



ILLINOIS DEVELOPMENTAL THERAPY ASSOCIATION

NOTE FROM THE PRESIDENT

By: Elizabeth Benney

Hello! About a year ago, I sent out an email to a few DTs asking about if there was any interest in forming an association...and what a response!! The IDTA was legally established in March 2006. It's amazing to think that we are now in our 7th month and so much has happened within a few short months! Our membership list is growing—support is strong from state agencies and other professionals in the field—feedback is positive—and there is so much we can accomplish! Many, many thanks to all of the DTs out there who showed the support and enthusiasm that have helped to make this happen!

Our Board of Directors has been meeting regularly on Committee projects. I hope to have more of our members represented on our board and on our committees (if you would like to join a committee, please access the website and contact the Chair of the committee).

Some of the projects underway include the following:

Professional Development Committee

We have applied for an individual taxonomy code for our specialty of "developmental therapist" as the first step in achieving recognition and legitimacy for our profession. The goal is to have our title recognized with the Federal Board of Labor under its Standard Occupational Classification list. At this time, responses to our application have been encouraging. We are also working on a curriculum outline with class content to establish a Master's

level certification program for Developmental Therapist. Several Universities and Colleges have offered to collaborate with us on the development of this certification program.

Legislative Committee

We are participating in a coalition with several other organizations with the purpose of submitting a bill at the upcoming November veto session. The bill will advocate a cost-of-doing-business increase in pay rates for EI providers. We are participating in this coalition to advocate for our members and ensure that this increase will include Early Intervention DT providers.

Membership Committee

We are in the process of printing membership cards for our paid members and will be sending these out shortly. We have scheduled participation by IDTA at conferences and forums to access Developmental Therapists in various areas of the state, answer questions and provide information about our organization, and build our membership throughout Illinois. We are discussing membership surveys and other projects designed to access all of our members and get your input on what benefits you'd like to see this association provide to you.

Continuing Education Committee

We are just now scheduling our first open forum discussion and workshop for our members. We have been working on building a listing of workshops tailored to the specific interests of our DT members and we are developing a list of presenters. We are planning to conduct a sur-

vey of our members to ensure the educational offerings are designed for their benefit and within their specific areas of interest. We have already begun to discuss and structure our Annual Conference.

Publications Committee

We have published our first two quarterly newsletters. We are calling for submissions for articles for our newsletter that will be of interest to our DT members. We have built a website for our association and are now working on maintaining the website and will be updating it on a regular basis. We are in the process of publishing an informational brochure for IDTA. We are also, on a regular basis, creating and providing informational and marketing materials for use at various forums, conferences, and conventions, in order to increase recognition for our association.

Regional Representation

We currently have additional IDTA Board representation in StarNet Region I, Region IV, and Region III. Our regional reps are taking part in informational meetings in their area or are accessible for members in their areas via email or telephone. We wish to ensure that all DT members in all areas of the state, their concerns, ideas, suggestions, and opinions, are being equally represented on our Board.

Finance Committee

The Treasurer is recording all financial transactions of the association to date and maintaining a written record of accounting that will be put into a financial statement to be included in the Annual report, available to all members.

IDTA

Volume 1, Issue 2

Fall 2006

Announcements:

Please visit our website for current open positions/nominations in IDTA as well as a more detailed look at the many projects we're working on and have already accomplished!

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INTRODUCING OUR COMMITTEE CHAIRS

Professional Development Chair-

Sally Wilson-Gamble

Sally is a State of Illinois certified Developmental Therapist and approved evaluator. She has a M.A. degree in Psychology from Bradley University with an emphasis in Family Therapy, Child Development, and Neuropsychology; a M.S. degree from Erikson Institute in Child Development with a specialty in Infant Studies; and possesses a State of Illinois Type 73, School Psychologist, Certification; and a State of Illinois Substitute Teacher Certification.



*Sally shown above

She has also been trained and certified as an NCAST Therapist (Nursing Child Assessment Satellite Training), and in the administration of the ADOS (Autism Diagnostic Observation Schedule). Sally has 25+ years experience working with children ages birth - adolescence and providing consultation to Day Care, Pre-school and Educational organizations as well as services to individual families.

