



THE BLUE UMBRELLA

collective



THE BLUE UMBRELLA COLLECTIVE

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OUR NAME

BLUE:

blue is the color of trust. it is sincere, reliable and tranquil. blue reduces stress and creates a sense of calmness, it enhances communication and conveys wisdom.

UMBRELLA:

the umbrella is all encompassing, it is a protecting force, an enveloping shelter. the umbrella is something that covers many different elements, concepts, and subjects. it is an all inclusive agent offering sanctuary for those impacted.

COLLECTIVE:

a cooperative enterprise, an aggregate with a unified goal. people acting with combined efforts towards a shared end point. a group coming together where individuals have a unique elements to contribute.

collective credo

* WE SPREAD KNOWLEDGE, EXPERIENCE,
AND EXPERTISE

* WE ARE COMMITTED TO MAKING
INFORMATION MORE ACCESSIBLE

* WE ARE A COMMUNITY THAT CELEBRATES
THE HIGHS AND SUPPORTS THE LOWS

* WE OFFER SOLIDARITY ON THE JOURNEY
OF EMBRACING DIFFERENT

* WE PLEDGE TO PROMOTE ACCEPTANCE
AND AWARENESS

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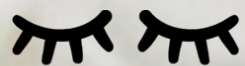
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*dream big
little one*



littlesleepies

publishers note

It's Issue No. 2!!! I was honored by the response we have gotten to our Inaugural Issue and the interest in collaborating with The Blue Umbrella Collective has been overwhelming!

This issue came together quickly and covers a wide range of topics from Collective members all over the world. We had a great conversation with Reading For Life, a non-profit spreading awareness and resources about Dyslexia in Southern Utah. We have an informational piece from Miami Testing Psychologist and mom, Allison Mark, PsyD. Educational Audiologist, Dr. Lilach Saperstein, currently located in Israel, contributed a piece on your child's special education team. Monique Cain, an Australian author, explains how writing stories not only helped her work through her children's Autism diagnoses but also helped the teachers and students in their schools become more aware.

Don't forget to check out our Collective Colloquy for answers to a specific question, you can submit your own question by emailing editor@blueumbrellacollective.com!

-Loni



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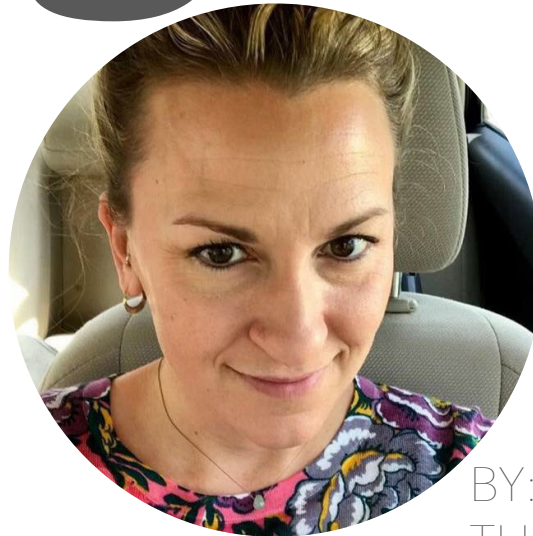


What's in the bag



OCCUPATIONAL
THERAPY

*"...it requires flexibility,
imagination, and limited
resources."*



BY: KATIE KARIJOLICH
THE OVERTIME OT



Being an occupational therapist in a busy school district is not for the faint of heart. It is a fast paced gig that requires flexibility, imagination, and limited resources. A typical day may consist of coming and going between multiple schools. Sometimes up to 3 or 4! That being said, it is important to have a variety of therapeutic activities at your disposal for all abilities and age ranges that can, of course, transport easily! Here are my favorites from my therapy bag.

Magnatab by Kid O



click to watch

I have honestly never met a child that did not enjoy Magnatabs from preschool to late elementary. This activity uses a magnetic stylus to pull metal beads to the surface to provide a click and great sensory feedback. You can also push the beads down with a satisfying click. They also make lowercase letter and number boards.

This is a homemade activity for kids to insert various sized coins into various slots in the container. This is good for all abilities and works on finger strength, coin knowledge, pinch, pencil grasp, and so much more. Money is never plentiful so I try and use materials I already have and I do have LOTS of coffee containers! I also make these for my students/teachers to have in the classroom at centers or for work box tasks.

Coffee Tub



click to watch

click to watch

Playdoh and Utencils



Honestly these are all utensils I have "borrowed" from my daughter's collection. Playdoh can basically be used for 1 million OT activities from multi-step directions, rolling using bilateral hands, finger strengthening, and on and on! It is also very inexpensive to replace, and you can always make your own playdoh if the mood strikes.

