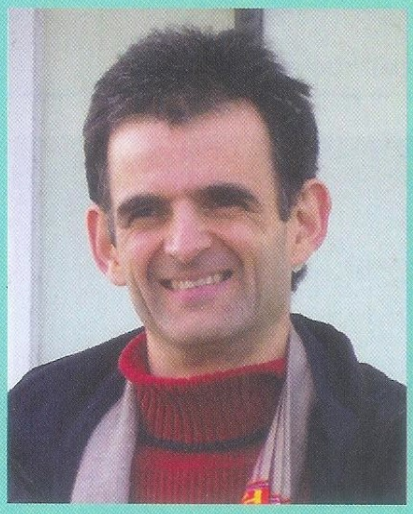


SEAN WILLIAMS

HANDLE is an acronym which refers to a Holistic Approach to addressing NeuroDevelopmental issues and promoting Learning Efficiency. It is non-invasive and drug-free and involves simple, easy to learn activities that can be done alone or by the whole family. It was developed by Judith Bluestone who had multiple neurodevelopmental issues herself, many of them mirroring autism (see **'The Fabric of Autism', Bluestone, 2004**). Having found ways and methods to help herself to more efficient functioning, she then started to share with others some of these tools and tricks. In 1994 Judith was persuaded to form the **HANDLE** Institute to train others to 'help extraordinary people do ordinary things' around the world.

HANDLE®

A new way of seeing

My first meeting with Bex was fun filled. She demanded I play chase with her, saying one of the few words she could say: "Tiger", and running away squealing. Her self-limited diet made her underweight and she resisted hair grooming and clothes that were not very soft (she wouldn't wear shoes and socks) and only gave short bursts of passing eye contact.

Tom, at the age of seven, desperately wanted to go to school. As he delivered 'weather forecasts' for the camera (all assessments are filmed), and chatted to me about the baby my partner and I were soon to have, it was obvious he was developing the social skills he would need for school. He shared that he couldn't read or write. When I asked him to colour something in, he tried but was severely disappointed with the result and remained withdrawn afterwards.

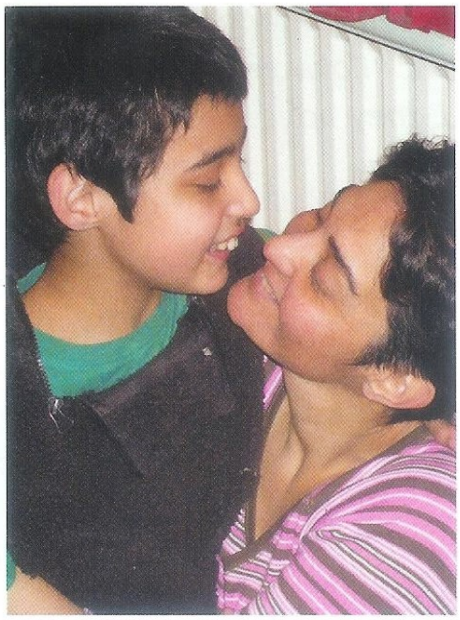
Ten years ago I would meet kids like these in my work as a play therapist and be really curious to understand them. I would wonder if somehow there were keys for them to reach more of their potential. Once I came across HANDLE, the answers to my questions came flooding in. I could see, as I had always suspected, that there was a logical explanation for these previously mysterious behaviours.

Although working with and addressing conditions with neurological aspects as wide ranging as autism, dyslexia and brain injury, at its core HANDLE is an approach, a way of seeing. It teaches us that 'people show us what they need' and that our behaviours are the key to understanding the state of our underlying neurological systems.

Sam's need to wildly bounce and move about between the tasks of the assessment, coupled with the way he would then calmly return to the table to do the next task was telling me something. As sessions are client-led and non-judgmental, Sam was allowed to do these things between tasks to look after himself in the way he needed. With this permission, he was able to show attention levels and abilities that had been mostly latent until then. Along with other observations from the assessment, I was learning that Sam's vestibular system (part of the inner ear) was not functioning efficiently and that he needed to give it regular strong stimulation to keep him attentive and alert.

The vestibular system enables us to sense the movements we make, manage balance, and plays a key role in supporting most of our neurodevelopmental systems: sight, hearing, muscle tone, proprioception (awareness of body in space). It also mediates the autonomic nervous system (governing flight- fight responses) and plays a key role in enabling multitasking.

These neurodevelopmental systems1 such as tactility (sense of touch) or proprioception are the building blocks that pave the way to our motoric, academic, social, and behavioural learning and functioning. Where there is stress in one system, such as the vestibular system with Sam, we see that other systems and the skills associated with them are also stressed - such as reading (eye tracking), receptive and expressive language (auditory



processing), being able to think and talk at the same time (multitasking) and being able to calm oneself (autonomic nervous system).

