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Table of Contents

Features



13 Keeping Love Alive DEBRA FOSTER MCELHANEY, M.Ed.

16 The Importance of Social Skills

Departments

3 KE News Briefs

SPEAKING CLEARLY

Pragmatics: The Social Side of Language

DANIELLE MOORE; M.S. Ed., CCC-SLP

MOTOR SKILLS

6 Understanding Sensory Integrative Dysfunction LINDA C. STEPHENS, OTR/L

SUCCESS STORY

8 From Lazy Student to Master's Degree: Nikki Pollack's Story

HEALTHY BODY, HEALTHY MIND

10 Finding the Balance: Therapeutic Yoga JENNIFER HEWITT, OTR/L

22 Kids Enabled Resource Directory

Kids Enabled Magazine (KE) is published three times per calendar year by Kids Enabled LLC. The publication is available free of charge at selected schools, therapy clinics and doctors offices throughout metro Atlanta. Kids Enabled welcomes letters, articles, artwork and photographs from readers and the community, but is not responsible for the return of unsolicited materials. Any unsolicited material will be treated as non-confidential and non-proprietary and becomes the property of KF and may be used for any purpose. KE does not knowingly accept false or misleading advertising or editorial content, nor does Kids Enabled LLC assume responsibility should such advertising or editorial content appear. Editorial content in KE is written by professionals in their field of expertise and is not necessarily the opinions of the publishers and editorial board, who take no responsibility for the opinions and advice given. KE, in its sole discretion, may edit content and letters to the editor for clarity and space availability, and determine suitability of all materials to it.





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Kids Enabled is dedicated to partnering with Atlanta-area parents and guiding them toward resources designed to maximize the potential of every child struggling with learning differences. Each issue of the publication will provide information and highlight particular interventions that parents may wish to explore to help their children succeed.

Get Ready for Summer!

As children, we always looked forward to summer. We counted down the days until school was out by marking each one that passed with a firm red "X" on our calendars. It's no different for our children. They work hard all year in school as well as in their extracurricular activities, and they look to summer as a time of celebration, relaxation and of course, fun.

As parents, we might greet summer with mixed emotions. Having our children home all day every day brings stresses along with the joys. We might feel an enormous amount of pressure to keep academic skills up over the summer

or to ensure our kids are enrolled in just the right camp. We might all struggle to find that perfect balance between tutoring, therapy, recreation and some much-needed and well-deserved downtime.

Around Atlanta, there are countless camp and summer programming guides designed to help us on that quest for the perfect balance of activities. *Kids Enabled*, however, has chosen not to focus on specific summer programming in this issue. Instead, since summer can be a more relaxed and flexible time for us and our kids, it presents us with an opportunity to nurture our critical relationships. For our kids, it can be a time to foster social interactions as they play with friends at the park, at the local swimming pool and at camp. For parents, summer could be the perfect time to nurture their marriage or partnership—relationships which often take a backseat when raising a child with learning challenges.

In the feature article "The Importance of Social Skills," Amy Coleman describes how and why children with learning challenges often struggle socially. In addition, she presents various approaches from local experts for improving social skills. In the department Speaking Clearly, speech-

language therapist Danielle Moore explains "pragmatic" language and offers suggestions for helping children improve their ability to use language in social situations. Parents can learn the warning signs of sensory integration dysfunction in the Motor Skills department.

In the feature "Keeping Love Alive," marriage and family therapist Debra McElhaney writes about the top five ways to reconnect with your spouse or partner. Carving out time for each other and making your relationship a top priority are key steps in strengthening the bond you have as a couple, she writes.

Also in this issue, Nikki Pollack shares her success story. She tells us about her parents who made tremendous sacrifices to help her, never believing the experts who predicted a gloomy future for their daughter. Instead, they did whatever it took to see their child succeed, and their efforts paid off. This is a must read for every parent of a child with learning differences!

Thank you to everyone who gave us such supportive comments after our debut issue. Visit our Web site at www.kidsenabled.com and log into the Forum to share more of your stories and questions. When you contact businesses, schools or therapy clinics after reviewing the Resource Directory, please tell them you saw their listing in *Kids Enabled*. It's the best compliment we can receive!

Wishing you a fun and relaxing summer,

Beth and Kristi

Study Links Music to Improved Reading

A recent Stanford University study comparing adult musicians and non-musicians found that musicians are better able to process certain rapidly changing sounds that are central to using and understanding language. The researchers concluded that their findings could have implications in helping children with reading problems and dyslexia improve these deficits, the *San Francisco Chronicle* reported.

Functional magnetic resonance imaging scanners recorded that the musicians had more efficient, focused brain activity than non-musicians as they distinguished among three tone sequences of different pitches in rapid succession. In addition, the researchers found that the musicians' ability to make rapid auditory distinctions between similar word syllables was superior to that of the non-musicians. For example, the musicians more quickly and accurately made distinctions between sounds such as "ba" and "da," syllables which people have only a fraction of a second to differentiate between once the ear receives the signal.

Educators warned parents, however, against misinterpreting the study's results. The study does not prove that music actually helps children improve reading, and in fact, no other studies have definitively demonstrated that

music has a positive effect on reading proficiency, according to the *San Francisco Chronicle* story.

Despite Dyslexia, Ex-Rocker Gets a Shot at Being a Doctor

Stephen Harris delayed his dream of becoming a doctor for nearly three decades, but finally, at age 39, he is on a pre-med track at Columbia University. Because of bad grades, Harris abandoned his dream at age 11 and instead began concentrating on music. He eventually toured with such bands as Guns N' Roses and The Cult, and he performed at Madison Square Garden before his 21st birthday, according to *USA Today*.

Harris, a guitarist who adopted the stage name of Kid Chaos, discovered he had a learning disability at age 35 when he applied to the Borough of Manhattan Community College. For Harris, an official diagnosis finally put a name to his childhood struggles and also allowed him to take advantage of support services to help him succeed at college.

Harris' goals now include graduating from Columbia in three years and then attending medical school. He eventually wants to return to the town in Wales in which he grew up and become a hospital-based doctor, *USA Today* reported.

Notes from Our Readers

You all are really providing a great service..connecting all the possible resources into one interesting magazine. Thank you! Thank you!

Leslie Cotton-Smith Director, The Hirsch Academy Thank you Beth and Kristi so much for getting together that day for coffee! Your idea for this publication is <u>absolutely</u> priceless. What a wealth of information! I've read and re-read the entire issue. The articles on the Power of Sound and the High Cost of Helping Your Child

were superb, and Beth Baily's story was so very inspiring.

As I look back over the years of research for schools (public and private), therapies, information and a general sounding board, I found that the information didn't exist in one place.

Now it does. How many parents are searching now...and how fast can you get your publication in their hands?

Janet Bain Parent/Medical receptionist

Pragmatics: The Social Side of Language

BY DANIELLE MOORE, M.S. Ed., CCC-SLP

Pragmatic language refers to language used in social context. More specifically, "pragmatics" means knowing what, when and how to say something in a social situation, and it also can be referred to as "social skills." When children have difficulty using pragmatic language, additional practice can often result in improvement.

Pragmatic language involves specific communication skills. First, a child needs to be able to use language for different reasons such as greetings, farewells, asking questions and telling stories. Children also need to be able to change their language according to the different needs of the situation, such as providing background information to a speaker, speaking to a teacher or talking to a peer. Following rules of conversation, such as turn-taking, introducing new topics, correcting errors or saying something a different way when a message is not understood the first time also falls under the umbrella of pragmatic language skills.

Children who have difficulty taking turns in a conversation might seem unable to monitor their own vocal volume, as they might respond in a voice that is too soft or

to take another person's perspective when talking.

Pragmatic difficulties can have a negative impact on a child's peer relationships. Often, making language problems. According to research published in a 2000 issue of the Journal of the American Academy of Child and Adolescent Psychiatry, children with executive



perhaps too loud. They sometimes interrupt or talk incessantly about a topic and are unable to "read" the signals that their listener is no longer interested in a subject or wasn't interested in it in the first place. Often, their behavior seems rude or inconsiderate when, in fact, the child simply does not yet have the skills

Kids Fnabled

friends is extremely hard for a child who struggles with pragmatics. Who wants to be friends with the boy who won't stop talking about dinosaurs or the girl who can't remember not to interrupt her friends during every conversation?

Pragmatic difficulties often coexist with other functioning and attention deficit hyperactivity disorder commonly struggle with pragmatic issues. Specifically, these children might have trouble forming abstract concepts, reading the emotions of other people and "have difficulties in short-term memory, of the kind needed to be flexible and not impulsive in their re-

sponses in various social situations," the researchers wrote.

Pragmatic language skills include:

- The ability to turn-take in a conversation;
- Awareness of having to introduce a topic of conversation instead of just launching into something without giving the listener prior information;
- The ability to maintain a topic and switch topics when appropriate;
- The ability to maintain sufficient eye contact;
- Body awareness, or knowing where your body is in space in corre-

to-day happenings where social skills can be practiced. Greetings in the morning at the breakfast table or saying goodbye to friends and family members when leaving for school are naturally occurring examples of everyday pragmatic language. Praise your child or "catch them doing good," and model how his or her communication worked in that situation. For example, say, "John, that was great how you let Jennifer finish her story before asking her to pass the milk for your cereal."

their personal space? You could ask, 'Hey Brandon, could I have the crayons please?' "

3. Use visual cues to help when sequencing a story. A fun and easy way to practice telling Grandma about an outing to the aguarium would be to use pictures of your arrival. the different sea animals that were seen, your visit to the gift shop and the snack you ate in the restaurant. By providing the story structure in picture format, your child can begin to see the sequence of events that will help their story make sense.

to develop listening skills, read body language and plan out their conversations so their listeners have enough understanding to follow along with their stories.

