And DDR is changin’ with the times! When Kelly Dorfman and Patricia Lemer co-founded DDR in 1994, one of their goals was to put themselves out of business in a few years. At that time, the Internet was in its infancy, Amazon.com was a start-up, Bernie Rimland of The Autism Research Institute (ARI) was the only voice speaking about reversing autism, ARI published the sole newsletter heralding vitamins and other supplements, and absolutely no one was putting on conferences. What a difference 15 years make!

In 1995, as a small non-profit, DDR built one of the first websites, was one of the first groups to sell books at conferences, put on the first multi-disciplinary conference, which became the prototype for the Defeat Autism Now! conferences, and published a newsletter covering a variety of topics. This year, in response to the times, we’re becoming a “virtual” organization!

Changes in our website. Our “first generation” website, designed by a member who was an early student of html, changed little in more than ten years. In order to accomplish our goal of going “virtual,” we are working with Pat Watt, an amazing web designer with many years experience. She is redesigning our site to allow easy online management. It is at an intermediate stage now, with searchable items and new toolbars. Soon, it will be even better!

Another way in which we are changing is using the website to really promote our loyal Sponsors. All organizations that have sponsored past newsletters will be invited to buy advertisements on the new, improved website. Banners will give you access to their products and services.

Changes in the newsletter. Bad news: this is your last printed newsletter. Good news: as a DDR member, you can still receive your quarterly newsletter by email. New Developments is now read online by a majority of our subscribers, who in their commitment to being “green” prefer to preserve paper and not breathe toxic ink.

Changes in membership fees. Because we are not using paper or postage, Family, Student, Retiree and Educator members will be DDR members for FREE. Professionals and Organizations will still pay a reduced fee. In exchange for the small membership fee, DDR will continue to link to their websites and include them in the Networking Directory, which goes online late this year. To renew, you must complete the enclosed form.

What about books? Our book sales have dwindled as online booksellers compete. We will still be recommending our favorite titles to you and linking you to the easiest way to buy them. Sometimes that will be the publisher. Other times, we will send you to Amazon, where we have become an Associate member. By entering Amazon through DDR, we receive a small percentage of sales.

Changes in programs. Conferences now thrive in dozens of cities on any given weekend. In the future, DDR will be collaborating with other organizations to put on programs. That way we can reach far more people in many areas. Now that Patty’s book is out, she will be co-speaking in many locations on a variety of topics, and with some of the contributors. Let us know if you are interested in planning a program in your area.

“Come senators, congressmen
Please heed the call
Don't stand in the doorway
Don't block up the hall
For he that gets hurt
Will be he who has stalled
There's a battle outside
And it is ragin'.
It'll soon shake your windows
And rattle your walls
For the times they are a-changin’.

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The Times They Are A-Changin’
© Bob Dylan, 1964
Executive Director’s Column

by Patricia S. Lemer, M.Ed., NCC, M.S. Bus.

Today Penelope turns two. You may recall my column the day after her birth, when I reminisced about how the world had changed since her mother was born almost 35 years ago. In that Editorial, I compared standard practices of a generation ago to those of today in the areas of healthcare, parenting and education. I offered some common sense guidelines for healthcare professionals, educators and parents to balance out unforeseen obstructions to development that changes in educational practices brought with them. Two years later, I still have concerns about many of educational practices, especially the accelerated curriculum that ignores children’s needs to move. (See New Developments 11:4, or go to www.devdelay.org and click on “Patty’s Blog” for the posting.)

In this issue, long-time DDR Professional Advisory Board members and parents write about changes in medicine, sensory processing disorders and parenting. Here are a few observations about education.

Special Education

Jerry Miller, DDR Counsel, became a special education attorney to help parents obtain a free and appropriate education for their children, as guaranteed by federal law. Miller recalls a case in which a due process hearing ruled in favor of a school system that claimed its placement of a student in a regular public high school could implement the individual education plan (IEP). Following a shocking visit to the school by the child’s father and therapist, he appealed the judge’s decision, because the setting was completely inappropriate for the child.

What the visitors found were overly crowded classes and an extremely chaotic and loud environment, to which the student would have been subject every time he changed classes. After Miller brought concerns to the court judge about the impact of the environment on the student, the judge reversed the hearing decision and directed the school system to pay tuition for a private special education school. Without the parents’ efforts, he might not have succeeded.

