

Autism (from p. 5)

based on observation of the child. Parents are not to be left out. They know their child better than anyone else, and may be able to give doctors, teachers, and therapists valuable information to help pinpoint the causes of behaviors.

SUMMARY

Sensory integration can provide benefits for children with autism. The use of sensory integration can be implemented within the home and school settings once the needs of the child are identified. The behaviors a child with autism exhibits may keep him or her from being included in the regular curriculum. Looking at the behaviors within the sensory integration framework may help a child to be in

the regular classroom and still meet all his or her needs. "In integrated classrooms all children are enriched by having the opportunity to learn from one another, to grow, to care for one another, and to gain the attitudes, skills, and values necessary for our communities to support the inclusion of all citizens" (Stainback, 1996)

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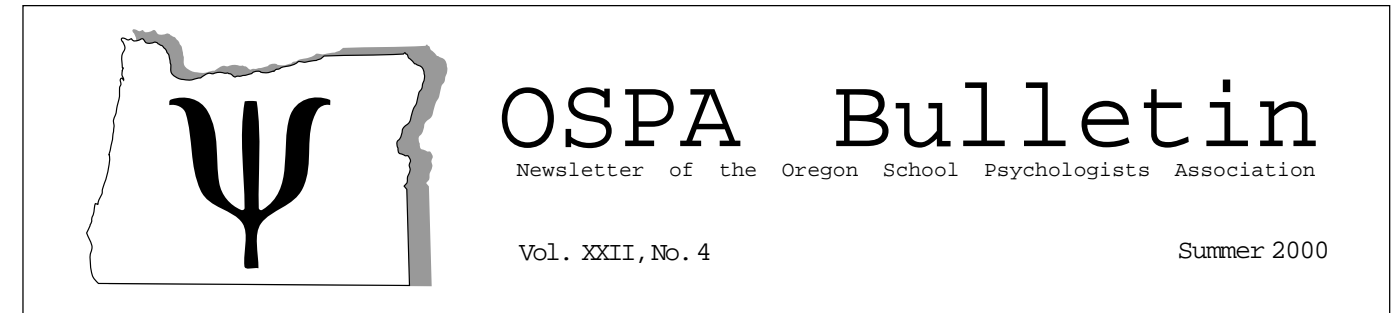
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(Reprinted from *The Psychologist*, the *Idaho School Psychologist Newsletter*, Spring/Summer 1999)

Health Care, (from p. 3)

fee schedule is available at OMAP's website (www.omap.hr.state.or.us). If assistance is needed in accessing provider guides, contact the OMAP Communications Unit at 503.947.5265. Guide updates are published on the internet only

**OSPA Health Care Coordinator Named**

OSPA has a new initiative in the health care system reform movement, and a new committee chair on the executive board, at the request of the NASP Government and Professional Relations (GPR) Committee. Oregon's representative was one of the first to be named: Forest Grove school psychologist Vinny Martin.

In last December's *SPAN Update*, NASP Health Care Coordinator Gordon Wrobel reminded NASP members of the complicated issues involved in Medicaid. "Yes, there is the possibility of generating substantial revenue..., but the greater interest," Wrobel insisted, "is to more adequately meet children's health and mental health needs." Such needs are not being met the way things stand today, adds Wrobel. Educators understand only too well that unmet health and mental health needs are the primary barrier to learning

among our children today.

The May 2000 issue of the *Communiqué* included a mini-series, "Health Care and School Psychology," which provided a thorough explanation of the issues involved from a national perspective, with examples that included implications for states.

NASP has asked each states school psychology association (i.e., OSPA) to designate one person as a liaison between the state membership and NASP's GPR Committee's Health Care Initiative. The purpose of the NASP Health Care Network is to provide an ongoing process for information exchange and dialogue concerning local, state, and federal legislation affecting health care services provided to children and youth.

Wrobel commented that Medicaid is not an "impenetrable labyrinth of

rules and regulations," as is often thought. On the contrary, he says, school systems are often surprised to learn that school personnel are already engaged in activities that are directly reimbursable through Medicaid.