Sally is experienced in Behavior Management, Infant Mental Health, Parenting Skills, and currently works with children with a wide variety of disorders, including Autism, Behavior Problems, and Down Syndrome, providing individual and group therapy. Currently, she is the Director of Children's Services at Helping Hand Rehabilitation Center in Countryside, Illinois.

Membership Chair- Mary Miller

Mary is an independent provider working in Lake County and Cook County. She has a Bachelors Degree in Special Education from Loyola University. Mary has been working in Early Intervention for 6+ years and she is currently both a credentialed evaluator and an ongoing therapist. Most of the children she sees for ongoing therapy have sensory concerns and/or are on the autistic spectrum. Mary, her sister, both of her sisters-in-law and her sister-in-law's sister-in-law all work as either Developmental Therapists or Special Education teachers.

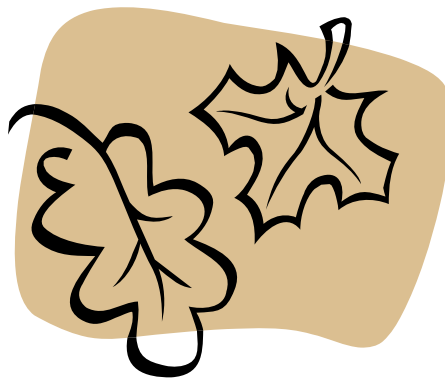


Legislative Chair-

Melisa Alaba-Yusouf

Melisa earned her Bachelors and Masters degree in Psychology from Roosevelt University. She is a Licensed Professional Counselor and Credentialed as a Developmental therapist. Melisa has been providing services to families with special needs for over 12 years. She has provided services to Early intervention families for the past four and half years. Melisa Alaba-Yusouf is the founder and Director of Meli Development Center. A Center that specializes in providing relationship based therapy to families in Early intervention. Melisa is a trainer and mentor to many service providers. Melisa is an advocate for families and Early intervention services. Mrs.

Alaba-Yusouf currently serves as the legislative chairperson on the IDTA. Mrs. Alaba-Yusouf is married and has two girls.



IDTA

3712 N. Broadway #248
Chicago, IL 60613

Editor- Cathy Bosse
Publications Committee

Newsletters are published
quarterly.

Please contact
cathyb13@hotmail.com
for advertisement rates and
article submission.

INTRODUCING OUR COMMITTEE CHAIRS CONT.

Legislative Co-Chair

Theresa Fitzgerald

Theresa Fitzgerald has a bachelor's degree in Elementary Education and a Master's of Science in Counseling. She is presently working as a Developmental Therapist and Licensed Professional Counselor in Early Intervention. Theresa has been working in E.I. for approximately 9 years. She worked in an agency for 3 years and then became a private therapist. Her business name is "Playing for Keeps". Theresa is an evaluator and also does on-going therapy. She has worked with PT's, OT's, ST's, and interpreters which has helped her to incorporate more techniques and strategies in her work. Theresa is tenacious about



well-rounded continuing education and devotes a fair amount of time to this annually. She

feels the best educators, however, are the children and families that she serves. They continue to stretch her abilities, problem-solving, and imagination.

Continuing Education Chair- Bianca Rodriquez

Bianca is a Certified Developmental Therapist. She has training/certifications in DIR (Developmental, Individual-Difference, Relationship-Based)/Floortime approach, RDI (Relationship Development Intervention), ADOS Autism Diagnostic Observation Scale, HELP Hawaii Early Learning Profile, Battelle Global Developmental Evaluation, Sensory Integration and Praxis Test-SIPT.

Bianca graduated from Loyola University Chicago, Illinois, with a Bachelor of Science in Psychology. She also attended St. Xavier University Chicago, Illinois and received her Bachelor of Science in Biology. Bianca has been serving people with special needs for the past nine years.

Continuing Education Co-Chair- Amy Cocorikis

Amy is a Child Development Specialist with a background in Early Childhood Special Education who has been working in the field of early intervention for the past 18 years. Amy spent many wonderful years at the Early Intervention Program of the Pediatric

Rehabilitation Department of the JFK Johnson Rehabilitation Institute in Edison, New Jersey. It was there that she grew as a Developmental Therapist and Initial Evaluator until which time she became the Early Intervention Program Coordinator.

Eventually, Amy began to work as a Project Specialist for New Jersey's Comprehensive System of Personnel Development. As an invited member of the New Jersey Early Intervention System (NJEIS) Stakeholders Task Force, and the NJEIS Quality Assurance Task Force, She also served as an Executive Board Member of the NJ Early Intervention Coalition.

