

LONG ISLAND

Fall/Winter 2012-2013

FREE

SPECIAL CHILD

www.NYParenting.com

Girls
on the
spectrum

Strategies
for picky
eaters

Early signs
of delays





Chamberlain International School

A Therapeutic Boarding School That Makes A Difference

Approved New York Out-of-State School

Boarding, Diagnostic & Transitional Programming
Grades 6-12: Post Graduate

At Chamberlain, we work with your child through individual attention and help them to achieve goals they never thought possible. Let us help your child reach his/her full potential.

Helping students facing learning and emotional challenges for over 35 years



CONTACT OUR ADMISSIONS OFFICE
(508) 946-9348



ADMISSIONS OFFICE: 1 Pleasant Street • Middleboro, MA
admissions@chamberlainschool.org • (508) 946-9348
Learn more at www.chamberlainschool.org

Table of Contents



STAFF

PUBLISHER / EXECUTIVE EDITOR:
Susan Weiss

PUBLISHER / BUSINESS MANAGER:
Clifford Luster

SALES MANAGER/ADVERTISING:
Sharon Noble

MANAGING EDITOR: Vince DiMiceli

ART DIRECTOR: Leah Mitch

PRODUCTION DIRECTOR: On Man Tse

SALES REPS:
Lori Falco, Sharon Leverett

OPERATIONS ASSOCIATE:
Tina Felicetti

CONTACT INFORMATION

ADVERTISING SALES
718 260-4554
Family@cnglocal.com or
SWeiss@cnglocal.com

CIRCULATION
718 260-8336
TFelicetti@cnglocal.com

ADDRESS
New York Parenting Media
1 MetroTech Center North
10th Floor
Brooklyn, NY 11201



www.NYParenting.com

New York Special Child and Long Island Special Child are published biannually. Copyright©2012. No part of our contents may be reproduced without permission from the publisher.

FEATURES

6 Girls on the spectrum
BY MYRNA BETH HASKELL

8 Down syndrome
Clearing up misconceptions about this diagnosis
BY JAMIE LOBER

10 Take me out!
Introducing life skills to special-needs children
BY DANA CONNELLY

12 Early signs
Ways that parents can recognize developmental delays in their children
BY LAURA J. VAROSCAK

14 The ABCs of behavior modification
BY DANA CONNELLY

16 Bowled over
What you might be doing wrong when it comes to toilet training
BY DANA CONNELLY

18 The kid won't eat!
Strategies for improving your child's eating habits
BY DANA CONNELLY

20 A mom with solutions
Aviva Weiss, founder of Fun and Function, helps special needs kids
BY CANDI SPARKS

22 Time-out tips
BY DANA CONNELLY

24 Is it typical toddler behavior, or ADHD?
Ten early signs of attention issues in preschoolers
BY KIKI BOCHI

26 Safe haven for Down syndrome families
Gigi's Playhouse offers education and community
BY JAMIE LOBER

28 A special camp
The right program for your special child
BY REBECCA MCKEE



30 The four-legged blessing
How an autism-assistance dog helped a family
BY REBEKAH WILSON

32 Family Journal
BY ROBERT MORTON

33 The social score
When one family member doesn't want to watch football
BY REBECCA MCKEE

34 Parents Helping Parents
BY SHARON C. PETERS

35 A professional opinion
Understanding the roles of professionals in child care
BY DANA CONNELLY

36 Dyslexia's potential
New book uncovers a disorder's inherent set of abilities
BY MARY CARROLL WININGER

37 Wheelchairs & cookies
Secrets to understanding your child's food agenda
BY RICHARD KAHN, PHD, RD

RESOURCES

38 Special Needs Resource Guide

Letter from the publisher

We are a community

I recently saw the play “Falling” by Deanna Jent, now being performed at the Minnetta Lane Theater in the Village. The author is herself the mother of an autistic child and undoubtedly this factor has prompted her to write this provocative piece about a family caring for their autistic son. Now an 18-year-old teen, he continues to live at home with the flow of the family life built largely around his needs.



The core of this piece is how strongly this demanding routine controls the lives of everyone in the household. There is the loving but real resentment of the younger sister, the pull on the marriage of the parents and the denial and ignorance of the visiting grandmother. There is also love, devotion and enormous commitment in spite of great fatigue, frustration and uncertainty.

The mother, in particular, is a constant hero in the lives of her family and certainly in the ongoing attention to and sensitivity towards her son. She is exhausted and she is torn, but in spite of natural doubts and great stress, she remains that constant center around which the care the boy needs is rooted. The father is the other half of this extraordinary team and fortunately, he is right there too, taking the other shifts, fulfilling the other myriad of needs that comprise the day to day operation of this care giving.

This is a rare theatrical focus on a story that touches thousands of families. Whether it's autism, or learning issues, or a myriad of other special needs, this is a conversation we as a society need to have and keep in the spotlight of our attention.

There is enormous cost here, the cost of medical care, the cost to the structure of these families and the cost to the society as a whole.

With these kinds of realities in mind, our goal as publishers of our *Special Child* magazines is to offer positive articles that will support and inform the many parents in our New York communities facing these great challenges. So many wonderful, generous and knowledgeable people have contributed to our editorial. We are grateful for their input and for their expertise. They are also heroes and partners together with these families in striving to move beyond the boundaries of diagnosis into the light of achievement.

More is known everyday and the ongoing research and dedication of professionals throughout the globe is helping to provide new vital techniques and treatments. Education is the key and more and more valuable professionals are offering programs to educate children with a spectrum of issues. We are fortunate to have an abundance of such options here throughout the New York metropolitan area and we salute them.

Let us know your thoughts. We look forward to hearing from you.

Thanks for reading.

A handwritten signature in black ink that reads "Susan Weiss". The signature is fluid and cursive, with a large, sweeping initial 'S'.

Susan Weiss-Voskidis
Publisher/Executive Editor
Family@cnglocal.com

Girls

on the spectrum

BY MYRNA BETH HASKELL

Since Asperger's Syndrome was first recognized in the American Psychiatric Association's Statistical Manual of Mental Disorders in 1994, it was widely viewed as a disorder mostly found in the male population. The Interactive Autism Network reports that some studies continue to show that "the ratio of boys to girls with Asperger's syndrome is between six and 11 to one." However, notable experts in the field say the ratio of boys to girls with the syndrome is much lower, at 3.4:1, with an even lower ratio for adults, 2:1.

Experts are beginning to realize that, for years, girls were misdiagnosed or diagnosed late — in adolescence or adulthood. Unfortunately, girls who do not get an accurate and early diagnosis do not reap the benefits of early intervention, and, consequently, often suffer from depression and anxiety later in life.

Therefore, it is imperative that caregivers, healthcare providers, and school personnel are educated on the unique characteristics of girls with Asperger's Syndrome so that young girls on the spectrum can get the help that they need in order to be successful throughout their lives.

The diagnosis dilemma

I attended a conference in Albany, NY, in October 2011, hosted by the Center for Disability Services. Tony Attwood, PhD, a world-renowned expert and author of several books on the subject, including "The Complete Guide to Asperger's Syndrome," was the guest speaker. It was refreshing to attend a conference that focused on girls on the spectrum. During his talk he addressed the issue of why it is difficult to diagnose

girls with Asperger's.

"Girls fly 'under the radar' of diagnosis. They are often less disruptive and, therefore, are less likely to be noticed," he explained. "They tend to be on the 'invisible end of the spectrum' because they are able to camouflage their disorder better than boys. In other words, they are chameleons and can 'fake it 'til they make it.'"

Boys and girls with Asperger's exhibit many of the same characteristics and traits — such as impaired social interaction, obsessive interests, and inflexible thinking — but there is a difference in their outward behavior and coping skills. Boys tend to act out their frustrations by being disruptive. On the other hand, girls will tend to withdraw or become mute when they experience social anxiety.

"By imitation and role modeling girls pretend to be normal," Attwood reports.

So, it is not uncommon for girls on the spectrum to be diagnosed with disabilities other than Asperger's — such as attention deficit disorder, obsessive-compulsive disorder, or an expressive or receptive language delay — without any recommendation to be

tested for an autism spectrum disorder. Even more unsettling, some girls with Asperger's are just seen as introverted or "strange," and do not get tested at all. Since school personnel and general practitioners may not see obvious "red flags," many girls wind up with no accommodations and supports.

Suzanne Gunther, a resident of Guilderland, NY, and a mother of a teenage daughter with Asperger's, noticed her daughter's inward behavior when she was young.

"My daughter internalizes her emotions. When she was younger, she seemed to live in her own little world. She went about her business and didn't really display emotions like anger or frustration. I have witnessed boys with Asperger's, and when they are upset or feel disconnected, they often lash out physically or become disruptive."

Many girls on the spectrum are able to hold it together during the school day. However, parents often see a different side to their child at home because there is a need to release pent-up stress from desperately trying to contain oneself all day long.

"My daughter would hold it all together, and then when she got home in a 'safe' environment, she would unravel," explains Gunther.

An accurate diagnosis can only be made after a trained professional has observed the communication, behavior, and developmental skills of the individual. A psychosocial evaluation and a communication evaluation (focused on non-verbal forms of communication) will take place. Parents shouldn't hold anything back in interviews or when filling out forms on their child's social, emotional, and behavioral history. The parent perspective is an integral part of the diagnostic puzzle.

Issues in adolescence

Valerie Paradiz, PhD, the developer of In-

Resources

Contact your local hospital or center for disabilities to see if there are support groups specifically for girls on the spectrum and their families. Additional resources are listed below:

- **Autism Women's Network**

Specifically for girls and women with Asperger's and their families:

<http://autismwomensnetwork.org/>

- **OASIS @ MAAP**

Provides articles, educational re-

sources, links to local, national, and international support groups, lists of camps and schools, conference information, recommended reading, and moderated support message boards.

www.aspergersyndrome.org/
info@aspergersyndrome.org
 (219) 662-1311

- **GRASP: The Global and Regional Asperger Syndrome Partnership**

The largest organization of adults and teens on the spectrum.

www.grasp.org/ (888) 474-7277



tegrated Self Advocacy ISA™ (a curriculum and training series for educators and therapists who wish to help individuals with autism spectrum disorders achieve self-advocacy), and author of “Elijah’s Cup: A Family’s Journey into the Community and Culture of High-Functioning Autism and Asperger’s Syndrome,” claims that girls find ways to compensate for their social disability by throwing themselves into academics or obsessive interests. These might include video games, drawing, or other solitary activities. Unfortunately, this type of compensation does not help girls learn to cope in social situations.

“In my case, I was an academic nerd, studying all day long. Although I got straight As, this pattern followed me through college and graduate school, which rendered me not so adept in understanding the social aspects of work,” admits Paradiz.

Attwood clarifies that the enormous stress of having to “pretend to be normal” can lead to a low self-esteem. A low self-esteem can subsequently lead to other problems, such as eating disorders, abusive relationships, and anxiety disorders.

Anorexia nervosa is a huge concern for teenage girls on the spectrum. Attwood

explains that this is because weight control and calorie counting can become an obsessive interest for girls with Asperger’s. They might equate being thin with being popular, and their obsessive-compulsive tendencies and low self-esteem can lead them down a dark path quite quickly.

Girls with Asperger’s also have a hard time negotiating sexual attention.

“Girls on the spectrum are intoxicated by the interest that boys give them, so they are a target for predators,” explains Attwood.

Girls with Asperger’s can be more susceptible to being deceived by a pedophile or entering into a relationship with an abusive boyfriend. This is partly due to the fact that girls with Asperger’s lack character judgment, have a hard time reading non-verbal cues, and are desperate to fit in socially.

Paradiz believes that teenage girls need extra support from parents and caregivers when it comes to relationships.

“Explicit support is needed with the social aspects of sexuality, especially how to identify abuse, coercion, and date rape,” she says.

Girls on the spectrum are also at a much younger age, in terms of emotional develop-

ment, than their female peers as well.

“My daughter is emotionally at a much younger age, and it is hard for her to deal with situations that other 17-year-olds are prepared to handle,” says Gunther.

Paradiz also cautions parents to be aware of signs of depression as their daughter enters adolescence and adulthood.

Looking to the future

If a college degree is in her future, parents should contact the prospective institution to find out what supports they have for students with disabilities. They should also plan to visit the campus several times in order to help with the transition. Many girls with Asperger’s find it beneficial to attend a community college and continue to live at home, especially for the first two years. This gives them more time to mature emotionally and socially, and they can concentrate on academics without the added pressures of independent living.

Attwood reports that women with Asperger’s have a 50 percent chance of having a child with Asperger’s. However, he believes that women on the spectrum handle children with Asperger’s extremely well because they can relate to their unique attributes. He has found that women with Asperger’s make great mothers and have both unconventional and conservative parenting styles. He says that they also tend to be distrustful of public school systems, especially if their own needs were not handled well when they were in school. So, many Asperger’s mothers choose homeschooling as an option.

It is also imperative that girls on the spectrum find a career that is suited to their special talents. Besides looking for the right skills fit, she should be sure that the environment is one that she will be comfortable in. For instance, if she finds noise to be a distraction, she should find a job where she can work in a quiet space.

“There are many people with AS who have chosen a career in psychology and who subsequently develop psychotherapies for ‘Aspies,’ which is a great thing!” says Attwood.

Finding a support group is critical as women look ahead to living life with Asperger’s.

“With the age of the Internet, we are lucky to be able to connect with people beyond our geographic location, and there are many associations and forums available to lend support and share knowledge and information,” adds Gunther.



Down syndrome

Clearing up misconceptions about this diagnosis

BY JAMIE LOBER

Most families have heard of the term Down syndrome, but they may not understand what it truly means and how it affects children living with the condition.

“It is an extra copy of the 21st chromosome that is usually identified after birth, but can also be identified by amniocentesis prior to birth,” said Julie Cevallos, vice president of marketing with the National Down Syndrome Society.

According to the Society’s website, a few

of the common physical traits of Down syndrome are “low muscle tone, small stature, an upward slant to the eyes, and a single deep crease across the center of the palm.” Most people with Down syndrome have cognitive delays that are mild to moderate. But, ultimately, every child with Down syndrome is affected differently.

“Some children have medical complications that need to be taken care of right away, whereas other children do not have any immediate medical threats,” said Dr. Susan Gottlie, chief of child development at New York Methodist Hospital.