Oregon's Martin just completed his first year as an OSPA member, after moving to the state from New York. He is a past president of the New York Association of School Psychologists. One facet of the health care initiative, he says, is to encourage school districts to "get a piece of the Medicaid pie," for the purpose of ensuring quality health care for our nation's children.

This health care initiative, Martin adds, "needs the support of school psychologists everywhere in spreading the word: school psychologists are not just

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Oregon School Psychologists Association



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The Oregon School Psychologists Association provides leadership in creating a brighter future for all Oregon children through professional affiliation, collaborative problem-solving, and promotion of practices that are both innovative and based on solid psychological and educational research.

Safko, Craveiro Selected for OSPA offices

OSPA members elected Michael Safko (president-elect) and Patricia Craveiro (secretary) to positions on the executive board in this spring's balloting. Their terms began on July 1. The new board members bring valuable representation from the southwest and central areas of the state. Safko will spend a year as president-elect before assuming duties as association president in July of 2001. Craveiro is beginning a two year commitment as OSPA secretary.


Safko is a recent arrival to Oregon, having just completed a first year as school psychologist for the Central Point school district, near Ashland. Prior to coming to Oregon, he worked as a school psychologist in Corona, California, and

taught psychology at Hope International University in southern California.

He and his wife had looked into the possibility of moving to Oregon in 1990. Plans did not work out at the time. Nine years, and three children, later, they were delighted that an Oregon move was possible. In his spare time, Safko likes to golf, read, and fish (an activity for which "Oregon waters" are greatly appreciated, he reports).

Craveiro is a resident of Bend, where she has been working in the Bend-La Pine School District. She was a student representative on the OSPA Board during the 1997-98 school year when she was at Lewis and Clark College. She had previously worked a num-

ber of years as a special education teacher, a background which, she says, has been tremendously helpful in her work as a school psychologist, particularly in "knowing what to do with the data": how, from a teacher's perspective, these data apply to a child's learning on a day-to-day basis. Her experience with the parents of special needs children has likewise been invaluable in making her a better school psychologist, she says.

Craveiro and her husband have two children, a daughter, who is in medical school in Utah, and a son who is a freshman in college. Part of the attraction of Bend is the proximity of good winter skiing; she also enjoys waterskiing, sailing, and gardening. 

presidential perspective

A call—again—for serving on the board

The editor was a little late getting this issue to press, and I thus write the fourth and last of my "presidential perspectives" at a time when I am no longer, officially, president.

That being said, I would like to use these few lines to encourage participation on the OSPA board, or with committee work; the coming a year of openings and opportunity. Other than the normal attrition of an outgoing past-president and secretary, pregnancies and other family obligations have ensured that there are still committee positions to fill.

Our colleagues in other states, and those who work at the national level, have experiences similar to OSPA: it is about 10% of the association membership that can be counted on for organizational assistance, for the work needed to keep an association like ours running. Oregon has not quite 180 members. About 18 of those people have already served as president of the association over the past twenty years. Others, of course, have worked in a number of other capacities. In Oregon were as populous as California or New York, those numbers would present "no problem."

The fact is that in a "wide-open spaces" state like ours, we need to break the odds to be successful as an association. One of the really exciting things for many of us is that our geographical participation on the board level has continued to expand with our new president-elect and secretary, as you saw in the article on Mike Safko and Patricia Craveiro on page 1 of this Bulletin. OSPA has people serving on the board who have been school psychologists for 2 years, and others who have been working in the field for 20 years. We have women and men from south to north, and in the center of the state. But we need a few more. The job is open; interest is more important than past. Give it a thought; let your interest be known.

David Streight



Out of the Mouths of Babes...

A first grade teacher collected well-known proverbs. She gave the children in her class the first half of the proverb, asking that they supply the remainder. Here is what they came up with:

Better to be safe than... punch a 5th grader.

Strike while the... bug is close.

It's always darkest before... daylight savings time.

You can lead a horse to water but... how?

Don't bite the hand that... looks dirty.

