



DEVELOPMENTAL DELAY RESOURCES

The ONE Resource Network Integrating Conventional & Holistic Approaches

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The Optometric Extension Program Foundation (OEPF)



Do you know anyone who rubs her eyes when reading, has a head tilt, looks out of the side of his eye, has headaches, flicks her fingers in front of her eyes, has poor eye contact or writes uphill? All of these are signs that a person's vision may not be working efficiently. A referral to a developmental optometrist who is a member of **COVD**, **OEPF** or the **Optometrists Network** is in order.

What is a Developmental Optometrist?

Optometrists (ODs) are eye doctors who have completed four years of graduate school studying vision, the human body's dominant sense. Some, called developmental or behavioral optometrists, spend years in post-graduate education, mastering their understanding of vision. Many take courses sponsored by **OEPF** and **COVD** that train them to evaluate and remediate visual problems which can interfere with development, learning, and other aspects of life. Any optometrist interested in working with children who have developmental delays should consider post-graduate education through **OEPF** and **COVD**.

Vision: A Set of Abilities

Vision, which includes having both eyes move, align, fixate and focus as a team accurately, and processing information efficiently, is learned from birth through sensory experiences in the world. Visual skills build upon one another as children grow.

Some kids miss steps, and then must face the demands of school and society without the visual maturity necessary for success. Every child or adult with a developmental, attention or learning problems, or one diagnosed with autism, Asperger's, NLD, PDD, or AD(H)D, should have a comprehensive evaluation by a member of one of the sponsoring groups.

Vision Education

OEP publishes and distributes consumer materials describing the relationship between vision and attention, autism, computer use, development, learning, reversals, sports, and more. Check out more than 20 pamphlets; single copies are free, and multiple copies are available for a small fee by contacting them at <www.oep.org>. **COVD's** "White Papers" on autism, reversals, dyslexia and other topics can be downloaded from their website <www.covd.org>. **Optometrists Network** publishes more than 10 advertising-free web sites about visual health and how vision impacts learning and behavior. Go to <www.optometrists.org> and other sites in the article on page 4.

Becoming Certified

Once an optometrist has sufficient clinical experience in prescribing programs that eliminate visual problems and enhance visual performance, he/she may elect to undertake guided study as a component of board certification through **COVD**. He/she must then pass rigorous testing to become a Fellow in **COVD**. This step signals that the OD works with the most difficult visual issues inherent in autism, learning disabilities and attention problems. Those who have completed the process can then add the prestigious FCOVD after their names.

Vision Therapy: The Best Kept Secret in Optometry!

Members of **OEP**, **COVD** and the **Optometrists Network** are trained to develop individualized programs to help maximize visual function. Many have taken the step to obtain their **COVD** Fellowship. All are interested in helping those with delays learn how to use their vision most effectively. To learn more about vision therapy and its success, go to <www.visiontherapy.org> and <www.visiontherapystories.org>.

Get Connected

This issue's sponsors are dedicated to connecting the public with developmental optometrists who can maximize visual functioning and potential from birth through the golden years. Each website offers the service of finding a qualified doctor near you. Go online and make an appointment today!

IN THIS ISSUE

COVD, OEPF, and The Optometrists Network....	Page 1
Executive Director's Column.....	Page 2
EnVISIONing a Bright Future	
News and Comments.....	Page 3
Vision.....	Page 4
Learning Related Visual Problems	
Education.....	Page 5
Smart Schools	
Sleep.....	Page 6
Zzzzzz....Got Sleep?	
Nutrition.....	Page 7
The Trojan Horse Technique for Picky Eaters	
Upcoming Events.....	Page 8

Executive Director's Column

by Patricia S. Lemer, M.Ed., NCC, M.S. Bus.



EnVISIONing a Bright Future

With this issue of “New Developments” I am extremely excited to announce the publication of *EnVISIONing a Bright Future: Interventions that Work for Children and Adults with Autism Spectrum Disorders*. Just wait until you see Bill Greaves’ gorgeous cover! In many ways my entire career has been pointing towards this book. I am extremely fortunate to have learned from some of the best in many fields: neurology, psychology, occupational therapy, speech-language therapy, medicine, and, especially, optometry.

Autism has become a business in a thriving marketplace of interventions delivered by talented and experienced practitioners, most of whom have something to offer. New approaches are emerging every day, claiming to be the missing link. Now, thanks to the generosity of the Optometric Extension Program (OEP) and its Executive Director, Bob Williams, the public has a single reference for understanding the causes of AD(H)D, learning disabilities and autism, and a thorough description of treatments that address them.

You may be wondering why I chose a publisher of books primarily on vision. DDR members know about my passion for understanding the role of vision and visual dysfunction in autism, attention deficits, learning disabilities, and “mental” illness.

I am known to write, lecture, or pontificate about vision whenever and wherever the opportunity arises. My pamphlet, “Attention Deficits: A Developmental Approach” also published by OEP, came about when I realized that symptoms of AD(H)D could also occur in kids with nutritional, sensory and visual problems. I am so proud that the three sponsoring organizations for this newsletter represent the optometrists who have become, for me, a second family.

