Rescheduling Appointments

Little Sara just got that tongue placement for the "s" sound that we have been struggling to find; Maxie just walked 100 feet with his heels down; Missy just wrote her name with all the right letters. Moments of joy at the center! Staff thinks… “If we can get them to do it again at the next session then they may be ready to start practicing this at home. We will have to make sure that they are doing it right though and that mom or dad knows what to look for…..Uh oh, a snow storm, oh dear, Sara is ill. When she gets back will she still remember that new “s” or will we start over?”

Between the winter weather and the cold and flu season, many families have found themselves canceling their child’s therapy appointments. We all recognize the critical importance of consistent attendance in making progress toward a child’s therapy goals, but health and safety issues should come first. That said, we ask families to consider calling to reschedule a missed therapy appointment for another day. We welcome and encourage this. When a child goes without therapy often times newly-learned skills that are not yet habits are forgotten. When we reschedule an appointment—even if it is with a different therapist—we make sure to let both therapists know, so that the primary therapist can make sure the covering therapist knows the goals and the things that work best with this child. Every child at the center has a Coverage Plan, already written, that lays out important things like any special equipment the child uses or the child’s favorite games to use as rewards, or toys to avoid. We want the extra therapy to be as beneficial as possible for everyone. Families can call 724 942-6100 at any time during office hours for an appointment.

Susan

CTC Annual Easter Celebration!

When: Saturday, March 23, 2013
Where: Washington CTC Site
Time: 10:00 A.M.-12:00 P.M.

Join the CTC for an Easter egg hunt, crafts, games and more!

Look for information to be posted soon!
Optimal Sitting Postures
Submitted by Dusanee Weinheimer, PT, DPT

Have you ever really watched your child sit and play? How do they sit? How do they transition? Sitting position is more important than you think!

When children are upright, they begin to develop head control. They learn to balance their body against gravity in an upright position, and gain strength and control of the hip muscles. As children move through gross motor milestones, they begin to rely less on the arms to balance, and begin to use them for play. Children may also begin to use their arms for transitioning out of seated positions, and into prone (on the belly), or quadruped (on hands and knees) for crawling.

When sitting on the floor, children should have their head and trunk upright, and in line with the body. Children with lower muscle tone (hypotonia) should not sit with their legs far apart, or in an excessively wide base of support. Children with hypotonia or hypertonia should also avoid “W-sitting” (see photo). W-sitting does not allow children to develop adequate balancing skills, as well as adequate strength throughout the trunk, core, and neck muscles. Prolonged W-sitting can also affect ligaments in the hips and knees, and lead to excessively shortened (contracted) or lengthening muscles, which can influence the way a child walks, runs, jumps, and performs other daily gross motor skills.

Side sitting, although fine to use during transitions or short periods of play, can also be detrimental to the ligaments and muscles of the hips and knees. It can lead to the same impairments and functional limitations as W-sitting, and can also promote a curvature of the spine, if the child is consistently side sitting over the same side of the pelvis.

It is important for your child to learn many ways to sit and transition. Using multiple seated positions promotes optimal joint range of motion, not just of the hips and the knees, but also of the spine, and allows for the child use arms more freely to play. The following seated positions are preferred over W-sitting or side sitting:

The “W” sit is the non-preferred way of Sitting.

Acceptable forms of sitting
**CTC Superstars!**

**Speech Therapy**

**Clare Prozzoly**

Clare has been improving her articulation skills to increase her speech intelligibility! Clare no longer deletes sounds, instead she uses her /k,g/ in spontaneous speech and uses /f,v,s,sh/ with just a few reminders! Clare works hard, attends regularly and is always motivated. Clare tells great stories that now can be understood and enjoyed! Clare loves gymnastics, ballet and is going to Disney World soon! Miss Jodi is proud of your progress! Keep up the fantastic work!

**Physical Therapy**

**John “Jack” Mitchell**

Miss Colleen and Miss Kaitlin are so proud of all the hard work Jack is doing! Jack is working on jumping, hopping, and strengthening his muscles! Way to go Jack!

**Occupational Therapy Star!**

**Claire Henry**

Claire has been working on trying new foods and eating different textures. She eats many fruits, vegetables and meats during family meals. Her mealtime behaviors are pleasant and she no longer displays any behavioral reactions when encouraged to try something new. Claire participated in individual OT and The Fun with Foods feeding group. Claire can also print her name and cut out shapes. Claire is talking more with her peers in the feeding group. Miss Melissa is proud of Claire because she eats so many new foods with her sisters and seems to enjoy them! Claire is a twin and loves to work on the Ipad as a reward! Congratulations Claire!
Preventing Behaviors during Mealtime
Submitted by: Marla Veschio, Occupational Therapy Student; Duquesne University

Are your mealtimes interrupted by your child’s behaviors or refusal to participate in meals? Do you want your child to behave appropriately during dinner? Here are some helpful tips of how to prevent some behaviors and promote more participation during meals:

**Implement a Routine:**
- Eat at the same time every day.
- Offer 5 or 6 opportunities for the child to eat (meals + snacks).
- Seating should be the same during every meal
- Meals should last between 20 and 35 minutes
- Set clear expectations for the child during each meal.
- Offer at least 3 foods at each meal (best presented in separate containers to allow for easier rotation between foods and more control for the parent/caregiver).
- Implement a routine for transitioning to table (timer, schedule, checklist).

