SOLVING THE DEVELOPMENTAL PUZZLE
Cover Story
Piecing Together the Puzzle
Welcome to the Pediatric Development and Therapy Center

Smooth Transition
Teens learn how to manage their own care as adults.

How PB&J Improved a Girl’s Life
A therapist’s lesson paves way for an independent life.

A Long Journey
Painless remote control surgery helps grow strong bones.

News & Nuggets
The Year to Volunteer
Diagnosing Digestive Disorders
Pediatric Specialists
Supporting a Child after a Disaster
Snapshots
Another Amazing Half Marathon
Teaching Kids about Safe Touch

Our Mission
Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God’s people, especially those most in need. We call forth all who serve in this healthcare ministry of Jesus Christ to God’s people, Catholic Church, we extend the healing

Cover photo by Marie Constantin.

Easy Nut-free Lunchbox
With food allergies on the rise, many schools have gone peanut (or any nut) free. This leaves some parents with fewer options to pack for their child’s lunch. We’re here to help with an easy, nut-free lunch idea.

Cheese Quesadillas

Ingredients

- 2 to 3 cups filling: leftover cooked vegetables, shredded meat, cooked beans, fresh or frozen corn, cooked rice or grains, or any other leftovers
- 2 teaspoons or vegetable oil, divided
- 4 large (9-inch to 10-inch) flour tortillas
- 2 cups shredded cheese: cheddar, monterey jack, colby, fontina, or any favorite melting cheese

Instructions

1. Prepare the filling: Pick a few of the suggested filling ingredients above, enough to make 2 to 3 cups of total filling. Warm briefly in microwave or skillet. Transfer to a bowl and keep warm.
2. Place ½ teaspoon of oil in skillet over medium-high heat.
3. Add the tortilla and top with cheese: Lay one tortilla in the skillet and sprinkle all over with 1/2 cup of cheese.
4. Add the filling: Spread roughly 1/2 cup of filling in a single layer over just half the tortilla. When the cheese has completely melted and you see golden-brown spots on the underside of the tortilla, the quesadilla is ready.
5. Fold the quesadilla in half: Use the spatula to fold the quesadilla in half, sandwiching the filling. Flip to other side to warm.
6. Remove and transfer to cutting board to slice.

These water watcher tags are excellent reminders of these four tips and a visible sign to yourself or other adults who are watching the child. To request your free water watcher tag, visit ololchildrens.org/water.

STORIES FROM OUR LADY OF THE LAKE CHILDREN’S HOSPITAL
Christian Beauchamp considers himself one of the lucky ones. Once a month, the college sophomore spends anywhere from 90 minutes to six hours in his doctor’s office receiving a life-preserving blood transfusion.

For his whole life before college, Christian received care at the St. Jude Affiliate Clinic at Our Lady of the Lake Children’s Hospital. Now he’s an adult, and finding reliable care is difficult. But a program started in 2011 at the St. Jude Sickle Cell Clinic has made a difference.

The St. Jude Affiliate Clinic at Our Lady of the Lake Children’s Hospital provides a program that helps patients with sickle cell transition from pediatric care to adult care.

The transition program helped him prepare to make his own doctor’s appointments and to manage his own healthcare. “I’m still in a bit of a process, but I’m totally comfortable compared to the first few times I went to the doctor myself,” he says.

A lifetime of care

The need for transition of care has been growing nationwide for over a decade, and for the past five years it’s become a priority at Our Lady of the Lake Children’s Hospital, says Chief Medical Officer Shaun Kemmerly, MD.

“Children who previously would have succumbed to illnesses are surviving longer than ever because of advances in healthcare,” Dr. Kemmerly says. “This means more adolescents with complicated health conditions grow into adults and find themselves searching for a provider prepared to treat a complex medical condition. Even a condition as common as diabetes presents transition challenges. Dr. Kemmerly says. Most children have Type 1 diabetes, while the majority of adults treated by internists are Type 2.

“A rotten disease to have”

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Patients begin treatment when they are very young and continue in the clinic’s care until they become adults. “We keep them healthy,” says Jessica Templet, a physician’s assistant in pediatric hematology-oncology at the clinic.

“We want to make the patients becoming young adults very aware of their chronic illness,” Templet says. “We want to make sure that the transition is smooth.”

Studies show that young adults ages 18 to 24 with sickle cell disease have an unusually high incidence of death, says Templet.

“If we make patients more aware of their disease and the complications, and they are able to advocate for themselves, they can successfully transition into adulthood,” she notes.