If you are a parent of a child with pragmatic language deficits, there are things you can do to help. A speech and language pathologist can give you tips and advice on your child's specific pragmatic language strengths and weaknesses. Also some children might benefit from a social skills group that gives them specific strategies for improving

Following rules of conversation, such as turn-taking, introducing new topics, correcting errors or saying something a different way when a message is not understood the first time also falls under the umbrella of pragmatic language skills.

lation to the listener and keeping an appropriate distance from them; and,
•The ability to know how to talk to different groups of people (peers versus adults).

There are several ways that parents can help children practice using language appropriately across social situations.

1. Take advantage of day-

2. Role play with your child. Pretend to be a peer or a new teacher and practice greetings, farewells and turn-tak-As difficulties or arise, show struggles your child, instead of just telling them, how to do it differently the next time. For example, "Lisa, if you want the crayons, how could you get them without just reaching over a friend or getting in

4. Social skills training is also an option for helping children learn the nuances of social language. Children either receive this training in small peer groups led by professionals trained in pragmatic language, or through specific one-on-one sessions with a speech-language pathologist. The purpose of these pragmatic language groups is to specifically teach children how

social awareness. There are many such resources in Atlanta, so with a bit of effort, you can help your child find success.

Danielle Moore is a speech and language pathologist with The Language Group. She can be reached at 404-477-9400 or through her Web site at www. thelanguagegroup.org.

5





Understanding Sensory Integrative Dysfunction

Some children might be labeled "lazy, stubborn, shy or headstrong" when sensory integrative problems are the real culprit. Identifying the underlying causes of these behaviors can be a vital step toward helping children reach their fullest potential.

BY LINDA C. STEPHENS, OTR/L

All of us depend on the integration of our senses to carry out daily tasks in work, play and self-maintenance. Sensory integration disorders can greatly influence our ability to function but also can be so subtle that they easily go unrecognized. Particularly in young children, it is easy to attribute behaviors and reactions to other causes ("He doesn't want to do it," or "She's spoiled.") or to consider it within the norms of the wide range of personality and developmental characteristics. Identifying and addressing sensory integrative dysfunction is important, however, to enable children to function at their best and to minimize disruption in family life.

What is Sensory Integration?

Sensory integration is the ability to take in information through senses (touch, movement, smell, taste, vision and hearing), to put it together with prior information, memories and knowledge stored in the brain and to make a meaningresponse. Sensory integration occurs in the central nervous system and is generally thought to take place in the midbrain and brainstem, portions of the brain responsible for such things as coordination, attention, arousal levels, autonomic functioning, emotions. memory and higher-level cognitive functions.

A. Jean Ayres, Ph.D., was

an occupational therapist who first researched and described the theories and frame of reference we now call sensory integration. In her book, Sensory Integration and the Child, Ayres makes several analogies that describe sensory integration and its dysfunction. One analogy compares the brain to a large city with traffic consisting of the neural impulses. She writes: "Good sensory processing enables all the impulses to flow easily and reach their destination quickly. Sensory integrative dysfunction is a sort of 'traffic jam' in the brain. Some bits of sensory information get 'tied up in traffic,' and certain parts of the brain do not get the sensory in-

formation they need to do their jobs."

Various characteristics of sensory integrative dysfunction include attention and regulatory problems, sensory defensiveness, specific activity patterns and troubling behaviors.

Attention and Regulatory Problems

The level of attention to a task depends on the ability to screen out, or inhibit, nonessential sensory information, background noises or visual information. Children with sensory integrative dysfunction frequently respond to or register sensory information without this screening ability. Often, they're considered distractible, hyperactive or uninhib-

ited. These children are always "on the alert" and constantly asking about or focusing on sensory input that others ignore (refrigerator motor, heater fan, distant airplane, etc.). Other children fail to register unique sensory input and are unresponsive. For example, children might not turn around or respond when their names are called. One parent said that her child was oblivious and unresponsive to a loud noise in the same room but immediately responded when he heard a piece of candy being unwrapped two rooms away.

Children with regulatory disorders often have difficulty establishing appropriate sleeping and eating patterns, are unable to calm or console themselves and might overreact to environmental stimuli.

Sensory Defensiveness

Sensory defensiveness is a sensory integrative disorder characterized by a "fight, flight, or fright" reaction to sensory information most individuals would consider harmless. In the 1960s, Ayres identified this as tactile defensiveness or hyperresponsiveness to touch. Since that time researchhave recognized defensiveness in other sensory areas as well. The individual who has sensory defensiveness typically has a highly aroused nervous system that prepares the body for survival but does not recognize that the input is nonthreatening.

Behaviors associated with

tactile defensiveness are aggressiveness, avoidance, withdrawal and intolerance of daily routines. Combing or shampooing hair, cutting fingernails or brushing teeth can be exhausting and difficult for families of children who react defensively with acting out behaviors or tantrums. Other children cope by being rigid and demanding, insisting on certain textures of clothing, cutting all tags and labels out of clothing or displaying extremely limited choices of food because of intolerance to textures. Social skills can be limited if the child withdraws or picks fights as a result of unexpected touch.

Auditory defensiveness can occur with negative responses or fears related to sounds and noises. Some children are so fearful of sounds such as vacuum cleaners, lawn mowers, hair dryers, leaf blowers or sirens that parents must arrange to use appliances when the child is out of earshot. Other children might show an intolerance of sounds and noises by cupping their hands over their ears. One child I knew could not tolerate the sound

of a flushing toilet, while another covered his ears when his preschool class had music.

Visual defensiveness can occur with hypersensitivity to light or avoidance of eye contact. Oral-motor defensiveness (tactile defensiveness within the mouth) can cause distress with brushing teeth and dentist visits as well as intolerance to textures or temperatures of food. Children with olfactory defensiveness (intolerance to odors) might gag or be distressed with certain smells that other people don't notice or don't mind. One child I know could not tolerate going into a deli with his mother because the odors made him feel sick.

Vestibular defensiveness can result in intolerance to movement or unstable surfaces with fearfulness, avoidance or motion sickness. The child might be afraid to go down steps or to ride an escalator.

Activity Levels

Children are, by nature, active. We expect the toddler to be "into things" and the preschooler to be curious, to explore and to play vigorously. We don't expect the young child to have a long attention span. Characteristics that indicate problems in one child might be perfectly normal in a younger child. Here are some warning signals related to activity levels:

- 1. The child is disorganized and lacks purpose in his or her activity. Even though the child might appear to be interested in a toy or object initially, once he gets it he might throw it aside, dump it out of the container or immediately be distracted by something else. On the playground the child might run around a lot but does not organize his activity to climb, swing or explore equipment.
- 2. The child does not move around or explore the environment. This is the "good" baby or toddler who is content to stay in one place and does not make many demands on his caretakers. The older child might use good verbal skills to engage the adult in conversation as a way of avoiding manipulating with his hands or actively engaging in activity.

-CONTINUED ON PAGE 21-

7

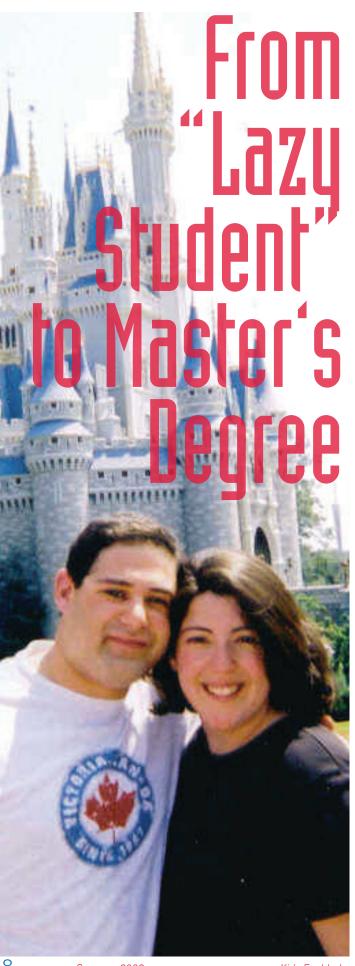
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Nikki Pollack's Story of Struggle, Sacrifice and Giving Back

As a child in the tiny town of Canton, Miss., Nikki Pollack struggled severely in school. Teachers told her parents she would never graduate from high school and that college was out of the question. Despite the poor prognosis, Pollack's parents never gave up on their daughter as they spent years going to various professionals for advice about how to help her. Their search lead them to a diagnosis of attention deficit disorder and also to a pivotal decision: They sent Pollack to live with cousins in Atlanta when she was in the eighth grade so she could attend The Howard School, the place they determined was best equipped to address her learning challenges.

Today, Pollack is a graduate of The University of Alabama with a bachelor's degree in human performance. She also earned a master's degree in occupational therapy (OT) and has been accepted into a doctoral program. She was drawn to do OT work, she says, as a way of "giving back" to children who have similar struggles to those of her childhood. Currently she is married and works as an OT at the Shepherd Center where she treats patients with spinal cord injuries, low-level brain injury and other neurological disorders. In a recent interview with Kids Enabled, Pollack described her journey and offered some insight to parents of children struggling with learning challenges.

KE: What were your biggest struggles growing up? What were your toughest challenges in the classroom?

NP: My biggest struggle growing up was that people thought I was lazy in the classroom starting in the first grade. Fighting that stigma and fighting for my rights in a school in which teachers and administrators did not understand learning disabilities and to this day still don't was difficult. My toughest challenges in the classroom were staying on task and staying organized. I am a person who is 'all over the place,' and learning how to learn was a difficult and slow yet successful process.

KE: How old were you when you were diagnosed with a learning disability? What is your earliest memory of struggling in school?

NP: I was diagnosed with a learning disability when I was 7 years old. My earliest memory of struggling in the classroom was when I noticed that I didn't pick up things as quickly as other kids. Reading comprehension was very difficult for me. Math also was a huge struggle and sometimes still is.

KE: How did your challenges change as you progressed through elementary, middle school and high school?

NP: My challenges changed as I transferred to The Howard School in eighth grade. The school was geared toward my learning style. There were teachers who knew how I learned, and so they made it successful for me.

KE:Were there any particular interventions or teaching methods that helped you make gains academically?

