



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

JUNE '22 • ISSUE NO. 201



GAZETTE SURVEY

The GAZETTE asks YOU:

DO YOU SEE YOUR DOCTOR FOR AN ANNUAL WELLNESS VISIT?

A: YES; B: NO

Respond to: survey@nyshainc.org • 845-655-0667



HEALTH STAT

MOST AMERICANS GET CHECKUPS—BUT WOMEN, MORE

	Percentage
Men under 50	66%
Women under 50	79%
All genders, ages	78%

Source: Gallup phone survey of 1,000 U.S. adults, aged 18 and older



HEALTH TIP

ANNUAL CHECKUP? DO YOUR HOMEWORK FIRST!

Your annual checkup is your time with your doctor. Here's how to prep—to make the most of it: 1. Write down all questions (prevents forgetting!); 2. Get any needed tests (blood work, scans) first; 3. Tell your doctor about any health changes (new diagnoses, surgery, pain, etc.); and 4. Know all your medications.

Source: Cleveland Clinic

INSIDE

HEALTH

04 New gene therapy helps treat rare type of muscular dystrophy

HOSPITALS

22 Manhattan's Rockefeller University develops stronger, promising new form of last-ditch antibiotic colistin

HAMASPIK

08 Hamaspik Orange “resorts” to treating IRA “family” to weekend

10 We “knead” each other: Hamaspik Orange's women staff spiritually bond over unbaked bread

18 Meet the bouncing boys of Boneini—Hamaspik of Kings County's skills-driven after-school program

PUBLIC HEALTH

14 With earlier detection, higher survival rates, new report says U.S. lung cancer levels dropping

AUTISM

12 New York biotech gets hair-based autism test approved by FDA as “breakthrough device”

HAMASPIK NEWS

WAVES OF DELIGHT ON THE HIGH SEAS OF FAMILY FUN

IT'S ALWAYS SMOOTH SAILING FOR THE THOUSANDS ENJOYING HAMASPIK'S BI-ANNUAL FAMILY-ORIENTED OUTINGS AT REGIONAL RECREATIONAL VENUES—LIKE THIS MARITIME-THEMED SCENE CAPTURED RECENTLY AT QUASSY AMUSMENT PARK



FEW THINGS BROADCAST THE MESSAGE OF INCLUSION AND MAINSTREAMING AS THE ANNUAL OUTING FOR INDIVIDUALS SUPPORTED BY HAMASPIK AND THEIR LOVED ONES, WHERE ALL MINGLE FREELY FOR A DAY OF FAMILY BONDING AND FUN

SEE PAGE E9 >>

TRI-COUNTY CARE NEWS

Record Time: Paperwork Plow-Through Produces Quick Sign-Up

SEE PAGE E3 >>

HAMASPIK NEWS

New Shaarei Binah Day Program Opens Gates to Community's Highest-Functioning Young Men

SEE PAGE E6 >>

HEALTH NEWS

Aneurysm Patients Do Far Better With New “WEB” Plugging Device

SEE PAGE E7 >>

Non Profit Org.
US Postage
PAID
Plex Group

NYSHA Inc.
Published and Copyrighted June '22
1 Hamaspik Way
Monroe, NY 10950

Services Provided by NYSHA AGENCIES

OPWDD SERVICES

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

A supervised residence for individuals who need out-of-home placement.

INDIVIDUALIZED SUPPORT SERVICES (ISS)

Paid housing expenses and support for individuals who can live independently.

HOME FAMILY CARE (HFC)

Places individuals with developmental disabilities into private homes to care and support the individual.

DAY HABILITATION (DH)

A day program for adults with disabilities designed to develop skills, greater independence, community inclusion etc.

Site Based: Day Habilitation Service delivered in an OPWDD certified facility.

Without Walls: Day Habilitation Service delivered in a community-based setting.

COMMUNITY HABILITATION (CH)

Working one-on-one with individuals in their home or in the community to achieve valued outcomes by helping them develop daily living skills and achieve long-term goals.

COMMUNITY PRE VOCATIONAL

Working with individual to prepare them for paid community employment- Teaching individuals job skills and other related social skills to enhance their ability to obtain employment in the future.

SUPPORTED EMPLOYMENT (SEMP)

Working with individual to support and provide them with necessary coaching so they can successfully engage in paid competitive employment.

