

A Sense of Integration Training Mode for 1~4 Years Small Children, with Very Sensitive, Crying a Lot, &/or Under-Development. How to Apply Morita Organs-Oriented Therapy and Differential from Sensory-Motor-Integration-Training

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ABSTRACT

Purpose: Comparison of Morita Organs-Oriented Therapy (O-O Therapy) to Sensory-Motor-Integration training (SMI-Tx) to small children or under-development children.

Method and Material: See the short outline descriptions and each pictures of Morita Organs-Oriented Therapy 18 pictures in 4 pages; without classification or account numbers of observation children, or successful percentage. We would not agree that gloved hands to massage the organs about the sizes and borderline without functional knowledge from blood tests.

In Everspring we use neuropsychiatric in-service recordings of chief complaints and past history etc. chart records in all attending days, and 7 days before with everything needing ready in discharge summary.

Result: We do not know what are diagnostic criteria of Morita Organs-Oriented Therapy. How was the prosperous for 5 years? what is present condition? From Visceral Manipulation (VM) was developed by French Osteopath and Physical Therapist Jean-Pierre Barral. Comparative studies found Visceral Manipulation beneficial for various disorders?

In 2018 There were 16 pupils maladjustment both at home and in the schools, were send to Everspring training center for two months. Before the ending 11farmialy (70%) do duplicate facilities, do the exercises at homes too. Therefore, there is high up to 78% successful rate.

Conclusion: We can see o-o therapy pictures. No other information. Probably no more prosperous or no more useless. From 2 months SMI-Tx at Eversping training center; we can get up to 78% improvement; in school Toni-2 checking before and after ADHD get SMI-Tx 3months or not, twice improvement in TONI-2 up to $p < 0.05$ significant level. Intensive SMI-Tx treatment is superior to Morita Organs-Oriented Therapy (264).

Keywords

O-O-Therapy, Underdevelopment, ADHD, SMI-Tx.

Introduction

O-O-Therapy originates from Japan, Morita Psychiatrist (1874-1938) from Morita psychotherapy. But here we use Organs-

Oriented Therapy (O-O-Therapy) which is to rough manipulation or massage to ill small, adequate small, and underdeveloped children.

Case Samples

Case one

Parents can stimulate three pairs of semicircular canals, and two pairs of organs in the body's vestibular rotation and swing at home. Xiaoyun (a pseudonym) is a 2 years 8 months old girl. Parents say that children often fall when they walk, they cry when they don't want to cry, don't like to wash their hair, get up in the morning to help her in changing clothes, cry, don't follow order, or people who speak loudly and say hello to a friend.

Case two

Two-years-6 months old boy, Xiao-He (a pseudonym), has a bad temper, ups and downs, often angry for inexplicable reasons, attack others with biting and beating, and has serious separation anxiety.

Case three

Three-years and eight-months Xiaoqi (a pseudonym), crying frequently every day, afraid of strange environment and strangers, poor sleep quality, these regular things will afraid to play on the swings; there is lack of concentration. Parents can stimulate the three pairs of semicircular canals, & two pairs of organs in the vestibular rotation and swinging at home.

Above Mentioned Three Cases - Frequency Seen in Everspring Training Center.

Practical Therapies

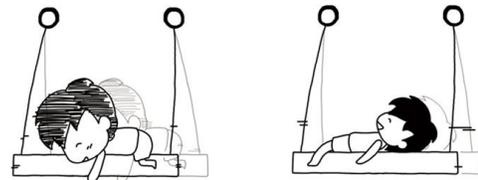
Apply O-O- Therapy

Under the precaution of safety, parents can stimulate three pairs of semicircular canals and two pairs of organs in the body's proprioceptor and vestibule through rotation and swinging at home for young 1-4 years old kids.

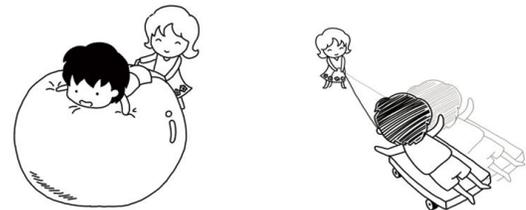
Vertical rotation or horizontal rotation - the child stands vertically and the parents hold the child's waist or chest from toes that the child can leave the ground with their feet, and the parents can rotate them in a Pictorial demonstration of how treatments of O-O-therapy are going. Also, allow children sitting in a rotatable chair or When your arm accepts ring finger he senses of security, it is like to do such which the young child enjoys the happiness be done in each direction, depending on the load of the parent's physical strength and the degree. These Young children and kindergarten pupil, has been running around, climb up and down, or rotate it like, on behalf of its lack of vestibular response, he was searching for stimulation, but also enjoy the hands and feet, face and body of the ministry of also amount is not enough, often outdated, especially in school or adult gathering [1-11].

