

IN MY DAUGHTER'S EYES

BY AMY JENSEN

Right before the holidays, Lori Murphy, my good friend and fellow CDSC member, told me about a contest that *The Today Show* on NBC was promoting. Martina McBride, a popular country singer, had just released a beautiful song entitled, "In My Daughter's Eyes" and was asking parents to write about the ways in which their daughters had inspired them. The parent who wrote the winning essay would be featured in a Martina McBride video with his/her daughter as well as make an appearance on *The Today Show*. Lori urged me to write about my youngest daughter Jane, 2½, who has Down syndrome. I thought, "What the heck" and wrote the following:

When Martina McBride sings "In My Daughter's Eyes", thoughts of my own daughter flood my heart. On April 9, 2001, my life changed forever. The little girl I was waiting for had arrived. The joy of childbirth was tempered by the sadness of knowing that the baby I had hoped for was not the baby I would be delivering. I had found out four months into my pregnancy that my daughter would have Down syndrome. I was 32 at the time and had 2 other "perfect" children. My husband and I had no reason to suspect that our third child would be anything but perfect as well. Then a miracle occurred...

Flash forward 3 years and my daughter Jane, now 2½, IS the perfect child I had hoped for. Yep, she still has Down syndrome, but she has so much more than a "chromosomal abnormality". She has beautiful pink and white skin, rosebud lips and the most angelic almond eyes you could ever envision. Yet, Jane's real beauty lies underneath her fair exterior. Her very existence has and continues to transform me. I want to try harder, do more, be a better person. I just want to be worthy of all the love she so freely gives to me. The irony is that Jane loves me just as I am—

with all of my faults, weaknesses and failures. Her unconditional love inspires me and gives me strength to celebrate the joys in life as well as face the challenges with courage and dignity. She has given me the rare opportunity to see life from a different perspective. Life is not about how pretty or smart you are, how much money you make or what kind of car you drive. Jane has taught me that the value of a human life lies in the ability to love and be loved. It's that simple.

When I was pregnant and given the option to terminate a dear friend of mine told me, "This is your chance to be a hero." I was comforted by those words then, but realize how misguided they were. I am not the hero. Jane is. She wakes up every morning with a smile on her face, ready to work with her therapists or play with her siblings. Although she has few words, she shows me daily how much she loves me. With only a glance she can fill my heart until I think it might burst and when she leans her pouty mouth into mine for a kiss, I wonder what I ever did to deserve the awesome gift of being her mom.

Before April 9, 2001 my life used to be ordinary. Now it is extraordinary. How could I ever know that Jane could turn such profound grief and sadness into indescribable and overwhelming joy? Jane is my love, my light, my hope, my guardian angel, my wildest dreams-my daughter.

Well folks, that was my essay and guess what? Between Christmas and house guests and tending kids sick with the flu, I never did send it in. So Janie and I will not be in a video or on *The Today Show*, but we don't care. I don't need Katie Couric or Martina McBride to tell me how lucky I am. All I need to do is look in my daughter's eyes and I know.

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CDSC Quarterly

Editor: Kathleen Reiss
CDSC Quarterly is published four times per year by the Connecticut Down Syndrome Congress, Inc. We welcome input from parents and professionals. Please help other families by sharing your experiences. Send submissions to: Newsletter Editor c/o Connecticut Down Syndrome Congress, Inc., P.O. Box 340385, Hartford, CT 06134-0385

STATEMENT OF POLICY AND DISCLAIMER

The Connecticut Down Syndrome Congress is a non profit organization which acts as a resource for families and professionals involved with a person who has Down Syndrome. Its vision is to improve the lives of persons with Down Syndrome, and to encourage the community at large to receive and embrace them. This newsletter reports items of interest relating to Down Syndrome and will provide a forum for others. The Congress does not promote or recommend any therapy, treatment, etc. We will not espouse any particular political or religious view. Individuals or organizations referred to do not necessarily endorse this publication or its editor. The editor reserves the right to make corrections as appropriate, and in accord with established editorial practice in material submitted for publication.

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Center for Pediatric Therapy

Dr. Tara Glennon and Staff

OT • PT • Speech

Welcome to the Connecticut Down Syndrome Congress!

