PEDATRIC Wellness Network

An Integrated Approach to Pediatric Therapies



*Medical Director*Pediatric Gastroenterologist

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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

Chad Renshaw, MLA, Behaviorist

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- 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

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Irritable Bowel Syndrome

By Celia Padron, MD, FAAP



Celia Padron, MD, FAAP

Irritable bowel syndrome (IBS) is a disorder that leads to abdominal pain and cramping, changes in bowel movements and other symptoms. IBS is also known as spastic colon, irritable colon, mucous colitis or spastic colitis. Irritable bowel syndrome is not the same as inflamma-

tory bowel disease (IBD), which includes Crohn's disease and ulcerative colitis. In IBS, the structure of the bowel is not abnormal. It is not clear why patients develop IBS. Sometimes it occurs after an infection (gastroenteritis) which is called post infectious IBS. There may be other triggers one of which is due to stress since the intestine is connected to the brain and signals go back and forth between the bowel and the brain. These signals affect bowel function and produce symptoms that become more active during stress, causing the intestines to be more sensitive and squeeze (contract) more.

IBS can occur at any age, but it often begins in the teen years or early adulthood. It is twice as common in women as in men. About one in six people in the US have symptoms of IBS. It is the most common intestinal problem that causes patients to be referred to a bowel specialist (gastroenterologist).

Symptoms range from mild to severe. Most people have mild symptoms but symptoms are different from person-to-person. The main symptoms of

IBS are abdominal pain, fullness, gas and bloating that has been present for at least three days a month for the last three months. The pain and all the symptoms will often reduce or go away after a bowel movement.

There is no test to diagnose IBS but tests are often done to rule out other problems that present with the same symptoms. Blood and stool testing are obtained to rule out anemia or celiac disease. Some examples may include stool cultures to check for an infection. If the symptoms occur later in life and the patient is losing weight, a colonoscopy is often recommended.

The goal of treatment is to relieve symptoms. Lifestyle changes may reduce stress and anxiety. Dietary changes can be helpful however, no specific diet can be recommended for IBS since the symptoms changes from person to person. Psychiatric and/or psychological therapy or behavioral counseling may help in cases of severe anxiety or depression. Antispasmodics are useful to decrease the spasms prior to meals. Loperamide is useful for diarrhea and Bysacodil is used for the constipation component. Over the counter medications should not be taken unless they are recommended by a doctor.

IBS may be a lifelong condition. For some people, symptoms are disabling reducing the ability to work, travel and attend social events. IBS does not cause permanent harm to intestines and it does not lead to a serious disease such as cancer.



Introducing Crave Catering

Providing nutritious meals for busy families

www.betterspeech.com



Stacy Clarke, Chef/Owner Crave Catering

Hello! My name is Stacy Clarke and I am chef/ owner of Crave Catering. I started Crave Catering 5 years ago as a personal chef service. My goal was to provide nutritious meals for busy families.

Since then, I had two amazing girls, one of which was a patient of Dianne's. I know firsthand about the struggles associated with therapy and many of my recipes have come from that.



I was so excited when Dianne approached me about this idea. Together we are hoping to make your therapy experience more convenient. In addition to providing complete meals for your family, I also provide food to help you with your therapy.

In general, I use organic, in-season ingredients. However, that is not always possible, especially if I want to make this an affordable ser-

vice. That being said, if you follow a particular diet I am happy to follow it and make adjustments.

We have a lot of exciting ideas that we are looking forward to sharing with you, including a website and a rewards program.

Keep an eye on the bulletin board for weekly specials and articles that may interest you.



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

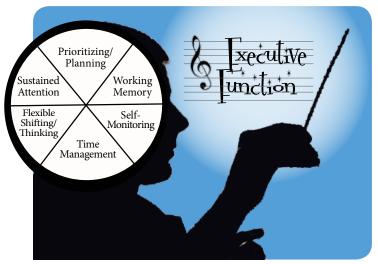
focuses on the importance of regular bowel movements, which has been very helpful for many young patients struggling with chronic constipation. The fourth book explains the food/mood connection of eating processed foods high in sugar and the negative results that may occur in the child's everyday life.

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.



The Essential Role Executive By Catherine R. Chase, M.A., LDTC Function Plays in School Success crchase77@gmail.com



Executive Function! What in the world is Executive Function (EF)? You may be intrigued to discover that we use our brain to perform EF every day in school, at home and in the work place. First, let's define the term and then review the important role EF plays in the learning process. This article will also provide strategies that enhance executive functioning in the classroom, thereby, maximizing school success.

What is Executive Function?