EnVISIONing a Bright Future gathers together the knowledge and expertise of two dozen professionals from optometry, medicine, biochemistry, nutrition, education, psychology, sensory therapies, and more. As the book’s editor, I am so grateful to them for their willingness to take the time and make the effort to add their wisdom to this book.

Contributors include many DDR Professional Advisory Board members who have supported me for years. Barbara Loe Fisher, Co-founder and President of the National Vaccine Information Center (NVIC), looks at the significant role of vaccines. In her chapter she raises the important question of what “fooling the immune system” does long term.

I am deeply indebted to my dear friend and long-time colleague, DDR co-founder Kelly Dorfman. This book brings together a good number of her columns from “New Developments” in a sequential, orderly fashion. The chapter on “Total Load Theory,” upon which I base the whole premise of the book, and “A Biomedical Approach to Autism Spectrum Disorders,” written with Anju Usman, laid the foundation for other treatments.

This book also presents, for the first time, the relationship between biological issues and sensory problems, and the work of some international experts. Readers can learn how so many children’s health issues contribute to sensory dysfunction, and the synergistic effect of different therapies upon each other. Audiologist Dorinne Davis, Optometrist Randy Schulman, and others from diverse disciplines balance the body’s biochemistry, integrate reflexes, touch, movement, sound and vision. I am proud to present the reflex work of Brendan O’Hara from Australia to the world of developmental delays for the first time in America.

In the chapter on homeopathy I have brought together the various approaches from classical homeopaths Judyth Reichenberg-Ullman and her husband Robert, with Barbara Brewitt and homotoxicology. The chapter that addresses improving communication and social-emotional issues through play, includes Greenspan’s FloorTime, Gutstein’s RDI, Son-Rise and other cross-disciplinary approaches.

I have included Applied Behavioral Analysis (ABA) and Neurofeedback as therapies based on Operant Conditioning. A chapter with some heart-warming stories is “Healing with Animals,” which includes working with horses, dogs, dolphins and other furry and not-so-furry creatures.

I have really loved working on this book, especially trying to organize the complex, ground-breaking work of Dietrich Klinghardt and my last chapter on “Prioritizing Therapies.” For me, taking very complex material and making it understandable to a lay person is SO MUCH FUN! It is like combining assembling a thousand piece jigsaw puzzle with Sunday’s double crostic: both pleasures from my childhood.

I never considered myself a writer. Talker, yes. Wordsmith, maybe. Writer, no. Only in recent years has writing become enjoyable. Letitia Lang, my straight-laced high school English teacher thought I had no business being placed in Honors English, and I believed her. Not until fortune brought me my superb DDR newsletter editors did I learn the “rules” of writing and editing. I am so grateful to Aimee Doyle, Carol Kranowitz, Mary Rentschler and Anat Sichel for guiding me. They may not realize the roles they played in this book too. Mary has also been a “rock” for me along the way. Her chapter on Educational Kinesiology (Brain Gym) is exquisite.

I envision this book leading to many other opportunities. I am honored to be speaking about autism at the annual COVD conference in October. Maybe the contributors and I can take this book on the road as the winning ice skaters have done for years. Yes, the “market” for it is huge: good news and bad. Once it is available, May 1st, we’ll see. In the meantime, you can pre-order it from OEP at a 15% savings.

So now what will I do with my free time every evening and weekend? For the past five years, it has been “working on my book.” I know! I can spend it enjoying my granddaughter, Penelope.

DDR 2008 Directory

Is your DDR membership current? Would you like a year's worth of advertising? Join DDR and assure inclusion in and that you will receive the 2008 Networking Directory. To renew, complete form inside the newsletter. Advertising is also available. Call 800.497.0944 for rates.

The Vaccine Book

Dr. Bob Sears, the son of baby doctor Bill Sears, offers advice about making the right decision for your child. For those still trying to decide what to do, this may be just the ticket. Sears compares the dangers of each disease to each vaccine, discusses potentially harmful ingredients, such as aluminum, and gives advice about how to recognize, treat and prevent vaccine reactions. He even makes suggestions about how to customize a child's vaccine schedule. Look for the book at your local bookstore, or go to <www.thevaccinebook.com> to read more about it.

Accolades to Diana Henry

Occupational therapist Diana Henry keeps adding to her accomplishments. At the AOTA conference, she will be inducted into the Roster of Fellows with the phrase: "International Sensory Integration and Sensory Processing Guru." Her new book *Tools for Tots: Sensory Strategies for Toddlers and Preschoolers* is just what every parent needs to avoid power struggles over those daily routines. Chapters include Picky Eaters Tidbits, Tooth Brush Tamers, Potty Pleasers, and Nail Nippers. To order see Booklist. Congratulations, Diana!

