

Children's Therapy Connection

Washington Health System Children's Therapy Center

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The Power to Change Children's Lives

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https://whs.org/care-treatment/ childrens-care/childrenstherapy-center/

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In Memory of Sarah M. Haines

Our lives go on without you
But nothing is the same,
We have to hide our heartaches
When someone speaks your name.

Sad are the hearts that love you Silent the tears that fall Living our lives without you Is the hardest part of all.

You did so many things for us Your heart was kind and true, And when we needed someone We could always count on you.

The special years will not return
When we were all together,
But with the love within our
hearts
You will walk with us forever.

Author-unknown



The Children's Therapy Center is so deeply saddened by the loss of our coworker and friend, Sarah.

Sarah Mackenzie Haines, 26, of Washington, died unexpectedly, Sunday, October 16, 2022. She was born July 19, 1996, in Washington, a daughter of Christopher and Lisa Kouklakis Haines.

Sarah worked as a front office associate, for Children's Therapy Center at Washington Health System for the past 4 years, however, the staff have seen Sarah throughout the years volunteering with her mother Lisa at many CTC events (Day of Champions and Halloween parties) and staff picnics when she was just a child.

She graduated from the University of Pittsburgh, with a bachelor's degree in Communication Disorders and was taking graduate classes to become a speech language pathologist.

Sarah was an avid crafter. Most of the CTC staff wear her creative badge holders.

She was loved by all and will truly be missed by the staff, patients and families of Children's Therapy Center as we were not just her co-workers but also her friends/family.



Miss Karen's OT Activity Corner

Now that Fall is officially upon us, here are a few activities that can be enjoyed during those crisp, sunny days outdoors or indoors as well!

Activity 1: Tie Dye Pumpkin

Materials: coffee filter, markers, cardstock or construction paper, dropper, water, glue stick

Here is a fun pumpkin craft variation showcasing a tie dye effect. First, start w/ a coffee filter and color a pattern with markers. Next put those fine motor



skills to use and apply droplets of water to semisaturate the filter. Allow to dry and in the meantime you and your child can cut a pumpkin shaped frame. Finally glue the frame and filter together and add to your Halloween or Thanksgiving decor!



Activity 2: Math Cube Map Maze

Materials: Math cubes/snap cubes, sheet of paper,

markers, plastic sleeve (optional)



This activity is multifaceted requiring your child to use their visual perception, fine motor, visual motor, and sequencing skills.

First connect a group of cubes. Then randomly color small squares across a piece of paper. Next, take a marker (or dry erase marker/ w/ paper inserted into plastic sleeve) and draw the path of the math cube row, rows can be as long or as short as you like!

Activity 3: Fall Alphabet Match

Materials: Leaves (plastic, real, felt), clothes pins, markers.

Gather dried leaves (or paper, plastic, felt) and write one letter from the uppercase alphabet on each leaf. Next, write the lowercase alphabet on wooden clothes pins. Now mix up the leaves and clothes pins and start your letter matching! This activity is great and works on letter identification, bimanual manipulation, and pincer grasp.



Hope you enjoy these activities. Please stay tuned for more seasonal activities in future newsletters!!

Miss Karen



CTC Superstars!



Physical Therapy James Young









James is our PT star! James recently had surgery on both hips and has worked so hard in physical therapy to get to where he is today! He had to build strength to learn how to crawl, get up off the ground, and walk again. He is now back to doing all the things he could do prior to surgery! He is working on getting stronger and improving his balance to be more independent and to chase his sister! We are so proud of James! He works so hard and has come so far!



Speech Therapy Brady Smykla







Brady came to CTC when he was 2 1/2 years old and at that time his mom reported he had about 10 words. Jump forward to today and Brady speaks in complete sentences and carries on a full conversation. He is witty and funny. He has worked so hard to develop his language and speech sounds! Miss Cathy is so proud of Brady! He is confident and such a fun little boy!



Occupational Therapy Addison Kalnicky

Addie is an OT star with the best attitude toward any challenge that comes her way. She is currently working very diligently toward tying her shoes all on her own. Addie is very good at crafting, including drawing and using scissors. She is one of a kind with her ability to make everyone around her smile. Her favorite activity at our center is to tell jokes or try to prank her therapists, especially Miss Jenn. Congratulations Addie, Miss Marissa is proud of you!





