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# Table of Contents

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## Features
1. **Music therapy**
   Discover the incredible benefits of songs and sounds
   BY CHYNA LAIRD
2. **Right question, wrong doctor**
   Factors that influence a doctor’s view of complementary medicine
   BY ANARA MIDGETT
3. **Yoga works**
   An alternative therapy for special needs children
   BY TERRI LEONARD
4. **New leash on life**
   Service dogs give independence to kids with disabilities
   BY NANCY FLANDERS
5. **The balancing act**
   Some advice on caring for a child with ADHD
   BY ELAINE LERNER
6. **Making the adjustment to a special needs child**
   An expert parent helps to answer your questions
   BY SHARON C. PETERS

## Resources
7. **Municipal/County listings**
   for The Early Intervention Program
8. **Special Needs Resource Guide**
Letter from the publisher

A special summer

This latest issue presents articles we hope will be helpful and interesting. They span a range of topics and cover some of the many child special needs categories parents and families deal with on a daily basis. We are so grateful to the many professionals who have contributed to our effort to bring such vital and positive information to the families in our communities who live with special needs realities.

Being a good parent is daunting in general. Addressing daily choices and decisions that are outside of the norm is what heroines and heroes are made of. That’s for sure.

Summer is a good time for all of us. It frees us in many ways and we are let loose to be outside more and to commune with nature in ways that imbue us with more energy. I hope that you and your children/families will have an opportunity to take a break from the rigors of your routines and enjoy these weeks of summer that are in front of us.

We’d love to hear from you and find out if there are topics you’d like us to present that you haven’t seen in any of our issues. Please know that we’d be very open to your suggestions.

Thanks for reading and for your feedback. You can email me at sweiss@cnglocal.com. Be sure to check out our website at www.familyresourceny.com and to look out for our monthly parenting publications that are presently printing in Brooklyn, Queens, the Bronx/Riverdale, Staten Island and Long Island.

The next issue of this Special Child magazine will be out in October. If you’d like to be put on our mailing list or know of where we should distribute that we don’t, send us an email to family@cnglocal.com and we’ll be pleased to get you set up.

Have a great summer!

Susan Weiss-Voskidis, Publisher
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Music therapy
Discover the incredible benefits of songs and sounds

BY: CHYNNA LAIRD

“Music is the great communicator.”
— Randy Grossman,
V.P. of Harmonizing With Humanity.

One thing that has always worked
with calming my oldest daughter
Jaimie — or giving her nervous
system the little boost it needs — has been
music.

Music is a fantastic tool because there are
so many options out there to choose from —
depending on what Jaimie needs and when.
We can go from classical to pop to jazz to
country and everything in between.

A lot of therapists incorporate music into
their regular sessions because it can be soothing,
bring emotions out that we aren’t dealing with and can even rise us up when we’re low.
I’m finding that as Jaimie gets older, music has become an important part of her overall sensory plan. And it took a conversation with an amazing Dad to make me realize the importance of music — not only for children with special needs, but to all of us.

Our journey

One morning earlier this spring, while seeking some enlightenment from one of my online SPD parent support groups, a longtime member — and a very close friend — shared a link to a YouTube video of a song advising everyone who watched it to “have Kleenex handy!”

That song was called, “The Life That’s Chosen Me.” It was written by Grammy-nominated singer, Karen Taylor-Good, with Lisa Aschmann, and performed by Karen for the first time in Orlando December 9th, 2008 for a roomful of parents of exceptional children.

You don’t have to be the parent of a special needs child to be touched by the song. But those of us who are such parents will feel it’s meaning deep in our souls.

The song says what all special needs families wish we could say to others: “I know my family isn’t perfect but it’s okay. I’m doing the best I can because this is the life that God gave me.” Then the song goes on describing what others can do to help.
And Randy Grossman, V.P. of Harmonizing With Humanity, understands first hand the heart of this song: he has two autistic boys of his own.

“I realized that there are so many caregivers out there who aren’t as lucky as my wife and myself in terms of support and/or assistance and are feeling very alone,” Randy said during our one-and-half hour telephone conversation. “We wanted to reach out through music — the universal language — to help people find some sort of comfort.”

The awesome group of musicians contributing to the Harmonizing With Humanity are what Randy calls, “Indie Positive Artists”: Musicians who uplift spirits with their God-given talents. They are some of the most talented artists today and their music provides listeners with entertainment and a positive message. What could be better than that?

I think what touched me the most, aside from his obvious and contagious love for his
Eight fun and simple ways to heal through music

You don't need to enroll your child in music therapy or be a professional musician, like Randy or his crew, to work music into a regular therapeutic routine. You just need to have a love for music and instill that love in your child. A very important note to make is that certain pitches can actually trigger negative reactions. The best thing to do is pay close attention to how your child responds and reacts to certain types of music and adjust what you use accordingly. Here are a few fantastic suggestions I found on a site called, "Raise A Smart Child" (http://www.raise-smart-kid.com/music-therapy-activity.html) on the subject of using music as therapy or a form of learning.

Chynna’s brain bite: If you want to use music as a form of therapy then please seek the guidance of a trained professional who can create the best program for you and your child. The following options are simply ways to incorporate music into your set therapy set-up.

1. Sing loud and proud. Who cares if you aren’t the next Michael Bublé or Whitney Houston? All your baby cares about is the music and the energy you put into it. Get into it and they will too!
2. Movement is key. Clap, stomp, boogie, shake your behind, wave, or tap. Using actions and movement not only injects some energy into the exercises but can also create a beautiful bond. Children learn best when they’re in motion—besides, energy is contagious. So be sure to have tons of it.
3. Play instruments or toys with the music. Have a nice variety of musical instruments to work with to correspond with the child’s needs, mood and abilities. Instruments like recorders, drums, maracas, and xylophones are great starts. Don’t forget you can always use things around the house such as a comb covered with was paper, spoons, pots and pans with a wooden spoon, etc. Use your imagination.
4. Show them how to do it! Be your child’s role model. If you are excited and energetic, your child will be too. Show them how it’s done! Throw caution to the wind and sing, dance, and go crazy. If your child needs help calming instead of exerting energy, show them how to relax and listen.
5. Offer a wide variety. Choose different styles of music like: Classical, Country, Rock, Vocal, Jazz, Bluegrass, Opera and Instrumental. My Jaimie’s favorites are classical (for calming), Jazz or Beatles (for dancing the sillies away) and Harmonizing With Humanity (for working through feelings).
6. Praise participation at any level. It doesn’t matter whether they can make it through the entire song. All that matters is that they try and that they get something from it. It’s supposed to be spontaneous movement and provide the opportunity to express their feelings and energies. Allow this freedom.
7. Watch your child with your sensory glasses on. Be aware of how much time your child is exposed to music and sounds, including radio and television. Getting too much sensorial stimulation decreases the benefits of music, especially for children with auditory defensiveness.
8. Be in sync with the music. Be sure to have all distractions off: telephone, television, younger siblings, toys, etc. Your child will not absorb the benefits of the music if he or she is distracted.

