



Partners for Success
**Family Support and Resource
Center**

**Family Support and
Resource Center**

Volume 12, Issue 6

June, 2011

Campus Connection

Do you have a teenager who plans to go to college in the next couple years? Is this student prepared for the challenges of leaving home? Will they be ready to be their own self-advocates when their classroom needs are not being met?

Campus Connection is a two-day, overnight summer camp hosted on the University of Colorado, Boulder Campus on July 22–23, 2011.

Some topics include:

- Transition? What's that?
- Taking the Reins: Becoming Your Own Self-Advocate
- The ADA, 504, and What?

Most presenters are successful deaf and hard of hearing professionals who are role models for the campers.

Grant funding and Foundation supports allows 25 teenagers to attend for free as well as apply to win a \$500 college scholarship.

Interested teens must submit an application by June 24th to attend camp. The application is available at www.mariondowns.com or by request at mdhc@uch.edu.

For more information about the camp view this 4-minute YouTube video at

<http://www.youtube.com/watch?v=f0p01bo24oQ>

Catholic Mass Changes

Catholic Mass has changed. The following link is a resource on how to sign the new translation of the Mass.

http://www.adw.org/service/NewRomanMissal_InterpreterTraining.asp

A group of experts gathered in March to discuss the new translation and put them into ASL.

For more information contact Eileen Colarusso, Director, Office of Deaf Ministry, Archdiocese of Baltimore at

410-547-5344 voice; 208.74.38.18 IP or ecolarusso@archbalt.org

Community ASL Classes

Thursday's

5:30 pm - 7:00 pm

June 30th - August 4th

\$30.00 per Person

All Ages and Abilities Welcome

Maryland School for the Deaf

8169 Old Montgomery Road

Ellicott City, MD 21043

For more information or to register contact

Verna Kramer

(410) 480-4505 or verna.kramer@msd.edu

Help Kids Slim Down

Obesity and teens it's all over the news these days. Instead of putting children on a "diet" which implies deprivation, help them adopt healthy habits that will last a lifetime.

Get them to help with food preparation. Kids are more likely to eat what they've been involved in making. In fact that's the idea behind a new nonprofit campaign, The Kids Cook Monday. Toddlers can paint vegetables with olive oil, and older children can dice them. To learn more visit their website at thekidscookmonday.org

Encourage volunteering. Boredom often goes hand-in-hand with overeating. Volunteering keeps children busy and boosts self-esteem, which can help protect against disordered eating.

Limit eating to the kitchen table. Munching while distracted leads to eating hundreds of extra calories.

Let them eat dessert. Indulging a little every day means kids won't feel deprived and will be less likely to overeat. Just remember to keep portions small.

Track it by texting. Research shows that kids are more willing to track their eating habits via texting than pencil and paper. If your child is struggling with weight, suggest that he text himself every time he eats.

Reprinted from Woman's Day, June 2011, womansday.com

Sensory Processing Disorder: It Might Not Be Bad Behavior or ADHD Fueling Your Child's Problems

By: Laura Barnhardt Cech

Adrienne Gleason was used to sticking out at playgroups. Her sons were always the Tasmanian Devil types, constantly moving, climbing furniture, always on the go.

At the mommy-and-me gym class, her son, Kirby, wouldn't sit in the circle like the other toddlers. "He'd be in the ball pit," says the Towson mother. "I couldn't get him out of there. And I would be getting the hairy eyeball."

Nothing looks wrong with her blond-haired, blue-eyed son, now 6 years old. But, says Gleason, "Hindsight is 20/20. It makes sense now."

That's how a lot of parents feel when they finally hear what's causing their children to be so impossible to dress, clumsy and easily distracted. It's called sensory processing disorder.

"It can look like a behavioral issue," says Liz Albright, a senior occupational therapist at Mt. Washington Pediatric Hospital. "Parents think, 'My kid is out of control.'"

Many pediatricians are still unacquainted with the disorder, and activists are working on having SPD recognized by insurance companies, which will raise awareness about the disorder and make getting treatment easier.

"Kids are not getting treatment. Kids are mislabeled," says Dr. Lucy Miller, director of the Sensory Processing Disorder Foundation, author and pioneer in SPD research.

WHAT IS IT?

Sensory processing disorder (SPD), also known as "sensory integration dysfunction," is a chronic difficulty with processing sensory information.

Children might not be able to tolerate certain clothing, physical contact, light, sound, food or other sensory stimulus. Others might have little or no reaction to stimulation, including pain. Posture, balance and motor skills can be affected.

Children who are labeled "floppy babies" and, later "spaz" may actually have SPD. But they and other children are often misdiagnosed with ADHD and labeled autistic and bipolar.

A new study done in New Haven, CT, suggests that as many as one in six children could have SPD. They are more likely to have social problems, anxiety and be aggressive, says Miller.