NP: Breaking things down into a step-by-step process made it easier for me to learn. Writing stuff down on paper is huge, such as your homework. Keeping a homework log was helpful. Also, I realize many people don't believe in medicine these days, but getting on Ritalin and then Dexedrine brought about the biggest gain for me as it helped me stay on task. I have to say, however, I wouldn't just throw a child on medicine unless you have tried other strategies.

KE: Did your struggles ever cause your self-esteem to suffer?

NP: Absolutely! You should ask my mother how many days and years I cried over how I was not included because I was slightly different. Not until I moved to a new school in a new state where kids were like me did I start to gain self-esteem. Had it not also been for my principal, Gayle Born, my assistant principal and teacher, Glen Hauenstein, and other teachers and coaches, I think my self-esteem would still be suffering. It's nice when people believe in you and know that you can succeed.

KE: Can you describe your social struggles in more detail and tell us what you think was at the root of those difficulties?

NP: I grew up with some kids that were just not nice. I think one of the roots of the struggles was that I learned differently, and those kids did not understand how I learned. Now those kids are really great friends, and they understand my learning style. Yet it took me moving to a different state and some of them being envious of me to improve the social relationships. I am one of the only kids at my old school in Mississippi to have gone for a master's degree and now, possibly my doctorate.

KE: Did you feel prepared to go to college after graduating from high school?

NP: Yes. I felt that I had all of the skills and knowledge to make it.

KE: What advice would you give to parents of children who struggle with learning challenges?

NP: Do not give up on your child, and do not let an 'unknowledgeable' teacher tell you your child is lazy. It may take a while and you may have to be really patient before getting the right help. There are OTs and other professionals out there like me who can help assist your child.

KE: What advice would you give a child who is struggling in school?

NP: You are a great person, and you have a lot to offer the world. Give yourself a break. Take a deep breath when kids are being mean to you or if you did badly on a test. You are very good inside, and you can do anything that you set your mind to.

KE: Is there anything that you would do differently or think should have been done differently for you during your childhood education?

NP: I think at that time my parents did everything they could. They took me to any specialist there was that could help me. They also moved me to Atlanta where I lived with my cousins while they were in Mississippi. They gave up a couple of years with their child so that I could have the best education and get the skills that I needed to learn and succeed in school and in life.

KE: How do you define success at this point in your life?

NP: I have a master's in occupational therapy. I am going to go for my doctorate. People told my parents and me at my old elementary school that I would never graduate from high school or college. Boy, were they wrong. I can now help children with learning disabilities that are struggling just as I did. I know what they are going through unlike people who have never walked

in the shoes of a child with learning disabilities. I love to help other people, especially children who are struggling in school, because I have walked a million miles and I live in their shoes every day of my life.

Kids Enabled thanks Nikki Pollack for sharing her story.

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Cinding Line BALANCE

Therapeutic yoga can help improve attention, sequencing, coordination and other motor skills, but tapping into the mind-body connection to help promote calmness and improve confidence could be its greatest benefits.

BY JENNIFER HEWITT, OTR/L

Therapeutic yoga classes for special needs children are growing in popularity. As a parent, however, how do you know if such a class can help your child? What types of benefits are realistic to expect from therapeutic yoga? And, how do you find the right program with qualified instructors at an affordable price?

Children with learning challenges and motor skills deficits can realize several benefits from therapeutic yoga, including increased strength, flexibility, coordination, balance and concentration. Therapeutic yoga can also promote improved posture, trunk/pelvic stability, body awareness, sequencing, respiration, self-esteem and relaxation. These benefits are vital for a child with learning difficulties whose prob-

lems often stem from weaknesses in one or more of these areas.

Though yoga is primarily a therapy intended to address all aspects of a child's development, it also can be adapted to target specific aspects of learning challenges. For example, children with learning disabilities might benefit from practicing the yogic eye exercises. By stimulating various brain centers and strengthening the optic nerve, the exercises can improve the eyes' ability to focus and, in turn, enhance word recognition skills. In addition to learning disabilities, the most common diagnoses where therapeutic yoga is considered beneficial are attention deficit disorders, coordination disorders, cerebral palsy, brain injuries, sensory integration disorder, high-functioning autism or Asperger's syndrome, developmental delays and anxiety disorders.

Why Yoga?

Beginning with a basic definition can help foster a better understanding of how yoga can be used as a form of therapy. As described by the Kansas State University Women's Center, yoga is a system of physical motions that is believed to create a sense of both physical and mental well being. The term yoga means, "to unite or join," This reference pertains to the joining of the mind, body and spirit. Originated in India, yoga has been practiced for thousands of years. Yoga's roots are based in Hinduism but, contrary to some misconceptions, yoga is not a religion. In Western culture, yoga refers to a discipline of physical exercises.

In the United States, yoga is generally practiced for preventive medicine, exercise and stress relief. There are many forms of yoga but this article will focus on Hatha yoga, the type most commonly used for the children with special needs. Recently, the terms "therapeutic yoga" or "yoga as a therapeutic modality" have been used to refer to yoga targeting specific disabilities in children with special needs or to yoga aimed at restoring and regaining abilities lost by aging and the disease process.

Numerous studies on the use of voga for people with various ailments cover a multitude of areas including sufferers of multiple sclerosis, chronic back pain, asthma and cancer. New evidence-based research studies are now being completed by occupational therapists and doctors with positive preliminary outcomes, however the official results are still pending. Study participants are reporting improvements such as increased energy levels, more restful sleep and an overall increase in strength and endurance. Separate studies were completed on the effects of deep breathing, exercise and relaxation with similar positive outcomes.

As with any exercise or therapy, precautions and adaptations are necessary to avoid complications or possible injuries. When considering therapeutic yoga for a child with special needs, it is important that the instructor, whether it is the parent or a licensed therapist, has been specifically trained. One of the most well-known courses was developed and taught by Sonia Sumar, author of Yoga for the Special Child. Sumar is a long-time yoga practitioner as well as the mother of a child with special needs. She offers a certification program for therapists, yoga instructors and family members of special needs children. While there are other less lengthy classes available for therapists, Sumar is currently the only instructor offering a teaching certification specifically in yoga for children with special needs.

The Elements of Therapeutic Yoga

The following descriptions of the techniques used in therapeutic yoga represent a combination of Sumar's program and occupational therapy practices. A typical therapy-based yoga program for children with special needs should consist minimally of four areas:

1. Breathing with sound—The children take a deep breath and while exhaling they say, "OM." This allows the therapist/instructor to hear how long and deep the breath was. The "O" sound allows an open mouth posture. Conversely, the "M" sound permits the mouth/lips to close. After hearing each other breathe, the children are quick to encourage each other to take a deeper breath the next time. They eagerly try to make

a sound longer than

the previous time.

This, in turn, allows

for a therapeutic

deep breathing

exercise that

can serve to

improve

concen-

tration, re-

duce hyper-

activity and

enhance

speech

develop-

ment.

2. Music therapy combined with movement—Each group member creates a series of coordinated hand-clapping movements using a variety of sounds. The group then repeats the series the fellow member invented. This exercise combines listening and focusing skills while enabling the children to work on speech sounds, turn taking, motor planning and coordination.

3. Physical poses/asanas (yogic postures)—The Hatha yoga poses implemented include positions that increase flexibility, strength, balance and posture in all areas of the body. These poses can be adapted according to the child's abilities. The therapist will assess the correct level of difficulty to design a program utilizing the appropriate poses. The child will feel encouraged as he

is able to see his own progress. The series of poses known as the sun salutation enables children to improve on skills in sequencing and following higher-level directions. 4.Relaxation - Relaxation is typically the last phase therapeutic yoga. As the children lie on their mats and listen to the instructor's voice, she helps them focus

on and relax each body part. This aspect of yoga builds body awareness, aids in relaxation and decreases anxiety levels.

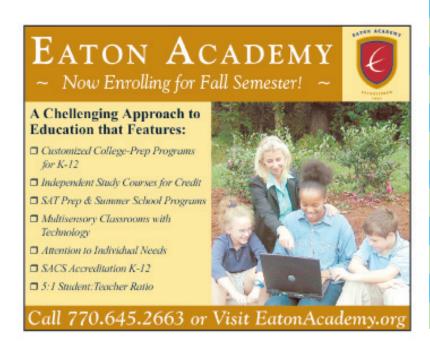
Finding the Right Class

The costs of therapeutic yoga classes for children with special needs vary. Yoga as a form of therapy is relatively new, and this makes it difficult to find qualified therapist/instructors which, in turn, can influence cost. Classes taught by an occupational or physical therapist might be covered by insurance. Some private therapists, however, might bill from \$20 to more than \$100 per session. The price for classes taught by a regular yoga instructor with the special child certification tends to range from \$15 to \$25 per session. These variances in cost, coupled with the difficulty of finding certified therapists/instructors, are perhaps the biggest drawbacks to therapeutic yoga for children. Parents should weigh the cost of therapy against the benefits when deciding whether to pursue therapeutic yoga for their child.

While therapeutic yoga is still being researched for children with special needs, the majority of practitioners who have used it consider it effective. Therapeutic yoga for children can improve a wide range of disabilities and is easily adapted for children with all levels of ability.

Therapeutic yoga should not be used as a replacement for traditional therapies recommended by a physician or therapist. Consult with a physician before beginning any new therapeutic program for a child. With that said, when attempting to reach goals such as increasing strength, flexibility, concentration and body awareness, yoga can prove to be an invaluable tool.

Jennifer Hewitt is a doctor of occupational therapy and is certified in Yoga for the Special Child. She can be reached by email at iennatlanta@vahoo.com.







Parenting a special needs child often puts tremendous financial and emotional strain on a marriage. By recognizing the potential stressors and opening up the channels of communication, couples can reconnect and emerge from the journey with an even stronger bond.

BY DEBRA FOSTER MCELHANEY, M.Ed.

