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ARC of Rockland – Creating a lifetime of
abilities for people with disabilities.



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Technology has made it possible for friends and family to see all of the wonderful things that are happening at ARC of Rockland in real time.

For that reason, we will no longer publish Highlights & Happenings in ARCLIGHT Magazine. Instead, we urge you to like us on our various Facebook pages: ARC of Rockland, Prime Time Schools of Rockland, A Taste of Rockland, Strawtown Jewelry, Glaze Pottery and Art Studio and ARC HealthResoucrs. Please visit our websites at www.arcofrockland.org, www.primetimeschools.org, www.strawtownjewelry.com and www.glazeartstudio.com. Whether you are at work, at home, or out jogging. Whether you find us on your phone, your iPad or your laptop—wherever you are—we’re right there with you.



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From the President

Dian Cifuni

This has been a year of transformation for ARC of Rockland. The creation of a strategic plan, the closure of our sheltered workshop and the increased emphasis on community involvement have been priorities. As I step down from my term as president of ARC, I will continue to serve as a member of the ARC of Rockland Board of Directors, a role which I have enjoyed for approximately 30 years. In addition, I have recently accepted a new leadership position on behalf of this agency. In 2017, I was appointed to serve as treasurer of Partnerships for Healthcare Solutions, Inc. (PHSI), the parent company of Partners Health Plan (PHP). PHP is managed care insurance geared specifically towards people with intellectual and other developmental disabilities. I am an accountant by profession. As such, I bring to the table experience that I believe will help ensure a smooth transition to managed care.

In conjunction with the Suffolk, Nassau, New York City and Westchester Arcs, ARC of Rockland participated in a pilot PHP offering from 2014 through April of 2016. PHP is now available to individuals with intellectual and other developmental disabilities ages 21 and over who are recipients of both Medicaid and

Medicare and eligible for OPWDD services. Board representatives from each of the five participating agencies serve as officers on the PHSI Board.

To date, PHP is the only insurance company integrating coverage for health care, day habilitation, residential habilitation and respite services. The advantages of managed care are many, but perhaps the most significant is the concept of a Care Manager, a licensed clinician who oversees a team of Care Coordinators. The role of the Care Coordinator is, quite literally, to coordinate all relevant health-related services on a person-by-person basis. Physicians, family members, therapists, residence managers, team leaders are all part of the initiative—with the individual as the focus. The Care Manager provides an additional layer of oversight to ensure that the person’s needs are met.

I strongly encourage families to contact Malik Abdur-Razzaq, PHP Director of Marketing at 646.335.3468 or marazzaq@phpcares.org to learn more about PHP. Those of us familiar with the field of human services know that managed care for people with disabilities will be standard practice within the next few years. Fortunately, ARC of Rockland is ahead of the curve.



From the Chief Executive Officer

Carmine G. Marchionda

The center of this issue of *ARCLIGHT Magazine* contains the 2016 Annual Report. We hope you enjoy reading about some of the supports and services available through ARC of Rockland. Please take special note of the agency’s Strategic Plan which appears on pages 14 and 15 of the Report.

The focus on the individual is, as always, the essence of what we do at ARC. However, it is not all we do. We advocate for the rights of men, women and children with intellectual and developmental disabilities, we take pains to employ an exceptional staff, and we strive to educate ourselves and the broader public about topics relevant to our field.

Articles contained in the following pages offer insights into some of the many therapies designed to strengthen muscles, minds and spirits. The value of these offerings and the professionalism with which they are delivered, represent unique fields of study. From speech therapy to music therapy, from art therapy to equestrian therapy, from dance therapy to physical therapy, the common thread lies in the value of therapy.

We are grateful to the dedicated men and women who shared the stories of the countless ways in which they impact lives every day.



PHOTOS BY: JOSEPH SCOLLO PHOTOGRAPHY, INC.



Annual Membership Meeting

Installation of officers for the ARC of Rockland Board of Directors and the ARC Foundation Board took place May 17 at ARC headquarters in Congers, NY. The Hon. Thomas Zugibe officiated.

Richard Sirota was sworn in as President, an office he has held several times in the course of his 30 year association with ARC. In accepting the office, Mr. Sirota said, "It is clear to me that the strength of this agency lies in the collaboration among our families, our Board of Directors and Foundation Board, our staff members and the broader community."

ARC CEO Carmine Marchionda outlined a number of initiatives to take place within the next 12 months. Among these will be the inclusion of a Self-Advocate on the ARC of Rockland Board of Directors, implementation of two *Transitional Housing* opportunities to accommodate four individuals seeking greater independence in living accommodations and community involvement, a new *Arc in Motion* site in Nyack and an afterschool and Saturday respite program at ARC's Prime Time for Kids in New City.

Mr. Marchionda concluded his remarks by noting an increase in fundraising efforts. "We cannot rely solely on Government funding," he stated. "We are committed to ensuring that the people in Rockland have access to the excellent services and supports for which ARC is known. To this end, we will be launching a Capital Campaign." Mr. Marchionda invited families to serve as champions in this endeavor.

Other highlights of the evening included a standing ovation for ARC's Track and Field Special Olympians, a spring-themed art exhibit, a display of *Peeps* Projects created by staffers and people who receive supports through ARC, *Spoken Word* poetry renditions and a rousing finale of *Carpool Karaoke*. ■





Christopher Milani

Therapeutic Services For Adults

Physical therapist Mars Medina gently unhooks the foot straps and seat belt on the wheelchair, then steps back to allow 36-year-old Christopher Milani to transfer himself from the wheelchair to a posture-control walker with bars in the back. The walker allows Mr. Milani to brace himself with better balance, despite the serious weakness in his lower extremities.

Soon he is walking down the hallways of ARC of Rockland's Congers building, receiving greetings by name from people all along the way. It is as though he has an entire cadre of cheerleaders urging him on. Mr. Milani responds to each with a smile. Eager to continue his outing, he turns to the therapist and asks "More?"

"More," says Mr. Medina.

For Mr. Milani's mother, her son's newfound mobility is nothing short of a miracle. Diagnosed with Cerebral Palsy (CP) when he was just a year old, Mr. Milani has developmental delays and spasticity which left him unable to walk. At ARC, he receives physical, occupational and speech therapies.

In the approximately ten years that Mr. Medina has been working with him, the change has been dramatic. "Christopher has had three orthopedic surgeries, followed up with PT," explains his mother, Maryann Milani. "The therapy enabled him to walk with forearm crutches. I cried when I first saw that, because it was so amazing. I never thought I would see him walk."

"Unfortunately, Christopher would sometimes lift up one crutch and fall, because he doesn't understand the danger," she continues. "He doesn't use the crutches anymore, but he can get around with the posterior walker."

After the long walk, the therapist helps Mr. Milani use a Power Trainer (a resistance-band training system). Then, he climbs up and down a set of stairs in the gym with weights on his ankles. These exercises "mobilize upper and lower extremities and help coordination and strengthening," explains Mr. Medina.

The therapist approaches the therapy sessions with patience, enthusiasm and a positive attitude. Not satisfied with the status quo, he is always encouraging those he works with to progress and improve. "The patient should have trust and confidence in the therapist, and vice versa," he says. Asked how he knew that Mr. Milani would be able to get out of his wheelchair and walk, he replies, "It was a gut feeling—something that therapists know."

How Therapeutic Services are Provided

At ARC of Rockland, all therapeutic services for adults are under the purview of ARC HealthResources.

“We currently serve approximately 175 patients at our main site in Congers, as well as at our satellite sites at Franklin Square in Pearl River and at Camp Venture in Sparkill,” explains Kelly Fox, Practice Manager at ARC.

As an Article 16 clinic, a designation of the New York State Office for People with Developmental Disabilities (OPWDD), ARC HealthResources is allowed to provide long-term habilitation therapy, which is usually covered by Medicaid, assuming the therapy is medically reasonable and necessary, explains Dr. Dinorah D’Auria, ARC’s Managing Director of Clinical Services. “If the individual also has private insurance as a primary, we have to bill that insurer first. But in most cases, private insurance will cover only short-term rehabilitation, not long-term habilitation.”

Individuals are usually referred to the medical practice by someone in their “circle of support” (family member, service coordinator, physician, etc.) who notices a problem. The individual is then evaluated by a licensed therapist who devises a

treatment plan and sends it to ARC HealthResources Medical Director Dr. Galit Sacajiu for approval. The Medical Director must do an Annual *Physician Reassessment* to make sure the individual still requires therapy.

Coordinating Multiple Therapies

As in the case of Christopher Milani, many adults receiving therapeutic services at ARC of Rockland benefit from all three: physical therapy (PT), occupational therapy (OT) and speech.