For many years I advocated for families, attending due process hearings as an expert witness. We often won cases because of timeline violations, such as taking too long to perform an evaluation. Cases are not won so easily now as they were 15 years ago.

School systems are more likely to provide services “in house” than pay today’s premium private school tuitions. Parents cannot always rely on schools to do what is right for children. Without full and active parental participation, children may not receive the services to which they are entitled. For instance, while occupational and speech therapies are readily available in the elementary schools, few systems provide these related services in middle and high school. Many students with autism and learning disabilities continue to need OT for their entire school careers. Sometimes hiring a special education attorney is necessary to prevail.

Looking at Education, Then and Now

Regular Education

Evelyn Vuko, a lifelong educator, former “Teacher Says” columnist for The Washington Post, and author of Teacher Says: 30 Foolproof Ways to Help Kids Thrive in School, offers the following observations:

“While computers have replaced writing in many classrooms these days, I believe that most kids would trade outdoor games for computer games any day of the week. Physical education (PE), once a proud pillar of American education, is threatened with extinction. Even art and music classes could go the way of poor old tyrannosaurus rex.

Educators have learned that curriculum guidelines are qualified, quantified and cauterized, leaving little wiggle room for creative instructors or kids with creative learning styles. Algebra is now at the heart of fourth grade math, whether a nine-year-old is ready or not. Expectation levels in all areas of curriculum are higher than ever, pushing kids who just figured out how to balance a bike without training wheels to navigate an ice-slicked street in a speeding turbo Porsche. Is it any wonder that there are now antacids formulated just for kids?

Teachers also know that despite all the whirlwind changes in education in the last fifteen years, that kids, thank their thumping little hearts, will always be kids. And stealing time from a frenetic schedule to teach a befuddled second grader how to do a five-step math problem still creates a smile and a bond and a love of learning that will last for the rest of their lives.”

I worry about how the rapid changes in education will affect my granddaughter. In shopping for developmentally appropriate gifts for her birthday, I was appalled at how many “toys” incorporated letters and numbers. Presents she received from well-meaning family and friends included lacing blocks and puzzles with the alphabet, a battery operated letter station into which she could place a letter, and a robotic voice sang its sound in a little song, and CDs that emphasized counting and spelling!

I opted for a retro pink kitchen, complete with dishwasher and oven (no, not a microwave), and a Tom T. Hall CD with silly songs for kids, including, “Sneaky Snake,” “I Love,” and “Let’s Play Remember.” She LOVED them! I relished watching her “cooking” make-believe food on the stove until the timer went off, and then presenting it to me on an imaginary plate, while we listened to the music of my daughter’s childhood. What fun, and so much better than drilling letters and rotey counting!

What does pre-school hold for my precious Penelope? Will she be permitted to go to the playground daily and swing endlessly, run up and down the ramp, slide down the slide again and again, and play until she is too big to fit through the child-sized door without bending over? So many of our “experts” wrote of the importance of these activities for brain development. Hopefully my daughter will find a school that understands that kids need to move to learn, and that adult-like learning can wait!
**New Developments** is a quarterly newsletter published by Developmental Delay Resources (DDR), a 501(c)3 non-profit organization whose mission is connecting families, professionals, and organizations and disseminating the most current information about possible causes, interventions, and preventions for developmental delays. Members of DDR support the inter-relationship of physical, cognitive, and social-emotional development in children whose delays include, but are not limited to, sensory-motor deficits, speech-language disorders, attention deficits, learning disabilities, pervasive developmental disorders, and autism. DDR seeks to educate the public about treatments that: address sensory-motor processing, including occupational therapy, vision therapy, auditory training, and perceptual-motor therapy; boost the immune system, including dietary modification, nutritional supplementation, homeopathy, and detoxification; address structural integrity, including osteopathy, CranioSacral therapy, and chiropractic; and encourage positive social-emotional relationships, such as communication therapies, FloorTime, and family therapy. DDR is the only organization that integrates all these disciplines.

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All material in New Developments is for information purposes only and is not to be substituted for professional advice from your health care provider.

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Vol. 13, No. 4  
www.devdelay.org  
New Developments

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**Have You seen the New DDR Blog?**

DDR has a Blog! Entitled, “After the Diagnosis, Then What?” it allows the Executive Director to comment on events daily, weekly or monthly, rather than wait until the next newsletter comes out quarterly. Check out the entries, including previously published columns you may have missed, the delivery of Patty’s new book and links to three radio interviews she gave on the book.