No news is... impossible.

A miss is as good as a... Mr.

You can't teach an old dog... math.

If you lie down with dogs, you... will stink in the morning.

Love all, trust... me.

The pen is mightier than... the pigs.
An idle mind is... the best way to relax.
Where there is smoke, there's ...
pollution.

Happy is the bride who... gets all the presents.

A penny saved is... not much.

Two is company, three's... the Musketeers.

People who live in glass houses... shouldn't walk around naked.

(Reprinted from the Iowa School Psychology Association Newsletter, Winter 2000)

Rights of Immigrants and Responsibilities of Schools

By Lissa Bowman, School Psychologist, Lancaster, SC

Estimates of the number of undocumented immigrants in the United States range from 3 to 12 million, and more. One-fifth of those are children. Do children who are not legal residents of the U.S. have the right to public education and special services? One hears the question in South Carolina schools more and more, as I did recently while working on an assessment for an English-as-a-Second-Language (ESL) student. He had just arrived in the U.S. and had never been to school in his native country, according to his mother. The boy was 12 years old.

The answer is yes, children with dubious legal status have the same right to public education through the 12th grade as do citizens and permanent residents. They are entitled to the same special programs as other students, including Headstart, special education and free/reduced meal programs.

The landmark case was Plyler vs. Doe (1982). The Supreme Court ruled that a Texas law, which prevented state funds from being used to provide education for "undocumented" children, was unconstitutional. "Undocumented immigrants" are people who have not been legally admitted into the country. The Court believed that denying education would unfairly punish children for the actions of their parents.

Under Plyler vs. Doe, schools are

responsible for providing access to education for undocumented students. The school is infringing on the rights of undocumented children if confidentiality of their legal status is not maintained.

School staff should avoid the following: asking about immigration status, requesting documentation, denying services, making inquiries that could expose undocumented status, and requiring application for Social Security numbers. Schools may not require Social Security numbers as a condition for enrollment, because undocumented children are not eligible for Social Security numbers.

If the school discovers that a child has undocumented status, the Family Educational Rights and Privacy Act (FERPA) bars school staff from supplying information to any organization, including the Immigration and Naturalization Service (INS). Schools may not contact the INS regarding an undocumented student, and INS officials should not be allowed in the schools without a legal warrant or valid subpoena.

School staff need to understand the troubled nature of the daily lives of immigrants. Undocumented children worry about: deportation, violence (here and in their native countries), separation from family members, adapting to a different culture, racial discrimination, and learning a new language. If the INS investigates their legal status, children can be detained in federal centers and separated from their families.

Tutoring (from p. 6)

ing the success of each student. This may include notes on specific skills attained, or levels of achievement motivation, as well as samples of completed work.

Getting Started

Psychologists and intern psychologists interested in implementing a tutoring program should consider beginning with a small scale program. This may serve as a basis to convince the school staff, the school board, PTA

or a service organization to fund a larger program. Such efforts may also convince school personnel that school psychologists are instrumental in designing and delivering early intervention programs.

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What should schools do regarding undocumented students? Schools should provide education with "meaningful benefit" by doing the following: helping immigrant students learn English, respecting immigrants' native languages and cultures, hiring competent staff who can serve immigrant students, providing access to appropriate special programs and treating undocumented students with the same respect and care they show other students.

What can school psychologists do? We should be aware of the special assessment procedures for students who speak a primary language other than English, and make referrals to another school psychologist with ESL experience when needed. We can answer questions, and help others in the schools understand the needs and rights of undocumented students by providing factual information.

Nationalism, like racism, is an obstacle to common sense. As school psychologists, we are advocates for children. Our professional ethics are not limited to children of a specific nationality.