Mr. Medina explains the variations in the therapy he provides. “The goal of long-term, habilitative therapy is to help a person acquire, improve, sustain and/or prevent the deterioration of skills related to activities of daily living. Diagnoses that usually require long-term treatment include Cerebral Palsy, Traumatic Brain Injury or other chronic conditions. Restorative (short-term) therapy helps restore a person to a previous functional level that has been impaired or lost due to injury or sickness.”

Juana Lopez, like Christopher Milani, has CP and receives all three primary therapies. “Juana lived in the Dominican Republic until 2004 and has been receiving therapies at ARC of Rockland for the past four or five years,” says her sister, Nelly Santos. “The CP has affected her joints, and as she ages, her joints contract more, become fixated in a certain position, and it’s getting harder for her to get around.”

Carmen Tow, a Certified Occupational Therapy Assistant (COTA), has been addressing these issues with 50-year-old Ms. Lopez, who has muscle weakness, a contracted left wrist and walks with a cane due to an uncoordinated gait resulting from her CP.

In the therapy room, Ms. Tow positions Ms. Lopez with her back against the wall and a chair in front of her. “We’re always accommodating the environment, depending on need, to make sure the individual has stability and support,” explains Ms. Tow.

From then on, the session closely resembles a health club exercise class, but tailored to Ms. Lopez’s needs. The therapist helps guide Juana through a series of upper body exercises which, as she explains, “are

Continued on page 6



Physical therapist Mars Medina with Christopher Milani

Adult Therapies (cont'd)

Continued from page 5

intended to mimic functional movement patterns which help Ms. Lopez stay involved in activities that are important to her, like painting and helping her family with chores around the house.” Despite the physical effort necessary on her part, Ms. Lopez is determined and presses on with the exercises.

There is also an activity using a wall calendar that has the numbered days attached with Velcro. The therapist removes a few of the numbers, and Ms. Lopez reaches up to reattach them in their proper order. “This addresses multiple areas, including standing, balance and functional upper body movement. It also helps with fine motor skills and works on cognitive skills needed to match the numbers on the calendar,” explains Ms. Tow. “I’m always looking at the whole person and creating *just the right challenge* for the individual to promote independence and a sense of accomplishment.”

During the week, Ms. Lopez also meets with Speech Therapist Andrea Cioffi, who addresses dual issues: Ms. Lopez’s speech deficits caused by the CP, as well as the challenge of learning English when Spanish is her native tongue.

Throughout the therapy session, Ms. Cioffi chats casually with Ms. Lopez about her activities, hairstyles, favorite foods and family. The conversation creates a relaxed environment and challenges Ms. Lopez to practice both her speaking and her English. Because of the CP, her speech sounds somewhat slurred, but those who know her well can easily understand her. The therapist encourages Ms. Lopez to speak slowly and to stretch out the sounds. “We call this a compensatory strategy, making her exaggerate mouth movements and sounds so that she speaks more clearly.”

Initially, Ms. Cioffi massages Ms. Lopez’s cheeks. “It stretches her muscles and wakes up her mouth, preparing her for speaking,” she explains. Then she takes out flash cards, places them in front of Ms. Lopez and asks her to read them one at a time. “My goal is language production, but I also work



Occupational Therapy Assistant Carmen Tow with Juana Lopez



Speech Therapist Andrea Cioffi with Ms. Lopez

on reading,” says Ms. Cioffi. “Jeep” “Boat” “Coat” “Feet,” reads Ms. Lopez. Sometimes she reads the word using Spanish pronunciation, and the therapist corrects her. Asked how to say ‘feet’ in Spanish, Ms. Lopez is soon giving us a Spanish lesson, teaching us how to name various body parts in her native language.

Suddenly, Ms. Lopez is the teacher and we, the students. It is a pleasing moment for us all and a good model for what therapeutic services are all about: helping people of all skill levels to expand their horizons and live more fulfilling lives. ■



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Khloe Berry

Therapeutic Services for Children

For children with developmental disabilities, the three primary therapeutic services—physical therapy (PT), occupational (OT) and speech/language therapy—are virtually essential.

According to David Saulpaugh, ARC Director of Children’s Services, approximately 90% of students enrolled in ARC of Rockland’s Prime Time for Kids Early Learning Center receive speech therapy, 70% receive OT and 20% receive PT. Nearly half of those children receive more than one kind of therapy. For youngsters under age three enrolled in Early Intervention classes, 100% receive speech therapy and 60% receive OT. Physical therapy typically begins when the child enters preschool.

“Therapeutic services delivered early on can make a significant difference in a child’s life,” states Mr. Saulpaugh. “This is the time to begin strengthening muscles and helping children develop key skills.”

OT and PT

Five-year-old Prime Time student Khloe Berry was born with a rare form of epilepsy known as Dravet syndrome. She began having seizures at six months. The seizures have progressed significantly since then, to the point that she averages two a day, often resulting in hospitalization.

“The seizures attack every part of her brain,” explains Khloe’s mother, Kimberly Berry. Surprisingly, Khloe is age appropriate cognitively and in speech, but she has trouble with fine motor skills and balance. After a seizure, she can become temporarily non-verbal and regress in other skills.”

Khloe did not receive a firm diagnosis until age three. Therapeutic services at a day care center did not seem to help, so her parents decided to enroll her in Prime Time “where she gets services throughout the day and is with other children who are also receiving therapies,” says Ms. Berry.

“Since then, Khloe has made amazing progress. Before, she couldn’t even hold a pencil. Now she can write her name and draw pictures,” remarks her mother. “She couldn’t run without falling down. Now she rides a tricycle. She still can’t dress herself, but we’re working on that.”

When OT Donna Vizcarrondo, peeks her head into the Prime Time classroom and calls Khloe’s name, the youngster bounds out, skipping, smiling, and nibbling on a chocolate cupcake. Together, they head to the

OT room, a welcoming space with child-sized tables and chairs, surrounded by shelves filled with games, puzzles, arts & crafts supplies, blocks and toys.

“OT addresses visual motor skills like cutting, handwriting, eating with utensils, using building blocks,” explains Ms. Vizcarrondo. “We also work on sensory awareness. Some of the children lack a *sense of self* in space, or being able to integrate both sides of the body together. For example, some children have difficulty holding the paper and writing at the same time.”

Khloe’s first task on this particular day is to make shapes selected from varying-sized sticks. As instructed by her therapist, she adeptly joins two semi-circular sticks to form a circle, four straight sticks to form a square and three to make a triangle. “These tasks build visual, motor and perception skills,” explains Ms. Vizcarrondo. “It is a pre-writing exercise, enabling children to first experience shapes and forms in three dimensions, before trying to put them on paper.”

Next, Khloe moves to the chalk board where she draws a face with “hair, a bun and a barrette—it’s Mommy,” she explains. The therapist then does a similar drawing of Khloe, adding torso, arms, legs and ears. Khloe tries to do the same. The therapist suggests Khloe make an “X” on the board, which she does, but when it comes to drawing a triangle, she falters and is helped by the therapist.

For the third activity, Khloe sits on a balance ball positioned on a cushion in front of a table and plays with a toy box with various colored doors to be opened with keys of matching colors. This exercise helps her work on balance and small motor skills.

With her half-hour therapy session over, Khloe joins the other children in the gym to ride a tricycle. “She gets a sense of herself in space on the tricycle because she can control direction and speed,” explains Ms. Vizcarrondo.

In Khloe’s physical therapy sessions, the emphasis

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Children Therapies (cont'd)

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is on balance, using stairs or sitting in a swing. “Those sessions are focused on ambulation, jumping, running and throwing,” Ms. Vizcarrondo explains. While there is some overlap with OT, PT usually focuses more on gross motor skills, mobility and strength.

Speech Therapy

Khloe doesn't require speech therapy, but some 25 preschoolers at Prime Time receive speech therapy in a given week. “This may mean therapy twice or three times a week, in a one-on-one setting, or as part of a group, or a mixture of both,” explains Speech Therapist Marci Sgueglia.

“A speech disorder refers mostly to expressive language involving articulation (producing speech sounds) and problems with voice or fluency,” she explains. “Language disorders include impairments with verbal expression and/or receptive language (understanding), including difficulties with vocabulary (naming pictures and objects), sharing thoughts or feelings, or following directions and answering questions. Problems with social communication include difficulty using language to interact with peers and/or adults, being able to use greetings,

and making and maintaining eye contact. Cognitive communication issues include disruption in memory, attention and problem solving. Feeding issues—including chewing, swallowing, using utensils and self-feeding—are also addressed by speech therapists.

“When working with children, therapy has to be fun. We find ways to get them interested, to want to interact and imitate,” explains Ms. Sgueglia. “We may try to have the child answer questions: What is this? Who is this? Then we may go around the room and ask the child to name things, encouraging him or her to ask specifically for the things he or she wants or needs. For some, that may mean using sign language, or an augmentative speech device.”