**Encyclopedia of Dietary Interventions**

Congratulations to Karyn Seroussi and Lisa Lewis on their newest collaboration, an extremely user-friendly reference for anyone interested in special diets for autism and related disorders. After introducing the three stages of dietary modification, the authors alphabetically list every term, ingredient and method you might encounter. A great Appendix lists online suppliers for unfamiliar foods, supplements, counselors and laboratories. To purchase, go to www.AutismNDI.com.

**DDR 2008 Directory Done**

By now you should have received your green 2008 directory. This is our last printed directory, due to the very high cost of paper and printing. Soon we will have our resources online. If you did not receive your copy, or note errors, please let us know.

**Vaccinate Your Baby (?)**

“Vaccinate Your Baby” is a new website launched by Every Child By Two, an organization backed by pro-vaccine advocates and pharmaceutical money. When they held a press conference on August 5th, some of those opposing their mandate were not admitted. Katie Wright, daughter of Autism Speaks founders wrote eloquently on what took place. Read her piece from August 5, 2008 at http://www.ageofautism.com/vaccines/index.html.

**Michael Savage Infuriates Autism Parents**

Last month, Michael Savage enraged the autism community by calling autistic children “brats” and their parents “frauds.” He accused them of using the autism label to bilk the government for special services and money. Congratulations to Wendy Fournier from NAA, Kim Stagliano of Age of Autism, and John Gilmore’s Autism United for setting the record straight!

**Autism Insurance Act 62 Benefits PA Kids**

As of July, 2008, Pennsylvania’s children and young adults will be covered for up to $36,000 annually for assessments and treatments of autism spectrum disorders, including Aspergers’s and PDD-NOS. Assessments must be carried out by licensed or certified health-care professionals. Treatments must be “medically necessary”, and include prescription medications, ABA, occupational, speech/language and physical therapies. To learn more go to http://drnpa.org/File/autisminsurance.pdf.

**Welcome to Sayla Theirl**

Congratulations to DDR Board member Dr. Scott Theirl and his wife Stephanie on the birth of their daughter Sayla Georgeanne on July 23rd. What a lucky little girl to have a chiropractic neurologist as a Dad!

**DDR Indexed Digest of Past Newsletters**

Are you missing old newsletter articles? Do you have a parent resource library in your school? Are you a practitioner with a busy waiting room? The newly revised DDR Digest is for you! With both a Subject and Name index, you can look up any topic from Acupuncture to Yoga. Every article is on a single page, and the book is spiral bound, making photo-copying a cinch. To order, go to www.devdelay.org or call 800.497.0944.

**EnVISIONing a Bright Future**

Have you bought your copy of DDR Executive Director Patricia Lemer’s new book yet? Called “the best book on autism on the market today” by Dr. Dietrich Klinghardt, it is has contributions from over 20 experts in the fields of vaccines, biomedical treatment, diet, optometry, reflexes, sound therapies and more. It is available through the DDR website by going to www.devdelay.org. If you would like to meet Patty and get a signed copy, come to her events in Pittsburgh, New York or Palm Springs, CA. See Upcoming Events.

**Mitochondrial Disorders Not So Rare**

The Hannah Poling case (see last issue of New Developments) has sparked new interest in mitochondrial disorders. Apparently they are not as rare as once thought. The United Mitochondrial Disease Foundation (UMDF) announced earlier this month that landmark research shows one in every 200 people has a DNA mutation that could potentially cause a mitochondrial disease in them or their offspring.

This discovery is no surprise to those familiar with autism. For some time, mitochondrial disorders have been thought to be the most common disease associated with autism spectrum disorders. A team of doctors at Kennedy Krieger Institute in Baltimore found that 38% of autism patients had a marker for this impairment. Five years ago, DDR wrote about “The Mighty Mitochondria” in this newsletter. To read it, go to http://www.devdelay.org/Articles/pdf/244.pdf.

**“Toxic” Dinners Held in DC and NYC**

A hearty thanks to epidemiologist Dr. Devra Davis for speaking at this year’s annual dinners in northern Virginia and New York City. In the DC area, Devra had to compete with the weather which brought a sudden storm that downed trees, making travel difficult. However, she prevailed. The talks were most informative, and the food catered by Lebanese Taverna in DC and Bonobo’s in New York was awesome! Thank you one and all for two great evenings.
Sidney McD. Baker, M.D.