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The Year to Volunteer

By Lisa Boudreaux

When my husband and I moved back to Baton Rouge after being away from Louisiana for more than 20 years, I started the search for volunteer opportunities. I’ve always wanted to be involved with a children’s hospital but have never lived close enough to one to make it practical to volunteer on a regular basis. When I realized that Our Lady of the Lake had a children’s hospital and that they were building a new freestanding hospital, I knew that was where I belonged.

While there are many reasons why this was a perfect fit for me, the two that were most important were my son and daughter. Our first-born son, Joshua, was born 31 years ago with a chromosome disorder, which resulted in one six-month stay in the Pediatric Intensive Care Unit (PICU) and visits throughout his life. The care and support we received during those years from doctors, nurses and volunteers were immeasurable. I loved the idea of paying some of that care and support forward. Our daughter Danielle played a big part in my decision as well. She was a PICU nurse for five years and is now a pediatric nurse practitioner in Nashville. I know how demanding and emotionally draining that job can be, so I am grateful for the opportunity to help these nurses in some small way in comforting the families of their patients.

I began volunteering at Our Lady of the Lake Children’s Hospital last year and had no idea what to expect or how fulfilled I would be by my weekly visits. I was assigned the Comfort Cart as my volunteer position, which involves delivering amenities, refreshments, books and activities to patients’ families. Initially, I was a little apprehensive about going into patients’ rooms because I wasn’t sure how the families would react to a stranger invading their private space. It didn’t take long for me to realize that providing them with simple items like toiletries, magazines and water could ease their minds a little, and possibly make their time in the hospital a little less stressful.

I never imagined that pushing a cart through the halls of the hospital could be so rewarding and gratifying. I remember this if I am having a busy day and think I may not have time to volunteer. I know that by spending a couple of hours there I may help someone during a very difficult time and hopefully ease their pain just a little.

There are many other volunteer opportunities that are available, and I would encourage anyone who is considering becoming a children’s hospital volunteer to visit ololchildrens.org/volunteer to find the best fit.

The children’s hospital volunteer team is a very warm and welcoming group of people that I’m proud to be a part of. We have all made the commitment to volunteer on a regular basis at the same time each week, and spending that time consistently with the patients truly makes a difference. Our Lady of the Lake Children’s Hospital is a wonderful asset to our community, and I love being a part of something so special.

I encourage anyone who is considering volunteering at Our Lady of the Lake Children’s Hospital to visit ololchildrens.org/volunteer to find the best fit.

Horticulture Therapy—Help patients experience nature, at times becoming the caregiver instead of the person being cared for. This program allows children to learn about nature through hands-on experience with seeds, plants and plant materials while enjoying watching something planted change and grow.

Hands and Hearts—Work with our nursing team members to rock a baby or entertain an older child while parents take a break from the bedside.

Hello Helper—Serve as greeters for families who are newly admitted. These volunteers assist with directions and visit patient rooms to inform families about amenities and services available.

Lullaby League—Visit room-to-room before bedtime to read stories to older children and sing lullabies to babies and younger children helping our patients and families settle in for a good night’s rest.

Puppet Pals—Make children laugh while teaching them about important health safety topics through scripted puppet shows in our mobile puppet theater.

Did You Know?

A new National Institutes of Health study shows that non-medical community partnerships with hospitals like the ones Our Lady of the Lake Children’s Hospital shares with its volunteers actually help children and families heal.

Those studies show in many cases that children touched by these programs:

- Experience less pain and other symptoms
- Need fewer pain medications
- Experience increased mobility

From Our Parents

- “When we were at Our Lady of the Lake Children’s Hospital after my baby had emergency surgery, the Comfort Cart was a huge help! They gave us toothbrushes and toiletry items that we didn’t have because we hadn’t planned on a hospital stay. They also gave my daughter a book. We were so blessed by this cart, and I will always remember the sweet lady pushing it that was so kind and smiling and happy.” —Ashleigh Creech, Ponchatoula

- “The volunteers at Our Lady of the Lake Children’s Hospital always bring a smile to my son’s face. Whether it’s a visit from a superhero, a volunteer with pet therapy dogs or someone keeping the playroom open late, it’s that extra bit of personal attention and caring that helps to lift his spirits.” —Katie Aucoin, Prairieville
Providing Holistic Care to Children with Developmental Needs

With three young daughters to keep them busy, Sarah and Mark Steudlein had plenty of parenting experience by the time their fourth child, a son, was born in 2013. They welcomed Luke into their bustling home, and he quickly became the apple of his big sisters’ eyes.

“He’s a super-happy little boy,” Sarah says. “He’s always smiling and laughing. He’s a joy to be around.”

