

An Integrated Approach  
to Pediatric Therapies



## Celia Z. Padron, MD, FAAP

Medical Director

Pediatric Gastroenterologist

856-596-6333

### Dianne Lazer, MA/CCC-SLP/COM

Speech-Language Pathologist  
Certified Orofacial Myologist

### Jennifer Bergman, MS/CCC-SLP

Lisa R. Cohen, MA/CCC-SLP  
Speech-Language Pathologists  
Articulation, Language, Swallowing, Feeding,  
Cognitive Therapy

### Kate Guzzetti, OTR/L, SIPT

Carol McVey, MS, OTR/L  
Occupational Therapists  
Sensory Integration,  
iLS Integrated Listening Systems  
School/Home Based Consultations

### Catherine Chase, MA, LDTC

Psycho-Educational Diagnostician

### Laurie Storms, Behaviorist

from The Learning Well LLC

### Kelly Dorfman, MS, LDN

Health Program Planner and Nutritionist

### Rael LaPlenta,

Relationship Development Interventions (RDI)

### Stacy Clarke

Chef/Owner, Crave Catering

### Terry Rosiak

Certified MnemeTherapist

Spring

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# Rectal Bleeding in Children

By Celia Padron, MD, FAAP

[www.pedgastrocenter.com](http://www.pedgastrocenter.com)



Celia Padron, MD, FAAP

**R**ectal bleeding in children can cause parents significant anxiety that requires reassurance by obtaining an appropriate assessment and diagnosis. Rectal bleeding in children is less common than in adults and it is most commonly benign in origin but could also be an indication of a more serious disease. Gastrointestinal (GI) bleeding in infants and

children accounts for 10%-20% of referrals to pediatric gastroenterologists. However, it is usually limited in volume, allowing time for diagnosis and treatment.

A good history and physical exam is paramount to determine the origin and possible causes of the rectal bleeding. The color of stools, if acute or chronic, the quantity, the family history, the general health of the patient, any accompanying symptoms, the use of medications and the age of the patient are factors to consider to aid with the diagnosis.

## What is the color of the blood? Is it bright or dark?

- ♦ Dark blood rectally is called melena. Melena is an indication that the bleeding is higher in the intestinal system. Common causes of melena are ulcers, gastric (inside the stomach) or duodenal (small bowel).
- ♦ Bright red blood rectally is an indication that the bleeding is close to the rectum. Common causes are rectal fissures (cuts), polyps, infectious or inflammatory processes. A massive bleeding, even if it is coming from the higher gastrointestinal tract, can be bright red bleeding due to the short transit time of small children.

## Other signs and symptoms::

- ♦ Vomiting, fevers, diarrhea, ill contacts or recent travel may suggest bleeding of infectious origin.

- ♦ Straining and hard stools may represent fissures as the cause of the bleeding.
- ♦ Signs of obstruction may represent intussusceptions or bowel malrotation. In newborns, necrotizing enterocolitis needs to be considered if appears after feedings were initiated. Abdominal pain and abdominal trauma are important signs. The family history can help to rule out familial inflammatory bowel diseases, hematological diseases and colon polyps. Any acute bloody diarrhea in children is a medical emergency.
- ♦ Ask about medications used. Steroids and non-steroidal anti-inflammatory drugs can cause upper GI bleedings. Antibiotics cause C. Difficile colitis.

The likely causes in children vary with age. Some of these conditions crosses the age range but these are the most common ages to find specific causes of rectal bleeding.

**Infants:** Swallowed maternal blood from cracked nipples, anal fissures, volvulus, milk/soy protein allergy, polyps.

**Early Childhood:** Anal fissures if constipated, Intussusception, Meckel's diverticulum, polyps, infectious diarrhea.

**Late childhood to adolescence:** Inflammatory bowel diseases, polyps, infectious diarrhea, hemorrhoids.

**Rarer causes:** Necrotizing Enterocolitis (neonates), drugs, ulcers, sexual abuse, Hirschsprung's enterocolitis, vascular lesions, Henoch-Schonlein purpura, acquired thrombocytopenia.

In summary, any acute episode of rectal bleeding in children should be seen as a medical emergency and prompt evaluation is necessary. Most causes can be easily diagnosed with simple blood and stool testing. Other causes requires more invasive testing like colonoscopies or laparoscopies for diagnosis.