The most important part is to have FUN. Even if your child doesn’t seem to embrace it at first, continue working the music into regular activities and/or therapy sessions. Music truly is the great communicator—just give it a chance and you’ll see!
Right question, wrong doctor

Factors that influence a doctor’s view of complementary medicine

BY: ANARA MIDGETT

Parents of Special Needs (SN) children who have an interest in Complementary and Alternative Medicine (CAM) often feel trapped between competing worlds of health care. It’s easy to feel as if questions about CAM are not taken seriously when the reply is “I cannot discuss that as it’s not supported by research.” Parents complain that the subject of non-traditional treatments and approaches to wellness are off limits and not viewed with respect by physicians. Sometimes the problem is not the question, but the type of doctor you are asking. If your child is receiving conventional medical care and your family’s wellness philosophy includes CAM, then your child’s doctors should have a similar approach to health and healing.

Different sources have different definitions for the terms used to describe complementary and conventional medicine. This article is using definitions of complementary and alternative medicine (CAM) and conventional medicine from the National Center for Complementary and Alternative Medicine. Conventional medicine is used to describe medicine as practiced by Medical Doctors (MD’s) and Doctors of Osteopathy (DO’s). Conventional medicine is also known as Western medicine, orthodox medicine, or regular medicine. Complementary medicine is used to describe medicine as practiced by Medical Doctors (MD’s) and Doctors of Osteopathy (DO’s). Conventional medicine is also known as Western medicine, orthodox medicine, or regular medicine. Complementary medicine is used together with conventional medicine while alternative medicine is used in place of conventional medicine.

The term MD (Medical Doctor) is commonly, but incorrectly, used to describe all doctors. Look at a hospital’s Physician Directory or flip open the Yellow Pages to the physician section, and you will see two different sets of initials immediately following the doctor’s name – MD or DO. MD’s and DO’s attend two different types of medical school. While approximately 98% of the medical training is the same, there are differences in philosophy that makes one group more open to CAM.

Doctors who graduate from allopathic medical schools use the title Medical Doctor, or MD. Allopathic Medicine is based on patient centered medical research that follows standardized methods and scientific principles. An example of this is the “double-blind study” often referred to in news reports and articles. The body is separated into systems, and each body system is its own unit unless a relationship with other body systems has been scientifically established. Diagnostic and treatment methods are research based. Historically the focus has been on curing disease, but preventative healthcare has become recognized as a necessary part of disease management. Many MD’s consider CAM to be more theory than proven practice because it has not been proven according to the scientific principles taught in allopathic medical schools. The majority of medical schools in the United States follow the allopathic model.

While MD’s trained in the allopathic model cite the lack of hard scientific evidence as a reason to beware of CAM, the

Continued on page 8
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reality is they don’t practice in a textbook or medical journal. So they can and do use treatments that are not 100% research based. An example would be prescribing a medication for “off-label” use, like when certain antidepressants are used to treat neuropathic pain even though the manufacturer has not researched and labeled the antidepressant as a treatment for pain.

Osteopathic Physicians, or DO’s, have a different concept of health. Osteopathic medical schools teach that the body is not a series of systems, but a self-regulating, self-healing unit where the body, mind, and spirit combine to make a person. In addition to using standard diagnostic testing, DO’s are taught to take a comprehensive history of the whole person and to use hands on as part of their information gathering. DO’s can also use Osteopathic Manipulation of the musculoskeletal and nervous systems to facilitate the body’s ability to self-heal. Less than 10% of conventional physicians in the United States are DO’s, but that number is expected to grow as the need for individualized primary care and preventative care becomes more accepted.

Once medical training is completed, DO’s work in hospitals, operating rooms, the Military, clinics and private practice. They can choose to embrace a holistic approach to health and healing, follow the more common allopathic medical model, or create their own combined model of practice. Guided by the Osteopathic philosophy, 60% of DO’s prefer Family Practice, Internal Medicine, and Pediatrics over specializing because these areas enable them to work with the whole person as partners in wellness, in addition to curing disease. Dr. Christopher Laseter, D.O., an Osteopathic Physician in Lancaster, Pennsylvania, uses advanced Osteopathic training to treat children with neurological and behavioral problems. He warns that, like MD’s, DO’s need specialized training to work with Special Needs children.

When asked about what appears to be a struggle between allopathic medicine and CAM, Dr. Laseter replied, “DO’s, by being forced to train in both allopathic and osteopathic schools of thought gain a little perspective in what amounts to a turf battle for hearts and minds. We have a foot in both camps. In the future, patients will demand their physicians be cross-trained in several medical models and tensions will lessen.”

Does this difference in philosophy mean that an MD will not support your interest in CAM? Some Medical Doctors have a personal and professional interest in complementary medicine, but their ability to recommend or discuss CAM is limited by whether the treatment you are asking about has been researched within allopathic guidelines – or if they are aware of the existing research. Some allopathic medical schools are now teaching Integrative Medicine, which combines researched CAM with allopathic treatments. Interested M.D.’s are pursuing additional training and certifications in CAM treatments or partnering with a variety of CAM practitioners to create their own integrated practice groups.

What if you feel that your child’s physician is not willing to discuss CAM? The American Academy of Pediatrics Committee on Children with Disabilities Policy Statement on CAM, and children with chronic illness or disabilities, advises pediatricians to respectfully listen to the desires and fears of parents seeking to discuss the role of CAM in their children’s healthcare. Dr. Karen Summar, M.D., Director of the Jane and Richard Thomas Center for Down Syndrome at Cincinnati Children’s Hospital Medical Center, doesn’t sugar coat this dilemma, “Go somewhere else. If you have a pediatrician who won’t listen to you about CAM, he probably won’t listen to you about other things, either.”

Dr. Summar added not to rush into a relationship with any practitioner, conventional or non-traditional. “A doctor or practitioner has expertise in certain areas of medicine, but you are the expert about your child. If something is not ringing true or does not apply to your child, then go somewhere else.” She also advises to make an appointment to discuss CAM treatments instead of trying to ask questions at the end of a visit. This way the doctor has time to research how the treatment relates to your child’s needs and there will be time for a more thorough discussion. (See this month’s “Did You Know” for more information on discussing CAM with doctors.)

