

# ILLINOIS DEVELOPMENTAL THERAPY ASSOCIATION

## NOTE FROM THE PRESIDENT

### DEVELOPMENTAL THERAPISTS- EDUCATIONAL OR THERAPUETIC?

**By: Elizabeth Benney**

This question has been coming up quite a lot lately! What are the thoughts of the developmental therapists in the field? Where do we fit in?

When I started in this field around 10 years ago, I was called a “Child Development Specialist”. My graduate degree is a mix of psychology and sociology and was tailored more for research than practice. I had clinical experience working with and assessing special needs children for the Dept. of Education, which got me started in EI. It’s my opinion that our formal education acts as a strong base that directs the more integral education that is obtained through experience. I have found when working with children and families, each visit is a learning experience! This is one of the reasons new

graduates must have access to more clinical internship opportunities. In fact, ALL providers should have clinical experience before entering a home to provide home-based services.

I’ve seen significant changes in this field over the past 10 years. Although our profession may once have been considered a social service or purely educational in nature, the service we provide has evolved through necessity into a more therapeutic service. The article by Angela Searcy in this edition is an excellent illustration of how much we need to know—and why! The focus on research in this area and subsequent clinical findings has highlighted the importance of movement in birth-to-three stage of life. DTs now need a working knowledge of child development that includes an understanding of infant mental health as well as

sensorimotor, physiological, and neurological development, and their impact on areas of learning and the acquisition of skills. This is important not only to conduct our own role, but to provide a well-informed referral for other areas of specialty and assist families in obtaining appropriate services. It enables us to conduct a thorough global developmental assessment in order to initiate an appropriate IFSP and appropriate services and assessments that follow. It can help us prepare a family for introduction to other licensed providers who may be needed to address specific concerns. This will improve team building and team cooperation, which will in turn be reflected by team performance—and, ultimately, by family satisfaction with EI services. The IDTA Part C mandate for the inclusion of “special instruction” will continue to be

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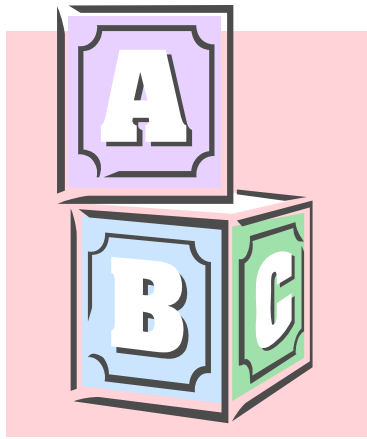
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## NOTE FROM THE PRESIDENT CONT.

filled by the role of the DT but the quality of our services will be enhanced by IDTA standards and should result in more effective cooperation within each family's EI team.

The background in Education that many DTs possess is so important that it cannot be overlooked! We don't simply go in and "impose" our services on a child—we demonstrate effective practices to the family or caregivers designed to enhance a child's development. We are trained to educate and so we "EDUCATE" the family—this is what is so valuable about the ser-



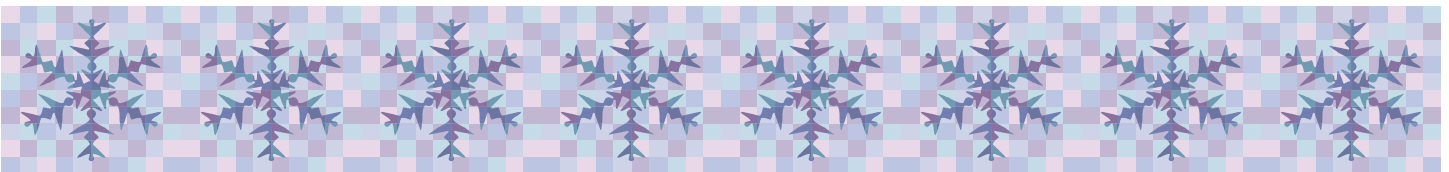
vices provided by Early Intervention. As we all know, the most effective change comes from within a family.

