

# A Tribute to Lorna Jean King



**L**orna Jean King, OTR, FAOTA, a pioneer in using sensory integration (SI) therapy for those with autism, childhood schizophrenia, and other “emotional” problems, was a member of the DDR Professional Advisory Board since its inception. A colleague of the late A. Jean Ayres, she founded The Children’s Center for Neurodevelopmental Studies (CCNS) in Phoenix, Arizona in 1978. Where others saw hopelessness, Lorna Jean saw hope. She achieved dramatic results by “helping children today build tomorrow’s dreams.”

The following is a reprint of her thoughts about sensory integration, culled from a 1996 interview conducted by Stephen M. Edelson, PhD.

## Q: What is the goal of sensory integration?

**A:** To facilitate the development of the nervous system’s ability to process sensory input. SI pulls together all sensory messages to form coherent information on which we can act. This normal process is disrupted in autistic individuals, 85-90% of whom have SI problems.

## Q: Please comment on the relationship between behavior and sensory needs.

**A:** Behavior is communication. Observing what triggers the behavior, we can modify the environment and help the child learn self-calming techniques that improve behavior.

## Q: What should parents look for when deciding whether to have their child evaluated?

**A:** The child who is unusually fearful of movement, or who lacks normal fear of falling, may have vestibular difficulties. A hypersensitive child is also a candidate. This child may over-react to noise or light touch. He may dislike cuddling, having his hair combed or washed, or being bathed or dressed.

## Q: What advice do you give parents of a recently diagnosed child?

**A:** MOVE! Encourage climbing, walking, and swinging. Massage children who are hypersensitive to touch with lotion or powder, or give an extra-long rub down after a bath to help overcome oversensitivity. Many activities you would normally do with ordinary children are needed in much larger quantities by the child with autism or other dysfunction.

## Q: What senses does SI therapy involve?

**A:** SI therapy works with all the senses, but the vestibular, tactile, and proprioceptive senses are most important. They are the largest sources of input and are connected to everything else. For example, the vestibular system and the visual system are very closely associated. Often, a child’s ability to coordinate his eye movements will improve as he receives enough vestibular input.

Hearing is also very important. One promising therapy is Auditory Integration Training (AIT), which aims to balance the reception of auditory input so the child won’t be hyper-responsive to sound. With AIT, many children show increases in language and decreases in sound sensitivity, although some show no improvement.

## Q: What behaviors result from SI therapy?

**A:** A decrease in tantrums and fears, and increased eye contact and interaction. Also, less hypersensitivity to light touch, better use of discriminative touch to learn, and more appropriate responses to heat, cold, and pain.

## Q: How much therapy is necessary?

**A:** Usually, more is better. In some schools, a therapist may see a child for 30 minutes, once or twice weekly. This helps, but improvement is slow. If we start intensive treatment with a preschooler, then the child improves faster.

## Q: Is one ever too old to benefit from SI therapy?

**A:** No. Throughout life, the nervous system develops by making new neuronal connections. As some connections disappear through disuse, others form as a result of new experience. We’ve had good results with teenagers and adults.

## Q: How about handling problems at school?

**A:** Many school problems can be dealt with effectively by simply changing the environment. Sitting on a ball or T-stool provides extra vestibular and proprioceptive input, which helps the nervous system organize and process information. The child can then attend. If a child is upset, offer a large box lined with pillows, and a book or tape. Respite from a potentially stressful situation is more effective than “time out.”

## Q: How about the home environment?

**A:** Therapists can teach parents calming techniques, such as rocking, swinging, or wrapping the child in a big quilt for a few minutes. Basically, parents need to find what works with their particular child.

## Q: Please describe your Center.

**A:** It is a non-profit corporation and school, providing the most advanced neurodevelopmental therapeutic methods for autistic and other developmentally delayed children and adolescents. It is an integrated program that combines OT, speech, and music with academics. Visit the website at <<http://www.thechildrenscenter.org>>.

See the enclosed booklist for these and other publications on sensory integration:

- *Raising a Sensory Smart Child* by Lindsey Biel and Nancy Peske. This definitive handbook has sections on nutrition, picky eating, and vision therapy. See Upcoming Events for a talk by the author.
- *Sensational Kids* by Lucy Jane Miller, the premiere researcher on sensory processing disorder, and the founder of the Kid Foundation.
- *Sensory Integration and the Child*, a revised and updated 25th anniversary edition of the original book, complete with a chapter on autism and with practical tips for parents.

To quote occupational therapist and DDR Professional Advisory Board member, Diana Henry, “Although we have lost a wonderful inspiring teacher, mentor, and friend, Lorna’s passion for education, pursuing research, and providing opportunities for families to receive therapy services emphasizing sensory integration, will remain with us forever. As we must move forward, her legacy will continue to inspire us all.”