted by AMTA for publication in the near future. Watch for *Music to Teach Reading/Writing: A Music-Based Curriculum to Facilitate Pre-Reading and Writing Skills for Pre-K Children* by Jane Hughes, M.M., MT-BC and Jayne M. Standley, Ph.D., MT-BC and *Music Therapy with Premature Infants: Research and Developmental Interventions* by Jayne M. Standley, Ph.D., MT-BC.



Check These Out:

- *Early Childhood Connections*, Vol 8, No. 2 (Spring, 2002) features an article by Judi Bosco: "From Chaos to Creative Expression: The New York City Music Therapy Relief Project."
- *Time to Sing!* A new CD of children's songs that has been specially recorded for use with preschoolers with apraxia. For more information, visit: www.pittsburghsymphony.org/time2sing



Understanding Attachment Issues in Young Children

Rebecca Tweedle, M.Ed., MT-BC
Cuyahoga County Board of MR/DD,
Cleveland, OH

Severe behavior problems in very young children can be troubling and difficult to understand for teachers and therapists. Although there may be numerous reasons for the behaviors, one cause could be attachment problems.

Attachment problems are frequently seen in children in the adoptive and foster care system, although there are other reasons for attachment difficulties. These could include abuse, neglect, repeated hospitalizations of the child and poor parenting.

Attachment to a primary caregiver is essential to the development of a healthy personality. When the attachment process is faulty, difficulties in all areas of a child's development can occur. If the attachment problems become severe, the result is an attachment disorder.

Understanding the causes and symptoms of attachment problems and the most effective ways of treating children is important for those who work with young children. An extensive web site for learning more about this issue is:
www.attachmentdisorder.net.



**Early Childhood Roundtable
Pasadena, California
October 2001**

By Ronna Kaplan Davis, MA, MT-BC
Early Childhood Network Co-chair



As has been the case each year since the Early Childhood Network's inception in 1994, the annual *Early Childhood Roundtable* in Pasadena at the AMTA conference was very well-attended. Each participant briefly mentioned where and with what ages and/or populations he/she worked. All were reminded that we welcomed their input for activity and resource ideas. Unfortunately, very few suggestions were handed in, either at the conference or by email. Please remember to do this in the coming year. The ideas we did receive are included following this report. Much appreciation is due those who took the time to respond to our requests.

At the Roundtable, we discussed the *Early Childhood Newsletter*, which you are reading at this very moment. Again, we owe much gratitude to the AMTA office for assisting us in distributing this to our network mailing list and to Jessica Major for formatting and co-editing it. Please keep those articles coming!

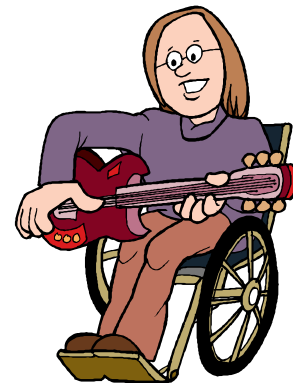
Attendance at the Early Childhood Roundtable has become a very positive reinforcer for many of our members. We continued to "blow our own horns" as we mentioned some prominent Early Childhood Music Successes in 2001.

(1) Marcia Humpal, my able Early Childhood Network co-chair, announced the publication of the spring 2001 special issue of *Early Childhood Connections*, which was devoted to music therapy in early childhood. Guest contributors to this national journal of music- and movement-based learning included Jayne Standley, Amy Furman, Sheri Robb, Joyce Jordan-DeCarbo, Marcia Humpal, and myself, while Jean Nemeth, Rebecca Tweedle and Judy Lewis all had book/instrument reviews published as well. One of the reviews featured Patricia Keefe's Playful Harmonies program.

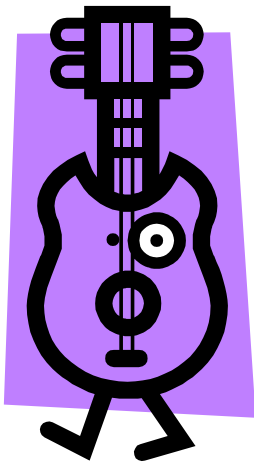
For information, subscriptions, or purchase of back issues, you may contact *Early Childhood Connections*, Foundation for Music-Based Learning at P.O. Box 4274, Greensboro, North Carolina 27404-4274. Their phone number is 336-272-5303, and their fax number is 336-272-0581. Martha Hallquist, the editor, may be reached by email at ecconnect@aol.com.