Flu Vaccine Misses Strains...Again

According to Barbara Loe Fisher of the National Vaccine Information Center (NVIC), every year, officials at the World Health Organization (WHO) and the U.S. Department of Health and Human Services (DHHS) look into a crystal ball and try to figure out which strains of Type A and Type B influenza will be prevalent in the U.S. Sometimes they guess right and sometimes they guess wrong. This year, they guessed wrong as more than half of the influenza virus strains circulating in the U.S. right now are Type A and B strains that are not covered in this year's influenza vaccine.

SuperFit Reading Kit

DDR Board Member, Chiropractic neurologist Scott Theirl has come up with a kit of brain-based exercises to improve eye and brain coordination that take less than 10 minutes a day. Designed for ages three up, these are a great adjunct to vision and occupational therapy, or can be used alone for typically developing kids. To order yours, go to <www.superfitbrain.com>.

Weighted Vest Alert

Make sure that the weighted vests you and your therapists use with your kids do not contain lead. One mother found out the hard way that hers was made from dental shielding which caused lead poisoning in her daughter with autism. Because the outside contained lead, her child was ingesting the toxic metal when she put the vest in her mouth. Always order from reliable sources, such as Therapro <www.theraproducts.com> and Southpaw Enterprises <www.southpawenterprises.com>.



DDR Sponsors Lecture Series on Premies

Was your baby born early? Have feeding problems or sensory issues? Was late walking, talking, reading? Finally... a series of workshops that addresses all of those problems and more. DDR in collaboration with Premies Today, a parent support group founded by Mary Beth Hazelgrove, a mom who has "been there," will host a five session series this Spring in Northern Virginia. Speakers include DDR co-founders nutritionist Kelly Dorfman and counselor Patricia Lemer, as well as Lawrence Palevsky, MD, Bobbi Wade, SLP, and Kim Perks, OTR. For more information, see Upcoming Events. Registration available at <www.devdelay.org> or call 800.497.0944.

Toxic Children, Toxic Lies

Dozens of parents of vaccine-injured children from all over America joined on February 20th for a protest at the American Academy of Pediatrics (AAP) Headquarters in Elk Grove Village, Illinois. The rally expressed the outrage of parents of children with autism over the AAP's maneuvers to protect the National Immunization Program. Parents of vaccine-injured children were shocked at the recent censorship attempt of the AAP, which recently demanded that ABC cancel the series premiere of the new drama "Eli Stone." The episode portrayed an attorney who successfully sued a pharmaceutical giant after his client's child became autistic after receiving a mercury-containing vaccine.

ARI Updates Parent Treatment Rating Form

The Autism Research Institute (ARI) has just released its chart of ratings that parents have given to over 50 vitamins and other supplements, medications and diets. The supplements helping the most kids are B6, B12, zinc, cod liver oil, melatonin and digestive enzymes. Allergy-elimination treatments, detoxification and hyperbaric oxygen also showed benefit in more than 50% of those reporting. At least 50% of kids got better by changing their diets! The ones that helped most are GF/CF and Specific Carbohydrate. A separate form is available showing similar information with those identifying themselves as specifically having Asperger syndrome. To see the whole chart, go to <www.autism.org>.

Brewitt found INNOCENT!

On January 8th, a judge in Seattle, WA found that charges against Barbara Brewitt, PhD, CEO and Founder of BioMed Comm, were "absurd." Accused of "practicing medicine without a license," Brewitt is now free to pursue her life's work as an innovator in improving people's health. DDR readers may recall that Brewitt's cell signal enhancers have been beneficial in some of the issues seen in autism spectrum disorders. Barbara: we were pulling for you all along!

New Developments is a quarterly newsletter published by **Developmental Delay Resources (DDR)**, a 501c3 not-for-profit organization whose mission is connecting families, professionals, and organizations and disseminating the most current information about possible causes, interventions, and preventions for developmental delays. Members of DDR support the inter-relationship of physical, cognitive, and social-emotional development in children whose delays include, but are not limited to, sensory-motor deficits, speech-language disorders, attention deficits, learning disabilities, pervasive developmental disorders, and autism. DDR seeks to educate the public about treatments that: address sensory-motor processing, including occupational therapy, vision therapy, auditory training, and perceptual-motor therapy; boost the immune system, including dietary modification, nutritional supplementation, homeopathy, and detoxification; address structural integrity, including osteopathy, CranioSacral therapy, and chiropractic; and encourage positive social-emotional relationships, such as communication therapies, FloorTime, and family therapy. **DDR is the only organization that integrates all these disciplines.**

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All material in **New Developments** is for information purposes only and is not to be substituted for professional advice from your health care provider.

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Have you ever used the phrase, “Do you see what I mean?” This phrase acknowledges that, in our minds, seeing is equated with understanding. Seeing is our dominant sense and our primary source for gathering information.

Eyesight vs. Vision

Eyesight tells only how clear the image is. Vision is more than clarity. It is the brain’s ability to visualize, understand and apply the information that comes in through the eyes: the learned ability to give meaning to what is seen. From birth, vision works together with the other senses to lay the foundation for cognition, behavior, personality and learning.

What is a Learning-Related Visual Problem?

