



Innovative services for children with
a variety of needs and abilities

WHAT MAKES CREATIVE DEVELOPMENT, LLC SO UNIQUE?!

Creative Development, LLC takes a holistic approach to our services. We look at how your child currently functions and provide treatment interventions that are individualized for your child's needs and abilities. We provide a variety of services across all settings to assure that your child is performing as independently, as safely, and as successfully as possible in his or her day-to-day life. We are a close-knit group of practitioners who work together to assure that your child is receiving child-centered, collaborative, and whole-body care.

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OUR SPECIALTIES

OCCUPATIONAL THERAPY

Within this environment, occupational therapy services **promote independence in meaningful activities and occupations** that support the health, well-being, and development of an individual. The daily occupations include: activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, social participation, play, leisure, sleep.



PHYSICAL THERAPY

Within this environment, physical therapy services work with children to **promote movement for active participation and potential to function independently** in home, school, and community. This is completed through movement and mobility, strengthening, motor learning, balance, coordination, posture, and activity endurance.



SPEECH-LANGUAGE PATHOLOGY

Within this environment, speech-language pathology **promotes independence in use of language within daily life** through holistic treatment and assessment. This is completed through receptive and expressive language, PROMPT therapy, treatment for motor speech disorders, and pragmatics training.



OUR SERVICES

CLINIC-BASED

Clinic-based services include services provided for children with use of a therapy gym, life skills training room, kitchen, and full bathroom to address appropriate functioning and life skills in a variety of environments. Service includes 1:1 or group-based.

HOMECARE

Medically based homecare services include services provided for children to promote independence and success at home.

SCHOOL SYSTEM CONSULTATIONS

School System Integration includes services provided within local school districts and private schools to assure the skills and techniques learned within the clinic setting are reinforced into the school environment.

AQUATIC THERAPY

Aquatic therapy includes the use of a pool to provide services for individuals who benefit from gravity-eliminated exercise to promote strengthening, body awareness, and safety awareness.

ATHLETIC FITNESS

Athletic fitness promotes fitness, nutrition, weight management, core strengthening, and activities for daily life for students of all abilities utilizing a 1:1 instruction or a 4:1 ratio group dynamic with a certified fitness trainer.

COMMUNITY-BASED PROGRAMS

Community-based programs include home adaptive equipment and environmental modification evaluations, educational seminars, parent advocacy, and more!

WHAT IS OCCUPATIONAL THERAPY?

Occupational therapy practitioners work with children, adolescents, their families, caregivers, and teachers **to promote independence** in activities and occupations that are meaningful to them through a habilitative or rehabilitative process.

“For children and youth, occupations are activities that enable them to learn and develop life skills, be creative and derive enjoyment, and thrive as both a means and an end.”

Performance skills needed to participate in daily tasks:

- Fine motor skills (pinching, writing, in-hand manipulation)
- Gross motor skills (jumping, climbing, bilateral coordination)
- Visual motor skills (copying shapes, identifying shapes)
- Sensory Regulation (avoiding loud noises, seeking touch)
- Behavioral Regulation (coping strategies, modeling)
- Cognitive functioning (problem solving, attention)



“A person’s pursuit of goodness leads to greatness, but the pursuit of greatness leads to ruin. Pursue goodness and you will achieve great things.”

- John E. Kramer

Recommended interventions are based on an understanding of typical development, the environment in which children engage in (such as the home, school, playground, etc.) and the impact of disability, illness, and the impairment on the child’s development, play, learning, and performance in his/her daily tasks.

The primary occupations of **infants, toddlers and children** are playing, learning, and interacting with caregivers/peers.

Interventions address **developmental milestones** such as:

- Assisting in movement to sit, crawl, and walk
- Addressing the ability to bathe and dress
- Addressing oral motor movements to chew, eat and drink
- Participating in age appropriate daily routines
- Learning to pay attention and follow simple instructions
- Building social participation skills for sharing, taking turns, playing with peers
- Using toys and materials in both traditional and non-traditional ways
- Reducing environmental stimuli to maintain appropriate regulation



As for **older children and teens**, the primary occupations include attending to higher level life skills, forming and maintaining productive friendships, and beginning the transition to young adult. Interventions **expand to include** such items as:

- Modifying education, environment, or activities to support participation in daily routine
- Exploring and engaging in social relationships
- Strengthening self-determination and decision-making
- Encouraging increased independence with daily life tasks such as meal prep, cleaning, and a daily routine
- Assisting with vocational planning and transitioning
- Higher level executive functioning skills such as problem solving, time management, and insight

WHAT IS OCCUPATIONAL THERAPY, CONTINUED.

