Looking for a Quick Fix?
Controversial Therapies in the Treatment of Language and Learning Disorders

RiteCare Conference – 2016

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Jeffrey L. Black, M.D. - RiteCare 2016

LOOKING FOR A QUICK FIX?
CONTROVERSIAL THERAPIES
IN THE TREATMENT OF
LANGUAGE AND
LEARNING DISORDERS

Jeffrey L. Black, M.D.
I have no relevant financial relationships with the manufacturer(s) of any commercial product(s)
and/or provider of commercial services discussed in this CME activity.
I do intend to discuss an unapproved/investigative use of a commercial product/device in my
presentation.

Texas Scottish Rite Hospital for Children

One of the nation’s leading pediatric centers for the treatment
of orthopedic conditions, certain related neurological disorders
and learning disorders, such as dyslexia.

LUKE WAITES CENTER FOR
DYSLEXIA AND LEARNING
DISORDERS

Serving children ages 5 - 16
Care Patient
Education Outreach Research

(214) 559-7815 www.tsrhc.org
At the end of this activity, participants will be able to...

- recognize general characteristics of controversial therapies,
- describe common unproven therapies, and
- understand how to advise families.

A Brief History of Medicine

“I have an earache.”

2000 B.C. “Here, eat this root.”

1000 A.D. “That root is heathen, say a prayer.”

1850 A.D. “That prayer is superstition, drink this potion.”

1940 A.D. “That potion is snake oil, swallow this pill.”

1985 A.D. “That pill is ineffective, take this antibiotic.”

2000 A.D. “That antibiotic is artificial, here, take this root.”

-- Anonymous

Legal, Medical and Ethical Issues of Unproven Therapy Use for Language and Learning Disorders in Children

Legal requirements for evidence-based educational practice (No Child Left Behind 2002; IDEA Reauthorization 2005).

Ineffective treatments may cause harm directly (toxicity, nutrition, interrupt/delay) or indirectly (time, financial burden, guilt, inaccurate attributions).

Obligation to provide information about the risks and benefits of treatments.

Higher ethical standard than for adult patients because children do not decide on what treatments they receive.
DEFINITIONS OF TERMS

Alternative medicine: Interventions not typically taught in U.S. medical schools, not available in hospitals, not reimbursed by insurance, or lacking scientific evidence to support its use.

Complementary medicine: Therapies used in conjunction with but not replacing scientific medicine.

Folk medicine: Approaches traditionally used by families or certain groups as part of their cultural or religious heritage.

DEFINITIONS OF TERMS

Holistic medicine: Care of the patient as a whole, taking into account his/her values, beliefs, culture, and worldview.

Integrative medicine: Inclusion of CAM into the fold of scientific medicine.

Scientific medicine: Medicine typically taught in U.S. medical schools, available in hospitals, reimbursed by third-party payers, and backed by scientific evidence (sometimes referred to as allopathic, Western, traditional, conventional, or mainstream).

TYPES OF CAM

1. Mind-Body Medicine Hypnosis, Biofeedback
2. Alternative Medical Systems Acupuncture, Homeopathy
3. Lifestyle and Disease Prevention Diet, Stress Management
4. Biologically Based Therapies Herbs, Orthomolecular Medicine
5. Manipulative and Body-Based Systems Chiropractic Medicine, Massage
6. Biofield Therapies Therapeutic Touch
7. Bioelectromagnetics Magnets

www.nccam.nih.gov
Complementary and Alternative Medicine (CAM) Use in Children

- CAM refers to medical theories and practices associated with treatments that are outside the medical mainstream (complementary = in addition to, alternative = instead of – conventional treatment).
- More than 50% of children with chronic medical conditions use CAM and CAM use is increasing.
- Parents and patients often do not tell their clinicians about CAM use.
- CAM is not covered widely or systematically in pediatric residency education.
- 50% of pediatricians would consider recommending CAM for their patients.

Kemper et al Pediatrics 2008; 122, 1374 - 1386

Why Do Families Choose CAM?

