

Congratulations to our staff:

Katie Strout and Shannon McGurk have completed their Clinical Fellowship Year as speech pathologists.

Melinda Martinez and Christina Reyes have completed their Masters in Marital Family Therapy.

Oscar Soltero has completed his Masters in Counseling.



Be Active!

Springtime is the perfect season to get children to be active again after long periods indoors during the Winter.

The Rose Bowl Aquatics Center has many programs for children and adults with special needs, from swim lessons to the Stingray Swim Team.

Contact Kathy Schmidt at (626) 564-0330 ext 409 or check out their website for more information. www.rosebowlaquatics.org/TherapyPool/specialneeds.htm

Springtime Music Fun

By: Daryl Heater, MT-BC

Spring is the perfect time to enjoy the beautiful weather with the family, and what better way than by making music and sharing time together. Be creative; you can make musical instruments, such as drums out of your old pots and pans. A fun musical experience can include making homemade shakers, right out of materials you have in your kitchen.

Materials:

Plastic eggs or two paper plates.

Filling - rice and barley are recommended, but you can also fill different eggs or plates with different foods, such as pasta.

Tape or staples.

Instructions:

Put a couple of tablespoons of rice or other filling in the egg

or one half of the paper plate. Put the egg or plate together and place tape along the edge. With the paper plate you can also staple it together around the edges.

Suggestions:

Get together and see all of the wonderful opportunities that will possibly come out of this experience, the excitement, the back-and-forth communication and shared engagement.

Make shakers with different fillings and have the children compare sounds.

Be creative and silly, watch your child laugh when you put the egg on your head.

Play a game by placing a basket a few feet in front of you and your child and toss the eggs in.

You can play a game of catch and watch for when your child sustains eye contact with you.

Shake the shakers and sing together, while one person keeps a steady beat on the drum/pots and pans.

Then add some movement, look for how your child imitates you.

To the Tune of:
"London Bridge":

"Shake, shake, shake up high,
Shake up high,
Shake up high.
Shake, shake, shake up high,
We can shake together."

Galaxy of Stars Talent Show

By Jennifer Aceves, B.A.

*PCDA presents its
1st Annual Talent Show*

"Galaxy of Stars"

Do you have a special talent you would like to share? Can you sing, dance, or play an instrument? Do you know magic tricks, or have any other special skills? If so, then the Talent Show is just for you!

The Talent Show will definitely be a joyous event. Having the opportunity to witness our client's many talents will truly

be exciting. We hope to encourage many children to participate.

The Talent Show is open to Pasadena Child Development Associates, Inc clients ages 8-12 years. If you are interested, carefully read the information below and return the completed application to Jennifer Aceves or Felicie Standley.

*Sorry, No lip sync acts allowed.

SAVE THE DATE

Children ages 8-12 will perform on Friday May 30, 2008 at 6:00 p.m

For questions or to request an application, please contact:

Jennifer Aceves, 626-793-7350 ext. 222 or Felicie Standley, 626-793-7350 ext. 257

Wondering What to Drink...?

By: Patricia Novak, MPH, RD, CLE and Karen Wilson, MS, RD

Juice. Juice Beverage. Fruit Juice Cocktail. Sports Beverage.

What are all of these drinks and what's the best for my child? If they are healthy options, how much should they drink?

Kids need about 5 ½ to 7 ½ cups of fluid a day. When it is hot or they have are sick they probably need a bit more. Their fluid intake includes what they drink and high fluid-containing foods such as fruits, yogurt, milk, soups, popsicles and Jell-O. The best way to tell if your child is getting enough liquid is to ask some simple questions and take a look at your child. Do they urinate at least 4-6 times per day or have 6 -8 weight diapers? Does their skin look healthy and supple? If so, your child is most likely getting adequate fluid for their specific needs.

Water: For most children, this is the best choice for quenching thirst and helping to prevent/alleviate constipation.

100% juice: This is the best choice for a fruit beverage. Juice is actually high in sugar. While some juices are a good source of vitamins and minerals (citrus juices or fortified juices) they still contain "natural" sugar. Juice should be limited to 4-6 ounces per day, unless more is needed specifically to address constipation. Excessive juice intake is a subtle way that kids can consume more calories than they need. Juice between meals can also impact kids' appetite for meals, so serve juice with meals. If you need to give more than 8-10 ounces, speak with your dietitian or physician about other ways to help

constipation. If your child has diarrhea or loose stools it can actually be from too much juice! The best nutrient-dense choices of juice are orange juice, pineapple juice, berry juices or vegetable juices. Juicy Juice Harvest Surprise Juices mix vegetable juices with the fruit. (V8 Splash does the same but adds sugar).

Lemonade, Beverage, Juice Cocktails: These all are sugar water with some juice added. Most have only 10-25% juice. Some of these include drinks that advertise as "natural" such as Capri Sun, Snapple and Sobee. They basically are sugar water flavored with some juice. A Snapple drink has 7 teaspoons of sugar!

Sports Drinks, Vitamin Water: These are sugar plus water with some vitamins and some minerals added. Sports drinks have added electrolytes, including salt. Sports drinks, such as Gatorade, are helpful if your child has been ill with vomiting as they help to replace lost electrolytes/minerals. They are not "healthy drinks" when your child is well. Vitamin Water has small amounts of vitamins added along with the sugar. Your child would get more vitamins by taking a multi-vitamin or eating a healthy diet, without the added sugar in Vitamin Water. Some 100% juices such as orange juice are fortified with vitamins and would be a better and healthier choice.

