



HELPING HYPERACTIVE KIDS— A SENSORY INTEGRATION APPROACH

Techniques and Tips for Parents and Professionals

Lynn J. Horowitz, MHS, OT and Cecile Röst, PT

- The Centers for Disease Control and Prevention estimate that approximately 7 percent of children ages 6–11 suffer from attention deficit hyperactivity disorder
- Untreated ADHD can curtail social skills, limit academic achievement and reduce vocational development
- Impulsiveness, inattentiveness and hyperactivity, whether symptoms of ADHD or not, challenge children's ability to function in school and at home

Finally, a Child-Friendly Drug-Free Solution for Hyperactivity

(Alameda, CA – July 2007) In the United States, 8 to 10 percent of the school-age population has ADHD. That means that in every classroom of 30 students, 3 are having serious problems concentrating, keeping their emotions in check and interacting normally with the other students. As awareness of hyperactivity grows, so does the research: From sleeping to driving, from relationships to graduating from high school, children with undiagnosed and untreated ADHD struggle. In many cases, they are given medication to modify their behavior, an increasingly controversial approach. Fortunately, now, other options are available.

For the last 30-plus years, the sensory integration approach has provided help for children with behavioral, learning and motor problems. Pioneered by Dr. A. Jean Ayres of the University of Southern California and the Brain Research Center of UCLA in the 1970s, sensory integration is a drug-free treatment based on play, with a strong scientific background. It helps children who have problems concentrating and processing information to interact with their surroundings in a calmer and more focused manner. For many, its appeal lies in the fact that it is a drug-free treatment that also builds self-esteem.

Written by a physical and occupational therapist, *Helping Hyperactive Kids – A Sensory Integration Approach* is a clear, user-friendly book. It provides techniques that can be used in conjunction with, and often in place of, medical treatment.

MORE . . .

These techniques will help parents and teachers working with ADHD children to promote the child's development and view them from a different perspective. The methods and tips can be implemented immediately to help children develop more integrated behavior and used over time to encourage and strengthen developed skills. Important topics in the book include:

- an overview and explanation of sensory integration therapy
- descriptions of how our sensory systems work at different stages of development
- sensory integration tips aimed at helping the hyperactive child
- practical advice for parents and teachers

If simple techniques such as swinging in a hammock, jumping on a trampoline and throwing a ball can help children with attention disorders, why use drugs?

ABOUT THE AUTHORS

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P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

What is Sensory Integration Therapy?

Sensory integration therapy, also known as *SI therapy*, is a method of treating children who have problems processing sensory stimuli, called *sensory integration disorders*. It focuses on improving the child's capacity for integrating sensory input. It is very important to treat a child with this type of disorder in a positive way.

Your child has to be encouraged to do what he or she is capable of doing and needs to be given just the right challenge." The therapist must be careful to organize the setting and material so your child feels a sense of accomplishment and can say, "I did it!" This feeling of success is an important first step in your child's ability to process sensory stimuli.

SI therapy can be useful in dealing with problems such as learning difficulties, motor problems, dyspraxia, behavioral difficulties, anxiety disorders, autism, hemiplegia (spastic muscles primarily on one side of the body), and whiplash. In this book, SI therapy is only described with respect to how it relates to *hyperactive* children. According to National Institute of Mental Health statistics from 2003, three to five percent of school-age children in the United States show signs of hyperactivity. Thus, if a classroom has twenty-five to thirty children, one child probably has ADHD. Altogether, this represents approximately two million children in America.

SI-trained therapists use a neurophysiologic approach to behavior that applies to and can improve hyperactivity and attention problems. This is a noninvasive first step for many parents, including those who do not want their children to use medication. SI-trained therapists see hyperactive behavior as an information-processing problem in the child's nervous system. They apply the neurophysiologic explanatory model to treatment provided by occupational, physical, and speech therapists. Therapists trained in SI usually use the testing batteries developed especially for these children by Dr. Ayres.

In our experience, some children benefit from the addition of a medical intervention, possibly a year after SI therapy has been initiated. Other children who are referred for SI therapy are already taking a drug for hyperactivity at the time they begin therapy. We usually see positive changes in these children when therapy is added to a medication regimen. Frequently, the child's medicine can be lessened and eventually stopped.

P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

Excerpt from Chapter 6: Tips for Dealing With Your Hyperactive Child

Every child is unique. All children come with their own set of emotional needs and preferred ways of learning and interacting. And yet, in our SI practice, we have noticed certain ways of dealing with hyperactive children that tend to have a calming effect. We invite you to try these techniques at home and to notice which ones your child reacts to most favorably.

In addition to using the therapy techniques at home, the techniques described here can be used at school. Teachers usually need an introduction to this approach and certainly need to be open to trying a different approach in their classroom. Many of these techniques are basic techniques used frequently in special education, and it is possible that your child's teacher is already using them.

The techniques challenge your child to grow, but do so in a fun and child-friendly way. If you as a caretaker or a teacher are open to trying new ideas, we think you will find these tips have a positive effect on your child.

Fostering Calmness

You may be able to calm your child in the following ways:

- As you work with your child, train yourself to radiate calmness. In order to cultivate a calm and alert attitude, you may find it helpful to take up a sport or practice yoga, tai chi, or qigong. Or express yourself through a hobby.
- You may be able to calm your child in the following ways:
- Identify your own emotional state and attend to it, as necessary.
- Give the child a short (i.e., ten second) time-out. This is not punishment, but rather a moment that allows the child to get himself or herself together. It would also be helpful for you and your child to do deep breathing during this time.
- Lower your voice (i.e., speak softly but audibly) and breathe slowly even though the atmosphere has become chaotic. Your child will automatically breathe along in the slower tempo and become calmer.
- Your young child will become calmer if you hold his or her hand firmly in a friendly way. It can also help if your child is holding something in the other hand (e.g., a teddy bear or a ball).
- Place your hand on your child's shoulder or another acceptable place. Gently holding it in one position can promote a restful feeling.
- Let your child push his or her hands together and apply strong pressure on the palms.