As the months passed, the Steudleins noticed Luke was not developing at the same pace the girls had. He was not verbal and consistently missed developmental milestones.

At 2 years old, Luke still wasn’t speaking or making eye contact. The Steudleins knew he needed care, and they had many more questions than they could find answers for: Why wasn’t he speaking? Is he autistic? Where could they have him evaluated? If he were to be labeled autistic, what would that mean for him?

“We started looking for someone to decide if he was on the autism spectrum or not,” Sarah says. “A lot of people told us, ‘You need to go to a pediatric neurologist.’”

But she learned that a mere diagnosis wouldn’t mean Luke would begin receiving therapies and care.

In the meantime, the Steudleins enrolled Luke in a program called EarlySteps. The state-funded program provides early intervention for children from birth to 3 years old with delays in cognitive, motor, vision, hearing, and/or communication development.

Luke received excellent therapy in their home, Sarah says. But he would age out of the program at 3; and the next intervention program, available from a local public school in Central, doesn’t begin until 4 years of age. “We were looking at a one-year gap,” Sarah says.

During a chance encounter in a doctor’s office waiting room, Sarah found out from another parent about Our Lady of the Lake Children’s Hospital Pediatric Development and Therapy Center, which has a program for infants and toddlers. The program offers a multidisciplinary assessment for infants born prematurely or children younger than 3 with special needs or developmental needs, including feeding problems.

The program is just one component of a wide spectrum of developmental care and therapy the Pediatric Development and Therapy Center provides. The center is the only medically based pediatric developmental clinic in Louisiana, where children can receive medical care and therapeutic services in one location. Led by Steven Felix, MD and Cindy Chestaro, MD, the staff is also Louisiana’s only developmental pediatric physician team.

Sarah made an appointment for Luke to see Dr. Felix, who assessed Luke and diagnosed him with autism spectrum disorder. He prescribed further evaluations and determined Luke would benefit from several therapies: speech, physical and occupational.

This is where the Pediatric Development and Therapy Center is unique. The center provides patients with physical therapy, occupational therapy and speech therapy, in addition to the medical guidance of Drs. Felix and Chestaro.

“Usually you have to seek out care all over; everyone has a waiting list, so care is fragmented, not under the same roof,” Sarah says.

In 2001, the center opened as the Child Assessment Center. In January 2011 the name changed to the Pediatric Development and Therapy Center with the addition of Dr. Felix. Dr. Chestaro recently joined in 2016 and the clinic now treats children from all over Louisiana, and pulls in patients from Mississippi and Alabama.

For younger kids, the center focuses on patients with autism and global development delays. For school-age kids, the center’s focus is learning problems, mental delays or attention deficit disorder.

Continued »
Depending on a child’s needs, various specialists on the team evaluate children and make recommendations for additional evaluation and treatment. "We have a more holistic approach to treating a child with developmental disabilities, including taking care of their medical issues," Dr. Felix says. "We can focus on the specific needs a child with development disability has, the specific problems, and then be able to address them or make appropriate referrals sooner." Dr. Felix and Dr. Chestaro specialize in diagnosing, treating, and managing care of children with developmental and behavioral conditions, including autism, mental delays, cerebral palsy, developmental delays, learning disorders, speech disorders, behavioral disorders, ADHD, and Asperger’s. For families like the Steudleins, the Pediatric Development and Therapy Center means their child receives coordinated care. After Luke sees the various specialists on a given day, the group meets afterwards to discuss his progress and treatment. "I want to know the emotional implications," Dr. Felix wants to know the practical implications," Sarah says. "He’s a project manager by profession; he focuses on solving problems. How do we fix this? What’s the big picture? Why are we doing the therapy? What’s the purpose behind it? What’s the benefit to Luke in the future? He’s a fierce papa bear who wants to make sure Luke and all of our children are taken care of and that we’re doing the right thing." Providing care and beneficial therapies for a child with developmental delays is a time-consuming, full-time gig, Steudlein says. But by approaching it as a family, and with the care and guidance of Dr. Felix’s team, Luke continues to make progress. • • •

**What is Autism Spectrum Disorder?**

**Autism Spectrum Disorder** is characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication, as well as by unique strengths and differences. Nearly 1 in 68 children will be identified on the spectrum.

**Is My Child Autistic?**

Parents and pediatricians should watch for these common signs which are often red flags of developmental issues.

- No words spoken at 15 months
- No eye contact
- No response to their name being called

**The Pediatric Development and Therapy Center**

8435 Goodwood Blvd., Suite 200
Baton Rouge, LA 70806

**Infant/Toddler Clinic**

This program provides assessment for infants born prematurely or children with special medical or development needs—including feeding problems.