The journey through parenthood is sometimes rocky, occasionally difficult and frequently joyous. Parenthood begins, most often, with great anticipation and excitement. The journey leads us down many roads as it meanders, bumps and rolls through triumphs, challenges, pitfalls and accomplishments. It pushes through hard times and glides through calmer ones, culminating some 18 or so years later with the appearance of a fullgrown individual eager to spread his wings and take solo flight. The journey is not without surprises, but it can be more unpredictable than we might have imagined.

What happens to the family when the journey takes a detour? What happens when the highway abruptly throws parents a sharp curve? When parents are left stranded without a road map or even a sign, what do they do?

After the birth of a child, it is easy to spend time focusing on the needs, desires and milestones of the infant—relishing that first smile, first step and first word. Just as easily, parents often become weary and irritable from lack of sleep and personal time, and worry sets in about finances and the family's future. Parents begin to face the reality that they have placed their spouse and that relationship low on their list of priorities. When the family is dealing with the diagnosis of a child with special needs and learn-

ing challenges, these stressors multiply tenfold. Caring for yourself and your marriage often takes a backseat. Finding time and energy for each other becomes, at times, a seemingly impossible a task.

Realities of a "Uniquely Challenged" Marriage

When coping with the emotional and financial pressures of raising a special needs child, parents expend incredible energy each day just to "carry on." Often one parent will hit the ground running as the primary caregiver and advocate. This role might include not only caring for, playing with and nurturing the child, but also driving him to various occupational, speech and physical therapy appointments, special

classes, therapeutic recreation activities and a potpourri of educational and medical specialists who might be beneficial to the child's development. The other parent might dive into a career with fierce determination. Greater attention to income and finances can become urgent as the parents realize the possibility that their child might have longterm needs such as speech therapy, occupational therapy or tutoring. Any "spare" time often is spent dealing with insurance companies or researching therapy programs, schools and techniques that might help their child succeed. Many couples have more then one child, each with their own set of needs, thus leaving even less time and energy to focus on the marriage.

Parents caring for a child with special issues often experience feelings of helplessness, anxiety, denial, resentment or guilt. There is often an overwhelming sense of responsibility and urgency to do everything possible for the child. Parents of special needs children often come face to face with their own grief

and sadness. Recognizing the loss of the "ideal" dream is important in the ultimate acceptance of your "uniquely challenged" life. Acceptance is not a plateau of total peacefulness, nor is it a place of giving up hope. Rather, it is a place of absolute realism from which parents can guide their efforts in raising children who face learning or developmental challenges.

Every person moves through personal grief and struggles in different ways and at different times, and it is important for each partner in a marriage to be respectful of these differences. Anger, denial, guilt, bargaining and acceptance are all stages of this process. The stages are not a linear process and can overlap, coexist and reemerge from time to time. In a marriage, one partner might be consumed with anger while the other has moved into a place of acceptance. Perhaps one partner is still in denial while the other is full of remorse and guilt.

In a marriage where such stresses exist, it is easy for one partner to

become so wrapped up in his grief that he becomes blinded to the actual experience of the other partner. One spouse might imagine that the other is unavailable, uninvolved or overly focused on the child, when in reality he is simply handling the situation the best way he can at that particular moment. Again and again, couples will express how their lives and their marriage seem so different from what they had anticipated, and they often relate stories of anger and bitterness toward their spouse. Many times, this anger stems from unmet personal needs and feelings of not being appreciated or valued by the other.

Parents of children with special needs might be at greater risk for marital stressors and communication breakdowns. They are more susceptible than most to feeling overworked, overloaded and overwhelmed. These parents often experience great demands emotionally, physically and financially that can lead to a feeling of disconnection from their spouse. Under stress, couples will often respond

Tive Ways to Help Strengthen Your Marriage

The first step in reconnecting with your spouse is recognizing that both of you are doing your best with the resources you have. Secondly, make a sincere commitment to take the time to focus on your relationship. Some simple guidelines are:

Listen to each other. Really listen. Hear the other's ideas, hurts, fears and longings without judgment. Begin communicating again without shame, blame or criticism.

Acknowledge your spouse's efforts and express appreciation to and for each other. Though it is easy to focus on the negative and the things that are not getting done, it is far better for the marriage to have a positive attitude.

Identify the strengths in your partnership. Acknowledge and use those strengths to your advantage. Recognize and appreciate your differences. A different perspective might offer a new point of view.

Focus attention on your relationship rather than avoiding it. Make the time for a date with your spouse. Go out and have fun, and remember the things that brought you together in the beginning. If going out is a challenge, put the kids to bed and find time to do something special at home, just the two of you, without interruption.

Decide to have reasonable expectations of yourself. Ask for help when you need it. Parents often work themselves into situations where they feel indispensable. Finding balance helps alleviate stress and goes a long way in finding the time to reconnect in your marriage.

with natural survival instincts, which include fighting and arguing, avoiding conflict by pulling away, giving in out of exasperation or becoming emotionally frozen. Recognizing these instincts as a natural response to a tough situation is an important step toward healthy and effective communication.

Making an Effort to Reconnect

By reopening the channels of communication, couples often learn they haven't had their needs met or understood because they haven't taken the time to talk, listen or ask for help without criticism or judgment. Often one spouse will assume that the other should know what he thinks and wants, but in reality the other doesn't have any idea. Even if the one spouse does understand what the other needs, he often hesi-



Couples should remember that the goal is to have a partner who is an ally, not an adversary, on this journey.

tates to deliver it for fear of not getting it right and facing rejection.

Learning ways to handle the stress is essential to the success of the relationship and the family. Couples faced with special challenges might sometimes become emotionally frozen, feeling shut down and numb, because of a sense of isolation. Pressures on the marriage might intensify, and couples might then find themselves approaching their situation from different points of view. If it has become impossible to talk with each other, how will you ever be able to make important decisions such as which specialists to visit, which schools or treatment options to consider or how to navigate the course of your lives? Couples should remember that the goal is to have a partner who is an ally, not an adversary, on this journey.

Recognize that life is a process. A relationship is a process. You don't have to accomplish everything at

once. No individual has it all together all of the time, even if it appears as though he does. Try not to compare yourself with how well you think other couples or parents might be doing. Have compassion for yourself and your spouse, and be gentle with each other. Perhaps most importantly, nourish your spirit, and find time to have fun as a couple. Finding humor and laughing together goes a long way toward relieving the daily pressures and keeping that heartfelt connection of love alive.

Debra Foster McElhaney, M.Ed., is a licensed marriage and family therapist, licensed professional counselor and certified Imago relationship therapist practicing in Sandy Springs. She works extensively with special needs families, conducts seminars for couples and individuals and leads support groups for fathers and grandparents of special needs children. McElhaney, a member of the Families of Children Under Stress advisory board, has two young adult children, including a "uniquely challenged" daughter. She can be reached at 404-847-0906 or through her Web site familyresourcelink.tripod.com.



THE IMPORTANCE of Social Skills

For children with learning challenges, navigating social situations and forming friendships can be a struggle. With patience, persistence and support, however, children can make great strides.

BY AMY COLEMAN

As adults, many of us take social skills for granted. Communication among our business associates and personal circle of friends is so much a part of our daily lives that these social encounters most often run seamlessly and without much thought.

For many children with learning challenges, however, good social skills can be far from automatic. Richard Lavoie, a former special education teacher and administrator, writes that most every learning challenge has a social component attached, and failing to master social competence can have catastrophic effects.

"Social skills are the ultimate determining factor in the child's future success, happiness and acceptance," Lavoie writes in his book, It's So Much Work to Be Your Friend. "The research here is overwhelming. The adult success of the person with learning disabilities is largely dependent upon his social-emotional relationship skills—not his academic skills."

Although parents can't predict all the social situations their children will encounter, there is still much they can do to help. The best approach for parents might involve getting educated about the complexities

of social interaction, categorizing a child's social strengths and weaknesses and carefully reviewing the various programs and methods used to treat social skills deficits.

Sizing Up Social Skills

Does your child need help with social skills? If you're unsure, become a careful observer. Watch your child at play to identify if there are specific deficits that need intervention. If your child has weaknesses in some of the following areas, he could be a good candidate for social skills intervention. Assess your child's ability to:



- join a group
- initiate conversation
- use proper voice pitch (neither too loud nor too quiet)
- resolve conflicts without hitting or retreating
- control his temper
- speak positively of self
- use good proximity (does not stand too close or too far from others)
- maintain eye contact
- follow the rules of games
- wait for his turn
- initiate play with others
- use appropriate facial expressions
- express empathy
- follow a conversation
- maintain interest
- maintain topic of conversation
- make friends
- maintain friendships

In addition to taking this inventory, it is also important to understand and

recognize some of the underlying reasons why children with learning challenges struggle socially. "The child simultaneously may be confronting problems in the areas of attention, memory, organization, language and impulse control," Lavoie writes. These problems can often impede social success.

Children who struggle with language processing and/or pragmatic language (See related story, page 4) also might need intervention from a speech and language therapist. Language processing and pragmatics include numerous issues such as the ability to maintain a topic of conversation and the ability to recall words without hesitation or long pauses. Brook Todd of Children's Therapy Group, Inc. says it's important for parents to understand the link between language problems

and social skills. She describes language problems as "understanding (what is said) and knowing what to talk about."

"Closing Circles:" The Greenspan Approach

Social skills intervention takes many forms, but most of the programs begin by developing skills on the individual level and then progressing to two-way and small-group communication. Finally, the skills practiced extend to family life and then to school and the community.

One method that can help children improve social interactions is Floortime, a method developed by noted child psychiatrist Stanley Greenspan. In his book, The Child with Special Needs: Encouraging Intellectual and Emotional Growth, Greenspan explains the importance of "meet-

How can you help your child at home?

- Play card games
 Write and read Social Stories
 Play board games
 Have play dates
 Check with your child's school for counselor-led social groups • Have lunch with your child to gauge social interaction

Allow for age-appropriate social exchanges within the community:

- Asking for directions,
- Asking for help locating a book in a library,
- Asking a responsible adult where the restroom is,
- Paying for an ice cream cone, and
- Ordering a drink or dinner at a restaurant.