Referrals and Follow-Ups

Early Intervention services for children under the age of three are overseen by the Department of Health, and evaluations are carried out by providers who have been approved by the Department. For children ages three to five, referrals for evaluation go through the Committee on Preschool Special Education and must be conducted by State-licensed professionals.

Professional Qualifications

Speech Pathologists must hold a graduate degree in Speech-Language Pathology from an accredited NYS licensure program, have participated in a certified, supervised practicum and be registered members of the American Speech-Language-Hearing Association (ASHA). OTs must be certified by the National Board for Certification in Occupational Therapy (NBCOT), after completing an Associate's degree, Master's or Doctoral degree in OT. Physical Therapists must hold PhD degrees.

“We are extremely proud of the professionalism of therapeutic service providers here at Prime Time,” states Mr. Saulpaugh. “The progress made by the children is evidence of the importance of these services.” ■



Occupational Therapist Donna Vizcarrondo with Khloe Berry

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Setting the Standards:

National Associations Ensure Top Quality Therapy Services

In every profession, it is important that all who practice in their chosen field meet certain standards in terms of training and the provision of quality services. That is true of lawyers, engineers, accountants. . . and equally true for therapists.

Each of the three traditional therapies—occupational therapy (OT), physical therapy (PT) and speech therapy—is represented by a national organization providing a variety of supports for its members, ensuring they offer quality therapy services and helping to advance the profession as a whole.



to do each day,” she continues. “Occupational therapy professionals facilitate engagement and participation in everyday life while helping clients navigate challenges and opportunities in the environment,” says Dr. Lamb. “The challenges and opportunities can be different in an educational system, or in a healthcare setting, or if the individual has a developmental delay. Working with children and youth in educational settings, for example, practitioners help to support a student’s success in

“The challenges and opportunities can be different in an educational system, or in a healthcare setting, or if the individual has a developmental delay.”

—Amy J. Lamb, President, AOTA

The American Occupational Therapy Association (AOTA)

AOTA represents the interests of approximately 220,000 members, including occupational therapists (OTs) and occupational therapy assistants (OTAs). “We also have members who are students, consumers of OT services and some corporate members who may employ OT professionals,” explains Amy J. Lamb, OTD, OT/L, FAOTA.

Founded in 1917 as The National Society for the Promotion of Occupational Therapy, AOTA “is the standard-setting body for the profession,” says Dr. Lamb. “We advocate for our members on national and state levels; we support research and help in translating that evidence into practice; and we provide continuing education in a variety of formats.

“Occupations are the things you need, want and have

the classroom. In the healthcare model, therapy may include activities of daily living, helping people develop a healthy lifestyle. In the workplace, it may involve ergonomics, body positioning and body mechanics. The occupational therapy professional focuses on adapting the environment to fit the person and may recommend adaptive equipment and training.”

Both an OT and an OTA are required to receive their degrees from an educational program accredited by the American Council for Occupational Therapy Education (ACOTE). “An occupational therapist can enter the profession with a Master’s Degree or a Doctoral Degree, and an occupational therapy assistant typically enters with an Associate’s Degree,” notes Dr. Lamb. “All candidates must pass national board examinations and state licensure exams prior to entering practice.”



“APTA offers a variety of resources, courses and opportunities to develop and maintain clinical competence.”

—Emilio J. Rouco, Director, APTA

The American Physical Therapy Association (APTA)

It is likely that the practice of physical therapy goes back centuries. Of course, the profession has changed greatly over time. In fact, the first professional association for PTs, known as the American Women’s Physical Therapeutic Association, was formed in 1921. It wasn’t until the 1930s that men were admitted. By the late 1940s, the organization had changed its name to the American Physical Therapy Association (APTA), which now represents more than 95,000 physical therapists, physical therapist assistants and students of physical therapy.

The goal of APTA, according to its website, is to help its members by “advancing physical therapist practice, education and research and by increasing the awareness and understanding of physical therapy’s role in the nation’s health care system.”

“APTA provides a variety of member benefits that give PTs the resources needed to move their careers forward, keep up with the latest in physical therapy practice, get paid appropriately for services, keep abreast of federal legislation and regulations and make a difference in the lives of their patients,” explains Emilio J. Rouco, Director, Public and Media Relations for APTA.

“There are so many important issues to address for the profession: health care reform, payment reform, and patient access to physical therapist services, to name a few. APTA helps ensure that the interests of its members and their patients are represented and their voices heard,” he notes.

Although APTA does not offer a certification of competence, “continuing competence is a part of our culture. We have a Board policy on it, and we encourage all members to engage in lifelong learning to meet or exceed contemporary performance standards within their areas of practice,” Mr. Rouco says. “To

this end, APTA offers a variety of resources, courses and opportunities to develop and maintain clinical competence. We have worked jointly with the Federation of State Boards of Physical Therapy (FSBPT) to ensure the ongoing possession and application of contemporary knowledge, skills and abilities.

“APTA also contributes to research organizations and at times directly funds additional research initiatives. These initiatives tend to focus on evidence-based care, delivery models or health services research,” says Mr. Rouco.

The minimum educational requirement to become a physical therapist is the Doctor of Physical Therapy or DPT degree from an accredited physical therapy program. After graduation, candidates must pass a state-administered national licensure exam. Other requirements for physical therapist practice vary by state according to physical therapy practice acts or state regulations.

American Speech-Language-Hearing Association (ASHA)

“ASHA’s rich history began in 1925 at an informal meeting of the National Association of Teachers of Speech (NATS) in New York City,” relates Francine Pierson, the organization’s Public Relations Manager. “NATS was made up of people working in the areas of rhetoric, debate and theater. Some of its members were becoming increasingly interested in speech correction and wanted to establish an organization to promote ‘scientific, organized work in the field of speech correction.’ Accordingly, the American Academy of Speech Correction—ASHA’s original predecessor—

Continued on page 14

Setting the Standards

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was born.

“Today, ASHA is the national professional, scientific and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel and students. Its mission is to empower and support its members through: advancing science, setting standards, fostering excellence in professional practice and advocating for members and those they serve,” adds Ms. Pierson.

According to the ASHA website, “Speech-language pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive communication and swallowing disorders in children and adults.”

ASHA provides professional certification in the

form of a Certificate of Clinical Competence (CCC). It is so well-regarded that many states use the ASHA *Standards for Clinical Competence* as a model for their regulatory requirements. The certification verifies that an individual has met certain rigorous standards, including a master’s or doctoral degree from an accredited academic program; a clinical experience supervised by an ASHA-certified professional and a passing score on the national examination. ASHA also requires that all certificate holders accumulate 30 *Certification Maintenance Hours* of professional development during each 3-year interval. To this end, the organization offers continuing education courses and supports research through grants, scholarships and other avenues.

All three of these national professional associations play important roles in the advancement of their respective fields, supporting their members as well as the health and welfare of the general public. They ensure that agencies such as ARC of Rockland can provide the highest level of care to those they serve. ■



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Art Therapy

Touching Lives through Art

“Art produced in art therapy is different from art produced in an art class. In art therapy, there is no right or wrong. People are using the medium to express themselves, not to create an aesthetically pleasing work,” says Margaret Carlock-Russo, EdD, LCAT, ATR-BC.

Ms. Carlock-Russo is a Board member of the American Art Therapy Association headquartered in Alexandria, VA. With some 40 chapters nationwide, the organization offers webinars, conferences, networking, social action work, advocacy and ethical guidelines for the practice of art therapy. The American Art Therapy Association publishes a professional journal with articles that provide empirical evidence of the efficacy of art therapy.

“Although art therapists are trained in the fine arts, we are also trained in psychological and developmental theories and counseling. We understand what happens to individuals during the creative process and know what materials to use to help someone express particular feelings,” states Ms. Carlock-Russo. “An art therapist is responsible to help a person access and express emotions and concerns through the use of



“No matter who we are, no matter what our functioning level, we all experience emotions in a similar way.”

—Margaret Carlock-Russo, EdD,
LCAT, ATR-BC, American Art
Therapy Association

certain media but must also understand how to bring closure to a session. We can't just open people up and let them go.”

New York State is one of ten states issuing licenses to art therapists. Another 28 states are currently advocating for licensure. “Licensing is important so that the public will understand that the person calling him/herself an art therapist has the appropriate education and credentials.”

Ms. Carlock-Russo points out that the social and emotional wellbeing of people with intellectual or other developmental disabilities can sometimes be unintentionally overlooked. “There are individuals who may have no way to deal with the same problems, worries and joys that affect us all. Sometimes, art proves to be the ideal vehicle for the telling of their stories. No matter who we are, no matter what our functioning level, we all experience emotions in a similar way.”

Ms. Carlock-Russo recalls instances when the connection between the person and the creative process was evident. “I get chills when I think of the sense of empowerment I have seen on people's faces when they have made their stories understood through art. For many people, the visual really connects. The sense of purpose a person feels in having created something is very powerful.