Mini Muffin Match Up by Learning Resources

This activity is fun and always a favorite. It encourages kids to work on fine motor, dexterity, and visual perceptual skills. Therapists can have the students use tongs, fingers, or a scoop as pictured here. It is a great activity as a precursor to scissor usage because it helps students learn how to position the tongs in their hands.



click to watch

click to watch

Oreo Matchin' Middles



This is a very proud possession in my OT collection. They do not make this game anymore but I was able to find a complete set on ebay. I use this matching game in many different ways and the younger kids love singing "Who Stole the Cookie from the Cookie Jar" while we play.

Though these aren't as cool as The Overtime OT's Oreos, they are shape matching toys that serve a similar purpose!



our story... books



BY: MONIQUE CAIN
THE EVERYDAY AUTISM SERIES



||

*"Things don't always go to plan
life can throw you massive curve balls"*



My name is Monique Cain. Both of my two children, Madi & Thomas, have been diagnosed with Autism Spectrum Disorder. So, to say the last 7 years of our lives has been an emotional roller coaster would be an understatement.

Everyone has an idea of what you think your life is going to be like once you become a parent. What sort of mother you will be and the type of life you will be able to have with your children. Unfortunately, things don't always go to plan, life can throw you massive curve balls with certain elements that are completely out of your control.

My daughter Madi was born in February 2009. She seemed to be developing okay, even well, making animal noises and counting to 10 by 12 to 18 months. By her second birthday, she had not progressed, was not talking at all, was not interested in playing with other kids, not excited about opening her birthday presents, which I thought was a bit strange but didn't really think more of it at the time.

More unusual behaviors started to repeatedly occur, like lining things up, isolation and very limited eye contact but not knowing what to expect being our first child and having friends and family say she's fine and all kids do things and develop at different times, we were hesitant to formally react.

Madi's behavior continued to get worse, so we sort help and at age 3 she was diagnosed with ASD. I remember walking into the speech therapist's office for the initial diagnosis appointment, after minutes, before even doing any assessment she said "Yes she definitely has autism".

The pediatrician then said that Madi would need up to 30-40 hours a week of therapy to have any chance of further development. We knew something wasn't right but certainly not to the extent it would turn out to be and we knew absolutely nothing about autism.

Thomas seemed different to Madi, he made eye

contact, wanted attention and interaction, was walking at 9 and a half months but his speech was not developing. At 18 months said nothing, 2 still nothing and he was starting to show some possible signs of sensory issues.

Still not 100 percent sure, possibly also in denial but knowing by then how important early intervention was, we got the ball rolling and at just over the age of 2, my son Thomas was also diagnosed with ASD. Having been through all the processes before, we enrolled him straight away into therapy. At that stage Thomas too was non-verbal, not toilet trained, unable to play creatively or complete a given task and I then had both of my 2 children diagnosed with ASD and both enrolled in therapy.

It took a while for it to sink in that both of my 2 children were on the spectrum; everyday living was hard, I felt like my children were constantly being judged by their behavior and I by my reactions as a parent. I felt the need to have to explain, wear a t-shirt or even a sign on my head like, 'My child is autistic'.

Madi was in her second year of 4-year-old kinder when a boy said to me one morning "Madi is dumb and Madi doesn't know anything." It was like a dagger through my heart and I honestly didn't know what to say, especially to a five-year-old. I just said "Madi is not dumb; she just doesn't talk very much." There was so much more I should have said but at the time but I was heartbroken.

Shortly after that I began writing. A poem, turned into a story and I thought if I put photos of Madi actually at kinder together with this story, the kids and teachers might understand her better. So, I went online, put my first book together, 'Madi at kinder', took it into the classroom, showed the teacher, she loved it and read it out to the class. She said there was nothing like that out there for kids and it really helped them to understand Madi more.

Madi went off to main stream school the following year and straight away I thought to show her teachers

the book. With the same desired reaction, her teacher showed the principal and she had every teacher in the school read the book to their class. The whole school then knew about Madi but also, they would be more educated about autism and would hopefully be more kind, understanding and friendly to all kids that may act a bit different.

After such a positive response from the initial book, more confidence and a new-found purpose, I continued writing and had a selection of books illustrated and published to then help other children and families too. I now have The Everyday Autism Series, currently consisting of 5 books, website, Facebook page, Instagram and other social media where I blog about the kids and pass on other relevant information to help raise awareness, inspire and give hope to other families living with Autism.