Occupational Therapy

An Occupational Therapist's Tips for Toileting Success

Submitted by Julia Kuehn MOT, OTR/L

It can be tricky for kids to understand their body's signals and use the toilet appropriately. Occupational therapists can help with



this important skill by providing education on toileting routines and addressing performance skills related to toileting. A child may be ready to start toilet training when they show some of the following skills: the ability to remain seated for a few minutes at a time, starting to name body parts, beginning to show an interest in toilets and the toileting process, showing discomfort with a dirty diaper, beginning a consistent pattern of wetness/dryness throughout the day, and starting to manage clothing independently. The tips listed below are supported by research evidence to assist with mastering the skill of toileting.

Increase fluid intake

- This will increase the odds that your child can actually practice elimination when on the toilet. Plan to present opportunities for hydration **consistently** throughout the day, ideally 4-6oz of liquid per hour. Do not force your child to drink if they are not thirsty, rather, continue to present opportunities to drink liquids. Modeling this behavior can help encourage your child to drink more fluid.
- Limit liquid intake after a set time in the evening – this helps to reduce the potential for overnight accidents.

Preparing for success

- Recognize that your child may need to use the bathroom outside of set times.
- Accidents happen! Be prepared by having an extra set of clothes on hand when you are out, by using a mattress cover underneath bed sheets overnight, or by making sure you have wipes nearby to clean up any accidents. Having appropriate materials nearby lessens the stress of a toileting accident on you and on your child.

- make the task easier when they are practicing. Some kids also respond to an "undressed bottom", as underwear or pull-ups may feel similarly to a diaper and confuse some children when toilet training.
- Look at the bathroom through your child's eyes are they able to reach for the toilet paper or is it too far away? Can you place a step stool near the toilet or is there a potty seat nearby? Could you use a ring reducer seat for improved stability?

Knowing the signs

Learn what your child's potty signs are – this could include wiggling, squatting, grabbing at their clothes, placing hands between their legs, crossing their legs, facial expressions (e.g. grimacing). When you see these signs, take your child to the bathroom to practice the steps of toileting.

Schedule toilet sits

- Taking your child to the bathroom at set times during the day helps them to understand the toileting routine. Allow 5-15 minutes for each toilet sit to help your child adjust to sitting on the toilet and practicing elimination.
- Plan to take your child to the bathroom about 20-30 minutes after a meal as they should have a natural urge to go around this time.
- If your child has difficulty sitting still, try incorporating an interesting activity to complete while they sit on the toilet. This could include playing with toys, reading a book, etc.
- Ask your occupational therapist for a picture schedule to help your child sequence the steps of toileting and understand what the expectations for toileting are. If they are fearful of the task, sitting backward on the toilet could help them feel more secure.
- This is a great time to help your child understand how much toilet paper they need, how to check if they are clean after wiping, and how to properly wash their hands after using the bathroom.



Occupational Therapy

How you talk about toileting matters

- Avoid using negative language when your child has had an accident. They are still learning how to understand their body's signals and negative language encourages shame over something they are not yet able to control.
 - Instead try, "I see that you've had an accident. Let's go to the bathroom and get you cleaned up."
- Utilize praise when your child has successfully used the toilet.
 - You can say, "You did a great job listening to your body and going to the bathroom!"
- Introduce words related to toilet training (e.g. "pee", "poo", "potty") and discuss the steps before starting toilet training. This will help prepare your child for the task before they are expected to complete it. Potty songs are great for this!

Consider how you're teaching the task

- Every person learns differently, so you will want to make sure you are teaching the steps to toileting in a way that your child will understand.
- <u>"Wait-and-go" method</u>: Best used with children who are able to communicate the need to go to the bathroom and are starting to have voluntary control of their bladder. With this method, children are placed on the toilet until they are able to use the bathroom.
- Forward Chaining: Best for children who can follow multi-step instructions. With this method, parents teach the child each step of the sequence from the beginning to the end. Children are responsible for the first step, then the first two steps and so on until they are able to complete the task independently. Use of modeling and visual pictures can help with this process.
- <u>Backward Chaining</u>: Best for children who have difficulty with multi-step directions as this helps to make the task simpler. With this method, parents assist with all steps of the process and have the child complete the final

- step. Once the final step is mastered, the child will complete the final two steps until they are able to complete each step of the sequence by themselves.
- "Sit and Wait" Approach: Best for children who like routines, have poor communication skills, and less voluntary control of their bladder/bowel. With this method, parents take their child to the bathroom at regular timed intervals and sit on the toilet until they can use the bathroom.

