

RAINBOWVISIONS

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June
2009

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kids by school age,
rather than cognitive
ability



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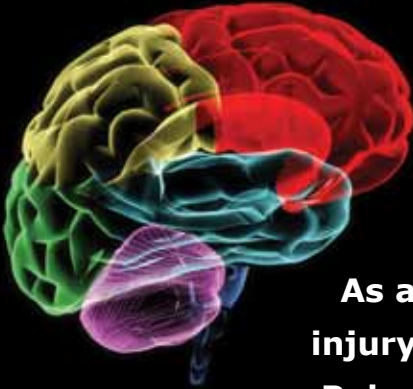
What's News in the Industry

Editor - Barry Marshall

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SUMMER FUN! Age Groups

By Mariann Young, Ph.D.

Rainbow's Pediatric Program Director – Oakland County Michigan

Summertime is quickly approaching and our pediatric specialists at Rainbow's Oakland Treatment Center have once again put together a comprehensive summer program, which is therapeutic, creative and based on the developmental needs of kids age 7 through young adulthood. It offers four broad divisions of groups for participants: elementary school, middle school, high school and post secondary. At times we are asked about these divisions. Why do we group kids by school age, rather than cognitive ability? This article strives to explain this decision as well as offer tips to parents of children in these age groups.

Continued

Elementary Group

Our Summer Fun! elementary age group consists of children 7 to 11 years old. Occasionally, a younger child will join the group and then a dedicated staff member is provided for additional support.

In the elementary years, children have entered the school system and have become aware of the demands of being a student. They are typically active, friendly and enjoy being part of a group. Younger children learn about relationships and friendships outside of the family. They are curious about adults and hang on every word. They “try on” the behaviors that they see other children display even though not all of these behaviors are ones that are worth repeating. By the time children are in the upper elementary age group, they enjoy being members of the group and also enjoy seeing their “best friend” at the program.

Before entering middle school, the group may have chosen an informal leader. Typically, older children assist younger ones and look forward to helping and teaching them. The younger members of the group

Continued

TIPS FOR PARENTS

Elementary, Middle, High School and Postsecondary age groups

Dr. Mariann Young, Ph.D., offers advice for parents. Dr. Young has a doctorate in clinical psychology from Wayne State University in Detroit and more than 30 years of experience in individual and group psychotherapy, family therapy, staff training and supervision.

Dr. Young specializes in brain injury rehabilitation and works with children and adults at all levels of treatment. She has significant experience in assessments, intervention, therapy and care of behaviorally challenged youths.

**To download “Tips for Parents”
in PDF format**

<CLICK HERE>

enjoy this special attention and the older children have a boost to their self-esteem by being in the helping role.

There is not much interest in the opposite sex at this age and most elementary school children respond to verbal redirection of their behaviors. This age group responds well to the point system program that is in place at Rainbow. They are willing to try new things and enjoy outings as well as group activities. Our therapists create interactive activities and utilize a hands-on approach in many of their activity groups.



Middle School Group

Children in middle school tend to be conflicted about where they fit in. Typically they bounce between feeling like a kid and wanting to be grown; being irresponsible and responsible; testing authority and being dependent on it.

We provide a nurturing environment for kids in middle school. They desire independence and we address this by providing a pre-vocational program. Work skills are learned, reinforced and rewarded; and kids of all abilities learn what it means to become a good employee.

During the pre-teen and teen years, interest in and curiosity about the opposite sex grows. We teach our kids to respect the rights of others with a curriculum that includes several lessons on values. These lessons encourage role-playing so kids are able to practice and model appropriate behaviors.

In this age group, our programming begins to move away from the interactive games and activities that predominate the Elementary Program. Instead, there is an increased focus on use of verbal and physical skills.

Continued

High School Group

The Parent and Child Center of Pennsylvania has an easy way of thinking about the normal characteristics of kids in the early years of high school:

The five "I"s

- impulsive
- intense
- idealistic
- immediate gratification
- indestructible

The six "M"s

- moody
- messy
- monosyllabic
- money-oriented
- mouthy
- me-centered

Although these characteristics may last through a teen's junior year, typically by the end of their junior or the beginning of senior year, teenagers start to think of their future. Graduation is a realistic possibility. They tend to become more serious about relationships and the way in which they treat others. A transition plan is forming.