FAMILY SUPPORT SERVICES (FSS)

Support for the individual's family by reimbursing them for certain qualifying items or services, otherwise not available to them.

INTENSIVE BEHAVIORAL SERVICES (IBS)

Short-term interventional services for people with behavioral issues and their family members.

RESPIRE:

Home and Community-based respite services to provide a relief for the individual's caregiver and family.

At-Home: Respite services delivered in the home of the individual.

After School: Respite program provided every day after school hours.

Sundays: Respite program provided every Sunday.

Legal Holidays: Respite program provided on all legal holidays when school is not in session.

Summer Break: Full day respite program during the summer break weeks.

Respite Night Program: Respite services delivered in the evening hours to high-functioning individuals by taking them out in the community and doing recreational and stimulating activities with them.

Weekend Getaways: A weekend retreat for individuals receiving respite services.

SELF-DIRECTION

The Individual or their advocate takes direct responsibility to manage their services and self-direct their budget.

Fiscal Intermediary (FI): Assists individual or their advocate in implementing their Individual Support Agreement and to manage financial accountability and employer responsibilities.

Brokerage: Assisting individuals or their advocate in creating and managing their budget.

ARTICLE 16 CLINIC

Provides medical, diagnostic, and therapeutic services for persons with developmental disabilities. Such as: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

EMOD, VMOD AND ASSISTIVE TECHNOLOGY

Individuals who are eligible and approved for OPWDD services who reside in non-certified home and community-based settings may qualify for AT, E-Mod, and V-Mod services funded through the OPWDD HCBS Waiver.

Assistive Technology : Any device, item, equipment, product, or system that is used to increase, maintain, or to improve an individual's functional capabilities and/or independence in performing activities of daily living (ADL).

E-Mods: Physical adaptations to an individual's home, like ramps, lifts and grab bars, needed to ensure his or her health, welfare and safety and to maximize independence and reduce need for institutionalization and/or more restrictive, costly living arrangements.

V-Mods: Physical adaptations to the individual's vehicle that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence.

DOH

EARLY INTERVENTION (EI)

Provides a range of services to help young children (ages birth-3) who have a specific delay in their development.

Group Development Model (GDM): Provides Early Intervention services in a group-setting

Therapy: Provides OT, PT, SLP, Vision, Nutrition, Play, Special Education, Family Training etc. to help the child develop appropriately.

Evaluations: Provides full evaluations to assess child's skills and development.

Ongoing Service Coordination (OSC): Provides ongoing support for families of children enrolled in the Early Intervention Program.

NURSING HOME TRANSITION AND DIVERSION (NHTD)

Waiver services to help individuals who need nursing-home level of care safely remain home and avoid nursing home placement.

Service Coordination (SC): Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

Community Transitional Services (CTS) / Moving Assistance (MA): Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

Environmental Modifications (EMODS): Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization.

Vehicle Modification (VMODS): Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

Assistive Technology : Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

TRAUMATIC BRAIN INJURY (TBI)

Waiver services to help individuals who had a traumatic brain injury.

Service Coordination (SC): Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

Community Transitional Services (CTS) / Moving Assistance (MA): Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

Environmental Modifications (EMODS): Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization

Vehicle Modification (VMODS): Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

Assistive Technology : Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

SOCIAL DAY PROGRAM

A comprehensive structured program providing functionally-impaired adults an array of services in a protective daytime setting. Each individual participant receives services in accordance with an Individualized Service Plan (ISP) based on a personalized assessment.

SENIOR DINING PROGRAM

Serves balanced nutritious meals to older New Yorkers up to five days a week in a variety of settings. Eligible to seniors age 60 and up, as well as to spouses younger than 60 and individuals with disabilities residing in eligible seniors' homes..

HAMASPIK CHOICE

MLTCP:

Providing: A managed long-term care plan (MLTCP) approved by New York State.

HMO/INSURANCE

ABA

Behavior modification services for children with autism.

Social Group: ABA service delivered in a group setting.

One on One: ABA service delivered on a one-on-one basis in the child's home or community.

HAMASPIK HOMECARE

LHCSA

Licensed HomeCare Services Agency.

Home Health and Personal Care Services (HHA/PCA): Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, screened and supervised by a RN.