*Ordering information for What's the Scoop on Poop can be found on the next page of this newsletter!*

# Auditory Processing Services

By Dianne Lazer, MA, CCC-SLP/COM

[www.betterspeech.com](http://www.betterspeech.com)



**Dianne Lazer**  
MA, CCC-SLP/COM  
Speech-Language Pathologist/  
Certified Orofacial Myologist

to the American Speech-Language-Hearing Association (ASHA, 1999).

Jack Katz, PhD, a leading expert in the field, describes auditory processing as “what you do with what you hear.” While a professor at SUNY Buffalo, he led in the development of a battery of tests called the Buffalo Model that describes four clusters of test results and behavioral characteristics for those diagnosed with what he calls a central auditory processing disorder (CAPD); Tolerance Fading Memory, Decoding, Integration and Organization. Each of these four categories has been associated with a specific region of the central nervous system and has been useful in diagnosing CAPDs as well as recommending appropriate therapeutic strategies to help improve the student’s functional skills. Audiology Partners, LLC in Marlton, NJ (<http://www.hearingaidsnj.com/>) provides CAPD assessments that follow the Buffalo Model of testing in our area.

## Behaviors of children considered at risk included:

- ◆ Frequently misunderstands oral instructions or questions
- ◆ Delays in responding to oral instructions or questions
- ◆ Says “Huh” or “What” frequently
- ◆ Frequently needs repetition of directions or information
- ◆ Has problems understanding in background noise
- ◆ May have problems with phonics, discriminating speech sounds and/or sound distortions in speech (particularly /r/, /l/, /s/)
- ◆ May have poor expressive or receptive language skills

- ◆ May have spelling, reading, and other academic problems
- ◆ May have “behavioral” problems

*Better Speech and Feeding Center, Inc.* offers a number of therapeutic services for central auditory processing disorders for children ranging in age from five to six years of age to adulthood.

One program offered at our center was developed by Dr. Katz and is described in his therapy manual. This program provides the foundation skills many students may be missing that impact academic progress in phonics, reading, spelling and following oral directions and includes the following activities:

- ◆ Training in hearing sounds more accurately (Phonemic Training),
- ◆ Training in putting sounds together in words (Phonemic Synthesis),
- ◆ Training in listening to words in background noise (Words in Noise)
- ◆ Training in increasing auditory memory skills with numbers, words and sentences.

In addition to the foundation skills that are addressed in the Katz CAP therapy program, some students also need more specific therapy during and/or after this therapy program is completed. Other programs we provide at our office include Scientific Learning’s Fast ForWord (<http://www.scilearn.com/products>), Learning by Design’s Spell Talk tools (<http://www.learningbydesign.com/>) and Lexercise ([www.lexercise.com](http://www.lexercise.com)). In addition, we work closely with Catherine Chase, MA, LDTC, a Psycho-Educational Diagnostician and Learning Consultant/Reading Specialist ([www.pediatricwellnessnetwork.com](http://www.pediatricwellnessnetwork.com)) at our center who provides assessments and strategy interventions for students of all ages.

If you believe your student or child is struggling in any of the above areas, please contact the office for a free consultation. A multi-system approach is used to diagnose and treat the problems associated with CAPD to insure individual attention and success every step of the way!

**“Let’s Work Together to Improve Auditory Processing Skills!”**



# Enhancing Speech, Language, Cognition & Literacy Skills

By Lisa R. Cohen, MA CCC SLP

lrcohen61@gmail.com



Lisa R. Cohen, MA CCC SLP

As a Speech Language Pathologist SLP, one of my favorite sub specialties is to teach children and their parents effective ways to engage in shared reading, listen to and interpret stories, as well as tell and write stories.

Why does literacy fall under my jurisdiction? Because, according to our professional governing body, the American Speech Language and Hearing Association, (ASHA 2001):

“The rationale for SLPs to play a critical and direct role in the development of literacy for children and adolescents is based on established connections between spoken and written language, including that (a) spoken language provides the foundation for the development of reading and writing; (b) spoken and written language have a reciprocal relationship, such that each builds on the other to result in general language and literacy competence, starting early and continuing through childhood into adulthood; (c) children with spoken language problems frequently have difficulty learning to read and write, and children with reading and writing problems frequently have difficulty with spoken language; and that (d) instruction in spoken language can result in growth in written language, and instruction in written language can result in growth in spoken language.”