More...

P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

Continued

- If your child is really restless, try giving him or her a strong, calm hug; place both arms around your child and hold him or her firmly against you.
- Use your hands to apply firm pressure on your child's shoulders or apply a series of ten short pushes downward on the shoulders.
- If possible, make the environment as quiet as possible. Turn off any loud music or play quiet classical music. Many children find listening to Mozart very relaxing. Turn the TV off or turn the volume down. Busy, hectic images can agitate your child, so look for soothing images.
- Rock your child slowly on your lap, in a hammock, or on a swing.
- These last two are good for people of any age:
- Lying in a position in which the head is lower than the heart can lower blood pressure and help your child become calmer. To do this, a small child can lie stomach down over your knees, with their head hanging downward, while you sit on a sofa. Bigger children can hang over the sofa or over a swing outside. You may have noticed children sometimes seek out this position themselves for a short calming period.
- Wash your child slowly in warm water.
- Give your child a warm bath before going to school.
- Calmly rub the length of your child's forehead or let your child rub it.
- Slowly massage your child's back, legs, and arms with a firm but gentle pressure.
- Massage the soles of your child's feet.
- Make it possible for your child to move if he or she has been sitting still for a long time. Give your child a chore to do—such as watering the plants or getting something for you (the more physical the job is, the better, within reason, of course)—or have your child run back and forth outside for a few minutes, just as a calming down technique.
- Use calming scents, such as lavender and vanilla.
- Watch out for food additives to which your child may be oversensitive. Food dyes, chemical smells, taste enhancers, sugar, and other ingredients can provoke oversensitivity that causes bad behavior. Seek expert advice to find out to which foods or additives your child may be oversensitive.
- Drinking a soft drink through a straw can calm your child.
- Allow your child to cool off by sucking or chewing on a piece of ice.. An ice cube made with juice is appealing.

PRESS KIT SUPPLEMENTARY INFORMATION

The Environment for SI Therapy

What does an SI therapy room look like? An SI therapy space should be visually appealing. The atmosphere is designed for the achievement of success and the enjoyment of pleasure. The space needs a certain amount of light, but the ability to lower the lighting is very helpful, especially when working with hyperactive children. The space needs to be large enough to accommodate a variety of swings, and the floor surface should be smooth enough for the child to ride a scooter board (i.e., a square wooden board low to the ground with four wheels; like a skateboard, except with wheels that rotate). It is also desirable to have a corner designated for quiet activities. The therapy space can be transformed according to each child's fantasies. For example, the child can make it into a jungle, a zoo, a desert, or an island.

The space should also contain a large selection of materials that are *sensory rich*; that is, materials with properties that are designed to promote good integration by stimulating the proprioceptive, vestibular, and tactile systems. Sensory rich does not mean having a large amount of toys, but rather a selection of sensory-appropriate toys from which the child can choose. Too many toys in one area can be overwhelming to the child.

Materials in the SI therapy space can include:

- Different sorts of swings, hammocks, tunnels, tents, large balls, and trampolines to use for movement and posture
- Whistles, blow toys, and chewing materials (e.g., bubble games and chewable tubing), which help with breath control and articulation
- Drinks and snacks to promote proper mouth movement and to help children reach the right level of alertness
- Tactile materials (e.g., putty, toys to squeeze, vibrating toys, and Koosh balls)
- Toys to look through (e.g., telescopes and pretend glasses)
- Toys that help children develop eye-hand coordination (e.g., throwing rings and balls); children also need some quiet time after using these toys, and they can cool down by using fine-motor materials (e.g., crayons and pencils) for awhile
- A scooter board with four rotating wheels

Taking some toys away after the therapy session and replacing them with other toys is one way to provide novelty. Observing whether the child cleans up and puts toys into various boxes in the therapy room is a way of learning how that child structures a space. Helping the child clean up the toys and materials is an intervention that promotes organization skills.

Play as Therapy: In normal development, play is an absolutely crucial avenue for helping children learn how their bodies work. In SI therapy, play is used as well. According to Dr. Ayres, doing this effectively is part of the art and the science of SI therapy.

P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

Helping Hyperactive Kids Also Provides:

- How to determine if your child is active or hyperactive
- Differences and similarities between ADHD and SI problems
- Factors that could cause hyperactive behavior
- How the brain works: What you should know
- A guide to understanding the main sensory systems (Vestibular, touch, auditory, visual, proprioceptive, smell and taste)
- What a typical SI therapy treatment session involves
- The goals of treatment
- How to deal with your hyperactive child
- Scientific insight
- A questionnaire for parents
- A list of resources for parents and professionals

P R E S S K I T S U P P L E M E N T A R Y I N F O R M A T I O N

Media Questions for the Authors:

1. Is SI therapy a drug-free treatment?
2. If there isn't an SI treatment center nearby, can I conduct these sessions with my child on my own?
3. Are these activities that a child will have to do for the rest of his or her life?
4. What are some of the benefits of using SI therapy over other methods?
5. What are some of the major differences between hyperactivity and sensory integration disorder, and how can I recognize them?
6. Is SI awareness growing?
7. Can SI treatment benefit children with other disorders?