The practice of developmental therapy that is being provided today by Illinois credentialed DTs has become a hybrid of special instruction and therapeutic interaction. The accepted educational standards in place today, such as

licensure or accreditation, are needed in our profession because these standards ensure that the practitioners of any therapy have had a comparable educational background and have met the same

basic requirements that ensure professional competence. The DT area of specialty, as represented by the IDTA, will be working toward this goal in order to gain peer recognition and support. Education is an important part of our practice and clinical internships are vital for new grads wishing to enter this field.

So...perhaps it's simply that no profession is static but with a sound foundation, our role in working with children and families will continue to evolve as we focus on positive changes and new research. The scope of each of our practices should be dynamic to ensure best practice for all children.



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# PLEASE WELCOME THE NEWEST ADDITIONS TO IDTA

## Vice President-

### Lisa Lampman

Lisa lives in Montgomery with her husband and three children. Her oldest son is in fifth grade, her daughter is 3 years old and her youngest son is 14 months old. She graduated from Illinois State University with a Bachelor's degree in Early Childhood Education. Lisa continued her education and now has a Special Education Approval as well as an LBS I certification. Her work experience has included working in school districts as well as working with chil-

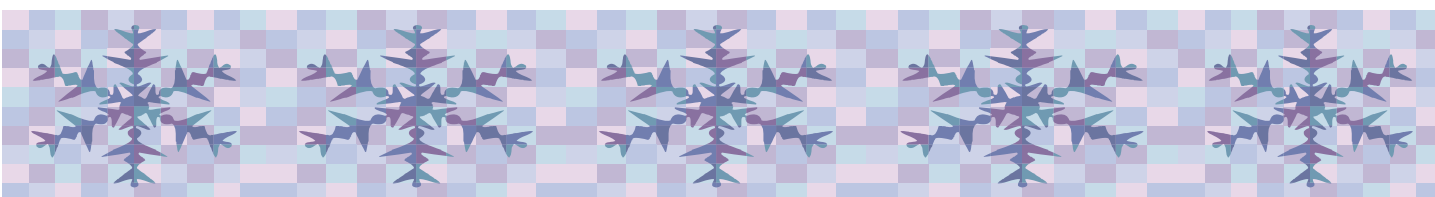
dren and adults with special needs. She has many years of experience working with individuals with severe and profound delays as well as children that were born prematurely.

Lisa has worked in Early Intervention since 1997 with an agency and as an independent provider. She has also experienced Early Intervention as a parent. Her oldest child had speech delays and sensory integration issues and entered the system just after he



turned two (back when the CFC only did initial service coordination). Lisa's youngest son entered the system at 6 months of age and has low muscle tone and a speech delay. He currently receives Physical, Speech, and Occupational Therapy. Lisa is credentialed as an initial evalua-

tor and is currently providing Developmental Therapy services on a part-time basis in order to spend more time with her children.



## Advisory Committee-

### Dr. Sharon Syc

Dr. Syc is currently Clinical Associate Professor at the Erikson Institute in Chicago, and the co-director of the Irving B. Harris Infant Specialist Certificate Program. She earned her doctorate with a focus on child development birth to age five from the University of Chicago and received her undergraduate degree from the University of Illinois at Chicago focusing on elementary education and teaching children with emotional and behav-

ioral challenges. Her master degree is from Northeastern Illinois University where she focused on diagnosing and teaching children with learning disabilities, and the rights of children with disabilities. She has over 30 years experience working with children and families and serves as a consultant to professionals in early intervention. Her current areas of interest include children with disabilities from birth through adolescence,



social-emotional development, language development, the relationship between the brain and early development and per-

sonnel preparation for working with infants, toddlers and young children. Dr. Syc is a co-developer of the BrainWonders website where she has been responsible for the website's child care provider section which focuses on development from pre-birth to age 3 years. She is a current member of the Illinois Early Intervention Education Compliance Workgroup and a long time board member of the Illinois Association for Infant Mental Health. Dr. Syc holds memberships in the National and Illinois Associations of Early Childhood Teacher Educators, National Association for the Education of Young Children, Council for Exceptional Children, and Child Life Council.