- Autism is not in its own little diagnostic box. Rather, it is part of a global and interconnected pattern of pathology resulting from the impact of the environment on everyone.
- The underlying theme of the environmental impact is inflammation, oxidative stress and problems with detoxification – factors common to most major diseases affecting modern industrialized societies.
- We can only understand and treat the causes of this impact from a “systems biology” perspective, not from the linear “Name-it, Blame-it, Tame-it Prescription Pad Medicine” of current mainstream medicine.
- The most effective treatment strategies are those that:
  a. alter the toxic burden coming from gut flora abnormalities that have been engendered by the use of antibiotics.
  b. rid the body of toxins, particularly heavy metals
  c. return vicious cycles to the virtuous cycles in the biochemistry of detoxification/inflammation/oxidative stress that sustains Nature’s strong impulse toward healing.
- Some children can recover. Unfortunately, we still have an imperfect capacity to pick the winners in advance. Intention and cultivation of a child’s strengths are extremely important, and assessment tools that emphasize only a child’s weaknesses may mislead us.
- The Defeat Autism Now! model drives individual decisions to answer the easy question: “what to do next?” and the hard question: “have we done everything we can for this child?”

Richard E. Layton, M.D.

Evaluating and treating children with autism and other developmental delays are the most difficult medical problems I face as a Board certified pediatrician. For me:
- History is key; observing each child carefully is very helpful in determining which treatments will be most effective.
- Each child is unique; a cookie-cutter approach does not work. I recommend changing the term “Autism Spectrum Disorder” to “Autisms” given the varied presentations of these children.
- Weigh benefits of any medical intervention versus the risks. Interventions that I find invaluables are:
  - Dietary modification, including the Casein-Free/Gluten-Free (GF/CF) diet, Specific Carbohydrate Diet(SCD), Body Ecology Diet (BED), Low Oxalate Diet, and Feingold Diet.
  - Evaluating and treating the gut; methyl B12 injections
  - Auditory, vision and other sensory therapies
  - Nutritional supplements
  - Anti-Fungals, anti-virals and anti-inflammatories

Other interventions I use that can be “miracles” for as many as 10%-20% of children with developmental delays are Chelation supplementation with vitamin B6, DMG/folinic Acid, cod liver oil, and phosphatidyl choline.

I believe that the United States spends too little money and is doing too little research on underlying causes for autism and other developmental delays. We need at least one billion dollars annually to look beyond finding the autism gene. Without good research, I am practicing in a vacuum.

John H. Hicks, M.D.

Over the years I’ve seen treatments introduced, modified and re-introduced. Because autism has become a new industry with many companies eager to increase their bottom line, new gimmicks, without benefit to many, are showing up daily.

The basic medical approach is still improving biochemistry, which is now moving to include energy work. Doctors need to shift their focus away from a war against “things.” We need to gain insight into our patients’ strengths. When we lock our perception into what is wrong we lose sight of individuals’ gifts and beauty.

Once we shift our own mindsets, we can help parents shift their perceptions and thought patterns about what they are creating. This paradigm shift benefits everyone. Through thought and emotion we can create the reality that we want for ourselves.

Anju Usman, M.D.

- Patients with developmental delays oftentimes have underlying medical issues that are ignored, and attributed to their mental condition. When I treat the medical issues, the developmental issues get better.
- A healthy gut is the key to a healthy, happy individual. Sleep issues are often related to gut issues. Self-injurious behavior is often related to gut pain.
- Always rule out heavy metal toxicity from mercury, lead or aluminum and/or chronic infections as causative factors.
- Avoid contamination from additional toxins.
- Diet plays a huge role. Eat organic and preservative free.
- Minimize and eliminate exposure to electromagnetic fields from microwaves, cordless and cellular telephones.

Lawrence B. Palevsky, M.D.

In the 25 years since I attended medical school, the number of children with chronic illness, the number of doses of vaccines we give children, and the number of diseases we vaccinate against, especially at early ages, have all increased exponentially. Is there a connection? I believe so.

Are children’s immune systems weaker today? Are today’s couples genetically passing down their own weakened immune systems to their infants? Is further exposure to toxins from food, water, air, antibiotics, medications, pesticides, plastics, flame retardants, cosmetics, heavy metals, electromagnetic radiation, sonograms, epidurals, C-sections, formula, AND vaccines in utero and early infancy playing a role in impairing optimal function in everyone? I think so.