**Introducing New Foods:**
- Allow the child to have choices during the meal (blue plate or green plate? Apple or banana?) But do not allow them to choose between a familiar/unfamiliar food.
- Introduce new foods one at a time (Try introducing a new food separate from mealtime, if it is too overwhelming during meals. This way the child will have a separate opportunity to get used to a food before introducing it with the rest of the meal).
- When introducing new foods, start with foods with similar tastes, smells, colors, or textures as familiar/preferred foods.
- Present the food in small portions.
- Do not expect the child to taste a new food the first time it is introduced, give them time to get familiar with the food first (tolerate on plate, touch, smell, kiss, lick, taste).
- Do not make an alternate meal if the child refuses to eat what is presented.
- Pair a new food with an already familiar food (or present alone).

**Recommendations for addressing behaviors:**
- Eliminate distractions like watching TV during mealtimes
- Provide a comfortable environment for mealtime; always stay positive!
- Begin and end each meal with a preferred activity or toy to allow the child to feel more comfortable and willing to participate during the meal.
- Use verbal praise or rewards for what the child does eat; do not punish for what they do not eat.
- When providing rewards, make sure that toy or privilege will only be available during meals.
- If the child throws food during mealtime, have the child clean up the mess/pick up the food.
  Use Hand-over-hand to “help” if needed.

If you feel your child is experiencing difficulties with feeding, or behaviors during meals, please talk to one of the occupational therapists.

For more information regarding feeding difficulties, food aversions, and mealtime behaviors, refer to the following book (available at CTC library):

Speech Disorders in Children
Submitted by Marcie Weaver, MS, CCC/SLP

When children receive speech therapy for production of sounds, goals are typically addressed according to three areas: articulation, phonological processes and motor planning or apraxia. This article will define each and provide characteristics to help you better understand the differences.

Articulation errors refer to errors in sound productions. They are categorized into four types.

- **Substitution errors** are when one sound is produced for another such as “wake” for “rake”. The /r/ sound was substituted with a /w/.
- **Omissions** are when a sound is left out such as “sail” for “snail”.
- **Distortions** are when a sound is not produced accurately causing it to sound different. An example would be producing sounds such as /s/ and /z/ with the tongue protruded producing a lisp or “slushy” sound.
- **Addition errors** are when an extra sound is added to a word. Vowel sounds are often added in blends between the first two consonants but sounds can be added in any position in the word.
- **Articulation therapy** involves correct placement and production of the sound and using it in isolated words and into conversational speech.

Phonological processes are referred to as techniques children use to simplify speech when attempting to produce adult words. There are numerous processes that can be used but a few common ones include:

- **Final Consonant Deletion** - The process of final consonant deletion is when a child omits the final sound in a word. For example “ba” for “bat.”
- **Fronting** is when a sound is produced in the front of the mouth i.e. /t/ or /d/ instead of where it should be produced in the back of the mouth. The most common sounds fronted are /k/ and /g/. For example “te” for “key.”
- **Prevocalic voicing** occurs when voicing is added to the initial sound of a word such as /p/, /t/ or /k/ being produced as /b/, /d/ or /g/. Examples would include “ben” for “pen” and “dime” for “time”.
- **Cluster Reductions** are omission of one or more consonants in a consonant cluster. For example “spoon” is produced as “poon” and “desk” is produced as “des.”

Therapy involves working on the entire processes rather than just a sound.

Apraxia is a neurological motor planning disorder characterized by the inability to coordinate and sequence movements of the oral musculature to produce speech sounds. Some characteristics of apraxia include:

- Limited speech sound productions
- Inconsistent errors
- Slow-labored productions
- Vowel distortions
- Inability to combine sounds to say words
- Breakdown in productions of longer and more complex utterances
- Oral groping when attempting to produce sounds or words.

Therapy for apraxia involves repeated motor practice with visual and auditory stimuli. The apraxic child must drill the movements so that they become more automatic. Apraxia has also been referred to as Developmental Verbal Dyspraxia.