An estimated 25% of school-age children have vision problems affecting learning. Students can have difficulties in any of a number of areas. Maybe their two eyes don’t work together to track or focus. Perhaps the eyes and hands do not coordinate. These and other problems can have a profound effect on how they learn. Symptoms of visual problems include:

- Eyes that are red or tear when stressed
- Avoidance of academics, decreased comprehension, slow reading/writing
- Losing place, omitting words, skipping lines, confusion of similar words
- Discomfort, fatigue, headaches or short attention span when doing schoolwork

Vision Problem and/or Disability?

Since vision and learning are intimately connected, a vision problem can be easily mistaken for a learning or attention problem. Undetected and untreated vision problems can elicit some of the very same signs and symptoms commonly attributed to “Attention Deficit Disorder” (ADHD), learning disabilities and dyslexia. A child with impulsivity, hyperactivity, distractibility, poor reading, trouble learning math, and illegible handwriting could easily be misdiagnosed with one of these disabilities. In some instances these conditions co-exist and treating one aspect of the problem masks the other. To learn more, go to www.children-special-needs.org/.

Convergence Insufficiency

David Granet, MD and researchers at the Children’s Eye Center, University of San Diego, recently uncovered a relationship between a common eye teaming problem called convergence insufficiency (CI) and ADHD. In CI, the eyes tend to drift outward when a person is reading or doing close work. When eyes drift out, a person may have double vision. To prevent seeing double, an individual attempts to make the eyes turn back in or converge, which then interferes with the ability to read and work comfortably at near.

In the above study, children with convergence insufficiency were three times as likely to be diagnosed with ADHD as children without the disorder. Does convergence insufficiency make ADHD worse, or is convergence insufficiency misdiagnosed as ADHD? In either case, patients diagnosed with ADHD should be evaluated for convergence insufficiency and treated accordingly. To learn more about convergence insufficiency, go to www.convergenceinsufficiency.org/.

Visual Function and Autism

Most individuals diagnosed with autism use visual information inefficiently. They frequently have difficulty maintaining visual attention, have eye movement disorders and eye teaming problems. Some of the hallmark behaviors of autism, such as poor eye contact, staring at spinning objects or lights, side viewing, and difficulty attending, are signs of visual problems.

Autistic individuals also often have problems coordinating their central and peripheral vision, ignoring peripheral vision, and fixating on a central point of focus for excessive periods of time. Poor integration of central and peripheral vision can lead to difficulties in processing and integrating visual information. Motor, cognitive, speech, and perceptual abilities can also be affected when visual processing is interrupted.

A Comprehensive Vision Exam

When children are struggling, a thorough exam including the following is imperative.

- A complete developmental and health history
- A measurement of how clearly the patient can see at a distance and up close: nearsightedness, farsightedness, or astigmatism.
- An assessment of eye focusing, eye teaming, and eye movement abilities (accommodation, binocular vision, ocular motility)
- An examination of the health of the eyes

Methods for evaluating the vision of non-verbal individuals vary depending upon levels of emotional and physical development. Many developmental optometrists are experienced in examining people with autism, learning disabilities and other developmental delays. Patients are sometimes asked to perform specific activities while wearing special lenses. The doctor observes any postural adaptations and compensations the patient makes when sitting, walking, standing, or catching and throwing a ball. Such tests help to determine how well a patient is using vision, and what can be done to improve performance.

Following complete testing the doctor reviews all findings with the patient and/or parent and provides consultation and recommendations regarding any needed treatment.

Treatment of Learning-Related Visual Problems

Depending on the results of testing, an optometrist may prescribe glasses to help the patient compensate for nearsightedness, farsightedness, astigmatism or other problems. He/she might also recommend a program of Vision Therapy to increase visual arousal, help organize visual space, improve eye movements, gain more efficient eye coordination, or enhance other important visual abilities. Individualized goals are directed toward resolving underlying visual problems that interfere with reading, learning, and behavior, as vision therapy is not an independent treatment for learning disabilities, attention deficit disorder or autism.

Find a Doctor

Do you know someone who could benefit from a comprehensive vision exam and vision therapy? If so, contact one of the sponsoring organizations. You will be happy you did.



Smart Schools

In the 1970s, an astonishingly creative woman named Sally Smith founded a special school to help her bright young son overcome his severe learning problems. She developed arts-infused education, and, as we know, the rest is history. When Sally Smith died in December, she left an amazing legacy: the Lab School of Washington <www.labschool.org>.

When teachers in York, PA tired of stressing unready students with academics, they turned to Harry Wach's model combining Piagetian theory and vision development. A school for thinking was born. (Read *Thinking Goes to School*.)

At Lincoln Elementary, Mt. Vernon, NY Principal George Albano has created a culture that guarantees success for ALL students, in one of the poorest sections of Westchester County. And in Traverse City, MI, optometrist Steven Ingersoll founded a charter school, Grand Traverse Academy (GTA), where over 1000 kids, grades K-12, happily succeed in learning.