Doctors are now paying more attention to the signs of Down syndrome, which has led to earlier diagnosis and better outcomes.

“The latest news is that non-invasive prenatal tests that are close to 100 percent accurate are being tested in the market now,” said Cevallos.

Most pregnant women inquire about prevention, but the truth is that there is really nothing anyone can do.

“It is a random error in cell division so there is nothing to avoid, though chances increase with maternal age,” said Cevallos.

Common questions parents have, such

as how delayed a child will be and whether he will be able to finish school or be independent, cannot be answered at the time of diagnosis.

"It is an issue where you have to follow the child and give them the best medical care and environment that you can with the hope that they will be able to fulfill their potential," said Gottlie.

But, once a child is diagnosed with Down syndrome, the key is to be open-minded, because the way you react is contagious. Becoming involved early can make a difference, as well as following up with services.

"Be an advocate for your child," said Gottlie. Whether you talk to a genetics person or pediatrician, someone is sure to know about early intervention and give you resources to get started. "Sometimes families do not know that, with a diagnosis like Down syndrome, a child is entitled to services from the time they are diagnosed."

In fact, therapies can start in infancy.

"Many of the agencies will provide services in the home, daycare, or wherever the child is during the day," said Gottlie. You will find that there are few barriers from the assistance point of view. "We try to make it as easy as possible for kids to get services in a timely way."

Every family is different, and the individual circumstances are going to vary as well.

"Some of these children will have cardiac problems or be prone to ear or other infections, so depending on medical issues, the child may need to see either their pediatrician or one of the specialists more frequently," said Gottlie.

Do not hesitate to ask questions and share any concerns with your pediatrician, as she will be able to send you in the right direction.

"You may be offered the opportunity to be followed by a developmental pediatrician — who is someone who spe-

cializes in child development — in addition to your regular primary care doctor," said Gottlie. Having good resources at your fingertips makes a big difference.

"Physical, occupational, and speech therapy can help children develop the skills they need, and beginning these early intervention therapies soon after birth can help children sit, walk, jump, run, throw, talk, and draw earlier than they would otherwise," said Cevallos.

Kids with Down syndrome may take longer than a typically developing child to reach various milestones, but every child has his own pace, and that makes him unique. Down syndrome does not have to be seen in a negative light.

"Quality educational programs, a stimulating home environment, good healthcare, and positive support from family, friends, and the community enable people with Down syndrome to develop their full potential and lead fulfilling lives," said Cevallos.

The best way to be supportive is to keep an open mind, says Cevallos. This means talking to someone with Down syndrome or getting involved with a local Buddy Walk or other event sponsored by the Down Syndrome Association. Outcomes can be quite positive.

"People with Down syndrome attend school, work, participate in decisions that affect them, and contribute to society in many wonderful ways," said Cevallos.

If you or someone you know has a child with Down syndrome, there is no reason to fret.

"People with Down syndrome are prospering and have hope for even greater potential," said Cevallos.

Jamie Lober, author of Pink Power (www.getpinkpower.com), is dedicated to providing information on women's and pediatric health topics. She can be reached at jamie@getpinkpower.com.

© 2012 Jamie Lober.

When it comes to
Autism
identifying the
challenge
should be par
for the course.



You wouldn't tee up a baseball, so why put your special needs child into a school not designed specifically for them?

At Gersh Academy and The Gersh Experience we have been working with children and young adults on the Autism Spectrum for over 20 years. What we know is that no two children are alike. Each child needs their own customized plan in order to identify their deficits, support their strengths and provide the most conducive learning environment possible to give them the best shot at long-term success.

To talk to an educational professional or to arrange a tour please call:

631-385-3342

GERSH ACADEMY
KINDERGARTEN THROUGH TWELFTH GRADE

GERSH EXPERIENCE
YOUNG ADULTS • SUPPORTED LIVING

gershacademy.org



WE CHANGE LIVES.

Take me out!

Introducing life skills to special-needs children

BY DANA CONNELLY

For parents of special-needs children, the idea of bringing the child out to run errands is an exhausting thought. They may be afraid they will spend most of the time chasing the child down the street, concerned that he doesn't seem to be aware of dangers.

These are all understandable fears but ones that, if indulged, could possibly create a hindrance in the child's ability to gain appropriate community behaviors. Perhaps you are utilizing a stroller or a child leash as a means of containing him. Maybe you are leaving him at home all together with another caregiver. Let's face it, those errands need to be tackled and such tactics are quick fixes that actually let you get things done. But it is important to look at the big picture: employing restraining tactics or postponing the opportunity to learn within the community will not help improve your child's behavior outside of the home or foster his independence in the long run.

Life and daily-living skills involve your little one's ability to function independently in the home and in the community. When one thinks of a 3 year old, typically or atypically developing, we hardly think of him as being ready to cross the street on his own, or being able to make a phone call independently. According to such formal assessment tools as the Developmental Assessment of Young Children, by the age of 3, a child is expected to have mastered the following skills: washes and dries his face and hands without assistance, attempts to obtain his own snacks, takes responsibility for toileting (needing some assistance with wiping), cleans up spills with a cloth, and manipulates large zippers, snaps, and buttons. These are the prerequisite skills for more complex tasks such as bathing on his own, picking out appropriate clothing, and assisting with household chores. The ideas of the child living in his own home, holding down a job, and commuting to work everyday seem like very distant goals. Maybe you are under the impression that such goals are

not even going to be possible for your child. Never say "never," and that later may be too "late." According to the assessment tool, daily living skills are capable of being present as early as infancy.

When your child enters into Early Intervention or the Committee for Pre-School Education, there are long- and short-term goals developed as part of his Individualized Family Service Plan or Individualized Educational Plan. To clarify, a Family Service Plan is for a child in Early Intervention, aged 3 years old or younger. The Educational Plan is for a child

Employing restraining tactics or postponing the opportunity to learn within the community will not help improve your child's behavior outside of the home or foster his independence in the long run.

in Committee for Pre-School Education, aged 3 to 5. These goals are initially developed by the professionals who evaluate your child and will be addressed by the providers who are assigned to your child by the service agency. The Educational Plan is a living document, in that these goals change based on further assessment and progress over time, in an effort to bring your child's skills closer to age appropriate levels. The two plans are documents that you as the parent are very much a part of developing. If your child qualifies for services, consider your challenges when exposing him to tasks at home and in community life. Request that additional goals be developed if you are struggling with anything from toilet training, to dressing, or to holding hands ap-

propriately when walking down the street.

Let's consider the current behavior of a hypothetical boy named Sammy. Sammy is a 3 year old recently diagnosed by a psychological evaluator as being on the autistic spectrum. Sammy requires goals that involve improving his cognitive and language skills, but also tends to display self-directed and resistant behaviors when required to engage in daily-living skills. He runs without fear across streets, unaware of traffic. He falls to the ground when holding hands and tends to vocalize and cry when required to walk more than one block. He wears diapers through the day and night and removes his diaper when it is wet or soiled without alerting an adult. He does not complete a meal while seated and depends on his mother to feed him. Here are some examples of potential goals to include in Sammy's Individualized Family Service and Educational Plans' goals:

Annual goal: Sammy will improve his behavior while walking outside.

Short-term objective:

- Will respond to stop and go commands across at least two environments with 80 percent accuracy during two consecutive sessions.

- Will walk at least two blocks without fatigue, without presence of the stroller, with 80 percent accuracy during two consecutive sessions.

- Will hold hands appropriately with an adult or peer upon verbal instruction with 80 percent accuracy during two consecutive sessions.

- Will wait appropriately without hand being held and without darting for at least 10 seconds upon adult request with 80 percent accuracy during two consecutive sessions.

Annual goal: Sammy will develop appropriate behavior during meal times.

Short-term object:

- Will remain at the table for five minute intervals for two consecutive sessions.

- Will remain at the table for a 10 minute interval for two consecutive sessions.

- Will use utensils to feed himself with 80



percent accuracy during two consecutive sessions.

- Will wipe his face with a napkin upon presentation of napkin without additional cues with 80 percent accuracy during two consecutive sessions.

- Will drink beverages from an open cup with 80 percent accuracy during two consecutive sessions.

Annual goal: Sammy will be toilet trained. Short-term objective:

- Will tolerate his diaper or pull-up being changed while standing in the bathroom near the toilet without falling to the floor or escaping across three consecutive opportunities.

- Will remain seated on the toilet for one minute when supervised by an adult across three consecutive opportunities.

- Will eliminate in the toilet when taken by an adult for four out of five opportunities to respond.

- Will alert an adult to his toileting needs using verbal communication with 80 percent accuracy.

Most of the time, it just seems easier to prompt your child through these daily living skills or easier to do it for him all together. It saves you time and aggravation. Perhaps it's almost painful to watch your child struggle with these tasks, becoming frustrated with himself. The service providers and evaluators are the people to bring your concerns to. But it is important to address the pre-academic, language, social and emotional, or motor challenges your child is faced with, because goals that develop your child's daily-living skills are often not included in the Individualized Plans. It is not strictly up to the professionals, but also the parents to report and speak up, describing and identifying the issues they are having.

"My child refuses to sit on the toilet," "She

runs into the street and doesn't respond when I scream 'stop,'" "He does not sit with us during meal times, just takes a bite of food, and then walks away," are important issues to bring up with these professionals.

Turning these concerns into Individualized Educational Plan goals will cue your providers to track the behavior and modify it, putting you and you child on a successful path to the future.

Dana Connelly holds dual Master's Degrees in Education and Special Education, working as an educational evaluator for a New York-based evaluation site. She specializes in Applied Behavior Analysis and is the proud single mother of a 5-year-old boy.

References

Voress, J. & Maddox, T. (1998). "Developmental Assessment of Young Children."

Austin, Texas: PRO-ED. See website at www.proedinc.com or call (800) 897-3202

Early signs

Ways that parents can recognize developmental delays in their children

BY LAURA J. VAROSCAK

According to the Centers for Disease Control and Prevention, 17 percent of children living in the United States have a developmental disability. Surprisingly, less than half of these children's disabilities are identified before starting school.

Binnie Sen, director of Rosegarden Early Learning Center in Long Island, believes this is an accurate statistic. She shares her experience in identifying delays in young children, adding that it is not uncommon for parents to be the last ones to recognize them.

Developmental delays are not the same as developmental disabilities, but children with the former can learn new skills and continue toward normal development with the help of early intervention.

Child development refers to the process in which children change physically, emotionally, and psychologically during predictable time periods. Developmental delays occur when children have not reached these milestones within these expected time periods. Since all children are unique, they will develop skills at their own pace. One child may begin walking at 10 months while his peer may start six months later. Both are functioning within the normal range of development. However, there is a concern for a child

who has not begun to walk by 18 to 24 months. Developmental delays can occur in one or all five areas of development, including cognitive, speech and language, social and emotional, and fine-motor and gross-motor skills. They can be major or minor, but regardless of their severity, they deserve attention.

Observation is a significant assessment tool, especially when a child is seen through the eyes of a teacher or other trained professional. Children behave differently in a classroom than they do in other settings, especially at home. When children begin school, their environment changes and their world becomes bigger. Suddenly, they are separated from their primary caregivers, placed with unfamiliar classmates and teachers, and introduced to a variety of new routines and activities. Typically, developing children struggle with this major transition but learn to adjust with time. Children with developmental delays are often incapable of moving ahead in certain



areas without help.

No parent wants to hear that her son or daughter is less than perfect. It is an overwhelming and stressful message to receive, and people process the weight of such news in a variety of ways. Some become angry or depressed. They avoid, blame, judge, deny, or make excuses. Others may listen, but struggle to accept what is being said about their child. The best scenario, of course, is when parents, teachers, and caregivers work together to provide the most consistent support possible based on the advice of professionals. Ignoring the problem will only make it worse for the child and the family.

"It is very hard not be emotional when it comes to working with parents and children," Sen explains. "It's difficult to have the conversation with parents, but I've learned never to make a decision based on emotion."

When Sen discusses the development of children with parents in her school, she relies heavily on the teachers' reports. Educators who have concerns should keep careful notes based on their observations and refer parents to their pediatrician as soon as they recognize a problem. Below are some examples of common developmental delays Sen has seen.

Cognitive development: the ability to learn and solve problems

All babies cry. That is their primary means of communication. Sen has witnessed infants who cried obsessively for hours after getting their basic needs met. Nothing calmed them and nothing held their interest. Unlike other babies comparable in age, they were not soothed by movement or fascinated by the stimulation of the five senses.

Speech and language development: the ability to understand and use language

By 15 months, children should experiment with a wide range of speech sounds, start to

imitate sounds and words, and begin to say their first nouns. A delay may also be present if a child cannot follow simple one-step directions at this age like, "Give me your bottle" or "Show me the bear."

Social and emotional development: the ability to interact with others, including helping themselves and self-control

Most toddlers are highly social, emotional, and inquisitive little people with a huge sense of pride, but those with social-emotional delays tend to isolate. They play alone, and usually engage in the same repetitive activities over and over again (spinning or lining up the same toys).

Fine-motor skill development: the ability to use small muscles, specifically their hands and fingers

Teachers will notice students with poor fine-motor skills struggling to turn pages in a book, hold a crayon, or feed themselves.

Gross-motor skill development: the ability to use large muscles

Typically developing infants have a tremendous physical accomplishment progression. There may be concerns if a baby does not reach certain developmental milestones, such as lifting his head, rolling over, and grasping for toys within the expected window of time.

...

Parents who have questions about their child's development should consult their pediatrician or see a developmental specialist. There are a vast number of free and low-cost resources available, which will save many children from years of struggle and help them reach their full potential.

Helpful links:
<http://nichcy.org/>
www.zerotothree.org

Laura J. Varoscak-DeInnocentis is a writer, educator, and mom living in Brooklyn. A regular contributor to NY Parenting Media, she has won several editorial awards for her articles.

Is Your Child Getting The Services They Need...



From Your School District?

L M M
LARRY McCORD
AND ASSOCIATES LLC

**CALL NOW FOR
FREE CONSULTATION**

**Practicing Education Law
for over 10 years.**

The firm also handles:

- Students Rights
- Parental Rights
- Representing parents & students with school suspensions
- [3214] hearings
- Teachers' Rights
- CSE Hearings
- PINS matters

We advocate zealously on our clients' behalf to ensure their children are treated fairly.

