

Five senses — One person

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Spring/Summer 2006



*"A big thank you for all
you have done for her.*

*She is so confident now,
playing with so many
more children at school"*

'Thank You' card from
parents of 5 year old C.T.
April 2006



We work on a daily basis with children and adults with learning and developmental difficulties and from practical experience we know that many of these difficulties can be traced back to how the five direct senses and some of the indirect senses are working. A key emphasis of our work is assessing and interpreting how the senses interact with each other and how this influences ability and behaviour. Unfortunately this is still an underdeveloped area of research and this stems from the traditional separation of competencies within the medical establishment. An Ear, Nose and Throat Specialist will assess the hearing, while an Optometrist will check the vision. It is quite rare for these two professionals to work together and compare notes, although it is widely known that there are direct links between the inner ear and the muscles controlling the eye movements. If there are physical developmental difficulties you are likely to be referred to an Occupational or Educational Therapist or a Physiotherapist, while emotional or behavioural issues may be dealt with by a Counsellor, Behavioural Therapist or Psychiatrist.

In many ways it is good to have specialists for various functions of the body and mind, but to get a comprehensive view of the whole person it is essential to link up the various competencies. This is even more important where the diagnosis, such as Learning Difficulties, Dyslexia, ADHD or Autism for instance, is complex and spans a wide range of different presenting conditions and behaviours.

At The Sound Learning Centre we like to turn this concept on its head and simply accept that there is a cause for concern if there are learning, developmental or emotional difficulties based on the observations or intuition of the client.

If the client is experiencing difficulties, and tests indicate that 'everything is within normal limits', or 'there is no cause for concern', then the tests or interpretations are not appropriate for the client's condition and we will have to look further or from a different angle to find the underlying causes of the difficulties.

We often find that there is a significant cluster of relatively small difficulties, spread across a number of senses. This can have a profound effect on the development and well-being of the client, whilst possibly not being very significant to a specialist looking at just one function of the person.

We will do our utmost to unearth what may be going on for the whole person and not stop at just the diagnosis, but recommend appropriate interventions whenever possible.

The Pauline Allen column



I am often asked how therapies that are non-invasive can make such a difference in people's lives. At first sight it is indeed remarkable that treatments that do not involve taking drugs or medical intervention can have such a profound impact.

The fact is that we learn mainly through our senses and that if the senses do not work to their optimum, we will lose many opportunities to learn and thus change.

Our non-invasive interventions cannot alter the senses themselves, but they will impact on the way the sensory input is processed in the brain. We can also influence the way the senses work together and we can improve the agility of, for instance, the muscles coordinating eye movement. We have ways of changing automatic responses that are no longer appropriate to the person. All of this can be achieved without drugs or the use of the scalpel. And all these changes can have a significant impact on how the person is able to operate in the world around him or her.

Obviously there is a need for traditional medical interventions, just as there is a need for practical ways to move a person forward in order to achieve an improvement in performance and a better quality of life.

We are fortunate to be able to offer our services to so many children and adults and privileged to witness the delight when major shifts take place.

Pauline Allen

In depth — Sensitivities segmented

All learning starts with the information we receive through our senses. The five direct senses - hearing, vision, touch, smell and taste - are the main receptors of information and are complimented by the indirect senses, such as the Vestibular (the balance mechanism located in the inner ear) and Proprioceptive (our ability to know where our body is in space) systems. How well the senses can gather information from the outside world has a great influence on how we learn and how well we function.

When sensations through one of our senses are experienced too intensely the sense is classified as being hyper or over-sensitive and when sensations are experienced less intensely, this is called hypo or under-sensitive.

Over or under-sensitivity will vary over time. For instance, when we are stressed and under pressure, many of us will not be able to cope so well with too many sounds or too much visual information. On the other hand, when we are relaxed and it's a warm sunny day, many of us can take on the whole world!

All the senses gather complex information. Our ears, for instance, will be able to pick up a wide range of different frequencies, from very low tones such as the sound of a double bass to very high pitched sounds like that of a piccolo. Our eyes are even more complex with 'cone' receptor-cells picking up different frequencies which we interpret as colours, and 'rod' receptor-cells taking care of black and white images.