## DID YOU KNOW THAT ...

Throughout the first 5 years of their life, your child is learning critical language and enunciation skills. By listening to you read a book to them, your child is reinforcing the basic sounds that form language.

Numerous studies have shown that students who are exposed to reading before preschool are more likely to do well in all school subjects.

The Educational Testing Service found that those who read more at home are not only better readers, but also score higher in math.

Reading to children, and having your child read for leisure, develops their ability to grasp abstract concepts, apply logic in various scenarios, recognize cause and effect, and utilize good judgment. Reading is also said to be great for your child's memory!

The following is a sampling of therapeutic strategies, activities, and advice that I provide during Speech-language and Cognitive Therapy sessions that successfully advance the Speech, Language, Literacy and Cognitive skills of my pediatric patients.

With a bit of advanced planning and flexibility, parents learn to establish enjoyable shared reading opportunities. “Reading is not just for bedtime anymore!”

Parents have been advised to pack a mysterious “Story Sack” to take with them when they leave the house. This personalized reading kit helps rescue them from infamous “I’m sooooo bored” and “are we there yet?” chants often heard in waiting rooms, restaurants, planes, trains and automobiles.

“Story Sacks” usually include both novel and familiar picture books, poems, songs, a notebook, a mini sketchbook, crayons/ markers and finger puppets.

Reading is a nurturing activity that can enhance relationships and create calm in our overstimulated world. So, find a cozy cuddle spot or perhaps an impromptu stage, unleash your inner child and let your sillies out.

When reading to your child, start with the title page and read the name of the author and illustrator.

Point to the words as you read to help your child make the connection between sounds (phonemes) and letters (graphemes).

Illustrations are especially important during the early years because they help children make important connections and learn new words. As students mature, books encourage them to use their imagination to mentally set the scene and paint their own pictures.

Engage children by acting out stories together, use a variety of voices, facial expressions, gestures, and pantomime.

Talk about how the story is similar to or different from, their life experiences. Here are some ideas:

- Who does this remind you of ...
- This reminds me of the time ...
- He looks just like ...
- She sounds just like ...
- He reminds me of ...
- I wonder how he/she is feeling ...

Invite them to point things out on the page as you read.

Make related comments and ask probing questions to direct their attention to the crucial elements of the story. These work especially well with picture books.

- Show me ...
- Look at ...
- Who is that?
- What's that?
- What is he/she doing?
- What's going on here?
- What do you think is going to happen?
- What happened?
- What would you do?
- Where are they?
- Where did he/she go?
- Why did he/she ...
- I wonder why ...
- I bet ...
- When did ...
- How did that happen?
- I wonder how that happened?

Another way to strengthen reading comprehension is to have the child listen to or read a story, then summarize it. The “retelling” technique helps children comprehend the text, practice story sequencing and their vocabulary words.

Children who are frequently engaged in enjoyable shared reading experiences are much more likely to choose books over computer games, television, and other forms of entertainment as they grow older.

For additional tips and strategies please join us for shared reading and interactive story telling and writing experiences. Lisa R. Cohen can be contacted directly at [lrcohen61@gmail.com](mailto:lrcohen61@gmail.com) or call (856) 751-1937 to schedule your private or group therapy session.

Lisa R. Cohen, MA CCC SLP is currently accepting new patients.

# Going Gluten Free & Meal Planning

By Stacy Clarke, Chef/Owner, Crave Catering

[www.cravepersonalchef.com](http://www.cravepersonalchef.com)



Stacy Clarke, Chef/Owner  
Crave Catering

Due to some recent health issues that included blood work, I learned there is a possibility I have celiac disease. I have been cooking for and coaching friends and clients for over a year, trying to help them make an easy transition from a gluten to a non gluten lifestyle. I have been developing gluten free recipes for others and preaching about focusing on what they COULD eat, not what they COULD NOT eat. I saw how difficult the transition was and was always grateful I could help someone make their challenge easier.

And then I was faced with my favorite cake at a birthday party. I knew I was never going to enjoy that cake again. I was sad, actually I moped.

Then I heard all the advice I had doled out, so I decided, at that moment, to heed my own advice and focus on feeling better. Focus on the fact that this is a subject I am very familiar with, focus on all the wonderful foods that I can eat, and most importantly focus on the positive.