Please contact the speech department if you have questions or concerns regarding your children’s speech production, 724-942-6100.
CTC Staff News

Occupational Therapy
Julie Whitbeck-Lewinski, OTR

Julie Whitbeck-Lewinski comes to CTC with 12 years of experience in early intervention, pediatrics, school-based therapy, acute care and skilled nursing settings. Originally from Buffalo, Julie and her husband, along with her two therapy dogs, recently made Robinson, PA their new home. Julie is currently working towards her doctorate in Occupational Therapy and teaches Pediatrics at the Community College of Allegheny County in the Occupational Therapy Assistant Program. Julie is excited to share her knowledge and experience here at CTC in Therapeutic Listening, hippotherapy, feeding therapy, aquatic therapy, and much more! Julie is also a registered children’s yoga teacher and therapist.

Welcome Julie!

Speech Therapy
Lisa Capozzoli, MA, CCC/SLP/L

The Speech Department at CTC welcomes Lisa Capozzoli! Lisa graduated from Thiel College in 2001 and the University of Akron in 2003. Prior to moving here, Lisa worked in the suburbs of Philadelphia, providing a variety of contract services to schools, early intervention providers and residential facilities for medically fragile children. For the past five years, she worked for Pathways of Southwestern PA, providing early intervention speech language pathology services to the birth to three-year-old population in Washington County. Lisa resides in Canonsburg with her husband, Michael, and three little boys: William (6), Rocco (4), and Michael (2).

Welcome Lisa!

Physical Therapy
Lauren Stevenson
PT, DPT

Lauren is originally from Warren, PA. She received her B.S. in Exercise Science from Slippery Rock University in 2010. She then attended Chatham University where she received her Doctorate in Physical Therapy in 2012. Lauren’s pediatric background includes leadership positions at her local YMCA summer Day Camp as well as completing a physical therapy internship at the Western PA School for Blind Children. In her spare time Lauren enjoys exploring the Pittsburgh area.

Welcome Lauren!

Physical Therapy
Debra Lawson
PT, DPT

Debra Lawson comes to us from the University of Pittsburgh where she has performed clinical research for the past 3 years. She has more than 10 years of experience as a physical therapist. Debra has traveled throughout the United States with her husband, who is in the military. Debra expressed, “I love working with kids. After 25 years of moving, Children’s Therapy Center feels like home to me.”

Welcome Debra!
Behavioral Services Department

The Behavioral Services Department at CTC provides the following services at CTC:

Family Resource Services/Coordinator
Ellen Cicconi
Ellen can provide families help in filing for medical assistance, understanding insurance issues, provide information for Individualized Education Plans (IEP’s), explore options for funding of needed equipment, provide referrals to appropriate agencies in the community, assist with finding accessible activities within the community, and provide information regarding resources and services available.

Child Psychologists
Mary Anne Crabtree and John Carosso.
Both psychologists are trained and licensed to complete psychological testing/evaluations for all pediatric psychological diagnoses, which includes a diagnosis of Autism, Asperger’s Syndrome, Pervasive Developmental Disorder (PDD), and/or Intellectual Deficiency Disorder (IDD), wraparound services in the home, family-based services in the home, and/or a mobile therapists. Dr. Carosso also provides academic testing.

Family Counselor
Marianne Smith, LCSW
Marianne sees children and their parents/guardians for an initial biopsychosocial assessment to determine the most appropriate treatment plan for the child. Marianne also provides, but is not limited to, the following:

- Short-term individual/family counseling with children and their families.
- Family needs assessments (helps a family to sort out appropriate community resources for their child, etc).
- Consultations with a child’s school, day care, and other agencies when necessary.
- Scheduling of Family Team Conferences for parents to meet with their child’s CTC therapists to address concerns and/or to check on their progress in therapy.
- Transitional Family Team Conferences for children in their teens to discuss transitioning into adulthood once they turn 18 years of age.
- Co-leads several social skills groups - Kindergarten Prep Social Skills group, Teen Talk Social Skills group, and Tween Talk Social Skills group.

If you are interested in receiving any of these services, please call (724) 942-6125 for a confidential consultation.

Marianne S. Smith, LCSW
Family Counselor

Many Thanks!

Santino Cole Family:
Books, electronics and therapy games

Aiden Hancher Family:
Books & therapy materials

Ed & Kim Dully:
New Wii System

Muellers:
Big Wheel and therapy materials

Cicconis:
Library book

Samuel Speicher’s Family:
Children’s books

Manning Family:
Therapy games and books

Devers Family:
Games and books

Holiday Closings

Easter Holiday
Monday, April 1
CTC therapists follow the school delay and cancellation schedule for Peters Township School District for snow days. Please check WTAE for information on closings and delays.

**School delays**
- Therapy will begin at 10:00 A.M. if there is a two hour school delay
- Therapy scheduled before 10:00 A.M. is canceled for that day.

**School closings**
- When Peters Township School District is closed due to weather conditions, therapy will begin at noon.
- Therapy scheduled before Noon is canceled for that day.

Please use your best judgment based on the road conditions in your area. Feel free to contact the center if you have any questions.
(724) 942-6100

http://www.washingtonhospital.org/services/childtherapy/index.php