Making Schools Smart

What all these schools have in common is that they are safe, loving, high quality learning environments based on current brain research, traditional culture, personal relationships, sound character development, high expectations and ongoing professional training. Rather than teach to the learning style of each under-achieving student, they reach all students by changing the environment. Lincoln, Lab and GTA, all have continuity of staff; most staff members have been on board for many years.

Grand Traverse Academy Stresses 3 Philosophies

- **Choice Theory** emphasizes seven positive habits and de-emphasizes seven harmful ones. On the positive side are caring, contributing, befriending, listening, encouraging, trusting and supporting. The harmful habits are judging, nagging, rewarding to control, criticizing, blaming, complaining and punishing. Consistent applications of the tenets of Choice Theory help students develop the social-emotional stability and sense of belonging necessary for academic success.
- **Integrated Visual Learning (IVL)** is a multi-disciplinary approach to maturation that combines the concepts and procedures of behavioral optometry with education and psychology. According to Ingersoll, unsuccessful students need to learn how to learn. He uses vision therapy with a cognitive finish to change students' learning and attention styles. IVL includes activities to enhance the emergence of visual competence and dominance, and to establish visual learning strategies.
- **The Smart Character Choices** curriculum promotes six traditional positive character traits: kindness, work ethic, responsibility, respect, optimism and cooperation. Students evaluate themselves and receive grades in each of these traits as well as in academics. The traits are woven throughout school protocols, lessons and culture.

Teacher Training

At GTA teachers spend two intensive weeks in late summer, several days in the fall, winter and spring and every Friday afternoon in training. GTA and Lincoln Elementary both hire teachers of high character and professionalism, provide them with professional development, and support them within an environment of choice, accountability and responsibility.

Multi-Aged Grouping and Total Physical Response

Ingersoll believes that delivering instruction by developmental level, as opposed to chronological age, encourages continuity of relationships. Students are grouped in three elementary classes, and traditionally in high school. Lower and upper elementary students stay with the same teacher and classmates for several years. Students progress seamlessly through the curriculum by mastery as opposed to arbitrary annual deadlines.

At GTA all ages learn Spanish with Total Physical Response (TPR), an instructional method that relies more on the association of physical gesture with functional vocabulary than on language theory and structure. The method is so effective that students who begin in the sixth grade can graduate from High School with three years of advanced placement college Spanish credit.

Building Design

The school's layout, including four-classroom-pods, each with individual restrooms, provides a homelike setting, and the right atmosphere to teach social protocols and avoid supervision problems. Because research shows that quantity and quality of light profoundly affect emotion, arousal and attention, paint colors are strategically selected and placed, and lighting fixtures provide plenty of natural and specific spectral quality light.

Customer Service

GTA views students and their parents as customers, and strives for quality in all interactions. Students and staff wear uniforms that promote connection and relationships. Positive communication about each student goes to each family monthly. Staff members daily usher children into their family vehicles with personal greetings to the parents. Frequent thematic car pool events provide entertaining opportunities for additional teacher/parent contact. A special "brief conversation with the principal" parking place allows parents spontaneous access to school leadership.

Class Businesses

In each classroom students learn entrepreneurship, financial management, economics, work ethic, cooperation and all about starting, maintaining and improving a business. Community professionals help students learn lessons about economics. Students frequently extend their business projects into community service. School/community cooperation benefits all participants.

Putting it All Together

According to Ingersoll, emotional stability, visual thinking and character training together enhance frontal lobe function, thus helping students to see future consequences of their actions. With the opportunity to make choices in a framework of belonging, traditional social norms, rules, and protocols that make sense, students learn to choose well. Having learned to make productive choices, they are able to pursue academic excellence.

At Grand Traverse Academy and Lincoln Elementary the message is clear: character, consistency, good science and traditional common sense produce the quality environment that children deserve and in which they can thrive. To learn more about and visit GTA, attend an Open House and workshop May 15-17. To hear George Albano speak on March 1st in New York City, along with DDR Executive Director, Patricia Lemer, e-mail jotis@leadershipinst.org or call 908.389.0016.



ZZZZZZ.....Got Sleep?

We have all heard it...“You spend about 1/3 of your life in bed.” While we may spend 1/3 of our lives in our bedrooms, most people do not sleep for eight hours, and the little sleep they get is not restorative. Sleep-related problems affect an estimated 50 to 70 million Americans of all ages and socioeconomic classes.

Why We Need Sleep

Sleep replenishes the body on all levels: cellular, endocrine, immune, metabolic, physical and emotional. It repairs and restores major organs and brain chemicals. Physiologic studies suggest that a sleep deficit may put the body into a state of high alert, increasing the production of stress hormones and driving up blood pressure.

In the absence of a good night’s sleep, the body and brain begin a slow deterioration affecting all areas of health and function. Although the body can survive for a month or more without food, death can occur in a week without sleep. Three nights without restorative sleep can produce a state known as “sleep deprived psychosis,” in which rational thinking is impossible.