CPT Locations:

CPT - Fairfield, Inc.
1300 Post Road
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Building 2
Wallingford, CT 06492
(203) 949-9337
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As you attempt to gain information in order to assist your child, we wanted you to know of the therapeutic services available at our clinics. With a staff of over 35 therapists, we have several areas of pediatric specialty in addition to traditional services. These therapeutic supports include:

- Sensory Integration
- HDT
- Cranio-sacral Therapy
- Gait/balance/coordination
- Handwriting
- Therapeutic Listening
- Interactive Metronome
- Aquatic Therapy (Wfd)
- Fine motor - visual motor
- Social Skills Groups

Do you think that your child needs more than what the school is able to provide?

Does your child have concerns but not qualify for Birth-to-Three or need more than what Birth-to-Three offers?

In the medical realm, your child's intervention plan might look different from what the school district or early intervention team might provide. This is where intense therapeutic support, with specific areas of specialty based on your child's concerns, is important.

If you are interested in learning more about these therapeutic supports, or if you wish to schedule an evaluation, simply call the office closest to your home.

We are providers of most major insurance carriers.

www.centerforpediatrictherapy.com

SHOW OFF YOUR ANGEL!

CDSC always welcomes photos of your children.
Photos are used in our Convention Brochure,
Annual Report, upcoming Calendars, etc.
It's always a thrill to see your child in print.

ALL PHOTOS CAN BE SENT TO:

Ken Cholewinski
47 Fawn Hill Rd
Killingworth, CT 06419

Sorry, photos cannot be returned.

President's Message

MAY 2004

WHAT IT MEANS TO BE AN ADVOCATE.....A VIEW FROM THE TRENCHES

I proudly say that I am an advocate for my daughter, Krista, and I'd like to think, for all persons with a label. What does "being an advocate" really mean in our lives?

Many people think of advocacy as testifying before legislators, writing your congressmen to support legislation, or vigorously fighting for services, supports, and inclusion for your child from the public school system. It certainly is all that, and I would suggest, more.

As many of us find out when our children with labels enter the public school, behavior and its management becomes a significant issue. All behavior is communication, and for some kids with differences, their communication skills could use some refining.

Recently, my 11 year old typical son, Eric, was punched in the face by another student on the bus ride home. As is our school's policy, both boys' parents were called, and a meeting of administrators was convened. The boy's mom, who I know fairly well, called and was extremely apologetic and assured me her son would be punished and would apologize to Eric. Since I had been on the other end of phone doing the apologizing on several occasions (Krista once broke a child's finger by slamming a door on it, not in anger but because she is so strong) , I told her we understood, and that after the apology was over, the whole incident was history to us. When the principal called, I told her the same thing. The child that did the hitting is a good kid from a loving family. As parents who are veterans of the "positive behavior supports" and "functional behavior plan", nobody could feel more empathy for this child and his mom than we could. Just as I want my child's behavior modified in a positive, supportive manner, I must also want it for all children. It was my turn to advocate for another person's child.

Recently, my husband Ken and I were at a large cocktail party, and there were many people there that we didn't know. A group of people were having a conversation about special education, and so we wandered over in their direction. As we listened to the conversation, we realized these people were parents of the PTO of a wealthy, Connecticut shoreline town that prides itself on its school system. They were saying how "good it would be if all the children that get special ed could be sent to ACES. That way, it would save the town money and all the parents could have a support system". Then one of the PTO moms said, "We should bring that up to Regina (the school principal) at the next PTO meeting." I was frozen in shock. Ken and I did not join the group. Instead, we went over to a quiet table in the corner. By the time I pulled myself together and had my speech planned (which was "I couldn't help but overhear your conversation. Our daughter has Down syndrome, and she is fully included in our neighborhood school. I am sure you don't realize this, but it is actually illegal to place students in a segregated facility, etc.) Well, just as I got up to find the group, they had their coats on and were thanking the hostess for a wonderful evening. I define that experience as a missed opportunity to be an advocate for my daughter.

So, how do we, as parents and as an organization, advocate so that society at large accepts our children as valuable members of society, treats them with dignity, includes them in all aspects of community life, holds them accountable for their actions and grants them their legal and civil rights? How do we, as parents and as an organization, overcome those debilitating and patronizing stereotypes that are still pervasive; "they are all so sweet, they are all so stubborn, they all love music, they hate loud noises, etc. How do we eliminate the "they", the broad brush that stereotypes our kids based on the speakers' one or two personal experiences with a person with DS?

I don't know the answer to those questions. Right now, I am advocating one person, one school and one social interaction at a time. Until I come up with a better plan, I will continue to do that until the day that Krista advocates for herself.