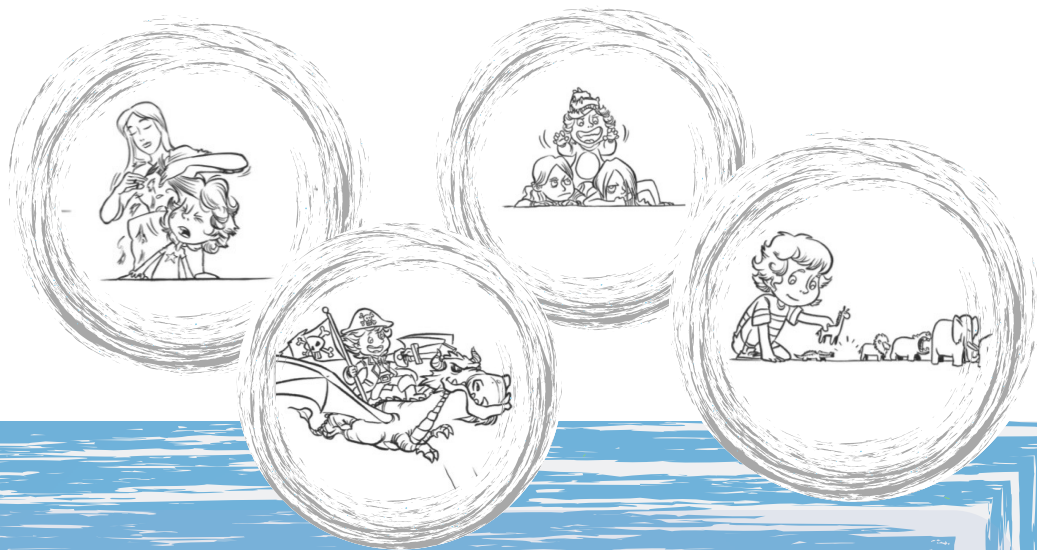
The books are written simply, in rhyme to be entertaining yet informative for children to understand but adults will also gain valuable knowledge. If we had books like them to simply spell out Autism and to give to family and friends, it would have saved us all a lot of uncertainty and heartache.

I have currently sold books to every state in Australia and overseas to New Zealand and the UK. I had the pleasure of being interviewed on television, a guest

speaker at several events, written articles, podcast radio interviews, book readings and a regular blogging gig with Source Kids, an online and Australian wide special needs publication.

So far, my books are available for purchase on my website, various local bookstores, various speech therapists, local libraries, Amazon, My Diffability Australia, an online special needs resource website, Early Childhood Australia, to name a few. My major goal now is to have my books present in all kinders, schools, day care centers, professional rooms and homes worldwide.

I feel really proud to have turned what felt like such a negative in our lives into a positive. I have been able to give my children and others a voice. Hopefully, that by telling our raw and real story, it will help and inspire other families living with Autism too...



The Everyday Autism Series

by Monique Cain



shop here





Cheri Dotterer,
MS, OTR/L

dysgraphia
consultant

**AUTHOR
ACADEMY**
AWARDS
NOMINEE



**HANDWRITING
BRAIN-BODY
DISCONNECT**

Adaptive Teaching Techniques to Unlock a Child's
Dysgraphia for the Classroom and at home



33% of children struggle
to learn how to write.

9 out of 10 do not get
the support they need in school.

buy the book!



Book Launch March 12th!



TIPS & with TRICKS

COR is an ABA and Autism Service provider in NY, NJ & MO. They offer ABA, parent training, early intervention (ei), multidiscipline training, center-based programming, and these fantastic videos!



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CLIMBING THE CHARTS. FOLLOW, JOIN, FRIEND, OR
SUBSCRIBE TO THESE ACCOUNTS AND GET TO KNOW THESE
AWESOME PEOPLE!

instagram



@EXCEPTIONALELEMENTARY

Kelsey is a Special Education Teacher in Tennessee. She recognizes the rate of burn-out in the field is HIGH and hopes to play a small part in providing other teachers with evidence based and data driven resources needed in their classrooms, so they can be the best possible teacher for their students! Her resources can be found on TPT. In addition to her bright and cheery Instagram, Kelsey also hosts a blog!

HONESTLY ADHD

Erin Snyders is the founder of Honestly ADHD and the Honestly ADHD Parenting Academy. She is an ADHD parenting coach, educator, blogger and speaker, and also a busy mom of three spirited children, one of whom was diagnosed with ADHD at the age of 5.

Erin began her career as a lawyer, however, her personal experiencing raising a child with ADHD has been one of her life's biggest (and most rewarding) struggles. During this time of exceptionally challenging parenting, Erin often found herself feeling isolated and alone in trying to figure out ADHD. This was the catalyst for leaving her corporate career, becoming an ADHD parenting coach, and creating an online community for parents across the globe to find connection and resources.

facebook



blogger



VERY SPECIAL TALES

Clara, an economist and psychologist, is a mother of two and hosts a blog. After some major geographical transitions, Clara began creating stories for her son, Victor, to help him cope. She decided to write these stories out and share them to help others. Clara not only shares her witty tales, but also tackles some difficult topics on her blog including Autism, Anxiety, Anger, and Self-Esteem.