In Summer Fun! we provide teens with paid employment. They are enrolled in groups that center





on their physical, emotional and cognitive well-being, and we provide outings geared to their age and interest. Therapists and staff are trained to lead, listen and guide teens as they mature in their behaviors and questions.

Continued

Post-Secondary group

The post-secondary age group is composed of the young adults who have chosen to receive extended services through the public school system. In Michigan, young adults are eligible for these services through the age of 26.

This group responds well to the structure provided at our summer program. They engage in therapeutic groups, paid vocational opportunities and recreational activities. This group sometimes needs to rely on extra support provided by our staff in order to model appropriate interactions or learn new ways to complete tasks.

Summer at Rainbow is a fun and educational experience for all age groups. It brings out the best in the kids who attend and the adults who are part of the program. It creates memories for years to come. ❖

Reference:

<http://www.kidsgrowth.com/resources/articledetail>

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Sailing into ...

SUMMER FUN!

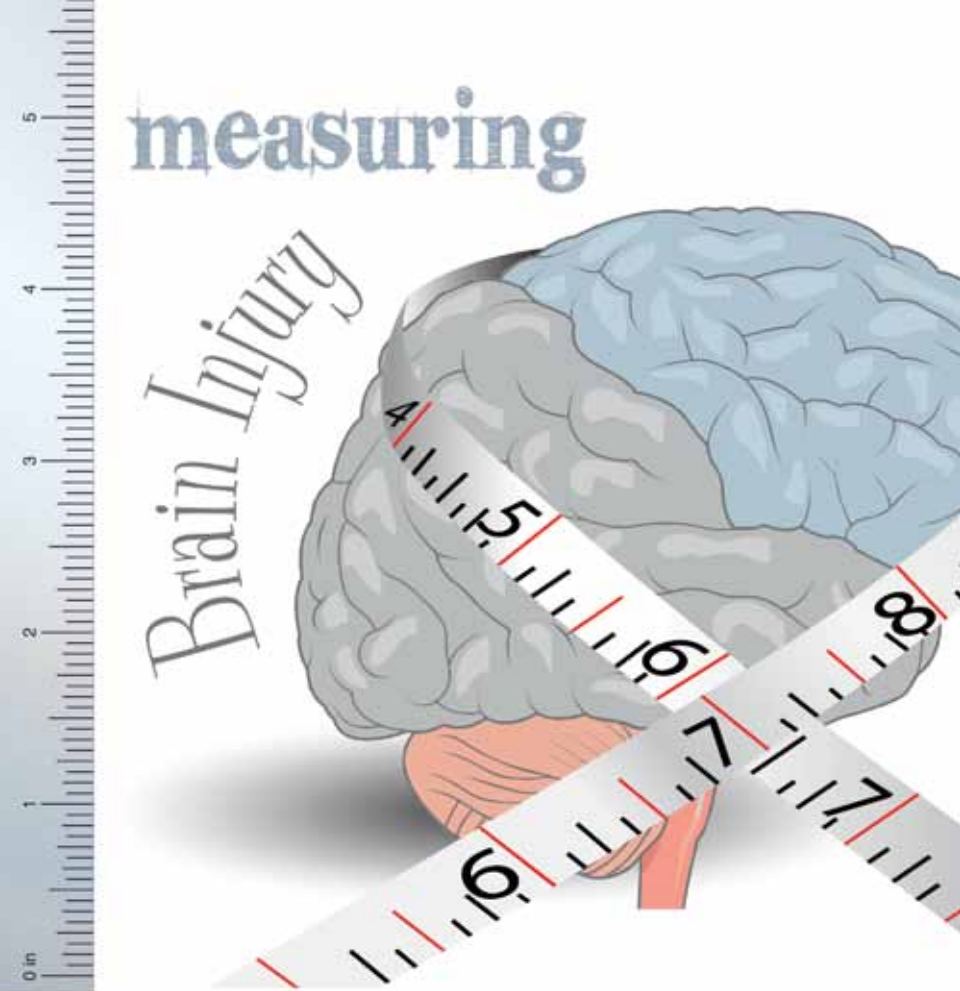
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measuring