After relocating with her family here to Illinois, Amy began working with the Illinois Early Intervention Training Program, first as a trainer and now in her role as the Training and Curriculum Development Coordinator. She assisted in the development of the Early Intervention Mentor Program pilot, sits on the Educational Compliance Workgroup, and has worked with subcommittees of the Illinois Interagency Council for Early Intervention on issues such as service provision in natural learning environments, and federal requirements for child outcome measures.

Publications Chair- Cathy Bosse

Cathy received her Bachelor of Science in Child Development and Family Studies with a Specialization in Child Health from Purdue University, West Lafayette, Indiana. She has experience working with children of various delays and disorders, such as, Autism, Developmental Delay, Down

syndrome, Prematurity, and Sensory Integration Disorder. Cathy is a Developmental Therapist who provides ongoing therapy in both the home and clinic, leads DT/ST playgroups, and provides initial global evaluations for children in Child and Family



*Cathy shown above

Connections regions 6 and 11. Currently, Cathy is the Director of the Early Intervention Program at Glenkirk (located in Glenview), a non-profit organization that serves children and adults with disabilities. Cathy resides in the northside of Chicago.

Defining the Oral-Motor and Feeding Evaluation by: Stephanie Cohen, SLP

Stephanie Cohen, M.A., CCC-SLP, specializes in oral-motor and feeding disorders. She is associated with La Rabida Children's Hospital in Chicago, IL and also has a private practice, Cohen Speech and Feeding Solutions, LLC. Stephanie can be reached at CooperCohenSLP@aol.com.

Oral-motor and feeding disorders can disrupt every aspect of a family's life. Imagine spending every minute of your day anticipating *when* your child will eat next, *what* your child will eat, and *if* your child will eat enough. Imagine that your infant not drinking enough or not drinking at all when you offer the breast or a bottle, making early bonding opportunities difficult for you and your baby. With an older child, mealtimes with the family are not relaxing, but tense. Everyone at the table is feeling the stress and it overshadows what should be a social, happy time of the day.

As a result of organic or non-organic causes (often both), many children between the ages of birth to three years develop difficulties with feeding. As a developmental therapist, you have a unique perspective into the lives of your families and can be instrumental in detecting possible feeding problems. A speech-language pathologist with training in oral-motor and feeding disorders can provide a comprehensive evaluation to define a child's skills and determine how to make feeding easier for the child and his/her family.

Who Needs an Oral-Motor and Feeding Evaluation?

Here is a list of red flags that likely indicate a need for a comprehensive oral-motor and feeding evaluation:

- Parents report a high degree of stress around feeding their child
- Baby frequently refuses the bottle or breast or pulls away after feeding for only a short time
- Child coughs, gags, and/or vomits with feeding, or sounds "wet" or "gurgly" when feeding

- Parents describe child as "very picky eater" and he/she only eats a very limited number of foods
- Child has trouble with transition to baby foods or chewable foods
- Child has trouble with chewing
- Child excludes certain textures from diet (i.e. purees, crunchy foods, chewy foods) or excludes entire food groups (i.e. fruits, vegetables)
- Child takes in a very small quantity at each feeding
- Child has lost weight or stopped gaining weight
- Child seems uncoordinated when eating and has trouble keeping food in his/her mouth
- Child has a g-tube or NG tube and is transitioning to oral feedings
- Child has a cleft palate and is having difficulty with feeding
- Child has a history of aspiration with liquids or solids

This list is not all-inclusive, but can help you begin identifying children on your caseload who may benefit from further evaluation of oral-motor and feeding skills. When making a referral, developmental therapists can contribute to a positive outcome by providing speech-language pathologists with vital information about a child's cognitive and play skills, parent-child interaction and the family routine and structure, all of which impact the family's mealtime experience.

What Happens During an Oral-Motor and Feeding Evaluation?

