CONTENTS

Acknowledgments		xiv
Foreword		XV
one Introduction		1
Introduction		1
What Is the DME-C Therapy	Approach?	2
How the DME-C Therapy App		4
The DME-C Therapy Approach		6
Objectives of the Book		9
Conclusion		10
References		10
two High Learning Potential	(HLP)/Giftedness	11
Introduction		11
What Are Children with High	Learning Potential Like?	11
Definition		11
Identifying Children with Hig		14
Numbers of Children with Hi		15
Characteristics of Children v		15
Profiles of the Gifted and Ta		22
Asynchronous Development		27
Dabrowski's Overexcitabilitie		31
	en with High Learning Potential	35
Conclusion Notes		37 37
References		37
References		3/
	otionality (DME)/Twice Exceptionality (2e)	39
Introduction		39
	eptionality (DME) and Twice Exceptionality (2e)?	39
How Many Children with DM		42
How to Recognise Children v Areas of Difficulty in Childre		42 49
Barriers that Children with D		51
Scenarios of Children with D		53
Support That Children with I		54
The Portrayal of DME/2e in t		57
Well Known People with DMI		58
Canclusion		59
Notes		59
References		60

four DME/Twice Exceptionality and Occupational Therapy Introduction The Non-OT Factors	61 63
A Closer Look at Occupational Therapy for Children in Group 1 - Developmental and Neurological Differences Developmental Coordination Disorder (DCD), Including Dyspraxia	67 68 70
Autism or Autistic Spectrum Disorder (ASD) Attention Deficit Hyperactivity Disorder or ADHD Conclusion	78 83
Notes References	83 83
five DME/Twice Exceptionality and Sensory Processing Differences	86
Introduction Sensory Processing Differences	86
Sensory Modulation Disorder	91
High Learning Potential and Sensory Processing Differences	93
Sensory Based Motor Disorders	96
Sensory Discrimination Disorder	97
Best Therapy Approach to Help Children with HLP who have Sensory	97
Processing Differences Conclusion	98
References	98
six The DME-C Approach's Foundation: The 10 Golden Nuggets	100
Introduction	100
Questions or Concerns OTs May Have	100
The 10 Golden Nuggets	103 127
Conclusion	127
Notes References	127
seven The DME-C Approach's Four Walls: The 4 Essential Components	129
Introduction	129
Essential Component 1: Diarise	131
Essential Component 2: Manage transitions	135
Essential Component 3: change the Environment and hElp the senses	139 152
Essential Component 4: Communicate	154
The 4 Essential Components Working Together Conclusion	154
Notes	155
References	155
eight Making DME/2e Part of Everyday Occupational Therapy Work	156
Introduction	156
Evaluation or Assessment	156
Report Writing	157 159
Goal Setting Re-evaluation	161
Further Referral	162
Conclusion	163

Contents x	н	Н

nine Case Studies Introduction	164
Case Study 1: Sally	167
Case Study 2: Max	170
Case Study 3: Amal	172
Case Study 4: Lloyd	175
Case Study 5: Imogen	180
Case Study 6: Theo	183
Case Study 7: Lucas	186
Case Study 8: Andy	189
Case Study 9: Keli	192
Case Study 10: Marco	195
Conclusion	199
Notes	199
References	199
	,,,,
ten Resources for Further Help	200
Introduction	200
UK-based Organisations	200
Organisations That Are Accessible from Anywhere	204
Organisations in the USA	206
Organisations in Australasia	210
Organisations in Australasia	210
Glossary	213
Index	220
IIIUCX	220