Other suggestions include:

- Be proactive, give the child a script, and
- Set children up for success by giving conversation starters.

Additional Information: Web Sites and Books

The Gray Center for Social Learning and www.thegraycenter.org

Stanley Greenspan, The Child with Special Needs: Encouraging Intellectual and Emotional Growth www.floortime.org

Floortime Atlanta www.floortimeatlanta.com

Rick Lavoie, It's So Much Work to Be Your Friend www.ricklavoie.com

Learning on the Log www.learningonthelog.com

The Sandbox Learning Company www.sandbox-learning.com

SchwabLearning, A Parents Guide to Helping Kids with Learning Difficulties www.schwablearning.org

ing a child where he is" by talking about the child's interests and expanding on them. By doing this, a dialog can be established and "circles" of communication are opened. These circles constitute the first step toward intimacy, one of Greenspan's emotional milestones.

Kathleen Platzman, Ph.D., a psychologist with Floortime Atlanta, describes Greenspan's method as a "philosophy" and a "technique" of dealing with children of all abilities. Floortime Atlanta is a multidisciplinary group of practitioners who are trained in the Greenspan method and have incorporated the principles into their practices.

Platzman finds that children with special needs have core deficits: they sometimes don't relate easily to people or have difficulty maintaining eye contact, for example. In other programs, Platzman says, often what is measured is compliance, such as whether the child sits when he is told. Instead, Floortime allows the child to lead the interaction. Platzman says she knows the program is working when the child is having fun, begins opening the dialog and a genuine feeling of relationship begins to develop.

At Floortime Atlanta, parents are taught the Greenspan approach and encouraged to practice it at home with their children. Often parents inform teachers and other caregivers about the approach, and the child becomes immersed in social skills training outside of therapy. In some cases when the method is being implemented successfully at home, the therapists at Floortime Atlanta turn into consultants.

Parents have told Platzman that they have seen their children change from a "puzzle" to a "real person" after some Floortime intervention. Platzman says she's seen children change so radically that she knows they're going to be okay. "Most parents come away from Floortime knowing their child more intimately as well as having a child who under-

stands his own motivation and is a better companion than they ever thought possible," Platzman says.

Social Groups

One of the most common forms of social skills intervention is a social group. Social groups usually meet once a week. During the meeting, children explore one social skill or trait and learn to develop it within the context of the group setting. First the skill is role played, and then the children apply the skills in a safe environment. The ultimate goal is that, with practice and repetition, the skill finally transfers from the group session to home or school.

Gayle Born and Mary Jane Trotti of Parkaire Consultants collaboratively lead social skills groups. The groups are selected "very carefully" so that the children in those groups have similar skills. The ability to join a group is one of the skills on which the group works. The skill is demonstrated, and then the children are given the opportunity to apply the skill without the fear of getting

it wrong. When children do get it wrong, however, Born and Trotti find these to be invaluable "teachable moments." As Born explains, it allows an opportunity to help the child "analyze," role play and "dissect" what went wrong.

For example, if a child attempted to join a group and was rejected, he could respond in several ways, including hitting, crying, screaming or retreating. Born calls these "hot" responses because the child hasn't stopped to think through any alternative choices. Born and Trotti's group goes beyond showing the skill and practicing it—their children learn how to deal with rejection, how to control their anger and how to stop and think before acting. These coping strategies are as important as the social skills taught in class. One of the easiest coping skills to teach children is "freeze." Instead of hitting or yelling, they tell the child to just freeze. This allows the child to think through alternatives, apply breathing techniques and participate in positive self-talk.



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18



Born and Trotti know when their program is working because they see progress in a child. Parents and teachers also comment that the child is making social progress in situations outside the group. Judy Norris, whose 11-year-old son Mitch has attended the social skills group at Parkaire for three years, is one such parent. Norris says just being able to sit in the group was a challenge at first for her son. Now, however, he has begun to participate in group discussions and activities. Recently, his grandmother took him to the park and he walked up to a group of kids and asked if he could play with them,

Norris says. Mitch's grandmother told Norris the kids played together for more than an hour, and even Mitch's younger sister ioined in. Some of the most important things Mitch learned in

his social group, his mother says, are responding appropriately when someone tells him something he doesn't want to hear, knowing how to join a group and knowing how to handle stress.

Despite such success stories, Born warns that social skills groups are not a quick fix. Some kids aren't wired for social interaction, Born says, whether it's eye contact, empathy or anger management. It's important to realize, however, that these children can learn to compensate for these social deficits, Born says.

Recreational Therapy

Learning on the Log, a program that strives to engage children in activities while improving motor and communication skills, borrows principles from Greenspan's

Floortime and also incorporates social skills training and sensory integration (see related story, page 6). With locations in Atlanta, Decatur and Savannah, the program offers Saturday hikes, summer camps and after school activities for children ages 6 to 12.

This program begins by focusing on individual communication strategies. The children are given instructions and directions about upcoming tasks, and then they are asked to repeat the directions in their own words. Children also are encouraged to talk about things they have

experienced. Once these skills begin to emerge, children usually begin participating in small group discussions. Eventually some are given leadership roles within the groups which help them develop positive self-esteem, says co-director Chris Zelski. The goal of the program is for students to be able to apply the social skills they've learned at home, at school or at the park.

"We know it's working when we have a response from the child," Zelski says. For example, on a Saturday hike some children are withdrawn at the beginning while others seem to be going 100 miles an hour. During the course of the hike, sensory exposure begins to give way, and the child might begin showing signs he is having fun and becoming more self-regulated. The child who was withdrawn begins to come out of his shell, and the child who was going so fast has slowed down a bit. Zelski says his program can help children become "calm, focused and alert." Parents of children who participate provide feedback about

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1150 Hammond Drive. NE, Suite B-2200, Atlanta, GA 30328 770-393-9901 (FAX 770-393-9904) E-mail: mili@ittsforchildren.com better sleep patterns and improved sibling relationships, Zelski says.

Social Stories

Originally written by Carol Gray, Social Stories are often used to help children with autism. These stories, however, can be helpful for all children who struggle socially. Social Stories are short narratives about appropriate social behavior. They can be as simple as "how to greet people," or as complex as "how to resolve a conflict without yelling or hitting."

Social Stories give the child the ability to see both sides of social interaction played out on the pages. Children can then take what they have read or what has been read to them and apply it to similar situations at home, at school or in the community. Social Stories are easy

to create using a word processing program or by simply putting pen to paper and cutting pictures from a magazine. Gray's Web site, www.thegraycenter.org, provides information and ideas about using Social Stories.

Role Playing

When done properly, role playing can be an effective tool for teaching proper social skills. Special education teacher Carol Holbrook, who also has a background as a speechlanguage pathologist, and paraprofessional Anjum Merchant work together in a Gwinnett County kindergarten serving 5-to-7year-olds with speech and language difficulties. Holbrook says that sometimes this is a child's first experience in a school setting, and social problems arise because of a lack of "self control" or an inability to

understand the rules and structure of the classroom.

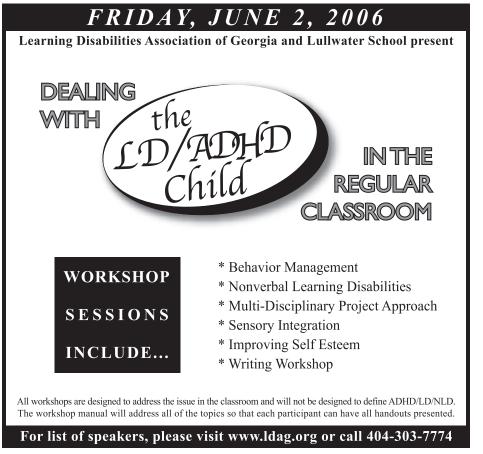
In the beginning, the teachers talked to the children about making good choices, but talking about the problem did not help change the behaviors they were seeing. After role playing a few situations, such as the proper way to stand in line and asking rather than snatching, the teachers began to notice a change. Role playing has now become common in their classroom. Role playing can be proactive, where teachers show children how to line up at the door, or reactive, where they replay an incident that occurred earlier in the day. In both cases the children are given an opportunity to comment on what they've seen. Holbrook and Merchant have found that the children, even those who rarely raise their hand in

class, have a lot to say about role playing.

No matter which intervention parents chose to help address their child's social struggles, experts say they should not expect overnight improvement. "It is important to remember that children with learning problems often require intensive instruction, quidance and assistance to master social skills," Lavoie writes in his book. But, if better social skills translate to happiness and improved self-esteem, the investment is worth it. The rewards can last a lifetime.

Amy Coleman is the mother of two children, including one with learning challenges. She leads a parent support group in Duluth and is a member of Families of Children Under Stress and the Learning Disabilities Association of Georgia.





Sensory Integrative Dysfunction

—CONTINUED FROM PAGE 7—

- 3. The child lacks variety in play activities. Some children become repetitive or stereotypic in playing with toys. For example, children might line up toy cars but do not pretend they are going places or experiment with rolling them down an incline.
- 4. The child appears clumsy, trips easily or has poor balance.
- 5. The child has difficulty calming himself after exciting physical activity or after becoming upset.
- **6. The child seeks excessive amounts of vigorous sensory input**. Many children like to jump, swing and spin. When the activity is excessive, however, it could indicate a problem.

Troubling Behaviors

Sensory integrative dysfunction can adversely affect many areas of a child's development, including emotional and social. Many children become discouraged or develop a poor self-concept, especially if they become aware of differences between their function and those of their peers. If a young child has difficulty with motor skills and play activities, it could be hard for him to make friends or to be part of a group. Sensory defensiveness can cause aggressive behaviors or cause the child to be a loner.