"This is not a trivial problem," she says.

For so long, SPD has been confused with behavioral problems or other disorders such as ADHD. They share some of the same symptoms, such as trouble concentrating, and there can be some blurring. Because it can take years before SPD is diagnosed, some kids develop behavior problems, such as aggression, to compensate for the SPD symptoms.

"There can be a fine line between what's behavioral and what's SPD," says Albright.

At preschool, Courtney Gilmer's son was being aggressive. He was evaluated several times by psychologists and behaviorists and other experts. Each time, she was told he was a normal preschool boy.

"As happy as I was, I was also frustrated," says Gilmer, whose son, now 4, has SPD.

When he finally was diagnosed, she says, "It made so much sense. ...At school, he was overwhelmed and ended up being aggressive."

It also explained how he played at home. "He couldn't run fast enough," the Elkridge mother says. "He couldn't crash into things hard enough."

The other difficulty in diagnosis is that SPD is also fairly common in children with other disorders, such as autism.

Gleason's son has ADHD and is on the autism spectrum. But, she says, addressing the sensory issues were key. "If you get that (addressed), you can get help with the next issue."

Once diagnosed, some parents then realize that their child's sensory issues existed from infancy. Some mothers even say their pregnancies felt different.

"I hear all the time from parents, 'When he was a baby ...'" says Mary Lashno, senior pediatric occupational therapist at Kennedy Krieger Institute, and author of "Mixed Signals: Understanding and Treating Your child's Sensory Processing Issues."

That's not to say that every colicky infant or toddler who is hard to dress has SPD. But Lashno and other experts say, parents have a nagging feeling that something more is wrong. Yet, too often, Lashno says, "Their pediatricians tell them, 'They'll out-grow it ... There, there, mom.'"

HOW IS IT TREATED?

In reality, children need occupational therapy with a sensory integration approach, experts say.

Children will receive a "sensory diet" various techniques and stimulation such as deep pressure hugs—that is tailored to the specific child.

For example, Gleason's son, who is a sensory seeker, has a "motor skills gym," that includes a trampoline, bicycle and deep pressure swing. "He does a circuit," she says.

With occupational therapy, Gleason says, "His improvement has been amazing."

"He can also verbalize what he needs. 'He'll say, 'Mommy I need a hug.' It's huge.'"

Learning to communicate needs is also part of therapy, says Albright. "We teach children to advocate for themselves, to be able to say, 'It's too loud.' or 'It's too bright.'"

And they learn the words to describe how they're feeling.

Environmental modifications may help. Standing in the middle of a line can cause anxiety in some SPD patients. They might lean or push on the children around them, in part, to help define where their own bodies are, says Beverly Neway, senior occupational therapist at Mt. Washington Pediatric Hospital.

"It gets them into trouble," Neway says.

Simply putting that child at the end or front of a line can make a big difference.

A child who was affected by back-ground noise in places such as the mall and grocery store was able to block the overwhelming sensory input with a simple CD player connected by earphones. "It was a socially acceptable way to manage the auditory issues that sent her screaming in the past," says Neway.

For other children, spicy foods or spicy gum will calm their systems.

"Gum, especially, is organizing. It makes them feel calm inside," Neway says. "When you chew, you're doing joint compressions."

Many SPD patients find that sitting on an inflatable cushion that allows them to slightly rock is helpful, says Neway. "It gives them the sensory input they need. It says, 'This is where my body is. This is where it's supposed to be.' It's soothing and calming."

Miller recommends a period of intensive treatment, with occupational therapy multiple times per week initially.

But Lashno says most children have weekly sessions. "We don't want to pull them out of school," she says.

And she says, "It's not just the one hour of therapy that makes the difference."

Much of the work will be done at home, which is why parent involvement is so important, Lashno, Miller and other experts say.

As the child continues in therapy, he'll be able to tolerate more and the strategies may change.

IS IT CURED?

Miller has found that the brain actually changes after intensive occupational therapy. In following up with her own patients, Miller has found about one-third will need "booster" therapy after a while and about one-third are doing well without it.

But it's unclear whether the condition is ever actually cured, experts say.

The earlier treatment begins, however, the better. "Everything builds on everything else," says Albright. "Each kid is different.

"There's a learning curve," she says. "And it needs to be monitored."

But most kids will see remarkable improvement. As adults, they might sit in a chair a certain way. They might be clumsy. As with any shortcoming or disability, Albright says, "We learn to deal with it."

Just having a name for what they're experiencing can be an incredible relief for families. "I hear all the time, 'I thought it was me,'" Neway says.

"Parents know their children best," says Neway.

If pediatricians are responding to concerns with the old, "He'll outgrow it," it may warrant a second opinion.

"He's not going to outgrow it by ignoring it," she says.