“Art therapists often work cooperatively with other therapists,” explains Ms. Carlock-Russo. “This is a very integrative therapy which works well with a therapeutic interdisciplinary team. During the art therapy process, we may, for example, encourage a person to use his

hands, because he wants to hold a paintbrush.” Ms. Carlock-Russo recalls “moving moments, when someone just reaches out to hold my hand or smile or point to paint spots on a paper—paint spots, which, for that person are significant and worthy of notice. I feel as though every human being has the right to be heard. Our responsibility is to figure out how to make that happen.”

Ms. Carlock-Russo has been a practicing art therapist for 22 years. She earned two Bachelor's Degrees from Malloy College in Rockville Center, NY, one in Fine Arts and the other in Spanish, a Master's Degree in Creative Arts Therapy and an EdD in Educational Policy and Leadership, both from Hofstra University. She is the art therapist at Splendido at Ranchio Vistoso, a life plan community in Arizona for people age 55 and over. ■

To learn more about The American Art Therapy Association visit www.arttherapy.org.

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Music Therapy

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The Universal Language

“Music therapy is a health profession that uses music as a treatment tool to address non-musical goals. That is my simple definition,” says Al Bumanis, MT-BC, Director of Communications and Conferences for the American Music Therapy Association (AMTA) headquartered in Silver Spring, MD. Through research, advocacy, events and education, the AMTA seeks to advance awareness of the discipline.

“Music therapists use music as a way to communicate with people in a very unique way. First we assess our clients to see if music can be used to address some of the issues that the treatment team has identified as being important.” The goals, Mr. Bumanis explains, are varied. “Socialization, proper behavior in a group, working together with other people. Music therapists can even help people with the skills of daily living or executive functioning. Music is a fun activity and has a way of helping people by coming through the back door. Most often, it is live, active music making. The process involved is more important than the product.”

Although music may be considered therapeutic, where therapy is concerned, “It might better be called clinical music therapy,” says Mr. Bumanis. “The therapist is trained in observing and documenting behavior and sharing it with the treatment team—often working with occupational and physical therapists.



“Music Therapists use music as a way to communicate with people in a very unique way.”

—Al Bumanis, MT-BC,
American Music Therapy Association

Music therapy is a difficult and rewarding job. A lot of music therapists are tremendous musicians with a sense of altruism.”

According to Mr. Bumanis, 80 colleges and universities throughout the country now offer degree programs in music therapy. Students take all of the courses required for music majors. Proficiency on piano, guitar and voice is required. “And electronic synthesizers are wonderful tools,” notes Mr. Bumanis. In addition, music therapy majors are required to complete courses in psychology, special education, anatomy and abnormal psychology, among others. A clinical internship and nationally-administered board certification are requisite credentials for the title of music therapist.

While this is not the case across the board, there are situations in which music therapy is covered, at least in part, by insurance. Mr. Bumanis notes that funding from the National Institutes of Health is currently being used to examine the intersection of neuroscience and music. “These are positive trends,” he says. “Music can help everybody.”

Rockland County based music therapist Jeffrey Friedberg, MT-BC, LCAT, agrees. “In a music therapy session, people may learn music, but that is secondary. The therapy helps with mental and emotional health, memory and other cognitive issues. For a person with Alzheimer’s disease, music therapy can improve memory function. For people with autism spectrum disorders, music therapy can improve communication. Much of what goes on in music therapy depends upon the individual’s goals and needs.”

Mr. Friedberg maintains a music therapy private practice, *Music for Life Creative Arts Therapy*, in

Nyack, NY. He did not, however, set out to make this his career. “I have always found music to be a very powerful medium of expression and communication. It affected me deeply, but I never knew why. Growing up, I took piano, saxophone and guitar lessons. In high school, there was a death in my immediate family. Music is what helped me through that difficult time. It gave me a way to express feelings that I couldn’t put into words.”

While in school, Mr. Friedberg says he “fell in love with jazz and saxophone. I thought I would make jazz saxophone my career.” After studying jazz saxophone for two years at the University of Miami, he transferred to the University of Vermont, where he earned a Bachelor’s Degree in psychology. Following college, he played jazz saxophone on a cruise ship for several years before deciding that he wanted to devote his life to helping people. He went on to earn a Master’s Degree in Music Therapy from NYU and has been a practicing music therapist since 1994. He provides private and group music therapy to children, teens and adults. “Music therapy uses all aspects of music—singing, improvising on instruments, moving to music, writing songs,” explains Mr. Friedberg. “Music therapists work with individuals and groups. In groups, we do a lot of singing which gives the people a chance to choose the songs. They communicate what they want to hear, they listen to one another and comment.”

An outgrowth of his work as a therapist is the popular *Bossy Frog Band*, created by Mr. Friedberg in 1999 while working as a music therapist with ARC

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Music Therapy

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of Rockland's Prime Time for Kids Early Learning Center. "I started writing interactive songs to get the children moving," he recalls. "These are not just therapy songs, they are interactive, developmentally-appropriate songs helping with motor skills, emotional skills, teaching concepts, familiarizing children with the environment." After publishing his first CD, Mr. Friedberg began receiving requests to appear at schools and libraries. He estimates that during the past 16 years, the Bossy Frog Band has performed for more than 125,000 people—most of whom are children. His most recent CD, entitled *15 Songs Every Kid Should Know (and will Love!)* won a Parents' Choice Award in 2013.

"I look at these performances as opportunities for children, parents, educators and others to come together in a physical, creative way. I think sometimes we lose sight of the fact that less than 100 years ago, everybody played music for each other's entertainment. I think music was conceived by early humans as a means of education, community building and a way to maintain physical and mental health." ■

To learn more about the American Music Therapy Association, please visit <http://www.musictherapy.org>

To contact Jeffrey Friedberg, MT-BC, LCAT please visit www.MusicForLife.com or call 845.642.0859.

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Joan Wittig, third from the left, teaching a class in dance/ movement therapy in Beijing. The program was initiated a decade ago by Inspirees International

Dance Therapy

Shall We Dance?

“There is a difference between therapy and something being therapeutic. On Sunday nights, I dance for three hours. I love to go waltzing. I love to go out boogying. I find that therapeutic. My mood has lifted and my energy has increased. Somebody can feel those same feelings from playing football or shooting hoops.

Movement and muscle contraction trigger the release of endorphins,” says Jody Wager, President of the American Dance Therapy Association. “Physiologically, we know that endorphins elevate mood. What we do as dance therapists is take aspects of dance and combine them with aspects of human development, psychology and dance therapy theory and techniques.

A dance therapist since 1980, Ms. Wager is Director of the Expressive Therapy Department at a short-term, acute psychiatric hospital in Falls Church, Virginia. She holds dual undergraduate degrees in Dance and Psychology and a Master of Science Degree in Dance Therapy. “We are hearing more and more about arts in health care today,” she says. “If you think about this on a continuum, you will have the creative arts therapist on one end of the continuum and the artist on the other. What we have in common is the art form. What we do with it and where we go with, is what makes the difference.”

Headquartered in Columbia, Maryland, the American Dance Therapy Association recently celebrated its 50th anniversary as a professional membership organization. Marian Chase, one of the organization's founding members, worked at a long-term psychiatric hospital. "She was a modern dancer, but over time, she started to study various forms of psychotherapy," says Ms. Wager. "Through her interest in the relationship between the body and the mind, she developed the earliest concepts of dance therapy. Not long thereafter, members of the nascent association began setting standards for dance therapists, including qualifications and credentials. "The standards confirm that we are trained and qualified to do this work and to do no harm," remarks Ms. Wager.

Board certification requires participation in a two-or three-year post undergraduate program. An alternative route requires a Master's Degree in a related field and the study of a specific core curriculum taught by a credentialed dance therapist. A six month requisite internship must be overseen by a credentialed dance/movement therapist.

Although dance therapy can be a one-on-one experience, in most instances, dance therapy takes place in groups. "Dance is a social experience and is a way for people to tell a story, to express what is going on inside when maybe they don't have the words to tell what they feel," explains Ms. Wager. Throughout her professional career, she has worked with a range of populations, including people with intellectual and other developmental disabilities. She begins each session by allowing the group members to become familiar with one another. "The movement within a session is very much improvisational. I don't go into a session with a lesson plan. I am not there to teach dance but to encourage each group member to find his or her own unique way of moving; therefore, no two groups will be exactly the same. The spoken word may or may not become part of the process. When we close



"I am not there to teach dance but to encourage each group member to find his or her own unique way of moving."

— Jody Wager, MS, BC-DMT

the session, I may ask a specific question, i.e. 'what did you think of when you were moving in that way? How did you feel? How can you recreate this at home?' Questions may also come from the group. Words, while not essential, can anchor the experience."

