



Season's Greetings

Winter Morning

Winter is the king of showmen,
Turning tree stumps into snow men
And houses into birthday cakes
And spreading sugar over the lakes.
Smooth and clean and frost white
The world looks good enough to bite.
That's the season to be young,
Catching snowflakes on your tongue.
Snow is snowy when it's snowing
I'm sorry it's slushy when it's going.
--Ogden Nash

BIRTHDAYS

On 9/26 we celebrated
Andrew (9/3/03)
Hayden (9/14/03)
Kenna (9/18/03)
Jack (9/23/03)

On 10/31 we celebrated
Aniela (10/3/02)
Adlai 10/7/02
Owen 10/29/03

On 11/28 we celebrated:
Lulu (11/4/03)
Caroline (11/20/02)

Coming up:
Gwen (12/22/03)
We will celebrate hers in
January with Devon (1/3/04)
and Samantha (1/7/04)



Parent Night

I hope you had as good a time as the early childhood faculty did at Parent Night. The singing, the discussion, socializing and the goodies were great. Next one is on January 29th. Book your sitter!

Parent Conferences

It is wonderful to get the chance for uninterrupted conversation. I was glad to meet with each and every one of you!



STORIES

Here are two seasonal stories I have told recently or will tell this week.

A Miracle Happened Here!

--source unknown, I learned it years ago.

Long ago in the distant past was a King named Antiochus, who was very powerful, but he was neither wise nor good. Antiochus ruled many lands, one of these was Israel. Jerusalem was a city in Israel then and now. It is here that the events took place that we celebrate at Hanukkah.

Because the king ruled over many lands, he ruled many people. They dressed in different ways, spoke different languages and followed different customs. When they prayed, they prayed to different gods. But the King did not care about the different ways of his people. He made laws that said that everyone must follow his ways. The people he ruled must follow the Greek ways of dressing, Greek customs, and they must pray to the Greek gods in the Greek temples. Do as I say, said Antiochus.

The troops of Antiochus marched into the beautiful temple that the people of Jerusalem had built. They destroyed the holy books, took the treasures and scraped the gold off the walls. They made a Greek temple of the place. Pray as I pray, said Antiochus. Many people were frightened, but some wanted to fight for what they believed. Judah Maccabee and his family was one of them. Maccabee means hammer in Hebrew. They were determined to win back the Temple in Jerusalem. So they fought many battles. Often they slept on the cold ground, and didn't have enough food.

Judah said to his men be valiant. That means, be brave and strong. They were, and after many battles they took back the great Temple of Jerusalem. This should have been a wonderful time for the Maccabees. They were returning to a place they love. But the beautiful gates were burned, the temple was broken down and dirty. What did they do? They went to work cleaning, building and making the Temple beautiful. When it was ready, the rabbi blessed it and everything in it.



One story is that when the Maccabees entered the temple they found eight tall spears. They took the spears and drove them into the earth straight up. They lit the top of each one, looking like a menorah.

Others say this is the way the menorah came about. There has always been a flame burning in a Hebrew Temple, and it is called an eternal flame, which means lasting forever. The Maccabees set the lamp burning but found only a tiny amount of oil for it. They were sure that the flame would go out because it would take a week to get more oil. Amazingly, the flame lasted eight days. This was the miracle of Hanukkah. It is why the menorah has eight candles, one for each night of the miracle of long ago.

The Legend of the Dipper
From For the Children's Hour
"Winter—the Sky, Ice, and Snow"

There was once a little girl who had a dear mother, and they lived, quite alone, in a little house in the woods. They were always very happy, but one day the mother grew so ill that it seemed as if she could never be strong and well again.

"I must have a drink of clear, cold water," she cried, as she lay in bed, so weak and suffering from thirst.

It was dark night, and there was no one near to ask for water, so the little girl took her tin dipper and started out alone to the spring to bring her mother a drink. She went a long way through the woods, and she ran so that she grew very tired, being such a tiny girl; but she filled her tin dipper at the spring and started home.



Sometimes the water spilled, because it was not easy to carry, and sometimes the little girl stumbled over the stones in the dark road. All at once she felt a warm touch upon her hand, and she stopped. It was a little dog who had been following her, for he, too, was nearly dying of thirst, and he had touched her hand with his hot tongue.

The little girl looked at her dipper. There was only a very little water in it, but she poured a few drops into her hand, and let the thirsty dog lap them. He seemed as refreshed as if he had been to the river to drink. And a wonderful thing happened to the tin dipper---although the little girl did not see. It was changed to a silver dipper, with more water in it than before.

The little girl started on again, hurrying very fast, for she remembered how much her mother needed her, but she had not gone very far when she met a stranger in the road. He was tall, and wore shining garments, and his eyes looked down with a wonderful smile into the little girl's face. He reached out his hand for the dipper, and he begged for a drink of the clear, cold water.



Now, the little girl thought how her mother had told her that she should be always kind to a stranger, so she held the water up to his lips. And very suddenly, as the stranger drank, the silver dipper was changed to a gold dipper---full to the brim with sparkling water.