EDVERYTHING EDUCATION

Teachers Danielle and Nicole are educators passionate about changing the face of education by helping other remarkable teachers stay in this important profession. They know just how important it is for fellow teachers to get regular doses of motivation to keep them going throughout the year. Part inspiration and part implementation, their podcast offers short episodes designed to provide actionable steps on how to make your classroom more efficient, new technology or ideas to try out in, and other resources they find along the way.

podcast



pinterest



PINK OATMEAL

Chandra combined her love of design with her knowledge of Physical Therapy to create resources that promote motor development and physical activity which she offers on her blog. Over on Pinterest, she has curated 34 fabulous boards ranging from motor milestones to brain breaks. Parent, educator, or therapist, Pink Oatmeal has something for everyone. All of Chandra's boards have quality pins and her Pink Oatmeal products offer many thematic topics for use in the classroom, and out!

atford *momma*
A SELF-CARE BOOK BOX FOR MOMS

atford *momma*
A SELF-CARE BOOK BOX FOR MOMS

Make Everyday Moments
a Chance to Find Calm
and Feel More Connected

BREATHE
mamma
BREATHE

5-Minute
Mindfulness
for Busy Moms

Shonda Morris, MSW, LCSW



BY: ERICA SCHUPPE
WILD ROOTS THERAPY

Distraction, by ThinkFun, is the current hit game for tweens and teens at Wild Roots Therapy. The game involves remembering an increasing amount of single digit numbers while occasionally being sidetracked by directions on the cards.

Can you remember 1, 3, 5, 6, 6, 2, 3, if right before you name the digits, you're instructed to make the noises of 3 animals? What about if you hit pause and have to recite a movie line? Or complete a movement task?

Turns out that these memory skills vary drastically between players depending on their personal strengths. Our interns always seem to emerge as *Distraction* champions as memorization under stress is a great description of the daily life of graduate students!

Distraction is useful for working on executive functioning skills such as attention, memory, impulse control, flexibility, and self-monitoring.

It has been valuable for engaging clients who have great cognitive skills but need opportunities to practice the social, executive functioning, sensory processing, and modulation skills necessary to be successful with peers, in school, and during daily routines.



Up next for us with *Distraction* is creating our own cards with interruptions that are more classroom distraction based (i.e. look up and then down 3 times or hand a pencil to the player to your right), or even playing the game with music in the background, or in a busy visual environment. Using these real life home and school distractions will provide the kids opportunities to learn and implement strategies for keeping on task and focused in multiple environments.

Erica Schuppe is the owner and lead occupational therapist at Wild Roots Therapy. She is a mom through biology, foster care/adoption, plus a wife, yoga and travel enthusiast, and introvert. The vision of Wild Roots Therapy is to provide a statewide model for trauma informed multidisciplinary care for children and families in a facility where all types of families feel welcome. Wild Roots Therapy is currently a collaboration of occupational therapists and a counselor.



WILD ROOTS
THERAPY



The Inside Scoop

READING FOR
LIFE



READING FOR LIFE
SOUTHERN UTAH




*Promoting Dyslexia Awareness and Resources in Washington County, Utah
A conversation with Angela MacKay, founding member.*



C: *How did Reading for Life get started?*

RFL: About 4.5 years ago my daughter was 7yrs old and diagnosed with Dyslexia. We were told and recommended by our evaluator exactly what type of specific structured reading intervention would work to teach a child with Dyslexia how to read. We found that those options were not available in our community, so we had to seek help outside our community, and ultimately had to do her reading tutoring over the internet with Skype or FaceTime. Two years

later, a friend of ours ran into the same issue with her daughter, and still two years later nothing had changed in our community. My husband, our friend, Melissa, and I, put our heads together and decided we wanted to do something about that. We created Reading For Life Southern Utah, with the initial purpose of training certified Dyslexia Tutors because we knew the training was often cost prohibitive for people because it's often quite intense, often 9 to 12 months long, and expensive. So we created our non-profit organization to

fund that training. Basically to have private tutors on the ground here in our county, our community, so that parents like us could find them when needed. We have continued to do that but have expanded our mission to provide resources to the community and a lot right now with spreading awareness about extreme reading difficulties and Dyslexia in our community. 

C: *How does RFL help families?*

RFL: We initially started out helping families by providing private tutors to be available basically

to supplement what is going on at school, because until recently there wasn't a lot of knowledge about Dyslexia in our school district, or any methods to address that and that's still in very infant stages in our school districts, but definitely progressing. So we help families by providing the tutors, but I think what we're doing even more now is providing resources and pointing them in the right direction and educating families and just getting out there and letting people know this is a real thing and there is an answer for it. Right now we're partnering with the school district to put on the first ever Reading and Dyslexia Summit in Southern Utah in late April of 2019. This will reach well over 100 educators in our community as well as parents. We are super excited and honored that the district approached us to partner on it. We are also working with Decoding Dyslexia Utah, a parental advocacy group in Salt Lake who is lending their experience and information to make this event a success.



C: *Since your area is geographically expansive, how do you provide information to parents?*

RFL: Our main mode of communication utilizes technology. Our website launched last April and it's really expansive. The Resources Tab has video, books, podcasts, all

of the best, and national, websites on Dyslexia. It has a tab for finding a tutor. We also have a Facebook page and are working to have a social media presence. We have launched quarterly parent education meetings, so those rotate through libraries in the county.