As research on the effectiveness of specific CAM treatments grows, the M.D.’s ability to partner with you in this grows as well. When one of my daughter’s Neonatologists heard that I had a background in Aromatherapy he showed me research about using Vanilla essential oil to reduce episodes of Apnea of Prematurity – and he wrote an order for her nurses to use it on a schedule as they would any other ordered treatment. He found a way to introduce CAM into a very traditional medical setting. Don’t assume that because a doctor is an MD that he is close minded or stuck working inside the box. There is still room in conventional medicine for creative and intuitive individuals to work within the boundaries of medical science while their patients benefit from centuries of health knowledge. CAM can be a part of the science and art of medicine.

So how do you find a doctor who is open to CAM and qualified to use CAM treatments in Special Needs children? Some online sources for CAM friendly physicians are listed below, and many of these organizations give tips on how to choose a CAM practitioner, but, a physician locator is just a starting point. Dr. Laseter recommends that parent to parent referral between like-minded parents be a part of your search for a physician who shares your family’s philosophy of care.

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Yoga works

An alternative therapy for special needs children

BY: TERRI LEONARD

Yoga is an age-old discipline developed and practiced in India and more recently introduced and popularized throughout the United States. Yoga, as it was originally practiced, included the physical discipline of breathing and body postures designed to strengthen and cleanse the body as part of a spiritual philosophy. Some still associate yoga with “religion”. However, here in the United States, most students of yoga practice only the physical forms of yoga. Some of the original Indian language of Sanskrit is still used to name the postures and breathing exercises.

If you are looking for something therapeutic for your child that can be fun, economical, and done in a group, consider yoga. Adaptive yoga for children with special needs is a way to incorporate the benefits of traditional yoga with the particular needs of your child or teen, regardless of their disability.

What is adaptive yoga?

Yoga uses breathing practices and body postures to strengthen muscles, improve balance, increase body awareness, allow greater range of joint motion, promote relaxation and emotional regulation. Adaptive yoga, like other adaptive sports or forms of recreation, uses props and modified practices to allow people with disabilities to experience the same benefits.

For example, a yoga prop such as a foam block, a soft cushion, or even a folded blanket can support the torso or other parts of the body during a stretch. Using a cloth bag filled with sand in a breathing exercise can provide both deep pressure for sensory calming as well as resistance for slack stomach muscles. A yoga strap or belt wrapped can be looped around the feet to help a child extend or hold a stretch. The list of props is endless and many household items such as a bathrobe belt or a rolled up towel or blanket can be used in place of expensive accessories.

Other modifications include allowing a child to work in a chair, wheelchair, or on a therapy table. Adaptive teachers can also teach partial postures or incorporate yoga movements into a game or song. Adaptations are endless and creativity is key to presenting yoga concepts and practices to children with less attention span, low muscle tone and body awareness, poor ability to communicate or comprehend language, or limited physical ability.

Also, working in a group enables students more opportunity to experience something therapeutic in a social setting. In an adaptive yoga class, students practice social skills and follow the the discipline of a formatted yoga practice. Also, in a yoga class, students are encouraged to work at their own level, even while working as a class on the same posture or sequence.

Combining therapies

Other types of therapies can be incorporated into the framework of yoga to benefit a variety of special needs. For example, the child with poor muscle tone, due to a neurological disorder, could benefit from strengthening core muscles of the trunk and building stamina. This can be achieved through a series of yoga postures in the same way as a physical therapist or exercise physiologist might prescribe. An adaptive yoga teacher might work as a trainer with a teen or a class of teenagers, building up to a number of “yoga push-ups”, “yoga lunges”, or breaths during a balance.

Spasticity, tightened or shortened muscles can be addressed through simple joint movements such as pointing and flexing the toes and ankles. In therapeutic yoga, these movements would be practiced slowly and incorporated with alternating inhales and exhales. For students with limited movement, a yoga teacher can use a more
hands-on approach to help the student achieve greater range of motion. Similar to physical therapy, the yoga difference is in the combination of breathing and movement. Many standing postures incorporate ankle flexion combined with weight-bearing for more intense stretching. Coordinated breathing combined with these movements help students hold stretches for longer periods of time, and develop new patterns of sitting and standing.

Traditional yoga practice incorporates all parts of the physical body including the eyes. Vision exercises such as those used by developmental optometrists are a natural part of an adaptive yoga class. Brain Gym, a discipline of therapeutic movement designed to help with learning difficulties, also incorporates many eye exercises into practice. Again, in yoga, these physical movements, even those done with the eyes, are coordinated with breath.

Bilateral motor integration refers to the effective use of both sides of the body to complete a task. Many children with developmental disabilities lack coordination in this area. This affects balance as well as left-right spatial awareness. Bilateral practice is a natural part of many yoga postures. For example, lifting the right arm then the left and coordinating this pattern with the feet to the beat of a yoga chant can become a fun and challenging game of balance. Students can then be encouraged to hold the postures, gradually learning to balance independently on one foot or the other. These exercises can also be done in a chair or close to a wall or other support for students who are unable to stand or balance.

Balance is an important goal in any yoga practice. Many yoga postures and practices focus on balancing practice. Even if a child is unable to balance well, practice can help improve compensation for a poorly functioning vestibular system, that part of the inner ear from which we get our sense of balance.

To help with proprioceptive ability, the neurological relay of information from the body to the brain, yoga postures promote weight-bearing for the arms, legs and works on improving joint mobility. In more advanced postures, even the shoulders and the head bear some weight. A core component of all yoga postures and exercises is strengthening the muscles of the trunk, especially the abdominals. This helps children with poor posture due to low muscle tone. It can also help prevent fatigue, increase stamina, and promote calming in children with attentional problems. Other sensory and core-building activities may include the use of sandbags, hula hoops, therapy balls, and lavender-scented eye pillows for deep relaxation.

Vocalization is also incorporated as a form of yoga therapy. Children learn to modulate their voices and their tolerance of noise. They learn to notice how a loud or vigorous group activity can affect their own level of arousal. Vocalizing in a group also gives students with sensory issues an opportunity to appropriately address when noise is too much. We use recorded music (loud and soft), singing (when appropriate), screeching, growling, buzzing, as well as being very, very quiet.