- mistrust and misunderstanding of conventional medicine/intervention
- desire to do all that is possible
- conventional treatment is ineffective
- preference for more ‘natural’ intervention
- attempt to gain sense of control

Unproven Therapies for Developmental Language Disorder (DLD) and ADHD: A Partial List

- Colored overlays/Tinted lenses
- Optometric visual training
- Fast Forward
- Computer-based cognitive training (Cogmed, BrainBuilder)
- Dietary supplements (megavitamins, minerals, amino acids, omega-3 fatty acids, herbs)
- Dietary restriction (sugar, food allergens, additives)
- Neurotherapy (EEG biofeedback)
- Sensory integration therapy
- Auditory integration therapy (The Listening Program)
- Auditory Trainer (CAPD)
- Dore-DDAT (Dyslexia, dyspraxia and attention treatment)
- Cerebellar-vestibular treatment (anti-motion sickness medication)
- Patterning (Doman-Delacato)
- Interactive metronome therapy
- Chiropractic cure for dyslexia
- Davis dyslexia correction method
# CONVENTIONAL TREATMENTS ARE PERFORMANCE-BASED

Direct Instruction or Intervention – targeting deficient “high level” cognitive ability

(e.g. component reading skills for dyslexia and language skills for specific language impairment, etc.)


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# CAM OR CONTROVERSIAL TREATMENTS ARE PROCESS-FOCUSED

Indirect Approach – targeting lower level perceptual (e.g. auditory, tactile, visual) or motor ability

Correcting underlying cause improves higher aspect of cognition (e.g. reading, language, attention, etc.)

Pennington (2009)

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# EMPIRICAL CRITERIA FOR CAM (PROCESS-FOCUSED) TREATMENTS

- Lower level deficit is present in children with the disorder
- Treatment improves the lower level deficit
- Reducing the lower level deficit remediates the disorder (transfer)

Pennington (2009)
Many CAM therapies have not been evaluated and there are relatively few random control trials (RCTs) in peer-reviewed journals.

Limited interest and expertise in CAM at conventional institutions are potential barriers to experimental studies.

Publication bias in CAM research may be opposite of conventional medicine (i.e. negative results published).


**IS THE THERAPY PROVEN?**

- consistent with pathophysiologic processes
- randomized and comparison-group controlled trials
- accumulated evidence
- peer-reviewed publication

**DEVELOPMENTAL LANGUAGE DISORDERS (DLD)**

**ETIOLOGY**
- prenatal neuronal migration and axon path finding

**BRAIN**
- structure and function of left perisylvian cortex

**NEUROPSYCHOLOGY**
- phonological processing shared deficit
dyslexia: inaccurate/inefficient, word reading
SLI: atypical form, content, use

**TREATMENT**
- systematic, direct intervention
dyslexia: PAT, phon. coding, fluency
SLI: semantics, syntax, pragmatics

Pennington (2009)
Neurological Model of Reading

Supramarginal/Angular Gyrus

Inferior Frontal Gyrus (Broca's Area)

Superior/Middle Temporal Gyri (Wernicke's Area)

Inferior Fusiform Gyrus

Association Cortex

Attention-controlled Processing

Visual Word Form Area

Language Comprehension/Semantics

Phonological Decoding and Production


ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (AD/HD)

ETIOLOGY
neurotransmitter (monoamine) production, release-reuptake and binding

BRAIN
frontostriatal structure and function

NEUROPSYCHOLOGY
abnormal arousal, executive function, mental energy

TREATMENT
psychostimulants and behavioral therapy

Pennington (2009)

Attention-Deficit/Hyperactivity Disorder

Pliszka (2003)
Parents of a five year old with attention-deficit/hyperactivity disorder claim their son’s behavior is highly influenced by what he eats. They have observed that he “gets hyper” when he consumes foods high in sugar, artificial additives, and peanuts. They are hesitant to use stimulant medication after reading about growth problems and sudden death. In magazines and on the internet they have read about the safety and effectiveness of restrictive diets and nutritional supplements. They are reluctant to use any form of treatment until they weigh the pros and cons.

Controversial therapies first appear in non-peer-reviewed literature. Natural substances or exercises are relied upon and are said to cause no adverse effects. Powerful placebo or Hawthorne effects convince proponents that the treatment is effective and worthwhile.

**Theoretical Basis:**

**Low Sugar Diet**

**Theory:** Rebound hypoglycemia leading to learning and behavior problems.

**Treatment:** Low carbohydrate – high protein diet with frequent feedings or other unknown mechanism (allergy, neurotransmitter).

**Problems:** True hypoglycemia not found.

**MEGAVITAMIN THERAPY**

**THEORY:** Genetic abnormality causing need for increased vitamin intake and predisposition for deficiencies causing disease (schizophrenia to learning disorders).