"I swear by the Mommy gut," says Gleason. "...Keep looking for answers."

RED FLAGS OF SPD

- Uncomfortable in clothing
- Floppy or stiff body
- In everyone's face and space
- Over-sensitive to touch, noise, smells, other people
- Unaware of other people, and/or pain
- Trouble balancing

Source: Jamie Levine, owner of OT Ventures LLC in Ellicott City, and Sensory Processing Disorder Foundation www.spdfoundation.net

MORE READING

Sensational Kids: Hope and Help for Children with Sensory Processing Disorder (SPD) Parenting By: Lucy Jane Miller

Your Child with SPD: A Family Guide to Understanding and Supporting Your Sensory Sensitive Child By: Christopher Auer and Susan L. Blumberg

The Out of Sync Child By: Carol Stock Kranowitz

The Sensory Connection Program: Activities for Mental Health Treatment By: Karen Moore

Mixed Signals: Understanding and Treating Your Child's Sensory Processing Issues By: Mary Lashno

Reprinted from Maryland Family Magazine, May 2011
www.marylandfamilymagazine.com

**Family Support and
Resource Center**

8169 Old Montgomery Road
PO Box 894
Columbia MD 21044
Phone: 410-480-4597 (v/tty)
Fax: 410-480-4598
E-mail: partners@msd.edu

A statewide support service for families with
children who are
Deaf or Hard of Hearing
and the professionals who support them



How To Remove A Tick

Finding one of these little buggers on your skin doesn't mean you're destined for Lyme disease. If the tick is tiny (the size of a poppy seed), it has probably been on your body for fewer than 48 hours and most likely hasn't had time to transmit the Lyme-causing bacteria, says Durland Fish, PhD. Professor of epidemiology at Yale University School of Public Health. Whatever the size, here's the right way to remove it.

1. Use pointed tweezers to grasp the tick by its head or mouthparts right where they enter the skin. (View them through a magnifying glass if necessary).
2. Swiftly and firmly pull the tick out (don't twist). Clean the area with rubbing alcohol.
3. Place the tick in a jar or sealed bag with rubbing alcohol. Call your doctor and ask if you should save it (some doctors may want to examine it to figure out how long it's been on your skin.)
4. If you develop a rash near the bite (it could take up to 30 days), see your doctor. You may have Lyme disease and need an antibiotic.

Reprinted from Woman's Day, July 2011, www.womansday.com

Save The Date

June 27, July 11, 18, 25, 2011

Adventures in ASL!
Barnes and Noble
FSK Mall, Frederick, MD
For all children ages 3 - 5 with an adult
For more information or to register Contact Lori Moers
Lori.Moers@msd.edu

July 7, 14, 21 & 28, 2011

Adventures in ASL!
Barnes and Noble
On The Avenue, White Marsh, MD
For all children ages 3 - 5 with an adult
For more information or to register Contact Deb Marquez
(410) 480-4540 or Deborah.Marquez@msd.edu

July 13, 2011

Summer Play Group
9:30 am - 11:00 am
Ballenger Creek Playground, Frederick, MD
For more information or to register contact
Cheri Dowling at
cheri.dowling@msd.edu or (443) 277-8899 (v/text)

July 27, 2011

Summer Play Group
6:00 pm - 8:00 pm
Charlotte Hall Library
37600 New Market Road, Charlotte Hall, MD 20622
For more information or to register contact
Cheri Dowling at
cheri.dowling@msd.edu or (443) 277-8899 (v/text)

August 12, 2011

Maryland Early Hearing Detection & Intervention Conference
Hearing and Speech Agency
5900 Metro Drive, Baltimore, MD 21215
8:30 am - 4:00 pm
Featuring Rachel St. John, MD, NCC, NIC-A
Fostering EHDI and the Medical Home
For more information or to register contact
Cheri Dowling at (443) 277-8899 or CAD800@aol.com

September 14, 2011

Just For Mom's
7:00 - 8:30 PM
Maryland School for the Deaf - Columbia Campus
8169 Old Montgomery Road, Ellicott City, MD 21043
Denton (Main) Building Multi Purpose Room
Don't lose sight of yourself, your goals, dreams, relationships, or
career despite the intensive demands of raising a child. This
workshop will explain why it is important to find balance in your
life and how to do it.

September 21, 2011

Manipulative Visual Language
7:00 - 8:30 PM
Maryland School for the Deaf - Frederick Campus
400 South Carroll Street, Frederick, MD 21705
Elementary Building, Room #F108
MVL uses colored shapes to teach the parts of written English.
Shapes are used to visually demonstrate common patterns in
simple sentence structures.

For more information about any of the workshops listed please contact
Family Support & Resource Center at 443-277-8899 (v/text) or cheri.dowling@msd.edu