Another feature of our senses is the huge sensitivity range they can deal with. Well-functioning ears can cope with a difference between the softest whisper and a sound 1,000,000,000,000 times (a million million) times as intense. In our eyes the rods are 10,000 times more sensitive to light than the cones.

As all our senses gather such a complexity of information, it is no wonder that even well functioning adults often have various imbalances in their sensory input. Adjusting how their senses function will make these people even more effective in life.

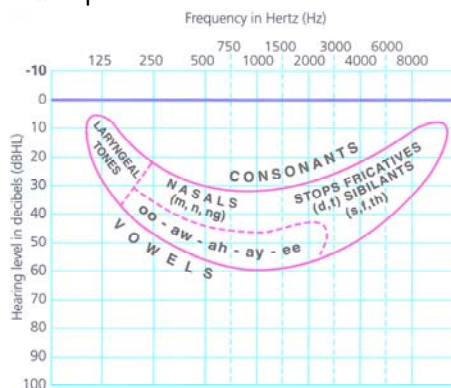
We have found that children and adults with learning or developmental difficulties often have senses that are unbalanced to such a degree that they directly interfere with their ability to function well on a daily basis.

It is obvious that individuals with severe hearing loss, for instance, will have difficulties acquiring language and consequently will find it difficult to express themselves through speech.

What is often less appreciated is that over-sensitive hearing can be very uncomfortable and can have an equally disruptive influence on speech and language.

Over-sensitive touch or tactility can lead to difficulties with wearing certain types of clothes or to not being able to have labels in the back of shirts. Over-sensitivity to certain smells can lead to distraction when the classroom is close to a kitchen where lunch is being prepared.

Going back to our hearing again, a distorted hearing profile is when the sensitivity to different frequencies varies widely or quite suddenly. This may have the effect that, for instance, some vowels are difficult to hear, while some consonants present little difficulty. This is because different sounds have different frequencies and a distorted hearing profile can thus cut out parts of words. This in turn can lead to a great deal of stress and tiredness when listening. The diagram below shows a perfect hearing response, as indicated by the thick black line at the 0 dBHL level and the distribution of sounds in normal speech



It is quite possible to be both over and under sensitive within one sense. We find this a common occurrence and this can lead to confusion and very stressed sensory systems.

Over-sensitive senses also can lead to too much information coming into the brain and it being overwhelmed by the sheer amount of impressions.

Many people believe that the senses work the way they work and that they cannot change without medical intervention. However, the hearing of professional musicians will be developed through exercise, and fine-art painters will learn to see things differently. From our own experience we know that we have learned to like certain foods that we did not like to eat as a child. Every human being changes every day in some way and our senses are no exception to that.

We can train our senses to perceive sensory input differently and through this change our ability and performance. The treatments that we have been offering for the past twelve years aim to do precisely that - change the way the person perceives their sensory input. From experience we know that this often leads to a fundamental shift towards regaining control over our lives.

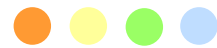


"He is now able to fall asleep without having to have his lights on.

He no longer turns on/off all the lights in the house and doesn't cover his ears to block out certain sounds anymore.

Thank you !"

post-treatment response of parent of 11 year old E.T. February 2006



Did you know:

- The ear never stops working. Even when people are asleep, the ear continues to hear sounds, but the brain shuts them out.
- About 8 % of all men have some sort of colour deficiency against only about 0.4 % of women - this can include colour-blindness.
- Smell was the first of the five senses to develop in humans. The average human nose can recognise 10,000 different odours after a period of time.
- The brain accounts for about 2 % of the total weight of an average adult, but requires about 20 % of all the blood flow and consumes about 20 % of all the calories we eat or drink each day.

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Typical conditions we see at the Centre:

- Dyslexia
- Dyspraxia
- ADD and ADHD
- Asperger's Syndrome
- Autistic Spectrum Disorders
- Sensitive hearing
- Speech and language difficulties
- Communication difficulties
- Central Auditory Processing Disorder
- Slow processing
- Light sensitivity
- Sensory integration difficulties
- Developmental delay
- Emotional issues
- Poor social skills



"As a result of the report he now gets Occupational Therapy from a specialist"

parent of 6 year old U.N.
January 2006



"The effect on her hearing has been dramatic and that has affected many areas of her life"

post-treatment response of
parent of 9 year old S.N.
February 2006



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A mother's prayer: Luke's story

"Luke has bounced backwards and forwards from doctors and paediatricians for the last six years. He was finally put on Ritalin and given a label of ADHD together with CAPD.