(2) Your co-chairs reported that the *Music Therapy and the Young Child* Fact Sheet may now be found on the AMTA web page (www.musictherapy.org).

(3) We were privileged to have Ms. Joanne Livesey from Sesame guest. Joanne debuted the Sesame Workshop *Music Works* project at a special session as well as in our roundtable. Music therapists were involved in all stages of the development of this worthwhile project. Attendees at the conference were offered free copies of the videos to distribute to their colleagues and others. The *Music Works* kit is very user-friendly and has much "kid appeal." For more information about the project, go to www.SesameStreet.com and click on "music." There will be a link to the *Music Works* part.



Early Childhood Issues are always an important and time-consuming topic at the *Early Childhood Roundtable*, and 2001's meeting was no exception. Below is a summary of the items discussed, in the order in which they were presented. Please note that the order in which they are listed by no means indicates their order of importance or order of need. Please also consider the fact that the issues may vary from state to state, city to city, facility to facility, or therapist to therapist.



- Network members want to continue to encourage **sharing**. A “grass roots survey” was conducted last year. One of the recommendations made to the conference committee and Assembly of Delegates was to have roundtables at an “unopposed” two-hour lunch time slot. This practice will begin at the Atlanta AMTA conference this fall. Check your conference program for details.
- **Working with toddlers** was suggested as a potential future conference topic. A request was made to learn “how to make music.” Interest was expressed in becoming more familiar with what kinds of things to do developmentally with toddlers and what is developmentally appropriate for them. Resource books suggested included those by Lynn Kleiner and John Feierabend. Songs for transitions, getting out and putting objects away were encouraged. Network members were reminded to use short, simple music and to expand and repeat. Use of schedules (often with pictures) was listed as a possible strategy with toddlers. Cause and effect games and activities were recommended, including those involving building and knocking down objects.
- Another potential conference topic was **technique ideas, activity ideas, and experiential ideas**.
- **Convincing administrators they could benefit from music therapy** was discussed at length. Network members had many positive ideas in this vein, including offering to demonstrate music therapy; presenting to parent organizations; utilizing regional centers; providing packets including our *Fact Sheets*, pertinent articles, and other AMTA materials; reaching out to community centers and day care centers; speaking in “their language,” e.g. wearing an “administrative hat,” discussing cost analysis; utilizing the AMTA letter regarding music therapy as a Related Service in *IDEA*; knowing one’s audience; and using the “iso-principle” by meeting the administrators or parents where they are, e.g. by teaching kids’ songs from the 50’s, ones the kids’ parents might know.

Various products and resources were demonstrated. Many thanks go to Kimberly Bradstreet, from *Dance and Jingle*, and her interns. They made soft pom poms for all participants and demonstrated simple pom pom activities. Kimberly also coordinated a raffle with items provided by *Peripole* (for more information or a catalogue visit the *Peripole* website: www.peripolebergerault.com). Thank you also to Kirsten Nelson from *West Music*. Be sure to visit their website: www.westmusic.com for many products to benefit your young clients. Robin

Gentile reminded us that *Kindermusik* also has many useful materials for young children. Visit them at www.shopkindermusik.com.

It was wonderful to see so many of you at the 2001 Roundtable. Thank you again for attending and for contributing to our discussions or publication. We look forward to seeing many of you, as well as new faces, in Atlanta!

Resources for Music Therapy in Early Childhood

Submitted by Attendees at the 2001 Early Childhood Roundtable in Pasadena

Book: *Moo, Moo, Brown Cow* by Jakki Wood (submitted by Jennifer Brown)

This is a cute little book. It can easily be sung to the tune of “Baa, Baa Black Sheep” (just the first half of the song). After singing about each animal, you can count them. The 3 things that can be identified as learning objectives in this book are: naming animals, counting, and identifying colors. It is useful for children aged 18 months to 2 years but 3 and 4 year olds also enjoy it.



Stretchy Bands (submitted by Ruthlee Adler)

See the West Music catalogue, page 58. They are available in two sizes: 2 yards for \$30.00, 6 yards for \$60.00.