**Breathing**

Most of us seldom pay attention to the way we breathe. In fact, most people are “shallow breathers”. This means we are not aware of the tendency to breathe into our chest, filling only the upper portion of the lungs. These short shallow breaths result in respiration which is inefficient because you breathe many more shallow breaths to get adequate oxygen into the circulatory system. Shallow breathing actually creates the “fight or flight” stress response in the body. Breathing shallowly and rapidly signals your body to react as if it is constantly responding to a crisis, fatiguing not only the muscles of respiration, but the organs and glands that help regulate the body.
Breathing, unlike blood pressure or digestion, is one of the few autonomic body systems over which we have control. For example, we can take a pill or change our diet to affect digestion. But, we can immediately and directly slow down and deepen the breath. Deepening the breath encourages greater intake of oxygen, nourishing for all body organs including the brain.

Most children are unaware of their breathing. Children with disabilities may be even less aware of their breath, especially since the muscles and the effects of respiration are not as obvious or rewarding as moving an arm or a leg on command. Some children even habitually and unconsciously hold their breath. Awareness of the breath can be difficult and sometimes confusing for children, especially those with cognitive or processing issues. This can make breathing one of the most challenging practices to teach, yet it is the most important.

For children who struggle with symptoms of emotional regulation, mood swings, anxiety, or lethargy, breathing techniques can help to modulate the body. The rhythm of breath is a constant companion, a tool that can be used for focus of a busy mind and a racing heart. The sound of the breath, too, can be used to calm and center a child with anxiety. In the beginning of a class or individual yoga session, we might practice an energizing or invigorating breath.

Beginning students might practice simple breathing exercises like taking a deep breath, holding the breath, and breathing only through the nose. Teachers can use belly sandbags to provide sensory input to the muscles surrounding the diaphragm. Different breathing techniques can be modified for children such as “bee breath” where the child makes a buzzing sound on the exhale. This is both soothing for the sensory system and helps focus the attention on lengthening the exhale in a fun way. When the room is filled with the sound of buzzing exhalers, children can have fun, make noise, and practice breathing. Bunny breath is done by rapidly breathing out and in through the nose and helps children become aware of and practice breathing control. A simple practice like counting the breaths can serve as a tool for students who have difficulty sustaining attention.

Body awareness

One of greatest benefits of yoga for children with special needs is increased body awareness. Coordinating breathing and movement together becomes the first level of work. For example, lifting an arm on the inhale and lowering on the exhale not only helps with motor control and planning, and provides an inner sense of rhythm.

Identifying muscles and parts of the body as they are being used gives students a sense of power and self-esteem. For example, being able to correctly identify the thigh, ankle, wrist or chin helps kids embody the words they hear used so often. More complex tasks include learning to flex or tighten a muscle. They can learn, in a real body sense, what it means to relax. They practice noticing and being able to point to or even name where they feel a stretch, a tension, or other sensation. Students can learn the anatomical names of muscles, bones, and the locations of joints in their own bodies as they practice. More advanced students can even learn which postures and exercises stretch or strengthen a particular muscle group.

Finding a yoga teacher

Yoga is often not thought of as therapy. Yet, there is a growing body of practitioners who use the methods and techniques of yoga as a therapeutic tool in various populations, setting, and disabilities. Some are licensed in other medical fields such as physical, occupational, or recreational therapy. Others may be yoga teachers who adapt traditional yoga practices to meet the needs of the specialized population they are teaching. Some have specialized training and certification from a yoga therapy program. These programs are growing to meet the needs of certified yoga teachers who want to specialize in the therapeutic application of yoga.

Clearly, people are recognizing that yoga as a stand-alone therapeutic tool or combined with another discipline can be of great benefit for those with disabilities and in need of physical rehabilitation. Yoga is especially suited for use in school systems for both students with and without disabilities.

Teachers can work with individual students in a medical setting or private studio. Insurance reimbursement is rare unless the teacher is also a licensed medical practitioner or the session is performed under supervision of a licensed person.

Unfortunately, there are few who specialize in the disabilities of children. However, this is a field in which we will likely see future growth. If you cannot find a person who is practiced at teaching yoga to children and who understands disabilities, consider creating a class of your children’s peers. Consult with an occupational therapist to help modify and adapt postures to meet the needs of the class, or consider taking some yoga training yourself. Some of the best adaptive teachers are parents of children with disabilities. As you know, we are the most experienced at understanding our childrens’ special needs.


If you are looking for something therapeutic for your child that can be fun, economical, and done in a group, consider yoga.

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- **Summer Programs:** Day Camps for Children Ages 5-21
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- **CAP Connects Family Programming:** Sunday Fun Day, School Vacation Events and Support Groups for Parents and Grandparents
- **After School, Summer and School Holiday Programs** for Pre-school Children and Their Families

For more information on any of these programs please contact Sara Regan at (718) 423-6111 x228 or SRegan@sfy.org

These programs are partially funded by the New York City Council Autism Initiative, the New York City Department of Health and Mental Hygiene, UJA/Federation of New York, The New York State Office of Mental Retardation and Developmental Disabilities and the J.E. and Z.B. Butler Foundation.
The family dog can wear many hats—running companion, watch dog, vacuum cleaner—but for families of a child with a disability, a dog can mean the difference between life and death.

When Wendy Givens’ son Scooter was first diagnosed with autism, she knew there would be challenges ahead. At age two, Scooter was already running off. It was around this time that Givens learned about autism service dogs and their ability to track children. She kept the idea in the back of her mind thinking it was something that needed to wait to be put into motion until Scooter got older. Then when he was five, the family was vacationing in a neighboring state and Scooter took off at an outdoor mall. By the time they found him he had crossed two streets and was playing in a toy store.

“We were frantic,” explains Givens, “and I decided right then that we needed to get a dog. We feel so strongly that Scooter needs to be out in public and to learn to deal with the public just as they have to learn to deal with him.”

Two years ago, at age seven, Scooter was matched with his dog Madison, who is trained in tracking like most autism service dogs. The dog is able to find Scooter should he disappear and he is also a calming force for Scooter when he gets upset. Out in public Scooter is tethered to Madison, so should Scooter try to bolt, Madison plants himself and Scooter isn’t able to go anywhere.

“Scooter has not escaped one time since we brought Madison home,” says Givens, “We haven’t had to use the tracking, but it’s nice to know it’s there. And Scooter’s behavior changes with Madison. He’s calmer and he’s resigned to whatever we ask him to do. If he gets upset, Madison calms him down. We don’t go anywhere without the dog and we’re able to be a normal family.”

New leash on life
Service dogs give independence to kids with disabilities

Another story was told to us recently by Jackie Smolinski, who was going through a difficult diagnosis with her son Luke. He was just eight months old but had already experienced numerous seizures, and Jackie began by telling us about the first time.

“It was a pretty terrifying day,” says Smolinski, “He woke up from a nap really irritable, moaning in a way I can’t even explain. He started seizing but I didn’t really know what it was. He was turning blue. I called 911 and by the time they got there Luke was coming out of it. When we got to the ER we were dismissed without any further testing. He had a slight fever so they considered it a febrile seizure.”