How was I going to stay positive? How was I going to set myself up for success? What do I suggest to my clients?

**Well the first thing is meal planning.** This always saves time and money. I decided to buy a cheap chalk board and hang it in the kitchen. Now the menu is visible and everyone can see it. I get the kids involved by letting them have one day to choose dinner. They love seeing their choice on the board.

**The second step is prepping food in advance.** Some weeks this is easier than others, but there is no doubt about it, this always, always helps. Now that I am gluten free, I need to make sure I had snacks ready and easily accessible. I always suggest having a vegetable plate with a bean dip or tuna fish ready to go in the fridge. So again I followed my own advice and prepped some snacks but I also made sure I sat down with my two picky eaters and lead by example. And you know what; they each asked if they could take a bite of something. Double win!

**The third step is constantly reminding myself that this is not an easy transition.** As a chef and lover of all things bread, it is a hard pill to swallow, but I have seen others make huge strides because of my coaching. I know there are tons of gluten free options out there, in supermarkets and restaurants. I know that in a short period of time, I will be feeling better. I know that I need to focus on all the wonderful things that I can enjoy without making myself sick.

If you would like help preparing meals or have general food questions please email me at [cravecatering@gmail.com](mailto:cravecatering@gmail.com) or call me **856-552-0606**.

## Certified MnemeTherapist joins PWN Team

Terry Rosiak, Certified MnemeTherapist

[www.artwithoutboundaries.org](http://www.artwithoutboundaries.org)



Terry Rosiak  
Certified Mneme Therapist  
Art Without Boundaries Association

My name is Terry Rosiak and I am an artist and a Certified MnemeTherapist with the Art Without Boundaries Association (Mneme is pronounced like Emma with an n – nemma. The name MnemeTherapy is derived from the Greek goddess of

memory and the mother of the Muses. Her short name is Mneme and her long name is Mnemosyne). I am now seeing patients of all ages (children, adults and geriatrics) at the Pediatric Wellness Network for individual sessions.

The job of a MnemeTherapist is to get information from the brain and give information back to the brain. MnemeTherapy is a multi-modality process. That means we use not just art, but singing, movement, patterning, directed painting, sustained attentive focus, story-telling and praise to achieve our goals.

We start our sessions with singing and end up with a painting. All supplies are provided and included.

As a MnemeTherapist I only have one criterion, a willing participant. As a fine art photographer and painter, I have

participated in over 60 gallery shows and invitational and solo exhibits both nationally and internationally. My work has been seen on the cover of an international magazine and published in several books. I am represented by FineArtistPrints, LTD.

To schedule an appointment, please call the Pediatric Wellness Network office at 856-751-1937. I can't wait to meet you and look forward to working with you!

Bringing joy and hope to others through Art Without Boundaries Association is such a rewarding experience. For more information about AWB please visit [www.artwithoutboundaries.org](http://www.artwithoutboundaries.org) and my website [www.artwithoutboundaries.org/TR.html](http://www.artwithoutboundaries.org/TR.html).



# Technology & Legislation Policy: Leveling the Playing

By Catherine R. Chase, MA, LDTC



*“The lack of access to today’s essential Digital Life skills can create a critical barrier for individuals with disabilities; it will limit the extent to which they can participate in our technology driven society.” Michele McKeone, Founder of Autism Expressed*

The explosion of technology in the latter part of the 20th century had a profound effect on teaching methods and the classroom curriculum presentation, especially for the academically challenged. Although educational resources today have certainly become richer and more accessible for all learners, it was trail blazing legislation policy and new technologies that have been crucial in leveling the playing field for students with learning differences such as dyslexia, autism, communication impaired, attention disorder and learning disabilities.

## *How did Legislation Policy Pave the Way for a Balanced Educational Environment?*

*“The conversation about disability and remediation shifted from focusing exclusively on weaknesses inherent in individual students to focusing on the weaknesses in the medium of instruction such as core curriculum materials and methods of instruction” (Rose & Vue, 2010).*

The courageous and compassionate advocacy efforts of students, parents, educators and clinicians led the way for more diversified curriculum and instructional methods that would accommodate all students, especially those who demonstrated behavior and learning differences. For instance, “the U.S. Congress, in 2004, passed a revision of the Landmark Individuals with Disabilities Education Act (IDEA), which addressed the National Instructional Materials Accessibility Standard (NIMAS). NIMAS legislation made it clear that standard textbooks were not an adequate or accessible instructional format for all students, especially for students with reading decoding, auditory processing and vision delays” (Rose & Vue, 2010). As a result, school districts were required to identify academically challenged students and provide accessible versions of textbooks. This led to

changes in publishing and educational practices that have become the foundation for more diversified teaching practices involving technology such as digital talking books and computers. “The NIMAS legislation helped to pave the way for today’s balanced approach to teaching students with dyslexia” (Rose & Vue, 2010).