The little girl hurried on, but the road was so very long, and she was so tired, that it seemed as if she could never reach home again. She was weak and faint, and she longed to drink just a few drops of the water; but, no, her mother would need all that was left. Had she not given some to the

thirsty dog and to the stranger? So she never took a drink herself, but hastened home and carried it to the dear mother. And then came the greatest wonder of all! As soon as the dear mother drank she became quite well and strong once more; and the gold dipper, as it touched her lips, was changed to a diamond dipper---all shining and blazing with glittering gems!

And the diamond dipper left her fingers to shine up in the sky, over the house and the woods. There it shines every night to tell all little children how, once, a child was brave and unselfish and kind.

FINGERPLAYS

Little Mouse

There's such a quiet little mouse
Living in my little house.
Out at night he softly creeps
When everyone is fast asleep.
But in the light of day
He quickly, quickly runs away!

Up the Tall White Candlestick

Up the tall white candlestick
Creeps little mousy brown.
But when he gets up to the top
He finds he can't come down.
So he calls to grandma, "Grandma, grandma".
But grandma has gone to town.
So he curls himself into a ball
And rolls himself right down.

Snow

Oh, where so you come from you little flakes of snow?
Falling softly, softly falling to the earth below.
On the trees and on the bushes,
On the mountains afar.
Tell me snow flake do you come from where the angels are?

The Bunny and the Snowman

I know a little snowman
Who had a carrot nose.
Along came a bunny,
And what do you suppose.
That hungry little bunny
Was looking for his lunch.
He ate that snowman's carrot nose,
Nibble, nibble, crunch.

APPRECIATIONS

Thanks to the "Fairies" who are helping us with Laundry or donating Flowers, Fruit, Vegetables and & Other Goodies! We so appreciate it.

WISH LIST

Cheap peanut butter
Birdseed

HEALTH CONCERNS

Sickness

Colds and flu have already caused absences for children and teachers. We all know that some sickness is unavoidable, but there are some measures we take to stop the spread of infection. In our classroom we bleach down the door handles and faucets regularly. We wash our hands after helping children to blow their noses. Teachers and children wash hands before any food preparation, after bathrooming and before snack. Water is always available to children and they are encouraged to drink. The room is aired out frequently and the temperature is kept comfortably on the cooler side so we do not get dried out. In the humid weather we have a dehumidifier to keep us mold-free.



I suggest you wash your child's hands and face when you return home from school. I also suggest warmth and rest at the first signs of illness. The following guidelines are from the Public health Department. If your child has any of the following symptoms, he/she needs to be kept home:

- 1 Diarrhea: watery stools within a 24 hour period
- 2 Vomiting: within the last 24 hours
- 3 Rash: body rash especially with fever or itching
- 4 Eye discharge
- 5 Fever
- 6 Off Appearance: unusually tired, pale, lack of appetite, irritable
- 7 Sore throat: especially with fever swollen glands

Children with mild cold symptoms who do not have any of the above symptoms may attend school. Children who have fevers over 100 should stay at home until they are symptom-free for 24 hours. Please call the office when your child will be absent.

ARTICLE OF THE MONTH

The Next Attention Deficit Disorder?

Thursday, Nov. 29, 2007 By [CLAUDIA WALLIS](#)
Time magazine

With a teacher for a mom and a physician's assistant for a dad, Matthew North had two experts on the case from birth, but his problems baffled them both. "Everything was hard for Matthew," says Theresa North, of Highland Ranch, Colo. He didn't speak until he was 3. In school, he'd hide under a desk to escape noise and activity. He couldn't coordinate his limbs well enough to catch a big beach ball.

Matthew, now 10, was evaluated for autism and attention deficit hyper-activity disorder, but the labels didn't fit. "We filled out those ADHD questionnaires a million times, and he always came out negative," Theresa recalls. "When we found this place, I cried. It was the first time someone said they could help." This place is the Sensory Therapies and Research [STAR] Center, just south of Denver, which treats about 50 children a week for a curious mix of problems. Some can't seem to get their motors in gear: they have low muscle tone and a tendency to respond only minimally to conversation and invitations to play. Others are revved too high: they annoy other children by crashing into them or hugging too hard. Many can't handle common noises or the feel of clothing on their skin. A number just seem clumsy. Adults can remember kids like these from their own childhood. They were the ones called losers, loners, klutzes and troublemakers. At STAR Center they wear a more benign label: children with sensory processing disorder (SPD).

Never heard of it? You're in good company. Neither have many pediatricians, neurologists, psychologists and teachers. But in the parallel universe of occupational therapy, which focuses on the more primal "occupations" of life--dressing, eating, working, playing--SPD is commonly treated. Last month, at a conference on SPD in New York City, 350 occupational therapists (OTs) and others gathered to hear about the latest research and therapies.