Sometimes behavior problems are the first indications that the child might have sensory integrative dysfunction. The child might lack flexibility, be explosive or have difficulty with transitions such as leaving one place to go to another. The child might show extreme irritability or crying that seems unexplainable until it is discovered that he is fearful of certain sounds, overwhelmed by visual stimuli or is intolerant to wrinkles in his socks. Sometimes children are so rigid in their behaviors that families go to extremes

to accommodate them in order to maintain peace. The mother who follows the child around with a spoonful of food, begging him to eat, or the parents who allow children to sleep with them in their bed because they won't go to sleep otherwise might be taking care of the short-term problems without addressing underlying issues.

integrative Sensory problems manifest themselves in a number of ways. Any particular child might show only a few of the characteristics described, and some characteristics could be caused by something other than sensory integrative dysfunction. Parents and professionals should look at the pattern of behaviors and the "big picture" of how the problems interfere with the child's play, physical and emotional development and ability to develop independence. Any child who is

suspected of having a sensory integrative disorder should be evaluated by a professional, usually an occupational or a physical therapist, who has had additional training in sensory integration evaluation and treatment.

Linda C. Stephens, OTR/L, is an occupational therapist and the owner of Atlanta Children's Therapy in Dunwoody. She can be reached at 770-451-7220 or through her Web site at www. brimer.net/act.

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George G. Kirkpatrick	2970 Peachtree Rd. NW. Ste.345 Atlanta GA 30305	404-233-3989
www.theggkco.com	Educational consultant	
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The Parent Coach Company	17 Executive Park Dr. Ste. 150 Atlanta GA 30329	404-591-2552
www.theparentcoachcompany.com	Resources for raising amazing children	
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www.abilitations.com	Products for sensory integration, movement, adapted play and more	000-030-0002
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	(See ad pg. 21)	
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Nutritionally Yours Health Solutions	625 Colonial Park Dr., Suite 102 Roswell GA 30075	770-642-0670
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Apraxia Kids	1151 Freeport Rd. #243 Pittsburgh PA 15238	412-767-6589
www.apraxia-kids.org	Educating parents and professionals on childhood apraxia	
DeKalb Medical System	370 Winn Way Suite 104 Decatur GA 30003	404-501-8800
www.dekalbmedicalcenter.org	Developmental screening and evaluation, speech-language disorders, visual perceptual	
	disorders, sensory integration	
Developmental Delay Resources		800-497-0944
	580 Beacon St. Pittsburgh PA 15217	000 107 0011
-	580 Beacon St. Pittsburgh PA 15217 Provides information on many subjects related to developmental delays and learning issues	000 107 0011
www.devdelay.org	· ·	770-234-9111
www.devdelay.org Families of Children Under Stress (FOCUS)	Provides information on many subjects related to developmental delays and learning issues	770-234-9111
www.devdelay.org Families of Children Under Stress (FOCUS) www.focus-ga.org	Provides information on many subjects related to developmental delays and learning issues 3050 Presidential Parkway Ste. 114 Atlanta GA 30340	770-234-9111
Families of Children Under Stress (FOCUS) www.focus-ga.org Georgia Advocacy Office, Inc.	Provides information on many subjects related to developmental delays and learning issues 3050 Presidential Parkway Ste. 114 Atlanta GA 30340 Family support group that shares the joys and frustrations of parenting children with special need.	770-234-9111 Is
Families of Children Under Stress (FOCUS) www.focus-ga.org Georgia Advocacy Office, Inc.	Provides information on many subjects related to developmental delays and learning issues 3050 Presidential Parkway Ste. 114 Atlanta GA 30340 Family support group that shares the joys and frustrations of parenting children with special need 150 E. Ponce de Leon Ave. Decatur GA 30030	770-234-9111 ds
Families of Children Under Stress (FOCUS) www.focus-ga.org Georgia Advocacy Office, Inc. www.thegao.org Georgia Community Support & Solutions	Provides information on many subjects related to developmental delays and learning issues 3050 Presidential Parkway Ste. 114 Atlanta GA 30340 Family support group that shares the joys and frustrations of parenting children with special need 150 E. Ponce de Leon Ave. Decatur GA 30030 Provides the resources and avenues that may be needed to help improve educational	770-234-9111 ds

22 Summer 2006 Kids Enabled www.kidsenabled.com

Georgia Parents Educating Parents	3680 Kings Hwy. Douglasville GA 30135	770-577-7771
& Professionals, Inc.	Provides information and makes referrals in areas related to specific disabilities, early intervention	n,
www.peppinc.org	IEP & behavior management	
GLRS-Metro East	2415-C N. Druid Hills Rd. NE Atlanta GA 30329	678-676-2412
www.glrs.org	Services DeKalb, Fulton, Gwinnett and Rockdale Counties; Buford and Decatur cities	
GLRS-Metro West	1870 Teasley Dr. SE Smyrna GA 30080	770-432-2404
www.glrs.org	Services Clayton, Cobb and Douglas Counties; Atlanta and Marietta cities	
GLRS-North Georgia	1342 Hwy 254 Cleveland GA 30528	706-865-2043
www.glrs.org	Services Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens,	
	Towns, Union and White Counties; Gainesville city	
Governor's Council on Dev. Disabilities	2 Peachtree St. NW Ste. 8-210 Atlanta GA 30303	404-657-2126
www.gcdd.org	The council is charged with creating systems change for people with developmental	
	disabilities and their families	
International Dyslexia Association		
-Georgia Chapter	1951 Greystone Rd. NW Atlanta GA 30318	404-256-1232
www.dyslexia-teacher.com/Georgia	Information and resources for helping individuals with dyslexia	
Jewish Family & Career Services	4549 Chamblee Dunwoody Rd. Atlanta GA 30338	770-677-9300
www.jfcs-atlanta.org	Provides support for Jewish and non-Jewish families	
Learning Disabilities Association	4156 Library Rd. Pittsburgh PA 15234	412-341-1515
of America	National organization for information on learning disabilities, negotiating the special education	
www.ldaamerica.org	process and helping your child and yourself	
Learning Disabilities Association	3098 Piedmont Rd. Suite 150 Atlanta GA 30305	404-303-7774
of Georgia	Local organization that provides information to parents, educators and professionals on	
www.ldag.org	understanding learning disabilities (See ad, pg 20)	
The Marcus Institute-STAR	1920 Briarcliff Rd. Atlanta GA 30329	404-419-4459
www.marcus.org	Local organization that provides therapy services to children and information to parents on understanding learning disabilities	
National Information for Children		
& Youth with Disabilities	PO Box 1492 Washington DC 20013	800-695-0285
www.nichcy.org	Provides Internet resources on subjects related to developmental and learning disabilities	
Parent to Parent of Georgia	3805 Presidential Parkway Ste. 207 Atlanta GA 30340	770-451-5484
www.parenttoparentofga.org	Provides support and information to parents of children with disabilities. Parent match	
	database is available	
Quality Care for Children	50 Executive Park South Suite 5015 Atlanta GA 30038	404-479-4203
www.qualitycareforchildren.org/inclusion.html	Improving the quality, accessibility and affordability of early care and education in Georgia	
Sensory Integration International/		
Ayres Clinic	PO Box 5339 Torrence CA 90510	310-787-8105
www.sensoryint.com	Publications and articles available on topics related to sensory integration	
Sensory Resources	2500 Chandler Ave.Ste. 3 Las Vegas NV 89120	888-357-5867
www.sensoryresources.com	Specializing in information on sensory integration and processing	
The Council for Exceptional Children	1111 North Glebe Road Suite 300 Arlington VA 22201	888-CEC-SPEC
www.cec.sped.org	Provides resources for parents of children with learning disabilities and gifted education	
Dan uses Tures and Courses		
Private Therapy Clinics		
All About Kids Therapy Services, Inc.	318 W. Pike St., Suite 104 Lawrenceville GA 30043	770-314-1388
www.allaboutkidstherapyservices.com	Aquatic therapy and hippotherapy	
Associated Therapies, Inc.	1244 Clairmont Rd. Decatur GA 30030	404-728-9766
www.associatedtherapies.com	Specializing in pediatric occupational, physical and speech-language therapy	
Atlanta Children's Therapy Inc.	1720 Old Spring House Lane Suite 302 Atlanta GA 30338	770-451-7220
www.brimer.net/act	Sensory integration specialists	
Aurora Strategies	125 Clairmont Ave. Decatur GA 30030	404-377-8882
www.aurorastrategies.com	Speech-language therapy. Provider of Fast ForWord, Interactive Metronome	
	and The Listening Program (See ad, inside front cover)	
Baby Talk Therapies	4220 Stackstone Dr. Cumming GA 30074	
www.babytalktherapies.com	Speech therapy services for Pre-K	
Chastain Horse Park Therapeutic Program	4371 Powers Ferry Rd. Atlanta GA 30327	404-252-4244
www.chastainhorsepark.org	Accredited riding program, hippotherapy and psychotherapy for children with special needs	