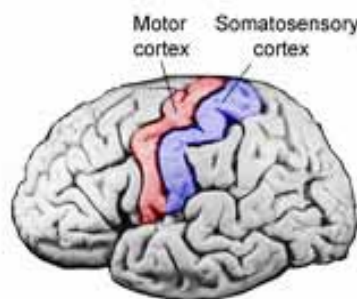
# WHY MOVEMENT IS CRITICAL FOR COGNITION? By: Angela Searcy

*Angela Searcy holds a Master of Science in Early Childhood Development from Erikson Institute with a Developmental Therapy Credential through the State of Illinois. Angela presently serves as a Neuro-developmental specialist for the Neuropsychology Diagnostic Center in Orland Park. She is also the owner and founder of Simple Solutions Educational Services, in Frankfort, Illinois a company that provides therapy services for children 0-18 and professional development for early childhood professionals. Angela was recently featured on Chicago Public Radio's **Chicago Matters** April 19th 2006 in a feature titled "Pay to Play" on the importance of movement for cognition. Visit her website at [www.overtherainbowsimplesolutions.com](http://www.overtherainbowsimplesolutions.com). You can also contact her at: [asearcya@aol.com](mailto:asearcya@aol.com) or 708-845-2343*

We are all kinesthetic learners! While there are clear preferences among adults, we **all** rely on movement in the learning experience. Plus activities like doodling or chewing candy or ice can help us stay engaged and focused, enhancing our attention.

In young children communication between the left and right hemispheres is still emerging. It is not until about age ten or twelve that the brain is fully communicating between both hemispheres. Movement is critical for cognition *especially* in young children because it unifies all brain levels and provides the learner with the opportunity to utilize both sides of the brain resulting in whole brain functioning. Neuroscience research shows passing information between the right and left hemispheres maximizes the storage and recall of information. The motor systems of the brain are along the right and left hemispheres (see figure below), as a result movement is one of the few systems through which a learner can pass information back and forth between the left and right hemispheres.

Just as we can come together for the common purpose of helping children, individual brain cells or neurons associated with movement also come together with other areas of the brain in the learning process. The cerebellum or "small brain," which is associated with movement and balance, not only stores many neurons—*half of all the neurons in the brain are stored there*—but it also has connections to many other brain structures. Movement also stimulates the release of neurotransmitters serotonin and dopamine. Neurotransmitters carry chemical messages in the brain. Both chemicals are associated with attention, processing, motivation, concentration memory, and an elevated mood.



## Activate and Stimulate Attention

Initial attention comes from the activation of the brain stem and works its way upward. The brain stem is the organ through which most of the sensory- motor information flows. By school age the maturing brain is able to initiate voluntary or top to bottom attention. If educators take into account brain development, we realize that young children under the age of six do not have the voluntary attention that school age children possess. For young children their attention is **activated** by the brain stem and through sensory and *motor* stimulation. In other words young children should not be expected to sit still for long periods of time or else they may *lose*

attention. And if we utilize movement in our therapy session we actually help the child's brain release chemicals that are critical for learning.

What does all this mean for us as developmental therapists? It means as the specialists who are looking at the child from a cognitive domain, movement should be a big part of our sessions. For example, when I read a book to a child in a therapy session I often use hand clapping. One of my favorites is "Brown Bear, Brown Bear What do You See?" by Eric Carle. This book has a natural rhythm, I use that in therapy to help children with short attention spans pay attention to the sounds in the book. I initially use hand over hand to make the child tap the pages of the book along with the rhythm of the words. Soon the child realizes that you can move as you read! As the child develops we can take it a step further and clap together, which helps the children pick up on the rhythms of the words and sounds—which is a critical precursor to reading. It makes the time much more enjoyable and maximizes the learning experience.