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(Reprinted from *CASP Today* (California), Winter 1998)

Implementing a Cross-Age Tutoring Program

LEE ROSS, PH.D.
Oakley Union School District

For the past eight years fourth and fifth graders in the four Oakley elementary schools have volunteered to help younger students in a twice-a-week before-school tutoring program. The cross-age tutoring programs are coordinated at each site by a school psychologist with support from two paraprofessionals. With less than two hours a week in time commitment (and about \$1200 for support staff and supplies at each site) a school psychologist can implement a successful tutoring program. The tutoring program affords a psychologist an opportunity to simultaneously observe students struggling academically (including some students who were referred to the Student Study Team), and provide these students with an effective intervention to enhance their academic and social skills. In addition, the tutors in our programs also appear to gain responsibility, leadership, compassion for others, and an appreciation of their own competencies (particularly important for tutors who themselves are struggling academically).

Research Support

In the NASP publication *Best Practices in School Psychology II*, Peterson and Miller (1990) review several studies of peer-influenced learning. Among the studies presented is a meta-analysis of 65 peer and cross-age tutoring studies, in which Cohen, Kulik and Kulik (1982) reported significant positive effects on achievement for both tutors and learners. (The effects on achievement for math skills were somewhat stronger than for other subject areas.) In addition, such programs promoted positive attitudes toward the subject matter taught. Furthermore, Garcia-Vasquez and Ehly (1995) emphasize that "peer" tutoring programs have been successful in enhancing the achievement of a variety of student populations. These populations included students of varying ages, of varying cultures, with disparities in skill levels, and those who were identified as "high risk," learning disabled or behavior disordered. The only negative effect that the research literature pointed out was lowered self concepts among students in programs that were unstructured or not carefully supervised.

Key Components of the Oakley Programs

The success of a tutoring program rests on the planning and implementation of key components, including the selection, training, ongoing supervision of tutors and program evaluation. Up to twenty tutors are recruited from fourth and fifth grade classes, often with far more volunteers than positions available. Usually about 75 percent of the selected tutors are academically competent and socially well adjusted students. The remaining 25 per cent of the tutors selected may be struggling aca-

demically, have a learning disability, or have difficulties relating to their peers. The tutors are given two training sessions before the program begins. (Our actual program consists of two ten-week sessions).

In the initial training session we begin with a brief "getting to know each other" team building activity, followed by an overview of the program. Our training then focuses on teaching a set of specific strategies, including: "active listening" skills (e.g., eye contact and body language of the tutor), being patient (e.g., giving the learner plenty of time to formulate a response), posing questions and pointing out clues rather than providing the learner with a correct answer, and most importantly, providing frequent statements of encouragement and praise to the learner. These strategies are taught through an amusing role play activity in which the wrong strategy (e.g., impatience) is initially acted out by the staff, then critiqued by the tutors and finally role played correctly by tutors and staff. The initial training session ends with dyads practicing the strategies taught.

In the second session a quick review of the previous strategies is provided, followed by three activities. First, another set of strategies, designed to develop a cooperative and productive relationship between tutor and learner, are taught. Examples of these strategies include choosing an appropriate place to work (e.g., away from distractions), giving the learner choices of what materials to begin working on, making lessons into games (e.g., playing Hangman with spelling words) and setting goals to complete tasks. This set of strategies is then applied in role play situations in which a staff person poses as a learner who is inattentive, prefers to socialize and play rather than work, or is easily frustrated with work. Second, care is taken in discussing the first day of tutoring. How a tutor meets his "tutoring buddy," gets to know him and puts him at ease, sets a tone for their future work together. On the first day the only work completed is a joint drawing of a similar interest or activity that both the tutor and learner have in common. Third, tutors are allowed to request the grade level and gender of the buddy they will teach and subject matter they wish to teach. Following the training, staff impressions of the tutors are shared to help match tutors with the referred learners. Generally, a common sense approach is used in matching the most competent tutors with the most challenging learners.

When the tutoring sessions begin, the materials used are generally provided by the learner's teacher, along with explicit instructions on how to use the materials. The staff serve as ongoing facilitators, monitoring the interactions between tutors and learners, observing the productivity, offering continuous encouragement to both partners and "trouble shooting" when necessary. The school psychologist should be free enough to focus on specific students, note their efforts and progress. Such information can then be shared with parents and teachers to design additional interventions for a student. We utilize informal feedback to teachers and parents regard-

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OSPA News

Fall Conference Takes Shape

OSPA president Steve Haskell and conference coordinator Dawna Warren got a jump start on preparation for conference planning this past spring, with conferences to take place in Portland (in October) and Eugene (March).

