

“I Don’t Know What You Did, but Jason Ate with a Spoon Today!”

Jason* is an eight year-old boy with autism. He speaks a few words only occasionally and has sensory processing deficits. He is in an autism class in a specialized school, where he receives weekly physical therapy to help with his walking and participation in gross motor activities with his class.

Jason tends to shut down when faced with sensory input he cannot sort out and respond to as a typical child might. This can include excessive noise, unwanted touch, and fatigue from not sleeping well at night. He is often found curled up in the fetal position on a cot in the corner of his classroom, his hands over his ears. When he walks he may start out using a typical heel-toe pattern, but he often changes to toe walking in response to light or noise in the hallways.

Educators initially referred Jason for physical therapy because they were concerned that he had tight heel cords. After evaluating him, I determined that his ankle range of motion was normal. I changed his school physical therapy goals to reflect his need to take part in activities with his class, including sitting at the table at appropriate times and walking with his class in the hallways. My plan was to combine CranioSacral Therapy (CST) with sensory treatment to lower Jason’s level of sympathetic arousal. This would help him spend less time in the “fight, flight, or freeze” state.

The first two school years that I worked with Jason we made modest progress. It took several weeks before he allowed me to touch his head, even for a few seconds. He did, however, allow me to induce still points. He seemed to enjoy them when they were induced at his shoulders and thighs after joint compression to his shoulders and hips. About half of the time he was able to walk for at least fifty feet in the hallway using a heel-toe pattern before reverting to toe walking.

Last school year, Jason’s teacher and classroom aide noted a decrease in his bowel movements at school. His parents indicated that this was the case at home, as well. It appeared to them he was trying to hold it in. When he did go there was very little volume. He

seemed uncomfortable, and his abdomen felt hard on palpation. This interfered with his participation in class activities, as he spent a lot of time lying down and moaning.

I began doing pelvic and respiratory releases on Jason after he had gone more than a week without having a bowel movement. Later that day, his classroom aide came to my office and exclaimed, "Jason pooped today after you worked with him! I don't know what you did, but keep doing it."

Little by little, Jason allowed more touch to his back and even to his head. Usually he only allowed his head to be touched when he was very tired. Some days he would walk into his classroom and immediately go to the cot and fall asleep.

On one of these days his teacher thought he might be getting sick and suggested I let him sleep. I complied but stayed in the classroom doing CST on him for the entire thirty minutes of scheduled time. Several releases occurred as I spent most of the time with my hands on his head as well as at both ends of his dural tube. When I left the classroom he was still asleep. That afternoon, his classroom aide sought me out to tell me some good news: Jason had used a spoon for the first time to eat his lunch!

Jason is still working on using a spoon to eat, sometimes with more success than others. He has begun to accept a ball presented to him and at least hold it, looking at it and at me. In the past, his usual response was to immediately push the ball away.

Jason still has sensory processing difficulties and does not always follow his teacher's directions to join the class. He makes more eye contact, however, and spends more time at the table with his fellow autistic classmates. I have shown his aide how to do diaphragm releases and direction of energy, which she does when she is able. Jason's occupational and speech therapists have instructed the classroom staff in other forms of relaxation, which are built into their school days. I look forward to working with Jason's school team as he continues to grow and change.

I still learn from Jason and all of my clients. The longer I practice CranioSacral Therapy, the more I realize that it is they who teach me

“I Don’t Know What You Did, but Jason Ate with a Spoon Today!”

to listen to their bodies and follow their directions to provide what they need.

*Name changed to protect client confidentiality

Pat Churavy, PT, CST

Avon, Ohio

CranioSacral Therapy Practitioner since 1999