Head and the other side of the parent will take it underneath or the parents sit on the slide and let the child with the head down, kneeling on the parents' chest, the two slides down together. It is very comfortable to stimulate the vestibular organs, children liked

to do, the brain pathways combined and Integration helpful frontal lobe of the brain. If there are children with gravity insecurity or fear of height, they will generally resist distance, fear, or cry, and they should not be forced and wait until the other activities for improving phobia or gravitational insecurities. The outlet can also play this tactile and proprioceptive of disorders.



- Lying on the back or lying on the wooden horse, swinging back and forth and around -



Let the child prone to the dragon ball, parents grab their feet and move back and forth.



Lying on a bed or on a cushion

Bounce on the bed, you can also clap your hands

Let the child cross the human tunnel in a kneeling position



Please do the same with me



Parents put their children on their shoulders



Let the children learn to walk with animals



Stretching limbs in bed

Pictorial demonstration of how treatments of O-O-therapy are going.

You bring a child to the park, playing with sand, playing in the dirt can be a passive or active role in the grass, sand, these activities have helped stimulated Xing skin and vestibular apparatus, to promote the prefrontal developments.

The development of the brain's cranial nerve pathway can improve the sensitivity, distraction, fear of introversion, crying, developmental delay, or the difficulty of raising children from childhood.

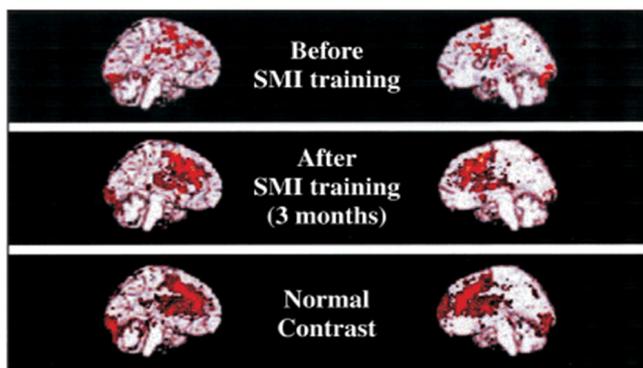


Pictorial Demonstration of Sensory-Motor-Integration Training (SMI-Tx) [3-6,14-19].

Chief 3 step of Sensory-Motor Integration Training (SMI-Tx);
Age & hit ball amount:
 For age 2-3 years old: prone on board with sl. extension.
 just, push plastic, dodgeball 5-20 time come and go, much more on play to touch.
 Age 4 to 6, up to 20 and 50. accord to body weight, subject to teacher judgment.
 Starting student. May up 50-100, with variety activities. past exp.
 Above 4th-6th grade, may up 500 or more. Direct shoot to wall comes & go, without hit on floor.
 Some like to play 3balls in sometime. If having slight hot float in prefrontal, pupils will more concentrated; organs, emotionally mature, excellent coordination.



BOLD fMRI Test of Students with ADHD



Adapted with permission from Taiwan Special Education Quarterly 101, 2006.

Legend of Intensive SMI training ADHD for 3months

The upper two images are control group (8 students with ADHD problems, (Diagnosed by special educational teachers and discussed with parents), showing pale color from low activation s of vessels, neurons, and biochemical material in the prefrontal areas in students with ADHD, before SMI-Tx (Sensory- Motor-Integration training). These students showed severe distracted, impulsive, clumsy disorganized, emotionally unstable, and exhibiting poor organization, and execution. Not yet received school group SMI-Tx.

Accurate diagnosis of attention-deficit/hyperactivity disorder (ADHD) Children must exhibit six or more symptoms of inattention and hyperactivity, impulsive and/or ADHD with six or more symptoms of distraction at least 6months. Most children have an ADHD combination of different elements in the form, which is clearly more common than other children of the same age. ADHD children often experience problem temperament, motor skills, study skills and social skills, both at home and in the classroom. According to deciding if a child has ADHD is a several-step process. An overview of how ADHD is diagnosed. There is no single test to diagnose ADHD, and many other problems, like sleep disorders, anxiety, depression, and certain types of learning disabilities, can have similar symptoms. three cases have early ADHD in high-kindergarten [20-23,25,26].

