Catholic Mass Changes
Catholic Mass has changed. The following link is a resource on how to sign the new translation of the Mass.
http://www.adw.org/service/NewRomanMissal_InterpreterTraining.asp
A group of experts gathered in March to discuss the new translation and put them into ASL.
For more information contact Eileen Colarusso, Director, Office of Deaf Ministry, Archdiocese of Baltimore at 410-547-5344 voice; 208.74.38.18 IP or ecolorusso@archbalt.org

Help Kids Slim Down
Obesity and teens it’s all over the news these days. Instead of putting children on a “diet” which implies deprivation, help them adopt healthy habits that will last a lifetime.

Get them to help with food preparation. Kids are more likely to eat what they’ve been involved in making. In fact that’s the idea behind a new nonprofit campaign, The Kids Cook Monday. Toddlers can paint vegetables with olive oil, and older children can dice them. To learn more visit their website at thekidscookmonday.org

Encourage volunteering. Boredom often goes hand-in-hand with overeating. Volunteering keeps children busy and boosts self-esteem, which can help protect against disordered eating.

Limit eating to the kitchen table. Munching while distracted leads to eating hundreds of extra calories.

Let them eat dessert. Indulging a little every day means kids won’t feel deprived and will be less likely to overeat. Just remember to keep portions small.

Track it by texting. Research shows that kids are more willing to track their eating habits via texting than pencil and paper. If your child is struggling with weight, suggest that he text himself every time he eats.

Reprinted from Woman’s Day, June 2011, womansday.com
Adrienne Gleason was used to sticking out at playgroups. Her sons were always the Tasmanian Devil types, constantly moving, climbing furniture, always on the go.

At the mommy-and-me gym class, her son, Kirby, wouldn’t sit in the circle like the other toddlers. “He’d be in the ball pit,” says the Towson mother. “I couldn’t get him out of there. And I would be getting the hairy eyeball.”

Nothing looks wrong with her blond-haired, blue-eyed son, now 6 years old. But, says Gleason, “Hindsight is 20/20. It makes sense now.”

That’s how a lot of parents feel when they finally hear what’s causing their children to be so impossible to dress, clumsy and easily distracted. It’s called sensory processing disorder.

“It can look like a behavioral issue,” says Liz Albright, a senior occupational therapist at Mt. Washington Pediatric Hospital. “Parents think, ‘My kid is out of control.’”

Many pediatricians are still unfamiliar with the disorder, and activists are working on having SPD recognized by insurance companies, which will raise awareness about the disorder and make getting treatment easier.

“Kids are not getting treatment. Kids are mislabeled,” says Dr. Lucy Miller, director of the Sensory Processing Disorder Foundation, author and pioneer in SPD research.

WHAT IS IT?

Sensory processing disorder (SPD), also known as “sensory integration dysfunction,” is a chronic difficulty with processing sensory information.

Children might not be able to tolerate certain clothing, physical contact, light, sound, food or other sensory stimuli. Others might have little or no reaction to stimulation, including pain. Posture, balance and motor skills can be affected.

Children who are labeled “floppy babies” and, later “spaz” may actually have SPD. But they and other children are often misdiagnosed with ADHD and labeled autistic and bipolar.

A new study done in New Haven, CT, suggests that as many as one in six children could have SPD. They are more likely to have social problems, anxiety and be aggressive, says Miller.

“This is not a trivial problem,” she says.

For so long, SPD has been confused with behavioral problems or other disorders such as ADHD. They share some of the same symptoms, such as trouble concentrating, and there can be some blurring. Because it can take years before SPD is diagnosed, some kids develop behavior problems, such as aggression, to compensate for the SPD symptoms.

“There can be a fine line between what’s behavioral and what’s SPD,” says Albright.

At preschool, Courtney Gilmer’s son was being aggressive. He was evaluated several times by psychologists and behaviorists and other experts. Each time, she was told he was a normal preschool boy.

“As happy as I was, I was also frustrated,” says Gilmer, whose son, now 4, has SPD.

When he finally was diagnosed, she says, “It made so much sense. ...At school, he was overwhelmed and ended up being aggressive.”

It also explained how he played at home. “He couldn’t run fast enough,” the Elkridge mother says. “He couldn’t crash into things hard enough.”

The other difficulty in diagnosis is that SPD is also fairly common in children with other disorders, such as autism.

Gleason’s son has ADHD and is on the autism spectrum. But, she says, addressing the sensory issues were key. “If you get that (addressed), you can get help with the next issue.”

Once diagnosed, some parents then realize that their child’s sensory issues existed from infancy. Some mothers even say their pregnancies felt different.

“I hear all the time from parents, ‘When he was a baby ...’” says Mary Lashno, senior pediatric occupational therapist at Kennedy Krieger Institute, and author of “Mixed Signals: Understanding and Treating Your child’s Sensory Processing Issues.”

That’s not to say that every colicky infant or toddler who is hard to dress has SPD. But Lashno and other experts say, parents have a nagging feeling that something more is wrong. Yet, too often, Lashno says, “Their pediatricians tell them, ‘They’ll out-grow it ... There, there, mom.’ “

HOW IS IT TREATED?