Activities that support body awareness in preparation for toileting

- Calming sensory techniques; repetitive, rhythmic vestibular input (e.g. swaying, swinging, rocking); deep pressure input; heavy work activities; providing frequent sensory experiences to promote awareness; active movement breaks; frequent changes in position.
- Mindfulness activities; meditation/yoga; providing kids with the language to describe what they are feeling (e.g. words, visual prompts, picture cues, communication devices); have a clear set of rules related to toileting; and body scanning visualizations (bringing awareness and attention to different parts of the body and referring to the sensations of breath, heartbeat, gurgling stomach, weight of the limbs, etc.)

Toilet training can be a frustrating endeavor and we hope that the tips above can assist in making this complicated task a little easier. Scheduling toilet sits, increasing fluid intake, preparing for the worst, and using positive language around toileting can be helpful in increasing your child's capacity to learn this skill. When children are given the opportunity to try, they will learn to thrive! Reach out to your occupational therapist if you would like more information or resources related to toilet training.







(Continued on page 8)



Touch-A-Truck

In September CTC held a

Touch –A-Truck Event. Thank you to all the families and staff who participated in this event!













Welcome to CTC!

Speech Therapy Department Carly Salimbene, M.A., CCC/SLP



Carly is an ASHA certified and state licensed speech-language pathologist who acquired a bachelor's and master's degree in speech-language pathology from Kent State University. Carly has worked in pediatrics for the past five years, both in medically-based and school-based positions. She is working at Children's Therapy Center as a per diem SLP. She is so excited to be joining the team and working with the children and families at Children's Therapy Center. In her spare time, she enjoys reading, doing yoga, and playing with her two doodles, Ziggy and Sophie. Welcome Carly!

WHS is proud to partner with Washington United Way



CTC Information

We only learn of your child's insurance changes by you informing us.



Please inform the front office of any changes ASAP to avoid financial issues.

Freedom Transit

Families of CTC may be eligible for reimbursement of travel to the Children's Therapy Center. If your child receives Medical Assistance call 1-800-331-5058 to inquire whether you qualify for this service.

To view the reimbursement form: https://www.freedom-transit.org/forms/MATP-Reimbursement-Form-5 26 16.pdf





Physical Therapy

Outpatient Physical Therapy Versus School Based Physical Therapy: What's The Difference?

Submitted by: Lisa Wagers PT, DPT

Clinic "Outpatient" Based:

- Requires a referral from a child's pediatrician or PCP
- Therapy recommendations average 1-2 days per week pending on child's needs
- Access to a variety of gross motor equipment in a clinic to assist in progress towards goals (Treadmills, weights, assistive walking devices, swings, etc)
- One on one session with treatments focusing on your child's area of concern (balance, strength, pain, etc.)
- Goals focus on skills utilized in the home, community, and any other environment a child may find themselves

Example: A clinical based Physical Therapist can help a child develop higher level coordination and balance to help decrease falls and reduce pain.

School Based:

- Must have an IEP, or Individualized Education Program. A child can also have a 504 plan to receive services, as deemed necessary by the IEP team
- Support the child in the classroom environment and focus on the academic impact of the student's needs
- Goals specifically related education and have to be support the goals of the teacher
- One-on-one or group therapy
- Therapy can be provided in the classroom

Example: School based Physical Therapist can help your child practice going up and down the stairs or walking in the hallway they can safely get from a classroom to the cafeteria or another classroom.

Take Away:

Clinic based therapy and school-based therapy can look very different, however, these differ-



ences are there to help your child learn and develop in their most natural environment. Both are beneficial to your child and can be utilized in conjunction with each other. A child may qualify for services in an outpatient setting, but not in school because their areas of concern do not impact their ability to learn. If you feel your child needs a therapy evaluation, please consult with your pediatrician or therapist. Please contact the Physical Therapy Department if you have any questions or concerns, 724-942-6100.

Occupational Therapy

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An Occupational Therapist's Tips for Toileting Success

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Miss Jodi's Garden

CTC children who have Miss Jodi for Speech Therapy were lucky to have been part of the beautiful garden in the playground area. The kids planted seeds and watered them regularly with spectacular results! Thanks Miss Jodi!





Pictured are Jaxson above and Miss Jodi and Carly on the left.

Social Media

Staff Milestones!

Follow Washington Health System on Facebook!



The following CTC staff have reached a milestone in their years of service with the Washington Health System!

Kara Landay MA, CCC/SLP 5 years