What emerges from this kind of understanding is that each person is unique and that rather than responding to or giving labels, time is taken to get to know the person. Appointments last between 2 and 3 hours which allows for people like CJ (top right) who wanted 10 minutes just hanging out with me before even entering the room. These moments are valuable for the client and the practitioner. He was allowed time to settle after the journey and to get to know me. I was learning about how the journey had unsettled him – affecting his balance, nystagmus (flickering eye movements that relate to the vestibular system) and how coordinating his body in the new environment was challenging.

Rosemarie Mason is a HANDLE practitioner and mother of 5 children whose diagnoses include dyslexia, dyspraxia, semantic pragmatic disorder and childhood autism. She says: "When I took my son Sean for an assessment I was so impressed to see the interaction between him and the practitioner (Cathy). As Sean is non-verbal he is not usually spoken to or asked for his opinions. I was floored to discover that Sean wanted to read better and to go out independently with his brothers (also autistic)! I always felt positive about my children's potential but was usually told that I wasn't being realistic. Sean has subsequently achieved both of these ambitions and is presently finding his voice and using it!!"

Our understanding of the web-like interrelationships between the neurodevelopmental systems means that we are careful not to stress systems during the assessment and treatment programmes. We know that stressed systems shut down and do not learn or develop efficiently. You may have noticed that when you are tired, ill or stressed that things take longer and are less fun. Practicing Gentle Enhancement® during HANDLE sessions means that we stop immediately when we see a sign of stress such as flushing in the face or ears, nausea, changes in breathing or just wanting to stop. This kind of attention to detail means that the assessment and treatment process can be finely tuned to suit the individual thus making it much more effective and enjoyable.

Despite Tom's bouncy nature and desire to go to school, he would refuse to even try to write and became 'controlling' or resistant around academic work. During the assessment it became obvious that the smallest amount of visual work was stressful for him (by reddening of his face and eye rubbing) and that fine motor skills were delayed due to hypersensitivity to touch in the fingers and his consequent fisted pen grip. Gentle Enhancement meant recognising this stress, not pushing Tom and letting him know that I could see he was working really hard to do as I asked. This new perspective alongside his HANDLE program of activities has enabled him to relax his need to control. Almost immediately he began writing voluntarily and 6 months later he excitedly started school, 6 months earlier than expected.

As we start to understand the complex interrelationship of the building blocks of learning that are needed for the simplest of tasks – writing, walking without falling over or talking without thinking about it beforehand - we can then acknowledge the hard work that someone with learning difficulties might be facing with tasks that you or I may take for granted. Conveying this attitude of acceptance and understanding during an assessment frequently produces a level of relaxation in the client and the family that can improve learning efficiency even before they have been given their program of activities. There is often easier functioning and more cooperation, and there may also be physical closeness or communication that would have been previously unexpected.

As well as acknowledging the interrelationship of our neurological systems HANDLE addresses how these systems are affected by our internal and external environment: our health and nutrition, and our surroundings environmentally and socially. The health of our nervous system is interdependent with the functioning of our other systems such as the digestive or immune system. A vast array of elements - chemical allergens, nutritional deficiencies, toxins etc., can affect our ability to learn. For example, chronic constipation may affect the elimination of toxic substances and hydration of the body. This can affect the functioning of the nervous system (the brain is 77% water) and the immune system. A compromised immune system could lead to more regular infections, which, in turn, stresses other systems such as the vestibular system. Sam's early years were troubled with regular ear infections.

We also take account of environmental influences such as sound and light. Where it is not easy to verbalise their discomfort many children with sound hypersensitivity start by covering their ears or make their own (white) noise, such as humming,

I now have the extraordinary pleasure of hearing about and seeing clients reaching more of their potential everyday. As Rosemarie Mason puts it: "I always said that my children will move mountains; well, with the help of HANDLE they have!"

to screen out the noise of adults having a conversation or the possibility of unexpected sounds. On many occasions I have witnessed the next step being 'unruly' or distressed behaviour when the volume has increased or it has become just unbearable being in the room any longer.

Understanding the challenges someone may be facing enables us to more effectively support that person. We discovered Bex's difficulty with eye contact related to how her eyes were not working efficiently together as a team (binocularity). One eye would move independently of the other. This meant she was most likely seeing a blurred or double image (which you see when you cross your eyes) or was just using one eye. This explained why Bex turned side on to someone or something (such as a book) when asked to look. She was isolating the field of vision to one eye so that she could see clearly, eliminating the doubled image. How many of us have said: "Look at me and concentrate?" If you see a confusing image when you give eye contact, this will be distracting and not help concentration. Bex was looking after herself to function as efficiently as she could.