C: *Are families finding tutors in their areas, or are they still utilizing video conferencing to meet?*

RFL: We don't think people are finding them as much as we want, and that is part of our work right now, to make sure people are even aware that the tutors exist. We are also finding that for tutoring to be effective it needs to be done at least twice a week, and it can get costly. We have found that the tutors services could be cost prohibitive for some families. Our board at Reading For Life, has turned our attention to raising funds towards partial scholarships for kids so we can help pay for the tutoring. We have evolved from our narrow mission 2.5 years ago, we're just expanding so much beyond that.

C: *What is your why, what drives you to continue this work?*

RFL: The need. There was absolutely no, well almost no, awareness in our community about Dyslexia at all. So the need for it, the ever increasing new avenues that we've been able to go. That drives us to keep going forward because it just keeps changing and

evolving. It's difficult because we have a small board and we all have outside careers so we're doing all this on the side in addition to our work and our families, but it is so rewarding!

C: *What advice do you have for parents of a child with a Dyslexia diagnosis?*

RFL: My advice for parents, because I've been in that boat, I'm not an educator, so I can speak as a parent of a child with Dyslexia, is just to be educated. There is a lot of information out there in books and on the internet, and in podcasts. Just learn about it. Just educate yourself so you know what your child is entitled to at school, what resources are out there. My additional advice is that children with dyslexia, the research shows that they are intelligent, and capable and have many other gifts. Dyslexia is not curable, but it is certainly surmountable. It is a challenge, but it does not need to hold your child back in any way, there are so many successful, highly successful, people with Dyslexia in all walks of life. Just hit it head on and you'll be fine. Encourage your child to do the same and it will increase their self-esteem when they get help, and their emotional wellbeing overall.

C: *What advice do you have for those in areas with limited resources?*

RFL: Know that you do not have to be limited by geography. In an area that has geographically limited resources, you can still get on websites and read books to educate yourself. As far as services and tutoring, the online option really isn't a bad thing. There are lists of tutors that specialize in tutoring kids over Skype and FaceTime, it can be just like the tutor is sitting across the table from your child. That's how my daughter has done it for 4 years and she has done extremely well. Her original tutor was

in Las Vegas, which 120mi away, so we would see her in person every other month or so, but twice a week they met over FaceTime. She referred us to our next tutor who actually lives in British Columbia, Canada, and we've never met in person, but she's amazing and it works really well. It can work, just look at your options and don't give up.

C: What is your favorite part of this journey so far?

RFL: Our favorite part, for all of us, especially the founding members, is the fact that we've had such great success so far. We feel like we've done so much in 2 years. Our most favorite is that it has evolved, it has taken us to places that we didn't anticipate it going in the beginning. Our original mission was so narrow compared to what we are doing now, so that's been awesome.

C: What quote provides inspiration for you on this journey?

RFL: We really like the Margaret Mead quote "Never doubt that a small group of committed citizens can change the world, indeed it is the only thing that ever has."



creative QT

creative QT

Chore
sticks

Good,
Clean
Fun!

take out trash & empty recycle
load or unload dishwasher
organize games & puzzles

Dedicated To Empowering Parents & Kids

clean bedroom

creative QT

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Chore
sticks
Good,
Clean,
Fun!

take out trash & empty recycle
load or unload dishwasher
organize games & puzzles
clean bedroom

creative QT

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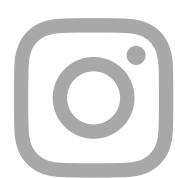


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testing assessment evaluation

What's the difference?

BY: ALLISON MARK, PHD
MIAMI TESTING PSYCHOLOGIST



Who am I?

I am Allison Mark, a clinical psychologist and mom of two (2 and under ah) navigating the trials and tribulations of Miami motherhood and building a private practice. I know first hand how fulfilling and challenging it is to be a mom (not only a mom but a mom who works while also wanting the absolute best for her children and to be able to spend time with them). I am a mother who has a unique perspective on the importance of psychological testing for our children when we believe that they may be struggling emotionally, academically or both.

What do I do?

I conduct assessments – they are typically referred to as psychological, psychoeducational or neuropsychological evaluations. These words are often used interchangeably so it is important for you moms out there who may have been told by a school counselor to get your child a psychological, psychoeducational, or neuropsychological assessment to know the key differences between the three. Also good for you mamas to know – most psychologists who conduct assessments do all of them so don't be alarmed if for instance, you go onto my website and see psychoeducational or neuropsychological assessments and think "ugh well she does

not do the kind of assessment the counselor wants" —

YES! I actually do all of the above!

*Also used interchangeably are the terms "assessment," "evaluation," and "testing."

What's the difference between these fancy named assessments?

A Psychological Evaluation can include many of the same assessment tools as Psychoeducational and Neuropsychological Evaluations such as assessments of intelligence and academic achievement. Psychological Evaluations add a social, emotional, and behavioral

component as well.

