

## Biomedical/Education Update:

### Sensory therapy highly successful for ADHD

Sensory therapy can reduce behavior problems in a high percentage of children with attention deficit hyperactivity disorder (ADHD), according to a recent study by Kristie Koenig and Moya Kinnealey.

The researchers divided 88 children with ADHD, all taking drugs to treat the disorder, into two groups. One group participated in 40 one-hour sensory intervention sessions, while the other group did not. The techniques used in the sensory integration sessions addressed the tactile system (sense of touch), the vestibular system (sense of gravity and motion), and the proprioceptive system (which provides information regarding position in space), and included such activities as deep pressure, swinging, exercise ball workouts, and light or deep brushing of the skin.

The researchers report that 95 percent of the children in the treatment group benefited from sensory therapy. "We found significant improvement in sensory avoiding behaviors, tactile sensitivity, and visual auditory sensitivity in the group that received treatment," Koenig says. "The children were more at ease. They could better attend to a lesson in a noisy classroom, or more comfortably participate in family activities."

The researchers say that many children with ADHD suffer from a sensory processing disorder. As a result, Koenig says, "They either withdraw from or seek out sensory stimulation like movement, sound, light and touch. This translates into troublesome behaviors at school and home."

"Study finds ADHD improves with sensory intervention," news release, Temple University Health Sciences Center, May 16, 2005. Koenig and Kinnealey presented their findings at the May 13 conference of the American Occupational Therapy Association meeting in Long Beach, California.

### "Munchausen doctor" loses medical license

Thousands of parents have been jailed or separated from their children because doctors alleged that the parents had "Munchausen's Syndrome by Proxy" (MSBP)—a theoretical psychiatric disorder which allegedly causes parents to inflict harm on their children in order to garner attention from medical providers. Now the famed pediatrician who coined the MSBP diagnosis is being removed from the British Medical Register, and his theory is being discredited.

The General Medical Council ruled that Roy Meadow had "abused his position as a doctor" after courts overturned three cases in which mothers were wrongly accused of killing their children, based largely on Meadow's erroneous testimony. (For instance, Meadow testified that the odds of two crib deaths from natural causes occurring in a family was one in 73 million, whereas it is actually about one in 100.) In addition, investigators plan to re-open the cases of thousands of parents whose children were taken from them, as well as the cases of 258 parents who were criminally convicted, because professionals blamed their children's medical symptoms on MSBP.

The *Sunday Times* of London has called the MSBP scandal "potentially the largest series of miscarriages of justice in history," noting that government officials ignored years of warnings about the damage resulting from erroneous MSBP diagnoses. Among the professionals issuing such warnings was Judith Gould, an educator working with autistic children, who reported as early as 1998 that a number of parents of autistic children had "been dropped into a nightmare scenario written by Kafka" as a result of MSBP suspicions. "Instead of the sympathetic and helpful reaction they expected from the professionals they consulted," she said, "they, usually the mothers, find they are being accused of having invented or deliberately caused their child's problems in order to gain attention."

**Editor's note: Munchausen's Syndrome by Proxy will go down in history, along with the "refrigerator mother" theory of autism, as one of the greatest injustices ever perpetrated against parents of medically ill children.**

"GMC finds Clark professor guilty," *BBC News*, July 13, 2005

—and—

"Meadow struck off for misleading the Sally Clark trial," Sam Lister, *Times Online*, July 16, 2005.

—and—

"Autism parents hit by abuse claims," *BBC News*, April 4, 2001.

—and—

"His legacy of shattered lives," *Times Online*, January 25, 2004.

### Profiles aid in picking right intervention

No single educational intervention works for all autistic children, and parents often spend months or years seeking a program that will benefit their child. According to Michelle Sherer and Laura Schreibman, educators can facilitate this process by developing predictive profiles of children most likely to succeed in each type of therapy.

Schreibman and colleagues are the developers of an educational method called "pivot response training" (PRT; see ARRI 6/2 and 8/1), which is highly successful for many but not all autistic children. To see if they could predict which children would benefit from PRT, the researchers first evaluated data from children who responded remarkably well to PRT and those who did not respond, and developed a profile of each group. (For instance, responders typically showed an interest in toys, tolerated close proximity to another person, and had fewer nonverbal and more verbal self-stimulating behaviors than non-responders.)

The researchers then enrolled three children who fit the "responder" profile and three who fit the "non-responder" profile, matching the predicted responders and non-responders according to IQ, language age, and symptom severity. Each child underwent 90 minutes of one-on-one PRT four to five days a week.

After five weeks, the children fitting the non-responder profile exhibited no progress, and were transferred to other programs where one made significant gains. In contrast, the researchers report, "Participants whose profiles matched the PRT responder profile evidenced improvements on standardized assessments and demonstrated gains in the areas of language, play, and social skills during treatment sessions and generalized these new behaviors to no-treatment environments and untrained stimuli."

Says Schreibman, "We in the autism community know there is no one-size-fits-all approach. To reduce outcome variability, we need to continue finding predictor variables and to develop a full inventory of tailored treatments."

"Individual behavioral profiles and predictors of treatment effectiveness for children with autism," Michelle R. Sherer and Laura Schreibman, *Journal of Consulting and Clinical Psychology*, Vol. 73, No. 3, 2005, 525-38. Address: Laura Schreibman, Department of Psychology, 0109, University of California, San Diego, 9500 Gilman Drive, La Jolla, CA 92093-0109, lschreibman@ucsd.edu.

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"Treating autism 'right the first time,'" news release, University of California San Diego, June 1, 2005.

### — QUOTABLE —

"The medical profession, in my opinion, has their head buried in the sand when it comes to this condition (autism). The wheels turn very slowly in traditional medicine."

—DAN! doctor Lynne Mielke, M.D., quoted in the *Contra Costa Times*, May 25, 2005