One aspect of a dance therapist's training concerns observation. "We learn to watch both grand movements and small, micro movements, such as the way a person is breathing or shifting his or her position. There is a concept known as kinesthetic empathy," comments Ms. Wager. "In some circumstances the dance therapist may mirror the way a client is moving. This will inform the therapist as to what that person may be feeling. I believe that when we match or mirror a person's movement, that person feels a connection and feels less alone." However, Ms. Wager notes, "Matching one's movement is not necessarily the correct approach in all

situations. In some instances, "Mirroring could frighten or confuse a person. Knowing what to do in a particular instance is why it is important that the dance therapist be properly trained and hold the appropriate credentials."

As is the case with all forms of therapy, Ms. Wager emphasizes the need for teamwork. "I gather what I can from staff members so that I go into a session with information. I facilitate, but the people with whom I am working guide me. I am trained to pick up on their cues. For a person who doesn't like direct eye contact, for example, I use peripheral vision. A physical disability does not in any way hinder the process of dance therapy. The focus is on the use of movement to connect with others, to feel your strength and empowerment, to emphasize the relationship between self and others, to build a relationship between the dance therapist and the client and the client and the group, to feel safe, to trust ourselves and one another—to open up. "

Joan Wittig, MS,BC-DMT, LCAT, is the Director

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Dance Therapy

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of the Graduate Dance Movement Therapy Program at Pratt Institute in New York. She describes dance therapy as a form of psychology based upon the tradition of psychodynamics and psychoanalytic theories. She earned an undergraduate degree in Dance/Movement Therapy from the University of Wisconsin at Madison and a Master's Degree in Movement Therapy from Hunter College. She received additional training in psychoanalytic group therapy.

“Graduate students at Pratt learn systematic ways to look at movement. We see communication in movement. Dance therapy is one of the ways to reach people with developmental disabilities,” says Ms. Wittig. Acceptance into the graduate program at Pratt requires that students have previously studied anatomy and kinesiology. All students enrolled in dance therapy must have a background in dance.

According to Ms. Wittig, “New York State is a great place to be a dance therapist” with opportunities for employment in agencies serving people with developmental and physical disabilities, in drug treatment centers, domestic and homeless shelters, psychiatric hospitals and schools. “Our thinking is



that both expression and information come from the body and not necessarily just from the words someone is saying,” explains Ms. Wittig. “Dance therapy is especially valuable for people who are not verbal. Someone who can’t use language is often extremely isolated. Dance therapy allows for relationship and connection.”

Although she has always loved dance, Ms. Wittig says, “I wasn’t going to make my living as a professional dancer. I struggled a little with depression while I was in college. The only thing that really helped me was dance. People often choose the field of dance therapy based upon personal experiences. It is a healing art form. Dance therapy is highly specialized work. Any dance class might be therapeutic, but it is not dance therapy unless it is provided by a licensed therapist.” ■



Arts and the Brain

It seems to be a given that exposure to the arts—in the form of music, dance and the visual arts—can make us feel better. But can it also have an impact on our brains, improving the capacity to learn and develop?

The relationship between art and the brain is now a growing field of research in the neurosciences, and the general conclusion seems to be that the various forms of art therapy can, indeed, cause changes in the brain that may lead to enhanced cognitive abilities.

Dr. Michael Gazzaniga of the University of California at Santa Barbara led a Consortium on Arts and Cognition, bringing together cognitive neuroscientists from seven universities across the United States. It was sponsored by the Dana Foundation, a private philanthropic organization that supports brain research. In his summary of the project, Dr. Gazzaniga listed what the group had learned. The conclusions included:

- An interest in a performing art leads to a high state of motivation that produces the sustained attention necessary to improve performance and the training of attention that leads to improvement in other domains of cognition.
- Specific links exist between high levels of music training and the ability to manipulate information in both working and long-term memory.
- Correlations exist between music training and both reading acquisition and sequence learning.
- Training in acting appears to lead to memory improvement.
- Learning to dance can transfer to other cognitive skills.



The results of some of these studies are focused specifically on people with developmental disabilities. For example, Dr. Gottfried Schlaug, Director of the Music and Neuroimaging Laboratory of the Beth Israel Deaconess Medical Center and Harvard Medical School, was part of a research project examining the effects of applying an intonation-based form of speech therapy to help children with speech-motor impairment and autism redevelop and regain some of their communication functions. Their research supports

“Forms of music-making such as singing, but also the combined use of singing and musical instruments, may provide an alternative entry into a broken or dysfunctional brain system and enhance, repair and restore neurological dysfunction.” —Gottfried Schlaug, MD, PhD

the idea that intense music-based therapy can have a positive effect on speech output and communication in general. This is true both in populations with developmental abnormalities such as those that are minimally verbal and on the autism spectrum, as well as in populations that have acquired brain lesions such as those with a stroke causing expressive language problems.

Dr. Schlaug and his colleagues are also examining whether intonation-based speech therapies, coupled with brain stimulation, might be able to engage alternative and duplicate systems in the brain that can be used to support speech-motor functions to help children and adults speak again.

“Forms of music-making such as singing, but also the combined use of singing and musical instruments,

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Arts and the Brain

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may provide an alternative entry into a broken or dysfunctional brain system and enhance, repair and restore neurological dysfunction,” said Dr. Schlaug.

In addition, their research involved performing neuroimaging scans to examine changes in children who underwent ongoing music training. The results found structural changes in their brain circuits when compared to those who did not have the training.

Dr. Scott Grafton of the University of California in Santa Barbara used imaging studies to determine the link between dance and learning. They found that dance therapy, which is heavily dependent on observing others dancing, is effective at activating brain circuits that are thought to mediate motor recovery with brain injury from stroke or trauma.

With regard to the visual arts, a 2016 symposium on Drawing and the Brain, conducted at Indiana University in Bloomington, brought together artists, architects and scientists to discuss the relationship between hand movements, creativity and the brain.

As Dr. Gazzaniga said of the Consortium on Arts and Cognition, such research has shown that as a result of exposure to, and activities in, the arts, “cognitive improvements can be made to specific mental capacities such as geometric reasoning; that specific pathways



“They found that dance therapy, which is heavily dependent on observing others dancing, is effective at activating brain circuits that are thought to mediate motor recovery with brain injury from stroke or trauma.” —Scott Grafton, PhD

in the brain can be identified and potentially changed during training; that sometimes it is not structural brain changes but rather changes in cognitive strategy that help solve a problem; and that early targeted music training may lead to better cognition through an as yet unknown neural mechanism. That is all rather remarkable and challenging.” ■

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Instructor Claudia Cohen, left; Douglas Dillon on Tigger; Instructor Diane Vero and foreign Exchange Student Isabelle Goertz



Equestrian Therapy

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On Top of the World

Mounted five feet in the air on a 1,200 pound horse named Tigger, Douglas Dillon begins to sing. He sings for the love of the steed which has brought a sense of accomplishment and sheer joy to his life. Mr. Dillon is one of 70 men, women and children enrolled in the Equestrian Therapy Program at Camp Venture in Stony Point, NY.

Established 28 years ago, the project was the brainchild of the late Kathy Lukens, then Executive Director of Camp Venture and (now retired) County Legislator John Murphy. Mr. Murphy has served as President of Camp Venture for more than 40 years.

“Kathy and John were selling hot dogs at a fund raiser,” recalls Ken Freson, Director of the Camp Venture Equestrian Center. “They saw (now retired) Sheriff James Kralik at the fund raiser and asked him if he knew anything about horses, and if so, they wanted to know if he would be willing to help start an Equestrian Center at Camp Venture.” The sheriff agreed. “He and members of the mounted police were our first volunteers,” says Mr. Freson.

During his tenure at Camp Venture, Mr. Freson has worn a number of professional hats. He was a social worker for two Venture homes, and he has served as Manager of a Venture home. Throughout his career, he

has remained a horse enthusiast. “I grew up upstate,” he says. “I worked on a horse ranch. When I was 12 or 13 years old, there was a landscaping nursery nearby with a big draft horse called Creamy. I’d ride him all day.” In the early years of his career at Camp Venture while working as manager of a Venture home, “I would sometimes take the men to the Catskills to go trail riding.”

The Camp Venture outdoor equestrian arena was inaugurated in 2002. It came into being following a walk through the property by Sheriff Kralik and Mr. Freson. “He picked a spot, and on the following Saturday, the Sheriff, the mounted police, construction workers from Rockland County and volunteers arrived at 5:30 in the morning. I had breakfast waiting,” recalls Mr. Freson. “They put in the posts for the outdoor arena in one day.”

The indoor arena opened in 2010. “The Venture Foundation raised half of the arena costs,” notes Mr. Freson. The remainder of the necessary funds came through grants. The arena allows for year-round riding.

Head instructor Diane Vero holds certification from the Professional Association of Therapeutic Horsemanship, Intl. The benefits of equestrian therapy are as varied as are the individuals who ride. “Riding improves strength, balance, mobility and coordination,” explains Mr. Freson. “It helps with attention, concentration and self-esteem. When you are on top of the horse you make decisions, you have to sit up straight, and you have to be decisive and gentle at the same time.”