Even though an association between today’s practices and the onset of chronic childhood illness is denied by the mainstream medical community, whose studies are funded predominantly by vaccine manufacturers, scientific evidence from independent studies supports it. Physicians must ask uncomfortable questions, and as we discover the answers, we need to keep asking questions until we have sufficient science to support today’s vaccine policies.

It's time for us to do due diligence around the subject of vaccines and to practice better science. Today’s children depend on us. I believe that the truth about the dangers of injecting vaccines and their toxic ingredients into children will soon be exposed.
What I Have Learned: Mothers Talk

Teresa Badillo
Mother of Marco (age 17)
Marco turned 17 this month. I’ve been on this journey for over 15 years. Then, there was no Internet! The moms’ telephone network was the only way to learn about new therapies. It was really slow. Finally, I connected with DDR, and in 1995, attended their first conference that suggested a possible immune system, vaccine, yeast, and antibiotic connection.

Fifteen years ago autism choices were limited. Doctors blamed moms. No one gave me any hope, so I went on a mission for answers. Medications and ABA were my only choices! Today’s world of instant information and computers is a miracle! The more knowledge you acquire, the more power you have to help your child. It’s amazing how you can turn something as negative as autism into a positive journey along which you meet the most incredible people.

Don’t wait. An untreated child does not outgrow autism. Lingering toxins trigger unruly behaviors with the raging hormones of puberty. It’s far easier to treat a toddler than an adult-sized teenager.

Become your child’s case manager. Make sure your whole team is on the same page with an approach that interconnects.

Marco is not recovered; rather he’s a work in progress. He can read, write, type, and do math despite his severe language and auditory processing deficits. He has amazing ball skills and bowls with Special Olympics. He is currently following a protocol to normalize foundational biochemistry and as well as weekly neurobiofeedback. My learning and his healing process will never stop. If Marco were born today, chances of recovery would have been far greater because of what we know now.

Sue Clark
Mother of Patrick, (age 14)
Follow research, especially from Defeat Autism Now!
Improve diet, detoxify; behavioral improvements will follow
Find a support network, either on-line or in person
Take pride in being a fish swimming upstream
Change professionals every few years for a fresh perspective
Know that the dairy and pharmaceutical industries have very deep pockets
Balance therapeutic interventions with old-fashioned outdoor play. Don’t wait until a new intervention is proven to try it
Let go of the guilt about what you’re not doing and focus on what you are doing
Sometimes progress comes slowly. Compare your child to where he was four years ago instead of to other kids
Keep focused with a vision of future success; remember that without your interventions, things would have been worse

Mary Coyle
Mother of JP (age 17) and Tommy (age 13)
Go slowly at first. Use homeopathy to open channels of elimination before instituting deeper, cellular detoxification. A solid month of draining, eliminating and rebuilding is time well spent - as it will enable a child to move through cellular detoxification without experiencing extreme healing reactions.

Utilize low-potency homeopathic detoxifiers and energetic supports, which are easier on the body than some of the other biomedical therapies. Combine homeopathy with a tailor-made nutritional program to maximize the healing process. Understand that the body works to gain and maintain homeostasis through expressing symptoms.

Consider therapies that assist the body in detoxification: footbaths, saunas, cranial-sacral, BIOSET, chelation, HBOT. Verify everything you do with lab tests and non-invasive assessment tools.

Don’t re-tox your child. Pay close attention to what goes in and out. Once the child has detoxed and is doing well, find a practitioner who understands neurotransmitters.

Melissa McNeese
Mother of William (age 10) and Claire (age 7)
When I went to well-baby check-ups with questions about my son’s behavior, I never came away with useful answers. I was told, “Don’t worry.” I thought my OT was crazy when she suggested William had allergies and that we eliminate dairy and gluten. Since modern medicine had nothing to offer, I listened; I only wish I’d been more open-minded sooner.

She set us on a path where suddenly things made sense and William began to HEAL. My whole family has since become much healthier and wiser. We now look at everything in a new analytical light and I am so grateful to her. I know that I am in charge of my health and the health of my family, and that I need to trust my gut and think outside the box.

Betsy Hicks
Mother of Joey (age 15)
I have learned that it’s not about the fight or giving life to the anger. It’s not helpful looking at our children as broken. What autism has brought to me are gifts of health and acceptance. I have learned how to nutritionally support a body which has brought outstanding health to my whole family. I have learned that when I feel trapped and scared, I must follow my own intuition and allow answers to flow to me. But mostly, I have learned that my son lives in peace and most “normal” people would pay anything to be there.