NHTD/TBI Home & Community Support Services (HCSS): Our HCSS Certified Aides assist those enrolled in the NHTD or TBI Medicaid Waiver Programs with oversight and supervision, in addition to personal care services.

Nursing Services (RN): Providing skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

HHA/PCA Training: Free PCA/HHA training and competency testing offered for those interested in a home care career.

CDPAS/CDPAP: CONSUMER DIRECTED PERSONAL AIDE SERVICES/PROGRAM

As an alternative to traditional homecare, this program empowers the client to hire, train, and set the schedule of their personal assistants (PA). The PA's may be family members and can even live in the same home.

NYS HCR

ACCESS TO HOME

Providing home modifications for people with physical disability.

RESTORE

Providing emergency repairs for low incomes homeowners over the age of 60.

US AND NYS AGRICULTURE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Provides federal reimbursements for the costs of nutritious meals and snacks which are served to eligible children and adults at participating daycare centers, after-school programs, or shelters.

NYSED SERVICES

ACCESS VR

Assist individuals to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development.

PATHWAY TO EMPLOYMENT

Employment planning and support services that provide assistance for individuals to obtain, maintain or advance in competitive employment or self-employment.

NYSHA

THE HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper keeping the community up-to-date on all major news in medicine, public health, disability, hospitals, senior care, and general Hamaspiik news.

MAMTAKIM

A summer camp for individuals approved for OPWDD services.

BOE

THE HAMASPIK SCHOOL

Private chartered school for kids age 5 - 10 with developmental disabilities, taking education to heart and teaching them in a way they can learn thru an individualized plan, Including ABA, OT, PT, SPL and Multi-sensory hands-on learning.

KINDERVILLE

A summer camp for individuals approved for OPWDD services.

OMH

SIPUK, ARTICLE 31 CLINIC

Mental Health-licensed behavioral health, Article 31 Clinic, servicing all ages.

OMH/DOH

ADULT HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for Adults with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children ages 0-21 with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care

ADULT HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible adults over the age of twenty one.

Community Psychiatric Support and Treatment: Support and treatment to achieve functional improvement and stability, while working to attain the personal goals in a community setting.

Family Support and Training: Family training and support to engage the family in the treatment planning process and provide them with emotional and informational support to enhance their skills to assist in the recovery.

Psychosocial Rehabilitation: Assists with rehabilitating functional deficits and interpersonal or environmental hardships associated with the behavioral health condition.

Empowerment Services-Peer Support: Peer-delivered services designed to promote skills for coping with and managing behavioral health symptoms, while utilizing recovery-oriented principles.

Habilitation: Assist to acquire and improve skills such as: communication, self-care, socialization, mobility, etc. to successfully reside in home and community-based setting.

Intensive Supported Employment: Assists to obtain and keep competitive employment.

Prevocational Services: Prepares for employment, developing strengths and soft skills that contribute to employability.

Transitional Employment: Strengthens the work record and skills toward the goal of achieving assisted or unassisted competitive employment.

Ongoing Supported Employment: Ongoing follow-along support when holding down a job.

CHILDREN HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible children from birth to twenty one.

Prevocational Services: Designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment.

Caregiver Family Support and Services : Teaches skills to caregiver/family's that will enhance their ability to care for the child/youth in the home and/or community.

Community Self Advocacy Training and Support: Provides family and caregivers with techniques and information not generally available so that they can better respond to the needs of the Individual related to their disabilities.

Community Habilitation: Provides assistance with learning social skills, daily living and health related duties by working with the individual on goal-oriented tasks.

Supported Employment: Designed to prepare youth with disabilities (age 14 or older) to engage in paid work.

Planned Respite: Provides short-term relief for the individual's family/caregiver while supporting the individual's mental health, substance use and/or health care goals.

Day Habilitation: Provides assistance with learning social and daily living skills in a certified agency setting.

► TRI-COUNTY CARE NEWS

Complex Client Signed Up by Tri-County Care in Record Time

Care Manager Hershel Grossberg Gets Individual on Multiple OPWDD Services in Under Six Months

“Six months is a lot of time!” you may be thinking—a thought that runs counter to the notion behind this article’s headline. “Why would it take so long to sign a person up to a few programs?”