Brain Injury



UNDERSTANDING THE

The Pediatric Glasgow Coma Scale

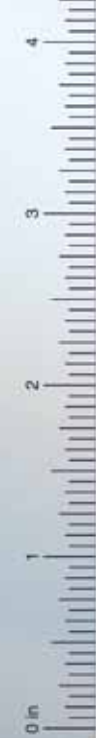
By Kimberly Paetzold, CBIS



The Glasgow Coma Scale (GCS) is the most widely used scoring system used in quantifying the level of consciousness following traumatic brain injury. It is used because it is simple, has a relatively high degree of reliability and correlates well with outcomes following severe brain injury. One of the components of the scale is the “verbal response,” which cannot be assessed when children are very young. A modified version of the scale — the Pediatric Glasgow Coma Scale (PGCS) — was created for children too young to talk.

According to a study published in 2005, using the PGCS for children under 2 years of age compared favorably to using the standard GCS for older kids. It was especially accurate for babies and toddlers who needed acute intervention. The authors of this study (James F. Homes MD, MPH and colleagues from the University of California Davis School of Medicine) investigated

Continued



the accuracy of the pediatric scale by studying children with TBIs from infancy through 18 years. The children were divided into two groups: those 2 years and younger, and those older than 2.

The authors assigned the PGCS score to the younger group and the standard GCS to the older kids. The GCS is based on a 15-point scale for estimating and categorizing the outcomes of brain injury on the basis of overall social capability or dependence on others. Patients with scores of 3 to 8 are considered to have a severe brain injury. Following is a breakdown of the scale.

The Glasgow Coma Scale (pediatric & adult)

Eye Opening Response

Adults, children over 2 years

Spontaneous — opens with blinking at baseline	
Opens to verbal command, speech or shout	
Opens to pain	
None	

The GCS defined

When applying the GCS, the final score is determined by adding the values of E + V + M (eye opening score + verbal response score + motor response score.) This number helps medical practitioners categorize the possible levels for survival, with a lower number indicating a more severe injury and a poorer prognosis. Following is a breakdown of the scoring:

- mild brain injury — a score of 13 to 15
 - moderate brain injury — a score of 9 to 12
- (this usually suggests that there was a loss of consciousness greater than 30 minutes.) *Continued*

Under 2 years

4 points	Eye opening spontaneously
3 points	Eye opening to speech
2 points	Eye opening to pain
1 point	No eye opening

Continued

The Glasgow Coma Scale (continued)

Verbal Response

Adults, children over 2 years

Oriented and converses	5 points
Confused, but able to answer questions	4 points
Inappropriate responses, words are discernible	3 points
Incomprehensible speech / sounds	2 points
None	1 point

Motor Response

Adults, children over 2 years

Obeys commands for movement	6 points
Purposeful movement to painful stimulus	5 points
Withdraws from pain	4 points
Abnormal (spastic) flexion, decorticate posture	3 points
Extensor (rigid) response, decerebrate posture	2 points
None	1 point

Under 2 years

	Infant coos or babbles (normal activity)
	Infant is irritable and continually cries
	Infant cries to pain
	Infant moans to pain
	No verbal response

Under 2 years

	Infant moves spontaneously or purposefully
	Infant withdraws from touch
	Infant withdraws from pain
	Abnormal flexion to pain for an infant (decorticate response)
	Extension to pain (decerebrate response)
	No motor response

- 
- severe brain injury is a score of 3 to 8

Eight is considered a critical score with 90 percent of patients in a coma at this level or below.

A coma is defined as:

- (1) not opening eyes,
- (2) not obeying commands, and
- (3) not uttering understandable words.

Motor Response Definitions

When an individual scores below four points on motor response, the scale identifies a decorticate or decerebrate posture/response. Following are descriptions of those terms.

Decorticate posture is an abnormal posturing that involves rigidity, flexion of the arms, clenched fists and extended legs. The arms are bent inward toward the body with the wrists and fingers bent and held on the chest. This type of posturing implies severe damage to the brain with immediate need for medical attention.

Decorticate posture indicates damage to the corticospinal tract, the pathway between the brain and spinal cord. Although a serious sign, it is

usually more favorable than decerebrate posture.

What causes decorticate posture?