631-643-3084

1291 Straight Path Road
North Babylon, NY 11704
info@mccordandassoc.com

*Attorney Advertising

*Prior results do not guarantee a similar outcome

VINCENT SMITH SCHOOL

SUCCESS BEGINS at Long Island's Premier School That Addresses the Needs of Reluctant Learners and Students with Learning Disabilities such as ADD, ADHD, Asperger Syndrome, Expressive and Receptive Languages Issues

"IT'S OKAY TO LEARN DIFFERENTLY"

Founded 1924 – Grades 4-12

Enroll Now for September 2012

Admission Open House
Sunday, October 21, 2012
Saturday, December 15, 2012
Sunday, January 13, 2012



Offering Differentiated Instruction, Small Supportive Classes, a Structured Environment, College & Career Counseling and Social Cognition Skills Training

322 Port Washington Blvd., Port Washington, NY 11050
For Information Call (516) 365-4900
Visit our Website at www.vincent-smithschool.org

Registered by the New York State Board of Regents
Accredited by the New York State Assoc. of Independent Schools
The Vincent Smith School is a non-profit corporation and is open to all without regard to race, creed, or national origin.

The ABCs of behavior modification

BY DANA CONNELLY

As parents or educators, we find ourselves occasionally faced with our children's inappropriate behavior, actions that leave us feeling self-conscious and pressured to gain control of the situation quickly. However, some of the "quick fixes" can often cause more harm than good, causing a behavior to continue or even get worse.

The techniques used in Applied Behavior Analysis are commonly associated with the autistic population, but are equally relevant to a typically developing child, a spouse, co-worker, or even an in-law.

A common concern of the families I work with is how to change a particular behavior that their child displays. Whether it's getting him to move from the "family bed," separate with ease when being dropped off at school, or being able to reduce the intensity and frequency of tantrum behaviors, it all starts with the ABCs of behavior modification — antecedent, behavior, and consequence.

Antecedent — This refers to the events leading up to a particular behavior. What is occurring right before the behavior is displayed?

Behavior — Take a moment to list the actions involved in the behavior. How intense

is it? How often does it occur? How long does it last?

Consequence — What occurs right after the behavior is displayed? Does the consequence positively or negatively reinforce the behavior? Does the consequence send a clear message as to how the behavior is perceived by others?

In the field of applied behavior analysis, there are core principles such as:

- All behavior can be decreased or increased by manipulating the consequences.
- Reinforcement is anything that increases a behavior.
- All behavior has an antecedent, something that initiates the onset of a particular reaction. So let's apply the ABCs of behavior modification to some common behaviors we would like to change.

Behavior problem #1: Naveah is restless during circle time every day, often fidgeting and annoying the children around her, and frequently disrupting the lesson by calling out or talking to others.

Antecedent — Naveah began to protest attending circle time when the class was instructed to go to the rug and went to another center. She was redirected by the teacher's assistant to join the other children on the rug.

Behavior — Naveah does not sit properly,

and lays her whole body on the rug. She leans against other children and plays with their hair and clothing. She begins singing a song while the teacher is reading a book. The song is out of context.

Consequence — Naveah is escorted by the teacher's assistant to the hallway where they sit together talking until circle time is over.

Naveah demonstrated avoidance behaviors before circle time began. Her disruptive behaviors were reinforced by removing her from a situation she did not want to be part of to begin with. Perhaps a reward system could be developed where Naveah can earn tokens for appropriate attending, earning her some time to herself in a quiet area. Perhaps Naveah finds group instruction overwhelming and has issues processing information in the presence of distractors.

Behavior problem #2: Jordan cannot separate appropriately from his mother when being brought to school every morning.

Antecedent — Jordan's mother carries him in her arms into the classroom telling him not to worry and that mommy loves him and will miss him all day. She removes his outer clothing, hangs up his belongings for him, and gives him a long hug goodbye.

Behavior — Jordan begins to cry and clings to his mother's body. He begs her not to go.



Consequence — His mother assures him that she will stay for five more minutes just to make sure he is safe and OK.

So what went wrong with Jordan and his mom? What did Jordan learn from the consequences his mother employed? Very simple: “If I cry and cling, mommy will stay longer.” Will those consequences help Jordan to increase or decrease his levels of anxiety upon separation?

How could the antecedent have been changed to create a less clingy situation? Perhaps Jordan’s mother could have walked him into class rather than carrying him. Maybe having him hang his belongings and praising him for doing so would have made him feel more independent. Further, she may have needed to adopt a less anxious demeanor herself, modeling for her child that this separation is not a big deal.

Behavior problem #3: Your teen leaves

wet bath towels on the bathroom floor to ferment every time he takes a shower.

Antecedent — A stack of neatly folded fresh towels are available to him as he finishes bathing.

Behavior — The teen dries himself, then carelessly allows the towel to drop to the floor.

Consequence — The parent verbally admonishes the young adult while picking up the towel and putting it in a hamper that is filled with laundry which she is about to wash. The towel gets washed by the parent while the teen gets an earful.

Based on the consequence, is the teen more or less likely to repeat this behavior in the future? While he audibly heard the reprimanding tone of the frustrated parent, he wasn’t being held accountable for his actions based on the consequences given. Perhaps the teen could be given his own

hamper, and his responsibility would be laundering his contents.

Before conditioning any behavior in our favor, it is beneficial to step back from the situation and look at it with an analytical eye. Educators and parents should communicate the consequences they have developed with each other, not only to determine if they are increasing or decreasing the behavior but also to insure consistency across both home and school environments. Breaking a situation down to the ABCs of behavior modification can help us understand the role we play in the behaviors of others that trouble us.

Dana Connelly holds Master’s Degrees in both Education and Special Education, working as an educational evaluator for a New York-based evaluation site. She specializes in Applied Behavior Analysis and is the proud single mother of a 5-year-old boy.

Bowled over

What you might be doing wrong when it comes to toilet training

BY DANA CONNELLY

One of the first messages we send to our toddlers indicating that they are no longer the baby is the initiation of toilet training. Parents often struggle with determining if the child is ready, rationalizing that girls are easier to train than boys and that putting a child in pull-ups is a great first step. While these are valid considerations, there may be some missteps you don't even realize you are making when getting that kid out of diapers and on to the bowl once and for all.

Do you change your child's diaper or pull-up lying down or standing up?

No lying down! Always change the soiled diaper, pull-up, or underwear standing up next to the toilet in the bathroom. Children need



to understand their role in a situation and laying her down to be changed sends a very clear message, "You are still the baby, and Mom or Dad will do all the work." Having her stand while you change her increases her awareness of what is going on.

Do you still use a changing table? Lose it. Again, it sends a message to the child that she is the baby.

Make time at home a diaper-free zone. I know this inspires images of stained furniture and wet spots on floors. But this is toilet training, folks, and it isn't pretty. Of course, when taking trips or while out in the community, you want to eliminate disaster. But at home, your child should be in underwear or nothing at all. No pull-ups! Pull-ups make your life easier but do not lend too much to a child's understanding that the toilet is the place to handle her business.

If, while at home, an accident has happened, no biggie. Give your child a sponge or cloth so she can "help" clean. Have her remove her soiled clothing and underwear and place it in the sink to rinse out. This gives her responsibilities toward being successful with toilet training.

Is the potty over? If your child is using a potty, you may need to consider whether your child is too big for it. Most potties are designed for a child who is just learning to walk. So if your child is more than 20 pounds, a potty may be too small, putting her body in a position that would make elimination difficult. Also, you don't want her to associate elimination with a potty, but rather with a toilet. There are no potties in parks, restaurants, or relatives' homes, and you want your child to see every toilet

as an opportunity to relieve herself.

Leave the party favors for after the party. This refers to the parents bringing bubbles, snacks, toys, etc. into the bathroom to encourage the child to sit and eliminate. Avoid placing your child on a potty (if it's appropriate to use one) positioned in front of the TV. This could make this task confusing and distract her from paying attention to the sensations associated with elimination. Save these types of items as a reward for after a successful elimination. A book or magazine is fine, but nothing more.

Consider that your child may want her privacy. Positioning yourself just outside the door or with your back facing away may make your child less anxious. Think about it: are you comfortable if someone is staring at you in that position, cheering "C'mon, do it for Mommy?"

Adopt the one-minute rule. If your child, once sitting on the toilet, has not eliminated after one minute, it's a wrap. Pull up the pants, and go do something else for a bit. Try again in a few minutes. Insisting that your child remain there any longer than one minute may cause her to lose sight of why she is sitting there to begin with.

An added struggle is if your child has special needs such as a speech delay, an autistic spectrum disorder, or a sensory-processing issue. A common thought may be, "She is barely able to communicate with me yet. How can she possibly be toilet trained if she can't speak?"

Let's put her verbal ability on the proverbial back burner for a moment and consider the following: can she stand, walk, and run independently? Is she able to transition from sitting to standing on her own? Is she removing her own diaper when it is soiled? Then toilet training can be initiated. Researchers at The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital and Robert Wood Johnson Medical School completed a study in 2010 that pinpoints the period between 24 and 32 months of age as the most effective time frame for parents to begin toilet-training lessons with their children.

These suggestions are practices that have been employed with the many families I have worked with, and they have made a difference for them. The best practices are the most practical ones.

Dana Connelly holds dual Master's Degrees in Education and Special Education, working as an educational evaluator for a New York-based evaluation site. She specializes in Applied Behavior Analysis and is the proud single mother of a 5-year-old boy.

Why do the best hospitals turn to St. Mary's?



Perhaps because we continue to develop the most innovative ways of caring for children with special healthcare needs.

We're St. Mary's Healthcare System for Children, and we're building hope and restoring lives for patients with special healthcare needs. Our unique brand of rehabilitation and specialized care helps kids from just after birth into adulthood to heal, grow and thrive. It is why many great hospitals turn to us after their course of treatment. Whether at our inpatient facility, at home or in the community, St. Mary's delivers the pioneering post-acute care that children need to be their best.

stmaryskids.org
1-800-270-2478



St. Mary's Healthcare System for Children

Extraordinary children, extraordinary care.

29-01 216th Street, Bayside, NY



The kid won't eat!

Strategies for improving your child's eating habits

BY DANA CONNELLY

Picky eaters — the term conjures images of pursed-lipped toddlers with a spoon pressed to their mouths or the pouting child in front of his plate of untouched vegetables. It can wear on a parent's patience to prepare a perfectly acceptable and palatable meal for the family, only to have your child refuse to eat it.

First, it is important to distinguish a "picky eater" from a child with genuine feeding issues. Feeding issues involve poor coordination of the mouth muscles making swallowing, biting, or chewing difficult for a child. According to the American Speech-Language-Hearing Association, feeding dis-

orders involve an observable difficulty in your child's ability to gather food, put it in his mouth, and chew properly without the food falling out of his mouth. Swallowing disorders (dysphagia) involve the consumption of food accompanied by gagging, choking, or vomiting. If you have concerns of this nature, please seek out a proper evaluation through your local educational system or consult your pediatrician.

What we are addressing here is your child's avoidant behaviors during mealtimes. Whether the issue is finishing his food or eating a particular food, there are some strategies you can adopt to make mealtimes a pleasurable daily routine.

- Cooking and eating together — Many

families have difficulty finding time to sit down and eat together on a daily basis, but it is an important learning experience for your child. Turn off the TV, phones, and computers and take a few minutes to sit together at a table to enjoy a meal or a snack. If doing so daily feels impossible, designate one to two nights a week where this is the routine of the household.

Additionally, making your little one part of the food preparation gets his taste buds going and increases his motivation to taste what he is making. Even a child as young as 2 years old can be of some help. Give him opportunities to mix, shake, knead, pour, and scoop.

- What you see is what you get — Do you

find yourself preparing an alternative meal for your picky eater? Stop doing this. When your child refuses to eat what you have prepared, then he doesn't eat. If you behave like a short-order cook, your child will treat you like one. Your child will not starve. If mealtime is over and that plate of food is still being glared at by your child, untouched, stay cool, slap some foil on it, and tell him to let you know when he is feeling hungry. Guess what's on the menu.

•Don't be a hypocrite — Take a look at your plate. Did you eat everything, or are your vegetables getting pretty cold hiding under that napkin? Practicing what you preach goes a long way when your child is testing the limits. Have your child see you eating the foods he tends to avoid during and outside of mealtimes.

•Don't be sneaky — I've heard that some parents hide non-preferred foods in a preferred food by mixing veggies into mashed potatoes or hiding chunks of fruit inside yogurt. Here is the problem with this: children don't like to be tricked, and when you try to do so, it breaks down the trust between parent and child. Also, you may have now turned that preferred food into a non-preferred food. The next time he gets mashed potatoes, he might assume you are trying to trick him again.

If you are going to try mixing the preferred and non-preferred foods, make your child part of the process, having him do the mixing. Or, as he watches you do it, explain to him what you are doing. "Mmm, this yogurt is yummy. Look, I'm putting in some grapes and apples. Can you mix that up? Can you fish the apple chunk out of your yogurt?"

This type of dialogue communicates to your child that you are not trying to fool him. Remember, if you are going to be sneaky, don't be surprised when your child behaves the same way.

•Let's make a deal — Have an arsenal of potential reinforcers to deliver to your child besides the obvious offering of dessert. Take some time to observe what your child would rather be doing instead of eating. Most children would be happy to tell you if asked. Maybe it's watching a movie, playing a board or video game, or some rough-and-tumble playtime. Make a deal with your child. Determine the amount of food you want him to eat, and put your offer on the table, so to speak.

•Simplify your demands — Avoid trying to combat portion consumption with introducing a non-preferred food. Address each issue at separate mealtimes. If the child avoids a certain food, accept his gradual acceptance of it by introducing a small amount of it along with a greatly preferred food. (Don't hide it!) For each taste of the non-preferred, he gets some of his preferred.

If you are concerned that your child seems to have no appetite for much of anything, most likely, he is fine, but consult with your pediatrician. If he takes a couple of bites, and then wants to leave the table, remind him of your deal. If he isn't willing to sit, make sure that you have minimized access to his favorite activities.

I'd like to emphasize that if you are concerned with your child's speech development, and he is also displaying difficulty during meal times, you should have him evaluated. Aside from that, mealtimes require structure and boundaries in order for them to run smoothly. Determine what mealtime structure works best for your family's lifestyle. Respect the fact that your child is "picky," but don't allow his eating habits to change yours.