An oral-motor and feeding evaluation should include (but may not be limited to) the following components:

Complete Medical and Feeding History
Exploring the parents' concerns, child's birth history, developmental milestones, medical diagnoses, past/present illnesses and hospitalizations, history of dysphagia (any kind of difficulty with feeding and

swallowing), past and current medications, early feeding experiences, transitions to new food textures, supplementary feeding methods used (i.e. NG tube, g-tube), AND past and present therapies

Defining Current Feeding Status
Detailing current diet/food repertoire, mealtime structure and routine, any special preparation or modification of food required, utensils used, the quantity child typically eats and drinks, parent/child roles during eating, and current successes and challenges with eating

Observation of Overall Postural Stability and Mobility
Not a substitution for a physical therapy evaluation if one is warranted, this observation should assess the child's ability to maintain postural stability and execute functional active movement patterns to support respiratory function and provide a base of support for oral-motor and swallow function.

Evaluation of the Structure and Function of the Oral Mechanism
Assessment of: whether oral structures are intact and symmetrical; oral and facial muscle tone; strength, range of motion and coordination of jaw, lip, and tongue musculature; oral sensory function; vocal quality (can provide information about vocal cord function); and oral motor planning

Feeding Observation
Therapists who work in the child's natural environment have the unique opportunity to see what a typical feeding is like for the child. The best and most accurate assessment of the child's feeding experience can be made while observing the parent feeding the child within their typical mealtime routine. During the feeding, the speech-language pathologist assesses the child's oral-motor control and coordination with liquids, purees and solids (if appropriate), and notes any atypical motor and/or sensory patterns. The examiner watches for signs and symptoms of aspiration, which may include coughing, gagging, and change in respiratory status, among others. During a feeding, observations can be

Defining the Oral-Motor and Feeding Evaluation Cont.

made not only about the child's ability to consume liquid and solids as well as the quantity consumed, but also about preparation and presentation of the meal, parent/child interaction, and how the child responds to the cues surrounding mealtime. Depending on the circumstances, the speech-language pathologist may also use trial therapy to address any atypical patterns noted during the meal.

Assessment and Recommendations The speech-language pathologist then decides whether the child's oral-motor and feeding skills are within normal limits or atypical for his or her age. Recommendations for oral-motor and feeding therapy will be made, if necessary, and preliminary goals discussed.

Additional Referrals Based on the evaluation, the speech-language pathologist may recommend additional consulta-

tion and diagnostic measures with other medical professionals, including, but not limited to, an ENT, gastroenterologist, pulmonologist, nutritionist, occupational therapist, physical therapist, or a developmental therapist. One common recommendation made when a child demonstrates signs and symptoms of aspiration is that the child participate in a video fluoroscopic swallow study (VFSS), which may also be referred to as an OPM or modified barium swallow study (MBSS). A VFSS is done under a moving x-ray while the child feeds and is used to further define the child's swallow mechanism and function. It provides further information about oral and pharyngeal structures and motility during feeding. This test can help the speech-language pathologist determine if changes in food textures or method of presentation should be made in order to reduce any risk associated with eating for that particular child.

An oral-motor and feeding evaluation can help determine how mealtimes can be made easier for families on your caseloads, as well as what additional resources can help families achieve their goals. Recommendations may be simple or complex but when the child's entire team supports the family in implementing them, mealtime can then become what it is meant to be--a time for family socialization, bonding and nurturing.



NOW PRESENTING: THE REGIONAL REPRESENTATIVES

Region I- Marci White

Marci lives in Freeport, IL with her husband and two children. She graduated in 1996 from Illinois State University, where she worked in the Disability Concerns Office. She received her degree in Psychology, but in 1997 received extensive training through a local Early Intervention Grant Program. At that time she was a Parent Infant Educator (PIE)



through the Illinois State Board of Education. She enjoyed working with the grant program that allowed the team (PIEs, OTs, SLPs, PLs, and a RN) to work

and learn together. Marci left the program soon after changes were discussed regarding fees for families. She returned to Early Intervention in 2001, where she was credentialed a Developmental Therapist. Currently, Marci provide services for Stephenson and JoDaviess Counties. Both of her children received Early Intervention Services, which has assisted her when working with families and their children.

Region IV- Barb Utz

Barb is a Developmental Therapist for the Early Intervention program, and also an instructor at Lake Land College and Eastern Illinois University. But most importantly, she is a mother of five children. Barb has a Masters degree, but most of her education has come from her own children. She has extensive experience

with Congenital Heart defects, Hydrocephalus – shunts, Asthma and breathing issues, intestinal issues, Hernia and repairs, vocal cord paralysis – eating issues, ear infections and tubes, vision issues, prematurity – NICU & PICU, multiples (as she has twins), speech/language delays, general developmental delays, and behavior/discipline issues - ABA/DTI trained. Barb is from Effingham, which is South/ Central Illinois. She also has six DT's that help her cover a 60 mile radius of Effingham.