**TREATMENT:** Large daily vitamin doses.

**PROBLEMS:** Vitamins are co-factors required in small amounts. Risk of toxicity.


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**ORTHOMOLECULAR MINERAL THERAPY**

**THEORY:** Deficiency in mineral due to excessive need causes development and learning problems.

**TREATMENT:** Mineral supplement often based on hair analysis.

**PROBLEMS:** Hair analysis inaccurate indication of body mineral content. No evidence that children with developmental problems have mineral deficiency.


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**AMINO ACID SUPPLEMENTATION**

**THEORY:** Intake of neurotransmitter precursors correct deficiencies in the CNS that cause neurologic-psychiatric disorders (especially ADHD).

**TREATMENT:** Tryptophan and tyrosine as nutritional supplements.

**PROBLEMS:** Consistent with current theory but unproven.

THEORY: Pharmacological properties of plant extracts can reduce restlessness, improve concentration and enhance memory.

TREATMENT: Over-the-counter herbal preparations are taken as daily dietary supplements.

PROBLEMS: Safety and efficacy information is lacking. Active compounds vary widely in strength from one brand and batch to another. Products often contain multiple active substances. Interaction between active substances and prescription drugs is unknown.


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THEORY: Long-chain polyunsaturated fatty acids (LC-PUFAs), especially omega-3, are a significant component of cortical tissue and nerve cell walls. They influence neurotransmitter release, gene transcription and inflammation recovery. Childhood neurodevelopmental disorders are caused by a genetic abnormality in phospholipid metabolism or insufficient dietary intake.

Continued....

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TREATMENT: LC-PUFAs (omega-3) supplementation (8-16 mgs/day) taken to treat disorders like ADHD by normalizing nerve cell membrane structure, improve cell signaling and synaptogenesis. Vayarin, a prescribed medical food, contains omega-3.

PROBLEMS: Despite the finding that some ADHD patients have lower LC-PUFA content of their RBC membranes, improvements in behavior have been inconsistent and negligible.

Your own child brings home a sign-up sheet from school for vision screening. This new program has been endorsed by the PTA. Your spouse has attended a seminar at school that introduced Comprehensive Learning Related Vision Screening and was impressed with what was presented. This screening battery is said to identify 75% of the children with learning related vision problems as compared with the usual school or physician screening that identifies only 25%. The screening test is offered at school for $5. Children failing the screening test are referred to treatment specialists in the community. The parent group (Parents Allied for Vision Education) representative said that nearly all children receiving the treatment benefit.

PAVE supports comprehensive Learning Related Vision Screenings (LRVS) which evaluate eye health, near and far visual acuity, eye movement control, focusing from near to far, sustaining clear focusing, eye teaming ability, depth perception and visual motor integration. These are the visual abilities crucial for academic and athletic success.

**OPTOMETRIC TRAINING**

**THEORY:** Learning disabilities are due to abnormal visual perception and abnormalities in the coordination of eye movements and binocular fixation.

**TREATMENT:** Exercises to improve abnormal eye function and visual perception.

College of optometrists in vision development
www.covd.org
**PROBLEMS WITH OPTOMETRIC TRAINING**

- Reading disabilities do not involve eye movement – most children with oculomotor problems read normally; incidence of convergence/fixed problems similar in “normal” population.
- Visual processing problems are cortical – children with strabismus do not usually reverse letters, numbers.
- Reading problems have a significant language – auditory component (Wernicke’s – Angular Gyrus – left parietal – temporal region).
- Data do not support efficacy – major problems with controls for observer bias, associated interventions, natural history.

**SOME POSSIBLE CAUSES OF POOR EYE TRACKING**

- **“TRACKING” (SACCades)**
  - Mechanical Eye Control
  - Poor Image Clarity
  - General Sequencing
  - Fatigued Automatic Merging
  - Weak Decoding Skills
  - Slow Comprehension
  - Reaction to Stress

**GENERAL POINTS ABOUT CONTROVERSIAL THERAPIES**

- Clients recruited from schools
- Advocates are organized in lay groups
- Theory not based on recognized pathophysiology
- Treatment promises high success rate for diverse problems
In 1983, during a presentation at the annual meeting of the American Psychological Association, Helen Irlen proposed a treatment of dyslexia using tinted (colored) overlays or lenses. The lenses treat a condition called scotopic sensitivity syndrome (SSS) that is said to be a visual defect related to difficulties with light source, glare, luminance, wavelength and black/white contrast. Without publishing research on the condition or efficacy of the treatment, she claimed in the newsletter of her institute (2001) that tinted lenses have also successfully treated individuals suffering from light sensitivity and distortions caused by head injuries, migraine headaches, cataracts, fibromyalgia, depression and perceptual problems.