Psychoeducational Evaluations seek to understand a child's general learning style, and then guide the development of classroom accommodations and support from an educational perspective. These evaluations are generally not as broad as Neuropsychological Evaluations (the most comprehensive of them all), and usually do not include formal assessments of the specific domains of cognitive functioning (attention, memory, executive functioning, language, etc).

So if your child's school wants your child's attention and executive functioning to be further assessed, you want to make this clear to the psychologist so they can administer more assessments in the evaluation.

Neuropsychological Evaluations examine how a child's brain functions, and how that functioning impacts the child's behavior and learning. These evaluations are typically much broader than Psychological or Psychoeducational Evaluations, and thus usually take longer to administer (and are much more \$\$\$\$, but for a VERY good reason).

Neuropsychological Evaluations typically include assessments of intelligence and academic achievement, but also go even further to include assessments of the specific domains of cognitive functioning that are controlled by different regions of the brain, such as executive functioning, visual-perceptual abilities, information processing, attention and concentration, learning and memory, language, adaptive skills, and fine motor skills.

By examining a child's underlying neurocognitive processes in greater detail, a neuropsychological evaluation can provide deeper insight into why students are having certain difficulties, what their

learning strengths and weaknesses are, and what interventions can be used to successfully address their difficulties both in and outside of school.

My thoughts as a mother and a psychologist...

As a mother, if I were told by my child's school that he needed to be evaluated of course at first this might be super upsetting news to hear. No mother wants her child to struggle in school, or at home, but at the same time, being told by someone that your child needs to be evaluated can feel very daunting and somewhat intrusive. Nevertheless, as a psychologist I can tell you that it does not need to feel this way.

Hopefully the information in this guide will help make the process much easier and feel less like a death sentence (this might be too harsh an analogy but you get my drift).

So why are these assessments so important?

Has your car ever broken down with no apparent reason as to why? Have you looked under the hood to check the engine to see how it's running? You probably have even brought your car into the shop to get it assessed to see what's malfunctioning and spent a hefty load doing it so you can get it back up and running smoothly again.

Think of an assessment like that – we are looking under the “hood” of your child, or teen, to further examine what works well, and what might need some tweaks, adjustments, or improvements in order to optimize functioning and aim for a smoother ride. If you can invest in your car you can invest in your child am I right?

Assessments help to identify specific strengths and weaknesses to help your child or teen learn at their best most individualized pace. Also, assessments look at the WHOLE child/teen so if the teacher is seeing attention problems in school the psychologist will assess for things like ADHD, but ADHD is not always the cause. Did you know that what looks like ADHD symptoms can actually be something else like depression, anxiety, or even learning difficulties?

How do I go about getting my child assessed?

First of all, you are the parent so you know your child the absolute best out of any adult in his/her life. If you feel that your child is struggling, you do NOT need to wait for someone to suggest to you to get him/her assessed. You do NOT need a referral!

So let's say you have decided on your own or you have been referred for an assessment by your child's school – what's next?

Several things can happen:

- If you are referred by the school, they may have you see their school psychologist but keep in mind that a school psychologist cannot typically do a full comprehensive Neuropsychological Evaluation – you need to go to a clinical psychologist or neuropsychologist for that.
- If the school refers you, they may also suggest some pre-identified psychologists for you to take your child to, which helps to simplify your search.
- If you have decided to take your child on your own, you can always ask the pediatrician for referrals, or you can come

to me!

- www.PsychologyToday.com is also a good resource to find providers to conduct an assessment or to find a therapist for yourself or your child if need be.

How much does something like this cost?

First and foremost- most private practice providers do not accept insurance. This is because insurance minimally reimburses for these assessments (I'm being super honest).

If you do find someone that takes insurance, I can predict with 95% confidence, that you will be waiting for your appointment for quite some time because obviously these providers are hot commodities.

Many psychologists in private practice who do not take insurance will provide their clients with what is called a "super bill", which is an itemized form used by healthcare providers to reflect rendered services. You can send the super bill to your insurance provider to see if they will reimburse you for some of the assessment.

So back to the main question, how much does this cost? Most assessments can cost anywhere from \$1500 up to \$3600 or so. Most private practice psychologists in Miami will charge between \$180-\$250 for their time. Some have a flat rate for assessments and others charge by the hour.

The assessment typically takes anywhere between 12-18 hours total. It sounds like a lot of hours but this includes the following:

- A clinical interview with you
- Test administration which depending on the type of assessment can take anywhere

between 4 - 8+ hours

- Scoring and interpreting the test scores
- Writing up the report
- A final feedback session where you and the psychologist review the test results and go over the report and follow up recommendations for the teachers and you to implement at school and home.

The wide range in dollars here is because of the different types of evaluations – the more comprehensive the assessment the more time it takes for the psychologist to administer the tests, score and interpret them, and then write up a report, hence the more expensive it becomes.

So lets return to the car example – if you own your car and you are not under warranty, how much are you willing to pay to improve its functioning?

This is worth it!



Allison Mark, Psy.D., P.A.