But Luke’s seizures kept coming and he was officially diagnosed with epilepsy.

By the time he turned one he wasn’t meeting milestones and had even lost some language. Now, two years later, Luke has been diagnosed with 16 different conditions including partial trisomy 16 (chromosome 16 duplication), hypotonia (weak muscle tone), dysphasia (difficulty swallowing), and Celiac disease.

“A lot of the times he slept with us at night,” says Smolinski, “When he was in his room, we would record videos of him at night and watch these videos of him...
on the child’s part, such as
bite, and whether or not
the family can afford to fi-
ancially care for the dog.” In
2009 alone 4 Paws placed 106
dogs. They are currently fund-
raising to build a bigger facil-
ity so they don’t have to start
a waiting list, something that
is unacceptable to Shirk, since
a child can wander away and
die while waiting for a dog.

In addition to helping care
for the children, service
dogs offer other ben-
efits. They are loyal
friends who are able to
be with the children
during medical pro-
cedures. They also act
as a bridge to building
friendships
with other
children and
have brought about indepen-
dence and increased self-es-
tee for children who have
been so dependent on their
parents in the past. These
dogs bring new life to fami-
lies.

“We have a little boy that
we can take in public and to
the park,” says Givens, “Peo-
ple don’t realize how huge
that is when you have a child
with a special need. We can
sleep at night knowing that if
he gets out we can find him.
It was a constant worry that
we just don’t have now. It’s a
huge relief. That right there
was completely worth getting
the dog.”

Side note: Currently the Giv-
en family is in a legal battle
with their school district over
allowing Madison into Scoot-
er’s school. Under federal law,
service dogs are allowed ev-
everywhere the child would go –
restaurants, stores, and schools
– however their school district
has refused to budge despite
proof that Madison helps
Scooter to remain calm and
avoid meltdowns especially
when he is overcome by sen-
sory stimulants that upset him.

“It’s amazing. She
nudges me when
Luke is going to
have a seizure. She
has made life easier
and brought a lot of
benefits. She’s cool.
She can save his life.”
The balancing act
Some advice on caring for a child with ADHD

BY: ELAINE LERNER, MSW, CSW

It's Monday morning and the start of a new week. Families all over America are getting ready to send their children to school. The Jones family, however, is late once again. Their child won't get out of bed on time. Their child won't listen when they say to get dressed. A simple routine of getting up, getting dressed and getting ready for school creates insurmountable obstacles, conflict, hostility and utter chaos. By the time he gets down the stairs for breakfast, the school bus has already left.

This happens every day. Their child has been diagnosed with ADHD, and they feel out of control and out of balance all the time.

Parents of a child with Attention Deficit Hyperactivity Disorder, or Oppositional Defiant Disorder, must search out schools, teachers, professionals, and other community resources. They find themselves having to supervise, monitor, teach, organize, plan, structure, reward, punish, guide, buffer, protect, and nurture their child far more than is demanded by the typical parent. They will also need to meet more often with other adults involved in their child's daily life — school staff, pediatricians, and mental health professionals. Their lives are a balancing-act in which they must juggle complex schedules.

However, raising a child with ADHD can elevate parenting to a higher plane. It may be the hardest thing you ever have to do, but it can provide a tremendous opportunity for self-improvement and fulfillment as a parent.

We're all faced with daily stresses. Finances might be tight and difficult to manage. There may be too many things to do in a given day. Relationships might not receive the attention they deserve and they can become strained. There just never seems to be enough time to allow us to spend quality time with our children. We get caught up in the everyday activities of life and we fail to recognize what is most important to us, our children and their future.

The Jones family feels helpless and frustrated. Their expectations for their child are not being met. They thought life would be easy for them, but their expectations do not take into consideration the reality of their child's disorder. They are disappointed and upset. They blame themselves for their child's inability to succeed at school and to form relationships with others.

What the Jones family fails to understand is why their child acts and reacts to given situations. They don't understand that their child has a disorder and has difficulty focusing and concentrating on their commands. They don't understand that their child's impulsivity is a part of the disorder. Their child is confused and doesn't know why he behaves the way he does. As one child said...
to their mother, “I don’t understand why I act the way I do, please help me mommy.” Their child feels out of control.

The Jones family is under constant stress. The family reacts to situations as opposed to being proactive. They fail to plan for winning outcomes. They take things personally, and think their child is just acting out. Their child isn’t acting out, but is just asking for love in the most unloving way.

A family with an ADHD or ODD child needs to take control of the situation.

**Be proactive.**

Far too often, we react to our children’s behavior on impulse without regard to the consequences and with no plan for what we are trying to achieve. Seeing a situation from a reactive frame of mind can make things look hopeless. It is not what your child does to you that creates these problems, but your response. Take the initiative to change what you do not like in the way you react to your child, and accept the responsibility to make the relationship happen in the way you want it to develop.

**Spend time with your child.**

Spend special time with your child each day. Be with them for 20 minutes a day in a non-judgmental way. These children are seeking your attention. Spending quality time with your child without giving directions or judgments is the first step in the process of reconnecting with your child.

**Be consistent.**

Children with ADHD lack the ability to plan, to be organized and stay focused. This creates confusion as to what behavior is appropriate in a given situation. This can create a feeling within them of instability, lack of safety and lack of control. Being consistent can help provide them with a safe structure and controlled environment in which they can function at a more productive level.

**Plan with the end in mind — be goal oriented.**

All interactions between individuals are a form of negotiation. Don’t just concentrate on what you want your child to do. Concentrate on setting up a behavioral management plan that is goal oriented and achievable. This will enable a child to feel successful and improve their self-esteem. The life plan is based upon wants instead of immediate needs and teaches them the ability to think and plan in a proactive way.

**Take care of yourself.**

Too often, parents of ADHD children devote too much of their time and energy to their children and, in the process, exhaust themselves. Failing to take time to renew yourself physically, mentally, socially, emotionally and spiritually can cause you to shut down and have less time and energy to devote to your child. The best gift you can give yourself is the gift of self-renewal.

**Use a collaborative approach.**

ADHD in children often requires medical, education, behavioral, and psychological intervention. This comprehensive multi-modal approach to treatment often includes:

- Parent trainings
- Behavior intervention strategies
- An appropriate educational program
- Education on ADHD
- Individual and family counseling
- Medication, when appropriate

Parent Trainings are often the first step in the learning process. Trainings help educate parents to better understand the nature of the disorder. Conducting meetings in a group approach allows parents to share their experiences with others in a caring and supportive environment. Parents learn how to manage their children on a day to day basis. Trainings help relieve stress in families, bringing them closer together.