The assessment for SSS involves questions about eye fatigue, blurred vision, words "running off the page" and visual tasks with overlays of 7 different colors. During the tasks, individuals answer questions about visual discomfort and clarity while interpreting geometric figures and reading text. Fifty percent of individuals with dyslexia are said to have SSS and derive immediate improvement in word reading accuracy and efficiency when their specific tint is used. The Irlen Institute was the original fabricator of tinted glasses. Schools may now support the use of overlays by screening and supplying the needed tint. Colored overlays are an allowable accommodation for the Texas state assessment (STAAR).

Irlen Colored Overlays/Lenses, cont.

IRLEN COLORED OVERLAYS/LENSSES DO NOT ALLEVIATE READING DIFFICULTIES (RD)

Sixty-one school children (aged 7 – 12) with R D
Irlen diagnosticians diagnosed SSS in .77

No difference in reading (WRRT, GORT) among those with and without SSS using prescribed color, non prescribed color and clear overlay

Two of three children who knew their SSS diagnosis and tint had higher Wilkins Rate of Reading Test (WRRT) scores with the prescribed overlay

Pediatrics, Vol. 128, No. 4, 2011
Neuroplasticity

The brain’s ability to form new circuits in response to training or recovery from injury.
Peril and Promise of Plasticity

“Neurons that fire together wire together.”

Advocates of unproven treatments often use the promise of neural plasticity.

“Molding and shaping of neural connections are severely restricted after critical periods in childhood and adolescence.”

Research on critical periods suggest that plasticity can be enhanced, even in adults.

Scientific American, Feb 2016

Different Perspectives on Training in Neuroscience for Educators

Create a new transdisciplinary field – neuroeducation

International Mind, Brain and Education Society
www.imbes.org

Require neuroscience coursework for doctoral training in education research

Educational Researcher, 2005

Do not make teachers learn neuroscience but rely on institutions (schools of education, district central offices, professional organizations) to inform them about unproven “brain-based” approaches

Daniel Willingham
www.danielwillingham.com
Patterning (Doman-Delacato)

THEORY: Abnormal neurologic organization causes mental retardation, specific learning disabilities and motor deficits.

TREATMENT: Motor pattern exercises that simulate early development.
- Visual, auditory, tactile stimulation.
- Rebreathing to improve CNS blood flow.
- Fluid restriction to reduce CSF volume.
- For SLD forced restriction of nondominant hand, active training of dominant hand, eye patching, restrict non-verbal music that stimulates nondominant hemisphere.

PROBLEM: Perceptual motor exercises do not reorganize cortical connectivity to improve higher cognitive or motor function. Mixed/poor dominance is effect not cause.

Brain Gym

- Neurological repatterning
- Perceptual-motor training (educational kinesiology)
- Crawling, drawing, tracing in the air, yawning

braingym.org

Brain Balance

- Integrated approach for brain-body imbalance
- Sensory motor (strength, balance, rhythm, sensory detection)
- Neuro-academic (cognitive processing, academic skills)
- Nutrition (remove gluten, sugar, dairy, processed food)

brainbalancecenters.com
Learning Rx

- ThinkRx based on Cattell-Horn-Carrol
- Targeted, repetitive, game-like mental tasks
- Clinician/trainer gives instant feedback one-on-one
- ReadRX auditory/visual processing and coding

learningrx.com

A clumsy first grader with sloppy paper-pencil skills has just finished a year of occupational therapy at school. He was said to make good progress with treatment and his printing, to your estimate, now appears age appropriate. The school O.T. recommends continuing weekly individual therapy to help with his inattention and slow development of reading proficiency. She states that he has tactile defensiveness, shortened duration of post-rotatory nystagmus, and gravitational insecurity. The child’s mother is concerned about the effect of pulling her child out of the classroom two hours weekly for therapy. She was forewarned of physician bias against it.

SENSE INTEGRATION

THEORY: Vestibular system plays a critical role in L.D. and A.D.D. and is a unifying system of the brain. When it does not function properly, incoming sensory information is interpreted inconsistently and inaccurately. Patients with SI deficits can show abnormal sensory responsiveness, decreased post-rotatory nystagmus and preservation of primitive reflexes.