Dana Connelly holds dual Master's Degrees in Education and Special Education, working as an educational evaluator for a New York-based evaluation site. She specializes in Applied Behavior Analysis and is the proud single mother of a 5-year-old boy.



At MetLife, our focus on Special Needs Planning is evolving with the families we serve. We can help you continue to financially protect your loved one – even when you may no longer be there for them. Let us show you how.

George Orefici, CFP
Special Needs Planner
gorefici@metlife.com

Linda Ferri Stein
Special Needs Planner
lstein1@metlife.com

2929 Expressway Drive North, Suite 200
Hauppauge, NY 11749
(631) 851-5893



©2012 Metropolitan Life Insurance Company, New York, NY 10166, L0412251475[exp0513][All States] [DC,PR] © 2012 PNTS 1204-1775



Human First, Inc.

Quality of Life is Our First Priority

Serving people with special needs in New York City's five boroughs and Nassau and Suffolk Counties since 2001

Now with Offices in Queens

Services Include

- Day Habilitation
- Community Habilitation
- Crisis Intervention
- Respite
- Family Education & Training
- After-School & Saturday Recreation Program
- Medicaid/Non-Medicaid Case Management
- Reimbursement

New Programs

Bridges to Health Program & TBI/NHTD Program

Want to know more about our services? Visit our website at www.humanfirst.org, email information@humanfirst.org or call 516-823-9500

Main Office•128 Atlantic Avenue•Lynbrook, NY 11563
Brooklyn Office•8814 Foster Avenue•Brooklyn, NY 11236
Suffolk Office•375 Commack Road•Deer Park, NY 11729
Queens Office•25-15 Steinway St., Astoria, NY 11103

A mom with solutions

Aviva Weiss, founder of Fun and Function, helps special needs kids

BY CANDI SPARKS

I recently had the pleasure of speaking with Aviva Weiss, a pediatric occupational therapist and the head of Fun and Function, a company she founded in 2005 that creates unique toys and helpful items for special-needs kids.

Weiss is a loving and energetic mother of six, including a special-needs child, with a spectrum of opinions about children, parenting, and personal growth. The Pennsylvanian who lives and works just outside Philadelphia, has a multifaceted and complex personal and professional life. There is not much she does not do. We started out discussing the subject we have in common: motherhood. Being the mother of six children, as well as a successful entrepreneur, I knew she had valuable advice to share.

Candi Sparks: How is it raising six children?

Aviva Weiss: Busy. You need balance and lots and lots of rest. But mostly it is fun.

CS: Is it hard to leave your professional hat in the office, then come home and be a mom with your own children?

AW: Not really. Whether I'm at work or at home, I try to approach things in the same way. I can't be one person here, and another one there. Whether I am dealing with the parents or the children, every single person is different. I respect that both parents and children mutually want respect.

CS: What it is like when a parent discovers that a child has developmental chal-

lenges? How is this discovered?

AW: Sometimes certain milestones are not being met on time. For example, when a child does not roll over, walk, or speak by a certain age, it is a sign, and generally, when a child has motor skills that appear to be like a floppy doll.

CS: Is there any advice that you have for a person who is just discovering that her child has a special need or developmental challenge?

AW: Everyone is different, and I respect whatever way a family wants to deal with it, whether it is my way or not. There is no right or wrong way to go, but I personally do not think that giving anyone a label or treating them as a diagnosis is the way to go — especially in dealing with young people.

CS: Why not?

AW: If you give a child a label, they may live up to it.

We then talked about different types of special needs. In the case of a diagnosis such as autism (which encompasses an array of difficulties, which are a complex blend of medical, emotional, and educational developmental challenges), Weiss is committed to the philosophy of treating the symptoms, not labeling the person as a diagnosis.

CS: Can you give an example of what you mean by treating the symptoms, not the diagnosis?

AW: I do not believe in labeling a child as "learning disabled." Rather, I believe that finding the tools to help the child read and write is a more positive way to help them. Yes, there are different styles of parenting, but if anyone would like a sug-

Aviva's approach

Here are Weiss's tips for parents and teachers of a special-needs child:

Balance. Try to keep balance in your life by seeding energy to different areas: "My creative talents make me a better mom, being a mom makes me more creative." When you feel good about yourself and what you are doing, it feeds different areas of your life.

Everything is a process. Most people want to solve the problem now. Life is a process, and things take time. Certain things may be not right for now. But the challenge is an opportunity for growth.

Business is a good outlet for creativity. The Fun and Function business is run in partnership with Weiss's spouse, Haskel. He runs the business side, leaving Weiss time to focus on creative pursuits, thus keeping the line fun and appealing.

Children need discipline, regardless of their challenges. "The rules are the rules." It is important to establish boundaries, although the protocol may be different for special-needs children.

Every child has to be viewed individually. Weiss says even her own children sometimes fall into sibling rivalry, complaining: "He is getting more attention," or, "She gets to go to school late." Her answer is that you are not equal and are not the same. We are all unique and your needs and his are different. Entitlement is not the issue.



gestion, it is to focus on the solution more than on the name.

CS: Is this a lot more work for the parent?

AW: When an issue surfaces, intervention can be fun.

Fun interventions are at the intersection of Weiss's life as a mom, a therapist, and businesswoman. She told me about her encounter with the weighted vest — a contraption designed to help soothe and calm those with a sensory condition, in which a person does not like to touch certain textures and is



Aviva Weiss and her family.

fearful of movement or trying anything new. Her loved one needed a weighted vest, but it had strings hanging and a negative appearance. To Weiss, the product appeared unfinished. So, she designed something better looking that would hopefully achieve the same result. She developed a compression garment. She tested it out and asked for feed-

back, then made a few tweaks and ultimately put it on the market. These garments, unlike the weighted vest, have few seams, no tags, and are imprinted with dolphins and motorcycles for boys and with polka dots, bows, and ribbons for girls.

CS: What is it like wearing the garment instead of the vest?

AW: It is like wearing a deep hug, and it gives a fun alternative to the weighted vest. It also helps a child who has trouble transitioning to turn the chore of leaving the house into something fun.

Children who have been diagnosed with special needs, like autism, can become easily overstimulated in everyday situations. This can be a nightmare for those having to deal with them. When a child falls apart and doesn't want to go anywhere but has to, getting in and out of the car, being in crowded places, and certain sounds or a particular environment can result in a tremendous amount of frustration.

The child and caregiver can wind up crying all day and the quality of their lives is diminished greatly.

She told me about a parent who was weary from the child screaming all day (due to over stimulation). The parent would go into another room and turn up the music very loud, so that it was louder than the crying child and was an escape from the frustration of the day for just a few minutes.

CS: What advice did you have for the frustrated parent?

AW: Fortunately, the parent found a turning point. Children are easy, because they know when you love them and care about them. What is frustrating is treating their symptoms. People who have to deal with special-needs children may find that there is a turning point in the child that comes with acceptance. If the parent can say inside, 'I can accept this [child] and embrace them. This is just who they are,' they can reach the turning point.

CS: What have you learned about yourself both through your work and your life as a parent?

AW: We can overcome a lot and become better and stronger than we think that we are.

For more about Fun and Function, visit www.funandfunction.com or call (800) 231-6329.

Candi Sparks is a speaker, trainer, and author of the "Can I Have Some Money?" book series. Titles include "Max Gets It," "Nacho Money," and the soon to be released "Sold Out." She is a Brooklyn mom of two and you can find her on Amazon.com, Facebook (Candi Sparks. Author) and on Twitter (@Candi_Sparks).

Time-out tips

BY DANA CONNELLY

A child's main objective is to figure out his place in the world. Children do this by exploring their surroundings and testing the boundaries given to them. You have seen it before: a child is acting out and the parent, red in the face and sweating, is trying not to lose her cool. Cue the idle threat: "Do you want a time-out?"

What an absurd question. Of course the child doesn't WANT a time-out. But you know full well he deserves one for the actions he's just displayed. So why are parents setting up a situation for an already unruly and willful child to defy and argue with them? It comes down to idle threats, and as parents and educators, we are all guilty of it to one degree or another.

So how can we maintain authority without losing our minds or a child's respect? Time-out procedures, when used correctly, are techniques that should decrease displays of undesired behavior. Before implementing a time-out, determine what behaviors warrant one, because, if time-out is used for every behavioral misstep, it will lose its potency. Here are some suggestions:

1. Eliminate second chances. If your child has displayed a behavior that warrants a time-out, you simply state: "That gets you a time-out," then put him there. You may need to physically prompt your child into the time-out area (a place that is quiet and contains minimal-to-zero distractions such as TV, computers, or other people). When you threaten a time-out, then don't deliver, you send a message to your child that you don't always mean what you say, and that he doesn't always have to listen to you. It is fine to negotiate, but not when implementing a new strategy for the first time. Save the compromises for when you have noticed your child's behavior improving and he has grasped the concept of time-out.

2. How long should time-out be? According to the American Academy of Pediatrics a time-out should be in a years-to-minutes ratio. So if your child is 2 years old, the time-out should be two minutes long. Four years old should get a four-minute-



long time-out. You get my drift.

3. Implement verbal accountability. Before time-out begins, state to your child why he is in time-out. "You pulled your sister's hair. That is why you are in time-out." After the minutes are up, return to your child and ask him to tell you why he is in time-out. If he cannot answer, then repeat the reason why and begin the minutes again. He can be excused from time-out when he can tell you why he is there to begin with. The whole purpose of time-out is that it gives the child a chance to reflect on his actions, so if he can't state why he got into trouble, then the time-out was pointless.

4. Combat escape tactics. Every child is going to attempt to get out of punishment. "But I'm scared in here by myself." "I miss you mommy." "I love you, you're so pretty." "I hate you! You're so mean to me." Oh, what master manipulators children can be. All of these statements are made with the intention of gaining your attention and sympathy.

Stay strong. Stay cool. Let them talk all they want, but do not respond or react until the time is up (and they made good on suggestion number 3).

If your child attempts to leave the time-out zone, you should non-verbally put him back in, and start the time-out again. This might feel like a time-out tango, but what your child learns is that you are the authority and he is responsible for his actions.

5. Check your ego at the door. This is for those times when your child acts out in public or at other peoples' homes. You notice how people are staring at your child acting out. Your relatives are giving you looks of sympathy mixed with judgment. You want your child's behavior to just stop.

Don't be self-conscious about employing your tactics of discipline. It's tempting to think that your child's behavior is a major reflection on you, but it's actually your reaction to the behavior that is judged. Kids are going to be impossible, that's a given. But just because he lost control doesn't mean you have to. Although you're away from your home and your usual time-out zone, try to designate one. Again, it only needs to be an area that has minimal distraction, away from the situation. It could be a bathroom, a car, a staircase, etc.

...

In this day and age, the old forms of discipline (spanking, lashing, etc.) are not only illegal, but also found to be antiquated and ineffective. When a child is "physically" disciplined, he remembers the pain and develops a degree of fear, but rarely remembers why he was reprimanded to begin with. Time-outs provide a more dignified form of punishment when used effectively, and will aide in decreasing problematic behaviors with typical and atypically developing children. Remember, you may have a little "terrorist" living with you, but we, as parents, will not negotiate with terrorists. Good luck, everyone.

Dana Connelly holds dual Master's Degrees in Education and Special Education, working as an educational evaluator for a New York-based evaluation site. She specializes in Applied Behavior Analysis and is the proud single mother of a 5-year-old boy.

Does Your Child... “Tune You Out?”



Normal Kids? Or is something else going on?

- Is your child easily distracted?
- Are noisy environments upsetting?
- Does your child have difficulty following directions?
- Is abstract information difficult to interpret?
- Does your child have speech, spelling, writing, or other learning difficulties?
- Is your child disorganized and forgetful?

We offer a variety of listening therapies to address auditory processing issues that can affect speech/language and learning such as:

- Auditory Integration Therapy • Earobics®
- Fast ForWord® • Interactive Metronome
- Phonemic Synthesis and other programs



*Exciting
News!
Now Available!
Exercises
For Home Use*

EAST MEADOW HEARING & SPEECH CENTER

Shelley L. Francis, M.S., F.A.A.A. Audiologist

Has been specializing in the diagnosis & treatment of Auditory Processing for over 20 years.

516-489-9327 • 576 Merrick Ave., East Meadow, NY 11554



Visit the Listening Lab @
www.thelisteninglab.com
and see how you can help your child at home.

Is it typical toddler behavior, or ADHD?

Ten early signs of attention issues in preschoolers

BY KIKI BOCHI

Young children often have problems paying attention or concentrating, but when are these problems serious enough for parents and teachers to be concerned?

The old guidelines for diagnosing Attention-Deficit Hyperactivity Disorder were geared for ages 6 to 12. But any parent who lives with a child who has attention deficit, hyperactivity, or impulsivity knows the symptoms don't magically materialize after a kid blows out the candles of his sixth birthday cake. Usually, there are signs long before that.

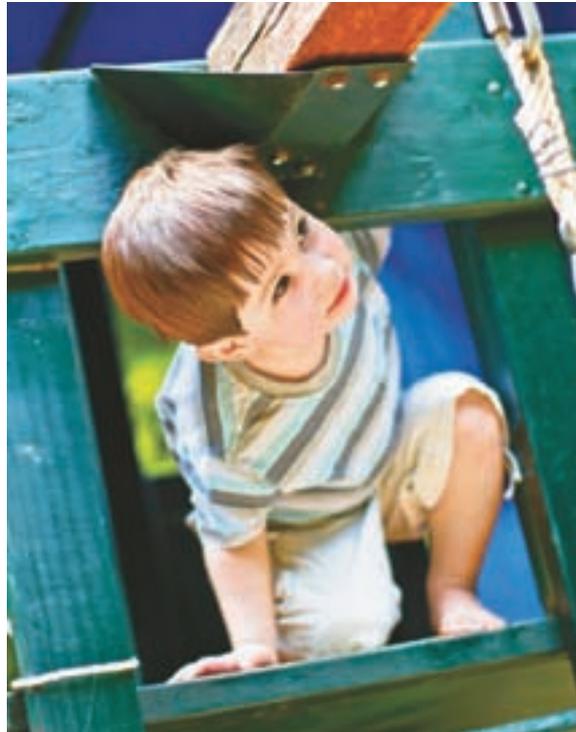
At the same time, not every wiggle worm has ADHD. And, really, how much focus and concentration can you really expect of a preschooler?

