

# Autism Turned Inside Out

By Marlene Suliteanu, O.T.

**S**ay you take your three-year-old, Adam, to a specialist – let's call her Jane – recommended to you by a trusted and respected friend. His pediatrician called Adam "autistic" and a neurologist diagnosed him with "PDD."

Little Adam has never let you hug him, has no speech, pulls off almost any clothing you put on him, can't attend to anything for even ten seconds – except, oddly, when he plays barefoot in grass or outside with water and mud – and, also weird, every hair on his head stands straight up. Adam never looks at you or anyone. He's extremely hyperactive, with good gross motor coordination, so you know there's nothing wrong with his muscles.

You take Adam to see Jane. You immediately discern unusual aspects of her assessment, like, she asks you not about Adam but about your house, your clothes, stuff like that. Jane seems unusually interested in the fact that you live under major power lines, that you wear shiny synthetic clothes, that you protect your furniture with plastic covers. But that's puzzling, not shocking. The shocker is that Adam hugs and cuddles Jane – in her lap! – and develops eye contact with her, even completes a three year-old's puzzle, fully attentive to its challenge.

She's a wizard? or the Pied Piper? Well, maybe, but the friend who recommended Jane said she also works with adults.

Can't picture that? Try this:

The school district has been providing

Bob, your twelve year-old autistic son, with special services for the past nine years. He has virtually no language, although he's blurted out phrases like Video Ranger, Captain Crunch, Taco Bell – out of context. Bob is very thin, frail, with such low muscle tone he needs someone to support his hand in order for him to write his first name, and even then he only makes a sort of sketchy stab at it; likewise to try to draw a circle or a square. And he fatigues easily, still naps every day. He flaps his hands a lot, rocks his whole trunk; worse, he spits on people when he's agitated. He never looks straight at anyone and in general distances himself from others. He doesn't eat well – no chewing – and resists most of your grooming efforts.

You take him to Jane. After her assessment, during which Bob displayed all his usual kinds of visual and motor behavior, he of course seems to pay no attention to Jane's explanation of what she learned about him, nor to the activities she recommends that you do with him at home. For one of those, called Face Tapping, Jane provides you with a diagrammatic representation of the Trigeminal Nerve distribution (Cranial V), likening the drawing to a map for you to follow around Bob's face. Jane teaches you how to use a rhythmic, alternating-hand, symmetrical, gentle tapping.

Diligent and hopeful, you implement the program Jane taught you. Thirty-six hours later Bob grimaces while you tap on his face. So you ask – because Jane said to be alert to his tolerance to everything you do – "Do you want me to stop? Am I hurting you?" And he answers,

"No. Need to talk better."

This is the same Bob who has only announced "Captain Crunch" without any apparent context, till now.

When you pull shut your agape mouth and still the shivers in your elbows, you dash to phone your husband at work, to share this breakthrough. When you and he stop laughing and crying together, you turn to Bob, saying, "It's your dad. Do you want to speak to him?" You've said that, of course, thousands of times before.

Bob takes the receiver for the first time, now, and says into it, "I love you Daddy. I love you Daddy."

These are actual case histories from the experience of The HANDLE Institute, in Seattle. I did not pick them because they were exceptional, although admittedly they're dramatic examples of what's considered the "low-functioning" end of the autism spectrum. Here's one more – unique because it's a girl, and she's eighteen and a half years old when she arrives at The Institute's door. In my alphabetical fictitious name sequence, this is Corazon's story. [In all the examples here, "Jane" stands in for any Certified HANDLE® Practitioner.]

Cora was diagnosed as autistic at age three, with a measurable IQ below 50 ever since. She can't wipe herself after toileting, doesn't wash her face, in fact seems oblivious to food on her face. She not only doesn't chew her food, she swallows it whole, including plastic wrappers or peels. Her only speech is "yeah" and some echoing responses to

questions, plus she pronounces words of familiar songs. Cora's "autistic behaviors" include no eye contact, self-stimulatory movements, and startle reactions to unexpected sounds. No one other than her mom considers her low muscle tone, poor sleep habits, difficulty managing stairs as big problems, but explosive aggression definitely interferes with her socialization and with how willing caregivers are to persist in guiding her through tasks. Similarly, when she complains of an upset stomach, menstrual cramps, headaches – as she often does – people pretty much relegate the complaints to the category of attention-getting devices, or an attempt to get out of doing something.

That's the Cora whom Jane meets, to assess for a HANDLE program.