I think the time had come to an end when I decided as a human being and a mother that enough was enough. We packed our things and moved from Australia to Ireland in the hope of being able to give Luke a better chance.

I discovered for myself The Sound Learning Centre. So I decided to give it a try.

Luke started at the Centre on the 21st March. He attended sessions of AIT and light therapy for 10 days. Luke was always a bit shy, wary of what was around him. I would have to say that I started seeing improvements after the first week. He seems happier in himself, more relaxed and more positive. We have always had a close relationship, myself and Luke, however, I can see that he is at peace with himself and the world and therefore is able to enjoy life more.

After all life is so precious we all deserve the best chance to have a go and fulfil all our dreams and goals in life. And now I feel Luke can have a go at living his dreams."

Reproduced by permission from a letter written by Siobhan Shine, mother of Luke, aged nine, living in County Louth, Ireland. Luke received AIT and LWS from 21st till 31st March 2006 at our Centre in London and currently follows a Neuro-developmental (NDD) Programme at home.

More about LWS

Lightwave Stimulation, or LWS, was developed by optometrist and neuro-scientist Dr. John Downing in the U.S.A., who is internationally acclaimed for his research in the area of Ocular Light Therapy.

Dr. Downing recognised that light received through the eyes creates a light-generated nerve current (photocurrent) that travels from the eyes to many different parts of the brain which can have beneficial effects in many areas.

The photocurrent reaches the cerebral cortex where it stimulates thinking, learning, memory, motivation and creativity. In the limbic system it assists in creating emotional impressions of the world and in the brainstem it helps to provide coordination and balance.

Via the pineal gland and the hypothalamus photocurrents influence internal endocrine glands that control many biological functions such as sleep, wakefulness, hormone production, body temperature, breathing, digestion, sexual functions, moods, the immune system and the ageing process.

Light also triggers the production of Vitamin D which plays a key role in the absorption of calcium from foods and in consequence the healthy development of bones and teeth.

Through LWS we provide very specific light and colour stimulation that is appropriate to the specific needs of the client. A series of LWS typically consists of 20 (for children) or 25 (for adult) sessions of 20 minutes each and can be taken at the Centre or at home.

From experience we know that the combined application of LWS with Auditory Integration Training (AIT) provides a very strong stimulus, which often leads to significant changes in ability and behaviour of clients.

LWS has also helped people with depression, Seasonal Affective Disorder (SAD), fatigue, stress, ME and eating disorders.

Training courses

We are offering two one-day courses that provide essential information and practical activities to help children develop to their full potential. Both courses are regularly run in London and on request can be provided in other locations or in-house for organisations.

SenseAbility

The SenseAbility course has been specially designed to provide parents and carers with the latest findings on how children learn and how to overcome common developmental and learning difficulties of children aged three to early teens.

A comprehensive course guide with background information and a separate evaluation and activity manual are provided. This course is also of interest to health and educational professionals.

EASIE

EASIE (Exercise And Sound In Education) provides a simple to implement programme of early intervention at school for children aged three to seven. It helps to develop balance and co-ordination, memory, concentration and organisation and prepares children for learning.

The programme comprises simple exercises, pre-recorded rhymes and suggested music. A comprehensive manual, a CD and complete lesson plans conforming to National Curriculum requirements are included.

Talk, talk, talk

We have recently presented our work at a number of schools and at various international conferences, including the prestigious International Light Association conference at the University of Brussels Medical School, providing valuable advice to thousands of parents, teachers and professionals. If you would like us to give a talk to a special interest group you are in contact with, just let us know.

Client research

We have analysed a representative sample of 200 clients who were assessed or received treatment at the Centre since January 2005. The presenting conditions were reported to us by the client prior to our assessment and, as mostly more than one area of concern was mentioned, a total of 534 conditions could be analysed and the categories below thus add up to over 100 %.