Last year, for the first time in a decade, the American Academy of Pediatrics revised its guidelines for diagnosing and treating ADHD to include children as young as 4 years old. But parents are still often confused about when to bring concerns to their pediatrician.

Dr. Mark Mahone, director of the Department of Neuropsychology at the Kennedy Krieger Institute in Baltimore, encourages parents to be especially observant of their young child's behavior.

"Research shows that children with ADHD have abnormal brain development, meaning that ADHD has a biological basis that often makes it a lifelong condition," he says. "We want to catch ADHD early because it has such a profound effect on learning and academic development. Children whose symptoms begin in early childhood are at the highest risk for academic failure and grade repetition."

In preschool, or when children are of



3 to 4 years of age, Mahone suggests parents look for the following 10 signs that are associated with an ADHD diagnosis when children reach school age:

- Dislikes or avoids activities that require paying attention for more than one or two minutes.
- Loses interest and starts doing something else after engaging in an activity for a few moments.
- Talks a lot more and makes more noise than other children of the same age.
- Climbs on things even when instructed not to do so.
- Cannot hop on one foot by age 4.
- Is nearly always restless; wants to constantly kick or jiggle feet or twist around in his seat. Insists that he must get up after

being seated for more than a few minutes.

- Gets into dangerous situations because of fearlessness.
- Warms up too quickly to strangers.
- Frequently aggressive with playmates; has been removed from preschool or daycare for aggression.
- Has been injured (e.g., received stitches) because of moving too fast or running when instructed not to do so.

"If parents observe these symptoms and have concerns about their child's development, they should consult with their pediatrician or another developmental expert," Mahone says. "There are safe and effective treatments that can help manage symptoms, increase coping skills, and change negative behaviors to improve academic and social success."

For preschoolers, the new guidelines recommend trying behavioral interventions, such as group therapy or parent training in behavior management techniques. Medication of Methylphenidate — Ritalin and similar drugs — should be considered only for preschoolers with moderate to severe symptoms who do not see significant improvement after behavior therapy.

For elementary school children and adolescents, the American Academy of Pediatrics recommends both Food and Drug Administration-approved medications and behavior therapy.

As guidance to parents, the Academy has updated information online about symptoms and treatment at www.healthychildren.org/adhd.

Kiki Bochi is an award-winning freelance writer and editor who specializes in health and family topics.

TENTH ANNUAL APRIL 17-19, 2013
 NEW YORK'S HOTEL PENNSYLVANIA
 (Across from Madison Square Garden)



Young Child EXPO & CONFERENCE

GREAT SPEAKERS. GREAT LEARNING.
 HELPING YOUNG CHILDREN LEARN & GROW

KEYNOTE SPEAKERS



H. MELVIN MING
 President and CEO
 Sesame Workshop



DR. BECKY BAILEY
 President, Loving Guidance, Inc.
 Creator, Conscious Discipline®
 award-winning social emotional
 intelligence program



DR. SAMUEL GOLDSTEIN
 Assistant Clinical Professor,
 University of Utah School of
 Medicine



DR. SUSAN SWEARER
 Professor of School Psychology,
 University of Nebraska-Lincoln,
 Co-Director Bullying Research
 Network

To register go to:

www.YoungChildExpo.com

or call 212-787-9700, ext. 333

GROUP DISCOUNTS AVAILABLE

REGISTER BEFORE

MARCH 20, 2013

EARLY BIRD DISCOUNTS

OVERVIEW

More than 25 Conference sessions
 Full and Half-day Workshops
 35 Exhibitors & Over 1,000 Attendees expected

TOPICS

ADHD	Emotional Intelligence
Autism Essentials	Educational Policy
Behavior Management	Music and Learning
Bullying	Positive Parenting
Common Core Curriculum	Social Skills Development
Developmental Discipline	Speech Language Issues
Early Literacy	... and many more

The Young Child Expo & Conference

will provide early childhood professionals and parents the latest information about early childhood development, services, resources, and products to help all children reach their full potential. In one unique event, this conference integrates learning about a wide variety of important topics affecting typically developing children as well as those with special needs, including autism.

Presented by



If You Can Dream It, We Can Get You There



(877) 346-7987 • bussanimobility.com



Extensive product lines • New and Pre-owned Wheelchair accessible vehicles • Custom mobility van conversions

If your child is struggling with school...



"Someone mentioned to me that if I had a creative and bright child, he would thrive at Winston Prep."

Winston changed his life."

Jenifer Levin, mother of Mak Levin
 Winston Prep Class of 2008
 Roger Williams University Class of 2012



...we can help.

The Winston Preparatory Schools

Unique independent day school for students with learning disabilities.

NEW YORK
 126 W. 17th St.
 New York City, NY 10011
 646.638.2705 x634

CONNECTICUT
 57 West Rocks Road
 Norwalk, CT 06851
 203.229.0465 x535



www.winstonprep.edu

Safe haven for Down syndrome families

Gigi's Playhouse offers education & community

BY JAMIE LOBER

If you believe those with Down syndrome should be accepted and embraced by their families, schools, and communities, and you want to find other people who share this philosophy, look no further than Gigi's Playhouse in Manhattan.

"There is power of the community more than anything else, because our intention is to lift the self-esteem of people with Down syndrome and their families," says Britt Sady, executive director and site coordinator at the New York City location, which opened in February. The national non-profit has been around for 10 years and was started by a Chicago mom who has a child with Down syndrome.

"This is our place, where we go to celebrate," says Sady, who also has a son diagnosed with Down syndrome. Gigi's Playhouse appears to be the only community center in the New York-metropolitan area specifically designed to serve this community.

"We have people coming in from Connecticut, Staten Island, Brooklyn, Queens, and Westchester, because there is nothing else like this," says Sady. The 1,200-square-foot community center is tailored toward emotional fitness and is not a residence. The staged apple trees, couches, sweet music and calendar of events keep the people coming back for more.

"The playhouse itself is a beautiful environment where everyone who walks in says, 'Mommy, I want to play here,' and everyone is welcome," says Sady. "It is such a



Britt Sady and her son Noah (above) and other families have fun in a photo booth.



happy and joyful space."

The Gigi's Playhouse focus is to help kids with Down syndrome function better, which is accomplished by teaching preschool and literacy skills, offering occupational and physical therapy, and hosting educational lectures and support groups. The services are free of charge. Children of all levels and backgrounds participate, and the environment is inclusive.

"My son has Down syndrome, but that is not what I see; I see a unique, complex individual that I have given my entire heart to and I want other people to come to the playhouse and associate with Noah and not with

Down syndrome," explains Sady. She compares this to being friends with someone with arthritis. "I would not call my friend an arthritic; if you get to know the person, you will like him just as much as I do."

Strangers to Down Syndrome can benefit from Gigi's Playhouse as well.

"We want to be a melting pot and include all walks of life, because they are welcome, and it is fun and a place where no one will stare, because we are open, talk about things, and make differences approachable," says Sady.

She finds that there are still some members of the public that aren't aware of this community and its challenges, including an understanding of exactly what "Down syndrome" does and does not mean.

"It is important to learn that if a person's tongue protrudes, it



is because they have low muscle tone, but we can train muscle tone, if they have good oral motor therapy early on; they are not stupid," says Sady.

Supporting kids through therapies makes a difference and lifts families' spirits. "Sometimes it is easy not to realize that you are setting the bar low, and the purpose of the playhouse is to lift the bar and let families see — in a community setting — what other children can do."

And it is stimulating for the children to be in a social environment.

"[On] pizza night, [we] turn the playhouse into a pizza parlor where children with Down syndrome exist in a culture with many developing people," says Sady. The child may bring his mom, dad, sibling, and a friend. "The whole purpose is getting people together. Since one in 700 people is born with Down syndrome, you are going to have a lot of friends that do not have Down syndrome."

Other GiGi's Playhouse activities include music class, open structured play, and Sunday brunch in Central Park during the summer. "The movement class is the most popular," says Sady, so it is best to call in advance to reserve a spot. There is no charge for any of the classes

— including one-on-one literacy tutoring — so all you need to bring is yourself and your family.

"When we started, everything was drop-in, and we had five to 12 people showing up, but now people are coming out of the woodwork; we hope to be moving within 18 to 24 months [to a bigger location] to accommodate everyone," says Sady.

The best part is that anyone can become involved in GiGi's Playhouse.

"There is a beautiful perception in the world that a typically developing child will gain a lot by becoming friends with someone who is challenged in certain ways, and it makes them feel more whole to be exposed to different types of learners," says Sady.

Regardless of what brings a visitor to GiGi's Playhouse, they are sure to walk out as an advocate for children with Down syndrome.

GiGi's Playhouse New York [106 W. 117th St. at Malcolm X Boulevard in Manhattan, (646) 801-7529, <http://gigisplayhouse.org/newyork/>].

Jamie Lober, author of Pink Power (www.getpinkpower.com), is dedicated to providing information on women's and pediatric health topics. She can be reached at jamie@getpinkpower.com.

© 2012 Jamie Lober.



CARDTM
CENTER FOR AUTISM
& RELATED DISORDERS

DELIVERING RESULTS FOR OVER 20 YEARS

Our experienced **Board Certified Behavior Analysts** & **Special Education Itinerant Teachers** are specialized in:



- INTENSIVE EARLY BEHAVIORAL INTERVENTION
- ABA TREATMENT FOR INDIVIDUALS OF ALL AGES
- DIAGNOSIS & ASSESSMENT
- HOME, COMMUNITY & SCHOOL-BASED SERVICES
- CHALLENGING BEHAVIOR MANAGEMENT
- PARENT TRAINING, FEEDING & POTTY TRAINING

www.centerforautism.com

CARD LARCHMONT 1890 PALMER AVENUE, LARCHMONT, NY 10538

CONTACT US TOLL-FREE (855) 345-2273

Serving: The five **New York** boroughs, **Westchester County**, **Long Island**, **NJ** & **CT**.

Dental Services for Special Needs and Medically-Compromised Patients

Many patients with special needs require special care

They may be more susceptible to **tooth decay**, **gum disease** or **oral trauma**. Due to their medical diagnosis or behavior therapy they may require medication or a diet that is detrimental to their dental health.



Mary George, D.M.D./Pediatric Dentist
Ralph H. Epstein, D.D.S./General Dentist/ Dentist Anesthesiologist
Derek Zimbardi, D.D.S./General Dentist
Cristina David, D.D.S./General Dentist
Gina Sajjani, D.M.D./Pediatric Dentist

Over 30 years experience caring for the dental needs of children with special needs.

Office based general anesthesia available.

Variety of treatment modalities available depending on your child's needs.

DDSNY

Distinctive Dental Services of New York, P.C.

OFFICE LOCATION:

173 East Shore Road, Suite 201
Great Neck, NY 11023
516-487-8110



For more info please visit www.ddsny.com

A special camp

Finding the right program for your special child

BY REBECCA MCKEE

The skies are still gray, the trees are bare, and our fingers and toes are bundled up in mittens and socks. Summer, not to mention scheduling summer activities, is a faraway thought for most. But for families with young children and teenagers with special needs, NOW begins the process of picking the right summer program.

Summer programs are becoming more diverse...for both typical young people and those who differ from the norm. The idea that all boys live for sports, and all girls love dolls has gone by the wayside. It is now time for parents of those with special needs to ride this wave and accept that it is OK for their child to live outside of the box, too! Past practice was that a boy or girl with autism spectrum disorder, or other special needs, would spend the summer working extremely hard to fit in at a typical camp. As with any special education situation, there were pros and cons.

It's a great idea for summer programs to expose young children or teenagers with special needs to natural settings alongside typical peers, but will the special-needs kids enjoy the experience? When picking a summer program, parents have to remember what matters most to and what is best for the special-needs child who will be attending the camp. We have to measure his level of enjoyment during his summer vacation.

To gain a broader view of activities, families can attend local parent support meetings at their children's schools. You'll find an abundance of information. With a little bit of research, you can find a variety of summer programs — including agriculture camps at local farms; theatre programs that include drama, stage building, filming with both LEGOs and Robotics; and other settings — that would fill those hot summer days with a program that accommodates your family member's specific preferences.



You can also contact local colleges and universities in your area. Certain academic programs offer half-day and full-day summer camps geared toward children with special needs. The counselors are actual college and graduate school students in the fields of special education, speech-language pathology, psychology, and other related fields — you can't get better than that!

You'll benefit greatly from shopping for camps early in the year. Once you've narrowed down the choices on an adult level, take into account your child's experience at the camp each day. Summer experiences are supposed to be happy and fun!

People with special needs need to alleviate anxiety and prepare for change by being exposed to information via multiple

senses. Have the child preview the location visually by looking at pictures from the pamphlets and websites. Touring the site will capture the auditory and kinesthetic modalities, and counting down to the end of the school year and beginning of summer on a calendar will prepare the child for a change in routine.

What matters most to the special-needs child or teenager should be the foremost thought when choosing a summer program. Try to be flexible and think outside the box, and get a head start, too, so that you can have full access to all of the options out there.

Rebecca McKee, The 13th Child Autism and Behavioral Coaching. For more, visit www.mybehaviorcoach.com or the13abc@aol.com.

MARKETPLACE

TO PLACE AN AD IN THIS SECTION, PLEASE CALL 718.260.4554

YOUR GLUTEN FREE HEADQUARTERS!

- LOW CALORIE
 - ALLERGY-FREE
 - LOW CARB
 - KOSHER
- FOODS, MEALS, SNACKS, DESSERTS & MORE!**

15% OFF
w/Ad Only
Exp. Feb. 2013 NL

Visit Our Newest Store!

		
148 Manetto Hill Rd. PLAINVIEW, NY 516-931-1900 www.gethealthyamerica.com	600-16 Portion Rd. RONKONKOMA, NY 631-981-0882 www.thedietshop.biz	203 Mineola Ave. ROSLYN HEIGHTS, NY 516-801-8181 www.healthyspecialties.com

SUPPORTING THE MANHASSET COMMUNITY SINCE 1996!

WHOLE FOODS MARKET

2120 NORTHERN BOULEVARD
MANHASSET, NY 11030
516-869-8900

SHERRY'S

THE HEALTHY GOURMET

JUST FOR THE HEALTH OF IT!