Additional services and interventions may include children with serious illness or injury, **requiring medically based or rehabilitative occupational therapy services**. These services are developmentally appropriate and may emphasize physical skills to improve:

- Movement
- Strength
- Coordination
- Adaptive skills or equipment
- Environmental modifications

All occupational therapy practitioners are trained in **psychosocial and mental health** conditions to address children's **emotional and behavioral needs** as they relate to everyday activities.

These strategies may include:

- Calming strategies to cope
- Dealing with frustration
- Defusing anger
- Managing impulsivity
- Addressing sadness

Additional techniques and interventions that our practitioners are trained in include:

- Advanced Therapeutic Listening Providers
- Deep Pressure and Proprioceptive Technique
- Zones of Regulation
- Kinesiotaping
- Splinting
- Sensory Integration Certification
- Feeding Therapy



While we teach children the skills they have yet to learn or re-teach skills they have already learned, **children teach us every day**. Each person is unique and approaches tasks in a variety of ways. Therefore, we are here to help figure out the best way for your child to be independent and successful in their daily tasks – by completing tasks the way that makes sense to them.



SO, WHAT IS THE DIFFERENCE BETWEEN OTR AND COTA?

- **Registered Occupational Therapists (OTR)** have the ability to evaluate, interpret the assessment, create a treatment plan, implement the treatment plan, educate, and advocate with the children and their families.
- **Certified Occupational Therapy Assistants (COTA)** have the ability to implement and update the treatment plan of care, provide feedback to the OTR on the child's progress, educate and advocate for the child's needs and abilities.

WHAT IS PHYSICAL THERAPY?

Physical therapy works with children, youth, and their families, caregivers, and teachers **to promote movement** for active participation in the home, school, and community environments.

"Movement is a medicine for creating change in a person's physical, emotional, and mental states."

Physical therapy evaluates, assesses, and provides treatment for delays in **motor skills** by developing the strength and range of motion that children need to move through their environment easily and effectively. **Body functions to address include:**

- Muscle Flexibility
- Joint Range of Motion (joint movement)
- Strength (core strength and lower body strength)
- Posture (alignment of the body)
- Gait (walking, crawling)
- Balance (on stable and non-stable surfaces)
- Coordination and skill (use of one side of the body vs. use of both sides of the body)
- Developmental milestones (crawling, kneeling, walking)
- Gross motor skills (climbing, jumping, skipping)

"Strengthening muscles, enhancing coordination and improving overall mobility with age appropriate and play-based techniques, physical therapy strives to make movement natural and fun."



Additionally, physical therapy services include recommendations and training in orthotics, prosthetics, adaptive equipment, and assistive technology.

For **infants, toddlers, and children**, interventions are focused on:

- Promoting correct positioning and movements patterns
- Developing age-appropriate (reaching developmental milestones in regards to motor movements)
- Introducing core stability (ability to hold oneself up-right, supported vs. unsupported)
- Promoting learning and execution of gross motor skills
- Engaging in developmental play therapy

For **older children and teens**, interventions are focused on:

- Providing instructions for an at home exercise program
- Analyzing how the individual walks or runs (gait)
- Returning to full function after any developmental, musculoskeletal, neuromuscular set backs
- Building endurance and muscle strength for improved independence in movement
- Promoting body and safety awareness
- Gradual transitions from therapeutic activity to full (or modified) participation with same-aged peers

SO, WHAT IS THE DIFFERENCE BETWEEN PT AND PTA?

- **Registered Physical Therapists (PT)** have the ability to evaluate, interpret the assessment, create a treatment plan, implement the treatment, educate, and advocate for children and their families.
- **Physical Therapy Assistants (PTA)** have the ability to implement and update the treatment plan of care, provide feedback to the PT on the child's progress, and educate children and their families on the benefits of the therapeutic treatments and exercise.

WHAT IS SPEECH-LANGUAGE PATHOLOGY?

“Speech-language pathology promotes independence in use of language within daily life”

Speech-language pathologists work with children to improve:

- Receptive language
- Expressive language
- Social pragmatic language

Receptive language is the ability to process and understand the information they are receiving from others. For example, following directions such as “pick up this toy and put in the blue basket.”

Expressive language is the ability to produce words and combine words into phrases and sentences to communicate wants, needs, and other information. For example, a child who wants to play go from saying “play” to “I want to play, please.”

Social pragmatic language is the way in which we communicate with others. For example, utilizing appropriate non-verbal cues (facial expressions, eye contact) and body language, turn taking, and engaging in conversation.