www.kidsenabled.com Kids Enabled Summer 2006

23

Cherokee Pediatric Therapy	1558 Marietta Hwy. Ste. 210 Canton GA 30114	770-841-3154
www.childrehab.com	Offers physical, occupational and speech therapy, behavioral modification and study skills	
Children's Advanced Therapeautics	696 Mt. Zion Rd. Jonesboro GA 30236 Offering speech, occupational and physical therapy as well as hippotherapy, aquatic therapy, music therapy and a social skills group	678-422-6271
Childrens Healthcare of Atlanta	Alpharetta Hwy., Cobb, Fayette, Gwinnett/Sugarloaf, Mt. Zion,	
www.choa.org	North Druid Hills, Sandy Plains, Satellite Blvd., Scottish Rite Providing therapeutic evaluation and treatment for children birth to age 21 including speech- language disorders, occupational therapy, audiology, assistive technology, orthotics and physical therapy (See ad, back cover)	404-785-7100
Children's Special Services	7501 Auden Trail Atlanta GA 30350	770-394-9791
www.childrens-services.com	Occupational therapy including handwriting programs and POP (See ad, page 20)	
Children's Therapy Services	1800 Water Pl. Atlanta GA 30339	770-980-9373
www.childrenstherapyservices.org	Provides multidisciplinary therapy for birth to 21 years	
Children's Therapy Works	11660 Alpharetta Hwy.Ste. 320 Roswell GA 30076	877-960-KIDS
www.childrenstherapyworks.com	Occupational, speech and physical therapy/hippotherapy and aquatic therapy	
Cobb PediatricTherapy Svcs. www.cobbpediatric.com	1266 Cobblemill Way Kennesaw GA 30152 School-based and in-home therapy; physical, occupational and speech therapy services	770-218-6274
Communication Milestones Therapy	1015 Tyrone Rd.Ste. 410 Tyrone GA 30290	770-632-7000
www.communicationmilestones.com	Serves south of Atlanta; Orton Gillingham and Fast ForWord	
Comprehensive Therapy Children's Center	2015 Vaughn Road, Suite 130 Kennesaw, GA 30144	770-425-6661
www.specialkidstherapy.com	212 Riverstone Dr. Canton GA 30114` Physical therapy, occupational therapy and speech therapy - clinic-based and home visits	770-345-7796
Creative Therapy Inc.	#1 McGarity Road Canton GA 30115	770-360-9183
www.creativetherapyinc.com	Hippotherapy programs	
Shahnoor Dharamsi, OTR/L		404-429-3296
shahnoor02@yahoo.com	Occupational therapist	
Easter Seals N. Georgia Pediatric		
Therapy Svcs.	5600 Roswell Rd. Prado Suite 100 Atlanta GA 30342	404-943-1070
www.easter-seals-northgeorgia.org	DeKalb, Fulton, Gwinnett, Rockdale, Buford, Decatur	
Emory University Dept. of Pediatrics	1440 Clifton Road, NE Atlanta, GA 30322	404-727-5640
www.emoryhealthcare.org/ departments/childcenter	Outpatient rehabilitative services	
Floortime Atlanta	1970 Cliff Valley Way Suite 107 Atlanta GA 30329	404-373-8335
www.floortimeatlanta.com	Assessment, counseling, treatment planning, speech and occupational therapy services, psychological services, parent and professional training, social thinking groups (See ad, pg 7)	
Galletly Speech-Language Services	East Cobb	404-604-5131
galletlysplang@yahoo.com	Pediatric speech-language pathologist specializing in the treatment of autism spectrum disorders	
Greater Atlanta Speech & Language Clinics, Inc.	1000 Johnson Ferry Rd. Ste B200 Marietta GA 30068	770-977-9457
www.greateratlantaspeech.com	Atlanta/Decatur 404-377-8882; Newnan 770-683-0250; Duluth 770-418-1778	
Integrated Pathways for Children	2140 Buford Hwy., Suite 208 Buford, GA 30518 Sensory integrative occupational therapy	678-482-4554
ITT's for Children	1150 Hammond Drive, Suite B-2200 Atlanta GA 30328 Pediatric occupational, physical and speech-language therapy (See ad, pg 19)	770-393-9901
Interactive Children's Therapy Services	2959 Hwy 154 Bldg C Ste. C Newnan GA 30265	770-683-0250
www.ictsonline.com	Pediatric occupational therapy and the Sensory Learning Program	
Jacobs Ladder	11705 Mountain Park Rd. RoswellGA 30075	770-998-1017
	The Listening Program; neurodevelopment approach	
www.jacobsladdercenter.com	The Listening Program; neurodevelopment approach	
www.jacobsladdercenter.com K&L Solutions	me disterning rrogram, neurodevelopment approach	404-684-9361
·	Auditory Integration Therapy (AIT), learning specialist and educational consulting	404-684-9361
K&L Solutions		404-684-9361 770-578-1519
K&L Solutions www.klsolutions.org	Auditory Integration Therapy (AIT), learning specialist and educational consulting	

24 Summer 2006 Kids Enabled www.kidsenabled.com

Kidsplay Therapy Center	311 Cooper Rd. City of Grayson Loganville GA 30052	678-205-5437
www.kidsplaytherapy.com	Speech, occupational therapy, physical therapy plus many activities including free	
	parents night out	
The Language Group	3756 LaVista Road, Suite 104 Tucker, GA 30084	404-477-9400
www.thelanguagegroup.com	Therapists serving children, adolescents and adults using a team approach to reach individual	
	speech-language goals important to the client and family unit	
Let's Communicate	1720 Old Spring House Lane, Suite 302 Dunwoody, GA 30338	678-362-1904
Levin Center	1525 Richard Stokes Dr. Decatur GA 30033	404-636-7624
www.levincenter.org	Consultation; assessments; clinical teaching and tutoring	
	3200 Cobb Galleria Pkwy SE Ste. 228 Atlanta GA 30339	770-850-0612
www.LindamoodBell.com	Lindamood-Bell® is an internationally recognized leader in the research and development	770 000 0012
	of programs for learning difficulties, offering one-on-one instruction to develop underlying skills	
	necessary to become an independent learner in the areas of reading, spelling, comprehension and	d math
Lindamood-Bell Learning Processes Center	3400 McClure Bridge Rd. Bldg C Suite A Duluth GA 30096	770-476-7066
www.LindamoodBell.com	Lindamood-Bell® is an internationally recognized leader in the research and development	770 170 7000
	of programs for learning difficulties, offering one-on-one instruction to develop underlying skills	
	necessary to become an independent learner in the areas of reading, spelling, comprehension and	d math
Magnolia Pediatric	3565 Austell Road, Suite #11 Marietta GA 30008	770-319-8000
May South	1770The Exchange Suite 140 Atlanta GA 30339	770-956-8511
www.maysouth.org	Provides comprehensive and diagnostic services, school-based and home-based	770-330-6311
Music Therapy Services of Greater Atlanta	1000 Johnson Ferry Rd. Ste B105 Marietta GA 30068	678-560-6560
Music Therapy Services of Greater Atlanta	Music therapy services	676-560-6560
D-: O		40.4.200.0050
Paige Occupational Therapy	PO Box 191441 Atlanta, GA 31119	404-326-6652
	Pediatric occupational services in your home (See ad, pg. 5)	
Parkaire Consultants	4939 Lower Roswell Rd. Marietta GA 30068	770-578-1519
www.parkaireconsultants.com	Specialists in the diagnosis and treatment of neurological disorders (See ad, pg. 15)	
PediaSpeech Services, Inc.	6075 Atlantic Blvd. Ste. G1 Norcross GA 30071	770-209-9826
www.pediaspeech.com	Speech therapy services	
Jennifer Self, MS, CCC-SLP	Alpharetta, GA	404-550-0262
jenniferself@comcast.net	Pediatric speech-language pathologist, specializing in articulation, language, and oral-motor	
	intervention for pre-school children	
Laura Sobol, OTR/L	Atlanta GA	404-848-9878
lcsotr@hotmail.com	Private occupational therapist	
Speech-Language Pathology	3137 Kings Arm Court Atlanta GA 30345	770-939-9986
Associates, Inc.	Apraxia, oral motor, auditory processing, autism spectrum and language and learning disabilities	
	(see ad, page 19)	
Speech Pathology Services	750 Hammond Dr. Bldg. 4 Ste. 100 Atlanta GA 30328	404-459-9192
www.sps-atlanta.com	Integrated therapeutic center for children with speech, language, sensory and /or motor difficulties	es
Stepping Stones Therapy Services	3437 Deerfield Lane Kennesaw, GA 30144	770-792-5986
www.stepping-stones.us	Comprehensive therapy clinic	
Therapy on the Square	625 Colonial Park Drive, Suite 102 Roswell, GA 30075	770-642-0670
www.therapyonthesquare.com	Speech, occupational and physical therapy	
Therapy Works	1688 Lawrenceville Hwy Lawrenceville GA 30044	770-995-2379
www.therapyworkspc.com	Norcross location as well	
Psychological Services/Counselors		
Atlanta Area Family Psychiatry Clinic	7000 Peachtree Dunwoody Rd. Bldg 16 Ste.100 Atlanta GA 30328	770-393-1880
Atlanta Area Psychological Associates	2520 Windy Hill Rd. Suite 203 Marietta GA 30067	770-953-6401
Assessment, Behavior Change		
and Consulting Ctr.	300 W. Wieuca Rd.Bldg. 3 Ste. 314 Atlanta GA 30342	404-255-6967
www.psychology.am	-	
Steven Berger, Ph.D.	4939 Lower Roswell Rd. Marietta GA 30328	770-578-1519
www.parkaireconsultants.com		
Behavioral Institute of Atlanta	6000 Lake Forest Dr., Suite 100 Atlanta GA 30328	404-256-9325

