

# The Building Block

An e-newsletter of the J. D. McCarty Center for children with developmental disabilities

## OT's Celebrate National Occupational Therapy Month In April With A Carnival For The Kids

According to the American Occupational Therapy Association's executive board, occupational therapy is defined as "the therapeutic use of work, self-care and play activities to increase development and prevent disability. It may include adaptation of task or environment to achieve maximum independence and to enhance the quality of life."

But why the term "occupation? The dictionary defines occupation as "that which chiefly engages one's time, trade, profession or business."

A person's occupation can therefore be defined as the way in which we occupy our time. Our time is divided into three categories of activities that we take part in daily: Self care or activities of daily living are sleeping, eating, grooming, dressing and toileting; work is the effort that is exerted to do or make something or perform a task; leisure is free, unoccupied time that a

person chooses to do something they enjoy. Therefore, occupa-

years before the birth of Christ, the Greek physician Asclepiades initiated humane treatment of patients with mental illness using "occupational activities."

Move through time about 2,000 years and we see the use of occupational therapy really coming into its own. World War I forced the occupational therapy profession to clarify its role in the medical domain and to standardize their training and practice as they treated thousands of returning wounded soldiers. Today, a registered occupational therapist has a Masters degree, and doctoral degree programs are starting to show up in several uni-

versities around the country. A certified occupational therapy assistant has to have an associates degree.

Today, occupation is the main focus of the profession. It is certainly an ever evolving and dynamically moving profession.

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*McCarty Center OT's (l-r) are Stacy Angermeier, Jackie DeSpain, Whitney Grigsby, Barbara Martin, Candice Munson, Caleb Reed, Maria Greenfield and OT student Melissa Deal.*

tional therapy is the use of meaningful activities, "occupational activities", to help patients recover from illness or injury.

Occupational therapy is not a new concept. The earliest evidence of using occupations as a therapeutic modality can be found in ancient times. One-hundred

# OT Is Not A New Concept

Occupational therapists work in a variety of settings with several different age groups and disabilities. Anyone with a physical, emotional or developmental deficit can be referred for treatment by an occupational therapist. Those diagnoses might include: prematurity, birth defect, spina bifida, attention deficit disorder, developmental disabilities, cerebral palsy, sensory dysfunction, autism, hyperactivity, downs syndrome, amputation, stroke, arthritis, burns, head injury, dementia, diabetes or cardiac conditions.

The McCarty Center has a staff of six registered occupational therapists and three certified occupational therapy assistants. Through this staff of nine therapists, the McCarty Center

provides inpatient and outpatient services to children throughout the state of Oklahoma.

“The focus of occupational therapy here at the McCarty Center,” explained Maria Greenfield, director of occupational therapy, “is to apply creative problem solving and adaptation to our patient’s environment to help them reach their highest level of independence and functionality. We apply it to all areas, whether we are working on activities of daily living skills, work activities like school or play activities.”

To celebrate National Occupational Therapy Month the McCarty Center’s occupational therapy department hosted an OT carnival for the patients on Friday, April 30 in the hospital’s therapy department gym.

The carnival activities included a half-mile walk and eight carnival booths with occupational therapy activities with information about why these activities are used for rehabilitation. The booths included: a sensory booth, crafts, switch/assistive technology, an obstacle course, face painting and bubbles booth.

“The carnival was open to inpatients, outpatients and staff,” said Greenfield. “The primary objective of the carnival is to educate our staff about occupational therapy and how it works with our patient base,” she added.

Volunteers from Kappa Kappa Gamma sorority at the University of Oklahoma assisted the OT department with the carnival.



*Kappa volunteer Cecilia Gould, a sophomore public relations major from Edmond, Oklahoma, paints the face of Joseph Lawhon during the OT Carnival on April 30.*



*Occupational therapist Whitney Grigsby places a medal around the neck of William Chick for completing the half-mile walk. The walk was the opening event of the OT Carnival.*

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# Gutter Dance 7 Continues To Raise Money In A Down Economic Year

Gutter Dance 7, a charity-bowling event benefiting the McCarty Center attracted 20 teams to the Sooner Bowling Center Thursday night, May 6, for bowling, bar-b-que, door prizes and suspense.

"We netted \$9,300 this year," explained Uwe von Schamann, director of development for the McCarty Center, "which is down from last year, but still a very good result given the current economic environment."

The proceeds from this event will go to the Camp ClapHans scholarship endowment fund. Camp ClapHans is a summer camp project of the McCarty Center. The scholarship endowment fund will help campers pay for a portion of their summer camp tuition.

