

The Science of Behavioral Optometry

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The Optometric Extension Program Foundation (OEP) frequently receives calls from consumers. More than 2,000 each year seek referrals to behavioral or development optometrists in their area. Some find communicating with their optometrist difficult. These consumers request that we intervene and inform the Clinical Associate that his or her patient does not understand the instructions or diagnosis. Still others are seeking independent verification of the information provided by a behavioral optometrist and reinforcement of the diagnosis and efficacy of the recommended treatment. Most callers are easily satisfied by an encouraging word and printed support material.

We had a call in June that is important and interesting for multiple reasons.

The caller, the mother of a 7-year-old, said the child was bright but under-achieving. She did not say how she found the OEP Associate who evaluated her child but did indicate that the optometrist was not the first professional she had contacted regarding her child's academic performance. She had been seeking answers to her child's under-achievement for about two years. Several pediatricians had recommended Ritalin; she was reluctant to initiate that treatment regimen.

Her optometrist gave her a copy of "Suddenly Successful,"¹ the long version of the popular publication, "Suddenly Successful Student."² This mother is college educated, had worked in public relations and is currently a free-lance journalist. We assumed she had read the entire book because her question had to do with a section in the Appendix on the "Neurological Impress Remedial Reading Technique (NIM)," which appears on page 291. The passage quoted an article by R. S. Hockelman that was documented in the book as having been

published in *Academic Quarterly*. She went to a major university library to obtain a copy of the article. After exhaustive research, the article could not be found. The author was not listed, either. Neither was the publication! The failure to find this one reference in a book of more than 300 pages lead her to doubt the veracity of the method described, the contents of the entire book, the professional judgment of the optometrist and the efficacy of vision therapy.

She had called OEP, the publisher of the book, out of frustration. She wanted to believe that vision therapy was the answer to her child's problem. She wanted to believe that this treatment regimen would unlock her child's abilities so that achievement would match aptitude. She wanted to, but she could not because she was unable to independently verify the information that her optometrist provided.

She wanted to know more about the science of behavioral optometry and vision therapy. She was mildly appalled that nobody, neither her optometrist nor OEP, could send her a packet of information that answered her questions and fulfilled her need to know before placing her child in a program of vision therapy. She had sought opinions from other professionals, including other optometrists. The optometrists were consistent with their presentations. "Yes, your child's symptoms are all too typical." "Yes, vision therapy is my treatment choice." "Yes, your optometrist is highly regarded, with a solid reputation in behavioral optometry." However, not all of the counsel she sought was positive. The pediatrician was skeptical; the psychologist thought that there was not enough scientific evidence to support the claims; the educator had received several reports regarding other children from the same optometrist, all of which were identical: same symptoms, same di-

agnosis, same treatment recommendations (possible but a little suspicious).

And then, this problem with the reference that did not show up in the library search.

My advice was similar to other situations I have encountered. "The symptoms you describe are unfortunately very common, almost classic. ...My daughter had similar problems. ...Both of my children have received vision therapy. ...I did not fully appreciate the benefits until I was a vision therapy patient several years ago. ...There is more than ample research evidence supporting the efficacy. ...Let me send you some information. ... I will look up the reference in question to see what the story is."

"Fine," she responded. "All I really want is the scientific verification so I can feel comfortable about my child in this type of therapy. And, you know how expensive it is. Besides, as a free-lance writer, if this works for my son, I want to research the topic and write an article, from the parent's point of view, on behavioral optometry and vision therapy. If I am having trouble getting information about this, then the average parent would probably have abandoned the process long ago, especially if it is not covered by insurance. As a journalist, I am trained to ask difficult, pointed questions and to dig for information. I hope to save other parents the same trouble through an article. That is, if I find that vision therapy is valid."

I pulled a copy of "Suddenly Successful"¹ and called Hazel Dawkins to see if she could shed any light on the question. Ms. Dawkins remembered the appendix and that Dr. David Friedel of Tucson had been the source of the information. She did not have a copy of the article nor did she remember anything specific about it. And she had thrown

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out all of the source material a few months ago, having had no reason to dig into it for more than two years.

So I called Dr. Friedel. Yes, he remembered the appendix but not the specific patient involved. Dave teaches in the University of Arizona School of Education and knows that the technique in question (NIM) still enjoyed some degree of acceptance among educators. Perhaps the university could provide a copy of the article or other references.

The next day an 11-page fax was received from Tucson. That did it! As it turns out, not only did the book carry a misspelling of the author's name but did not list the title of the publication correctly. The article was by R. G. Heckelman and had been published in *Academic Therapy Quarterly*, Summer, 1969. The *Academic Therapy Publications (ATP)* journals that are in the Skeffington Library date back to 1973 and are entitled "Academic Therapy." They were published five times per year, not quarterly. I called Betty Lou Kratoville at ATP to see if their journal had once been called *Academic Therapy Quarterly*, did she know a Heckelman or had she ever heard of the NIM technique. Affirmative on all points! She faxed a copy of the article.

Finding the article was a great relief. A letter to the mother explained the typographical errors. A fax to the author pointed out the error for correction in possible future editions. Thanks were faxed to Dr. Friedel for his efforts. I am now eternally bound to ATP and grateful to Ms. Kratoville for her prompt response.

I don't know if the child ever went into vision therapy. The mother indicated that it would take six months to research and write the article, so it has not appeared yet and may never. So what is the point of all this? Several issues are raised that we in behavioral optometry must be aware of:

- Fax machines are wonderful.
- Most of the consuming public still do not know about behavioral optometry.
- Because vision therapy may not be covered under health care reform, we'd better be prepared to "market" it in a completely different way than we have over the past 20 years.

- The consuming public will not necessarily accept without question what is presented to them by health care professionals.
- References are important and must be accurate.
- At least some in the consuming public are concerned with the science of behavioral optometry; at least some other professionals who work with the same patients are concerned with the science and do not necessarily endorse vision therapy.
- Support for behavioral optometry can come from almost anyone who walks into your practice--sometimes in unexpected ways.
- The professional organizations (AOA, COVD, OEP) must put together a "package" for the consumer that gives him/her the answers he/she wants.

OEP made a correct decision in 1990 to update the "Bibliography of Research in Visual Training and Stress-Relieving Lenses," with over 1,200 references, but it has taken too long to get it in print (look for it as part of *Curriculum II* in the next 12 months).

I think we made this mother happy. We talked three times in one day and she received two packets of documentation from OEP. She has the information she sought. She may yet create a significant consumer demand for behavioral vision care through a consumer-oriented article. The experience has taught me that OEP and behavioral optometry are not adequately prepared for a massive consumer movement. If it ever happens, documentation beyond what is now available will be required. The material must be in a format that can be understood by consumers, not written for optometrists. And, it had better be accurate and have a scientific basis.

References

1. Dawkins HR, Edelman E, Forkiotis C. Suddenly successful. *Optom Extension Prog*, 1991.
2. Dawkins H, Edelman E, Forkiotis C. The suddenly successful student. *Optom Extension Prog*, 1990.

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