During restorative sleep, the brain and body produce serotonin, a chemical necessary for mood stabilization, coping, attention and memory. The less serotonin available, the less able one is to deal even with the most mundane day-to-day tasks. Picky kids get pickier, cranky kids get crankier. Poor sleepers tend to be poor students as well.

What Causes Sleep Problems?

Everyone is aware that caffeine-containing foods like coffee and chocolate can interfere with sleep. Also be sure that kids are not eating foods and drinking beverages containing other excitotoxins, like MSG and aspartame. Diet sodas and MSG-laced soup and Chinese food can keep them awake. Sleep disturbances are sometimes associated with allergies, especially to dust, molds and other critters. Some kids’ reactions to foods, such as citrus fruits, can cause bed-wetting, which interrupts their sleep.

Sleep difficulties may signal sensory regulatory issues. Physical therapist Debra Dickson and occupational therapist Anne Buckley-Reen believe this is common. They conceived a sleep hygiene program called SANE. The SANE approach facilitates change through restorative Sleep, Activities to reduce stress, balanced Nutrition, and nurturing Environments. To learn more about SANE, attend one of their workshops. (See Upcoming Events.)

What Sleep Deprivation Looks Like

Sleep-deprived people have elevated blood levels of substances associated with inflammation. People who sleep less than seven hours a night are also significantly more likely to be obese. Many kids get only “junk sleep” because they are sleeping surrounded by gadgets like cell phones, DVD players, computers, iPods, and TVs giving off high levels of electromagnetic fields (EMFs).

EMFs disturb brain waves, heart rate variability, breathing patterns and bowel movements. Everyone is 100 times more vulnerable to EMFs when asleep, because EMFs decrease pineal function, causing it to stop producing protective melatonin. The older the teens, the more gadgets they have in their bedrooms. Most high school seniors have about four. At 3:00 am, they may be instant messaging, playing video games, or watching a movie.

Kids who are sleep deprived can exhibit

- explosive tempers
- easily hurt feelings
- impatience and poor impulse control
- clumsiness and accidents
- frenzied play
- trouble focusing and paying attention in class
- forgetfulness and making silly mistakes
- excessive talking

Many of these symptoms are similar to those of ADD. One study found that when a group of kids diagnosed with ADD were permitted to catch up on their sleep that a majority no longer qualified for the diagnosis!

How Much Sleep is Enough?

According to WebMD, children have the following sleep needs:

- 1-3 years old: 12 - 14 hours
- 3-6 years old: 10 ¾ - 12 hours
- 7-12 years old: 10 - 11 hours
- 12-18 years old: 8 ¼ - 9 ½ hours

Only about 20% of American teens get the recommended nine hours of sleep a night, half sleep less than eight hours on school nights, and 28% fall asleep in school at least once a week. Sleep patterns change with age, and after puberty teenagers find it physiologically more difficult to go to sleep early. When school districts addressed this problem by starting their classes an hour later, absenteeism and grades improved, disciplinary problems decreased, and students and teachers were more productive.

What You Can Do to Improve Sleep Habits

Start early! For young children, begin a bedtime ritual that includes time away from electronic gadgets at least an hour before bed. For older kids and adults, make sure bedrooms are cool, calm, quiet, dark “media-free zones” used exclusively for quiet time and sleeping.

Create a Safe, Healthy Bedroom

- Avoid loud patterns and/or bright colors on the walls and in furniture design. Many children’s rooms are too active, with beds shaped like race cars and busy posters, colors and patterns on the walls and in the rugs
- Use organic paints, carpet, curtains, mattresses and bedding to limit out-gassing and static electricity which disturbs the body’s electrical system
- Make the space as dark as possible
- Avoid metal bed frames
- Never use an electric blanket
- No metal springs and no flame retardants in mattresses
- No large electronic devices on the other side of the wall behind the headboard
- No cell phones or cell phone chargers in any bedrooms
- Replace any 2.2 and above gigahertz cordless phone with a corded phone

Sweet dreams.

The Trojan Horse Technique for Feeding Picky Eaters



By Dana Laake, RDH, MS, LDN

Remember Odysseus from seventh grade mythology? Seeking to gain entrance into Troy, he cleverly ordered a hollow wooden horse so large that the Greek army could hide inside. What looked like a huge horse was really a disguise to conquer the city.

I have used this concept for decades to hide nutritious food (instead of soldiers) to nourish picky eaters. If you question the wisdom of fooling our children by hiding healthy foods in typical foods, I have news for you: we are all deceived by additives hiding in our foods. If you cannot pronounce the words on the label, chances are it's full of additives. The ultimate goal is replacing processed commercial foods with organic, natural, real foods.