Life may still feel like a balancing act, but parents who rise to the occasion often feel a greater sense of accomplishment and bring parenting to a higher level.

Elaine Lerner, MSW, CSW is an ADHD, ADD and ODD Parent Trainer. She trained with Russell Barkley, PhD, an internationally recognized authority on ADHD. Email: elaine@adhdparent-trainer.com.

© www.ADHDParentTrainer.com
Dear Sharon,

Our son is not normal. I don’t want to go into details, but we’ve realized for some time that he has “special issues.” My question is not about him, it’s about us. We are overwhelmed and depressed and to say “disappointed” is to understimate the reaction we’ve had to the discovery that our child is not what we were hoping for or expecting.

My husband and I are trying to navigate the difficult road of special everything for our boy and we’re not doing badly, but it’s how it’s affecting my own state of mind, our marriage, and our other child that worries me terribly. The added stress is enormous and I feel myself sinking into despair.

Can you give me any advice as to how I can cope better with the burdens, decisions, and responsibilities that I find suffocating?

Dear Mom,

Juggling the needs of a child with special needs can be overwhelming and discouraging to any parent. Thank you for being so honest about what it has been like for you.

Here are some ideas that might help.

The loneliness of being a parent with a special needs child can be one of the hardest aspects of the job. Many organizations that provide services for children with special needs also have parent groups that meet regularly. I hold two such groups at Parents Helping Parents but there are other places to find meetings as well. For example, the central branch of many of the libraries throughout the metro region run regular workshops for parents of special needs children.

Groups such as these can offer moms and dads an opportunity to learn that they are not alone with their stress, questions and concerns. Groups can also provide an excellent way to get emotional support and practical advice from experienced parents.

If you cannot find an in-person group that meets your needs, then the internet can offer online support. One source for this kind of information is www.community.com.

Through contacts with other parents you might make friends with people who also have special needs children. Such relationships can really help. When someone in your life “personally understands” the challenges you face it can make a big difference.

It’s also important to try and juggle your son’s demands with the needs of the other members of your family.

It is especially important that you and your husband have regular “dates” so that you can enjoy each other’s company and get a break from the pressures you face. This might involve hiring a baby sitter or asking friends or relatives for help but it is almost essential. When mom and dad are more connected and have a little time to relax, things go better for everyone.

It can also help to spend time alone with your other child. You both need to remember that life is full of things that are not about special needs. One mom I know sets up her schedule so that she spends at least one afternoon a week alone with her “typical” child doing things he likes to do. Although that has taken a great deal of effort to arrange, it has improved everyone’s mood at home. Sometimes, at the end of your fun time, it can be good to give your other child the opportunity to express how he or she is feeling about having a sibling that is a bit different.

Sharon C. Peters is a mother and director of Parents Helping Parents, 669 President St., Brooklyn (718) 638-9444, www.PHPonline.org.

If you have a question about a challenge in your life (no issue is too big or too small) e-mail it to Dear Sharon at SWeiss@cnglocal.com.
Are you ...

• Looking for family friendly activities?
• Wanting to connect with other parents?
• Interested in parent focused articles to inform and intrigue?

Our growing Web Community is waiting for you! Places to post, vote and have your voices heard too. Check It Out Today!

Education, Activities, Party, Camp, Special Needs, Baby; these are just a few of the reasons why MOMS are coming to www.webfamilyny.com
When a couple is planning for a new baby, emotions tend to run high. Joy, elation, and anxiety are just a few of the feelings that expectant parents experience before bringing a new life into the world. If the baby has been diagnosed with Down syndrome, however, the emotional reaction on the part of the parents can be doubly amplified. Once the baby is born, his special needs—emotional, mental, physical, and nutritional—are often overwhelming. And when doctors, close friends, and even family members don’t know what to say and can’t understand, parents may feel they have nowhere to turn. For families residing in Nassau or Suffolk counties, there is a group that understands and supports them: the Down Syndrome Connection of Long Island. This not-for-profit organization based in Huntington seeks to inform and empower local parents of children with Down syndrome. It also reinforces the belief that the birth of any child is a blessing.

Maria Cordes, the founder of DSCLI, recalls vividly how she was treated after her now five-year-old son, Jake, was born. While she says her doctors were “great,” and that they never treated her in a negative manner, still “they had no information to provide” her. “No one ever offered me information, literature, not even so much as a pamphlet,” she remembers. And once she brought Jake home, she began feeling isolated, in addition to overwhelmed. “The thing is,” explains Cordes, “a lot of specialists come to your house to work with your children [when they’re first born], and...because [the specialists are] working in your home, you’re not leaving the house, and you [so] don’t get to interact with anybody.”

It was during this time that Cordes confessed her feelings of isolation and frustration to her son’s physical therapist. The therapist confirmed many of the parents she worked with were all saying the same thing: when they had their children, they left the hospital with nothing to go on, and now felt very alone. The therapist then suggested that Cordes and some of the other parents meet to talk and exchange advice. “[Y]ou all wind up using the same therapist, and because we were all telling her of how...we felt at the time, she suggested we...exchange phone numbers and start talking.” Parents who understood the unique joys and challenges of having kids with Down syndrome began to gather at a local restaurant. That was in the winter of 2007. After a few casual meetings, the parents realized how much other families like theirs could benefit from the formal establishment of their organization. They even went to the trouble of getting their group legally recognized. “We went the whole nine yards with getting the paperwork processed, [hiring] a lawyer, and getting tax IDs to establish ourselves as a non-
One of the main things DSCLI offers is support to parents whose babies — whether newly born or not yet delivered — have just received a diagnosis of Down syndrome. “[We want] to bring the human side of the diagnosis to the patients,” says Cordes. “We have created two binders, one to be provided to the patient and the other for the health care provider, so they can better understand what the patient may be feeling.” And with the First Call program, members of DSCLI make themselves readily available to talk — which they make known through the parents’ health care providers. “[We have] the nurses at local hospitals…ask parents of a baby with Down syndrome if they’d like someone [who knows what they’re going through] to meet with them [to talk],” explains Cordes. “When we do meet, we just let them know of information gathered from national organizations. [This information can range from topics such as] early intervention, available services, [and] community groups. We also give them special growth charts created for kids with Down syndrome, so they can observe their children’s progress. [And] most importantly…new parents [can] speak freely about their feelings and experiences with others that understand their situation.” The purpose of DSCLI is not to tell any parent the “right” way to feel or make decisions. “We don’t tell people what doctors to see or what choices to make,” confirms Cordes. “We just give them information, so that at least they have it.”