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FEBRUARY JANUARY DECEMBER APRIL

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29 THU

SPEECH DELAY

WILL MY CHILD OUTGROW IT?



BY: KAYLA CHALKO, CA-SPEECH-LANGUAGE PATHOLOGIST
WALKIE TALKIE SPEECH THERAPY



*check out my 90+
free videos*

Hi Families!

Early Intervention Speech Therapy is my passion, but what I'm even more passionate about is educating and empowering families with skills to help their child from home. That's why I created my private practice and started my YouTube Channel.

Every Tuesday, 8am PCT, I post a new video in which I answer questions from real parents and share the expertise I've learned in my 10 years of working with toddlers. Topics range from **"5 Signs of a Speech Delay?"** to **"How to Teach My Child to Request?"** I even give my expertise on difficult behaviors, tantrums, and potty-training.

Receive my free mini-guide book: **"5 THINGS EVERY PARENT NEEDS TO KNOW RIGHT NOW ABOUT SPEECH DELAY"** by joining my **newsletter**.

If you are looking for a step-by-step guide on how to help your child learn to communicate, check out my **online program** for parents and therapists. (Use promo code: KAYLASDEAL for 15% off)

Thanks and Happy Talking!

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Who's on your *child's* team?



BY: LILACH SAPERSTEIN
EDUCATIONAL AUDIOLOGIST



"with your child at the center and you leading at the helm"

When your child has a diagnosis of any kind, there will surely be several professionals involved with their case. Sometimes, it can get confusing or overwhelming to have so many opinions in the mix, while keeping track of appointments and instructions from each provider. Getting a handle on who is involved, or who should be involved but isn't yet, is a very important step in being an empowered advocate for your child.

Let's start at the very center- your child! Whoever becomes a provider of healthcare or education for your child has a professional and ethical responsibility to serve your child's needs to the best of their ability. In essence, they work for your child. They are all there to do everything within their scope to attend to your child's needs and help them develop and succeed. Each professional has a different perspective on which developmental goals and milestones they will focus on, so having the variety of professional voices on board is so important in ensuring your child receives the specialized support in each area. However, it is also crucial to maintain that your child is, after all, a whole child, not just a diagnosis or a specific impairment, as the case may be. In other words, it often falls to the parent to make certain that each professional on the team is an expert in their field, while also educated on the specific needs your child may have in other domains.

For example, as an audiologist, it's important for me to have an understanding of my patient's fine motor skills and take their dexterity into account when counseling about inserting or removing a hearing aid or earmold into their ear. Similarly, your child's medical specialist may not be aware of your child's preferred reinforcers for appropriate behavior; having their behavioral therapist join you for medical appointments, or at least help prepare for them, can really lessen the stressors of the unknown medical setting and procedure.

In addition to the importance of advocating for your child's medical needs, you also have that role within their educational setting. Your child likely spends many hours each day with their classroom teachers and staff, and may spend several hours per week with school-based providers such as speech therapists or occupational therapists. You can serve as the bridge between the medical and educational realms by providing up-to-date information about medical appointments, reports, and results so that the staff at school is aware of any medical changes or accommodations as they happen. And similarly, it is great to keep up with teachers' reports and know of any challenges that arise during the school day which you can bring up to the appropriate healthcare provider. In some cases, there is dedicated school personnel to facilitate just this kind of

communication, such as an educational audiologist, school nurse, counselor, or social worker. Getting your child's physical therapist in touch with their orthotist, or your child's speech therapist with their clinical audiologist, are great ways to encourage an interdisciplinary approach.

Ideally, with your child at the center, and you leading at the helm, there is a team of health professionals and educators in place, all dedicated to your child's health and success.

Take away questions:

- Who's on your child's team and what is everyone's role?
- Are there two people you would like to be in contact with each other? How can you arrange this?
- When reviewing who is on your child's team, is there an additional professional you think should be added to the team?

Fill in the accompanying download and share it with members of the team!

our medical & educational team

Child's Name	DOB	Special Notes			
Primary Caregiver	Contact				
Alternate Caregiver	Contact				
TITLE	ROLE	CONTACT	LAST VISIT	NEXT VISIT	SPECIAL NOTES
Physician					
Dietician					
Therapist					
Occupational Therapist (OT)					
Audiologist					
Speech Therapist					
Cardiologist					
Neurologist					
Geneticist					
Other					
Other					



3D Play Rugs



“

*How do I foster
a relationship
between my
neurodiverse
6 & 8 yr olds?*

-Karena H.

COLLECTIVE
COLLOQUY

haley baker

FAMILY THERAPIST



Building bonded relationships, even among familiar figures such as siblings, requires three foundational social-emotional skills: being able to identify one's own feelings, being able to communicate one's own feelings to another person, and being able to listen to, or guess how, another person may be feeling. However, before any of these skills can be developed and applied, your children must have the words to name the different emotions that they or others may be feeling. I recommend using a visual tool, such as a feelings chart, to teach your children the names of each feeling. If your child is nonverbal or is not yet reading, choose a feelings chart with simple, clear visuals, so that they can point to the feeling they are having. You can further reinforce your children's use of the feelings words by modeling how to use it (point to the feeling that you are having in any given situation), or by asking the child to point to the feeling that they think someone else may be having.