- Wheat & gluten free foods
- Organic dairy, produce and meat
- Whole grains, dried fruit, nuts & seeds
- Low GI (glycemic index) sweeteners
- Vitamins & supplements
- All natural body care & make-up
- Holistic pet food and supplies

ASK ABOUT OUR BRING YOUR OWN BAG INCENTIVE!

89 DEER PARK AVE • BABYLON VILLAGE
631-661-5552 • www.sherryshealth.com

OPEN 7 DAYS

Mon-Fri 9am-7pm • Sat & Sun 9am-5pm

Serving Long Island Special Needs Families For Over 8 Years!

the dietshop

We Carry An Extensive Line Of Gluten Free/Allergen Free Products

Meals • Pizza • Desserts • Snacks • Cakes
Cookies • Bread • Bake Mixes
And More

\$5 Off Purchase Of \$25 Or More
With this ad

600-16 Portion Road, Ronkonkoma, NY 11779
631-981-0882 www.thedietshop.biz

Uncle Giuseppe's MARKETPLACE

Uncle Giuseppe's stores have an extensive selection of **GLUTEN-FREE PRODUCTS**

in our grocery and frozen aisles!

Glutino, UDI's, Kinnikinnick, Bell & Evans, Katz, Pamela's, Sam Mills, Envirokidz, Gluten Free Dreams, Glenny's, Schär, and many more!



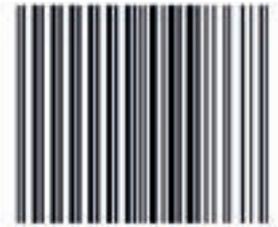
GLUTEN-FREE GIFT BASKETS AVAILABLE!

Visit uncleg.com for our weekly sale on gluten-free sale items!

\$5 OFF \$50

VALID AT ANY UNCLE GIUSEPPE'S LOCATION - LIMIT ONE - EXPIRES 3/15/13

WITH REWARDS CARD. VOID IF DUPLICATED. STORE MUST RETAIN COUPON. NO CASH REFUNDS. NOT VALID ON ONLINE ORDERS. COUPON MUST BE PRESENTED AT TIME OF PURCHASE.



2330 Hempstead Tpke., East Meadow, NY 11554 - Ph: 516-579-1955
95 Route 111, Smithtown, NY 11787 - Ph: 631-863-0900
364 Port Washington Blvd., Port Washington, NY 11050 - Ph: 516-883-0699
1108 Route 112, Port Jefferson Station, NY 11776 - Ph: 631-331-1706
37 Hicksville Rd., Massapequa, NY 11758 - Ph: 516-308-7377

The four-legged blessing

How an autism-assistance dog helped a family

BY REBEKAH WILSON

Our family understands both the word autism and the reality of it very, very well. Out of our eight biological children, four have been diagnosed with autism. Two more are on the spectrum but are not diagnosed. Our family has practiced most of the traditional and nontraditional methods to help autistic children. Some methods have worked, and some have not.

The most effective method we have discovered so far is an autism service dog trained by 4 Paws for Ability, an organization that specializes in placing highly trained, professional service dogs with children. Most service dog organizations will not place a dog with a child until the child reaches 16 to 18 years of age. Yet, it is when children are young that they need the dog the most.

Here's Luke's story — maybe you know someone who can be encouraged by it.

Luke is our seventh child and the fourth diagnosed with autism. Nearly every autistic child has secondary issues as well, and Luke is no exception. He had the most severe attention deficit hyperactivity disorder our child psychiatrist had ever seen. Once the disorder was under control through medication, the autism became glaring. Luke also has medical issues that revolve around malabsorption, also common with autism. Luke received numerous therapies and services and we went through a medication regime too, but ultimately the psychotropic medications were not good for Luke's health. Some have severe side effects, including irrevocable diabetes and liver failure — not

something any parents want their child taking for very long. Also, the longer Luke was on those medications, the less effective they became. We needed something else in our arsenal of parental tools.

As a result of continual research and talking with others, the suggestion of an autism service dog came up. I was intrigued to say the least, because service dogs are generally seen with visually impaired or hearing-impaired adults, not autistic children! I began to learn more about the topic of autism service dogs. More than a hundred hours of research later, for overwhelming reasons, we chose 4 Paws for Ability. We applied, were accepted, and began raising funds for Luke's dog.

However, less than two months later, my husband suffered a small stroke, and consequently I put on hold everything related to the service dog. Then, the Los Angeles Police Department, my husband's employer, heard about Luke's need and generously offered to help us reach our goal in just a few weeks!

I thought I was prepared for what an autism service dog would do for Luke and his autistic siblings. I knew the dog would be trained in search-and-rescue tracking, meltdown behavior disruption, tethering, and alerting, and would have a few tricks tossed in to keep Luke busy, but I wasn't prepared for how strongly the dog could affect the child. There is an enormous, overwhelming calmness that transcends the spirit of an autistic child when he is near a service dog, something you have to witness to fully grasp and understand.

The first time I saw this with Luke was during our third day of official training with the service dog, Bones, when Luke

had a major meltdown and was hurting himself. Luke started to escalate and get upset because his hamburger was missing and we couldn't find it; he sat down next to me and began slapping his head. When I tried to hold Luke's arms, he began to punch his head, so I put him in a bear hug to hold his arms down and wait it out. At that point, Luke used his knee to whack his head and hit himself so hard that he nearly knocked us both off of the couch and onto the ground. I ended up crossing my legs over his as I gave him the bear hug (I felt like a human pretzel!).

Bones was in the middle of the room practicing commands and got a little distracted when he saw Luke struggling and crying. When Bones' training was over, he came to Luke and began to nuzzle him and lick him (he's trained to do this to interrupt Luke's meltdowns). Luke suddenly stopped ... completely. He became very still, melted into me, and then slid onto the floor in a heap. Bones sat down next to Luke and Luke scooted over, crouched behind Bones, and then simply leaned on Bones.

In the photo you can see that Luke's eyes are closed and he is peaceful and relaxed. For 10 minutes, Luke stayed like that. Bones never moved or seemed to get annoyed or tired of Luke; Bones just sat there as if he knew this was exactly what was needed.

When Luke finally got up, he patted Bones on the head and walked away a happy, smiling, and very peaceful little boy. Normally, we would have experienced escalated behavior from Luke, followed by a fallout period that would last from 30 minutes to several hours. That was the



first time I realized how strongly Bones could affect Luke's behavior, i.e., shorten the lengthy meltdowns and periods of fall-out. We had just watched the first of many miracles take place, and the realization of how this dog was going to change Luke's life had me in tears for hours.

That happened a year ago. Since then, Luke and Bones have been constant companions. Here are the top three enormous blessings we have observed since Bones joined our family:

- Because of the service dog, Luke is now off of all of his psychotropic medications; Bones has proven to be more effective in keeping Luke calm than any medication ever did. At times, this totally blows my mind because of the simplicity of it.

- Luke tends to wander away and get lost, and when he is upset he runs away and hides. He also has no "stranger awareness" and would follow anyone anywhere. Bones is able to track Luke immediately, in any

situation and any environment, and Bones can find Luke within two to three minutes. When at Boy Scout camp this past summer, Luke got lost twice because he wandered away. Each time, Bones found Luke within five minutes, keeping Luke safe and sparing the camp from being alerted and having to search for Luke.

- At 8 years of age, Luke had never slept in his own bed. Now he sleeps in his own bed every night with Bones snuggled next to him.

The greatest blessing Bones has brought to Luke is the way that Bones "humanizes" Luke, drawing people to Luke for social interaction. The general public has a tendency to be overly harsh, critical, and unfriendly toward autistic individuals. This response limits Luke's ability to interact with others, especially children his own age who tease or torment him. However, with a service dog at his side, Luke becomes a social magnet and people tend

to accept his autism and disability — because the dog has accepted him. People ask Luke if they can pet his dog, ask questions about the dog, and in other ways draw Luke out into normal social situations with a positive twist to it.

Bones has been an incredible blessing for our family. If we had not observed the benefits firsthand, I would have not thought this possible.

If you would like additional information, grab a tissue box, and visit 4pawsforability.org. You can also e-mail me at erccswil@aol.com with any questions you might have.

Rebekah Wilson continues to homeschool her children and is currently working on a MEd in Special Education. E-mail her at erccswil@aol.com.

Copyright 2012, used with permission. All rights reserved by author. Originally appeared in the February 2012 issue of The Old Schoolhouse® Magazine, the trade magazine for homeschool families. Read the magazine free at www.TOSMagazine.com or read it on the go and download the free apps at www.TOSApps.com to read the magazine on your mobile devices.



He reverses his letters

Our son, age 7, reverses letters when writing. We fitted him with glasses, but the reversals continue. Could he have dyslexia? What should we do?

It's not uncommon for children at ages 7, 8, or 9 to reverse letters while writing.

Dr. Martha Weber, an education professor at Bowling Green State University, coined a term for this in 1972: the "Moma" concept. It illustrates the relationship between how young children perceive their world, and why they reverse letters while learning how to write.

The concept is explained through how children see their mothers.

A child who sees his mother dressed up and wearing makeup for a Friday night out, or wearing a bathrobe, hair curlers, and facial mask on Saturday recognizes that, no matter how different she may look, she is

still his mother.

Most young children who reverse letters do so, because although the letters may look different, to these kids, they're still the same. (This is known as form constancy.)

No wonder kids question our adult level-headedness when we tell them that merely moving, what looks to them like a "stick," from one side of a circle to the other, creates a totally different con-



FAMILY JOURNAL
ROBERT MORTON

cept (a letter "b" becoming a "d").

And, how about the confusing visual similarities between p-q, m-w, M-W, m-n, or h-n?

Even if eyeglasses enable the information to enter your son's brain at 20-20, he will draw upon his belief system to logically misinterpret the incoming visual information.

For now, I'd advise not searching for other causes, such as dyslexia, to explain the letter reversals. Primary teachers have witnessed this problem work itself out most of the time. For now, just blame it on "Moma."

Robert Morton, MEd, EdS has retired from his positions as school psychologist and adjunct professor in the School of Leadership and Policy Studies at Bowling Green State University, in Ohio. Contact him at robertmorton359@gmail.com.

The social score

When one family member *doesn't* want to watch football

BY REBECCA MCKEE

The season of pumpkins and ripe apples is clearly upon us. For most of us, sharing a seat alongside the crisp feelings of autumn is the love of football. This All-American sport is more of a passion than a pastime. Homes, families, and cities dedicate Sundays, Mondays, and lifetimes to championing their special teams to victory. For those who struggle to fit in socially, while hoping to hold on to their individuality, being part of the crowd during the big game can get quite tricky.

For the moment, we are using football as an example; mainstream events and activities may be universally unlucky for people with unique personalities, such as autism spectrum disorder. Balancing family time with sensitivity to all is a tough act to master. What usually happens is one end of the social see-saw falls flat to the ground with a bang — we all know how that feels! The trick is to pair reinforcing items and activities with non-preferred occasions.

On a cerebral level, pairing is defined as making a desired item or activity equal to an undesirable one through linking the two together in space and time. Physically speaking, we would literally take part in or use what we love while being in the presence of something we are trying to avoid.

For example, a teenage boy with autism may love clay and his iPod, and has zero interest in football and conversations with others. Every Sunday his family has a football brunch. He can relieve his social anxiety, which will make the day more en-



joyable for himself and his family, through pairing tricks.

He will choose to sit on a chair so he has personal space. A couch will be overcrowded. He will keep his iPod on throughout the game. This looks typical, as many teens listen to music in their homes. Between bites of brunch, he can create models with his clay. This is pairing reinforcing items and activities with moments that we dread.

Being sensitive to others who have vague social behaviors is the first step. Once this sentiment is accepted by the support group, everything else will fall into place. After all, we use these same

techniques with ourselves. God knows, I get bored after I realize that 30 seconds in a game really equals 25 minutes! I compensate by partaking in conversation, sharing photographs, assisting in the kitchen, and other typical socio-behavioral movements.

People with special needs need structure and actual help in order for them to be able to calmly co-exist in these settings. Create a "Fun File" for the annual events that your family partakes in. Have your family member with special needs fill this with reinforcing items. This will create a level playing field for all of your teammates during the big game!

The big bully next door



Dear Sharon,

Our next-door neighbor's son is a bully. He is 12-years-old, sizeable, and formidable. I know he's a bully because my 10-year-old son is one of his many victims. I don't know what to do or how to deal with this situation. My son is afraid of retribution if I take action, but I think doing nothing is more terrifying for everyone. What do you say?

Dear Parent,

I am sorry to hear about this all too common problem.

It is often challenging, although necessary, to conduct a thoughtful and effective adult intervention when bullying occurs. It can be particularly difficult when tensions come from a menacing neighbor who is an ongoing presence in a young person's life.

There is rarely a simple solution to repeated intimidations, but here are some possible things to think about as you tackle the problem.

It is important for parents to play a role in the resolution of bullying. It is often useful for moms and dads to enlist advice and specific assistance from a variety of sources who can keep discussions confidential. Taking time to brainstorm and strategize with trusted family members, friends, and school or religious community advisors before acting can help generate ideas that can effectively stop the problem. It is not uncommon for children like your son to fear vengeance.

Unfortunately, those fears are not unfounded, all the more reason to have any parental actions be carefully thought out beforehand. Impulsive responses, an understandable reaction to bullying, are sometimes effective but can also lead to

complications in the long run.

Of course, one possible solution would be for an adult to talk directly to the child or his family. However, it can be useful to remember that bullies are frequently experiencing family hardships and this emotional discord might be contributing to the problem. Those underlying issues might have to be addressed or at least understood to have interventions go smoothly.

While sorting through ways to stop the harassment, I suggest that parents in your



PARENTS HELPING PARENTS

SHARON C. PETERS

position set aside ample time to listen to the details of the child's experiences and then provide good counsel about any steps that might be taken to interrupt the behavior like avoiding the bully, not responding, and asking for help from others. Finding additional support through school or community resources such as counseling or support groups, in or outside of school, can be invaluable -- even when stopping the problem is not a quick or easy task.

Parents are understandably upset and worried when their children are being bullied. They also need plenty of support and good counsel. If parents can sort through their own feelings it is easier for them to provide the calm, reassuring emotional support and practical strategizing that an adolescent needs during this time.