Additionally, Speech-Language Pathologists may use **Augmentative and Alternative Communication (AAC)** devices:

- **Unaided forms** require children to use their bodies to communicate such as use sign language, gestures, and facial expressions.
- **Aided forms** of AAC require a child to use equipment and devices to communicate. This could include a pen and paper, pictures (PECS), or a device such as an iPad.

Children and adolescents see speech-language pathologists for a variety of reasons, including difficulty with:

- Articulating certain sounds/phonological errors
- Producing fluent speech (avoids stuttering)
- Using words, phrases, and sentences to communicate at an age appropriate level
- Understanding information such as directions or questions
- Organizing information and regulating behavior
- Carrying on conversations with others

For **infants, toddlers, and children**, interventions are focused on:

- Recognizing and producing basic sounds (mother or caregivers voice)
- Communicating basic needs such as wanting food, sleep, or bathroom
- Responding to basic requests such as his/her name
- Using communication to get and keep attention
- Communicating stories that stay on topic
- Engaging in play and turn taking

For **older children and teens**, interventions are focused on:

- Understanding the use of language (following directions, answering questions)
- Communicating ideas, feelings, wants, and needs
- Communicating with peers (social groups)
- Problem solving and critical thinking
- Perspective taking and understanding use of non-verbal communication
- Engaging in reciprocal conversations



WHAT IS THE PROCESS AT CREATIVE DEVELOPMENT?

Have concerns about a child in your life? Contact Creative Development, LLC by phone or email to schedule an evaluation.

Contact us at:

Phone: (860) 284-9779

Email: info@creativdevelopmentct.com



Bring your child and complete the evaluation process through standardized assessments and clinical observations.

(AKA: let's play!)

Allow the practitioner to write up the evaluation and decide if the concerns are related to our services! If so, the practitioner will send the evaluation to the insurance company for approval of visits.



The practitioner will send the report to the parents/caregivers and set up an appointment to review the evaluation and further develop the plan with the parents/caregivers.



Once approved, the front desk will schedule times with you that work best to receive the appropriate services!





FREQUENTLY ASKED QUESTIONS

What is the age-range for children treated?

- Infancy to Adulthood

What are the common diagnoses treated?

Please note that many clients who are seen do not have a diagnosis!! However, these are some who do...

- Attention Deficit Hyperactive Disorder (ADHD)
- Autism Spectrum Disorders (ASD)
- Neurological Impairments (ie. Cerebral Palsy)
- Neuromuscular Conditions
- Sensory Processing Dysfunction (SPD)
- Developmental Delays
- Articulation/Phonological disorders
- Expressive Receptive Language disorders
- Social Language disorders

Where can I go for more resources?

- <https://www.aota.org/About-Occupational-Therapy/Patients-Clients/ChildrenAndYouth.aspx>
- <https://www.ot-mom-learning-activities.com/>
- <http://www.apta.org/Default.aspx>
- <https://ptsolutions.com/the-importance-of-pediatric-physical-therapy/>
- <https://www.asha.org/>
- <https://www.nidcd.nih.gov/health/speech-and-language>

TERMINOLOGY TO KNOW!

- **Sensory Processing/Regulation** – ability to understand and process the environment related to the senses (ie. responding appropriately to loud noises)
- **Proprioception/Body Awareness** – knowing where your body is in space (ie. pushing against a wall, giving a big hug)
- **Vestibular** – movement against gravity (ie. spinning in circles, swinging on the swing set)
- **Praxis/Motor Planning** – ability to take an idea and then initiate, plan, and move your body through new spaces and new activities (ie. playing a new game, getting dressed)
- **Bilateral Coordination** – using both sides of the body (ie. right vs. left, top vs. bottom, using both hands to tie shoes)
- **Visual Motor Integration** – processing the visual stimuli and producing a motor output with that information (ie. hand-eye coordination)
- **Ocular Motor Control** – how the eyes move to scan the environment and follow moving objects
- **Oral Motor Coordination** – how the jaw, cheeks, lips and tongue move together to complete the feeding/eating process
- **Reciprocal Movements** – both sides of the body moving at the same time but opposite directions (ie. swaying arms while walking)
- **Receptive Language** – processing information (ie. “put book here” and places book where told)
- **Expressive Language** – producing words/phrases (ie. “sad”)
- **Augmentative and Alternative Communication** – allows children to communicate without verbalizing (ie. body language, sign language, pen/paper, iPad)
- **Social Pragmatic Language** – how we communicate with others
- **Articulation/Phonological Errors** – producing sounds with no pattern or error (ie. “wabbit” instead of “rabbit”)
- **Fluency** – accuracy and speed of speech (ie. avoids stuttering)