But in the world of New York State disability services and supports, it’s actually quite the exception, explains Yechiel Teichman, a Care Manager Supervisor with Tri-County Care.

Why would that be?

Simply because it actually *does* take that long for an individual with multiple diagnoses—and hence who qualifies for multiple support programs—to get on all those support programs.

A plethora of forms, applications and interviews—both on the phone, online and in-person—are all “standard operating procedure” for all those programs. Then you’ve got waiting time for each program (since the OPWDD is typically processing dozens of applicants daily). All these factors combine to leave any

applicant waiting until applications are processed by the OPWDD.

However, the bulk of the time is not post-submission waiting time but paperwork-gathering time.

For Care Manager Hershel Grossberg of Tri-County Care, when a new client came in with a host of special factors, months of tedious paperwork loomed. But Mr. Grossberg did what TCC Care Managers do best: he rolled up those sleeves and got right to work.

The first of those several factors was no one’s fault: a reinstatement of New York State Medicaid benefits due to address change.

The individual in question had relocated from Brooklyn to the Hudson Valley, and had switched CCOs, but state Medicaid benefits had not transferred with him.

As a result, Mr. Grossberg had to verify the new address, submit said documentation to Medicaid, and confirm that the gentleman was now back on Medicaid.

With that benefits-securing bedrock laid down (most New York state benefits are for Medicaid members), Care Manager Grossberg was poised to proceed with “Phase II”: changing those services from the old agencies in Brooklyn to new ones in Rockland County.

While still living in Kings County, the gentleman had been obtaining supports and services like Day Habilitation (Day Hab), Community Habilitation (Com Hab), and After-School Respite (ASR).

Those were secured for him based on which non-profit providers were best suited for him, per the objective mission of the worthy Care Coordination Organization (CCO) that had been supporting him in Brooklyn.

Now living upstate, the gentleman not only had a new CCO (Tri-County Care) but also needed new supports to be provided by that CCO. To do that, Mr. Grossberg had to determine which local non-profit providers

of Com Hab, and Respite in several forms (Holiday/Weekend, Camp, and After-School) would be best for him—and then facilitate the transfer of all his care files from the old non-profits to the new ones. Obtaining those files was itself a difficult task, what with first determining which of several agencies had been providing which service, then connecting with the correct point people within those agencies, and finally waiting for release and transmission of documentation.

At the same time, the individual and his family were requesting several supports and services that the gentleman had not been receiving in Brooklyn. Mr. Grossberg applied for and secured them all.

Add up all the time and effort required to make all of the above happen, and you’re easily looking at six months at the least. Hershel Grossberg did it in less than six months... which in OPWDD circles is record time. ★

► HEALTH NEWS

To Protect Aging Synapses, Exercise Alters Brain Chemistry

San Francisco, California — The longer you stay active, the longer you’ll stay active: Wise words of advice for anyone approaching their senior years—and now, words proven right by yet another study.

New research by the University of California (UC) at San Francisco has found that in seniors maintaining an active lifestyle, brains have more of a class of proteins that enhances the connections between neurons to maintain healthy cognition.

That result dovetails with earlier research finding that seniors who were found to have had more of those proteins in their brains when they died had been better able to maintain their cognition over their last years.

“Our work is the first that uses human data to show that synaptic protein regulation is related to physical activity and may drive the beneficial cognitive outcomes we see,” said Kaitlin Casaletto, PhD, an assistant professor of neurology and lead author. Her study appeared recently in

Alzheimer’s & Dementia: The Journal of the Alzheimer’s Association.

The brains of most older adults accumulate *amyloid* and *tau*, toxic proteins that are the hallmarks of Alzheimer’s disease pathology. Many scientists believe amyloid accumulates first, then tau, causing synapses and neurons to fall apart.

However, Casaletto previously found that *synaptic integrity*, whether measured in the spinal fluid of living adults or the brain tissue of autopsied adults, appeared to dampen the relationship between amyloid and tau, and between tau and neurodegeneration.

According to the scientist, the research shows “the potential



PIVOTAL PROTEINS: UCSF (SHOWN HERE) HAS LINKED SENIOR EXERCISE WITH BRAIN HEALTH

importance of maintaining synaptic health to support the brain against Alzheimer’s disease.”

