

CASE STUDY 10-year-old boy diagnosed with ADHD

These case studies, each submitted by a Certified HANDLE® Practitioner, demonstrate outcomes achieved through implementation of an individualized HANDLE program. The acronym stands for the Holistic Approach to NeuroDevelopment and Learning Efficiency. The HANDLE paradigm for understanding behaviors and their root causes is thoroughly explained in *The Fabric of Autism: Weaving the Threads into a Cogent Theory*, by Judith Bluestone, the creator of HANDLE and the founder of The HANDLE Institute. For intimate insights into client and family experiences of HANDLE, see *The Churkendoose Anthology*, with commentary by Judith Bluestone.

For each of the clients in these Case Studies, the practitioner began with a comprehensive assessment, the findings of which led to a Neurodevelopmental Profile, which in turn formed the basis for a program of activities complex in their neuroscientific premises and very simple to implement. Thereafter the client's program was modified about monthly in accord with changes achieved in the interim. Each client participates in twelve to fifteen activities regularly; the practitioner, in writing up the case study, names those activities in brief without the full details and explicit information each client-family receives in why and how to implement the program. Go to www.handle.org for more information.

Referral Concerns

When the client first came to HANDLE he was a ten-year-old fifth grader with a history of problems in school. Teachers reported his "approach to class work is very chaotic," and he rarely could focus on one task for longer than two to three minutes. His mother said she had to "repeat instructions over and over." His school performance was getting worse each year. He was diagnosed with ADHD and it was suggested he begin Ritalin therapy. His mother was not willing to follow this course, so she was very interested when she heard David Essel recommend HANDLE for similar concerns on his national radio talk show, "David Essel ALIVE!".

During the assessment additional concerns were mentioned, including: the client wished he could get his school work in on time and not be behind his classmates. His mother related the teacher's concern of his difficulty with verbal instructions, and her own concerns of the client crying over his homework, and falling down a lot. Throughout the evaluation the client was very cooperative although at times extremely lethargic.

Background Information

The client's birth had been traumatic. After 36 hours of labor, the doctors had pulled the client out so forcefully that he received a black eye. As a baby he was very sensitive to light and noise. He had sinus and ear infections frequently. His mother reported that he achieved early development milestones (crawling, walking talking, etc.) a little earlier than average. He crawled, however, without touching his knees to the ground. His mother stated that she frequently needed to sing for long periods of time before he would fall asleep, and that even today he tosses and turns once asleep. The client felt he had outgrown these behaviors. He added, however, that he did fall out of bed sometimes, even quite recently. He reported that he gets car sick, and that rides like a merry-goround make him dizzy. The client said he dislikes tight pants and tags in his shirt. He is also sensitive to some smells.

Observations

The client spent most of the evaluation swiveling and rolling around in the office chair available

specifically for clients who need such movement in order to focus their attention. For many of the tasks, he propped his elbow or arms on the table. He even turned the chair around so the back of the chair would support him as he leaned over to work. For tasks that appeared to be particularly tiring (visual tracking, for example) he propped his head up with both hands to keep it still, and to allow his eyes to work without worrying about his body. Even so, his head moved while his eyes tried to track. The client appeared to be right eye dominant and when asked to point at an object the client closed his left eye in order to focus.

Whenever the client was asked to write or draw something his thumb always avoided contact with the pencil. He also immediately shoved the paper and pencil away from him as soon as he was completed with a given task, so he could clear the surface for his arms, to again prop himself on the table.

The client was able to complete all the tasks, but had a delayed response time, especially when multiple manipulations or sequencing was required. On occasion, the client felt that he could remember the item only if he could draw it. On a structured task of midline crossing and interhemispheric integration, although he had begun to move buttons correctly in an alternating pattern, he got very confused as soon as he was engaged in conversation and expected to continue the repetitive movement pattern.

When given a series of nonsense syllables to repeat he had particular difficulty accurately recalling syllables with the "K" sound. He demonstrated a long delay in alphabetizing the names of five animals without writing their names, although he had excellent recall for the animals even half an hour after first working on the page where they were drawn.

Conclusions

The client's sensitivity to certain fabrics, and his avoidance of contact between the pencil and the tip of his thumb were among the indicators that his sense of touch is irregular. That is, he is hypersensitive to tactile stimulation. This can be an extremely distracting condition.