DSCLI organizes and hosts informational meetings for parents, during which experts are invited to speak about topics relating to Down syndrome. For example, DSCLI “invite[s] doctors who work with children with Down syndrome…to come speak to parents about different things they can expect to see in their child’s development,” says Cordes. “We’ve had endocrinologists, feeding specialists, physical therapists, cardiologists. We’ve had people talk about Celiac disease.” DSCLI has also hosted congressmen and lawyers who handle cases involving children with special needs. Cordes says these meetings are often the most rewarding aspect of DSCLI. “When we have doctors come speak, the parents thank us. They say, ‘This is information I wouldn’t have gotten otherwise.’ They’re glad to know there are other families out there like theirs.” (Denise Supon of East Elmhurst, Queens, is one of those grateful parents: “I highly recommend [DSCLI] to parents…to help them obtain the information they need to assist their child to reach their highest level of function.”)

DSCLI also seeks to unify parents of children with Down syndrome in less serious settings. They host family-friendly social activities throughout the year, such as a holiday gathering every December at Meehan’s Irish restaurant in Huntington, as well as an annual bowling party in Syosset. In the summertime, there’s always a get-together at a local park or nearby beach. And DSCLI frequently organizes a “moms’ night out” at local restaurants. There are no dues, fees, or charges for these, or for any other services or events DSCLI plans. “There are no dues,” confirms Cordes. “All we do is organize it. We just get together.”

Cordes says one of the best things about being a part of DSCLI is meeting new parents, which typically begins with the members of DSCLI giving them a gift on the occasion of the birth of their child. “The gift we send new parents usually consists of a blanket and a book and a card,” says Cordes. “[We keep it] extra positive. We’re very much on the positive side. We try to let them know, ‘if you want to talk, we’re here.”

For more information about Down Syndrome Connection of Long Island, please visit www.dscli.org.
**Advocacy**

**Association for the Help of Retarded Children**  
Children of Nassau County  
189 Wheatley Road, Brookville, NY 11545  
516-626-1000  
www.ahrc.org  
**Services Provided:** Case Management, Community Education, Future planning, Information and Referral, residential, treatment, Vocational/employment

**Association for the Help of Retarded Children (AHRC)**  
Suffolk County  
2900 Veterans Memorial Highway, Bohemia, NY 11716-1193  
631-585-0100  
www.ahrcsuffolk.org  
**Services Provided:** Assistive Tech/Equipment, Community Education, Future planning, Information and referral, Residential, treatment, vocational/employment

**Long Island Advocacy Center**  
999 Herricks Road, New Hyde Park, NY 11040  
(516) 248-2222  
**Services Provided:** Information and referral, Individual/case advocacy, Legal advocacy

**Long Island Center for Independent Living**  
3601 Hempstead Turnpike, suite 312, Levittown, NY 11756  
(516) 796-0144  
www.licil.net  
**Services Provided:** Information and referral, Individual/case advocacy, Legal advocacy.  
**Other:** equipment loan bank, independent living skills, transportation

**Long Island Chapter March of Dimes Birth Defects Foundation**  
325 Crossways Park Drive, Woodbury, NY 11797  
(516) 496-2100  
**Services Provided:** Community education, Information and referral, Individual/case advocacy.

**Autism**

**Asperger’s Syndrome and Higher-Functioning Autism Association of New York**  
189 Wheatley Road, Brookville, NY 11545  
(888) 918-9198  
www.ahany.org  
**Services Provided:** Provides support and education for families, Individuals and professionals affected by Asperger’s Syndrome, high-functioning autism and other pervasive developmental disorders.

**Kids Success, Inc.**  
2950 Hempstead Tpke., Levittown, NY 11756  
www.kids4success.com  
**Services Provided:** Educational and intervention services for parents, educators, schools, and caregivers of children with Autism Spectrum Disorder, ADD/ADHD Learning Disabilities, Emotional and Behavioral Disorders.

**Quality Services for the Autism Community (QSAC)**  
56-37 188th Street, Fresh Meadows, NY 11365  
(718) 357-4650  
www.qsac.com  
**Services Provided:** QSAC is an award winning non-profit organization dedicated to providing services to persons with autism and/or pervasive disorder (PDD) throughout New York City and Long Island.

**Cerebral Palsy**

**United Cerebral Palsy Association of Nassau County, Inc.**  
380 Washington Avenue, Roosevelt, NY 11575  
(516) 378-2000  
www.ucpn.org  
**Services Provided:** All developmental disabilities

**United Cerebral Palsy Association of Greater Suffolk, Inc.**  
250 Marcus Blvd. PO Box 18045, Hauppauge, NY 11788-8845  
(631) 232-0011  
www.ucpn.org  
**Services Provided:** Case management, community education, Information and referral, residential, vocational/employment

**Developmental Disability Services**

**Long Island Infant Development Program**  
Nassau County  
2174 Hewlett Avenue, Suite 105, Merrick, NY 11566  
Suffolk County  
15 Smiths Lane, Commack, NY 11725  
(516) 546-2333 (631) 300-2333  
**Services Provided:** Early Intervention, Preschool, ABA (Applied Behavior Analysis) services from birth through age 5

**Nassau Early Childhood Direction Center**  
Variety Child Learning Center  
47 Humphrey Drive, Syosset, NY 11791  
(516) 921-7171/(800) 933-8779  
www.vclc.org  
**Services Provided:** Information and referral, Individual/Case advocacy  
**Other:** Preschool programs, transportation, medical, educational and Social services, evaluation and assessment services, parent education programs and resources.

**Nassau County Health Department, Early Intervention Program**  
240 Old Country Road, Mineola, NY 11501-4250  
(516) 571-3458  
**Services Provided:** Information and referral  
**Other:** Point of entry into early intervention services

**National Center for Disability Services**  
201 I.U. Willets Road, Albertson, NY 11507  
(516) 747-5400  
www.abilitiesonline.org  
**Services Provided:** Assistive tech/equipment, Case management,
Special Needs

RESOURCE GUIDE

Community education, future planning, information and referral, Individual/case advocacy, legal advocacy, vocational employment.

Children with Special Health Care Needs Program
(Formerly Physically Handicapped Children’s Program)
Suffolk County Department of Health Services
Division of Services for Children with Special Needs
50 Laser Court, Hauppauge, NY 11788
(631) 853-3100
Services Provided: Residents of Suffolk County under the age of 21, with chronic or disabling medical conditions may be eligible for diagnostic and/or treatment services through PHCP. Most children with chronic health problems can obtain a diagnostic evaluation to enable physicians to establish a diagnosis; a qualified family can address care plans for their child which may include surgical procedures, therapies and medications. PHCP may also assist families in securing devices such as braces, wheelchairs, hearing aids and other medical equipment and supplies.
WHO IS ELIGIBLE?
Some examples of children who are eligible are: Children who exhibit growth and/or learning problems; and children with special health problems.