I am sorry to hear about your son's dilemma. I know many moms and dads who have sorted through viable solutions to handle bullies over time. I wish you well as you do the same.

Sharon C. Peters, MA, is a mother and director of Parents Helping Parents, 669 President St., Brooklyn (718) 638-9444, www.PHPonline.org.

If you have a question about a challenge in your life (no issue is too big or too small) e-mail it to Dear Sharon at Family@englocal.com.

A professional opinion

Understanding the roles of professionals in child care

BY DANA CONNELLY

As parents, we are in frequent interface with pediatricians, child care providers, nannies, and teachers. These are people who we put professional faith in, and those who, early on in our children's lives, set the tone for how non-family members perceive our kids. It can be a heart-breaking experience to hear from someone that your child seems to have attention deficit hyperactivity disorder, autistic spectrum disorder, a behavioral disorder, or a developmental delay. Let's consider the source: even with multiple degrees in a particular area, a professional may not technically be qualified to diagnose a child with a disorder. Yet a mere mention of it from anyone under the umbrella of child care can create extreme angst for a family.

Pediatricians are the frontier professional, one of the first that are involved in your child's life. They have put extensive study and training into their craft, which centers on the biological functioning of your child. As with any field, you have varying degrees of expertise, and perhaps you have scoured your town for the best one. Any pediatrician should have general knowledge of developmental milestones, but I emphasize "general." The specialization of a pediatrician is in the medical health of young children, not in the diagnosis of a mental disorder. In post-evaluation meetings with families I have often heard that, "The pediatrician said it's OK that Josh isn't talking by 2 years old." Or, "Her doctor said that lining toys up as the main form of play was just a phase." The pediatrician means well, but he may be downplaying something that, if addressed early, can be treated to the point of non-concerning. An improved professional response of the doctor could be to ask additional questions related to the behavior and recommend an evaluation agency to the family, so they can be put in touch with the appropriate specialists.

Daycare providers spend longer periods of time with your child than a pediatrician.



In some cases, due to work schedules they may even spend more time with your child than you are able to. While they may see your child across various forms of stimulus, they are not qualified to diagnose your child. It is inappropriate for them to use clinically diagnostic terms such as ADHD, speech delayed, obsessive compulsive, or emotionally disturbed. What should be expected is an expertise in the safety and security of your child. Depending on the program, a day care provider would have specific training in how to stimulate your child to an enriching level, provide nutritious meals, and afford opportunities for your little one to develop independence. If after a period of observation and assessment, a daycare provider has concerns about a child's development, the focus should be on describing the behavior in detail, rather than trying to label it. By providing specific information about what the child struggles with, it opens the forum

for the parent to become more specific about what her observations are at home. Any reference to a clinical term is premature. A staff member or even the director of a daycare facility does not have the proper training to diagnose a child or appropriately and effectively handle a child with significant special needs. Providing a parent or caregiver with information about getting her child formally evaluated is the act of a truly professional daycare provider.

Teachers adhere to state regulations to help your child achieve academic success and prepare them for state standardized testing. They monitor and report the progress of your child's journey through a multitude of more advanced subjects and skills. It is appropriate to alert a family to any red flags in a child's development, but dropping statements such as "I think he has..." or "I'm worried that she might be..." are a professional misstep. Even those well oriented within the educational system for numerous years are not qualified to diagnose a child.

Think of it this way: if you had a toothache, would you go to a podiatrist? Every person is worthy of his credentials but sometimes one might step outside of what his training has provided. Most professionals have put in their time and have likely seen it all, but the reality is, if you are looking for a formal diagnosis of anything for any child, you go to the appropriate professional. When your concerns are developmental or behavioral in nature a neuropsychologist, developmental psychologist, educational evaluator, speech and language pathologist, occupational therapist, or physical therapist would need to be consulted. As the interfacing professional (nanny, pediatrician, teacher, grandma, etc.), be mindful of your delivery when mentioning your concerns. Focus on describing the behavior instead of trying to put a label on it as it will set a tone of proactive empowerment, rather than an air of defensiveness or denial.

Dana Connelly holds dual Master's Degrees in Education and Special Education, working as an educational evaluator for a New York-based agency. She specializes in Applied Behavior Analysis and is the proud single mother of a 5-year-old boy.

Dyslexia's potential

New book uncovers a disorder's inherent set of abilities

BY MARY CARROLL WININGER

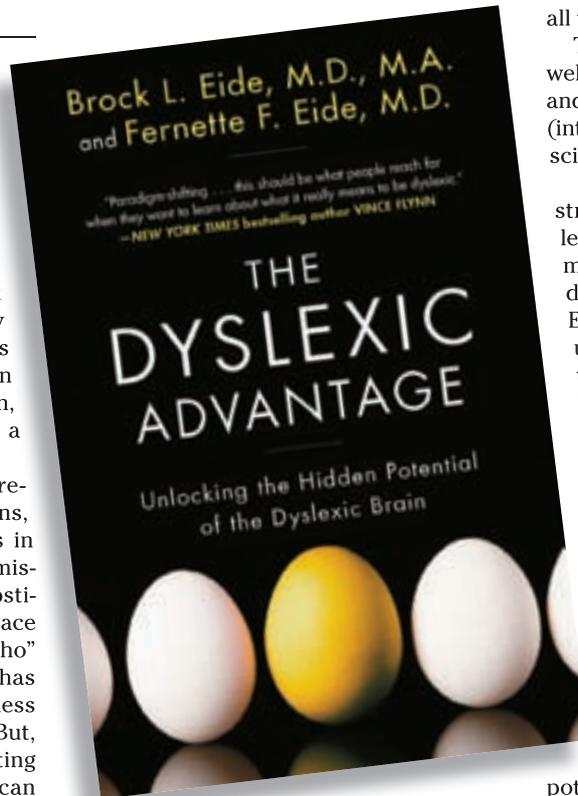
Dyslexia may be one of the most well-known and yet least understood of all the learning disorders. But many authorities in the field have begun to view dyslexia simply as a different way of absorbing and processing information, with its own inherent set of abilities and gifts.

The common misconception is that dyslexia is characterized primarily by mirror writing (writing certain letters backwards) and rearranging letters when reading (reading “was” for “saw”), when, in fact, these behaviors only occur in a very small percentage of dyslexics.

The disorder is actually more frequently observed through other signs, such as difficulty with rhyming words in very young children, word or letter omission when writing and reading, and substitution of similar-looking words to replace the ones intended (“help” for “held,” “who” for “how”). For these reasons, dyslexia has often been seen as a burden or a weakness — or even a condition to be overcome. But, now, experts and evaluators are starting to realize that the so-called disability can be accompanied by an array of skills and talents not understood or even noticed before now.

Two Seattle-based physicians, husband-and-wife duo Drs. Brock and Fernette Eide, have written a book that details the valuable features that can manifest in a dyslexic person. The book, “The Dyslexic Advantage: Unlocking the Hidden Potential of the Dyslexic Brain,” discusses how the dyslexic brain is different, the unique capabilities it can possess, and the different ways a dyslexic person can maximize his full aptitude.

“[W]e’ve come to believe that thinking of dyslexia as simply a disorder of reading and spelling is both deeply incomplete and misleading,” says Dr. Brock Eide. “Usually, dyslexic individuals are thought of as having brains that are trying hard to learn and work just like everyone else’s, but are failing because they’re defective in some way.”



After working with and speaking to hundreds of dyslexic individuals, the doctors have witnessed, again and again, that dyslexics “share many desirable and useful features in how they learn and process information.”

In the book, the doctors detail four common areas of dyslexia-associated talents, which they call the MIND strengths: material, or spatial, reasoning; interconnected reasoning, or the ability to see connections and relationships, particularly big-picture relationships; narrative reasoning, or the ability to see facts as stories, cases, or examples, rather than abstract, non-contextual information; and dynamic reasoning, the ability to use bits of remembered experience to make predictions about how things will change over time, which, the doctors write, “helps dyslexics function well in situations where the conditions are changing or

all the facts are not completely known.”

These strengths can serve dyslexics well, in the fields of architecture, design, and surgical medicine (material); visual art (interconnected); law (narrative); and the sciences (dynamic).

“Not every dyslexic individual has these strengths...in our experience all have at least some, and each of these tends to be much more common in dyslexic than non-dyslexic individuals,” reports Dr. Brock Eide. “It’s important to recognize and understand these strengths, because we’ve found that dyslexic individuals who succeed in adulthood usually do so, because they’ve learned how to take full advantage of one or more of these strengths, and not just because they’ve fully overcome dyslexic challenges with reading or spelling.

“Typically, they’ve learned to only use these strengths to work around their weaknesses, rather than letting their weaknesses define who they are or what they are capable of achieving.”

How, then, can dyslexic individuals be assisted to embrace their full potential, seeing as how they’re capable of so much? In an ideal world, say the doctors, the current educational system would be different, and geared more toward students of all learning abilities.

“We need to focus much more heavily on understanding and taking advantage of how the brains of dyslexic students actually work, rather than teaching them as if the goal were to get their brains to work just like everyone else’s,” says Dr. Brock Eide. Dyslexic students follow a “different developmental pattern than other children” and they “need a different kind of education that reflects these differences,” he says.

“Schools cannot just operate on this ‘mode of normal’ and expect all kids to learn well,” confirms Dr. Fernette Eide. “An ideal education needs to be tailored more towards [everyone’s] strengths.”

Mary Carroll Wininger is a writer based in New York City. She is a frequent contributor on topics ranging from etiquette to feng shui.

Wheelchairs & cookies

Secrets to understanding your child's food agenda

BY RICHARD KAHN, PHD, RD

Kids, delayed or not, have their own agenda when it comes to food. Parents are, rightfully, concerned about the nutrients and calories that make up long-term health, but such things do not concern children. Parents speak the language of words and think about the future. Little children speak the language of gestures and think in terms of now. No wonder communication channels break down at the table.

The trick to better meals is to see what is behind the behavior on both sides. Children instinctively anticipate that parents understand their developmental drives and behaviors, but delays can cloud the child's signals, as was the case with a wheelchair-bound child we'll call Ruedo.

Ruedo had a muscular condition that left him with very poor muscle control below the neck. He could guide his wheelchair by moving a joystick between his right thumb and forefinger, but it was clear that he had very limited use of his hands. Above his shoulders, though, everything worked fine. After getting settled and arranged, he and his mother sat down by my desk.

The mother told me Ruedo did not eat, was picky, and refused most foods. It was no surprise he was underweight. As we started to talk, the mother began to cry. After a few minutes, she wiped her eyes. I waited, listening, until she composed herself. We went back to the task at hand.

"I see he has many challenges," I said, "but, tell me, can he get a cookie out of you?" She smiled, then she laughed. "Yes!" she said grinning. I knew now we could make some headway. Mom had moved from the world of worry to the world of possibility. She recognized Ruedo's strengths.

I had already seen that children with varying degrees of delay know how to manipulate their parents as well as typically developing children when it comes to treats. To me, it is a sign of mental health. The response to the ploy is up to the parents. Some parents may think, "Why not give them what they want? The child is already suffering. He hardly eats anything."

Well, the child may not be suffering. Cer-



tainly, the child will suffer as he grows to understand himself in relation to others. In the moment of worming cookies out of parents, though, the child is not suffering. The child is doing what all little children do once they have figured out the weak points of their parents. The fundamental issue that worried the mom was the usual concern of parents when they lose control of the daily meals and snacks. Instead of thinking about healthy foods, they focus on some aspect of the delay.

Once mom and I tacitly agreed that we were talking about a parenting problem, we talked about the feeding relationship, a parenting approach to nutrition. The rule governing feeding relationships is pretty simple: the parent provides; the child decides. In Ruedo's case, no one addressed Ruedo's hard-wired drive to self-feed. Mom understood the rule, but it would take time to work out a way to solve his particular needs.

The better therapists address the parenting process along with remediation. The parenting job includes the basics, such as modeling at the table, eliminating the baby bottle, helping the child use a cup to the extent possible, and the judicious use of "no" and "yes" for treats.

When children learn that parents provide, and that they decide, mealtimes go smoother. Pickiness and refusals can abate. Sometimes,

sensory delays will weaken. It can be complicated to apply the feeding rule in the presence of delays, but not impossible. The reasons to try it are practical and emotional.

Sameroff, a psychologist, finds that parents of delayed children need the three R's: Remediation, Redefinition and Reeducation. Remediation refers to optimal remediation of the delay. Redefinition describes the change in thinking that allows parenting strengths to come into play by minimizing any overwhelming aspects of the disability. He finds that parents' attitudes can affect the child's ability to overcome. In the case of nutrition, it means minimizing struggles. Otherwise, the emotional fallout of routinely distressing meals grows unchecked. Love gets buried.

Lastly, parents have to learn about what's behind the struggles. Learning about hunger, readiness, and satiety cues is essential. Parents who see standard emotional behaviors catch their deeper meaning. It becomes easier to apply basic parenting skills. We love our children, and calm mealtimes support that love.

Richard Kahn, PhD, RD, is a New York City pediatric nutritionist in private practice specializing in the needs of young children. Reach him at childnutrition@verizon.net or RichardKahn-Nutrition.com.

Special Needs

RESOURCE GUIDE

ADVOCACY

Association for the Help of Retarded Children

Children of Nassau County
189 Wheatley Road
Brookville, NY 11545
516-626-1000
www.ahrc.org/

Services Provided: Case Management, Community Education, future planning, Information and Referral, residential, treatment, vocational/employment

Association for the Help of Retarded Children (AHRC)

Suffolk County
2900 Veterans Memorial Highway
Bohemia, NY 11716-1193
631-585-0100
www.ahrCsuffolk.org

Services Provided: Assistive Tech/Equipment, Community Education, Future planning, Information and referral, residential, treatment, vocational/employment

Long Island Advocacy Center

999 Herricks Road
New Hyde Park, NY 11040
(516) 248-2222

Services Provided: Information and referral, Individual/case advocacy, legal advocacy

Long Island Center for Independent Living

3601 Hempstead Turnpike, Suite 312
Levittown, NY 11756
(516) 796-0144
www.liril.net

Services Provided: Information and referral, Individual/case advocacy, legal advocacy.

Other: equipment loan bank, independent living skills, transportation

Long Island Chapter March of Dimes Birth Defects Foundation

325 Crossways Park Drive
Woodbury, NY 11797
(516) 496-2100

Services Provided: Community education, information and referral, individual/case advocacy.