Statewide Calendar of Events

for program details please visit www.spednet.org

JUNE 12 CDSC PLAYGROUP in Ridgefield from 10 to noon
for more information call Cathy Lawlor at 203-438-1994

LATE JULY / EARLY AUGUST CDSC SUMMER PICNIC AT CAMP HARKNESS Look for more Info coming soon!!!

CDSC BOARD OF DIRECTORS MEETING
For more info call Joan Gray at 860-257-8882 or (toll-free) 888-486-8537 or admin@ctdownsyndrome.org

JUNE 14

CDSC PLAYGROUP IN NEW MILFORD
For more information call Penny at 860-210-0048 or ct1Penny@aol.com
JUNE 12 - JULY 10 - AUGUST 14

CDSC PLAYGROUP IN COLCHESTER
at the Cragin Memorial Library from 11 to noon.
For more info please call Karen Zbierski at 860-873-8615
JUNE 12 - JULY 10 - AUGUST 14

CDSC MOM'S NIGHT OUT IN NORTH CENTRAL CT
For more information, to RSVP or for directions please call Debbie Keller at 860-228-4226
JUNE 22 at the Ginger Garden Restaurant in South Windsor
JULY 21 at the Olive Garden Restaurant in Manchester
AUG 19 at the Margarita's Restaurant in East Hartford

CDSC PLAYGROUP IN WETHERSFIELD OUTDOORS AT MIKEY'S PLACE.
For more information please call Patti Silva at 860-529-7766 and cakes01@cox.net or Chris McAuliffe at 860-683-2535 and mack1200@aol.com.
JUNE 12 - JULY 17 - AUGUST 14

October 10 CT BUDDY WALK
For more info call Cindy Drost 203-272-1901

SAVE-THE-DATE!!!

CDSC Convention 2004 "Just the Way You Are"

Saturday, November 6th, 2004, Omni New Haven Hotel at Yale

Keynote Speaker: Rick Lavoie

DON'T MISS THE BEST CDSC CONVENTION EVER!

Please mark your calendar and join us for the **19th annual CDSC Convention**. This year's keynote speaker will be Rick Lavoie. Rick is an internationally renowned educator, consultant, and speaker. His workshop topics will focus on behavior management strategies and techniques.

Our eighteen workshops are designed around the diverse needs of those in attendance, offering a bit of something for everyone. We plan to have workshops for new parents, grandparents, and teen/adolescents with Down syndrome, along with our ever-popular sessions on medical issues, therapeutic options, and inclusional topics. CEU's will be available for several of the workshops.

This year we'll have even more vendors of educational and fun books and things, and repeat our successful Silent Auction.

Come join us for a day of education, inspiration, and fun!

For more information or if you'd like to help out,
please e-mail me at kenholewinski@comcast.net
or call me at 203-663-2676.

This newsletter reports items of interest relating to Down syndrome and will provide a forum for others. The Congress does not promote or recommend any therapy, treatment, etc.

Please contact the CDSC at 888-486-8537 or admin@ctdownsyndrome.org to have your e-mail address added to our e-mailing list. To Learn more about the CDSC visit us at www.ctdownsyndrome.org. The vision of the Connecticut Down Syndrome Congress is to improve the lives of persons with Down Syndrome, and to encourage the community-at-large to receive and embrace them.

DISCOVERING ANDREW

by Philip Milnarik

As a child, I was an inconsiderate person. Having no goals, I wandered the world aimlessly with no thought concerning the well-being of others. I sought instant indulgence, and complained about much that was trivial and pointless. Although I was only a young man in middle school with time left for improvement, there was no noticeable change in my being as I entered high school. At the time, it seemed as if I would continue down the path of least resistance for the rest of my educational career.

Fortunately, there were other forces at work in my life. It is unfortunate however, that I did not notice them until well into my junior year. It was at this time that I was going through a period of turbulence. I was having trouble determining who my friends were, and it was affecting me both emotionally and educationally. Of course my parents thought that it was my new car that was the source of my distraction, but it was far from that. My conflict fell deeper, deeper to the point where I would need something extra special to redeem myself. That special element came in the form of someone who I have known since I was in kindergarten.

Sitting quietly in the shadow of my life, was my brother Andrew. He was born with Down Syndrome when I was in kindergarten. At first, I totally ignored the fact that he had a mental disability, perhaps because I could not comprehend it. When I first saw him in the hospital, I told my mother and the nurse that if we put a pot on his head, then he could be a little china-man. On the car ride home, I whispered to him about how we could play my favorite games together. However, when we got home, we didn't play games. I would even go so far as to say that we didn't play games for many years, and our relationship was anything but fun.