The definition of EF varies; however, most agree that EF is the command and control processes of the brain. It involves the cognitive processes of brain functions that enable a person to engage and persist in goal directed and

problem-solving behavior. Dr. Tom Brown helps us to understand this concept by providing the classic metaphor of a conductor's role in an orchestra. The conductor is responsible for directing, managing, monitoring, and integrating all aspects of the various instruments in the orchestra; ultimately, achieving the goal of directing a magnificent symphony. Some EF skills may include but are not limited to the following; prioritizing, planning, time awareness, working memory, sustained attention, organization, motivation, flexible thinking, self-regulation, persistence to completion of task and emotional control.

Why does Executive Function Contribute Enormously to School Success?

Think about it....Consider the challenges of grade level core curriculum standards. For instance, in elementary school, students in first and second grades are required to complete lengthy reading and writing assignments, as well as long-term projects. Students are also asked to use the internet and other forms of technology to obtain information, and at the same time, they are not necessarily taught how to understand and tease out information on the internet that is pre-organized by experts. All these academic tasks require efficient EF skills. Students who are struggling to implement efficient EF skills will show difficulty in organizing and prioritizing information they need to study. They may have problems with shifting flexibly from the main idea to important details during reading comprehension, and may show weakness with teasing out important information. Often students will "burn out" or show weak sustained mental effort for long story books and writing assignments. They may perform poorly on tests and are weak in self-monitoring; consequently, inefficient EF may lead to anxiety, low self-confidence and failure.

Executive Function Strategies that Enhance the Diversified Learner's Success

Many researchers believe it is crucial that All Learners be taught EF strategies because they impact all aspects of students' work, especially as they move up in grade level. The following strategies will enhance EF success in the classroom, home and the intervention setting;



The Essential Role Executive By C Function Plays in School Success

By Catherine R. Chase, M.A., LDTC crchase77@gmail.com

(continued)

- Model for student what to underline/highlight (saliency-most important ideas/details)
- Use technology to enhance motivation and sustained mental effort (iPad, computers)
- Use time organizers such as watches, alarm timers, computers, and calendars
- Provide study guides, make sure schedules are visual and reviewed often
- Stage projects and homework in small time chunks (step-by-step approach-use visuals)
- Teach students to create personalized checklists to help with most common errors
- Document and estimate time of study, homework and projects to enhance time awareness
- Use acronyms to help with memory and color code important information
- Teach 3 and 2 -column note taking and use technology to enhance self-monitoring efficiency

Considering the above information, it is no surprise that evidence based research has made it very clear that ALL Students can benefit from direct explicit instruction in EF, especially diversified learners who are experiencing attention, behavioral and learning difficulties. Ultimately, teaching EF strategies will enhance enthusiasm for the learning process and maximize school success!

About the Author:

Catherine Rae Chase, MA, LDTC, a Psycho-Educational Diagnostician and Learning Consultant/Reading Specialist, is the first educator to receive a Fellowship in Developmental Behavioral Pediatrics at Harvard Medical School. She currently holds appointments as a Curriculum Director for Autism Expressed, and is an Associate Practitioner and Interventionist at the Pediatric Wellness Network in Cherry Hill, New Jersey. As an owner of Chase Psycho-Educational Services and a Learning Specialist, she also services Cape May, Atlantic and Cumberland Counties, where she provides assessment and strategy interventions to schools, parents and student clients. She has over 25 years of experience in the field of education, which includes teacher trainer, Child Study Team consultation, strategic teaching, advocacy, curriculum consulting and research. She can be reached directly at 609-390-1149, in Cape May or by email: www.crchase77@gmail.com.



Catherine R. Chase
MA, LDTC
Psycho-educational Diagnostician



By Lisa R. Cohen, MA, CCC SLP



Lisa R. Cohen, MA CCC SLP

In honor of Brain Injury Awareness Month, our associate Lisa R. Cohen, a speech language pathologist specializing in Brain Injury Rehabilitation, wrote the following article with the assistance of two of her patients.

Lured by the Love of the Game Written by Lisa R. Cohen, MA CCC SLP

Teen athletes lured by the "love of the game" are often betrayed by bullies and fall victim to violence.

Benched by brain injury, this 13-year-old patient urges athletes to honor sportsmanship, play it safe and to **STOP PLAYING DIRTY!**

This is his story.

"Last year while I was playing hockey, a kid came up behind me and put his stick behind my legs and pulled," explains the patient. "I hit the ground and I bounced."

The next thing he remembers is waking up on his couch the following morning with a pounding headache, nausea and sensitivity to light.

Now, a year later, he tells us, "I still have problems with my memory, reading, concentrating, large crowds, sometimes the sun, my appetite, irritability, talking, listening, emotions and pain in my eyes. I have a hard time sleeping, get headaches and I am tired a lot. Living with a concussion is like living with a disease that never goes away."

When asked about going to school, he responds, "I don't, I can't, so I get tutored at home."