The fall conference will feature all-day presentations by Kenneth Merrell, Ph.D., who is professor of school psychology at the University of Iowa, and Colin Elliott, Ph.D., from Santa Barbara. Merrell will address the issue of school-based interventions for helping students overcome depression and anxiety. Elliott

will give an in-depth presentation on the Differential Ability Scales (DAS).

The fall conference will take place at McMinnamin's Kennedy School; OSPA decided to return to the location because of the combination of high attendance and quite good ratings on "location" for Kennedy School as a conference site in October of 1998. Conference brochures should be in members' mailboxes in early September. More information on the spring conference will be available in an upcoming *OSPA Bulletin*, and on the OSPA website.


School Psychologist of the Year Named

Laramie Palmer, of Eugene, has been named Oregon's "School Psychologist of the Year" for the 2000-2001 school year. Palmer has been a past member of the executive board as both treasurer and historian, in addition to serving her state

association in a number of ways. The award will be formally presented at the fall conference at McMinnamin's Kennedy School, on October 13. The fall issue of this *Bulletin* will feature more information on Palmer and her work.

Bowser Interviews with National Education Association

OSPA webmaster Phil Bowser was recently contacted by the National Education Association's primary publication, *NEA Today*, for a photo shoot and interview. *NEA Today* is planning an issue on various health topics for the month of October. The primary focus of Bowser's interview was a series of stress management classes he conducted for Roseburg school bus drivers a few years ago.

NEA Today editors were interested in the topic because it focused on mental health in a non-threatening or stigmatizing way. Bowser, who was NASP's "school psychologist of the year" in 1998, looked forward to the opportunity because it gave him a chance to get the word out about the many kinds of "health care" activities where school psychologists can play an important roll. 

Health Care (from p. 1)

the best trained *mental health* professionals in schools today. School psychologists are the best trained *health care service providers* in schools today."

The OSPA Bulletin will have regular updates about the health care initiative. In the meantime, members interested in beginning the "exchange of dialogue" may contact Vinny Martin at:

8443 NW Timber Ridge Ct.
Portland Oregon 97339
w. 503.359.8137 (ex. 233)
h. 503.297.2227

<vmartinspy@aol.com>

For additional information about School-Based Health Services, contact the Oregon Department of Human Resources, Office of Medical Assistance Programs

500 Summer Street NE
Salem, OR 97310-1014
voice: 503 945.5772
fax: 503.373.7689

Provider Services Representative,
toll free 800.336.6016, or direct at
503.378.3697 in Salem. The entire
School-Based Health Services guide and

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The *OSPA Bulletin* invites contributions. Professional issues and news, articles, questions, reviews, letters and graphic works should be sent to David Streight, 7735 SW 87th, Portland OR, 97223, or <streight@teleport.com>. Changes of address should be sent to OSPA at Box #419, 25 NW 23rd Place, Suite 6, Portland, Oregon 97210

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Benefits of Sensory Integration for the Child With Autism

by Rose M. Larson
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"Some problems, like measles or broken bones or poor eyesight, are obvious. Slow learning and poor behavior are often caused by inadequate sensory integration within the child's brain" (Ayers, 1979). Sensory integration is the organization of sensations by the brain for our use (Ayers, 1979). Children with autism are at risk for the inability to process sensory input properly. "Autism is a brain-based developmental disability with multiple causes" (Reber, 1992). The following definition of autism is from the Autism Society of America:

"Autism is a severely incapacitating life-long developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects functioning of the brain, autism and its behavioral symptoms occur in approximately 15 out of every 10,000 births. Autism is four times more common in boys than girls. It has been found throughout the world in families of all racial, ethnic, and social backgrounds. No known factors in the psychological environment of a child have been shown to cause autism" (Gerlach, 1996, p. 1).