Reasons for Picky Eating

- **Opiate-like peptides** - Children, especially those who have problems with gluten and casein, frequently have limited appetites. Because of faulty digestion, their foods break down poorly, releasing opiate-like peptides, which when absorbed, negatively affect brain function and development, and cause cravings for the very foods that harm them. These cravings limit other food choices, especially for vegetables, proteins and even fruits.
- **Zinc deficiency** - Many children are deficient in zinc, a critically important nutrient. Consequences of zinc deficiency are picky eating and a limited appetite. Processed foods, such as bagels, pasta, breads, pretzels, cereals, instant oatmeal, and crackers - which raise blood glucose - easily deplete zinc. Look for foods with fiber content of five grams or more per serving, so as not to raise glucose levels. A lack of zinc distorts the sensory perception of taste, smell, and textures. A zinc deficient palate is unable to detect the subtle flavors of vegetables. Even after correcting the zinc deficiency, eating problems can persist, based on sensory memory.
- **Sensory issues** - Aversions to the look, taste, color, smell, and texture of foods, or what it has "touched" on the plate can also cause picky eating. Some children are brand specific and can also be exquisitely sensitive to any changes. Like the childhood story "The Princess and the Pea," children with sensory issues can often detect even the most subtle differences. Taste, texture, smell and how the food feels in the mouth all determine acceptance.

Start Small

Rather than introduce a new food in its natural form, begin by hiding a very small amount (about a tablespoon) of it as puree mixed or blended into a well-liked and well-tolerated food. This approach allows the body to accept the new food. As the child accepts the taste, include more. Children who have food texture issues are especially good candidates for blended foods because their sensory development may be younger than their chronological age. Adapt to the sensory level and return to purees until sensory issues improve. Rather than focusing on getting a child to tolerate foods that he perceives as "lumpy" or unpleasant to chew, the goal is getting a child to eat nutritious food, however you can.

Match the Color and Texture

Assuming the new food is a vegetable, use organic baby food purees or make your own. Puree the new food into an established food that does not change the overall color, texture, smell, or taste. If a child eats nothing but white food, start with very light-colored vegetables including squash, cauliflower and corn. If the child likes ketchup or tomato sauce, then introduce deeper-colored vegetables such as beets, greens, peas and beans. Pureed vegetables can be beaten into batter for pancakes, muffins, brownies, and cookies or into tomato and other pasta and pizza sauces, and even into ketchup.

Mix Fruits and Vegetables

Vegetable juice makes a healthy addition to fruit juice. Try mixing carrot juice with orange juice, and then adding a teaspoon or so of another vegetable juice. Serve in a brightly colored sippy cup to camouflage any color changes. Blend pureed vegetables and dried vegetable powders into cooked fruits such as applesauce or pearsauce, into meatballs, and even into nut butters. Carry out the Trojan Horse technique out of the sight of your child!

If none of the above works, a last resort are natural gummy bears, made of fruits and vegetables. I like the quality and taste of those from Juice Plus. Check your local health food store and see what they have.

Muffin Casseroles

Many families have developed what we call muffin casseroles. One resourceful mother developed a GF/CF muffin for her child who ate only breads and muffins, and then gradually added fruit puree to the batter. As he tolerated fruits, she moved to vegetable purees, and finally added pureed meat. Until he was able to transition to eating foods in a traditional manner, he ate his muffin casseroles at every meal and snack—and loved them!

Increase Protein and Nutrition

The Trojan Horse technique is especially useful for kids who need more protein in their diets. Add eggs, especially the high-protein whites, and rice-protein powders to batters, breads, smoothies, meat sauces and meatballs. Do not add raw eggs to smoothies. Use powdered supplements such as calcium and magnesium to increase nutritional value.

Gradually Move On

As a child accepts an increasing number of foods presented in a sneaky manner, eventually, he/she will accept the food alone – I promise! All it takes is patience, and a lesson from Greek mythology!

Dana Laake is the co-author with Pamela Compart, MD of The Kid-Friendly ADHD & Autism Cookbook: The Ultimate Guide to the Gluten-Free, Casein-Free Diet. (See Booklist.) They will be presenting great ideas for acclimating young palates that have long rejected the "good for you" foods at the Defeat Autism Now! conference in April. (See Upcoming Events.)