The client's reported car sickness, his need to swivel and move in the chair, his difficulty pro-

cessing the "k" sound, and some of his sleep problems are indicators that he has a weak vestibular system. Both his fine and gross muscle tone are irregular. Because of this he needs to prop himself on the desk, support his head in order to use his eyes, and take breaks. The insufficient muscle tone also reduces the speed in which he can respond to any direction or perform any task. These irregularities reinforce the conclusion that the client's vestibular system is not strong enough to support the many functions for which it is responsible.

His proprioception (sense of his body in space) is unreliable. With his eyes closed and without the ability to cognitively monitor his movements, he is so unsure of himself that he sometimes falls out of bed. The client demonstrated many signs of visual irregularities. He is extremely light sensitive. He has prescription bifocals at the age of ten. The client demonstrated distrust of his visual perception and visual memory, and took a long time to organize on all of related tasks.

The difficulties caused by the client's irregularities in muscle tone, proprioceptive awareness and hypersensitive tactile sense are further aggriavated by his immaturity in differentiating or controlling which part of him he needs to bring to a given response. He tended to respond with some uninhibited reflexes and by bringing more muscle groups into the task than necessary. This in turn causes problems in focusing on and internalizing the intended motion, since unintentional movements are also occurring.

With such a significant number of immature and irregular systems, it is understandable that the client did not have the underlying support systems necessary for focusing and sustaining his attention flexibly and for completing tasks.

Recommendations

The client received a customized program of activities, exercises and nutritional recommendations. The focus was to strengthen the weak underlying functions and to enhance the connections among the various functions. His program included several activities to strengthen his vestibular system. A special massage was taught to reduce the client's hypersensitivity to touch while also addressing his muscle tone and proprioception.

The crazy straw and a blowing activity were included to enhance his visual functions and reduce his light sensitivity, Other activities focused on increasing his ability to respond in a differentiated manner to stimuli, and to trust his sense of body in space. Yet other exercises helped develop the communication or integration between the two sides of his body and his brain, again without taxing other weak systems. The client also was encouraged to supplement his diet with Omega-3 fatty acids, to protect the neural pathways which the activities were creating and strengthening.

Follow-Up

The client's initial assessment took place in May. By the end of January of the following year, his mother wrote the following letter to David Essel to thank him for the referral to HANDLE.

Dear David Essel,

Last year I was listening to your show and you recommended the HANDLE Institute for an alternative therapy for ADHD. At the time my son, then 10 in the 5th grade, had just been diagnosed with ADHD and the only thing I knew for sure was that under no circumstance was I going to give him Ritalin. My son's performance in school was getting worse each year. He could not keep up with the class. He was in a special math class. By far the most alarming consequence of his problem was that he couldn't seem to get in gear. I would watch as the class was given an assignment or taught a lesson. All the kids would get out their materials and follow along. My son would fumble

around confused and scattered. He would finally get the materials together but by that point he had missed so much of what was being conveyed that he wouldn't be able to catch-up. At home under a constant barrage of haranguing him to do his homework, he would burst into tears.

I reached out to the HANDLE Institute like a life line. The thing that impressed me the most was they said they could help him. Not regulate him with drugs but actually address the problems, which are weak neural connections. The other thing that was surprising was their total empathy with the kids. Children with this malady are socially scarred. They are always getting into trouble for their actions and people just don't like being around them.

At the Institute however, they are accepted unconditionally for who they are. I have to admit, I was uncomfortable watching my son roll around the room on a chair and handle their video equipment.

Well that was last year. We didn't actually get to the exercises until right before the 1996 school year began. I just received his first trimester report card. He had straight As and Bs and made the honor roll.

I want to thank you for making such a tremendous difference in our lives. I love your show. Keep plugging the HANDLE Institute. It really works.

Sincerely,

Hallette

The HANDLE Institute presents these case studies to demonstrate the successes of the HANDLE approach and pique the interest of researchers and funders in engaging in clinical studies to further examine the efficacy of these interventions. For more information about The HANDLE Institute, go to www. handle.org or email us at support@handle.org. You can download case studies from the website or email us to obtain pdf files.



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