The highlight of the Gutter Dance is the 7-10 split roll off. At the end of the evening, the top ten high score bowlers are given an opportunity to make a 7-10 split. The bowler making the split would win a 2010 Chevrolet Cobalt Super Sport from Marc Heitz Chevrolet.

In the seven years of the Gutter Dance, no one has made the split. But, this year everyone jumped to their feet and cheered as one bowler came very close to picking up bowling's toughest shot. Caryl Hennen, a speech-language pathologist at the McCarty Center, slid her ball just past the outside of the ten pin

making it ricochet across the lane towards the seven pin, narrowly missing it. The crowd momentarily went silent as the ten pin missed its target, but quickly began cheering again for what almost was.

Hennen bowled a game of 200 to qualify for the 7-10 split roll off.

The first place team in this year's Gutter Dance was Tiffany's Restaurant with a total of 1432 pins. Second place went to the Occupational Therapy team with a pin count of 1127. In a close third place were the Gutter Clutters with 1123 pins.



Trophies were presented to members of all three teams. Also recognized for their effort with a bobble head bowling trophy was the last place team in the event, the Physical Therapy team with a total of 710 pins.

"This event continues to grow for us," said von Schamann. "A large number of our teams started with us in Gutter Dance I and keep coming back because they tell us what a good time they have. And many of these bowlers only bowl one time a year."



*Tiffany Sullivan, MS, CCC-SLP  
Speech-Language Pathologist*

## Child's Play Influences Language Development

**What is play?** Play is the way in which a child learns about his or her world. It can create and/or enhance a meaningful learning experience and exists in all functions of daily living.

Play can be as simple as an infant kicking a blanket and realizing that it moves or as complex as a group of children building a castle out of cardboard boxes and acting out a scene.

Play involves multi-sensory experiences such as seeing an apple, touching it, hearing the crunch when you take a bite and tasting its sweet, juicy flesh.

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# Since 1927 May Has Been Better Speech And Hearing Month

Although more than 5 million children in the United States have a speech, language and hearing disorder, parents are often uninformed and unsure about what to do when they suspect their child has a problem.

May, and every May since 1927, is Better Speech and Hearing Month. The American Speech-Language-Hearing Association (ASHA) uses this month to emphasize to parents the issues involved with a communication disorder and to provide parents with information to help ensure that they do not seriously affect their children's ability to learn, socialize with others and to be successful in school.

Speech and language problems can occur at any time in a child's life. They can be caused by accidental injury, illness or inherited by birth. Child speech and language problems include: stuttering; articulation problems (saying wabbit instead of rabbit); language disorders such as the slow development of vocabulary, concepts and grammar; and voice disorders (nasal, breathy or hoarse voice and speech that is too high or low).

Parents who suspect their child has a communication disorder should see a certified speech-language pathologist (SLP). These professionals identify, assess and treat speech and language problems including swallowing disorders. SLPs work

in schools, private practice, hospitals, clinics, rehabilitation centers, health departments, research laboratories and other health education settings.

Meanwhile, hearing loss, like speech and language problems, can have a negative impact on a child's social and academic development. Communication disorders like hearing loss in children can occur at birth or as a child grows older due to chronic ear infections or exposure to noise. The earlier hearing loss occurs in a child's life, the more serious the effects on the child's development.



*Chrissy Hancock, CCC-SLP, uses VitalStim therapy with Ethan Catlett to work on a swallowing issue.*

Typical signs of a hearing loss in children include: inconsistently responding to sound; delayed language and speech devel

opment; unclear speech; sound is turned up on electronic equipment (radio, TV, CD player, etc.); does not follow directions; often says "huh?"; does not respond when called; and frequently misunderstands what is said and wants things repeated.

ASHA recommends that children at risk for hearing loss, such as those who suffer from chronic ear infections, have a family history of hearing loss, or display several of the warning signs just described, be screened by a certified audiologist as frequently as needed to ensure they are hearing well. Otherwise, for children ages 5-18, hearing screenings should occur on initial entry into school and annually in kindergarten through 3rd grade as well as in the 7th and 11th grades.

Most SLP jobs require a master's degree. In 2009, about 240 colleges and universities offered graduate programs, at both the masters and doctoral levels, in SLP accredited by the Council on Academic Accreditation.

In 2009, 47 states regulated SLPs. Oklahoma is one of these states.

The McCarty Center utilizes ten masters prepared SLPs to provide treatment to children with developmental disabilities. Nine of the SLPs have their Certificate of Clinical Competence in speech-language pathology (CCC-SLP) from ASHA. The tenth will be certified in June.