Andrew was extremely high maintenance. The toll that he took on my parents was large. I quickly found that I had been put on hold for a while, a while in which I would grow up without much interaction with my brother.

When I was in my third year, Andrew held the same status in my life that he had been holding since we were both little children. I was protective of him, and loved him as a brother, but it almost seemed as if I was doing this solely because it was my duty. I didn't know who he really was, I only saw him as my little brother with Down Syndrome. Then, one day, it happened. In a moment of enlightenment I saw Andrew. I saw him for who he really was, I saw him as a person with strong feelings, untouched by the social impurities of society. Looking up at me, not knowing what to say, he just smiled and said something along the lines of "you're my main man," a perfect example of his innocence.

While I am not certain as to exactly how or why I made this observation, I have theorized that it had to do with my shifting emotions at the time. Perhaps he caught me in a period of weakness and self contemplation, therefore I was able to look past all that I had known and expected of him. However, the important point is that this experience changed me. It changed me in a positive manner, and allowed me to get in touch with my brother. To this day our understanding of each other increases. I am no longer the person that I had once been, the cheater, the egoist, the blind child. Discovering Andrew led me to discover myself. I realized that I had been complaining about the simplest of subjects, and idolizing people and practices who were insignificant. When he was first born, I had absolutely no conception as to what kind of a human Andrew was, or how much of an effect that he would have on my life. Because of my brother, I am a caring, respectful, and pleasant individual. My goals for my future have been raised, and I am certain that I will continue to better myself and my surroundings as I enter a new phase in my life. Andrew has taught me that it is important to constantly develop friendships, and devote myself to everything I do whether it be academic or social. I realize that he lives his life to the fullest, and that I should too.

Tips for Effective Collaboration

Collaboration is the key to successful inclusion. You and your child's classroom teacher, special education teacher, related service providers, and paraprofessional must have a positive and fruitful working relationship for your child's program to be successful. Here are some excerpts from Patty Lee., EdD., "Collaborative Practices for Educators: Strategies for Effective Communication," published by Peytral Publications., Inc., www.peytral.com. A quick and useful read!

TEN TIPS FOR COPING WITH RESISTANT COLLEAGUES

1. Find the points on which you agree; articulate those points.
2. Remember that it is often the message that is resisted, not necessarily the messenger.
3. Volunteer to serve on a committee together.
4. Sit next to the person, not opposite or across from them.
5. Review student records with your colleague.
6. Find opportunities for your colleagues to "tell you more" about something.
7. Show authentic interest in an aspect of their teaching.
8. Tell your colleague why you chose education as a profession [ed.: for teachers].
9. Recognize that you cannot change your colleague, but you can change your response.
10. Remember that you are an advocate for kids and resistance is normal.

CONTINUED NEXT PAGE....

Continued from page 5...

TEN TIPS FOR INVESTING RATHER THAN SPENDING YOUR ENERGY

1. Participate regularly in activities that renew you.
2. Recognize what you can do and put your energy there.
3. Realize your job is infinite – FOCUS is important.
4. Say “thank you” when someone compliments you.
5. Identify activities you put off and yet are so glad once you do them. Do these more often.
6. Learn a new skill.
7. Hang out with positive energy people.
8. Learn to tell your own stories to children.
9. Give a sincere and specific compliment to a colleague.
10. Do not say “yes” when you mean “no.”

TEN TIPS FOR DRAWING OUT THE BEST IN OTHERS

1. Ask others for their ideas and opinions.
2. Listen well enough to ask related questions about the topic.
3. Request their help when brainstorming about a current issue.
4. Check to see that you are understanding where they are “coming from.”
5. Share common interests.
6. When you ask questions or need to discuss an issue, ask when is the best time to meet.
7. Compliment others in authentic and specific ways.
8. Observe what times of day are best for individual interactions.
9. Put as much energy into listening to others, as you do when speaking to others.
10. Encourage others to expand or elaborate on topics which they initiate.

