Organizing Our Children's Brains

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The Children Who Come to Us

Many children come to us with problems related to learning, attention, or hyperactivity. These children usually have several of the following symptoms: Short attention span, difficulty following directions, visual or auditory distractibility, hyperactivity or hypoactivity. When they attempt to learn to read they may struggle with phonics, forget sight words easily, reverse letters, or have difficulty moving from word to word without losing their place. If they can read they may have difficulty understanding what they have read. Spelling is often challenging. In math they may easily forget the "facts", forget how to do computation, and struggle with word problems, math logic and concepts. Their speech may be difficult to understand. They may have sloppy handwriting or difficulty learning to print or to write, possibly forgetting how to make their letters. In addition they may appear to be uncoordinated.

Some children come to us with additional struggles. Many are pre schoolers or children in special classes or therapy programs. These children may have tactile or sensory dysfunction which may appear as bedwetting, inability to feel pressure or pain appropriately, extreme ticklishness, irritation from clothing, inability to distinguish temperatures, inability to tolerate hats, hair combing or hair washing. They may be extremely picky eaters, eating only a narrow variety of foods. They may have flat tonality in their voice, hypersensitivity to sound, undeveloped depth perception, difficulty making or maintaining eye contact. Their eyes may not track well and their eyes may turn in or wander. Behaviorally they may have good and bad days, cyclic behavior, extreme hyperactivity, rigid attitudes, and aggressive or destructive behavior. For some speech and language may be absent, limited, or very difficult. Some of these children find holding a pencil to be very unpleasant and difficult to manage, pencils may break from too much pressure, in other cases writing may be too light. Some of the children have difficulty moving their bodies, learning to crawl, creep, walk, run, jump, hop, or skip.

Depending on their symptoms, these children may have a professional diagnosis such as learning disabled, minimal brain dysfunction, dyslexic, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), or simply slow learner. Some are said to have an auditory or visual processing disorder, or a problem with short or long-term memory. Children with more severe difficulties may be diagnosed as brain injured, PDD, ASD, autistic, developmentally delayed, MMR, or CAPD. Some are "labeled" with a language disorder, or sensory dysfunction. Some are diagnosed with Down Syndrome, or other chromosome disorders.

"Labels"

Neurodevelopmentalists often call these diagnoses "labels" because they "label" the child with limited expectations as to what a person with that particular diagnosis can accomplish. These expectations may be based on old information or on worst-case situations. Professionals often make predictions based on outcomes that typically occur when effective therapy has not been applied. Sadly, these symptomatic "labels" can mislead parents and educators into limited expectations for their child or student.

It is important to remember that most diagnoses are symptomatic, based on the symptoms the professional person observes in the child. Symptoms are not static. With proper neurodevelopmental treatment even stubborn seemingly impossible symptoms can improve or be eliminated.

Organizing the brain

Neurodevelopmentalists look at the symptoms an individual is exhibiting and relate them to how the brain and the rest of the nervous system are organized. If a child is having a problem with walking, talking, attention, or learning there is a reason for that problem. Neurodevelopmentalists believe the underlying problem is a disorganized nervous system.

Neurodevelopmentalists believe that the brain and nervous system can become more organized, eliminating the original symptoms and helping the individual move on to greater possibilities. This belief is based on the built in redundancy and plasticity of the brain. The brain is able to use several areas for each function, redundancy. When an area of the brain has been injured it is possible that other areas of the brain can take over the function of the injured area, plasticity.

Neurodevelopmentalists believe that function determines structure. For example, as stimulation is applied with optimum intensity, frequency, and duration, changes occur in the brain of the child receiving that stimulation. Physical connections and pathways for information processing actually develop which enable the brain to be better organized. As the brain becomes more organized due to plasticity, structure and chemistry also change. Children who have had symptoms such as hyperactivity, due to dysfunctional brain chemistry, may experience a reduction of those symptoms as brain chemistry changes.

The Neurodevelopmental Approach

Since the 1930s, neurodevelopmentalists have studied the sequence of brain and nervous system development, along with correlations between areas of development and the levels of the brain. This work has been summarized on a visual tool called the neurodevelopmental profile. Using this profile, we plan the necessary progression of developmental steps an individual needs to move to higher levels of development, and to greater brain organization.

To make organizational changes in the brain direct intervention is needed. This is accomplished by a neurodevelopmental plan that recommends a specific program of activities to be implemented at home by the child's family.

The neurodevelopmental approach gathers information from the child's parents to determine specific areas of inefficiency, the underlying causes of the symptoms the child exhibits. These observations are recorded on the profile, and a complete neurodevelopmental plan is determined for the child. The plan consists of recommended activities designed to address the inefficiencies specifically.

Neurodevelopmentalists have gathered activities eclectically from many other disciplines including, but not limited to, speech therapy, occupational therapy, vision therapy, physical therapy, biochemistry, sound therapy, psychology and education. Through many years of observation, research and refinement of the activities, optimally effective neurodevelopmental activities have been developed.

Neurodevelopmental practice has established the optimum frequency, intensity and duration for these activities. These refined activities are able to give the brain the effective stimulation it needs to make the changes that are necessary to move the child to the next higher level of the neurodevelopmental profile.

The Results

When a home program of neurodevelopmental activities is carried out with sufficient consistency, intensity, frequency and duration much progress can be made. In fact, many of the symptoms the child originally displayed may be totally eliminated.

Some of the results we see include, but are not limited to: Non readers learning to read, distractibility changing to focus, sensory dysfunction becoming more typical, social behavior improving, painfully hypersensitive hearing changing to normal hearing, formerly picky eaters eating a variety of foods, phobias being overcome, emotionally and over sensitivity becoming typical, bedwetting eliminated, children able to retain math facts and do computation, improved reading comprehension, improved coordination, non writers learning to write, letter and number recognition becoming possible, children learning to walk and run, and those without language learning to speak.

Our Philosophy

Families have a right to treatments and educational materials that do not offend their religious beliefs. Parents have a right to educational materials that are supportive of their faith. Parents, not professionals, are responsible for making decisions for their child. Parents should have the freedom to utilize eclectic treatments and educational materials consistent with these decisions. Professionals should support that process.

The parent/child relationship is the most important element in a child's development. The amount of progress made by a child is dependent on the amount the family can work one to one with that child. Learning and attention problems should be addressed primarily without resorting to labels, drugs, or compensation approaches.

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