

## SET TALK

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### EXPANDING THE POTENTION OF SPECIAL NEEDS CHILDREN WITH CRANIAL/STRUCTURAL TECHNIQUES

Over the last 10 years we have seen a tremendous increase in the number of children who have Autism, Asperger's, ADHD, hyperactivity. The increase of these conditions in school aged children has created a greater number of children being referred to me for specific Cranial/Structural treatments. The good news is that this is expanding the horizons of the application of the Cranial/Structural techniques for children with these conditions. The desperation that their parents felt which prompted them to seek out new and holistic solutions for their children was amazing. All of them were very involved in discovering ways to handle their children's conditions and were willing for me to work with them to develop protocols that produced improvements. Every child who had at least five treatments had observable and measurable positive results in behavior and ability to concentrate. There were many other improvements in motor skills, coordination, strength, and the ability to learn and apply new physical tasks. I am very fortunate to have several referral sources that continue to funnel children with these conditions to my office so that they can be given a chance to experience a more normal and productive life.

To understand the significance of the improvements that can be realized for these children using the Cranial/Structural techniques and specialized decompression techniques I will share one case study of an Autistic boy. He was over age of seven and in school, having difficulties with his social environment, was labeled by the school system as having problems, and was being monitored closely by special teachers in special classes. His improvements were being accurately measured using an established learning and behavior baseline. The results achieved in this case study are typical of the many Autistic and special needs children that I have treated with Cranial/Structural techniques.

John, an 8-year old Autistic boy, was referred to me with severe classroom behavior problems, an inability to sit at a desk and apply himself to learning tasks even on a one-on-one basis with his special education teacher. His mother reported that he constantly needed supervision in the house to avoid breaking things and disrupting his five year old sister's play time. In addition, he was operating on a learning level of about a three year old with vocabulary to match.

In the first treatment session the Cranial/Structural Core Distortion Releases techniques were applied to unwind the core distortion pattern throughout his body. John had to be held down on the table and initially totally resisted my hands being placed on his head. The only way to keep him on the table was to wrap him up in a towel and have his mother hold him. I was then able to apply the Cranial/Structural techniques while very slowly counting out loud to 100. His cranium was restricted in motion and the frontal bone was distended forward and hypersensitive. He was also constantly touching and rubbing the frontal bone and his eyes (self-stimulating behavior).

When John came for his second session he immediately went over to a table in my room and asked me where a crystal that had been there had gone – that's how observant he was. John's mother reported that John didn't seem to be running into things as often and overall seemed more coordinated. He also seemed to be using more new words which had surprised her. I suggested that she start asking for daily reports from his teacher about his learning skills. I again had his mother wrap him in a large towel and hold him on the table while I again treated him with the Cranial/Structural techniques. This time John was no where near as active and actually lay still part of the time which allowed me to start treating him at some of the more subtle levels. I again unwound the core distortion and also started to address the distended frontal bone. As soon as I placed my hand over the frontal bone with a gentle compression I felt a sponginess in the tissues underneath the bone. John immediately exhibited discomfort and agitated behavior. When the pressure was released the discomfort and agitation stopped. I applied specialized decompression techniques exaggerating the cranial motion to begin pumping the excess fluid out of the cranium. Within 10 minutes John quieted down and relaxed, and the pulsing behind the frontal bone diminished. John left in a good mood.

At John's third session his mother reported that John was exhibiting a marked difference in his motor skills both at home and at school. John also appeared to have made more strides with his vocabulary and the teachers at school were interested in the treatment John was getting. In addition, John seemed to be able to concentrate longer on tasks and was less volatile emotionally. I again applied the specialized cranial decompression to further engage the pumping mechanism of the cranium to release the excess fluid. John seemed to have no trouble with his frontal bone being compressed at this point, and actually only twice in the ½ hour treatment did his mother have to hold him at all. There was a noticeable reduction in the distension

and sponginess of the frontal bone. John again left relaxed and content.

In John's fourth session his mother was very relieved and happy to report that John's behavior around the house, especially towards his little sister, had significantly improved. John's teachers were very excited with his progress in learning skills and especially excited about how fast his vocabulary was expanding. This was verified by the work with the speech therapist. In addition, John was now only exhibiting the self-stimming behavior (touching his forehead and face) sporadically and only during times of high stress. John maintained the improvements from the previous sessions and his frontal bone was no longer prominently distended. He was now able to lie on the table with just minor twitching and moving around during his treatments. He still wanted his mother to hold his hand, and asked her to use color identification cards with him while the Cranial/Structural techniques were being applied. John left the session again relaxed and content.

In the fifth session John's mother reported that he had his best week ever at school and that his vocabulary had increased to the level of a four year old. The speech therapist was very happy with his progress. The teachers reported that John was able to sit at his desk and be on task – this was a major improvement. John's mother also reported that the family had taken a weekend vacation. In the past it would have been very upsetting for John to go to unfamiliar surroundings. This time John remained calm except for one small upset about sleeping in a strange bed. John's frontal bone appeared almost normal and was not distended any longer. He lay peacefully with his mother reading from a book during his session. This allowed me to really evaluate the movement of the frontal bone and the tissue beneath it while doing the decompression. What had previously been spongy and swollen was now just a little bit sluggish during the cranial motions. This was a significant improvement from the first treatment. John left again peaceful and content.

John was treated for approximately 15 more sessions. This young boy who was creating such disturbances in school and at home, who was not able to communicate well, and who had little if any attention span due to his hyperactivity and hypersensitivity, was now a relatively normal and happy 8 year old able to function in both the home and school setting. His teachers were amazed and very happy with these huge, unexpected improvements.

After having treated many Autistic children, these five treatments with John typify both the progression and improvements that took place with these children. Every Autistic child who has been treated at least five times

has shown significant improvements, many as dramatic and numerous as John's.

What has become apparent in working with these special needs children is that Cranial/Structural work can significantly improve their ability to concentrate, their ability to learn, their motor skills, their coordination and their behavior.

Every Autistic child and most other learning disabled children that I have treated have some degree of a distended frontal bone with some sponginess when compressed. This seems greater with the children who have more self-stimming behavior and difficulty concentrating. Recently there has been some research that indicates Autistic children have larger craniums for their age. Through my observations and treatment I believe that there is some degree of swelling with fluid in their frontal lobes and between their frontal bone and frontal lobes. This area is extremely sensitive when initially compressed, and is also an area that they just do not like touched. When this distension and sponginess is decreased with Cranial/Structural and decompression techniques there is a significant decrease in self-stimming behavior, an increase in the ability to concentrate, fewer and less volatile emotional swings, and rapid growth in vocabulary. In addition, they can eventually be treated without being restrained.

Obviously, there were different degrees of dysfunction and behavioral problems among the Autistic and special needs children I treated. Some exhibited more severe behavioral problems and learning difficulties, and some much less. However, every one of them who had at least five Cranial/Structural and decompression treatments showed significant improvement. Working with these children is a journey of discovery, and is very rewarding and challenging. These treatments can be even more effective with less severe problems.

If you are interested in learning more about working with these conditions, please contact us for more information about the training. We now have a limited number of therapists who are trained to work with these children and who are getting similar results. There is a very large population of special needs children who desperately need this therapy, and there are way too few Cranial/Structural therapists trained to this level where they can treat special needs children.

*Please visit our website for more information – [www.StructuralEnergeticTherapy.com](http://www.StructuralEnergeticTherapy.com). You may also contact me through that site with any questions you may have.*