The way in which the rider pulls the reins signals the horse to move forward or halt. For many of the riders in the Equestrian Therapy Program, being in a position of authority is a unique and edifying experience. States Mr. Freson, “Learning to ride a horse is a form of self-advocacy. The rider is in charge.”

PHOTO: JOSEPH SCOLLO PHOTOGRAPHY, INC.



Nancy Puchniak and Monty

In addition to the therapeutic horses, the program includes two therapeutic mules.

Participants in the Equestrian Therapy Program at Camp Venture range in age from 4 to 72 and hail from many of the County’s agencies helping people with developmental disabilities. “We are all on the same team,” comments Mr. Freson. “Folks that ride pay for five weeks with a half hour private lesson each week.”

In addition to the Equestrian Therapy Program, the Equestrian Center is open to the general public. “Anyone can walk in and say, ‘I’d like to take lessons.’”

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Ken Freson, left, with Chris Hopper and Tigger

PHOTO: JOSEPH SCOLLO PHOTOGRAPHY, INC.

Equestrian Therapy

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Birthday parties for children of all abilities are a hit. Party goers ride the horses, visit the small animal farm on the grounds of Camp Venture and learn how to groom a miniature horse. After cake and drinks in the party room, each child receives a wooden frame with a photo of him or herself on a horse. Mr. Freson also supervises the Venture Select Day Habilitation Program, in which participants maintain the barns, the fields and the small animal farm.

During his years as head of the Equestrian Therapy Program, Mr. Freson says, “I have been made aware of and witnessed minor miracles. There was a child who had never talked before. After three weeks of equestrian therapy, the boy spoke the horse’s name. That was a first. Another rider would not get close to the horses. With instructors working with him, he now rides independently.”

On a rainy morning, Nancy Puchniak waits eagerly for her chance to put the horse through his paces in the indoor arena. “Are you ready?” one of two side walkers asks. “Ready,” Ms. Puchniak answers with a nod of her head. “When you want the horse to go forward, move your hands forward,” suggests the person at the horse’s left. The rider complies, and the horse moves on at an easy clip. Ms. Puchniak squares her shoulders, clearly in control and proud.



Indoor arena

PHOTO: JOSEPH SCOLLO PHOTOGRAPHY, INC.



Cathy Nealon with Claudia Cohen and Diane Vero

PHOTO: JOSEPH SCOLLO PHOTOGRAPHY, INC.

“A horse is not judgmental,” remarks Mr. Freson. “People tell me that when they are on a horse, they are having fun—through the fun, comes the therapy.” ■

To learn more about the Camp Venture Equestrian Center, lessons and birthday parties, please call 845.786.3929.

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Recreation Therapy

When Work is All About Fun

Even as a young child Colleen Kalarickal had an inkling of her future profession. “I performed with an Irish dance troupe. Each March we would visit nursing homes and entertain the people. I remember feeling so happy to see the joy we would bring to them. Once I found out there was a career in helping other people have fun and enjoy life, I knew it was for me.”

Ms. Kalarickal is Recreation Coordinator for ARC of Rockland. She earned a degree in Therapeutic Recreation from St. Thomas Aquinas College, and she is certified by the New York State Therapeutic Recreation Association. She describes recreation therapy as “Healing through fun—helping people socially, physically, emotionally and spiritually—to access activities that they may not be able to access themselves.

“The term recreation usually brings to mind physical activity,” comments Ms. Kalarickal, “But recreation therapy can be anything you might do in your down time for entertainment.”

As part of ARC of Rockland’s Recreation Program, we have memberships in the gyms at the JCC in West Nyack and the YMCA in Nyack. Some participants have taken dance lessons at NY DanceSport in New



Stardust Ball L-R: Alana Nowak, Dana Furspan, Tara and Mark Nowak

City. ARC's recreational and competitive bowling leagues bowl at Hi-Tor Lanes in West Haverstraw on Sundays. Athletes compete in nearly every Special Olympics sport. Attendance at professional sporting events, ceramics classes, cooking, art and computer classes all take place in the community. Softball and floor hockey teams are among the array of leisure activities open to people who receive supports through ARC.

"The way in which people choose to spend their leisure time is an individual preference," says Ms. Kalarickal. "But part of the job of a recreation therapist is to encourage people to get out of their comfort zones and try something new."

"Our recreation staff is always open to suggestions. Ideas often come from the Self-Advocates. For the teens and young adults, suggestions have included ice skating in winter, trips to amusement parks in summer, Zumba classes and trips to see the latest movies. We make sure that the movies are age appropriate, and

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Floor hockey at West Haverstow Community Center. Colleen Kalarickal, second from left



Special Olympics at West Point



Zumba class at JCC, West Nyack

Recreation Therapy

Continued from page 33

the teens and young adults almost always go out to eat before or after an event,” Ms. Kalarickal remarks.

One of the highlights of the year at ARC is the annual Stardust Ball, an affair that draws more than 400 men and women from throughout the County for an evening of fine dining and dancing. While the Ball is extremely popular, Ms. Kalarickal notes that it is the smaller, more intimate gatherings that enable individuals to foster new friendships with people who have similar interests.

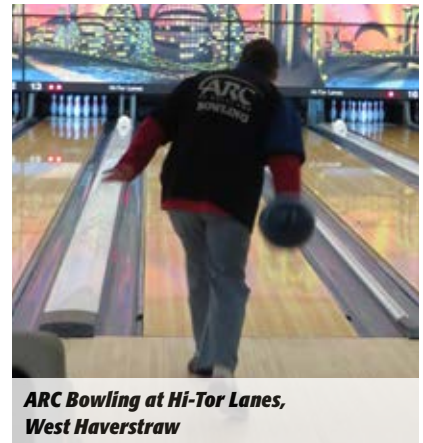
“We have been successful in our recreation program, but there is always room to grow. While we initiate many of the activities, we welcome invitations to participate in activities within the broader Rockland County community.” Funding for some of the Recreation Programs has come through grants and donations.

Prior to joining the ARC team, Ms. Kalarickal provided recreation

therapy at New York Presbyterian Psychiatric Hospital in White Plains, Westchester Medical Center’s Behavioral Health Center and The Hudson Valley Developmental Disabilities Service Office. “I have enjoyed all of my other jobs but being a part of the Recreation Department at ARC is a great experience. The people in our department are a joy to work with—everyone has a different area of expertise. Together we are a terrific team.”



Valentine’s Day with Sergio Mobili and Mallory Lungaro



ARC Bowling at Hi-Tor Lanes, West Haverstraw



St. Patrick’s Day Parade, Pearl River

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Paws for a Cause

Hearts and Tails

They are calm and quiet, gentle, patient, unobtrusive—offering comfort and compassion, eliciting smiles, serving as catalysts for conversation—these are trained therapists, the canine members of *Hudson Valley Paws for a Cause*.

The dogs work in tandem with their owners, each pair a designated team. “We visit schools, libraries, assisted living facilities, nursing homes, hospitals, vendor fairs, agencies serving people with disabilities and we make private visits,” says *Paws* President Judy Audevard. “Besides being therapy dog teams, all of our members are also part of the American Red Cross.” Current training will enable the teams to visit people situated in churches, schools or other sites following a disaster.

One of the group’s initial visitation sites some seven years ago was West Point, where the therapy dogs worked with soldiers with Post Traumatic Stress

Disorder returning from Afghanistan and Iraq. “We would go each week and meet with the soldiers,” says Ms. Audevard. “During these sessions a relationship would develop between the dogs and the soldiers.” The soldiers were ultimately deployed to other army bases or hospitals, but the therapy dogs have continued to be involved with West Point families through programs geared towards children with special needs.

Ms. Audevard explained that not all pups are suited to the work of a therapy dog. “Most dog owners believe that their pet is the best dog in the world. If you notice that your dog is very friendly, very happy, really special, and if you want to share your special dog, then yours could be a therapy dog,” she says.

A rigorous six-week training course prepares both the pet and handler for the responsibilities and challenges of the job. “Part of the training requires that the pair spend time in a facility to see how the dog will react around wheelchairs, crutches, how the dog handles walking on a tile floor. Most of the dogs do very well because they want to please. They seem to understand that they are there to help,” states Ms. Audevard. The human member of the team may introduce the dog by name or answer questions about the dog when asked. However, she says, “We are not therapists or teachers. Our role is to make sure the dog is doing the therapy.”

Lorraine Brown, a certified volunteer with *Paws for a Cause*, coordinates regular visits to ARC of Rockland. The willingness of the dogs to be petted and spoken to, the quick compliance with which they *give a paw* upon request brings smiles to the faces of people in their midst. “The dogs know that they don’t come to play,” explains Ms. Brown. From the owner’s perspective, “Your leash is your friend. You use the leash to remind the dog, to redirect, to refocus. You are the boss, the dog listens to you. The miracle of dog training is the person at the other end of the leash.”