The research was based on data

from the Memory and Aging Project at Rush University in Chicago. That project tracked the late-life physical activity of elderly participants. ★

Hamaspik Gazette

Published and Copyrighted June '22 by:
NYSHA, Inc., 58 Rt. 59, Suite 1, Monsey, NY 10952
Distributed free. USPS Presorted Non-profit Mail
Postmaster: Return service requested
© All Rights Reserved



EDITOR: Meyer Wertheimer

WRITER: Mendy Hecht

TEL: 845-655-0613

FAX: 845-655-5613

MAIL: Hamaspik Gazette, 58 Rt. 59, Suite 1,
Monsey, NY 10952

Happening in Health Today

NEGATIVE EFFECTS OF STANDARD HEART ATTACK TREATMENT ADDRESSED BY NEW RESEARCH

Indianapolis, Indiana — Modern medicine uses well-established treatments to help prevent muscle damage caused when people have heart attacks. But now, a study at the Indiana University School of Medicine is challenging those methods.

In research recently printed in the *Journal of the American College of Cardiology*, researchers claim that one common treatment for heart-attack patients—*reperfusion therapy*, or opening a blocked coronary artery—may not be as successful in halting muscle damage as once thought.

Heart attacks occur when the *coronary artery*, which supplies oxygen to the heart muscle, is suddenly blocked. The amount of heart muscle irreversibly damaged is directly linked to how much time passes from onset of symptoms to clearing of blockage.

The common belief is that once coronary arteries are opened, damage to heart muscle is stopped. The new research says that's not always the case.

NEW GENE THERAPY MAY BE LONG-TERM TREATMENT FOR RARE LIMB-GIRDLE MUSCULAR DYSTROPHY 2B

Washington, D.C. — A rare disorder called limb-girdle muscular dystrophy (LGMD) 2B is estimated to affect anywhere from one in 14,500 to 123,000 individuals. The condition is one of a group of diseases that cause weakness and wasting of the muscles in the arms and legs.

But now, researchers at the Washington, D.C.-based Children's National Hospital have developed the first non-muscle targeted gene therapy that enhances diseased muscle fiber repair and improves muscle function.

The new pre-clinical gene therapy addresses the primary cellular deficit associated with this disease. Using a single injection of a low dose gene therapy vector, researchers restored the ability of injured muscle fibers to repair in a way

that reduced muscle degeneration and enhanced the functioning of the diseased muscle.

The treatment was safe and restored myofiber size and muscle strength, according to the research.

GUT MICROBIOMES OF ANCIENT HUMANS MORE DIVERSE THAN PEOPLE ON WESTERN DIETS: STUDY

Balzano, Italy — People who lived in Europe over 2,000 years ago, well before the Common Era, had a greater range of healthy bacteria in their guts than

Westernized people today.

The *gut microbiome*, or the healthy “good” bacteria populating the average adult digestive system, has been increasingly studied in recent years for health benefits.

In a new study by the Italy-based Eurac Research Institute, published in *Current Biology*, remains of ancient European miners were extensively analyzed to determine the makeup of their microbiomes.

The research found several similarities between those microbiomes and the more-diverse microbiomes of people who don't eat Western diets today.

Those non-Western diets—like those of the ancient samples analyzed—featured lots of unprocessed foods. The study underscores the health detriments of processed food items.

HARVARD RESEARCHERS INVENT SOFT, STRETCHABLE THERMOMETER

Boston, Massachusetts — Researchers at the Harvard John A. Paulson School of Engineering and Applied Sciences (SEAS) have developed a soft, stretchable, self-powered thermometer that can be integrated into stretchable electronics and soft robots.

Here's how it works in plain English: The thermometer is made of materials in three layers like a Band-Aid. The top layer reacts to the bottom layer by creating a tiny electrical charge that rises or lowers when temperature rises or lowers. Because warmer surfaces produce more voltage and colder surfaces produce less voltage, the device measures temperature by measuring how much voltage it produced.

With the next generation of soft robotics, smart clothing and biocompatible medical devices slated to need integrated soft sensors that can stretch and twist with the device or wearer, the experimental soft temperature sensor may have many future applications.