Everyone agrees that:
You need to make a plan and follow it. Don’t jump from one therapy to the next.
NO one has all the answers. Parents are sometimes their children’s best doctors. A mother’s intuition counts more than many professional opinions.
Moms must take care of themselves so they have the energy to help their children
Our children are gifts. While we relentlessly pursue new ways to help and support them tomorrow, we need to relax, accept and enjoy them today.
What We have Learned About Sensory Processing

Diana Henry, OTR, FAOTA
My husband Rick and I travel on ‘ateachabout’ searching for ways to share our piece of the sensory puzzle via our ‘Sensory Tools’ products and workshops for teachers, students, parents, teens, tots and pets. We now realize that collaboration is the key!

Our latest project The Sensory Processing Measure (SPM) includes not only the home and main classroom, but also the art, music, PE teacher as well as the recess and playground assistant, the cafeteria worker and even the bus driver into the team. Linking developmental optometrists, nutritionists, physicians, social workers, nurses, therapists and other health professionals together with the home and school community brings great results.

Lois Hickman, M.S., OTR, FAOTA
Therapy on a farm benefits individuals with sensory integrative or physical challenges in tangible ways. Therapeutic experiences in a truly natural setting emphasizes connection with the earth and nurtures all the senses: sight, smell, touch, proprioception. The functional goals of occupational therapy encompass work, play, and self care. As one child told me “At home, we have to make up the chores. Here, they’re real.”

“Real” chores can match a child’s or adult’s needs, whether strengthening balance, reducing tactile defensiveness, improving motor planning or memory, or improving modulation. A sense of self-worth naturally evolves with mastery of activities that matter in a real sense. Relating to animals and the garden foster self-understanding, empathy, and relating to others. As an adult client related, “Everyone needs this therapy!”

Kimberly Geary, OTR/L, Jumpstart Therapy, LLC
− Children and their presentation of sensory processing disorders are unique. We must use an individualized rather than a “cookie cutter” treatment approach, tailored to a child’s strengths and weaknesses.
− Sensory processing disorders rarely exist in isolation. All therapists must be vigilant for issues requiring referrals to other professionals.
− Therapists who say they have all the answers do not and parents who want someone else to fix sensory processing disorders are naive. No one has a magic bullet. We must be patient, persistent and willing to try new options.
− Treating children with developmental disorders is a partnership based on science, art, trust, communication and a willingness to persevere.

Sally Brockett, M.S., IDEA Training Center
While individuals with special needs have complex and challenging differences, the key to recovery lies in correcting the root causes of their problems. Usually these fundamental problems involve immune system dysregulation, an overload of toxins and nutritional deficiencies. In addition, the sensory systems are poorly integrated.

Treatments and interventions for sensory problems have advanced markedly in the past 15 years. Programs such as Berard AIT, vision therapy and sensory integration therapy can all be very successful. Identifying the root causes and obtaining appropriate intervention is key to achieving recovery.

Leonard J. Press, O.D., FCOVD, FAAO
The Vision & Learning Center, Fair Lawn, New Jersey
Through the past 15 years, the growth in optometric understanding of vision development has paralleled and contributed to the burgeoning knowledge in child development. The most important thing we have learned is that the earlier we identify, diagnose, and treat, the more promising is the outcome.

From an optometric viewpoint, this process involves the application of lenses, prisms, and more active forms of vision therapy. Ultimately developmental optometry should be an integral part of early intervention services, in addition to guiding development through the school years.

Sabra Gelfond, CCC-SLP
National Speech/Language Therapy Center
We know now more than ever before that there is hope for every child struggling with learning challenges. New, innovative techniques based on groundbreaking brain science shows us that given the proper stimuli we can change the way the brain looks and works. Neuropathways can be exercised and worked just like muscles, enabling children to learn faster and more efficiently. I would never have imagined this 15 years ago!

Georgia DeGangi, Ph.D., OTR
ITS for Children
Therapists must use a comprehensive, integrated model of treatment to address the constitutional problems of the increasing number of children with regulatory disorders. Effective intervention addresses the impact of problems such as irritability, hyper-reactivity, sleep disorders and eating problems on the family.

Everyday activities must incorporate sensory integration techniques to help children organize their attention, adapt to and tolerate a broad range of sensory experiences. When therapists combine approaches parents becomes more attuned to their children’s needs, and the quality of the parent-child relationship improves.

