



REFLEX

and development

LORRAINE SENIOR, MFHT, TALKS ABOUT INTRODUCING
REFLEXOLOGY TO A SCHOOL FOR CHILDREN WITH AUTISM

time must be allowed for communication to be meaningful and effective. I deliver reflexology to support the wellbeing of each young person: to encourage them to be in a better frame of mind, relax, reduce stress and calm tension throughout the body. Feeling calmer may help them to focus, concentrate and be in a better frame of mind for learning. This may also help others by improving the atmosphere in the classroom.

The reflexology framework I have developed and use with these young people is called functional reflex therapy (FRT), a combination of relaxation techniques delivered in a repetitive, rhythmical routine. FRT uses the statement 'more of less = more', increasing repetition and reducing the change of techniques and the number used. This approach to delivering reflexology uses a structured method of operation. It considers the best methods of communication and objects of reference that can be used to help the young person understand what will be happening. Before the touch therapy begins, I try to alleviate anxiety and help with the transition from the end of one activity to the beginning of another.

The FRT toolkit contains relevant communication aids and fun resources to encourage those attending sessions to take a little responsibility in the therapy room. This includes helping to prepare the environment and communicating what is going to happen. At the end of the session, pupils are also encouraged to help tidy up. It helps them to understand the session is finished and may make it easier to stop and transition to the next activity.

NURTURING TOUCH

Repetition and rhythm are important to children and adults with autism spectrum disorders. They give the mind and body time to process information being delivered by touch and to feel the movement. When the body enjoys the nurturing touch, it encourages an increase in the release of calming oxytocin. See online references for more information about the benefits of oxytocin (Ishak et al, 2010).

FRT can be used as a standalone therapy, and it provides a base for reflexology sessions in which reflexologists can draw on the skills, techniques and experiences they feel will best meet the needs of the individual. It is the intention and repetitive delivery of the techniques and the consistency of the framework that is important. For example, in the sessions I provide at school my intention is to encourage relaxation in the moment and to help the young person be in a better frame of mind. This includes addressing issues that may have been highlighted by parents,

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such as digestive problems or sleeping disorders. Some pupils receive a set number of sessions, while others have an ongoing treatment schedule.

Working as a reflexologist in a school means that I work as part of a multidisciplinary team. I can support the sessions by addressing individual learning targets: this might involve using signs, symbols or other methods of communication suggested by the speech therapist, or working on independence skills, such as removing socks and shoes or sitting appropriately in the Lafuma chair.

I provide brief feedback to the class teacher, and staff observe the pupil for changes. In addition, I produce a short written report at the end of every half term and contribute to an annual review, sharing the many benefits of reflexology and how the sessions progress and develop for each child.

High levels of anxiety, stress and tension can go into overdrive in people with autism. Stress hormones are released into the bloodstream, and levels of cortisol are often high. Encouraging the body to augment the release of oxytocin will subdue the cortisol and encourage the person to become a little calmer, to relax in the moment and to give the body a little 'downtime'.

Reflexology delivered using FRT considers the interaction you have with the person coming to the session. The touch is adapted to meet the pupil's needs: some require firm pressure and others a more gentle approach. How we communicate and use the appropriate method is important, as well as what the intention of the session is – thus, it is multidimensional.

Some days and times are much better than others. I may arrive to collect a pupil when they are having a difficult time, are anxious or displaying challenging behaviours. Here, I will follow advice from the staff supporting the young person. If they are willing to offer their feet then it is important that the session goes ahead. When the session finishes, my reflection always starts with the same question: 'Was that young person in a better frame of mind when the reflexology session finished?'

After more than 20 years in teaching, I changed career path in 2008 to work as a full-time reflexologist, building a private client base in my local area.

I also worked as a volunteer at Mencap every Saturday, delivering reflexology to some of my former pupils who had autism spectrum disorders, intellectual disabilities and complex or additional needs. This gave me time to develop an approach that I hoped to implement in schools.

The following few years gave me the opportunity to attend many CPD courses and develop my skills and confidence post-training. Both this and the work at Mencap provided me with valuable experience of working alongside young people with autism spectrum disorders.