How to Make the Perfect Soft Pom Pom (submitted by Kimberly Bradstreet)

Materials: yarn, scissors, cardboard pieces—5” x 12”

Task analysis:

1. Select desired color of yarn.
2. Wrap yarn around cardboard 150-200 times, about 3.5” in width (do NOT wrap entire width of cardboard.).
3. Tension of yarn should be loose enough to fit two fingers between the cardboard and the yarn.
4. Cut yarn and tuck end under.
5. Cut another piece of yarn about 3 feet long.
6. Fold piece of yarn in half and slide under the yarn, in between the cardboard and the wrapped yarn.
7. Double knot the yarn in the middle as tightly as possible (*very important*).
8. Bend cardboard and slide the cardboard out.
9. Carefully turn the yarn ball over and tie the other side with the same piece of yarn used in step 7, as tightly as possible.
10. Cut loops and trim.

Simple instructions:

1. Wrap.
2. Tie.
3. Cut.
4. Trim.



CD's: *Nobody Else Like Me* by Cathy Fink and Marcy Marxer

(submitted by Ruthlee Adler)

This CD (Rounder Kids CD 8021) celebrates different cultures, languages, and physical abilities. It won two awards—Oppenheim Toy Portfolio Platinum Award and Parents' Choice Gold Award. Cathy and Marcy performed at last year's AMTA conference in St. Louis. They are from Takoma Park, Maryland. Two favorite selections of her groups are: "Hello, Hello, Hello" and "Kye, Kye, Kule."

***Yummy Yummy* by the Wiggles!** *(submitted by Ruthlee Adler)*

1999 The Wiggles Touring Pty Ltd 9206

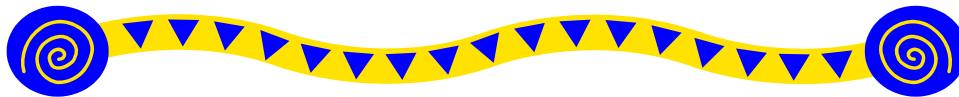
The Wiggles are from "down under" and are well-known children's entertainers in Australia. They also produce videos to go along with their CD's. Ruthlee's groups especially enjoy "Shaky, Shaky," "Shake Your Sillies Out," "Hot Potato," "Fruit Salad," and "Where Is Thumbkin?"

Audiocassettes/CD's with *Teacher's Handbook* by Lee Campbell-Towell, published by Hal Leonard *(submitted by Ruthlee Adler)*

Cat Paws—Lee Campbell-Towell & Judy Smith Murray: Twenty original songs for moving and playing, useful for preschool through 3rd grade.

Any Turkey Can Tango—Lee Campbell-Towell: Twenty-one original seasonal songs for moving and playing.

Alligator Purse—Lee Campbell-Towell: Old games made new with movement and song...One of her group's favorites from this one is "Where Am I?"; it involves sequenced body movements in various tempos.



A Sensory Integration Primer

Jessica Major

Music Therapist and M.Ed. Candidate, University of Washington

During my internship at Capital District Beginnings in Troy, New York, I became interested in Sensory Integration (SI), SI Dysfunction, and SI Therapy. Consequently, for the capstone project of the internship, I investigated SI and its relationship to music therapy. Since that time, I have also taken a graduate seminar on Sensory Processing at the University of Washington.

The following is excerpted from the final project of my internship, which was presented to area music therapists at Capital District Beginnings in August of last year. It was quite difficult to whittle a 63-

page packet of information into a newsletter article; consequently, I had to omit some portions that I felt were important. If you have any questions, or would like more information, see the reference list below or email me at major253@yahoo.com.



“Try this: Turn on the radio, but do not tune it. Leave it on static and fuzz. Turn it up. Ask someone to turn the lights on and off. Strap yourself into a broken chair that is missing a leg and use a table that is off-balance. Now put on some scratchy lace instead of a T-shirt, put your pants on backwards, and wear shoes one size too small. Pour a bowl of grated Parmesan cheese, open a can of sardines and bring the cat box to the table. Now snack on your least favorite food, the one you never eat because it comes with a gag reflex. With all this in place, pick up a new book and learn something new!” (submission to the SI listserv)

This is an approximation of the daily experience of people with SID/DSI.

Sensory Integration is the brain’s ability to receive and process input from the body’s receptors and respond adaptively to the stimuli. **Sensory Integration Dysfunction (SID/DSI)** is theorized to be a neurological deficit that occurs when SI is disrupted or disorganized. Malfunctions can occur at many points in the process; therefore, SID/DSI is manifested in many different ways. Additionally, every person has different sensory strengths and needs, which means that no two people with SID/DSI have exactly the same symptoms or behaviors.