The middle two images are experimental group (8 students with same problems), showing much pink color, with much activation in a vessel, neurons, and biochemical material in the prefrontal areas in students with ADHD after intensive SMI-Tx for 3 months. These students exhibited full concentration, and were coordinated, emotionally stable, moderately organized, and had improving ability in execution. There are hot-tight feeding in the prefrontal region; within 2 weeks, there are behavior changes. Esp. change in full concentration and execution aspects.

The lower two images show full red color and are contrast group (8 students without any problems) with normal levels of activation in the prefrontal areas in normal students without SMI-Tx. These students exhibited full concentration and were coordinated, emotionally table, fully organized, and had good execution.

Discussion and Comparison

Morita Therapy (Organs-Oriented-Therapy in pictures above) (in early days of Morita, these are used to treat small or under-development children) are aim to treat body individual organs, or systemic multiple organs, using also multiple instruments. We see no use of abstractive or physical material to promote the physical abstracting components in eating or happy feelings. We also see no estimated treatment limits recording books or how long it will be try. Especially no genetic or DNA studies have been done. We just guess some part of small or under-development children are belonging to congenital disorders, and answers would not come.

SMI-Tx (Sensory-Motor- Integration Training). In 1983 Dr. SS.Jung and Everspring Trustee Juliet Yuan made a visit to

Occupational Dr. Ayres [12,13]. Treatment Office at Southern California. Dr. Ayres created the name as ‘Sensory Integration Therapy’; why I did not use it. I came out from Neuropsychiatric and Childhood Mental Health Center, Department of National Taiwan University Hospital. We know that Physical Therapy is a kind of art and physical mind problems need a large number of exercises, appraising, and attracting, if not the cases of gene or DNA problems which need gene, DNA, or new bio-organic studies. In Taiwan, we send samples to institutes of biochemical or genetic studies and get the answers, transference will be no problems. We use “Sensory-Motor-Integration training”, because from the physical field we use motor components most, innervated by proprioceptive and vestibular nerve endings. Training indicates that this physical activity can be done at home, as long as parents can be giving appraising and good friendship. We still keep on training period 3~6 months. Parents training at home, as long as they getting along each other, and buildup body- and brain structure in healthy. If not healthy in brains, such as inadequate or irrelevant in talking, emotion, or other behaviors, we can diagnose in QEEG from brain wave (Standard score >+-2, meaning normal after 10 or more sessions of NeuroFeedBack-NFB). if not normal, we will suggest brain waive to become normal though NeuroFeedBack.

Table 1: 16 pupil participated smi-tx of summer program in 2018. 16 kindergarten pupil with maladjustment at homes & in the schools were send to everspring training center for summer smi-tx 60 days with observation items, DISORDER NO., SATISFACTORY No., & IMPROVED %.

Observed Items	Disorder No.	Satisfactory No.	IMP Red %
1 Hyper- or Ex-activity	12	8	67%
2 Impulse; Oral- Impulse Violent.	12	8	67%
3 Distract, No or insufficient of concentration.	19	15	79%
4 Tactile-defensiveness-(Face & body) ORGANS body skin over sensitivity. And Control Difficulties.	20	14	70%
5 Poor peer correlation.	13	12	92%
6 Perseveration.	11	10	91%
7 Very short temper.	13	12	92%
8 Slow learner or Learning Disability.	14	9	64%
9 Hand & finger stiffness, poor coordination	10	9	90%
10 Jump lines or paragraph (freq. bit jumper).	12	10	83%
11 On meal clumsy, freq. drop rice or vegetable On floor.	15	8	53%
12 Put on shoe slowly and clumsy.	12	10	83%
13 Child dyspraxia (clumsy, incoordination).	16	12	75%
14 Speech dyspraxia (Dysarthria)	4	3	75%
15 Gravitational insecurity (HIGH PHOBIA)	5	5	100%
16 Overt introverted personality	7	5	71%
Positive percentile and improved rates	183	142	78%

Members have 13 boys, 3 girls, total 16 on 2018 summer SMI-Tx Special training.