Ms. Brown retired as a special educator in 2010. “I wanted to do something related to people with disabilities,” she explains. “I thought my dog Meeka would be a perfect

therapy dog. She readily responded to my commands and was easily trained. The duo completed the course and have been active participants since. They have visited a range of facilities and befriended numerous people as a therapy team. “Not everyone is initially eager to approach a dog,” states Ms. Brown. “Some relationships take time. The best reward is the glow on the face of someone who at first, draws back, and then, after a while, gently pets the dog. These dogs give us a channel for expression and communication. If we feel comfortable, the dogs follow suit.”

On a chilly morning some months ago, a certified therapy dog named *Tuesday* and his partner Diane Bonita paid a visit to Debbi Zallo Pragdat’s preschool class at ARC of Rockland’s Prime Time for Kids Early Learning Center in New City. The children clustered around their new friend with obvious glee, giggling quietly as they stroked Tuesday’s coat.

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Eric Fanning with Evi Ringel and Max

Paws for a Cause

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Not long ago, Tuesday became an official member of *Paws for a Cause*. For the eight years prior, he had been a Service Dog with the late Luis Carlos Montalvan, veteran and author. The former US Army Captain who had PTSD wrote several books extolling the virtues of Tuesday. The decorated soldier is remembered for service to his country, his motivational speeches and his *New York Times* best-selling book, *Until Tuesday: A Wounded Warrior and the Golden Retriever Who Saved Him*.

Inspired by Tuesday's story, Ms. Bonita and her Golden Retriever Cooper became a therapy team. Today, Tuesday has two residences. He has a home with Diane Bonita and another home with Educating Canines Assisting with Disabilities (ECAD), the organization that trained Tuesday to become a Service Dog. Tuesday and Cooper make alternating visits to Prime Time for Kids and other organizations.

Ms. Bonita explains the difference between a service dog and a therapy dog. "A service dog is usually trained for two years and works for an individual who has either visible or invisible disabilities. When meeting a service dog, one has to ask if the dog can be petted."

Therapy dogs, on the other hand, are trained to

be petted and touched by many people. Ms. Bonita and Cooper have participated in blood drives, visited hospitals, nursing facilities and rehabilitation centers. They have also been participants in an elementary school program for children who have difficulty reading aloud to other children. "These youngsters find it easier to read aloud to a therapy dog. The dog helps the child to relax," says Ms. Bonita.

"Therapy dogs are trained to walk or sit by your side and not be distracted," says Ms. Bonita. "They are trained not to pick up anything. They can listen to a command to get alongside a wheelchair or put their paw on somebody's lap. They know not to jump on people unless they are taught to jump on someone's lap. A therapy dog has to be well behaved. No barking, no running. They are taught not to play with other dogs when they are working." Several teams of therapy dogs

and handlers often visit a destination as a group. "When the visit is finished, we will meet outside of a facility and the dogs can say hello to one another. When they are working, the dogs have to ignore their buddies," explains Ms. Bonita. "The therapy dogs are trained to bring comfort and love to people."

To learn more about Hudson Valley Paws for a Cause, contact HVPaws@gmail.com or call 914.953.6434.



Lorraine Brown and Meeka



Technology

Enhancing Abilities

Using an app on an iPad, a man with a developmental disability learns to play melodies on the piano. With the help of a smart watch, another individual receives prompts to help him keep up with his daily activities. A third person uses a smart phone to send messages.

For most people, technological devices such as smart phones and tablets have become indispensable. Yet, for people with intellectual and other developmental disabilities, this technology often remains out of reach. Some are reliant upon outdated devices that set them apart rather than putting them on an equal footing with the rest of society. Others have no contact at all with the digital world.

For that reason, in October 2013, the Coleman Institute for Cognitive Disabilities in Colorado issued a *Declaration of Rights for People with Cognitive Disabilities to Technology and Information Access*. In essence, the Declaration states that the 28 million

United States citizens with cognitive disabilities “are entitled to inclusion in our democratic society” and that such inclusion in today’s world requires “access to commercially-available devices and software that incorporate principles of universal design such as flexibility and ease of use for all.

“We hereby affirm our commitment to equal rights of people with cognitive disabilities to technology and information access and we call for implementation of these rights with deliberate speed,” the document declares.

That Declaration of Rights was a call to action for Arc chapters around the country, including some in our area. Here are examples of ways in which chapters have accepted the challenge.

AHRC NYC

Two years ago, AHRC NYC received a Balancing Incentive Program (BIP) grant from the state to begin a year-long research project to develop Individualized Technologies Strategies (ITS).

“Our proposal for this BIP-ITS project was threefold: to help people with disabilities pursue their documented Individual Service Plan (ISP) goals; to help them be

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Technology

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more autonomous in pursuing those goals and to ensure that they are included in a society where everyday consumer technologies are so essential,” explains Philip Proctor, supervisor of the project.

“In our current society, if you don’t have access to these kinds of technologies, you are locked out of so much. Being disconnected from that creates a big divide,” he continues.

To prove his point, when first starting this project, he would have the staff members attending his presentation put their phones in a big bowl as they entered the room. “At first, people thought it was a great idea. But during the next half hour, as their devices started to ring or buzz, you could see the anxiety on their faces. It was a good way of showing how important this technology has become for us.”

To launch the pilot project, Mr. Proctor assembled a small team of three technology experts within the organization and encouraged staff members in each department to decide who in their programs would benefit from participation in the pilot project. The technology experts would then meet with the individuals to choose the appropriate devices and applications and provide individualized support in the use of the device to the user and to staff members in the department.

“Participants in the pilot project very much exceeded our goals,” Mr. Proctor says. “We wanted to not just give people access to technology, but to create invisibility of the device, so they wouldn’t think about the device itself, but what can be done with it.

“The most popular devices were iPads of varying sizes,” Mr. Proctor explains. “One gentleman on the project asked for an iPad to support creation of his artwork. After a couple of weeks using it, he asked a



“At first, there was a lot of learning on our part about the tiny little things that can stand in the way of an individual’s ability or willingness to adopt technology.” —Philip Proctor

staff member if he could get his artwork on T-shirts. Together with a member of the technology group, they were able to find an Internet service that could do that. Then, he asked if he could sell his T-shirts. We had no idea at the beginning that this would end up fostering entrepreneurship. Then I saw him in a band, playing drums with the use of the iPad. It is a successful example of how the device became invisible. This gentleman was focused on his artwork, his music, his entrepreneurship and not the iPad itself.”

Citing another example, Mr. Proctor tells the story of someone who learned to use a simple electronic device to help her communicate with co-workers.

“At first, there was a lot of learning on our part about the tiny little things that can stand in the way of an individual’s ability or willingness to adopt technology,” he continues. “For example, during the pilot project, somebody asked us for a Fitbit. We got it for him, but a

week later we discovered that he wasn’t using it. In talking to him, we found out that he wasn’t wearing it because we had gotten him the black one, and he wanted the pink one. So we got him the pink one and he uses it. When talking about choice and individual determination, it’s

important that a person’s specific needs and choices are respected.”

Based on the success of the pilot project, AHRC NYC was able to secure funding to extend the program. They have begun developing an online “Toolkit” that enables staff to see what the emerging technologies are and what they can do, so that eventually all support staff can become technology specialists for the people they support. AHRC NYC is also creating “affinity groups” in each department who will come together regularly to talk about technology approaches that can be added to the toolkit.

“We want to have the basic question of how technology can help a person be independent embedded in our planning process for each individual we serve.”

Currently, the project has led to the application of hundreds of new individualized technology devices, as well as the use of technology such as Smart TVs that can be used onsite for fitness and learning purposes. “At the moment, it remains difficult to provide people with everyday consumer technology,” says Mr. Proctor. “We are dependent upon grants and other contributions for funding. We hope that one day, this kind of project will be fully funded.”

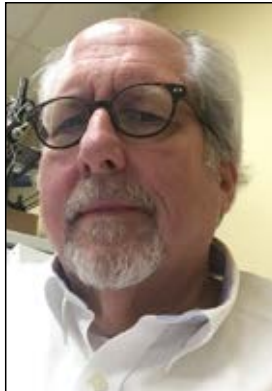
Arc of Westchester

In 2014, Arc of Westchester began a collaboration with Mercy College’s School of Health and Natural Sciences to start integrating everyday technology into the lives of the people Arc serves. “The College had a need to place its graduate students in internship positions, and we wanted to get more involved in technology,” explains Jordan Jankus, Technologist at Arc of Westchester and a member of The Arc Technology Navigator Fellows. “The College’s occupational therapy, physical therapy, speech therapy and nursing students came to our residences and our programs to see if technology could be an everyday solution to some of the support needs of the people.