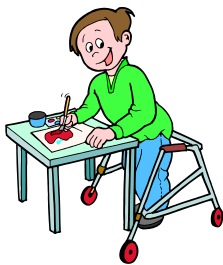


SI theory was conceived by **Dr. Jean Ayres**, an Occupational Therapist who was concerned about a growing population exhibiting maladaptive sensory-seeking or sensory-avoiding behaviors. SI theory is based on the premise that such maladaptive behaviors and some developmental delays are the result of an underdeveloped, malfunctioning or overly sensitive sensory system; treatment to correct the behavior or teach the skill will be only minimally effective unless it includes treatment to provide the necessary sensory input to allow the person to respond to and interact with his or her environment.

SI Therapy is usually provided by an Occupational Therapist or Physical Therapist who has been trained in SI theory, assessment, and treatment.

Common Signs and Symptoms of SID/DSI

Proprioceptive: resistant to new motor activities, low activity level, flaps hands or arms, walks on balls of feet or tiptoes, sits on feet, pulls on fingers/cracks knuckles, is unable to carry out familiar tasks without looking, tends to fall, pulls and twists clothing



Vestibular: avoids activities where feet leave the ground, moves slowly or cautiously, exhibits excessive motor activity (rocks, spins, jumps), moves constantly, has poor balance, bumps into objects or walls intentionally, enjoys being upside-down, does not get dizzy easily

Tactile: withdraws from light touch, refuses to eat certain textures of food or wear certain fabrics, avoids messy activities, dislikes having hair cut or brushed, overreacts to being bumped or jostled, crashes or falls on purpose, touches people or objects incessantly, chews inedible objects, physically hurts self, seems impervious to pain or extreme temperatures

This is by no means a comprehensive list of symptoms. SID/DSI symptoms can also manifest themselves in the gustatory, auditory, visual, and olfactory systems. Usually a diagnosis of SID/DSI is warranted when a number of behaviors are present and interfere with the child’s development in other areas. Additionally, a child may exhibit characteristics associated with both under- and over-stimulation in

the same sense. These deficits can lead to impairments in speech and language, fine and gross motor coordination, self-help development, visual skills, cognitive abilities, and social skills.

Behaviors resulting from these deficits include inattention, hyperactivity, impulsivity, inability to follow a sequence of directions, clumsiness, anxiety, low frustration tolerance, aggression, avoidance, lack of flexibility, isolation, irritability, distractibility, fearfulness, lack of safety awareness, problems with motor planning, low endurance, resistance to new or different experiences or situations, inability to self-regulate activity level, poor eating habits, and emotional insecurity.

Frequently Asked Questions

What disorders are associated with SID/DSI?

Persons with Autism Spectrum Disorders (ASD), Pervasive Developmental Disorder (PDD), Attention Deficit Hyperactivity Disorder (ADHD), Cerebral Palsy (CP), schizophrenia, learning disabilities, conduct disorder, depression, and Tourette syndrome, as well as persons without an associated disability, often exhibit characteristics of SID/DSI. Additionally, prematurity, food allergies, sleep irregularities, and elimination problems are often comorbid with SID/DSI.

What is involved in SI treatment?

In most cases, a sensory integration therapist will provide two services. First, the therapist will evaluate the child and begin direct services on a schedule decided by the IEP or IFSP team. In these sessions, the therapist focuses directly on using SI activities to help meet the child's needs. Second, the therapist will consult with the child's parents and teachers to create a sensory diet. In this way, the child's sensory systems receive the necessary input throughout the day in a variety of settings.

How do these activities improve integration?

As mentioned before, SI activities are not designed to teach a specific skill, such as color identification. Instead, they examine the reasons a child is having difficulty with the task and work to improve those underlying sensory abilities. For example, is the child perceiving the differences in color? (visual processing) Can the child interpret the directions? (auditory processing) Is sitting in the chair too uncomfortable or confining to allow the child to concentrate? (tactile hypersensitivity) Is the child too busy seeking input (squirming, stimming on hands, lights, etc.) to concentrate? (proprioceptive, vestibular, or visual hyposensitivity) Can the child plan a sequence of motions to locate the correct color, reach for it, and label it? (praxis, language processing) Without all these abilities, it is impossible for the child to execute the task.