Supporters of sensory integration therapy report the child can benefit from the techniques used for the different sensory centers. The child may be able to develop the ability to tolerate sensations that to the average person are commonplace. To the sensory impaired person: touch, smell, and a need for pressure sometimes make it difficult if not impossible to focus on anything else. The nature of autism as a disorder of the brain makes a strong case for the benefits of sensory integration.

"Sensory integration is the neurological process of organizing the information we get from our bodies and from the world around us for use in daily life. It occurs in the central nervous system, which consists of countless neurons, a spinal cord, and the brain" (Kranowitz, 1998). Information is received from the senses; it proceeds up the spinal cord to the brain stem, and is then routed to the proper area of the brain to prepare a response. The brain stem acts as a filtering system for information received from the senses. The brain may be compared to a master switch through which all sensory information must flow. The brain must then be able to integrate all the sensations for a person to be able to perceive what is around him or her.

The senses can be divided into two categories, traditional and hidden. "Traditional senses" include sight, sound, touch, smell, and taste. Traditional senses relate to things that happen to the body externally. We have a measure of control over these senses. The hidden senses are necessary for survival. They control bodily functions. Heart rate, respiration, hunger, thirst, and state of arousal are some of the areas. We are not even aware that these senses are function-

ing. The hidden senses can be further broken down into three systems, which are body-centered: the tactile, the vestibular, and the proprioceptive (Kranowitz, 1998).

The tactile system has touch receptors just under the skin. "Touch sensations of pressure, vibration, movement, temperature, and pain activate tactile receptors" (Kranowitz, 1998). The tactile system also gives our body boundaries. A light touch spreads rapidly and alerts the body to a potential threat. Pressure touch has a calming effect on the nervous system. The brain needs lots of tactile input to maintain organization. The input lasts from about 90 to 120 minutes (Kranowitz, 1998).

The proprioceptive system has receptors located in the muscles, bones, tendons, and joints. They register every time the body moves. Sensory information is constantly being sent to the brain to tell us what our body position is. This information enables a person to know where arms and legs are without having to look. The input lasts 90 to 120 minutes (Kranowitz, 1998).

The vestibular system has its receptors in the inner ear; it senses movement of the head in all directions. The system tells us whether we are moving or standing still. It also lets us know whether objects are moving or motionless in relation to our body. The vestibular system affects posture and movement through its influence on muscle tone. The input lasts from 4 to 6 hours, maybe even days (Kranowitz, 1998).

**sensory integration treatment methods
are effective in increasing eye contact,
vocalization, social interactions, attention,
and purposeful behavior**

Children with autism are at risk for improper processing of sensory information in the brain. One of the behavioral symptoms of autism is an "abnormal response to sensations. Any one sense, or a combination of senses or responses, is affected: sight, hearing, touch, balance, smell, taste, reaction to pain, and the way a child holds his or her body" (Gerlach, 1997). The inability to process the information properly affects the child's level of arousal and attention and impact the development of language and purposeful interaction with objects and people. Sensory integration treatment methods are effective in increasing eye contact, vocalization, social interactions, attention, and purposeful behavior" (Blanche, 1995). Sensory integration involves the ability to make sense of different kinds of sensations entering the brain at the same time (Hansch, 1992).

The vestibular system is centered in the inner ear; it senses head movement in all directions. The input we receive through this system tells us where our body is relative to the earth. It tells us if we are stopped or moving, and it determines the direction of our movement (Hansch, 1992). For the child with autism this function may not occur naturally within the body as it does for a typical person. The child may need to use sensory integration to help process the input. The types of activities that can be

(continues on next page)

used to help children process this input are a net swing, trampoline, air flowmat, marching, dancing, hopping, and a rocking chair.