**Special Needs Pediatric Transportation Safety Program**

Some children require additional support or attention during transportation to keep them safe. This program is staffed by physical and occupational therapists with special training in transporting children with special needs, and who hold Child Passenger Safety Technician (CPST) certifications.

**Learning and Behavior Clinic**

This multi-disciplinary team of therapists along with the physician, provide assessments for children in the school system with a focus on learning disabilities.

**General Information about the PDTC**

The center treats infants, children and adolescents with developmental and/or behavioral diagnosis, including:

- ADHD
- Autism Spectrum Disorders
- Behavioral Disorders
- Cerebral Palsy
- Developmental Delays
- Intellectual Disabilities
- Prematurity Issues
- Speech Disorders

The PDTC’s team of physical therapists, occupational therapists, and speech and language pathologists specialize in evaluating and providing therapy to children.

To request a patient packet, visit ololchildrens.org/childdevelopment.
To refer a patient, call (225) 765-6834.
Sierra Johnson had no idea how much one back flip would impact the next six years of her life. She landed on her tippers and wound up fracturing the growth plate in her right leg. She had emergency surgery later that day — the first of five surgeries the now 14-year-old incoming sophomore at Jehovah-Jireh Christian Academy in Baton Rouge has had since 2011. The bone in Sierra's right leg stopped growing due to the growth plate fracture. She had a second surgery to place screws in her left knee to slow down the growth in that leg and allow the right one to catch up. When that was unsuccessful, she had a third surgery to remove the screws from her left leg.

“We were concerned because we started seeing her hip alignment change,” said Sierra’s mom, Navonne Johnson. “She had been through so much already, and we were concerned the leg length difference was going to continue getting worse.”

Sierra, a passionate cheerleader and tumbler, was at risk of having to quit performing if her issues were not corrected.

“More than anything I was worried I wasn’t going to be able to cheer,” Sierra said. “I did my best to stay positive, but it was a little scary not knowing what to expect.”

That’s when Sierra was referred to Brad Culotta, MD, pediatric orthopaedic surgeon with Our Lady of the Lake Children’s Hospital. Thankfully, she was a prime candidate for a new technology and procedure to correct her condition.

The new technology is an innovative device called a PRECICE nail, and it is used to help children with significant leg length differences. An osteotomy (bone cut) is surgically performed to separate the bone that is short. This magnetic rod is then inserted down the center of the bone across the bone cut. Patients go home with a remote control magnet — and in the comfort of their home, they control the lengthening of their bone daily with this remote.

Patients push a pre-programmed button on the remote a few times each day for a set number of days determined by the doctor. Regular X-ray checkups are performed to monitor lengthening and healing throughout the process. Once the bone has been fully lengthened and healed, the nail is surgically removed about a year later.

The major advantage of the PRECICE nail is that it uses tried-and-true orthopaedic principles with minimally invasive techniques. Bone, once it has been cut, can be lengthened slowly (less than 1mm/day), and the body is tricked into healing the bone at its newly lengthened state. By having this magnetic device inside of the bone, patients now have a convenient and effective solution to control their lengthening prescribed by their doctor.

Dr. Culotta is the only doctor performing this procedure with this device in Baton Rouge and one of only three surgeons in the state of Louisiana. He performed dozens in Atlanta during his specialty training in pediatric orthopaedics in 2012 - 13, but Sierra was his first patient in Baton Rouge using this device for leg lengthening. He has treated numerous other patients here using the same technology device in their growing spine.

The difference in Sierra’s leg lengths was 4.4 centimeters (almost 2 inches), which is a significant difference that could have had a tremendous impact on her future bone and joint health.

“Thankfully Sierra was sent to me at an age and a time where she didn’t have advanced pain or arthritis in the hip, knee or back from her leg length difference,” said Dr. Culotta. “If you leave that amount of difference untreated, patients will likely develop those problems.”

Sierra was a model patient, even when less than a month after her procedure her home in Central was flooded during the flood of 2016. “We made sure to get out early because we didn’t want to risk not being able to get out with her remote control lengthening device,” Navonne said. “It was still difficult for her to move around a lot at that point so we didn’t want to have any risks.”

Prior to the device coming to the market in 2012, patients needing to lengthen bones had to use a large, bulky device called an external fixator. While it performed a similar function to the PRECICE nail, it was cumbersome on patients and left them more prone to scarring, stiffness, pain, and difficulty progressing with their rehabilitation. With the PRECICE nail, recovery times are better, scarring and pain minimized, and rehabilitation is much more efficient and effective.