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Comprehensive Psychiatric Services of Atlanta www.cpsatl.com	57 Executive Park South, Suite 360 Atlanta, GA 30326	404-636-0005
Debra McElhaney, M. Ed.	6000 Lake Forest Dr. Ste. 575 Atlanta, GA 30328	404-847-0906
familyresourcelink.tripod.com	Individual, couple and family therapy - special needs families	404-047-0300
Kathleen Platzman, PhD	1970 Cliff Valley Way NE Atlanta GA 30329	404-373-8335
www.floortimeatlanta.com	Psychologist, professional training and speakers' bureau	404-373-6333
Psychological Sciences	5955 State Bridge Rd. Duluth GA 30097	770-813-0404
www.psycscienceinst.com	5555 State Bridge Nd. Dulutii GA 30057	770-813-0404
Recreational Therapy/Social Skills		
Beyond Words	1762-B Century Blvd. Atlanta GA 30345	404-633-0250
www.beyondwordscenter.com	Social skills and group therapy	
Camp Friendship	East Cobb/Marietta	770-578-1519
www.parkaireconsultants.com	Social skill groups for kindergarten and elementary students	
Clay White	P.O. Box 921444 Norcross GA 30010	770-242-8254
Learning on the Log	8 Collier Road, Suite C4 Atlanta GA 30309	678-358-0097
www.learningonthelog.com	Engaging children in enjoyable and meaningful recreational activities while improving	
	their communication, gross and fine motor skills	
Parkaire Consultants	4939 Lower Roswell Rd. Marietta GA 30068	770-578-1519
www.parkaireconsultants.com	Social skill groups for Pre-K through college age	
Play for Tomorrow	3626 Peachtree Rd.NE Atlanta GA 30326	404-881-0440
www.playfortomorrow.org	A social skills group for children ages 7-15 with autism and other developmental disabilities	
SOAR	PO Box 388 Balsam Base NC 28707	828-456-3435
www.soarnc.org	Outdoor adventure programs for LD/ADHD/ADD, ages 8 - 18	
Schools - Pre-K		
Bridging the Gap www.gotobridgingthegap.com	3460 Summit Ridge Parkway Suite 303 Duluth GA 30096 Children's morning out and preschool program designed to meet each child's learning needs ages 18 mo-5 yrs (See ad, pg. 18)	770-338-2465
Easter Seals Child	1787 Melrose Drive, SW Atlanta 30310	404-758-7774
Development Centers	1485 Woodland Ave. SE Atlanta GA 30316	404-622-1569
	1146 Sheridan Road NE Atlanta GA 30324	404-633-6083
Peachtree Childtown	1580 Peachtree St. Atlanta GA 30309	404-874-0061
www.childtown.org	Servicing all children from 6 weeks to 5 years of age. Specialists available to work with children with disabilities.	
The Special Needs PreSchool of Gwinnett	1001 Duluth Hwy. Lawrenceville GA 30046	770-339-6569
www.christthelordlutheran.org/snp.htm	Specialized program for children with disabilities ages 12 mo. through middle school	
Schools — Private		
Amit Community School Program	1776 Old Spring House Lane, Suite 104 Atlanta, GA 30338	770-455-6565
www.cjee.org	Located in Davis Academy, Epstein School and Temima High School	
Atlanta Speech School	3160 Northside Pkwy Atlanta GA 30327	404-233-5332
www.atlantaspeechschool.org	Pre-K-grade 6	.5 . 200 0002
Brandon Hall	1701 Brandon Hall Drive Atlanta GA 30350	770-394-8177
www.brandonhall.org	Grades 4-12; boarding school offered	770 004 0177
Chrysalis Experimental Academy	10 Mansell Ct.Ste. 500 Roswell GA 30076	770-649-7077
www.chrysalisexp.org	Grades 4 -12	770-0-0-7017
Eaton Academy	1000 Old Roswell Lakes Pkwy Ste. 110 Roswell GA 30076	770-645-2673
www.eatonacademy.org	Grades K-12; individualized curriculums (See ad, pg. 12)	
Gables Academy	811 Gordon St. Stone Mountain GA 30083	770-465-7500
www.gablesacademy.com	Age 10 thru grade 12; Boarding school offered	
Lullwater School	4105 Briarcliff Rd., NE Atlanta, GA 30345	404-315-0305
www.mindspring.com/~lullwater	Ages 4-15. Attention and learning difficulties, resource library for parents	770 000 100-
Mill Springs Academy www.millsprings.org	13660 Providence Rd. Alpharetta GA 30004 Grades K-12	770-360-1336

26 Summer 2006 Kids Enabled www.kidsenabled.com

Pathways Academy	2147 Post OakTritt Road Marietta GA 30062	770-973-5588
www.pathwaysacademy.org	Grades 1-5	
Sophia Academy www.sophiaacademy.org	650 Mt. Vernon Hwy. NE Atlanta GA 30328 Grades K-8	404-303-8722
St. Francis School-High School www.stfranschool.com	13440 Cogburn Rd. Alpharetta GA 30004 Grades 9-12	678-339-9989
St. Francis School-Lower and Middle School	9375 Willeo Rd. Roswell GA 30075	770-641-8257
www.stfranschool.com	Grades K-8	
The Bedford School	5665 Milam Rd. Fairburn GA 30213	770-774-8001
www.thebedfordschool.org	Grades 1-9 summer learning camp also available. Contact Betsy Box, Director.	770-774-8001
The Community School	308 Clairemont Ave. Decatur GA 30030	404-295-0073
www.thecommunityschool.net	Ages 12-17; Individualized curriculum addressing socio-emotional needs of the student	404-233-0073
The Cottage School	700 Grimes Bridge Road Roswell GA 30075	770-640-8688
www.cottageschool.org	Grades 6-12; serving students with ADHD and learning disabilities	770-040-0000
The Hirsch Academy	705 S. Candler St., Decatur GA 30033	404 279 0706
www.hirschacademy.org	Ages 5-10 years. Specializing in sensory processing disorder, ADHD, and mild to moderate learning disorders (See ad, page 5)	404-378-9706
The Howard School www.howardschool.org	1246 Ponce de Leon Ave. Atlanta GA 30306 Ages 4 years - grade 12. Learning differences and language learning services	404-377-7436
The Language School at Christ Mission	3575 Acworth Due West Road Acworth GA 30101 Grades 1-12; Serve students with mild to moderate language-based learning differences	770-974-8441
The Lionheart School www.thelionheartschool.com	180 Academy Street Alpharetta GA 30004 Ages 5 and older	770-772-4555
The Porter School	200 Cox Rd. Roswell GA 30075	770-594-1313
www.porterschool.com	Serving Grades K-5 with atypical learning styles. (See ad, pg. 9)	
The Schenck School	282 Mt. Paran Rd. NW Atlanta GA 30327	404-252-2591
www.schenck.org	Grades 1-6; serving students diagnosed with dyslexia	
The Swift School	2663 Johnson Ferry Road Marietta GA 30062	770-579-6377
www.theswiftschool.org	Grades K-8; specializing in dyslexia and language processing teaching methods	
The Vanguard School	22000 US Hwy. 27 Lake Wales GA 33859	863-676-6091
www.vanguardschool.org	Age 10 - grade 12	
Woodward Academy	1662 Rugby Ave Main Campus	404-765-4480
www.woodward.edu SCHOOLS — PUBLIC	Transition program Grades 3 - 8 Main Campus; Grades 4 - 8 North Campus	
Atlanta Public Schools www.atlanta.k12.ga.us	130 Trinity Ave. SW Atlanta GA 30303	404-827-8000
Buford City Schools www.bufordcityschools.k12.ga.us	70 Wiley Road Buford, GA 30518	770-945-5035
City Schools of Decatur www.decatur-city.k12.ga.us	320 N. McDonough St. Decatur GA 30030	404-370-4400
Clayton County Public Schools www.clayton.k12.ga.us	1058 Fifth Avenue Jonesboro, GA 30236	770-473-2700
Cobb County School District www.cobbk12.org	514 Glover St. Marietta GA 30060	770-426-3300
DeKalb County School System www.dekalb.k12.ga.us	3770 N. Decatur Rd. Decatur GA 30036	678-676-1200
Douglas County Schools www.douglas.k12.ga.us	PO Box 1077 Douglasville, GA 30133	770-651-2000
Forsyth County Schools www.forsyth.k12.ga.us	1120 Dahlonega Hwy. Cumming GA 30040	770-887-2461
Fulton County Schools www.fulton.k12.ga.us	554 Parkway Dr. Hapeville GA 30354	404-763-6300

www.kidsenabled.com Kids Enabled Summer 2006 27

Georgia Dept. of Education www.doe.k12.ga.us	1870 Twin Towers East Atlanta GA 30334	404-656-3963
Gwinnett County Public Schools www.gwinnett.k12.ga.us	P.O. Box 343 Lawrenceville GA 30046	770-963-8651
Marietta City Schools www.marietta-city.org	250 Howard St. Marietta GA 30060	770-422-3500
TUTORING		
BCG Learning Center www.bcglearning.com	2790 Sandy Plains Road Suite 204 Marietta GA 30066 Specializing in tutoring "special" and alternative learners ages ten months through graduate school	770-565-9979
BrightStarTutors www.brightstartutors.com	2489 Manor Walk Decatur GA 30030 In-home tutoring throughout Atlanta metro area	404-373-6161
Club Z Tutoring www.clubztutoring.com	Contact for specific locations In-home tutoring	866-44-TUTOR
Educational Enterprises www.eduent.com	306 Auburn Ave. NE Atlanta GA 30303 Provides alternative educational support to students and adults inside and outside the traditional classroom	404-577-8711
In-Home Tutors Atlanta www.inhometutors.biz	4629 Clary Lakes Dr. Roswell GA 30075 All subjects—throughout metro Atlanta—in your home	770-645-8750
Parkaire Consultants www.parkaireconsultants.com	4939 Lower Roswell Rd. Marietta GA 30068 Tutoring for ADHD, LD, executive dysfunction and most high school subjects (See ad, page 15)	770-578-1519
Syllables Reading Center www.syllablesreadingcenter.com	12705 Century Dr. Alpharetta GA 30004 Reading/study skills/test-taking strategies	770-752-1724
Sylvan Learning www.educate.com/centers/30350/index.cfm	Contact for specific locations	1-888-338-2283

6145 Barfield Rd. Ste. 100 Atlanta GA 30328

Therapy for clients of all ages diagnosed with dyslexia (See ad, inside front cover)



The Dyslexia Institute of America

www.dyslexiaga.org

All articles from the Winter/ Spring 06 issue are now online!

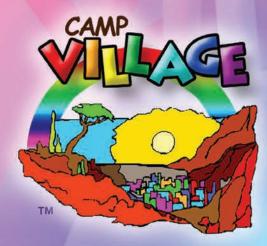
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you would like to see
in future issues and
also the most burning
questions you have
for other parents and
professionals.

28 Summer 2006 Kids Enabled www.kidsenabled.com



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Outpatient Rehabilitation Centers - Phone number for all locations is 404-785-7100:

Alpharetta Hwy. 11835 Alpharetta Hwy.,Roswell

Cobb 1371 Church Street Extension, Marietta

Fayette 1265 Highway 54 West, Ste. 200, Fayetteville Gwinnett/Sugarloaf 4850 Sugarloaf Pkwy., Ste. 501, Lawrenceville

Mount Zion2201 Mount Zion Pkwy., MorrowNorth Druid Hills1605 Chantilly Drive, Ste. 200, AtlantaSandy Plains3618 Sandy Plains Road, Suite 100, Marietta

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