In reality, children need occupational therapy with a sensory integration approach, experts say.

Children will receive a “sensory diet” various techniques and stimulation such as deep pressure hugs—that is tailored to the specific child.

For example, Gleason’s son, who is a sensory seeker, has a “motor skills gym,” that includes a trampoline, bicycle and deep pressure swing. “He does a circuit,” she says.

With occupational therapy, Gleason says, “His improvement has been amazing.”

“He can also verbalize what he needs. “He’ll say, ‘Mommy I need a hug.’ It’s huge.”

Learning to communicate needs is also part of therapy, says Albright. “We teach children to advocate for themselves, to be able to say, ‘It’s too loud.’ or ‘It’s too bright.’ “
And they learn the words to describe how they’re feeling.

Environmental modifications may help. Standing in the middle of a line can cause anxiety in some SPD patients. They might lean or push on the children around them, in part, to help define where their own bodies are, says Beverly Neway, senior occupational therapist at Mt. Washington Pediatric Hospital.

“It gets them into trouble,” Neway says.

Simply putting that child at the end or front of a line can make a big difference.

A child who was affected by back-ground noise in places such as the mall and grocery store was able to block the overwhelming sensory input with a simple CD player connected by earphones. “It was a socially acceptable way to manage the auditory issues that sent her screaming in the past,” says Neway.

For other children, spicy foods or spicy gum will calm their systems.

“Gum, especially, is organizing. It makes them feel calm inside,” Neway says. “When you chew, you’re doing joint compressions.”

Many SPD patients find that sitting on an inflatable cushion that allows them to slightly rock is helpful, says Neway. “It gives them the sensory input they need. It says, ‘This is where my body is. This is where it’s supposed to be.’ It’s soothing and calming.”

Miller recommends a period of intensive treatment, with occupational therapy multiple times per week initially.

But Lashno says most children have weekly sessions. “We don’t want to pull them out of school,” she says.

And she says, “It’s not just the one hour of therapy that makes the difference.”

Much of the work will be done at home, which is why parent involvement is so important, Lashno, Miller and other experts say.

As the child continues in therapy, he’ll be able to tolerate more and the strategies may change.

**IS IT CURED?**

Miller has found that the brain actually changes after intensive occupational therapy. In following up with her own patients, Miller has found about one-third will need “booster” therapy after a while and about one-third are doing well without it.

But it’s unclear whether the condition is ever actually cured, experts say.

The earlier treatment begins, however, the better. “Everything builds on everything else,” says Albright. “Each kid is different.

“There’s a learning curve,” she says. “And it needs to be monitored.”

But most kids will see remarkable improvement. As adults, they might sit in a chair a certain way. They might be clumsy. As with any shortcoming or disability, Albright says, “We learn to deal with it.”

Just having a name for what they’re experiencing can be an incredible relief for families. “I hear all the time, ‘I thought it was me,’ “ Neway says.

“Parents know their children best,” says Neway.

If pediatricians are responding to concerns with the old, “He’ll outgrow it,” it may warrant a second opinion.

“He’s not going to outgrow it by ignoring it,” she says.

“I swear by the Mommy gut,” says Gleason. “...Keep looking for answers.”

**RED FLAGS OF SPD**

- Uncomfortable in clothing
- Floppy or stiff body
- In everyone’s face and space
- Over-sensitive to touch, noise, smells, other people
- Unaware of other people, and/or pain
- Trouble balancing

Source: Jamie Levine, owner of OT Ventures LLC in Ellicott City, and Sensory Processing Disorder Foundation www.spdfoundation.net

**MORE READING**

Sensational Kids: Hope and Help for Children with Sensory Processing Disorder (SPD) Parenting By: Lucy Jane Miller

Your Child with SPD: A Family Guide to Understanding and Supporting Your Sensory Sensitive Child By: Christopher Auer and Susan L. Blumberg

The Out of Sync Child By: Carol Stock Kranowitz

The Sensory Connection Program: Activities for Mental Health Treatment By: Karen Moore

Mixed Signals: Understanding and Treating Your Child’s Sensory Processing Issues By: Mary Lashno

Reprinted from Maryland Family Magazine, May 2011 www.marylandfamilymagazine.com
How To Remove A Tick

Finding one of these little buggers on your skin doesn’t mean you're destined for Lyme disease. If the tick is tiny (the size of a poppy seed), it has probably been on your body for fewer than 48 hours and most likely hasn’t had time to transmit the Lyme-causing bacteria, says Durland Fish, PhD. Professor of epidemiology at Yale University School of Public Health. Whatever the size, here’s the right way to remove it.

1. Use pointed tweezers to grasp the tick by its head or mouthparts right where they enter the skin. (View them through a magnifying glass if necessary.
2. Swiftly and firmly pull the tick out (don’t twist). Clean the area with rubbing alcohol.
3. Place the tick in a jar or sealed bag with rubbing alcohol. Call your doctor and ask if you should save it (some doctors may want to examine it to figure out how long it’s been on your skin.)
4. If you develop a rash near the bite (it could take up to 30 days), see your doctor. You may have Lyme disease and need an antibiotic.

Reprinted from Woman’s Day, July 2011, www.womansday.com