“In medicine and surgery, we’re always looking at what we’re doing now and asking ‘how can we improve or advance our patient outcomes and minimize pain or down time?’” Dr. Culotta said. “This is a great example of that. It also allows for patient participation in the process. They are actively involved in the lengthening and healing, and that makes both the patient and doctor happy.”

A quick glance at Sierra’s before and after X-rays shows how successful this device has been in bringing her legs back to equal length, and her mom credits Dr. Culotta, Our Lady of the Lake Children’s Hospital and the new technology with the success of her daughter’s procedure.

“Dr. Culotta was a Godsend, especially his bedside manner with her,” she said. “You want your children to be comfortable and happy, and he made her feel comfortable from the first visit. We were very much at peace once we met him and went over the procedure. As much as we talk about technology and advancements, I just don’t know where we would be right now without it doing this way.”

Sierra’s dramatic limb-lengthening journey was punctuated with an exclamation point on June 6. She had her final surgery to remove the rod that helped lengthen her bone, and she can continue to cheer and tumble as much as her heart desires.

“Sierra is such a fighter,” her mom explained as she fought back tears. “It can’t wait to see her continue doing what she loves to do. It will be so rewarding.”

Dr. Culotta demonstrates the remote control that allows Sierra to adjust the PRECICE nail implanted in her leg.
As your parent knows, an upset stomach can ruin a child’s day or cause a sleepless night. But for children with more serious disorders of the digestive system, the pain and medical complications can go well beyond discomfort.

For the digestive system to function properly, a complicated sequence of muscle contractions and responses takes place, from swallowing to digestion to bowel movement. If muscles or nerves involved don’t develop properly, a child can experience a variety of ailments including vomiting, acid reflux, aspiration, constipation and malnutrition.

Diagnosing these ailments sometimes requires advanced testing. In 2016, Our Lady of the Lake Children’s Hospital began performing a new kind of diagnostic test called manometry, which can identify precise trouble spots along the digestive tract.

Manometry tests, performed on an outpatient basis, identify problems with movement and pressure in the digestive system.

Meredith Hitch, MD, a pediatric gastroenterologist at Our Lady of the Lake Children’s Hospital, began performing manometry testing in 2016 after she completed an apprenticeship at Children’s Healthcare of Atlanta. There, she studied under Jose Garza, MD, considered a national leader in the field of manometry.

“Sometimes we see patients whose symptoms are bad, but there seems to be no clear cause after we do lab work or scope them,” Dr. Hitch says. “Things may look normal, but the child has symptoms, and manometry helps us pinpoint a diagnosis.”

With so many advancements in care for premature births, more children grow to childhood and beyond and encounter complex digestive ailments resulting from malformations of the digestive tract. Some of those children may need manometry studies to properly diagnose the problem.

Lexi Crabtree, from Dry Prong, La., is one such child. She was born unresponsive, and it took doctors 20 minutes to revive her. Since surviving a traumatic birth, Lexi continues to face a litany of digestive disorders ranging from chronic stomach pain to repeated cases of pneumonia that are progressively worse.

Manometry studies performed this spring revealed that her swallow reflex is very weak, that liquids often collect in her upper esophagus, and that both food and liquids often back up into her lungs, likely the cause of the recurrent pneumonia.

Angela is now seeking further treatment to address the issues revealed in the manometry study. “It was no picnic, but it was worth it,” she says.

In a typical manometry test, one nostril is anesthetized with a numbing lubricant. A thin, flexible tube is passed through the anesthetized nostril, down the back of the throat, and into the esophagus as the child swallows. With further swallowing, the tube is passed down into the stomach.

The child then may be asked to swallow some juice, some pudding and some crackers. The tests create color scans resembling weather radar images which show how much pressure is applied to the tube, where, and when during swallowing.

A common condition children experience is the inability to swallow properly. This can happen because the esophagus fails to develop fully, which can especially affect babies born prematurely. In these children, the muscles often don’t contract correctly or in the normal sequence.

“Manometry allows you to see what the muscles are doing,” Dr. Hitch says.

“Sometimes the muscles around a child’s esophagus don’t relax to allow food to go down. Manometry gives us more nuanced, tells us if we need to do provocative or alternative treatment to relax those muscles,” Dr. Hitch says.

There are two basic types of manometry testing. One identifies problems with movement and pressure in the esophagus, which can cause problems such as heartburn or acid reflux. These tests measure the strength and muscle coordination of the esophagus when a child swallows.

The second area of manometry involves anorectal testing, which is used to diagnose problems of the bowels and lower intestines, such as constipation or incontinence. To perform these tests on babies, sedation is used, but older children need to be awake and cooperative.