**The Higher Education Opportunity Act of 2008 was crucial in defining Universal Design for Learning. This guided the development of flexible learning environments that could accommodate individual learning differences (Wikipedia, 2012).** Advocacy efforts continue today for a nondiscriminatory educational environment. For example, January 2014, the New Jersey Governor signed into law two bills designed to improve educational opportunities for students with dyslexia. “The laws require the International Dyslexia Association’s definition of dyslexia to be written into special education code as one of the disabilities recognized by the New Jersey school system. In addition, the New Jersey school districts must provide training in dyslexia and other reading disorders” (lisa@barbclapp.com). Indeed, *thanks to the research and wonderful perseverance of dedicated advocates for the educationally challenged, the implementation of the legislation policies provided pathways for success. In effect, these laws provided the insurances that the curriculum presentation and methods of instruction will be accessible to all learners, thereby, giving all individuals equal opportunities to learn.*

## *Why has Technology been Crucial in Leveling the Playing Field for Students with Learning Differences?*

*“Technology made it possible for the curriculum presentation to be highly differentiated and easily adaptable to individual differences” (Rose & Vue 2010).*



“Digital media allows for more flexibility to customize, modify and adjust information for our students with more accuracy. For instance, printed textbooks have their limitation with respect to having up-to-date curriculum, as well as being responsive to individual differences. The explosion of new technologies in the latter part of the twentieth century drastically changed the media landscape and our orientation to information” (Rose & Vue, 2010). Indeed, digital media has the capacity to present information in multiple formats and media, to pace, support and challenge individual students, especially students with learning differences (Voice thread, email, Skype, and instant messaging). Technology has leveled the playing field for students with reading decoding, attention, comprehension and language weaknesses. Today, extraordinary interactive learning systems are leading the way as they maximize social and educational success for all students. For instance, Autism Expressed’s digital curriculum is the first and only interactive system teaching today’s essential digital life skills to students with autism and other disability categories (communication impaired and learning disabilities). “With the overarching mission of promoting independence and new vocational opportunities to the autism community,



Autism Expressed uses well researched and proven methodologies to teach skills such as email, online safety, social media, multimedia and industry software through its curated series of online lessons” (www.autismexpressed.com).

Most noteworthy, Michele McKeone, M. Ed., the creator of Autism Expressed and a teacher from a Philadelphia public high school, led her classroom to win third place in a regional technology competition by teaching her students marketable, digital life skills (competed against the general education population). Thereby, reinforcing the notion that *all students, especially students with learning, behavior and language differences benefit significantly from technology because it helps them compensate for academic weaknesses, and at the same time, empowering and providing the flexibility to compete with peers on equal terms.*

### *The Benefits of Technology in the Classroom Environment:*

*“Digital literacy is an essential part of job-readiness, socialization and independence.” -Michele McKeone, Founder of Autism Expressed*

- ◆ It is socially cool to engage with technology (iPad, computer, internet, iPod), which is highly motivating for all students, thereby, increasing sustained attention to task and increased flexibility to shift from main idea to saliency during reading and math tasks, ultimately, bolstering self-confidence.
- ◆ Technology allows students with physical, cognitive and behavior differences to have more opportunities to engage on an equal platform in both small and large group activities, especially with regard to reinforcement of concepts and comprehension skills (assistive wands, touch screens, recording and video taping lectures).
- ◆ Technology allows teachers to instruct more students at one time and provide students with numerous communication tools that reinforce collaboration across distance (email and discussion forums).
- ◆ Special education students in the mainstream can use technology to *bridge the expectations and gaps in subject areas*. For instance, Voice Thread (web-based tool) can be used for the development of essays, which encourages students to speak, illustrate with video and write, thus, accommodating a diverse cognitive skill set population. Consequently, students are viewed as more capable among peers.
- ◆ Recording (text to speech) and video-taping lectures can be played back later for depth of comprehension processing, thus, lending to compensation strategies with regard to reading and processing speed weaknesses.
- ◆ Digital media can assist teachers in both general and special education and can be used as a launch-pad for fostering independence, successful learning, socialization and life skills that lend to employment.