The assessment process shows us which neurodevelopmental systems are under stress and the root cause of that person's presenting concerns (those things he or she would like to find easier to do). These observations are shared with the client - whether adult or child - in easy to understand language and a programme of activities is given to help strengthen these systems. The goal is always to improve efficiency of function and enable achievement of their goals, such as speaking, reading, elimination of headaches or making friends more easily.

HANDLE therapy is based on modern neuroscience and most of the activities can be easily explained in terms of anatomy and physiology. Gyan's avoidance of food that needed chewing was a mystery to his mother and was affecting his diet. He also avoided any kind of tooth brushing. During the assessment it was clear that Gyan's tactile sensitivity was exaggerated in his face and in the trigeminal (cranial) nerve in particular, making the sensation of textured foods in his mouth and chewing quite uncomfortable. After a regular daily programme, including Face Tapping3, his trigeminal nerve was considerably desensitised so that Gyan now eats most foods and brushes his own teeth. Face Tapping has also been one of the activities to help him organise the movements in his mouth to enable him to talk more and reducing his hypersensitivity to sound so that he now enjoys listening to music and going to the noisy bus depot.

As well as being based on established research and medical understanding, HANDLE is starting to be independently researched and the findings are very promising. In one medical study4 SPECT imagery showed improved brain activation during and after the HANDLE activities, affirming the therapy's effectiveness in the treatment of patients with traumatic brain injuries.

We usually see significant improvements within 2 months, though in some cases it is sooner. Bex was first assessed when 5½ years old and it was clear there was a tactile hypersensitivity that affected clothing, grooming, academic work (she refused to hold a pen) and her ability to relax (imagine feeling really itchy all day!). Within 2 weeks her mother, Ros, had noticed a dramatic change – she started brushing and cutting her own hair and started wearing shoes, socks, trousers and underwear - and said: "I wish I had known about this at the very beginning when Bex was diagnosed".

The programme of fun and simple activities takes 20 to 40 minutes and is done daily, at home or at school. Equipment is basic such as the colourful Crazy straws used by Tom and Bex to improve the teaming of their eyes. Crazy Straw3 is a simple activity, which involves sucking water, through a curly straw5 and stimulates the muscles that converge the eyes. The same reaction happens in the eyes during breast-feeding and enables the infant to organise eye teaming.

Hug and Tug3 has many possible benefits and requires only your hands. It is part of Gyan's integrated daily programme. For Gyan it's goal is to stimulate large areas of the brain (particularly the sensory and motor cortex), to improve integration of the two sides of the brain, help speech and coordination of the hands, and reduce tactile hypersensitivity in the finger tips that are so rich in nerve endings. When we first met 5 years ago he found it difficult to coordinate his movements and was so hypersensitive to touch and sound that going shopping was very distressing. Now, despite these original challenges, Gyan's passion is playing the piano and it's something he does with considerable talent. His mother, Zenobia, says: "Since HANDLE, his coordination has improved, enabling him to move his body more smoothly. It has helped with his sensitivities, especially at the tips of his fingers, and if it weren't for HANDLE, I don't think he would have learnt to be able to play the piano, which is a source of new-found self confidence. He is calmer, more comfortable in his body and more able to function in a range of environments."

HANDLE has given me a way of seeing and appreciating the behaviours of children like Gyan, Bex, Sam and Tom as their unique solutions to the challenges they are facing. It can provide the key to understanding what the client might be experiencing and why skills such as talking, reading or playing music would be difficult for them. I now have the extraordinary pleasure of hearing about and seeing clients reaching more of their potential everyday. As Rosemarie Mason puts it: "I always said that my children will move mountains; well, with the help of HANDLE they have!"

For more information about HANDLE and a list of practitioners and trainings in the UK and internationally, please go to www.handle.org. The next introductory training weekends in Europe are: Ireland in April and Sussex, England in September 2008.

Footnotes and References

1 Neurodevelopmental systems are systems that support our developmental learning through the brain and the nervous system

2 McIlwain, H. and Bachelard, H.S., Biochemistry and the Central Nervous System, Edinburgh: Churchill Livingstone, 1985

3 For an explanation and instructions see: www.handle.org- Activities & Exercises

4 Journal of Neuroimaging July 2006, Study at Harborview Medical Center. David H. Lewis, MD, J, P. Bluestone, Maryann Savina,OTR, William H. Zoller, PhD, Emily B. Meshberg, Satoshi Minoshima, MD, PhD. Volume 16 Issue 3 Page 272-277, July 2006

5 Often sold in supermarkets.