If you have a question that you would like a few expert opinions on, DM us on



Instagram, or email your question to info@blueumbrellacollective.com



toni rozzi

EDUCATIONAL SPECIALIST

Provide ample opportunity for them to interact. Have them sit down to do an activity together, like coloring or creating, but separate the materials giving each child something to be in charge of. This way they need to request the materials from their sibling, encouraging sharing and communication, which will help to strengthen the bonds of their relationship.



janine halloran

LICENSED COUNSELOR



Encourage them to play together! While they may not enjoy all the same types of play, speak with each of them separately about what they like to play, and listen for things they both want to do. Maybe it's a particular board game, arts & crafts, playing with blocks, or playing at the playground. Find the commonality and set aside time for them to play together. If you don't hear anything that overlaps, notice what they both enjoy and find a common thread, and use that as a basis for their shared playtime. This playtime will hopefully give them an opportunity to connect, make some memories, and spend enjoyable time together.



emma tempest

PLAY COACH

Joining children in their world, just where they are right now is an amazing opportunity to build relationships. Being completely theirs - you follow their lead, let them take control and show them you respect their ideas by trusting them. You can teach each child appropriate play skills such as turn-taking, social skills and problem solving individually in a safe place with a responsive adult. This helps them to practice the skills needed for when they are engaged in play together. Keep this time short and sweet so they can be successful, then you can all celebrate together!



TOP five

WITH EASY SPEECHIE



JULIA MORA
EASY SPEECHIE

Methods for Improving Eye Contact

Eye contact is a form of body language that has many benefits during communication, yet for many children, it is very difficult to accomplish.

Among many purposes, eye contact serves for acknowledging people's presence, helps with attention for learning and concentrating, and is very important for reading social cues.

For many children, eye contact is something that can, and needs to be, taught; luckily, it becomes easier and more natural with time and practice.

Assuming there are no underlying conditions that prevent a child from being able to maintain eye contact, such as vision impairment, here are my top five methods for working on eye contact with your child.

ONE

GET TO THEIR EYE LEVEL

First and foremost, it is important to get to your child's eye level. During play, sit or lie directly in front of them. Since it's easier for them to look straight or down, this will make it easier for them to catch your eye, as opposed to them having to work harder by having to look up at you.

TWO

EXAGGERATE FACIAL EXPRESSIONS

The more exciting and interesting your face looks, the more of a reason your child will have to look at it. Additionally, experiment with cool masks, or silly eyeglasses to help catch the child's attention.

THREE

BUBBLES!

This has always been my most favorite way to target eye contact skills. First I get their attention by showing them the bubbles. Once they begin reaching for it, open it, and hold the wand up to your eyes before counting "one, two, three, blow!". Count slower or faster to extend/shorten the time they are looking at you. If your child doesn't really care for bubbles, this can pretty much work with any toy they're motivated by. Catch their attention by showing it to them, then hold it up to near your eyes before handing it to them.

FOUR

TUNNELING

Another technique I like using in therapy is called tunneling. To do this cup your hands on either side of your child's eyes to focus their line of vision, similar to blinders on a horse. Creating this 'tunnel' around their eyes will block their peripheral vision and prevent them from being able to look to the sides, forcing them to look at you.

FIVE

FEEDING

Assuming feeding is an enjoyable experience for the child, this is a great time to work on eye contact because of the repetitions involved. This means many opportunities to work on eye contact in one sitting! Similar to when blowing bubbles, bring the food or spoon up to your eyes before giving it to them, and then repeat.

Start off small. First with a goal of 2 seconds sustained eye contact, and gradually increase the length as it becomes easier for the child. Always be patient and give them time to respond, whether it's minutes or days. Sometimes it takes children time to comprehend what is wanted and expected of them.



PRIMEWE *for Kids*





BY: LAURA BROWN

MOMMY & ME MILESTONES

SPEECH & LANGUAGE DEVELOPMENT



CLICK ME!

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 THE BLUE UMBRELLA collective

early MILESTONES



FOR SPEECH & LANGUAGE DEVELOPMENT

AGE 1	<ul style="list-style-type: none">• SAYS A FEW WORDS• UNDERSTANDS COMMON WORDS/PHRASES• FOLLOWS ROUTINE DIRECTIONS
AGE 2	<ul style="list-style-type: none">• SAYS 200-300 WORDS• COMBINES 2-3 WORDS FOR SENTENCES• FOLLOWS 1-2 STEP DIRECTIONS
AGE 3	<ul style="list-style-type: none">• USES SENTENCES TO COMMUNICATE• ASKS AND ANSWERS QUESTIONS• PARENT CAN UNDERSTAND 100% OF WHAT CHILD SAYS

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providing you with more amazing content.