Soda: Soda is not a healthy choice for children. It has virtually no benefits and can actually be harmful to teeth and bones. While regular soda is full of sugar -- 8 to 9 teaspoons in a can and 15 teaspoons in a 20 ounce bottle -- diet soda is also a poor choice. Many sodas

also have caffeine which is not appropriate for children. Soda often replaces other healthy beverages (milk or 100%), thus limiting a child's overall nutrient intake.

Milk: Cow's milk, goat's milk, rice milk, almond milk or soy milk. These are all good choices depending on your child. All of these are rich sources of calcium (rice, almond and soy milk have added calcium). All of these are also beneficial sources of protein, except rice milk, which does not contain protein. If your child has trouble gaining weight, whole cow's milk is the best choice. If too much weight is an issue for your child, use nonfat milk (over the age of 2) or lower calorie rice, nut or soy milk (look for 100 calories or less per cup). Rice, almond and soy milk can also be high in sugar. Most children rely on milk or dairy for calcium. If your child does not drink milk or a milk alternative, look for orange juice fortified with calcium or use a calcium supplement. For children over one year of age, milk should usually not exceed 24 ounces per day.

Beverage Recipe: Make your own fizzy juice! Choose a 100% juice such as orange juice, pineapple juice or blueberry-pomegranate. Mix 4 ounces of juice with 4 ounces unflavored, unsweetened sparkling mineral water (Crystal Geysir, San Pellegrino, Perrier, Schweppes or the supermarket brand). Make it an experiment. Have your child taste an orange then make an orange drink. A blueberry, then make blueberry drink. Have a whole rainbow of fizzy drinks during the week!

Upcoming Conferences

Introduction To Floortime™

For Parents And Professionals

Sat., June 14, 2008

9:00 am—12:00 pm

Cost: \$45.00

At PCDA

Speaker:
Diane Cullinane, MD
Developmental
Pediatrician

Tuning In To Music

For Parents And Professionals

Sat., Oct. 4, 2008

9:00 am—12:00 pm

Cost: \$40.00

At PCDA

Speaker:
Juliana Rocha,
MT-BC, NMT
Music Therapist



Email: pcda@pasadenachilddevelopment.org

Fax: 626-793-7341

Phone: 626-793-7350

Pasadena, CA 91101

620 No. Lake Avenue



Better Speech and Hearing—Continued from page 1

Signs of Hearing Loss in Children:

- Your child is inconsistently responding to sound
- Language and speech development is delayed
- Speech is unclear.
- Sound is turned up on electronic equipment (radio, TV, cd player, etc.)
- Your child does not follow directions
- Your child often says "Huh?"
- Your child does not respond when called.

Children who are hard-of-hearing will find it much more difficult than children who have normal hearing to learn vocabulary, grammar, word order, idiomatic expressions, and other aspects of verbal communication.

Otitis Media

One common cause of hearing loss in children is otitis media. Otitis media is an inflammation in the middle ear (the area behind the eardrum) that is usually associated with the buildup of fluid. The fluid may or may not be infected. Symptoms, severity, frequency, and length of the condition vary. At

one extreme is a single short period of thin, clear, noninfected fluid without any pain or fever but with a slight decrease in hearing ability. At the other extreme are repeated bouts with infection, thick "glue-like" fluid and possible complications such as permanent hearing loss.

Fluctuating hearing loss nearly always occurs with all types of otitis media. In fact it is the most frequently diagnosed disease in infants and young children and is also the most common cause of hearing loss in young children. Generally, this type of hearing loss is temporary. However when otitis media occurs over and over again, damage to the eardrum, the bones of the ear, or even the hearing nerve can occur and cause a permanent hearing loss.

Hearing loss due to otitis media can contribute to speech and language delays. Children learn speech and language from listening to other people talk. The first few years of life are especially critical for this development. If a hearing loss exists, a child does not get the full benefit of language learning

experiences.

Otitis media without infection presents a special problem because symptoms of pain and fever are usually not present. Therefore, weeks and even months can go by before parents suspect a problem. During this time, the child may miss out on some of the information that can influence speech and language development.

How can I tell if my child might have otitis media?

Even if there is no pain or fever, there are other signs you can look for that may indicate chronic or recurring fluid in the ear:

- Inattentiveness
- Wanting the television or radio louder than usual
- Misunderstanding directions
- Listlessness
- Unexplained irritability
- Pulling or scratching at the ears

What should I do if I think that otitis media is causing a hearing, speech, or language problem?

A physician should handle the medical treatment. Ear infections require immediate attention, most likely from a pediatrician or otolaryngologist (ear doctor). If

your child has frequently recurring infections and/or chronic fluid in the middle ear, two additional specialists should be consulted: an audiologist and a speech-language pathologist.

An audiologist's evaluation will assess the severity of any hearing impairment, even in a very young or uncooperative child, and will indicate if a middle ear disorder is present.

A speech-language pathologist measures your child's specific speech and language skills and can recommend and provide remedial programs when they are needed.

Finding an Audiologist:

Search ASHA's online referral database of certified Speech-Language Pathologists and Audiologists, or contact the American Speech-Language-Hearing Association's Action Center, 2200 Research Boulevard #425, Rockville, Maryland 20850. Phone: 800-638-8255 or 301-296-5700.

References:

The information gathered for this article was obtained through www.asha.org