FOR SWEATING PEOPLE, VENTING HIGH BODY HEAT (LITERALLY) HAS A SILVER LINING

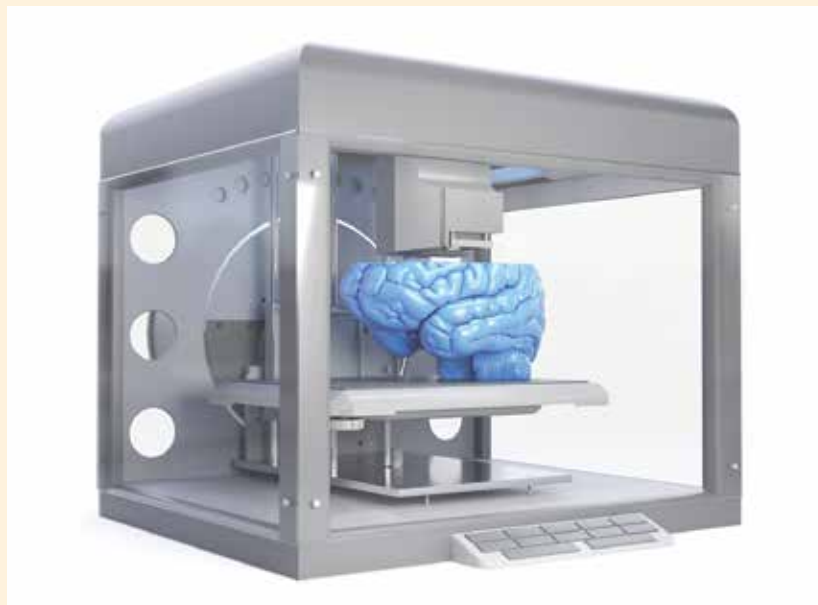
Durham, North Carolina — Fabric expands when moist. Metal bends when tugged. Attach the metal on top of the fabric and then moisten the fabric—and the expanding fabric will bend the metal up and back.

At Duke University, materials scientists are working on hybrid clothing made of silver-lined nylon that'll open tiny vents in the fabric-like windows—allowing wearers to cool off when they sweat.

Their research found that a nylon patch moistened by sweat will bend back a microscopic layer of silver precisely 50 nanometers thick (2,000 times thinner than paper). The effect would essentially allow clothing—think winter gear—to sport tiny silver-decked vents that open in response to a person's sweat and close again once dry.

Compared with an average traditional textile represented by a polyester/spandex blend, the material is about 16 percent warmer when dry with flaps closed and 14 percent cooler when humid with flaps open. ★

WHAT WOULD MAINSTREAM 3D MEDICAL-DEVICE PRINTING LOOK LIKE? TELL THE FDA



THE BRAINS BEHIND 3D PRINTING: THE FDA IS NOW COURTING INDUSTRY COMMENT

Silver Spring, Maryland — If you're a doctor or medical professional, or you just have an opinion, the U.S. Food and Drug Administration (FDA) wants to hear from you.

That is, if you have an opinion on what using 3D printing to manufacture medical devices right at your doctor's office would look like.

The still-experimental technology “prints” three-dimensional products out of plastic, ceramics or even metal by assembling, cutting

and shaping successive layers of raw materials.

Now, in a newly-published discussion paper, the FDA lays out the benefits and challenges of creating 3D-printed devices in healthcare settings, such as hospitals and doctors' offices, as well as a potential approach for regulatory oversight.

While 3D medical printing has enabled the production of customized prosthetic limbs and orthopedic implants, it also has the potential to impact patient safety. ★

Your child deserves a childhood.

(And you deserve a break.)

Comfort Health offers a variety of services that help you manage the challenge of a child with difficult diagnoses--and live your best life.

- Care Management
- Community Habilitation
- Respite Services
- Prevocational Services
- Family & Caregiver Support



Do it for your child. Do it for yourself.

4102 14th Ave
Brooklyn, NY
718.408.5400

58 Route 59
Monsey, NY
845.503.0400

1 Hamaspik Way
Monroe, NY
845.774.0300

info@comforthealthny.org
www.comforthealthny.org

Comfort 
A Hamaspik Project **HEALTH**

Success-driven support services

Comfort Health offers care management and supportive services to children who require complex medical care--physically, emotionally, and mentally.

● ► HAMASPIK NEWS

Employability, Study and Faith-Based Mainstreaming

Hamaspiik Rockland's Shaarei Binah Day Program empowers highest-functioning young men with practical job skills—and commanding familiarity with communal nuance

You've got individuals whose disabilities are as unmistakable as they are visible.