Once his or her sensory system is properly regulated, however, the child will be able to learn and participate in a variety of activities. S/he has learned much more than just color identification. When a child is given the opportunity to execute tasks prescribed by the therapist throughout the day (adhering to a sensory diet), he or she is improving the efficiency of the neural pathways that facilitate sensory integration. This will lead to success in many domains.

What causes SID/DSI?

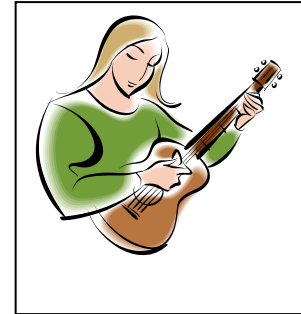
Typically developing children gain sensory integration as a part of their natural development. Everyday activities stimulate their various sensory systems and build the neural networks to help them process and respond to their environment. However, children with SID/DSI do not respond in the same way to such experiences. Because their sensory system does not process the input or output appropriately, they may avoid or seek out certain types of stimulation, therefore compounding the problems. SI therapy aims to correct these deficits by stimulating or calming those systems that are over- or under-reacting, thereby normalizing the child's ability to respond adaptively to his or her environment.

Why is early intervention important?

In the development of the brain, the first five years are of the utmost importance. Neurological research has shown that an enormous percentage of brain development occurs during those years. Because sensory integration theory is based on the premise that repeated exposure to sensory stimuli can increase the

efficiency of the neurological processing of such stimuli, it follows that SI therapy would have the greatest effect during the early years of a child's life. Although there has been some success with SI therapy in adults and the elderly, brain research shows that by that point the brain's plasticity has decreased and that it takes much more exposure to the stimulus to achieve the same result.

As mentioned above, this has been a very brief introduction to a complicated and involved topic. It is my hope that the information provided herein might spark your interest, and perhaps even bring to mind someone you know or work with who might benefit from sensory integration therapy. If either of these circumstances apply to you, please utilize the resource list below or feel free to contact me. Additionally, talk to people in your area or those you work with: although not all OT's are SI certified therapists, most of them know something about it and can connect you with more resources.



Resources

Books and Articles

Ayers, A.J. (1979). *Sensory integration and the child*. Los Angeles: Western Psychological Services.

Crawford, J., Hanson, J., Gums, M., & Neys, P. (1994). *Please! Teach all of me: Multisensory activities for preschoolers*. Longmont, Colorado: Sopris West.

Hamilton, H.J. & Muhs, H. (1985). *Songs for the senses: A primer of activities for sensory stimulation with music*. Available from West Music.

Hannaford, C. (1995). *Smart moves: Why learning is not all in your head*. Arlington, Virginia: Great Ocean Publishers.

James, M.R. (1984). Sensory integration: A theory for therapy and research. *Journal of Music Therapy*, 21, (2), 79-88.

James, M.R., Weaver, A.L., Clemens, P.D., & Plaster, G.A. (1985). Influence of paired auditory and vestibular stimulation on levels of motor skill development in a mentally retarded population. *Journal of Music Therapy*, 22, (1), 22-34.

James, M.R. (1986). Neurophysiological treatment of cerebral palsy: A case study. *Music Therapy Perspectives*, 3, 5-8.

Kranowitz, C.S. (1998). *The out-of-sync child: Recognizing and coping with sensory integration dysfunction*. New York: Skylight Press.

Roley, S.S., Blanche, E.I & Schaaf, R.C. (2001). *Understanding the nature of sensory integration with diverse populations*. USA: Therapy Skill Builders.

Websites

home.ptd.net/~blnelson/SIDWEBPAGE2.htm

www.autism.org/si.html

www.autism.org/interview/ljk.html

www.comeunity.com/disability/sensory_integration/

www.geocities.com/Heartland/Village/9021/sid.html

www.mindspring.com/~dgn/sensory.htm

www.mindspring.com/~mariep/si/links/help.html

www.rainbowkids.com/sensoryintegration.htm

www.sinetwork.org

www.sensoryint.com

Coda

- Remember to contact your senator and/or representative.
- Send topics for discussion at the 2002 *Early Childhood Roundtable* to Ronna at RKDavis522@aol.com
- Send newsletter items to Marcia at mehumpal@ameritech.net
- See YOU in Atlanta!!!