ILLINOIS DEVELOPMENTAL THERAPY ASSOCIATION

3712 N BROADWAY #248 CHICAGO IL 60613

2006/2007 MEMBERSHIP APPLICATION FORM

Membership Year: October 1, 2006 – September 30, 2007

Name: _____

Job Title: _____

EI Credential # (if applicable): Type _____ Number _____

Mailing Address: _____

(organization name where applicable)

(street address, apartment #, post office box #)

(city, state, zip)

Contact telephone: _____ { }cell { }home { }work

Fax # _____ Email: _____

_____ I allow all the information listed above to be published in the IDTA Directory.

_____ Do not publish the following information in the IDTA Directory

___ Name ___ Credential ___ Address ___ Phone ___ Fax ___ Email

PLEASE CHECK THE APPROPRIATE MEMBERSHIP CATEGORY

{ } \$125.00 FULL MEMBER (Must be practicing and credentialed Developmental Therapist)

{ } *SPECIAL OFFER: Full membership rate of \$90 only applicable if you join prior to October 15, 2006.

{ } \$180.00 Two-year membership as FULL MEMBER

{ } \$ 25.00 STUDENT MEMBER (Indicate institution: _____)

{ } \$ 50.00 AFFILIATE MEMBER (Indicate specialty/affiliation: _____)

Affiliate members are non-developmental therapist professionals in the field of birth-to-three or non-practicing DTs (e.g. expired credentials.)

{ } \$ 50.00 OUT OF STATE MEMBER (Indicate title: _____ state _____)

Practicing DT or equivalent (e.g. Infant Educator/Child Development Specialist)

PLEASE RETURN COMPLETED FORM WITH CHECK MADE OUT TO IDTA to:

IDTA (ILLINOIS DEVELOPMENTAL THERAPY ASSOCIATION), 3712 N BROADWAY #248, CHICAGO IL 60613

INVOLVEMENT

We encourage you to become involved in your professional association. Please indicate below which opportunities you would like to learn more about:

{ } Membership { } Publications { } Legislative { } Professional Development { } Continuing Education

{ } Annual Conference Planning { } Finance

IDTA

3712 N BROADWAY #248
CHICAGO IL 60613

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TAXONOMY CODE FOR DT'S

Dear Fellow IDTA Members,

As part of our effort to gain national recognition and legitimacy for the occupation of Developmental Therapist, the IDTA submitted a request to the National Uniform Claim Committee to have Developmental Therapist added to its roster of occupations and to be assigned its own taxonomy code.

We were recently notified by Nancy Spector, of the National Uniform Claim Committee (NUCC), that the NUCC has approved the addition of a code for Developmental Therapist with the following edits:

- The code will be a Level II under Respiratory, Developmental, Rehabilitative and Restorative Service Providers.
- The Level I Provider Type has been modified to Respiratory, Developmental, Rehabilitative and Restorative Service Providers and the definition has been modified to include development therapy in the listing of services.

Previously this Level I Provider Type, under which Occupational Therapist and Physical Therapist are listed as Level II Providers, was labeled Respiratory, Rehabilitative and Restorative Service Providers. The NUCC is re-defining this Level I Provider Type to Respiratory, *Developmental*, Rehabilitative and Restorative Service Providers and will list Developmental Therapist as a Level II Provider along with OT's and PT's.

The NUCC will announce its changes and list of new occupations with their assigned taxonomy codes on January 1, 2007 and these will go into affect on April 1, 2007. What this means for DT's is that we will be able to register for a National Provider Identifier with our very own taxonomy number before the deadline of July 1, 2007. This will not, at this time, change our status with most insurance companies as DT is still an unlicensed healthcare provider. But we will have our own taxonomy number with which to register where and when necessary; such as for our NPI's.

This is a first step in the process to becoming a licensed healthcare occupation and we are very excited about this news. Developmental Therapists will now be recognized nationally as legitimate health care providers. The IDTA Board finds this very exciting and promising for the future of Developmental Therapists.

Sincerely,

Sally Wilson-Gamble

IDTA Professional Development Committee Chair