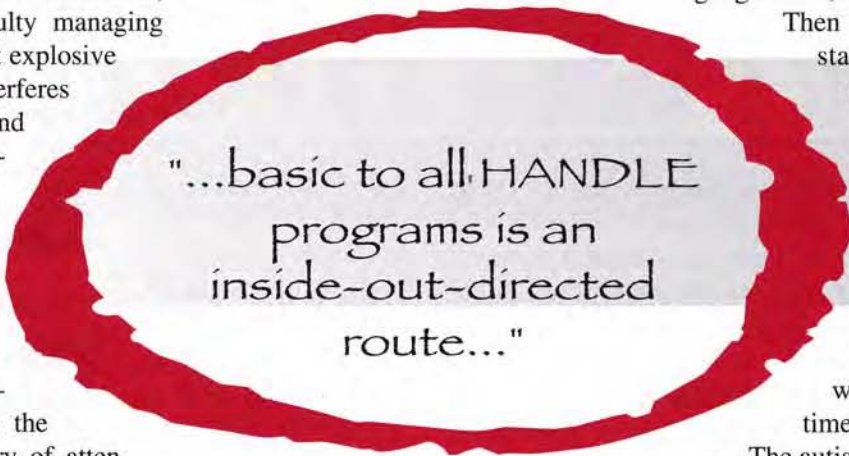
Three months later Cora speaks in full sentences, including some time-concept words. She takes stairs easily, washes her face and brushes her hair.

Another three months later, now nineteen years old, she has begun to read and to recognize numbers. She no longer startles to sound. She is rarely abusive, so all her social interactions have improved. Beyond that, she has begun to confront those who had teased and tormented her in the past. And she is setting goals for herself.

At age 22 Cora lives in a semi-assisted setting and qualifies for competitive employment.

██  
Cora's pre-HANDLE history, sadly, is not uncommon. The professionals charged with caring for her sought compensatory or outside-in-directed interventions, to control the behaviors – called "symptoms" – not to address neurodevelopmental weaknesses that

caused the behaviors. Intending to support her because of her limitations, they tried to help her adapt to her environment and its challenges – by trying to control her behaviors. From their frame



of reference, they treated the autistic child.

In contrast, and basic to all HANDLE programs, is an inside-out-directed route to effectuate change. The "abnormal" or "maladaptive" behaviors others see as "symptoms," HANDLE considers the body's language, its communication system. Those behaviors manifest core neurodevelopmental differences which respond to consistent, gentle, progressive reorganizing. Movement patterns, internal and external environmental influences, and social/emotional factors, all reorganize the brain.

This is one of the premises of HANDLE – which is an acronym for Holistic Approach to NeuroDevelopment and Learning Efficiency.

So let's look back at Adam, hypersensitive to textures, light, electrical impulses (from his own body too, which is why his hair stood on end). When Mom, like Jane, wears only natural fibers in monochromatic and non-shiny colors, and when the family moves out from under the power lines, Adam hugs Mom, too, and he becomes a communicative and social participant in the life around him.

And Bob. When his auditory hypersensitivity, muscle tone and proprioception, oral-motor functions, interhemispheric integration and visual attention are strengthened, he can develop his language skills, for dynamic conversation.

Then there's Cora, trapped by standardized tests into dependence, because, given her scores, no one sought to build the neurodevelopmental foundation with which she could build skills. Skills for self care, for academic performance, even for taking a test with constraints such as time and setup.

The autism label, not the symptoms that led to its shadowing anyone, is itself a limitation, because it sets up the response and the expectations.

These three cases are not isolated examples. They represent the outcomes achievable when people diagnosed with an autism spectrum disorder are treated

- as individuals,
- from a holistic approach based on demonstrable neuroscience, including attention to environmental influences,
- with activities that address sensory-motor integration, to organize their brains,
- and in a gentle progression to enhance interactive bodily systems. ■

██  
For further information on The HANDLE Institute's clinical programs, community information and training opportunities, its affiliates and certified practitioners, please consult the comprehensive website, [www.handle.org](http://www.handle.org) And look for an in-depth article about the HANDLE paradigm, applied to autism, in the November issue of the Autism Asperger's Digest.

Marlene Suliteanu has been an occupational therapist since 1963. In July 2000 she completed The HANDLE Institute's two-week-intensive Advanced Training, followed by an internship of clinical experience, reading and research, to earn the competency-based Certification as a HANDLE Practitioner. Marlene has a private practice for children and adults in Oceanside, California: GET ABLE – Gentle Enhancement Therapy for Any Body to Live Efficiently. That therapy practice is listed on an internet directory, at [www.getable.byregion.net](http://www.getable.byregion.net).