TREATMENT: Controlled tactile and vestibular stimulation facilitate integration of primitive reflexes which improves midbrain organization leading not only to improved balance, muscle tone and visual-fine motor skills, but better inter-hemispheric connections and higher cortical processes such as reading.

PROBLEMS: Decreased PRN is not associated with vestibular dysfunction. SIT does not normalize PRN or have effect on VFM, ADHD, ASD or academic skills.

GENERAL POINTS ABOUT CONTROVERSIAL THERAPIES

Studies that do not support the controversial treatment are discounted as biased, controlled by uninformed physicians.

Unproven therapies often have the endorsement of school officials and are incorporated into school programs.

EEG BIOFEEDBACK

THEORY: Impulsive children (ADHD) can be trained to increase the type of brain wave activity associated with sustained attention and therefore improve concentration and reduce hyperactivity. Those with reading problems improve because of electrical activity synchrony.

TREATMENT: Biofeedback (EEG transformed to light/tone) for altering brain wave activity during 40-60, forty minute sessions held 2-3 times per week. Usually augmented by academic tutoring.

PROBLEMS: Published reports use small numbers of subjects, ambiguous diagnoses, contain concurrent treatments, use questionable outcome measures and lack double-blind, placebo-controlled procedures. Treatment costs excessive (up to $3-5 thousand).


ACOUSTICALLY MODIFIED SPEECH TRAINING

THEORY: A deficit in auditory temporal order processing underlies language-learning disabilities.

TREATMENT: Acoustically modified speech training with computer-based multimedia Fast ForWord (FFW) games provided for 1.5-2 hours/day for 3-6 weeks leads to improvements in spoken language (comprehension and expression) and reading skills. Phonological awareness, phonics and word reading added in 2000.

PROBLEMS: Temporal order processing defects have not been found consistently in SLI or DD. Initial claims of FFW efficacy were based on two preliminary studies and non-experimental field trials. Reading outcomes not measured in published reports until 2003; dyslexia control group lacking. Independent investigations have shown gains in some aspects of oral language, phonemic awareness and reading. Oral language and reading gains not correlated with growth in auditory temporal order processing. Reading gains inconsistent and minimal.

THEORY: Working memory (WM), the capacity for brief storage and manipulation of information, is utilized during many complex cognitive tasks. This type of memory is largely a frontal lobe function and is integral to executive attention. Individuals with frontal lobe impairment, including ADHD, suffer from problems in executive function associated with deficits in working memory. WM training can improve executive function problems and reduce symptoms of disorders such as ADHD, stroke, and dementia in all age groups – preschoolers through older adults.

TREATMENT: Software-based working memory training is supervised by professionals at COGMed sites who provide ongoing feedback and motivation. Training consists of twenty to twenty-five 30 to 45 minute sessions over 5 weeks and typically is done at home. Each session presents 90 WM tasks that require the user to remember a sequence of numbers, letters or patterns. The difficulty level (number of elements) is automatically adjusted on each trial to match the user’s WM ability. A non WM task, choice reaction time, was added (2005) to reward attention and response inhibition.

PROBLEMS: Mostly small scale studies have been published. Results have included children with ADHD, academic deficits and those who were very low birth weight. There has been evidence of possible transfer to untrained working memory tests and academic skills. Failure to demonstrate benefits in teacher behavior ratings, to blind observers and use adequate control groups limit possible conclusions about efficacy.

THEORY:
Abnormality in the central auditory system causes (CAPD) problems with sound localization, auditory discrimination, and detecting an auditory signal embedded in competing acoustic signals resulting in listening, language and academic difficulties.

TREATMENT:
Multi-faceted management included FM systems that amplify the teacher while reducing background noise and reverberation.

PROBLEMS:
Listening problems are multi-factorial. Clinical criteria for CAPD are nonspecific. Tests for CAPD do not exclude ADHD and language disorders. Meaningful evaluations of intervention are not possible when the precise nature of CAPD is unknown.