Hans F. Lessmann, O.D., FCOVD
Vision Development Institute
In the past 15 years I have had to do more movement work in my vision therapy sessions, because today’s children move less and less. They do not walk to school, as I did as a child. I even ran home for lunch, walked back for the afternoon, and then went back home again at the end of the day, covering two miles daily! Now car seats, buses, and parents cart kids to school. This practice creates a host of problems.

Kids need to move, move, move to learn how to effectively work their bodies and perceive their world. If they don’t move before or after school, then they will move during school. Then we end up labeling this “abnormal” ADD or ADHD, when in fact we have abnormally restricted their opportunities to move. We all need to move and if we did maybe, we could all have better attention.
Lessons Learned In the Past 15 Years
by Kelly Dorfman, M.S., L.N.D. Cofounder DDR

In the early 1990’s I consulted with parents of four children who had all lost previously attained skills between 18 and 26 months. These cases, unlike any I had seen previously, were puzzling. Today these children would be diagnosed with Pervasive Developmental Disorder (PPD). Fifteen years ago, experts did not recognize autism as a regressive disorder, but rather as a neurological condition present, although not necessarily recognized, at birth. DDR was born during the course of searching for answers for these and the many cases that came through the floodgates in the years that followed. Similarities shared by the first four youngsters were that they all took numerous rounds of antibiotics, and their regressions followed illnesses or vaccinations. The cofounders of DDR hypothesized several theories of causation which we tested with a survey. Could antibiotics, vaccines, allergies or ear infections be at the root of autism? Fifteen years later, I wish we knew then what we know now.

Suspicion #1 - Excessive antibiotic use may contribute to developmental delays
Then: The DDR survey found an association between children who took many rounds of antibiotics and an increased incidence of developmental regression. While the association did not prove causation, DDR practitioners committed themselves to avoiding further infections and antibiotic use as well as possible gut injury by promoting the use of probiotics and other gut-healing treatments.

Now: Joan Fallon, DC, an early leader in treating developmental problems, writing in the journal Medical Hypotheses in 2005, proposed a mechanism whereby children who received the antibiotic Augmentin, could develop autism as a result of urea/ammonia toxicity in the gastrointestinal tract. She further drew a link between the introduction of Augmentin in the early 1980’s, and the growing number of children with autism who also had protracted ear infections.

After the publication of her paper she received over 2000 unsolicited calls from parents of potentially affected children. Today, probiotics, elimination diets, yeast control and other gut-healing components are standard in biomedical protocols.

Suspicion #2 - Ear infections may be related to food allergies
Then: In the early 1990’s, we were not sure what was responsible for developmental regressions. Talal Nsouli, MD published his findings in Annals of Allergy in 1994 relating ear fluid build-up and infections to food reactions. He reported elimination diets eradicated infections and fluid in approximately 90% of his cases. Across the ocean, Kalle Reichelt of Norway published research linking gluten and casein consumption with autistic behaviors.

The histories of a very high number of children later diagnosed with autism-like disorders reported early ear infections and allergies. Milk proteins are the most reactive in the diet and had also been associated with ear infections so it made sense that a gluten- and casein-free diet might be useful. Speakers promoted eliminating gluten and casein at DDR’s first conference in Bethesda, MD in 1995.

Now: The gluten-free casein-free (GF/CF) diet is well established as a biomedical treatment for autism. Approximately one third of children on the spectrum who start the diet before age three have a dramatic positive response. Elimination of additional foods can also be helpful, depending upon a child’s medical history.

Suspicion #3 - Vaccines may contribute to regressions in development
Then: Thimerosal, a mercury containing preservative, was added to vaccines in 1989. While we were aware that mercury is a neurotoxin and immune suppressant, we had no idea how much of a contaminant it was in vaccines. We guessed that the viruses and bacteria, not other ingredients, were the problem.

In 1999, a group of parents with affected children suspected mercury was causing autism. Their advocacy and tenacity culminated in the now classic paper “Autism: A Unique Form of Mercury Poisoning.” This paper, showing system by system the similarity between mercury toxicity and autism, is available at www.safeminds.org. The dramatic increase in autism frighteningly paralleled higher exposure to mercury from vaccines.

Controversy ensued, followed by more studies and some emotional Congressional hearings. Everything from increased industrial pollution to fish consumption was blamed for the “mercury problem.” Even though thimerosal was never officially implicated as a cause of developmental delays, the Food and Drug Administration recommended, but did not require vaccine manufacturers to remove it.