Other: Specializing in community education

Nassau County Commission on Human Rights

240 Old Country Road

Mineola, NY 11501
(516) 571-3662

www.nassaucountyny.gov

Services Provided: Community education, Information and referral, individual/case advocacy, legal advocacy

Nassau County Department of Social Services

60 Charles Lindbergh Blvd.
Uniondale, NY 11553
(516)227-8000
www.nassaucountyny.gov/agencies/dss/managedC.htm

Services Provided: Information and referral

Nassau County Medical Center, Division of Genetics, Department of Pediatrics

2201 Hempstead Turnpike
East Meadow, NY 11554
(516) 572-5717

Services Provided: Community education, Future planning, information and referral, treatment.

Nassau/Suffolk Law Services Committee, Inc.

One Helen Keller Way,
Hempstead, NY 11550
(516) 292-8100
www.nslawservices.org

Services Provided: This unit is funded by the Committee on Quality of Care and Advocacy for persons with developmental disabilities to provide free advocacy and legal services to this population.

Suffolk Early Childhood Direction Center

Developmental Disabilities Institute (DDI)
99 Hollywood Drive
Smithtown, NY 11787
(631) 863-2600

Services Provided: Information and referral

AUTISM

Asperger's Syndrome and Higher-Functioning Autism Association of New York

189 Wheatley Road
Brookville, NY 11545
(888) 918-9198
www.ahany.org

Services Provided: Provides support and education for families, individuals and professionals affected by Asperger's Syndrome, high-functioning autism and other pervasive

developmental disorders.

Autism Speaks, Inc.

380 Oakwood Rd.
Huntington Station
(631) 521-7853
www.autismspeaks.org

Kids Success, Inc.

2950 Hempstead Turnpike
Levittown, NY 11756
(516)796-0989
www.all4kidsuccess.com

Services Provided: Educational and intervention services for parents, educators, schools, and caregivers of children with Autism Spectrum Disorder, ADD/ADHD

Learning Disabilities, Emotional and Behavioral Disorders.

Matt and Debrea Cody Center for Autism and Developmental Disabilities

Stony Brook University, 5 Medical Dr.,
Port Jefferson Station
(631) 632-8844
www.codycenter.org

Quality Services for the Autism Community (QSAC)

56-37 188th Street
Fresh Meadows, NY 11365
(718) 357-4650
www.qsac.com

Services Provided: QSAC is an award winning non-profit organization dedicated to providing services to persons with autism and/or pervasive disorder (PDD) throughout New York City and Long Island.

United Supports For Autism

283 Commack Rd.
Commack
(516) 848-8551
www.unitedsupportsforaugism.org
Contact: Natalia Appenzeller, Ph. D.

CEREBRAL PALSY

United Cerebral Palsy Association of Greater Suffolk, Inc.

250 Marcus Blvd. PO Box 18045,
Hauppauge, NY 11788-8845
(631) 232-0011
www.ucp-suffolk.org

Services Provided: Case management, community education, information and referral, residential, vocational/employment

Special Needs

RESOURCE GUIDE

United Cerebral Palsy Association of Nassau County, Inc.

380 Washington Avenue
Roosevelt, NY 11575
(516) 378-2000
www.ucpn.org

Services Provided: All developmental disabilities

DEVELOPMENTAL DISABILITY SERVICES

Child Find Program

Suffolk County Department of Health
Services

Bureau of Public Health Nursing
PO Box 6100

Hauppauge, NY 11788-0099
(631) 853-3069 (Western Suffolk)
(631) 852-1591 (Eastern Suffolk)

Service Provided: Children under the Age of three, who have significant health problems or need special health care, may be eligible to receive services from a public health nurse.

The nurse will make home visits to provide support, information and training, as well as periodic screening and assessment of infant development. The program is designed to assist families in their care of babies born with health related issues, monitor and/or identify potential growth and learning problems and provide referrals to other support services (including Early Intervention) when appropriate.

WHO IS ELIGIBLE?

Some examples of children who are eligible are: Children who were born after a pregnancy of less than 33 weeks; Children who weighed less than three pounds at birth; children who spent more than 9 days in a neonatal or special care unit; children who exhibit growth and/or developmental problems; and children with special health problems.

Children with Special Health Care Needs Program

(Formerly Physically Handicapped
Children's Program)

Suffolk County Department of Health
Services

Division of Services for Children with
Special Needs

50 Laser Court
Hauppauge, NY 11788
(631) 853-3000

Services Provided: Residents of Suffolk County under the age of 21, with chronic or disabling medical conditions may be eligible for diagnostic and/or treatment services

through PHCP. Most children with chronic health problems can obtain a diagnostic evaluation to enable physicians to establish a diagnosis; a qualified family can address care plans for their child which may include surgical procedures, therapies and medications. PHCP may also assist families in securing devices such as braces, wheelchairs, hearing aids and other medical equipment and supplies.

WHO IS ELIGIBLE?

Some examples of children ages birth to 21 who are eligible for services are:

Children with chronic health conditions such as spina bifida, asthma, diabetes, cerebral palsy, PKU, cancer, blood, hearing or seizure disorders, heart conditions, etc.

Parents may be asked to pay a fee based on their ability to pay.

Feel Better Kids

626 RXR Plaza
Uniondale, New York 11556
(866)257-kids(5437)

Services Provided: Feel Better Kids is a not-for-profit children's charity whose primary mission is to help children who are seriously ill or disabled.

Nassau County Health Department, Early Intervention Program

106 Charles Lindbergh Blvd.
Uniondale, NY 11553
(516) 227-8661

Services Provided: Information and referral
Other: Point of entry into early intervention services

Nassau Early Childhood Direction Center

Variety Child Learning Center
47 Humphrey Drive
Syosset, NY 11791
(516) 921-7171/(800) 933-8779
www.vclc.org

Services Provided: Information and referral, Individual/Case advocacy

Other: Preschool programs, transportation, medical, educational and social services, evaluation and assessment services, parent education programs and resources.

National Center for Disability Services

201 I.U. Willets Road
Albertson, NY 11507
(516) 747-5400
www.abilitiesonline.org

Services Provided: Assistive tech/equipment, Case management, community education, future planning, information and referral, individual/case advocacy, legal advocacy, vocational employment.

The Hagedorn Little Village School

Jack Joel Center for Special Children
750 Hicksville Road
Seaford, New York 11783
(516)520-6000

Services Provided: The mission of HLVS is to provide the finest educational and therapeutic programs for infants and young children with a wide range of developmental disabilities. These disabilities may include cognitive delays, social/emotional deficits, autistic spectrum disorders, speech/language delays, orthopedic and/or motor impairments, visual impairments, and/or significant medical issues.

DOWN SYNDROME

Association for Children with Down Syndrome Inc.

4 Fern Place, Plainview, NY 11803
(516) 933-4700
www.ACDS.org

Individuals Served: Down Syndrome, Mental Retardation

Counties Served: Nassau, Suffolk, Kings, Queens

Services Provided: Case management, community education, future planning, information and referral, Individual/Case advocacy, treatment.

EPILEPSY

Epilepsy Foundation of Long Island

550 Stewart Avenue
Garden City, NY 11530
(516) 739-7733

www.epilepsyfoundation.org/longisland/

Services Provided: The Epilepsy Foundation of Long Island serves people with Epilepsy, as well as other developmental disabilities through its Day Habilitation program; Residential program; a Community Services program that provides Medicaid Service Coordination, Respite, and Residential Habilitation.

Epilepsy Foundation of Metropolitan New York

Continued on page 40

Special Needs

RESOURCE GUIDE

Continued from page 39

257 Park Avenue South, Suite 302, New York, NY 10010
(212) 677-8550
www.epilepsyinstitute.org

GENERAL

Family and Children Association

180 Broadway, 2nd Floor, Hicksville
(516) 935-6858
175 Nassau Rd., Rossevelt
(516) 623-1644
510 Hempstead Tpke, Ste. 202
West Hempstead

LDA of Long Island

44 South Elmwood Avenue
Montauk, NY 11954
(631) 688-4858
ldalongisland@yahoo.com

Services Provided: LDANY'S regional affiliates provide a variety of programs and services for children and adults with learning disabilities. Please contact the regional affiliates closest to you for local information and referrals or to find out more about specific services offered.

Services for Children with Special Needs

50 Laser Ct., Hauppauge
(631) 853-3100
www.co.suffolk.ny.us/departments/healthservices/children.aspx
Contact: Liz Corrao

The K.I.S.S. Center (Kids In Special Services)

at the Mid-Island Y Jewish Community Center
45 Manetto Hill Rd., Plainview
(516) 822-3535
www.miyicc.org
Contact: Joanna M. Diamond, MS. Ed., director

FINE AND CULTURAL ARTS

Art without Walls, Inc.

P.O. Box 341
Satville, New York 11782
(631) 567-9418
www.artwithoutwalls.net
artwithoutwalls3@webtv.net

Services Provided: Art without Walls, Inc. Established in 1985 is an award winning

501c3 NY state arts-health organization that develops original fine art and cultural programs to the disabled community. Art workshops, college portfolios, art therapy, art and cultural trips and exhibitions ages 7-18. Some adult programs are also available.

MUSCULAR DYSTROPHY

Muscular Dystrophy Association

11 East 44th Street, New York, NY 10017
(212) 682-5272
www.mda.org

Services Provided: Assistive Tech/equipment, case management, community education, future planning, information and referral, legal advocacy, treatment.

SOCIAL SERVICES

Suffolk County Department of Social Services

3085 Veterans Memorial Highway,
Ronkonkoma, NY 11779
(631) 854-9930

Services Provided: Services vary by county

Suffolk County Department of Social Services, Family & Children's

Services Administration
3455 Veterans Memorial Highway,
Hauppauge, NY 11779
(631) 854-9434

Services Provided: Child protective services, foster care placement

TOURETTE SYNDROME

National Tourette Syndrome Association

42-40 Bell Blvd., Bayside, NY 11361-2820
(718) 224-2999
www.tourette-syndrome.com

Services Provided: Community education, information and referral

VOCATIONAL EDUCATION

Nassau County BOCES Rosemary Kennedy School

2850 North Jerusalem Road, Wantagh, NY 11793

www.staffet@mail.nasboces.org
(516) 396-2600

Services Provided: Educational services for students with developmental disabilities from age 9-21

The Board of Cooperative Educational Services of Nassau County (Nassau BOCES)

Serves the 56 school districts of Nassau County, Long Island, by providing cost-effective shared services, including career training for high school students and adults, special education, alternative schools, technology education, and teacher training, as well as dozens of programs to expand educational opportunity and help districts operate more efficiently.

Vocational and Educational Services for Individuals with Disabilities (VESID)

NYS Education Dept.
Riverhead office, Plaza 524, East Main Street, Riverhead, NY 11901
(631) 727-6496

Service Provided: Assistive tech/equipment, community education, information and referral, vocational/employment

Vocational and Educational Services for Individuals with Disabilities (VESID)

NYS Education Dept.
Hauppauge District Office, NYS Office Building,
250 Veterans Highway,
Hauppauge, NY 11788
(631) 952-6357

Services Provided: Assistive tech/equipment, community education, information and referral, vocational/employment.

www.NYParenting.com

Where every family matters and where New York parents find help, info and support.

- Great Articles
- A Happening Calendar
- Informative Directories
- Ticket Give-A-Ways: *Everyone's a winner. Log-in, enter & find out.*



**SCAN
HERE**



NYParenting Media/CNG

NYParenting@cnglocal.com • 718-260-4554

CAMP LOYALTOWN

A Lifetime of Memories



A summer sleep-away camp, offering a rewarding summer experience and a lifetime of memories for children of all ages with special needs. **PROVIDING FUN IN THE SUN FOR 40 YEARS**



Located in the Catskill Mountains 3 hours from the Nassau border (Glen Avenue, Hunter, NY 12442)
Fully renovated recreation facilities include: Fully accessible, 9-hole miniature golf course | Heated, water park –type swimming pool | Pedal-boating on our beautiful pond | Adaptive playgrounds, ball fields, indoor/ outdoor basketball courts, a dance studio and a performing arts stage | Therapeutic horseback riding program



Our Recreational Programs include: Dance, Theater Arts, Athletics, Swimming, Media Arts, Cooking, Nature, Arts & Crafts, Ceramics, Woodworking and many more!



NOW ACCEPTING INQUIRIES FOR OUR 2013 SUMMER SESSIONS
 To register call **516-293-2016** ext. 5608 | Visit our website at www.camployaltown.org

THERE ARE REASONS!

We're now a participating provider with many new insurance companies... call for a complete list!

Yes ...there are reasons why many consider **That Broadway Smile** the finest pediatric dental practice for children with special needs. Perhaps, the best reason is because we've been working with special children longer than most others. Or... perhaps it's our uncommon compassion for the children, and our uncompromising dedication to getting the job done the best way possible, no matter what we have to do. We've even given exams in our children's bathroom, our movie theater, and even the parking lot! Why, you may ask? Well... simply because that's where the children were most comfortable. (We still chuckle about that.)

So, if you have a child who needs special attention and care, please give us a call... or visit us... or take a look at our web site - because we're sure you want the best care for your child. At **That Broadway Smile**, our pediatric dentists, orthodontists and anesthesiologists, are specially trained, experienced and dedicated to giving special children the best care possible. **Please... give us a call - 516.753.KIDS**

- **Specialized Pediatric Dentists:** Dr. Nesnay • Dr. Crespi • Dr. Sabnani • Dr. Ashrafi
- **Orthodontists:** Dr. Mateer • Dr. Hou
- **Anesthesiologists:** Dr. Boorin • Dr. Barnes

- **Special needs patients**
- **Children on the Spectrum**
- **Adolescents**
- **Children**
- **Infants**

CREATING HEALTHY SMILES
FOR SPECIAL NEEDS CHILDREN



**Referral Extravaganza
2012 Jeep Giveaway!!!**

The person who refers the most patients by December 31, 2013 will win a
2012 Jeep Liberty Latitude

*Must be at least 50 patients referred



DR. MARY ELLEN NESNAY
PRESENTS
THAT BROADWAY SMILE

800 North Broadway, Massapequa, NY **516.753.KIDS** www.specialkidsdental.com
www.thatbroadwaysmile.com