GETTING BEHAVIOR IN SHAPE AT HOME

Written by Laura Riffel and Ann Turnbull

From the website of Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS), Office of Special Education Programs, US Department of Education: www.pbis.org

Positive behavior support, often called PBS, is not just for schools. Parents can use the same ideas to create a better environment for the entire family. First, let’s look at what PBS is:

1. Deciding what behavior you want to change
2. Deciding how you want that behavior to change
3. Using behavior science to change that behavior
 - a. Develop a theory about why you think the behavior is occurring
 - b. Test your theory
4. Using supports that have been tested and proven to work
 - a. Teach new skills to get the same results
 - b. Change environments and daily routines
 - c. Reward positive behaviors

Positive behavior support does not mean changing the child; rather, it means creating a new environment that supports the positive behavior you want to achieve. It means creating a plan that determines who will help and what you will do differently. So how do you do this?

Let’s take a hypothetical child: call the child Taylor. Taylor refuses to eat dinner almost every night. Let’s think about what behavior we want: We want Taylor to eat a healthy, balanced dinner.

Let’s brainstorm reasons that Taylor may be refusing to eat:

1. Taylor doesn’t like the food.
2. Taylor fills up on other things before dinner.
3. Parents give lots of attention when dinner is refused.

Let’s test the reasons that Taylor won’t eat dinner:

1. Ask Taylor to help plan the menu with favorite foods.
2. Limit Taylor on any snacks prior to dinner
3. Give Taylor lots of attention by helping cook dinner, set the table, etc.

As each reason is tested, note which one causes Taylor to eat more dinner. Praise positive results!

Let’s assume that more is eaten when Taylor plans the menu. For the first few times, you may have to fix macaroni and cheese and peanut butter and jelly sandwiches with jellybeans; however, Taylor eats the entire meal. Praise Taylor for eating the entire meal. After several successful meals, as Taylor is planning the meal, tell Taylor that you are going to fix 3 things. Taylor gets to choose all three but they must be from the choices you present.

Give Taylor five choices and have Taylor choose three:

1. Macaroni and cheese
2. Peanut butter and jelly
3. Hamburgers shaped like hearts
4. Celery filled with peanut butter and raisin ants (call them “ants on a log”)
5. Pears decorated to look like a funny animal

Notice how two of the choices were the things that Taylor has already proven to enjoy eating. Tell Taylor that if the plate is clean, it will be Taylor’s choice the next evening. As Taylor eats more and more, give increasing praise for eating dinner and for doing a good job of planning a good meal. Keep changing the choices to healthy choices until you are actually replacing the macaroni and cheese and peanut butter and jelly with more healthy choices.

Eventually, Taylor will be willing to try new things as taste buds evolve. Taylor feels powerful because there was choice in the meals and now has acceptance of varied foods. We changed the environment, and it produced more positive results than demanding that Taylor eat dinner. How many of us remember sitting at the table until it was bedtime because we refused to eat our vegetables? I doubt it really made us want to eat them again the next time.

In the interest of peace and harmony, does it matter if we altered the child’s environment to get what we want or do we want him or her to do it because we say so? Most of us do the things we do because there is a payoff. Would you go to work every day if you did not get paid? We do not have to pay our children to be good, but we do have to alter the environment so there is a payoff for good behavior.

ASK THE EXPERT:

Many children with Down syndrome experience difficulties with fine motor tasks. We recently caught up with Professor Tara J. Glennon of Quinnipiac University, and Owner of the Center for Pediatric Therapy – Fairfield, Greenwich, Madison, & Wallingford, to ask her some questions.

1. What are the fundamental components of hand skill development and how can a parent encourage this development?

When looking at fine motor development, there are many components of hand development that need attention. For example, weight bearing activities promote stability of the muscles in the entire shoulder area, allowing for more coordination of the hand and fingers, as well as facilitate the development of the small muscles in the hand. This is encouraged when children climb, pull heavy objects, or crab walk across the room. Additionally, an extended wrist position (bent up toward the ceiling) allows the fingers to move to a greater extent – affording greater precision and accuracy of finger movements. This is why we encourage children to use easels and blackboards. Lastly, the coordinated use of the thumb-index-middle fingers together, as well as separately, is critical. General activities include: play-doh (be creative... use tools, kneed, pinch, roll into big balls or pinch into pea sized balls, flatten, find objects hidden in the putty); trigger type spray bottles (food coloring to make designs; draw a picture in marker, spray and watch the colors melt; hit targets; water plants; wash windows); shaking dice with cupped hands; pick-up sticks; monkeys in a barrel; pop beads, snap blocks, Velcro blocks, bristle blocks; open and close lids and containers or Ziploc bags; lacing and sewing activities; stringing beads, macaroni, and cheerios; pick up small objects using fingers, tweezers, tongs, or clothespins; peg boards & Light Bright; wringing out sponges & wash clothes.