Counsel Families About Controversial Therapies

Cover clinical course of the condition
Observe response to unproven therapy
Underscore their role in management
Notice and control your reaction
Send them resources and support groups
Educate them to recognize unproven treatments
Listen to their concerns

AAP – CCWD (2001) and Kemper et al. (2008)

Characteristics of Unproven Therapies

Promise success rate much greater than validated treatments
Effective for multiple unrelated disorders
Based on novel theory inconsistent with established concepts
Supported only by anecdotes, testimonials; no RCT or comparison trial
Providers make substantial profit

Effective for multiple unrelated disorders
Visit web-based Resources for Evaluating Controversial, Complementary and Alternative Therapies

Cochrane Collaboration
www.cochrane.org
National Council Against Health Fraud:
www.quackwatch.org
National Center for Complementary and Alternative Medicine – National Institute of Health:
www.nccam.nih.gov
AAP Section on Integrative Medicine
www.aap.org
Understood.org
www.understood.org

A Commonsense Guide to Complementary and Alternative Medicine Treatment Recommendations

<table>
<thead>
<tr>
<th>Is the therapy effective?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the therapy safe?</td>
<td>Yes</td>
<td>Recommend</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Monitor closely or discourage</td>
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CLOSING THOUGHTS ON CONTROVERSIAL THERAPIES

– Become familiar with and use objective sources of information about complementary and alternative treatments.
– Look carefully for characteristics of quackery/pseudoscience.
– Determine if scientific research has shown that the therapy is evidence-based (quality of evidence, strength of treatment).

SCOTTISH RITE HOSPITAL
The absence of evidence is not evidence of absence

*Carl Sagan*
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<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Treatment is based on theories that are not accepted concepts of physiology or disease mechanisms.</td>
</tr>
<tr>
<td>2.</td>
<td>High success rates are promised for multiple unrelated conditions.</td>
</tr>
<tr>
<td>3.</td>
<td>Basis for support rests on anecdotes, testimonials or reports that are influenced by placebo or Hawthorne effects.</td>
</tr>
<tr>
<td>4.</td>
<td>Treatment targets “low level” perceptual, sensory, motor or memory processes to improve “high level” (e.g. attention, language, academic) performance.</td>
</tr>
<tr>
<td>5.</td>
<td>Advocates and authors of published information about the treatment have financial conflicts of interest.</td>
</tr>
<tr>
<td>6.</td>
<td>Print or digital information was widely disseminated prior to publication in peer-reviewed journals.</td>
</tr>
<tr>
<td>7.</td>
<td>Critical evidence and critics are ignored or discounted as uninformed or biased.</td>
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</table>

"Yes" answers indicate that the treatment lacks proven efficacy.

RESOURCES FOR EVALUATING CONTROVERSIAL, COMPLEMENTARY AND ALTERNATIVE THERAPIES

Cochrane Collaboration
www.cochrane.org
This widely recognized and respected international, non-profit organization supports and disseminates systematic reviews and meta-analyses on the efficacy of interventions in the healthcare field. The Cochrane Library contains over 700 reviews on complementary and alternative medicine. Thirty-two cover Development, Psychosocial and Learning Problems. Abstracts can be downloaded at no cost. A “plain language summary” gives a concise statement that can be understood by families.

National Council Against Health Fraud
www.quackwatch.org
Tries to combat health-related frauds, myths, fads, fallacies and misconduct. Information about unproven treatments for developmental and learning disorders are found at the topical index “Questionable Mental Help.” Advice is given about how to spot quacks, spurious interventions and bogus science.

National Center for Complimentary and Alternative Medicine (CAM) –
National Institute of Health
www.nccam.nih.gov
Funds research and provides information to the public on CAM. Links are given to documents and journal articles. Dietary supplements, acupuncture and homeopathy are among the treatments covered. This website has limited value for CAM use with DLD/dyslexia.

American Academy of Pediatrics – Section on Integrative Medicine
www.aap.org (click on section website)
This website was designed to help pediatricians advise families who are seeking CAM-related therapy. A brief description of complimentary and alternative medicine, anecdotal data and the scientific method is presented for parents who are directed to investigate whether a therapy has been evaluated in an evidence-based scientific study by using websites such as www.ncbi.nih.gov/pubmed. Parent information converts to a pdf format for print distribution. Links are provided to articles on CAM topics, such as Therapies for Learning Disabilities and Fish Oils and Neurodevelopmental Disabilities, that have been published in Pediatrics in Review.

Understood.org: A Resource for Parents of Children with Learning and Attention Issues
www.understood.org
This website was created in 2012 by 15 nonprofit organizations. Alternative/controversial therapies are covered under treatments and approaches. Parent-friendly language is used to provide checklists and questions to use when evaluating a therapy, describe signs of an unproven treatment and explain what makes a treatment controversial. The potential benefit of treatment are sometimes overstated.