- an intracranial hemorrhage (bleeding in the brain)
- brain abscess
- brain injury
- increased intracranial pressure
- primary or secondary brain tumor
- stroke

Decerebrate posture is an abnormal body posture that involves rigid extension of the arms and legs, downward pointing of the toes and backward arching of the head. A severe injury to the brainstem is the usual cause of this condition.

What causes decerebrate posture?

- stroke
- intracranial hemorrhage
- primary or secondary brain tumor
- encephalopathy or hepatic encephalopathy
- brain injury
- increased intracranial pressure
- brain stem tumor

Continued



Decerebrate posture can occur on one or both sides of the body or in just the arms. It may alternate with decorticate posture, or a person can have decorticate posture on one side and decerebrate posture on the other. ❖

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(Researched 03/2009)

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Rainbow's High School Graduates

By Nicole Bonomini, *staff writer*

Each year, the arrival of summer brings new activities and opportunities for high school seniors around the country as they graduate from high school. This year, Rainbow Rehabilitation Centers proudly celebrates the graduation of two of its Pediatric Program clients, Brandy Piper and Alfredo Contreras. Congratulations! Rainbow wishes them every success in the future.

Brandy Piper has graduated for her first summer high school graduation day of school at North Rainbow High School, Brandy's residential home to date at Rainbow. There, she has increased independence as budgeting, housework, keeping grocery lists, and cooking, and so on with her roommates.

Brandy's interests include listening to music, playing computer and spending time with friends. She is most interested in the bands that she listens to. Her favorite bands include the Rascals.

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2009



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Brandy works on
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ng time with her friends. The 18-year-old said
d in rap, hip hop and country music. Favorite
scal Flatts, Mariah Carey and Martina McBride.





After graduation, Brandy is unsure of what she will do next, though she has several ideas. She would like to attend community college in Bloomfield Hills or Lansing, Mich. She is also researching a career as a high school paraprofessional. Brandy enjoys helping others and cares about the success of her peers. She also enjoys working with and taking care of children. Neo-natal nursing is another career option she is considering.

Dr. Mariann Young, program director at the Rainbow Oakland Center, said she is very proud of Brandy. "Brandy has done very well. She is very smart. We can't wait to see her go to college," she said. ❖

Alfredo Contreras
He will be attending
additional vocational

In his free time,
watching television.

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graduated from Harrison High School. After the summer, attending a post secondary school, Visions Unlimited, to learn life skills until age 26.

Alfredo enjoys listening to music, going to the movies and watching TV. "I love cooking shows on the Food Network," he said. His manager, Lynn Kofahl, said that he has come a long way since joining Rainbow. Born with cerebral palsy, Alfredo struggled to express his needs. Alfredo is now more self aware and is able to verbalize his needs.

"Alfredo is in a good mood; he is just a happy young man," Lynn Kofahl said. "Over the years that he has been at Rainbow, he has really matured and is able to express himself."

Alfredo enjoyed going to school. He is taking classes very seriously and wanted to graduate.

"Alfredo has missed more days of high school," Lynn Kofahl said. "He is doing very well and we are proud of him." ❖





Functional Recovery

Home and Community-Based Rehabilitation

Welcoming the Functional Recovery Team to Rainbow!

Rainbow has some exciting plans in store for 2009. Already this year, Rainbow has purchased Functional Recovery, Inc., formerly owned by Char Combs. It is a home and community-based professional therapy services firm for children, teens and adults. We are very excited to have such a known and respected industry leader join Rainbow as we enter fully into home-and-community-based treatment.

Functional Recovery, based in Grand Blanc, Mich., and its teams of physical, occupational and speech therapists has served people with brain injuries throughout Genesee, Macomb and Oakland counties for more than 12 years. We are pleased to bring Char and her therapy teams to Rainbow.



Functional Recovery

A Division of Rainbow Rehabilitation Centers

Home and Community-Based Rehabilitation™



Charlene (Char) Combs, OTR

Program Director

Char started Functional Recovery in 1997. An OT by trade, Char gained her education from Wayne State University in Detroit and has 12+ years of experience in home and community-based rehabilitation.



Pam Braden

Transcriptionist

Pam has been part-time with Functional Recovery for more than 12 years.



Sheryl Carpenter, OTR

Clinical Manager, Occupational Therapist

Sheryl joined Functional in 2001 as a Registered OT. Sheryl gained her bachelors from Baker College in Flint.