“Manometry testing can distinguish whether such conditions are behavioral, resulting perhaps from social chaos in their lives, or something simple such as a transition from breast milk to solid foods in infants, or when children start school. In some cases, though, the conditions result from a lack of normal development and nerves and muscles around the intestines, colon and rectum. “Constipation is not uncommon,” Dr. Hitch says.

Not surprisingly, anorectal manometry can be challenging, especially if a child is embarrassed or ashamed of their condition. To desensitize their conditions and normal bodily functions, Dr. Hitch and her staff take a light-hearted approach. That means plenty of humorous emojis, jokes and uninhibited conversations about going to the bathroom.

For those patients who are suitable for manometry testing, the information gained is valuable, Dr. Hitch says. “We now have new and better tools and procedures to help diagnose and treat problems of the digestive tract in children.”
Brandi Melissa (left) and her first therapist, Suzanne, reunite in the Assisi Garden at Our Lady of the Lake.

It’s rewarding to learn how independent Brandi is, Suzanne says. Brandi lives in her own apartment, and regularly testifies at the state Legislature to advocate for people with disabilities.

“If you’d have told me, even 10 years ago, I’d be sitting in front of you saying anything, I’d have said you were crazy because what I’d been through,” Brandi said. “I learned how to do what you take for granted—make a peanut butter and jelly sandwich.”

For Brandi Melissa, the peanut butter and jelly sandwich changed her life. Or, more precisely, it marked a crucial step toward living an independent life as an adult.

Brandi, who is 33 and lives in Baton Rouge, was born with cerebral palsy. Three decades ago, doctors in her hometown warned her mother, Debbie Marie, that her infant daughter wouldn’t live any sort of normal life.

“They told me she’d never be able to say, ‘Mama,’” Debbie recalls. “Doctors thought she’d never communicate. They said if she ever walked it wouldn’t be until she was 10 or 11.”

To be sure, Brandi’s first two years weren’t promising. She mostly lay on a blanket.

“They tried to get me to institutionalize her because of the fact they thought she’d never communicate,” Debbie says. “They made me go see a psychiatrist because I wouldn’t put her in an institution. I flat refused.”

When Brandi started slow, she made up for it with grit. Still, determination couldn’t change her physical conditions. Her mom was reminded of that fact routinely after they moved to St. Martinville.

“We lived in the country on a gravel road,” Debbie says. “Brandi tried to walk on her own, but she’d fall, and she would come home with bloody knees.”

Debbie recalls.

Debbie purchased a walker to help her. Little Brandi was not having that.

“She threw it in the ditch,” Debbie recalls with a chuckle. “She was determined to walk by herself.”

The family moved to Baton Rouge when Brandi was in elementary school in the early 1990s, and she became a patient of Our Lady of the Lake Children’s Hospital’s physical medicine clinic. She received intensive occupational, physical and speech therapies to support her continued development.

When she was about 10 years old, her occupational therapist, Suzanne Keagle, recommended that Brandi learn to make a peanut butter and jelly sandwich, a basic life skill that would support her independence.

Some patients mistakenly think of occupational therapy as something that only prepares patients for work, says Suzanne, who now practices home health occupational therapy.

“I tell them, ‘Your job is yourself; you want to be independent,’” Suzanne says. “Debbie didn’t have to be convinced. To her, the therapy made perfect sense.

“It’s so universal in America, we know it by its nickname. The PB&J.

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How Do You Support a Child after Disaster?

Having worked with children and families in the aftermath of America’s worst recent disasters and mass casualty events, David Schonfeld, MD can tell you children react in many different ways.

When classes finally resumed at one school following a shooting, Dr. Schonfeld said a classroom of students couldn’t remember how to use their rulers and had to be re-taught something they’d learned years earlier.

At another school, he said, long-sleeve shirts suddenly became popular with the girls in the weeks after a shooting there. They were wearing them to hide self-inflicted cuts they’d made trying to cope with their feelings.

Sometimes, Dr. Schonfeld says, children will show no obvious signs, yet they may be quietly struggling with profound anxiety. For others, a disaster can trigger symptoms that are a reaction to some previous trauma in their life.

Our Lady of the Lake Children’s Hospital invited Dr. Schonfeld to speak recently as South Louisiana continues to recover and heal from multiple shootings in the past two years and devastating flooding in 2016. Although daily routines may appear to have returned to normal, we know that many families continue to experience the effects of those traumas.

Helping and supporting children requires thoughtful observation, calmness and patience. What we should notice, however, is to think we can help children simply “get over it.”