Presenting Conditions:

- Dyslexia 12.5 %
- Dyspraxia 10.0 %
- ADD / ADHD / Hyperactivity 8.0 %
- Autistic Spectrum Disorder (ASD) 31.5 %
including Asperger's Syndrome.
- Seasonal Affective Disorder (SAD) 3.0 %
- Other Medical Conditions 6.5 %
including Cerebral Palsy, Epilepsy, Agoraphobia, Foetal Alcohol Syndrome, Immune Deficiency Disorder.
- Hearing and Speech Difficulties 74.5 %
including Speech and Language Difficulties, Delayed or Lack of Speech, Echolalia, Hyperacusis, Tinnitus, Sensitive Hearing, Auditory Processing Difficulties, CAPD, Stuttering, 'Cocktail Party' Syndrome.
- Visual Difficulties 16.0 %
including Light Sensitivity, Meares-Irlen Syndrome, Macular Degeneration, Retinitis Pigmentosa.
- Learning Difficulties 19.5 %
including Concentration, Memory, Sequencing Difficulties, Dyscalculia.
- Developmental Difficulties 12.0 %
including Developmental Delay, Pervasive Developmental Disorder, Sensory Integration Difficulties.
- Emotional Difficulties 16.5 %
including Depression, Social Interaction and Behavioural Difficulties, Bedwetting.
- Sleeping and Eating Difficulties 7.0 %
including, Lack of Energy, Eating Disorders, Anorexia Nervosa.

Many young children are unable to complete the full range of standard clinical tests and we therefore employ specially adapted tests and observations during their assessment. 43 % of the sample fell within this category.

For all our clients we record detailed pre- and post-treatment test results, and short and long term client feedback in order to verify the effectiveness of our treatments. Statistical analyses of results are constantly being updated and will be published in future issues of this Newsletter.

We adhere to strict confidentiality rules and fully respect the privacy of our clients and will only publish aggregate statistical data that cannot be linked to individual clients.

Forthcoming events

Open House events are an ideal way for individuals, parents and health and educational professionals to visit the Centre, meet our staff and obtain relevant information on what underlies our work. The events normally start with a half-hour talk by Pauline Allen followed by a video presentation and an informal question and answer session and there is also time for informal one-to-one discussions. The event takes about an hour-and-a-half and there is absolutely no commitment to pursue any of the options offered and no charge is made. Please let us know if you're coming, so we can cater for the right number of visitors. All Open House events are held at the Centre itself at 12 The Rise, London, N13 5LE.



Open House event dates:

- Thursday 15 June 2006 - 7.30pm
- Tuesday 11 July 2006 - 7.30pm
- Tuesday 8 August 2006 - 7.30pm
- Tuesday 26 September 2006 - 7.30pm

SenseAbility course date:

Tuesday 10 October 2006 - 9.30am 4.30pm

EASIE course date:

Wednesday 1 November 2006 - 9.30am 4.30pm

Media coverage

Our work receives frequent coverage in the media and a compilation DVD with video clips of past BBC, ITV, Sky News and Discovery Channel programmes is available on request.

New website

We are currently in the process of a major update of our website which will provide even more useful information and guidance on many learning and sensory difficulties. Please visit us at www.thesoundlearningcentre.co.uk.

More information

Many clients come to us through recommendation and we are most grateful for the continued support offered to us by past clients.

If you know somebody who could possibly benefit from the services we provide, we will be only too happy to send further copies of this or past Newsletters and any other literature or information we have - we're only a telephone call away on 020 8882 1060.



"He has totally changed.

Each day he is developing whether it be in speech or interaction with other children.

He seems totally chilled out and more independent."

post-treatment response of parent of 4 year old B.C. January 2006



Treatments offered:

- Auditory Integration Training (AIT)
- Lightwave Stimulation (LWS)
- Neuro-developmental Programme (NDD)
- Self-Voice Programme (SV)
- Multi-Sensory Teaching

Training courses:

- SenseAbility sensory development course for parents
- EASIE developmental exercise programme for schools

Information:

- Information on our renewed website
- Free regular Open House events
- Talks and Conference presentations

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