Continued



Marie Emert, MPT

Physical Therapist

Marie received her Master of Physical Therapy from the University of Michigan in Flint, Mich. She has more than 11 years of experience. Marie has been with Functional Recovery since 2002.



Randall Green, OTR

Occupational Therapist

Randall has been a part of the Functional Recovery team for more than four years, starting out in the kid's Summer Camp Program. Randall received his bachelor's degree on Occupational Therapy from the University of Findlay in Findlay, Ohio.



Gail Henig, SLP

Speech Language Pathologist

Gail earned her both her undergraduate and master's degree from Central Michigan University. Gail has more than 14 years experience as an SLP and has been a part of Functional Recovery since 2008.



Elizabeth (Betsy) Idziak, MS, OTR
Occupational Therapist

Elizabeth obtained her master's degree from Eastern Michigan University and completed her undergraduate work at Western Michigan University. She has fieldwork experience within hospital, educational and geriatric facilities.



Kami Martinez, MA, SLP-CCC
Speech Language Pathologist

Kami is a graduate from Central Michigan University with both her BA and Masters earned at CMU. She joined Functional Recovery in 2007 bringing with her over 6 years of experience in both hospital and school settings.



Sarah "Sally" Wiggers,
Office Manager

Sally joined Char and Functional Recovery in 1999 and has been assisting in all aspects of the business ever since. She has over 30 years of business experience.

Continued



Andrea Wilkinson

Administrative Assistant

Andrea has been with Functional Recovery since 2000 and handles Billing and Collections. Andrea has more than 18 years of administrative experience.



Stephanie Woodward-Craig, PTA

Physical Therapist Assistant

Stephanie just joined the team in 2008 as a PT Assistant. She earned her degree from Mott Community College in Flint, Mich. ❖

For more information about Functional Recovery
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IT TAKES A VILLAGE

Rainbow hits a Milestone

By **Bill Buccalo**

President of Rainbow Rehabilitation Centers



Rainbow Rehabilitation Centers surpassed the 600 employee mark this past month. For many of us old timers who began with the company when we had less than 100 employees, it is almost unbelievable that we are now 600 strong.

With growth comes change. We work very hard in an attempt to balance the growth with the small company culture that drew many of us to Rainbow. Growth creates challenges, but the changes over the last number of years have made us better.

There have been more opportunities for both staff and for clients as a result of growth. We have been able to add new experts, add new programs and provide a greater variety of programs. This has improved the organization tremendously.

We continue to offer exceptional rehabilitation services for those with traumatic brain injuries, spinal cord injuries and the physically handicapped. Rainbow's programs continue to grow serving several counties in Southeastern Michigan with outpatient, day treatment, and home care. We continue to offer quality residential services and treatment for those living too far to commute.

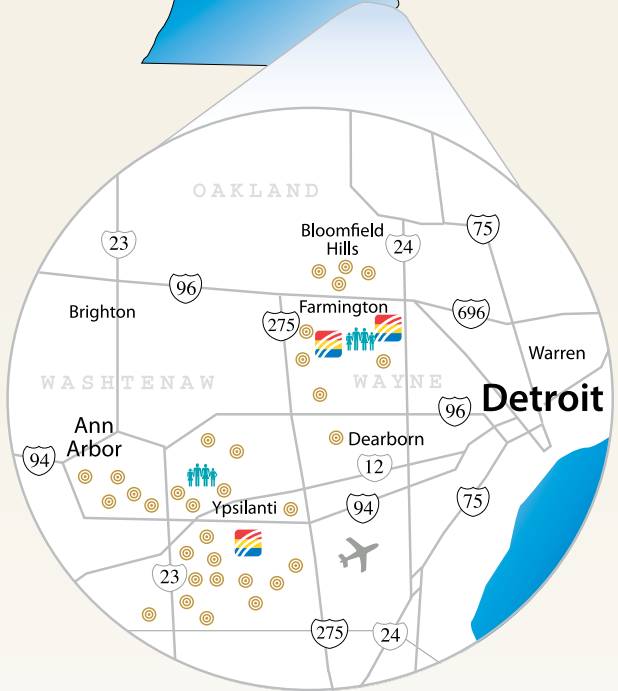
It takes a village to do the work Rainbow does. And our employees continue to make a world of difference.



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