“We had started working with technology on an informal basis before that,” says Mr. Jankus. “People we support were bringing in their own tablets and smart phones and asking if they could use them. But the collaboration with Mercy College was the beginning of a more formal approach.”

The result is *Tech Supports for Cognition and Learning*, a collaboration among Arc of Westchester, Mercy College, AHRC NYC and the Westchester Library System. In July of 2016, Arc of Westchester also became one of only six organizations in the country to receive a grant from the Coleman Institute in Colorado to promote the use of technology for people with cognitive disabilities.

“New technology provides a huge, flexible world that



“It will take time to raise everyone’s awareness about the potential of personal technology.”

—Jordan Jankus

everyone can use. What is in your pocket can be used to enhance your independence and integration into the community,” Mr. Jankus points out.

Unlike AHRC NYC, which has used its grant money to purchase technology devices, Arc of Westchester is encouraging people they serve to buy their own personal devices using Supplemental Security Income

(SSI) funds. “Our goal is to make the use of personal devices part of the ongoing Individual Service Plan (ISP) process, so that if there is something that a person is trying to accomplish, we can help them use the technology that will help them accomplish it.

“We’re just starting to train our staff. I’ve

been going out to our different programs to determine their needs. We have iPads and Smart Boards scattered throughout the organization, and we’re now determining how to use them most effectively. We have 800 employees and 2000 people we serve. It will take time to raise everyone’s awareness about the potential of personal technology. Coleman has helped fund the technology page on our website and our webinar series. We sponsored our first webinar in October on *Useful Technology* and another in December on *How to Use Technology to Tell Your Personal Story*.”

In addition to webinars, the Arc of Westchester has been providing community presentations on personal technology. In conjunction with Mercy College, the first *Tech Supports for Cognition and Learning Conference* took place in March and featured nationally-renowned experts in the field. On May 19, Arc of Westchester’s alliance, that now includes AHRC-NYC and the Westchester Library System, sponsored its second conference at Mercy College. “By educating parents and members of the community, we have reached beyond our organization to thousands of people,” Mr. Jankus explains.

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In addition, Arc of Westchester has been involved with The Arc of the United States which, together with Google and Comcast, is building a Tech Toolbox—an online referral system which organizes data about technology hardware and software and will eventually provide a virtual assistant to advise on the technology appropriate for specific needs as well as online support in its use.

“The Arc of the United States has a program to find people among the regional Arcs who are interested in technology and willing to exchange information about what they are doing at their own chapters,” says Mr. Jankus. “I am one of 16 Arc Technology Navigator Fellows in this program.”

ARC of Rockland

ARC of Rockland has received two grants from the Arc of Rockland Foundation (based on proceeds from the 2015 and 2016 *A Taste of Rockland* event) to develop a *Comprehensive Augmentative and Alternative Communication (AAC) Technology Center*, to help meet the needs of people who have difficulty communicating.

“Our goal is to assess the augmentative and alternative communication needs of individuals who have language deficits and provide them with the most appropriate means of functional communication,” explains Jessica Pizzutello, Senior Director of Community Services. “The use of AAC technology enhances social interactions and increases self-esteem.”

Anthony Pavlacka, Director of Autism Services at ARC of Rockland, explains some of the specifics of the program. “We plan on using the funds to build a loaner library of devices. These include iPads, for which we will obtain the software licenses for an assistive communication app (Proloquo2Go). The app has pictures that are paired with words or phrases, and when you touch the picture to create a message, the device speaks the message. It is widely used by speech pathologists and technicians as a functional tool for individuals with a variety of developmental disabilities and speech



Anthony Pavlacka and Jessica Pizzutello, ARC of Rockland

impairments. We also have adapted switches, which are hand-held plastic buttons or switches that can be pre-programmed to vocalize a specific phrase (pre-recorded speech), and we have Augmented and Alternative Communication (AAC) boards, which display a series of words and phrases in picture form that the user can choose from to express wants and needs.”

As part of the grant project, ARC of Rockland will utilize knowledgeable clinicians to provide assessment, ongoing training and support to the people receiving services, their families and staff members.

“These devices can be used for anyone with communication deficits: people who aren’t using words efficiently to communicate or who may not be able to articulate sounds or may have a speech delay.”

“Part of the grant is also meant for using iPads in the classroom for data collection in real time,” explains Ms. Pizzutello. “The program uploads the data and organizes it. It then stores the data in the *Cloud* so parents and staff can access it and track an individual’s progress.”

“There are other uses for this kind of technology,” Mr. Pavlacka adds. “We can use apps to create visual schedules. We can create social stories. For example, if someone is starting a new school or going to the doctor, we can create a visual narrative that explains what to expect, step-by-step, so that the individual will be prepared for the new experience. We can also implement video modelling—taking a video of someone doing a task, like brushing his or her teeth, so that the video can be replayed each time an individual needs it to copy the action.”

Although each of the three Arc chapters discussed in this article use a somewhat different approach to the use of modern technology, all have one thing in common: the focus on individual participation, individual choices and individual needs. ■

Students from left: John Marsigliano, Zaire Wheeler, Ryan Fein with Trish Wojcicki



PHOTO: JOSEPH SCOLLO PHOTOGRAPHY, INC.

Aquatic Therapy

In the Swim

Say the words *swimming pool* and what immediately comes to mind is fun. That certainly is what draws people of all ages to ARC of Rockland's therapeutic pool located on the grounds of Prime Time for Kids in New City, NY.

But even as they are splashing, playing water games, or learning to swim, they are also receiving benefits on a variety of levels, be they physical, emotional or social.

“The swimming pool is a therapeutic environment, whether the individual receives formal aqua therapy or is just there to have a good time,” explains Patricia Wojcicki, ARC of Rockland's Director of Aquatics. “The buoyancy of the water is less stressful on the joints, allowing for more freedom of movement. The resistance of the water strengthens the muscles and improves balance, the hydrostatic pressure tends to have a massaging effect and reduces swelling. Just being in the pool is a form of therapy, especially for the people we support.

“In the water, you are able to do things you're not able to do on the land, which builds confidence and self-esteem,” she continues. “For example, some people

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In the Swim

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can actually walk in the water when they can't walk on land. They can jump in the water, which they can't necessarily do on land. Blood flow back to the heart is easier in the water, so for seniors who may have heart conditions, the pool is one of the best places to get exercise. The buoyancy also enables people with arthritis to move around in ways that would otherwise be too painful."

It is no surprise that ARC's pool has a busy schedule, accommodating individuals of varying ages. "The pool is used for both recreational and therapeutic purposes and by members of virtually every one of our programs as well as members of other community organizations," explains Jessica Pizzutello, Senior Director of Community Services at ARC of Rockland. "It is also designed to meet various needs, using specialized equipment." This includes wheelchairs that wheel directly into the water on a ramp, neck supports and other equipment that facilitate floating on the water and even a walker designed to be used in the pool.

On almost every day or evening, one group or another may be found using the facility. Young people from the Prime Time Upper School, as well as groups from the Day Habilitation programs, come once or twice a week for 45 minute sessions. People who live in ARC residences attend a recreational pool program each Monday evening.

On Tuesday and Thursday nights a supplemental program is available to individuals ages 14 and up who live in their family homes. "Some of these young people are in ARC's day programs, others may still be in school. The program is offered throughout the year and, because it is a heated pool, it is especially attractive in the winter when there are fewer activities available," explains Melissa Chavarria, Program Coordinator of Supplemental Day Habilitation programs.

Participants in ARC's *Abilities Beyond Autism* Program for adults with autism spectrum disorders, swim as often as four times a week. "Some of the participants have limited attention spans, but in the pool

they are happy and more relaxed, so they are open to more teachable moments," says Ms. Wojcicki.

A Swim & Gym seasonal respite program, on Saturdays from March to October, provides informal instructional swim, free swim, games, social interaction and lessons in safety skills for individuals ages 5-15. In the summer, children from ARC's Prime Time for Kids Early Learning Center enjoy the water.

"For all groups, there is always a level of informal lesson occurring. Even during free swim, there are balls to throw, games to play, time to learn to float, swim and



Trish Wojcicki with Zaire Wheeler

PHOTO: JOSEPH SCOLLO PHOTOGRAPHY, INC.

interact with others," Ms. Wojcicki points out.

Thanks to a small two-year grant from the United Way, ARC of Rockland has been able to open the pool to several community organizations on Thursday evenings and occasionally on Tuesday evenings as well. Participants include the Big Brothers Big Sisters program, residents of group homes run by the state's Office for People with Developmental Disabilities (OPWDD), the Clarkstown Special Education Parent Teacher Association (SEPTA), and a private occupational therapist who provides aqua therapy to a young man with autism.

The Cambridge Idioms Dictionary defines the term *in the swim* as meaning to know about and be involved in an activity, especially something that is new or changing. The pool at ARC of Rockland is a literal example. ■

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