In conclusion, the struggles and triumphs of students with learning and behavior differences became the roots of the advocacy tree, with its strong branches bearing the leaves of countless compassionate individuals that have been crucial in getting laws passed, which helped to mobilize the growing student population with learning differences. *Most remarkable is the resiliency of students that have persevered in times of social and educational adversity.* In addition, the flexible, innovative educators, speech pathologist, and clinicians that enthusiastically implement legislation policies, with the support of digital media, have been instrumental in providing the insurances that the curriculum presentation and methods of instruction will be accessible to all students. This provides pathways for social and academic success and equal opportunities for All Learners.



### References:

- <http://www.betterspeech.com/pwn/index.html>  
lisa@barbclapp.com  
Michele McKeone (2013). www.autismexpressed.com  
Rose, D. & Vue, G. (2010). 2020's Learning Landscape: A Retrospective on Dyslexia. New York: The International Dyslexia Association

### About The Author:



Catherine R. Chase  
MA, LDTC  
Psycho-educational  
Diagnostician

**Catherine R. Chase, M.A., LDTC, a Psycho-Educational Diagnostician and Learning Consultant/Reading Specialist**, currently holds appointments as a Curriculum Director for Autism Expressed and is an Associate Practitioner & Interventionist at the Pediatric Wellness Network in Cherry Hill, New Jersey. Catherine has over 25 years of experience in the field of education, which includes fellowship training at the Harvard Medical School, teacher training, diagnostic testing, strategic teaching and intervention, parent and student advocacy, and child study team consultations. As a private Learning Specialist, she provides assessment and strategy intervention, and can be reached directly at **609-390-1149**, in Cape May County, New Jersey or by email: [crchase77@gmail.com](mailto:crchase77@gmail.com).

# Integrated Listening Systems

By Katrina L. Guzzetti, OTR/L

[www.klgpeds.com](http://www.klgpeds.com)



**Katrina L. Guzzetti, OTR/L**  
*Pediatric Occupational Therapist*

**I**Ls (Integrated Listening Systems) is a wonderful sound-motor based program that I use with many of my patients during their treatment sessions. With use over time, all of my patients have experienced nice improvements in many of their goal areas. iLs has recently begun a rental program that allows parents a more cost effective approach to using iLs multiple times a week to improve their child's outcomes in a shorter time period. Since iLs has a global effect on both the brain and central nervous systems, it influences the functions of the auditory, visual, vestibular (balance and coordination), motor, cognitive (thinking and reasoning), and emotional systems. Since many systems are being positively impacted by the input iLs provides, this approach provides a therapeutic benefit to a wide variety of diagnoses, conditions, and ages such as those with attentional difficulties, auditory processing delays, reading delays, sensory processing deficits, communication delays, Autism Spectrum Disorder, Down Syndrome, and cognitive functioning difficulties due to a stroke or head injury. Individuals who also simply want to improve their processing speed and timing for athletics, self-confidence or alleviate stress in their lives often benefit as well.

## What is iLs?

The iLs approach was based on a sound therapy originally developed in Europe by a French ENT, Dr. Alfred Tomatis. Further developed, researched, and refined over the past 20 years in the United States, the iLs program combines portable and user-friendly equipment with the integration of

sound and movement. iLs is a complementary, multi-sensory program utilized by a variety of medical and educational professionals including Occupational Therapists, Physical Therapists, Speech Therapists, and Counselors/Psychologists to improve their patients/clients emotional regulation while training the brain to more efficiently process sensory information.

## Who can benefit?

iLs clinic or home programs are for anyone two years of age or older. The movement component of iLs is able to be customized for any developmental age and diagnosis/condition.

## What equipment is necessary to utilize an iLs program?

An iPod loaded with iLs treated music is typically worn in a waist pack by the individual with the headphones connected to the music source to allow listening while moving. Visual tracking, balance games, and other movement oriented activities are combined with music listening for part of each session while quiet activities combined with the rest of the music listening fill the remainder of the session. Each listening session is for 45-60 minutes (or can be broken down into two 30 minute sessions) and the iLs units can be customized for an individual's needs (sensory motor, attention, reading/auditory processing).