The tactile system has touch receptors located just under the skin. This system defines our body boundaries and differentiates between light touch and pressure touch. Light touch alerts the body to danger and pressure touch calms the nervous system. The tactile system helps us to discriminate between shapes, textures, and hard held objects without looking at them. People who are oversensitive to touch remain in a defensive stance creating tension. This system affects our ability to learn (Hansch, 1992). The child with autism may have a problem with the tactile system. The types of activities that may help the child to process the input are massage, body brushing, finger painting, weighted vests, and bean bag chairs.

**these ... sensory systems are
of major importance in the development
of a person's ability to perform**

The proprioceptive system has receptors in the muscles, tendons, and joints. The stretching and contracting of the muscles creates the sensory information from this system. This information is constantly being sent to the brain, letting us know where our arms and legs are. The information allows us to know what our body parts are doing without looking (Hansch, 1992). Activities that may help a child process the input include carrying heavy loads, "body squeeze," push ups off the wall, joint compressions, and other gross motor activities.

These three sensory systems are of major importance in the development of a person's ability to perform tasks and participate in social events. Since sensory input is vital to brain functioning, the person with a problem processing input develops ways to obtain the input needed. The behaviors the person exhibits are beyond his or her control, and will continue unless the input is satisfied in some way (Hansch, 1992).

Personal Accounts

Temple Grandin, PhD., is a gifted animal scientist who has designed one third of all the live stock-handling facilities in the United States. She describes the need for pressure to help calm her in her book, *Thinking in Pictures*. "Many children with autism crave pressure stimulation even though they cannot tolerate being touched. It is much easier for a person with autism to tolerate touch if he or she initiates it." As a child, she often wrapped herself in blankets and got under the sofa cushions. She eventually built a device into which she could crawl to get the sensory input she needed. She controlled the amount of pressure the machine would exert on her body. The idea for the pressure machine came to her after she went to her aunt's ranch and saw cattle being put into a squeeze chute for vaccinations. Temple explained, "Using the

squeeze machine on a daily basis calms my anxiety and helps me to unwind."

Thomas McKean is an adult with autism. He has skills in computers, communication systems and technical designs. In his book, *Soon Will Come the Light*, he writes that he feels a low intensity pain throughout his body, which is relieved by pressure. He finds that very tight pressure works best. He designed a device that looks like a standard watch. He took a watch, put a small watchband on it, removed, 6 links so it was extremely small and then wore it. He wore the device he created on one arm and a traditional watch on the other arm. Both were as tight as he could safely get them. By wearing the watches he was able to do the things he needed to do without focusing his energy on the pain he was feeling. Another technique McKean found satisfying was using a surgical brush on his arms, legs, and back. He was able to remove the pain he felt for about 45 minutes and move about pain free. He also designed a pressure suit that he could wear in his home. The suit is made from a life vest, worn under the wet suit. The life vest had a pressure valve so he could inflate it as much or as little as he needed.

McKean believes that most of the behavior seen in autism comes from sensory integration dysfunction. He relates that he is at times unable to touch inanimate objects. His hands and feet feel like they are on fire. A child with a similar problem may throw an object at a person if it were placed in his hand. The child may refuse to do what a person asks him or her to do because an activity may be painful.

Autism is a spectrum disorder, and as a result people experience the disorder from one extreme to another. Jim Sinclair, a man with autism, describes autism as a way of being, it is pervasive and colors every experience, every sensation, perception, thought, and emotion (Sinclair, 1999). Donna Williams, a woman with autism, talks about how she had severe boundary problems with her body. She could only perceive one body part at a time. She was unable to tell what the other parts of her were experiencing. When her senses became overloaded with painful stimuli, she bit herself, not realizing she was biting her own body.

...the need to look at the whole child..

These four individuals with autism who are now able to communicate their own problems with sensory integration show that there is a need to look at the whole child with autism; we should look at the child's behaviors, and consider what his or her needs for sensory integration therapy might be. The behavior that is exhibited should not be looked at in isolation. We should rather look for the driving force behind the behavior. Perhaps, the child has a need for sensory input.

Many persons need to be included in looking at the entire child. In the school setting, physical and occupational therapists should be consulted. These professionals are trained to help identify the types of activities that might be helpful

(continues on p. 8)