Diagnosis seems to be growing at present for many developmental disorders, including autism spectrum disorder, Asperger's syndrome, pervasive developmental disorder and attention deficit hyperactivity disorder. Although there are similarities, it is important to be aware that we refer to these developmental disorders as occurring across a spectrum and that they affect individuals differently. There are many theories and definitions, but no one can say what the exact causes are. The National Autistic Society defines autism as 'a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them'.

I now work in a school for young people with a variety of conditions, including information processing disorders, where

CASE STUDY

I have had the privilege of working with a young man on a weekly basis for nearly five years. I have watched him grow up and he is now 16 years old.

This young man has been diagnosed with severe autism and a complex health condition called Shwachman-Diamond syndrome (SDS). SDS is a rare genetic disease characterised by exocrine pancreatic insufficiency, bone marrow dysfunction and skeletal abnormalities.

When I began sessions with him in 2012, he was a very anxious young person and needed a lot of adult support to move around the school. He also required constant encouragement and calm verbal reassurance.

He was not sensitive to touch and particularly liked the firm pressure work on his feet. He seemed sensitive to certain sounds and noises. Even if it sounded quiet to us, it may not have been for him. However, when he was offered the choice to have music on or off, he would usually turn it on and enjoy taking responsibility to do this, as well as setting the volume and switching it off at the end.

During the first few sessions he would lift his legs up to right angles mid-treatment and sit in that position for a few minutes, taking a little time, then placing them back for more. At first I questioned whether he was uncomfortable or didn't like a particular movement, but he was always keen to replace his feet and continue. He was also happy and never got agitated or behaved in a disapproving way. I have come to the conclusion that he was experiencing a feeling that he didn't quite know what to do with or how to react to. He now enjoys the reflexology sessions and being touched.

He was initially offered a blanket, but in all the years I have worked with him he

has never wanted to use it. He was happy to recline in the Lafuma chair and snuggle, pulling his sweatshirt up over his face when he became comfortable and relaxed. His jumper worked just as well as a blanket would have.

Within the first term, he began to enjoy carrying the FRT bag and getting a towel out to help prepare the session. This helped him to prepare for what was going to take place.

The length of the touch time increased from eight to 20 minutes during his first 12 sessions. To this day they remain at 20

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minutes - sometimes we even sneak a few minutes extra. It continues to be an important part of his preparation to collect and carry his bag and to prepare and pack the towel away at the end. Sometimes it can be difficult to stop an activity and move on to another; countdowns, symbols and objects of reference may be required to help with the transition.

I have witnessed a real change, even within the 20-minute sessions. On occasion, he now allows himself to drift off to sleep. We have a little banter, as he mutters 'Help me' when it comes to replacing his shoes and socks. To



which I reply: 'You can do it. You don't need my help.' I have also noticed that he now walks more calmly back to the classroom after a session.

When he started the sessions many years ago, he often had time away from school with illness. Now he is rarely absent. Of course, many factors could have contributed to this, but I would like to think that reflexology has supported him in a positive way through these five years, and I know his parents are delighted with his progress.

He has favourite techniques that I have learned over the years by watching and listening to his responses. He smiles, takes deep breaths and gives little kicks if I am working one foot, when he prefers both worked at the same time. Over time he has learned to understand the word 'wait' and we have changed the sessions a little.

Part of my work in school is to support parents. I offer workshops, teaching them a basic FRT relaxation routine, so they can use the techniques at home at a time that is right for them and their child. This really supports my work as a reflexologist.

At the end of the summer term, I provided this client's parents with a selection of photographs of the sessions throughout the four years and a brief update of more recent sessions. I received a lovely reply updating me on how his mum uses the FRT relaxation routine at home every night and how it has become an important part of their life. **IT**



Lorraine Senior is an FHT Accredited Course Provider, reflexologist and the founder of functional reflex therapy. An experienced teacher, Lorraine was named

2017 FHT Tutor of the Year. She offers CPD courses for reflexologists working with young people with developmental disorders, including autism.

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REFERENCES

For full references, go to fht.org.uk/IT-references