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# Speechies Celebrate In May

So far this fiscal year, the McCarty Center's speech-language department has had 17,616 patient treatment encounters. They see more than 260 patients a week.

Augmentative communications are an important piece of the McCarty Center's SLP practice. Many of the patients seen do not talk, so finding alternative ways for these children to communicate is important.

An augmentative communications device can be as simple as a piece of cardboard with pictures attached to illustrate what a child might want or need, to as sophisticated as a laptop computer that when typed upon activates a computerized voice to speak for the child.

One of the assessment tools the McCarty Center SLPs use is a computer program that simulates a communication device to assess what will work best for the patient. This program eliminates the expense of having many different kinds of augmentative communications devices on hand.

As part of Better Speech and Hearing Month activities at the McCarty Center, CCC-SLP Tiffany Sullivan, conducted two parent child playgroups.

The first playgroup was conducted on Tuesday, May 11, for children 6-18 months old.

The second playgroup was Thursday, May 20, for children 18-36

months old. Parents participating in the groups learned new ways to play with toys, ways to encourage language development, received a list of red flag behaviors and a list of recommended children's books.

The speech-language department also offered hearing screenings for employees during the month of May.



*Bryce Rose uses a head mouse to activate and access a computer that could be used as an augmentative communications device. The little gray dot on his forehead between his eyes is the mouse.*

Language is developed through meaningful experiences, and play is meaningful to children in that it is generally a self-directed action they use to experiment and explore their surroundings. Play is a precursor to language development and by encouraging play, essentially you are encouraging language. By incorporating everyday language into a playful experience, a child is more likely to retain it and use it after using them in play resulting in increased self-confidence and assuredness.

**How can adults aid in play?** Adults can aid in language development in a number of ways. It is the role of a parent/caregiver to create a secure and relaxed environment for a child. Provide for the child choices in a play environment, but be careful not to provide too many choices, which can be overwhelming. If your child appears distracted or has difficulty choosing between items, narrow the choices.

Children learn differently from different play partners. Provide your child the opportunity to play alone, play with other children and play with adults.

A parent/caregiver can help influence a child's play by following the child's lead or by introducing a different type of play. If a child likes to stack blocks an adult can introduce a new social skill such as turn-taking, which is a precursor to effective communication, to stack the blocks or introduce a new learning experience by using the blocks to make a train track and driving a train across them.

## Child's Play

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It could also be seeing a brightly colored ball, feeling it's rubbery texture and discovering that it can bounce.

**How play influences language.** Play aids in general child development, specifically by increasing social awareness, influencing cognitive growth and increasing language development.

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# Child's Play

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A parent/caregiver should supervise play, but not dictate play. Allow your child the opportunity to create his or her own experiences and coach when necessary. This not to say you should leave your child to his or her own devices. Simply recognize when your assistance is needed, or when you need to back away.

Incorporate both pre-language (attending to another person, making eye contact, body posture, turn-taking, etc.) and language skills (understanding and expressing thoughts, ideas or feelings) into play experiences.

## Activities for home use.

Language skills to target through play include: basic concepts like colors, numbers, shapes, spatial terms such as "in", "on", "under", pronouns, action words and descriptors and thematic vocabulary. Also include language related to how an object works, how it moves in space, what relationship one object has with another and how actions influence the way a toy works.

Play can be achieved using basic items such as a laundry basket, ball, blocks, paper towel tube, blanket, etc. Incorporate vocabulary into daily routines like mealtime, bath, bed, outdoor play, grocery shopping, riding in the car, etc. Use self talk...describe what you are doing...and parallel talk...describe what your child is doing...as you go about your daily routine.

Model simple play routines that mimic everyday activities. For example, feed a baby doll, change her diaper, read her a book and put her to bed. Also model events experienced less frequently such as going to the doctor or taking a trip.

Children naturally want to play and it's our job as adults to facilitate this play and incorporate language lessons along the way. This will allow you to grow your relationship in a fun-filled way. Enjoy!

**Editors Note:** If you have any questions about Child's Play you may contact the author, Tiffany Sullivan by calling 405.573.5336 or by e-mailing her at [tsullivan@jdmc.org](mailto:tsullivan@jdmc.org).



*Kathleen Carey and her son Quinn enjoy some constructive play during a play group session held at the McCarty Center in May. The play group was one of several events held at the hospital during Better Speech and Hearing*



*Taking turns and learning to share are just a couple of skills children can learn through play. Kathleen Carey watches her son Quinn as he shares a building block with McCarty Center speech-language pathologist Mary Hebert. Kathleen and Quinn were among a number of parents and children who participated in a play group at the McCarty Center as a part of Better Speech and Hearing Month.*