He describes feeling cut off from friends saying, "They think I am making more of it."

Before his brain injury, the guys knew him on his team as "The Great" and their "little buddy." Since his injury, many have cruelly resorted to name-calling and refer to him as "baby" and "retard" and tell him that he should "man up."

Wise beyond his years, he says, "If I could give them a concussion for just one day, I would, so they could understand what I go through. Then I would take it away

because I wouldn't want my friends to suffer like I do every day."

Tragically, the devastating aftermath of Traumatic Brain Injury might not be fully realized until later in life. According to the Journal of Neurosurgery, those who suffer from repetitive brain injuries are likely to be at a greater risk for neurodegenerative diseases such as premature senility, Alzheimer's disease and Parkinson's disease.

Doctor's fear that might be the case for this adult patient who suffered multiple childhood concussions.

This is her story:

Although, she lived life tainted by challenges with memory and learning, it wasn't until her fiftieth year that she noted a harrowing regression of her thinking and communication skills. She is now 52 and permanently and totally disabled.

She explains, "At this point I get confused all the time. My memory has gotten worse and I lose a lot of things. I now suffer chronic headaches and migraines. I make mistakes with money when paying bills and trying to reconcile my checking account is a nightmare! I forget to eat, shower and take my medicine and the most frustrating part is trying to remember my words, I used to say *spork* and *foon*. The biggest thing is trying to remember names; I often ask my daughter, "What is your name?""

Now, the woman is a determined advocate, helping people become aware of brain injury symptoms as well as the risks and consequences to children who play sports, fall, hit their head, or might be the victim of violence. She counsels parents to model and encourage Safe Play and to take the time they need to learn everything they can about Traumatic Brain Injury.

She emphatically advises student athletes that if they feel as if "something is just not right", they should not be afraid to speak up to their parents, coach, counselor or nurse at school. "Stop playing the sport that you think is hurting you!" she urges.

PEDIATRIC Wellness•Network

DOES ANY ONE REALLY WANT TO END UP LIKE ME?"

PWN Working in the Community

with Autism Expressed & The Beechwood School



Michele McKeone, M. Ed. Founder + CEO Autism Expressed

ne in 88 children are diagnosed with an Autism Spectrum Disorder, a prevalence that grows 17% annually. While the increased use of technology to improve outcomes for these students has been seen as successful, expansion in resources has continued to focus mainly on early developmental interventions. As this large and growing population of students enter high school, there will be few resources addressing their formative needs as they pursue their independence in a technology driven society and economy. This lack of access to essential digital skills, creates a critical barrier to their success.

That is where Autism Expressed comes in.

Autism Expressed is the first and only interactive curriculum that teaches the essential digital literacy skills to students with autism and other special education categories. The web-based platform engages students through video, guided simulations and virtual rewards to empower individuals with skills to email, blog, design and more. The curriculum prioritizes and reinforces safety, teaching students to distinguish private information from public information and therefore, how to appropriately interact on the internet; students also learn to recognize and respond to internet threats such as spam, 'phishing' and cyber-bullying.

Autism Expressed represents the belief that students with disabilities can achieve more. That is why we have dedicated our work to providing our students with the skills to pursue their independence and autonomy. Our mission is to change the existing educational



paradigm for students with disabilities, where postsecondary

outcomes are limited. To achieve this, our interactive curriculum is designed to have a wide reach, servicing a variety of diversified learners including those with autism and those without.

Additionally, Autism Expressed provides teachers and therapist with a new set of tools (and new sets of data) to increase in engagement, motivation and learning potential. Throughout the Northeast region of the United States, organizations such as United Cerebral Palsy, The DC Pubic Library and The School District of Philadelphia have enthusiastically adopted this curriculum with a goal of increasing outcomes for their student populations.

Autism Expressed is filling an immense gap in transition services while serving as the catalyst in a new and innovative type of cognitive and social development for this generation of adolescents and those who come thereafter.

Learn more or sign up today at www.autismexpressed.com.

During the week of February 27 to March 5th, our associate, Lisa R. Cohen, MA CCC-speech-language pathologist, gladly accepted an invitation from the Beechwood School in Haddonfield, New Jersey to provide their students with speech and language screenings that included a cursory assessment of each child's articulation, voice quality, fluency, attention and ability to label pictures of basic objects.

The Pediatric Wellness Network waived all fees thereby enabling participating parents to make direct donations to the St. John of God's School in support of their esteemed contribution to our community.

The Pediatric Wellness Network was pleased to provide this valuable service with the understanding that articulation as well as receptive, expressive, and pragmatic language skills lay the foundation for learning. Research indicates that vocabulary acquisition and the ability to produce a variety of sounds and discriminate one sound from another are precursors to literacy.







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A Network of Pediatric Professionals Under One Roof

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

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