UPCOMING EVENTS

- **Saturday, March 1, 2008 – New York, NY**
Creating a Culture in Schools that Guarantees Success for All Students
Day-long symposium featuring George Albano and Patricia Lemer. Co-sponsored by the Central Park Historical Society and Leadership Learning Lab. of NYC.
To register, email jtotis@leadershipinst.org or call 908.389.0016
- **Saturday, March 1, 2008 – San Antonio, TX**
- **Saturday, May 31, 2008 – Tampa, FL**
CARE Clinics Workshops for Autism/PDD/ADD/ADHD
For more information, go to <www.mycareclinics.com>
- **Tuesday, March 4, 2008 – Pittsburgh, PA**
ADD: The Vision Connection
Speaker, Patricia Lemer. Learn how undiagnosed vision problems can masquerade as ADD, and what to do about it. Sponsored by DDR. To register, call 412.422.3373
- **Friday, March 7 – Saturday, March 8, 2008 – Lacey, WA**
Brighter Tomorrows Conference: Vaccine Injury and Autism
Speakers include Dietrich Klinghardt. Sponsored by Wyatt Foundation. For more information, go to <<http://www.WyattsHouse.org/2008conference.htm>>
- **Sunday, March 9, 2008 – New York, NY**
The Cost of a Convenient Life
Speaker, Patricia Lemer. Sponsored by Leadership Learning Lab.
For more information go to <www.leadershiplearninglab.org>
- **Thursday, March 13 – Sunday, March 16, 2008 – Washington, DC**
Psychotherapy Networker Symposium
Annual conference on the Power of Relationship. Speakers include Kelly Dorfman.
To register, go to <www.psychotherapynetworker.org>
- **Friday, March 14 – Saturday, March 15 2008 – Warrrenton, VA**
The S.A.N.E System of Pediatric Assessment and Treatment
Learn how sleep, activities, nutrition and environment affect learning and behavior.
Speaker: Anne Buckley-Reen. To register, go to <www.educationresourcesinc.com>
- **Tuesday, March 18, 2008 – Pittsburgh, PA**
Sensory Issues in Learning and Behavior
Talk for parents sponsored by the Waldorf School of Pittsburgh.
Speaker, Patricia Lemer. To register, call 412.441.5792
- **Friday, March 28 – Saturday, March 29, 2008 – St. Louis, MO**
5th annual Conference of Families for Russian and Ukrainian Adoption
For more information go to <www.frua.org>
- **Saturday, March 29 – Sunday, March 30, 2008 – Mansfield, OH**
Treating Autism Spectrum Disorders
A conference highlighting an integrative approach to successful therapies.
Speakers include Patricia S. Lemer, M. Ed. Sponsored by Great Plains Laboratory.
To register, go to <www.greatplainslaboratory.com>
- **Saturday, March 29 – Sunday, March 30, 2008 – Silver Spring, MD**
Family Constellations Workshop with Guni Baxa
Experience how transgenerational pain can affect today's families.
For more information and other dates, contact Mary Rentschler at 202.244.8280
- **Friday, April 4 – Sunday, April 6, 2008 – Cherry Hill, NJ**
DAN! 2008 Spring Conference
For more information and to register visit <www.danconference.com>
- **Friday, April 4 – Saturday, April 5, 2008 – Vienna, VA**
The 9th Annual McLean Bible Church Accessibility Summit
Speakers include Kelly Dorfman. For more information and to register call 703.770.2918 or visit <www.AccessibilitySummit.org>
- **Sunday, April 6, 2008 – Fairfax, VA**
Feeding and Nutritional Issues in Premies
Speaker: Kelly Dorfman. DDR lecture co-sponsored with Premies Today.
For more information call DDR at 800.497.0944
- **Saturday, April 12, 2008 – New York, NY**
Raising Awareness for Children's Health and Healing
Whole Child conference featuring Dietrich Klinghardt, Dorinne Davis, Lawrence Palevsky and others. Go to <www.wholechild.info>
- **Saturday, April 12, 2008 – Fort Lee, NJ**
Lyme-Induced Autism Foundation Conference
Speakers on nutrition, yeast issues and more.
To register, go to <www.lymeinducedautism.com>
- **Sunday, April 13, 2008 – Fairfax, VA**
Sensory Issues in Premies
Speaker: Kim Perks, OTR/L. DDR lecture co-sponsored with Premies Today.
For more information call DDR at 800.497.0944
- **Friday, April 18 – Saturday, April 19, 2008 – Greensburg, PA**
7th Annual Building Blocks to the Future Conference
Workshops on the GF/CF diet, nutrition, sensory integration and vision.
To learn more call 724.836.2460
- **Saturday, April 19 – Sunday, April 20, 2008 – Nashville, TN**
2008 Building Biology Conference: Natural Building, Healthy Building
Speakers include Dana Gorman of Defeat Autism Yesterday.
To register, go to <www.buildingbiology.net>
- **Friday, April 25 – Saturday, April 26, 2008 – Old Lyme, CT**
Visual Vestibular Assessment & Treatment
How to improve sensory processing, motor skills and behavior with Debra Dickson, RPT. To register, call 860.434.5524
- **Friday, April 25 – Sunday, April 27, 2008 – Chicago, IL**
- **Wednesday, May 21 – Thursday, May 22, 2008 – Harrisburg, PA**
Tools for Tots and the Sensory Processing Measure (SPM)
Speaker: Diana Henry, OTR/L.
For more information and other dates visit <www.ateachabout.com>
- **Saturday, April 26, 2008 – Hartford, CT**
18th Annual Conference Autism Society of Connecticut
For more information, go to <www.autismsocietyofct.org>
- **Sunday, May 4, 2008 – Fairfax, VA**
Medical Issues in Premies
Speaker: Lawrence Palevsky, MD. DDR lecture co-sponsored with Premies Today.
For more information call DDR at 800.497.0944
- **Sunday, May 18, 2008 – Fairfax, VA**
Oral – Motor and Language Issues in Premies
Speaker: Bobbi Wade, SLP-CCC. DDR lecture co-sponsored with Premies Today.
For more information call DDR at 800.497.0944

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