Down Syndrome
Association for Children with Down Syndrome Inc.
4 Fern Place, Plainview, NY 11803
(516) 933-4700
www.ACDS.org
Individuals Served: Down Syndrome, Mental Retardation
Counties Served: Nassau, Suffolk, Kings, Queens
Services Provided: Case management, community education, future planning, information and referral, Individual/Case advocacy, treatment.

Epilepsy
Epilepsy Foundation of Long Island
550 Stewart Avenue
Garden City, NY 11530
(516) 739-7733
www.epilepsyfoundation.org/longisland/
Services Provided: Specialty Clinic for children and adults with developmental disabilities.

MUSCULAR DYSTROPHY
Muscular Dystrophy Association
11 East 44th Street, New York, NY 10017
(212) 682-5272
www.mda.org
Services Provided: Assistive Tech/equipment, case management, Community education, future planning, information and referral, Legal advocacy, treatment.

Social Services
Suffolk County Department of Social Services
3085 Veterans Memorial Highway
Ronkonkoma, NY 11779
(631) 854-9930
Services Provided: Services vary by county.

Suffolk County Department of Social Services, Family & Children’s
Services Administration
3455 Veterans Memorial Highway
Hauppauge, NY 11779
(631) 854-9434
Services Provided: Child protective services, foster care placement.

TOURETTE SYNDROME
National Tourette Syndrome Association
42-40 Bell Blvd., Bayside, NY 11361-2820
(718) 224-2999
www.tourette-syndrome.com
Services Provided: Community education, information and referral.

VOCATIONAL EDUCATION
Nassau County BOCES Rosemary Kennedy School
2850 North Jerusalem Road, Wantagh, NY 11793
www.staffet@mail.nasboces.org
(516) 396-2600
Services Provided: Educational services for students with developmental Disabilities from age 9-21.

The Board of Cooperative Educational Services of Nassau County (Nassau BOCES)
71 Clinton Road
Garden, NY 11530
(516) 396-2500
Serves the 56 school districts of Nassau County, Long Island, by providing cost-effective shared services, including career training for high school students and adults, special education, alternative schools, technology education, and teacher training, as well as dozens of programs to expand educational opportunity and help districts operate more efficiently.

Vocational and Educational Services for Individuals with Disabilities (VESID)
NYS Education Dept.
Riverhead office, Plaza 524, East Main Street, Riverhead, NY 11901
(631) 727-6496
Services Provided: Assistive tech/equipment, community education, Information and referral, vocational/employment

Vocational and Educational Services for Individuals with Disabilities (VESID)
NYS Education Dept.
Hauppauge District Office, NYS Office Building, 250 Veterans Highway, Hauppauge, NY 11788
(631) 952-6357
Services Provided: Assistive tech/equipment, community education, Information and referral, vocational/employment.

Summer 2010 • LONG ISLAND SPECIAL CHILD
HOPEFitness
1784 Hempstead Tpke.
East Meadow, NY 11554
1 (877) 396-HOPE
www.HOPEFitness.com

HOPEFitness is the FIRST fitness center of its kind; created and dedicated to individuals with All types of Disabilities AND open to the public!

The Mission of HOPEFitness is to bring fun and challenging opportunities in exercise to Youths and Adults with Intellectual, Developmental and Physical Disabilities. We strive to improve the lives and general health of these Individuals by providing a customized exercise curriculum based on the needs and abilities of each individual client. Our facilities and equipment are designed to allow for maximum participation while adjusting to the strengths and weaknesses of all. The HOPEFitness Centers integrate inclusion while providing a safe and comfortable atmosphere whereby our Special Needs clients have a gym to call THEIR OWN. HOPEFitness creates an opportunity for everyone to exercise and believes that all individuals have the fundamental right to partake in a program that helps to maintain ones’ quality of life. HOPEFitness has locations in Nassau and Suffolk and also services NYC.

HOPEFitness offers Group Fitness Training, Personal (1 on 1) Fitness Training and Kids Programs. The gym’s founder is a longtime Special Olympics coach and the parent of a young man with Developmental Disabilities.

Debra Cherry - Parent Advocate
516-317-7812 or email: debra@LLLConsult.com

Denise Cavadias - MS Special Education
516-987-5191 or email: densie@LLLConsult.com

Faced with uncertainties regarding your child’s future? Feeling overwhelmed by the transition process? Considering continued education?

We will support, direct and assist you in the transition process from High School to continuing education or an alternative living Program that is appropriate for the individual’s sustained growth and development.

• Meet with student and parents to discuss goals and objectives
• Review and evaluate existing education documentation
• Research potential program placements customized to individual client requirements
• Provide list of recommended programs for student or other transition based program

Call us today to discuss your needs.

Educational Consultant, Inc.
Dr. Helene Agatstein
33 Dartmouth St.
Valley Stream, NY 11581
(516) 791-1324 or (516) 445-1705
helene@agatstein.com

Is your school district not providing the services your child needs? Not sure how to get the resources to which your child is entitled? Dr. Helene Agatstein can partner with you to design an effective, long-term plan to ensure that your child gets all that he or she requires to achieve academic success. Dr. Agatstein, founder of Educational Consultant, Inc., has been helping parents secure services from school districts for more than 20 years. As Director of Special Programs for the Hewlett Woodmere School District, she is very experienced with the system. She holds a doctorate in special and gifted education from Columbia University Teachers College. Dr. Agatstein’s combined experiences have enabled her to hone her skills so that she can aid parents and students wherever there is a potential need. Call her today so you can find out how she can help your child.

Marjorie Marcus-Cohen
MS CCC/SLP
Speech/Language Pathologist
516-547-6004

Compassionate, Caring Speech/Language Pathologist. 25 years experience, public schools and clinics. ASHA certified. Prompt Training. Specializing in articulation/phonological delays, receptive/expressive delays, fluency and voice. Private sessions in your home. 45 minute sessions minimum. Available late afternoon, 4-7 p.m.; Weekends. Eastern Queens, Nassau County, Western Suffolk.

I am currently a Speech Teacher in the NYC public schools, as well as being employed by various speech agencies as a Speech/Language Pathologist. I work with children - adults, to facilitate improved communication skills. Through my work, your child will attain competent communication skills, which will reflect in all areas of life and foster improved self-esteem.
LONG ISLAND
Family

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