“Trauma changes your life,” Dr. Schonfeld says. “You adjust and cope and move forward; the only way is through, not around it, or to go back.”

Dr. Schonfeld is a behavioral and development pediatrician who practices in Los Angeles. He serves as director of the National Center for School Crisis and Bereavement at the USC School of Social Work. He is a member of the American Academy of Pediatrics Disaster Preparedness Advisory Council and served as the commissioner of the National Commission on Children and Disasters.

He often consults following school crisis and pediatric bereavement in the aftermath of disasters, including Hurricane Katrina, and shootings at Sandy Hook Elementary and a movie theater in Aurora, Colorado.

“We were all challenged in 2016; our entire community was affected,” said Shaun Kemmerly, MD, chief medical officer at Our Lady of the Lake Children’s Hospital.

“We thought we could all benefit from Dr. Schonfeld’s expertise about the struggles we’ve gone through as a community.”

Parents can help children to be more resilient to distress and trauma by teaching them to feel comfortable talking about when they feel distress.

“Adults tend to hide distress from their kids, ‘to be strong for them,’” he says. “But kids can’t learn coping mechanisms if they’re not taught them and see them. Adults need to feel comfortable sharing with children that we have distress, and how we cope with it.

For example, rather than merely suggesting that your children talk with their friends about things they’re anxious about, or suggesting that they write in a journal, share examples of when you felt stressed. Tell them how discussing it with your spouse or someone close helped you to feel better, or how writing about it in a journal made you feel less anxious. “We need to help them build a toolkit of coping and resilience skills,” Dr. Schonfeld says.

“We need to allow our kids to experience graduated amounts of distress without solving it for them,” he says. “Have some faith in them that they can deal with it, and always be there if they can’t.”

Taking care of our children also means taking care of ourselves and not doing things that worsen stress. “If you’re watching TV after a disaster and you realize you’re not learning anything new, you should turn off the TV because it’s just not helping you anymore,” Dr. Schonfeld says. “Respect your child enough that they can do it, and show them that you believe in them, then be there.”

Symptoms to Watch for

Dr. Schonfeld says the first step to supporting children is recognizing if they are suffering the effects of trauma. Some of the most common symptoms include:

- **Sleep problems**—These can be anything from difficulty falling asleep or waking up, to nightmares or fear of the dark.
- **Separation anxiety and school avoidance**—Many who have been through trauma may be hesitant to separate from family or friends for fear something will happen while they’re not with them.
- **General anxiety**—For example, after a hurricane a child may become anxious about stormy weather, or they may just become more fearful in general.
- **Difficulty concentrating or deteriorating academic performance**—Teachers who may usually introduce three concepts in a lesson report having to cut back to just one so that children can absorb the new material.
- **Regression**—Some children may behave like younger kids, become irritable or more self-centered. Often, complaints about routine things increase because there is less tolerance, which is part of the stress reaction.
- **Negative alterations in mood**—Children who’ve experienced trauma can feel they’re somehow responsible and experience extreme distress.
- **State of increased arousal**—This can be expressed in self-destructive behavior, exaggerated startle response and an inability to concentrate.

Dr. Schonfeld points out that children do not have to be present or victims of an event to be affected by it. Merely being told about a death, injury, or act of violence can be traumatic to a child, and they may have dreams about it and “re-experience” the event.

Sadness and depression—Children who previously enjoyed certain activities and friends will withdraw from or avoid them, which can be a sign of trauma.

Onset of substance abuse—This is more for teens and adults, who sometimes turn to alcohol or drugs as a way to cope with trauma-induced stress.

Avoidance of places, things or activities that trigger traumatic feelings—Sometimes children avoid thinking or talking about trauma.

How to Help and Support Your Children

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Stop
STORIES FROM OUR LADY OF THE LAKE CHILDREN’S HOSPITAL

An Amazing Second Year

The second annual Our Lady of the Lake Children’s Hospital Amazing Half Marathon Weekend was again a success, pulling in nearly 2,500 registrants from all over the country to surpass last year’s attendance numbers. Even with the unseasonably cool weather, runners of all ages participated in the kids’ mini marathon, 5K, 10K and half marathon. Some ambitious individuals even completed the Amazing Challenge by running the 5K on Saturday and, either the 10K or half marathon on Sunday. Each runner received a medal, t-shirt and swag bag.

Held in Baton Rouge, this yearly event provides an opportunity for the whole family to improve their health and fitness, as well as connect with other members of the community.