Now: Acute thimerosal toxicity has been reported in a handful of cases but few studies have looked at adverse reactions to typical exposure. Some vaccines still contain thimerosal, despite widespread belief that it has been removed from all vaccines.

We now know mercury is only one part of an increasingly toxic environmental load. Can fish and birds be sick while our children remain unaffected? Absolutely not!

Researchers structure studies to look at one factor at a time, while our youngsters are bombarded simultaneously from numerous and diverse sources. Genetic weaknesses in regulating how toxins are processed and excreted may explain why some children’s immune systems collapse more quickly than others under environmental stressors, such as mercury. The originally suspected viral and bacterial components of vaccines still remain under suspicion. (See last quarter’s DDR newsletter.)

Looking toward the future
From the beginning DDR postulated that developmental delays were related to an overload of several environmental and controllable factors. We now understand the components of the “total load” better and how genetics affect load capacity.

New technology is also providing us with better tools to support the biochemistry behind development. Our hope for the future is more focus on prevention and control of environmental factors affecting the nervous system rather than treatment after the fact.
UPCOMING EVENTS

- **Thursday, September 4 – Sunday, September 7, 2008** – Austin, Texas
  USAAA 2008 Autism and Asperger International Conference
  Keynote address by Holly Robinson Peete.
  For more information and to register, go to [www.usautism.org](http://www.usautism.org) or call 866.208.0207.

- **Saturday, September 13 – Sunday, September 14, 2008** – Atlanta, GA
  Introduction to HANDLE
  Last chance this year to learn about this powerful treatment. To register and for more information, contact frontdesk@handle.org or call 206.204.6000.

- **Saturdays, September 13 and October 25, 2008** – Washington, DC
  Family Constellations Workshops
  Experience how trans-generational pain can affect today’s families. For more information and other dates, go to [www.thestellationsgroup.com](http://www.thestellationsgroup.com).

- **Sunday, September 14, 2008** – Pittsburgh, PA
  EnVISIONing a Bright Future
  Interventions that Work for Children and Adults with Autism Spectrum Disorders. Book-signing with Patricia S. Lemer, Editor.
  Journeys of Life Bookstore. 810 Bellefonte St. 1-4 pm.

- **Friday, September 26 – Saturday, September 27, 2008** – Chicago, IL
  Yoga for the Child with Developmental Challenges
  Speaker, Anne Buckley-Reen. To learn more go to [www.educationresourceinc.com](http://www.educationresourceinc.com).

- **Sunday, September 28, 2008** – Babylon, NY
  Autism United Hope Walk ’08
  Support Autism United’s efforts to improve the lives of people with autism, and their families. To learn more, go to [www.autismunited.org](http://www.autismunited.org).

- **Friday, October 24 – Saturday, October 25, 2008** – Pittsburg, PA
  2008 Autism Expo
  Speakers include David Kirby, Kelly Dorfman, Russell Blaylock and more.
  To register, go to [www.pghautismexpo.com](http://www.pghautismexpo.com).

- **Tuesday, November 4, 2008** – New York, NY
  Autism Across the Lifespan
  Speakers include DDR Executive Director Patricia S. Lemer.
  To learn more go to [www.lifesworc.org](http://www.lifesworc.org).

- **Thursday, November 6 – Saturday, November 8, 2008** – Boston, MA
  SPD Foundation 7th International Symposium
  Learn about the latest research on sensory processing disorder.
  Call 303.794.1182 or go to [www.SPDFoundation.net](http://www.SPDFoundation.net).

- **Friday, November 21 and Saturday, November 22, 2008** – New York, NY
  Gluten Freedom: Reclaiming Our Daily Bread
  Amazing Gluten-Free Pies, Tarts, and Quiche
  Hands-on with lectures with master baker, Rebecca Reilly at the Natural Gourmet Institute. To register call 212.645.5170 or go to [www.naturalgourmetschool.com](http://www.naturalgourmetschool.com).

- **Saturday, November 29 – Sunday, November 30, 2008** – Vancouver, BC
  Family Constellations: Heart of Healing
  With Dietrich Klinghardt, MD, PhD. For more information and other dates visit [www.klinghardtneurobiology.com](http://www.klinghardtneurobiology.com) or call 303.499.4700.

Developmental Delay Resources
[www.devdelay.org](http://www.devdelay.org)
5801 Beacon Street
Pittsburgh, PA 15217

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