**For more detailed information,** please refer to iLs' reader friendly website at [www.integratedlistening.com](http://www.integratedlistening.com).

Parents who are interested in this program for their children may also contact Kate Guzzetti, OTR/L at KLG Pediatrics, LLC at **(856) 751-1937**.

# Grad Students at PWN

By Jennifer Uhl-Bergman, MS, CCC-SLP

[jbergman17@comcast.net](mailto:jbergman17@comcast.net)



Jennifer Uhl-Bergman, MS, CCC-SLP

The Pediatric Wellness Network partners with local universities to provide practical experience for graduate students. The students working during the last two semesters are from Nova Southeastern University and are pursuing a Master's Degree in the field of Speech-Language Pathology. As a part of their clinical experience, graduate students provide treatment to our patients under the close supervision of the Speech-Language Pathologists and learn useful information about working in private practice.

This semester, all three speech-language pathologists worked with a Graduate student in the areas of pediatric speech, language, feeding and cognitive therapy. We believe participating as a training center for students in this way is a valuable experience that fosters high standards of care and more resources we can provide to our patients.

*Good Luck to our Graduate students as they complete their studies and become professionals in the field of Speech-Language Pathology!*



Jessica Marti, Graduate Student  
NOVA Southeastern University



Ashley Peter, Graduate Student  
NOVA Southeastern University

save  
20%

## Healthy Eating Books for Children

**Better Speech and Feeding Center, Inc.** recently teamed up with Dr. Celia Padron, pediatric gastroenterologist, and Rose Payne, Certified Health Coach, to publish a series of four children's books that address healthy eating habits. This book series is an excellent teaching tool that facilitates the treatment of numerous GI issues.

Designed for the four- to eight-year old age group who desperately need to change their eating patterns, the books are colorful, child-friendly and informative. The first two titles include a coloring book that features the main characters in both books allowing children to review the story in a kid-friendly manner. The third book focuses on the importance of regular bowel movements, which has been very helpful for many young patients struggling with chronic constipation. The fourth book explains the food/mood connection of eating processed foods high in sugar and the negative results that may occur in the child's everyday life.

Many GI problems can be easily resolved once children and parents are given a better understanding of how the foods they eat can contribute to their poor growth and development and might also be the cause of a host of disorders including: reflux, chronic congestion, constipation and learning disorders, to name a few.

*This informative series of books can be ordered from our office (20% discount when you mention this newsletter) or [www.amazon.com](http://www.amazon.com).*



# The Relationship Development Intervention (RDI) Program

By Rael LaPenta, Relationship Development Interventions (RDI)

[www.klgpeds.com](http://www.klgpeds.com)



Rael LaPenta, Relationship Development Interventions (RDI)

The Relationship Development Intervention (RDI) Program is based on a large body of research from the fields of human development, neurology, and neurodevelopmental disorders (including autism). Dr. Steven Gutstein and Dr. Rachele Sheely, the founders of RDI, have spent years studying and organizing the research literature in those areas to develop a comprehensive, research-based approach to neurodevelopmental disabilities that is based on what

we know about how humans develop. By incorporating an understanding of how the brain functions, the typical sequence of development from birth through the lifespan, and the neurological and developmental problems that occur in autism and other related disabilities, they have been able to design an approach that addresses the core deficits of these disorders in ways that promote more typical pathways of development. Because it is based on the most current research in these areas, the RDI model evolves over time as research sheds new light on our understanding of these issues. This is critical, because it means that RDI as a treatment approach remains on the cutting edge of what we know about these disorders.

With the help of the RDI specialist, this treatment approach helps parents learn how to establish a solid guided participation relationship with their child, which is the foundation from which all future learning and development occurs. This begins with a thorough assessment of the parent-child relationship in order to determine where breakdowns are occurring in the guided participation relationship. A plan is then developed to strengthen the relationship, and give parents the tools to repair breakdowns that occur.

Once the guided participation relationship is well established between parents and child, the focus turns to the child's specific developmental deficits. RDI utilizes a comprehensive set of developmentally sequenced objectives that represent all aspects of human development from birth through adolescence. The objectives encompass areas of development such as abstract thinking, self-awareness, communication, behavioral and emotional regulation, friendships, problem solving, collaboration, academic

learning, and many others. A thorough assessment process identifies the developmental gaps for each particular child, and a plan is developed for addressing the objectives for each specific area that requires attention. This often entails going back to early developmental stages in order to address core issues that are impeding a child's ability to function.