Maryanne Bruni, an OT and parent of a child with DS, wrote a book in 1998 called "Fine Motor Skills in Children with Down syndrome: A Guide for Parents and Professionals." This book is not meant to be read all at once. Rather, it encompasses fine motor skills from birth through twelve years, including developmentally appropriate activities, and can serve as a resource throughout your child's development.

2. For school-age children, what is the role of a school-based OT and how can OT supports be provided in school settings without pulling my child out of class?

First, we must remember that individualized planning, based on each child's profile, is key. Thereafter, the primary OT role is to assist the team with problem solving and creating solutions that facilitate the child's participation in classroom based activities. Inclusion in the classroom is not just about letting the child get "real world" experience. Rather, every child is expected to perceive, explore, interact, interface, and engage in classroom experiences so that learning can occur. The OT's educational background, including motor and sensory foundations, allows for a different view on what might be preventing a child's successful participation. Figuring out what these barriers are, as well as what facilitates the child's participation, allows the team to develop and design appropriate strategies. The plan should outline the functional problem, what barriers and facilitators are present, both specific to the child and related to the classroom, and what the team would like to implement in order to address the difficulty. The interventions are specific to the functional problem and, therefore, can include any number of possibilities. The activity can be adapted, the classroom can be modified, or the therapist can work directly with the child in order to address something specific. This direct time with the child can be in a pull-out model if the specific issue

warrants. However, the therapist needs to remember that the classroom is where the functional difficulty occurs, and therefore, this is where changes need to be observed and documented.

3. My school recommends that my child get OT separate from school—what's the difference between school-based OT and private OT?

The difference between medically- and educationally-based therapies has been a long-standing discussion and, as each child's situation is different, there is no simple answer. If, however, your school-based team says that you should pursue medically-based therapy, paid for by your insurance carrier, then there is probably something they are seeing that they are unable to address under the educational mandates. Let's say, for example, that your child has decreased postural control. The team has identified where the decreased trunk control interferes with educational participation and created a plan which includes: arms on his chair for external support, railings on the stairs, and sitting near the wall so that he can lean if necessary during circle time. With this plan, the school has met the federal mandates. However, your child still has decreased postural control that might affect sitting at a larger dining room table chair (where the feet are not supported), bathing safely, sitting up on the floor while tying shoes, t-ball participation on Saturday, or safely enjoying a carnival ride. Medically-based therapy, financially supported by your insurance carrier, would address the underlying postural issues for functional participation in life.

4. What is sensory integration?

The term "sensory integration" is used to reflect the theory developed by A. Jean Ayres, an occupational therapist, as well as for the intervention strategy that was based on that original theory. Sensory integration is used to describe certain processes that go on in our brain, allowing us to make sense of the information we get from our environment and act on it. The term refers to the process by which the brain interprets and organizes various sensory experiences including sight, sound, smell, touch, movement, body awareness, and the pull of gravity.

Sensory integration is a normal phenomenon of central nervous system functioning and provides a foundation for more complex learning and behavior. For some individuals sensory integration does not develop as efficiently as it should. Sensory integration dysfunction can result in motor development difficulties, learning difficulties, or behavioral concerns.

5. How do I know if my child has a sensory integration disorder?

As efficient organization of sensory information provides the foundation for the development of functional skills, there can be many potential outcomes that might cause a parent concern.

A disruption in sensory processing can result in sensory defensiveness (sensory seeking or sensory avoiding behaviors), problems in self-regulation (activity levels too high or too low, not matched for the task at hand), and difficulties with praxis (the ability to conceive, organize and execute skills of all kinds). Disruptions in processing sensory information can interfere with self-care skills, language skills, motor skills, academic skills, and social/emotional skills.

If a child is suspected of having a sensory integration disorder, an evaluation is in order. An evaluation usually consists of standardized testing (when possible), a structured observation of play and responses to sensory input, and an interview with the parent or adult. If intervention is recommended it can be intensive (more than once a week), weekly, or consultative.



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Child's Name	Date of Birth	Has D.S.?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Do you wish to serve on a committee? Yes No (If "Yes", we may be contacting you.)

Please enclose check payable to the Connecticut Down Syndrome Congress, Inc., PO. Box 340385, Hartford, CT 06134-0385. Credit Cards are also accepted. Membership may be either an individual, family or professional basis. A family membership entitles both parents to hold office and vote. We welcome membership from any and all interested individuals, families, businesses and organizations. Your contribution to CDSC, Inc., is tax deductible.

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