SELECTED SYSTEMATIC REVIEWS AND CONSENSUS STATEMENTS

The Cochrane Library
www.cochranelibrary.com
Polyunsaturated Fatty Acids (PUFAs) for Children with Specific Learning Disorders

Polyunsaturated Fatty Acids (PUFAs) for Attention Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents
ASHA Evidence-Based Systematic Reviews
www.asha.org/research/EBP/EBSR/
  Auditory Processing Disorder and Auditory/Language Interventions: An Evidence-Based Systematic Review
  The Effect of Sensory-Based Interventions on Communication Outcomes in Children: A Systematic Review

Stanford Center on Longevity and Max Planck Institute
http://longevity3.stanford.edu/blog/2014/10/15/the-consensus-on-the-brain-training-industry-from-the-scientific-community/
  A consensus on the Brain Training Industry from the Scientific Community

American Academy of Pediatrics
www.aap.org (search under Advocacy and Policy)
  Sensory Integration for Therapies for Children with Developmental and Behavioral Disorder – 2012
  Treatment of Neurobiologically Impaired Children Using Patterning – 1999

RESOURCES ON THE IMPLICATIONS OF NEUROSCIENCE FOR EDUCATION

Neuroscience and the Classroom: Making Connections
www.learner.org/courses/neuroscience
  This online course for K-12 teachers was produced in association with the Mind, Brain and Education Program at the Harvard Graduate School of Education. Forty-two video modules cover how to understand and use neuroscience research in the classroom, neuroimaging tools, the neurobiology of learning and developmental disorders, and case studies of success stories.

Neuroscience: Implications for Education and Lifelong Learning
www.interacademies.net/file.aspx?id=25096
  The Royal Society, an independent scientific academy of the UK, produced this document (Feb. 2011) to summarize how advances in neuroscience research has shed light on mental processes involved in learning and can contribute to education. Policy recommendations are made to address the challenges faced by neuroscientists and educators who seek to strengthen the appropriate use of findings and the science base for education.

FURTHER READING

  This review covers Fast ForWord programs, vision efficiency and movement-based interventions. The editor also describes the basic differences between traditional performance-based therapies and controversial therapies that are typically process-based.
Jeffrey L. Black, M.D.

(Article available at www.pediatric.theclinics.com)

The standard treatment, pathophysiology, several categories of complementary and alternative therapies for ADHD are concisely described. The rationale and efficacy data of CAM for autism are also discussed.

(Article available at http://pediatrics.aappublications.org/cgi/content/full/122/6/1374)

This report from the American Academy of Pediatrics Task Force on Complementary and Alternative Medicine (CAM) outlines common CAM therapies, epidemiology, medicolegal and ethical implications in the context of holistic care. A common sense guide for making therapeutic decisions and tips for talking to parents concerning CAM use are provided.


While this position statement was written for pediatricians, it contains useful directions for all disciplines that have a role in advising families who are considering the use of complementary and alternative medicine for their child with a chronic condition. The importance of maintaining a scientific perspective, an unbiased attitude and a trusting relationship are stressed.


These two issues of CAPCNC give an overview of issues related to integrative medicine practice that combines traditional and alternative approaches. Comprehensive reviews of CAM therapies include several that are often used for children with learning and attention disorders, including neurofeedback, vitamins, minerals, amino acids, herbs, omega-3 fatty acids and sugar restriction.


The interventions reviewed include neurofeedback, computer-based cognitive training, nutritional supplements, elimination diets and exercise.


Teachers are increasingly being held responsible for the evidence base that supports their practice. They may also be asked by parents about treatment for learning disorders that is being offered outside the school. This article describes ten criteria for distinguishing between scientific and pseudoscientific treatment claims. Teachers considering these criteria will be assisted in their decisions for using or recommending an educational intervention.


The purpose of this article is to review the literature on central auditory processing disorder (CAPD), its definition, diagnostic criteria and testing issues. Reasons why CAPD has not been proven to be a clinical entity distinct from deficits in attention, executive function, memory, language and general intelligence are presented. Recommendations are made for the evaluation and treatment of problems with listening that consider all possible factors.

*This book by a University of Virginia professor of psychology describes how teaching methods are typically adopted and the implications of the scientific method for education. An easy-to-use, four-step process for evaluating the scientific soundness of a proposed curriculum, teaching strategy, textbook or anything else purported to help children learn is presented.*