The RDI approach focuses on remediation of deficits, rather than compensating for them. This means that the RDI therapist helps parents tackle the underlying deficits that prevent individuals from thinking, communicating, and relating in meaningful ways.

RDI consultants conduct periodic assessments throughout the therapy process to determine starting points, measure progress, and identify obstacles along the way. They also work closely with parents by providing education, strategies, and feedback as the guided participation relationship is developed and child objectives are addressed. Just as the child is in a guided participation role with parents, the parents are in a guided participation role with their consultant. The goal of the consultant is to help parents reclaim their role as the most important guide in the child's life, and to assist them in developing the skills and mindset necessary to make the most of moments with their child throughout the day. RDI does not comprise a specific set of activities, done in a specific place, and for a specific amount of time. It is a way of life that permeates every interaction with the child, and typically with other family members as well. Parents learn how to approach their child and provide opportunities for thinking, communicating, and relating in ways that promote optimal growth and development.

In summary, RDI is a research-based, parent led program to correct the core problems that create obstacles in the lives of individuals with autism and other neurodevelopmental disorders. Please contact Rael LaPenta at Pediatric Wellness Network to learn more about this treatment for your family.

Ms. LaPenta is an RDI interventionist with an extensive background in special education teaching, including being awarded New Jersey's teacher of the year for Region IV in 2010. She has been involved in many facets of special education since 2000 including both home & school settings addressing educational, communication, behavioral, sensory, scheduling & transitions, life skills, job coaching, personal health, ABA, RDI, parent training, and SGD (speech generated device) training with clients ranging from 3-26 years old.

*Resources: Excerpts of this article taken from guest speaker, author and RDI Program Certified Consultant, Nicole Beurkens, M.Ed.*

# Social Skills Group

By Laurie Storms, Behaviorist

laustor@gmail.com



Pediatric Wellness Network

## Social Skills Training Group

*For Children with Social Skills/Communication Difficulties*

**Where:** 901-B Route 73 North  
Marlton, NJ 08053

**Who:** Little Learners (Ages 3-4 - Introductory Level)  
Star Learners (Ages 4-5 - Intermediate Level)  
Let's Make Friends (Ages 5-6 - Advanced Level)

**What:**

- Meeting New Friends
- Developing Social Skills
- Following Directions
- Circle Time
- Following A Schedule
- Waiting Patiently
- Taking Turns/Sharing

All programs are \$25/lesson and run for 12 week intervals. To ensure the best possible learning environment for all, as well as for consistency, children are encouraged to attend all sessions. Give your child the building blocks to develop greater empathy and meaningful relationships.

*Pediatric Wellness Network provides comprehensive diagnostic, therapeutic, and consultative services in Occupational Therapy, Speech/Language/Feeding Therapy and Behavioral Therapy through individual and group intervention to address all aspects of our clients' needs.*



Laurie Storms, Behaviorist

I recently joined PWN and am coordinating social skills groups on Saturday

mornings. In

addition, I provide home services as needed to help with home programs

as well as any behavior concerns (i.e.

potty training and sleeping difficulties).

I have been working with special needs

children at school-based as well as

home-based programs for several years

now and look forward to bringing my

expertise to this practice.

**Call Risa at**

**(856) 751-1937**

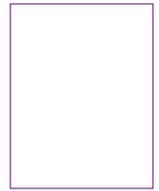
**to register your child today!**

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Marlton, NJ 08053



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## Comprehensive Family-Centered Care

- Case Management Services include referrals to medical practitioners, chiropractic specialists, neuropsychologists, psychologists, audiologists, behaviorists and educational consultants.
- Medical component to therapy helps improve functional outcomes.
- State-of-the art sensory gym.

## A Network of Pediatric Professionals Under One Roof

- Pediatric Gastroenterologist
- Pediatric Feeding & Swallowing Program
- Speech, Language & Cognitive Therapy
- Occupational Therapy
- Social Skills Play Groups/Behavioral Consultations
- Psycho-Educational Diagnostician
- Nutrition & Health Programs

For Gastroenterology call: 856-596-6333  
For Rehab call: 856-751-1937