OTs have been treating SPD, also known as sensory integration dysfunction, since 1972, when A. Jean Ayres, a UCLA psychologist and occupational therapist, published the first book on the condition. As defined by Ayres and others, SPD is a mixed bag of syndromes, but all involve difficulty handling

information that comes in through the senses--not merely hearing, sight, smell, taste and touch, but also the proprioceptive and vestibular senses, which tell us where our arms and legs are in relation to the rest of us and how our body is oriented toward gravity. Some kids treated for SPD can't maintain an upright position at a desk; some are so sensitive to touch that they shriek when their fingernails are trimmed or if they get oatmeal on their face. Sounds and smells can be overwhelming. When lawn mowers roar outside the home of Lizzie Cave, 4, a STAR child, she's been known to vomit. Families that find their way to the STAR Center and other groups that treat SPD typically have traveled a long road to get there. Their common refrains: My doctor doesn't believe in SPD; teachers can't handle it; insurance won't pay for therapy. There's good reason for that. SPD is not listed in medical texts or in the Diagnostic Statistical Manual (DSM), the bible of psychiatric disorders. Doctors acknowledge sensory issues as a common feature of autism and a frequent feature of ADHD but not as a stand-alone disorder. Lucy Jane Miller, a former protégé of Ayres and head of the STAR Center, is spearheading a campaign to change that. She has organized a national effort to have SPD added to the next edition of the DSM, the fifth, due out in 2012. Earning a spot in the DSM V would make it easier for researchers to win grants, kids to get accommodations at school and families to be reimbursed for a course of treatment, which, at the STAR Center, often costs \$4,000.

To receive recognition, advocates must provide persuasive evidence that "this is not just part of autism or ADHD, that it's a better definition of what these kids are experiencing," says Dr. Darrel Regier, director of research for the American Psychiatric Association and vice chair of the DSM V task force. What's needed, says Regier, is a body of peer-reviewed studies that defines "a core set of symptoms, a typical clinical course" and, if possible, good treatment data.

SPD research so far is provocative but limited. "It's hard to get grants for a disorder that doesn't exist," laments Miller, whose recent book, *Sensational Kids*, offers a guide to both research and treatment. Many studies are flawed by vague criteria for identifying the condition, samples that include kids with other disorders, and an utter lack of standardized treatment.

But Miller and others have been slowly building a research base. Studies at her SPD Research Institute, adjacent to the STAR clinic, have identified neurological differences between children with sensory-processing problems and typical kids. In one set of experiments, electrodes are attached to children's hands to measure nervous-system activity in response to a series of stimuli that include a siren, a powerful wintergreen scent, the brush of a feather against the cheek--each repeated eight times. A healthy child will show a strong electrodermal response--basically a measure of sweating or stress--to the first exposure but will quickly habituate, showing little response to the final repetitions. Kids with one brand of SPD jump through the roof with every repetition. "It's as if they are stuck in fight-or-flight mode," says researcher Sarah Schoen.

Other experiments at the University of Colorado have found that kids with sensory problems have atypical brain activity when simultaneously exposed to sound and touch. And a 2006 study of twins at the University of Wisconsin gave evidence that hypersensitivity to noise and touch have a strong genetic component.

No one can say with certainty how many kids are severely affected by sensory problems, though preliminary work by Miller suggests it may be 1 in 20. A critical question is where to draw the line between what's normal and what's pathological (see sidebar). Studies conducted by Alice Carter, professor of psychology at the University of Massachusetts, Boston, suggest that 40% of children ages 7 to 10 are so sensitive to touch that tags in clothing annoy them, and 11% overreact to sirens. But no one would claim that all these kids have a sensory disorder. Carter thinks SPD is too vaguely defined for prime time in the DSM. Instead, she favors adding it to a section at the back of the manual on disorders that warrant further study. Granting it such provisional status would open the door to more research funds. Then, if validated, SPD could have a shot at being included in the DSM VI--due out somewhere around 2025.

But parents of children who are struggling today are not inclined to wait 18 years, so they spring for therapy that has only anecdotal validation. Treatment is highly individualized, but much of it involves guiding the kids to do more of the things they don't do easily and respond less to the things they can't abide. Lizzie Cave works on noise sensitivity by listening to a calibrated series of audiotapes. Jacob Turner, 3, improves his tolerance for food textures by playing with gooey concoctions and allowing a therapist to put them ever nearer his mouth.

Families get instructions on how to adjust their children's "sensory diets" to help them function better at home and in school. Christopher Medema, 7, now puts a weighted blanket on his lap when he's doing seatwork at school. The steady pressure meets some of his need for tactile input and helps him focus. His family has learned to accommodate his craving for motion. "He likes doing math flash cards standing on his head," says his dad, Steven.

As for Matthew North? He still looks a little limp while dangling from gym equipment, and the blue eyes peering above a sprinkling of freckles gaze warily at people he doesn't know. But the boy who couldn't catch a beach ball last summer is now learning Tae Kwon Do and even soccer. "I saved a couple of goals," he admits, with a little prompting from Mom. That sounds an awful lot like recovery--from whatever it is that ails him.

The original version of this article misidentified occupational therapist A. Jean Ayres as having been on the faculty of UCLA. In fact, Ayres taught and did her groundbreaking research on Sensory Processing Disorder at the University of Southern California (USC).