2018 Race Weekend Dates and Registration

Join us March 10-11, 2018 for our third annual Amazing Half Marathon weekend! Register at amazinghalf.com and sign up to become a fundraising runner, which raises money directly benefiting the freestanding children’s hospital.

Amazing Half Marathon

Blue Gator Named in Contest

The blue gator mascot for Our Lady of the Lake Children’s Hospital Amazing Half Marathon received its name after a contest held on social media and at local schools. First-place winner Charles Anderson crosses the finish line at the second annual Our Lady of the Lake Children’s Hospital Amazing Half Marathon.

Meet Dash, named by 6-year-old Cannon Jack Duncan, a kindergartner at St. James Episcopal Day School in Baton Rouge. Cannon Jack lovingly named the gator after his older brother—also named Dash—who will be heading to medical school in the fall.

Hundreds of students from Baton Rouge Foreign Language Academic Immersion Magnet, St. James Episcopal Day School, Parkview Elementary School, Claiborne Elementary School and Howell Park Elementary School submitted coloring sheets with their name suggestions.

Medal Monday

Dash visited Our Lady of the Lake Children’s Hospital after race weekend to celebrate Medal Monday by passing out Amazing Half Marathon medals to the real winners—our patients!
Tips for Teaching Kids about Safe Touch

Parents and caregivers should get into a daily routine where they ask children open-ended questions about their day.

Open-ended questions are those that don’t have a “yes” or “no” answer, instead encouraging children to discuss details. For example, instead of asking, “Did you have a good day today?” ask, “Whom did you eat lunch with today?”

“Even a 2 year old can tell you something about their day,” Dr. Hook says. Asking such questions encourages more meaningful conversations about routine daily achievements, and also give children the confidence and facility to confide in you about situations or people who might hurt them.

As you teach children the names of their body parts, be precise about private parts.

Just about every family has its own nickname for private parts. Dr. Hook says. For very young children, this is okay, but parents should agree on one term for each body part to avoid misunderstandings. That way, if a child is ever touched inappropriately by someone, they’ll be able to communicate that to their parent or caregiver.

For young children, you can describe any body parts concealed by clothing as private parts. As they get older, you can teach them more precise body part names.

“What the anatomical name, stick to the scientific terms if possible,” Dr. Hook says. “Whatever it is, it should be consistent. We don’t want 10 different names for a body part.”

Model safe touch for your children so they can tell someone to stop touching them if it makes them feel uncomfortable.

Children should be taught that their body belongs to them and that they shouldn’t allow someone else to touch them in ways they don’t like. The best way for them to learn this is to model for them what it looks like to protect your body.

For example, if you’re horse playing with your child and they jump on you in a way you don’t like, tell them in clear, calm language that you don’t like how it feels and that you want them to stop. In the majority of cases of sexual abuse, the perpetrator is someone the child knows and trusts, so it’s important that children have boundaries in which they feel safe and that they don’t allow anyone to cross.

Realize that any child can be targeted by a sexual predator, most often by someone they know.

About one in seven cases of sexual abuse is committed by adolescents, Dr. Hook says. “It happens across all races and socioeconomic statuses.” Avoid situations where your children are alone with adolescents or are in extended periods of time, especially if you don’t know them well.

When sexual abuse cases appear in the news, use them as teaching moments rather than avoiding answering questions or discussing it with your child.

“These incidents can provide you with a good gauge of what your child knows and understands,” Dr. Hook says. “If they do know something and have questions, you can ask them, ‘What would you do in that situation?’”

Any time a child reports what sounds like sexual abuse to you, believe them and follow up.

“They’ve looked at cases; only a small number about 4 to 8 percent, are fabricated in any way,” Dr. Hook says. “The majority of the time it happened.”

Important Resources for Parents

YouTube Video for Children
Short, animated YouTube videos by the Barbara Sinatra Center for Abused Children teach young children about safe touch. The video titled “Safe Touch Unsafe Touch” is appropriate for children in K-3rd grade.

National Child Abuse Hotline: (800) 422-4453 (4 A CHILD)
Professional counselors are available 24 hours a day to provide crisis intervention, information, literature, and referrals to thousands of emergency, social service and support resources. All calls are confidential.

rainn.org
Rain, Abuse & Incest National Network’s website provides useful information and resources to help parents, as well as statistics and data about child abuse.
SAVE THE DATE

BLACK TIE

THURSDAY, NOVEMBER 30
L'AUBERGE CASINO AND HOTEL
BATON ROUGE, LOUISIANA

VISIT OLOLCHILDRENS.ORG/BINGO

PROCEEDS BENEFIT
OUR LADY OF THE LAKE CHILDREN'S HOSPITAL