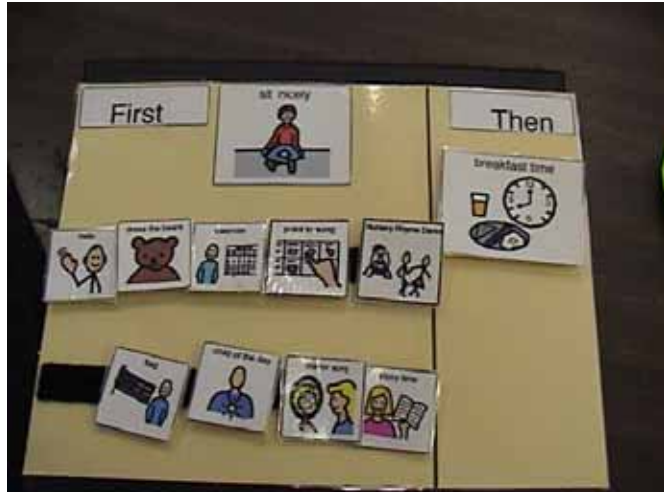
The brain stem is highlighted

## Maximize Memory

Our memories are stored in many different areas of the brain. One of these areas is the cerebellum, or small brain. It holds automatic memories, such as, how to get to work or how to

# WHY MOVEMENT IS CRITICAL FOR COGNITION? CONT.

tie your shoe. You do not need to think about these things, you just do them. It also holds information, like the alphabet or math facts. The cerebellum also holds muscle memories or sequences to events. This is significant because, as educators we can utilize the cerebellum by incorporating step by step procedures into therapy sessions. We can help children recall information by not only using words but visuals (see picture sample-right). When therapists utilize a technique called “hand over hand” to help a child perform a task, the child is forced to practice a series of movements. This creates a motor memory in the brain. Breaking the sequence of movements down into small steps or just repeating the pattern of movements with a child helps to create a motor memory in the brain.



## Strategies: Infants and Toddlers

### What about crawling!

Crawling is an important developmental milestone that develops strength and coordinated movements that if not developed, often manifests itself at school when a child learns to write and may struggle to coordinate sitting still while moving arms and bringing both hands to midline.

Today’s infants and toddlers spend too much time in car seats, baby seats, and baby “apparatus” such as, bouncers, walkers and exer-saucers. When I was a child, babies spent most of their time either being held or on the floor. Both of these positions are beneficial for good neurological organization and development. Here is an easy to read chart for parents and caregivers.

### Strategy

1. Carry infants in baby carriers close to caregivers body whenever possible.
2. Give infants “floor time” each day. Keep in mind the age of the infant. Start by placing a very young infant on the caregiver’s stomach for “tummy time”. Then as the infant grows place them on an activity mat with adult supervision. The **Back to sleep** initiative is just as the name suggests— **back to SLEEP!** It is okay to place infants on their tummies with adult supervision for motor stimulation.
3. Limit the use of walkers, exer-saucers, bouncers, and baby seats.

### Neuroscience research

1. In the real world it may not always be possible, but neuroscience research shows whenever feasible babies benefit from touch.
2. Neuroscience research shows children learn when they move and this early motor stimulation is an important phase of development that should not be ignored. An infant who does not develop good motor skills may not develop the lower part of the brain. The lower part of the brain governs automatic movements. Poor movement affects all areas of brain function and learning. Not allowing infants to move can jeopardize future and current learning.
3. It’s okay to use these items within reason, but it becomes problematic when these items are overused and infants don’t get the early motor stimulation needed for proper brain development.

**ILLINOIS DEVELOPMENTAL THERAPY ASSOCIATION**

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{ } \$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)*

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