- 16 pupil with problems in the school and at home are from 5 kindergartens in Taipei city and suburbs. Age 3-5yrs, an average of 4.2 years. Perform SMI-Tx 3-5times/ week.
- Maladjustment behavior are coming down in one month, then normal adjustments appear, mostly by enhancement.
- Score method of teachers & parents range from 1 to 5 point; 4-5 are worst; 1-2 are best; first score minus last week score are improved scores. Only improved 2 points on both sides (teachers & parents) then counted.
- Some 70% (11 pupils) parents repeat the program at home. Total improved 78%, with prefrontal sl. hot and float sense will improve concentration and sudden appearing of Pizzalike sound and behavior. Family duplicated SMI-Tx are at home, being a very powerful weapon.
- For SMI-Tx detail, theory, from Dr. Ayres [2], & effectiveness, see the last reference here and below.

Conclusion

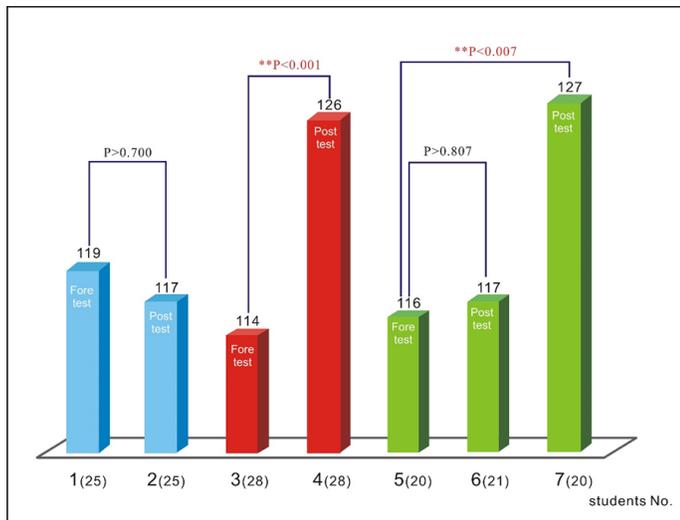
(Monita) Organs-Oriented Therapy was prosperous for five years followed by Constructive living, combined with (Monita) O-O-therapy, with some possible applications in child reading. Later Morita went to studied adolescent and adult field ‘Family Therapy’, ‘re-education therapy’, and ‘Back to Society Therapy’. The amount which Neurotic Therapy, especially Compulsive Therapy and Anxiety Therapy, are more effective.

In Everspring teaching methods, and in 37 years history of recordings we use neuropsychiatric in-service recordings of chief complaints and past history, IQ testing, initial observation, parent and teachers’ first checking lists; follow-up each visit exercise numbers and what change in behavior recording. Methods and number of family exercises and interaction between siblings and parents. In discharge notes, we record the 2nd-IQ testing, final week observation of any changes, parents and teacher observations 2 weeks before discharge. The chart may have one to more group discussion recordings, per 2-4 weeks. Each time, parents have any questions, Everspring teachers should have recording books in hands, and check for the difference between at home and in schools.

From a small child to young adult, from simple rolling plastic or dodge-ball on ground coming and going on prone extension posture (2 years old), up to complicate strong shooting ball in the air, without taking a rest for 400-600 beating (4-6)high-grade students and above). SMI-Tx is most simple and the most complicated exercises. Treating clumsy, incoordination, to the whole body of hyper- or local sensitivity and in short time improved to a high and strong personality, and increased in IQ as well as academic achievement. Adding Neurfeedback, there will be no great difficulty in correction of brain nervous system. We have done our best up to now [25,26].

We can see o-o therapy pictures. No other information. Probably

no more prosperous or no more useless. From 2 months SMI-Tx at Everspring training center, we can get up to 78% improvement; in school Toni-2 checking before and after ADHD get SMI-Tx 3months or not, twice improvement in TONI-2 up to $p < 0.05$ significant level. Intensive SMI-Tx treatment is superior to Morita Organs-Oriented Therapy.



Picture A: TONI-2 EFFECTS (FROM SMI-Tx for 3 months) Increasing up to $P < 0.05$.

ADHD and slow Learner Show SMI-Tx(4&7) 3 months, Signifi. Increased in TONI-2(126,128) $p < 0.05$ (from 2017 data). Column 1,2,3,5,6 did not have SMI-Tx 3 months.

Acknowledgment

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Ethical Statement

The treatment ethics committee of the Everspring Culture and Education Foundation approved the protocol for the SMI-Tx study as well as the EEG diagnosis and neurofeedback training. We obtained verbal informed consent from the parents of each participant.

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