You've got mainstream individuals without what you'd describe as "disabilities."

Then you've got those in between: worthy, deserving and respectable human beings in the gray zone between "disability" and "mainstream."

Now toss into the mix a faith-based community rife with minute nuances, in which the slightest changes in detail convey waves of information—and the challenge for these individuals to fit in becomes even greater.

Hamaspiik of Rockland County Director of Day Services Joel Moskovitz was keenly aware of that need—a need that, like so many other agency programs, proactively triggered yet another agency program, even before calls mounted from the community for



COMPUTE THIS: WITH AN EYE TO THE FUTURE, STUDENTS GAIN PRACTICAL TECHNOLOGY SKILLS

such a program.

Enter Yeshivah Shaarei Binah.

YOUR EXTRAORDINARY FRIENDLY NEIGHBORHOOD YESHIVAH

Modeled after the classic, time-

tested European model of school for teens and young men, Shaarei Binah is a yeshivah in that it gives participants a rigorous daily schedule incorporating plenty of book study and information mastery—but is anything but a yeshivah in that the curriculum adapts to the students, not the students to the curriculum.

"A full day of regular yeshivah, the boys can't handle," says Mr. Moskovitz, responding to a phone inquirer while the *Gazette*, visiting his office, listens in. "But a regular Day Hab program isn't for them either."

"There's a tremendous need for that!" he adds in Yiddish.

But for what you might call a non-regular yeshivah (Moskovitz prefers the phrase *yeshivah setting*), student pack a whole lot of study and personal growth every day.

Shaarei Binah, which translates roughly to "Perception Gates," is a full-day program. It runs each weekday from 8:30 in the morning to 7:30 at night. It is built around three pillars: Employability via diverse basic job skills, internalization of basic *halachah* (Jewish religious law), and, as an outgrowth of the latter, familiarity and competence as far as Jewish communal laws and customs go.

Each day is divided in two.

The first half of the day is devoted to religious life. Beginning with the *Shacharis* morning prayer services, staff accompany students to local synagogues, where they join the menfolk (women traditionally pray at

home weekdays) for the daily *minyan*, or prayer group. Staff stand by to help them don *tefillin* (a.k.a. phylacteries), the sacred leather straps worn on the arm and head, and stay on the right page in the *siddur* (prayer book) along with the minyan.

Back at their freshly-renovated classroom facility after *Shacharis*, students first enjoy breakfast before diving into their day's Jewish studies. The day's first meal is fresh and made on site, and prepared by students—imparting to them critical self-care and independence skills sure to serve them well in years and decades to come.

After that healthy fuel-up, the gentlemen hit the books for studies of *Chumash* (the "Five Books of Moses" part of the Jewish Bible), *halachah*, or even *Gemara* (the Talmud). With *Chumash* divided into 52 calendar-corresponding sections, students will review the *Parshah* (section) of the week. In *halachah*, they'll dissect the laws of such universal Jewish-life basics like the Shabbos candles lit every Friday afternoon or the *tzitzis* Torah-symbolizing fringes worn at the waist. Some will also tackle the legalistic intricacies of a page of *Gemara*.

Come afternoon after lunch, students will segue into daily sessions of exercise and physical fitness—followed by daily instruction in a range of vocational skills. These include introductory computing skills in Microsoft Windows and even Microsoft Excel on the yeshivah's premises, and job training

CONTINUED ON PAGE 7 >>

YOUR ULTIMATE SOURCE FOR GROUP INSURANCE SOLUTIONS!



Reliable Brokerage, Inc.
We get you protected.



888.783.6286

CALL FOR YOUR NO-OBLIGATION INSURANCE QUOTE

HENRY KELLNER & ASSOCIATES
E-mail us at: info@reliablebrokerage.com
Visit us on the web at: www.ReliableBrokerage.com

● ► HAMASPIK NEWS

Employability, Study and Faith-Based Mainstreaming



LEARNING: A STUDENT PERUSES A CLASSIC. (R); A MINI INDOOR GARDEN OF BEANSTALKS FLOURISHES AT A WINDOW



<< CONTINUED FROM PAGE 6

at the workplaces of local partner companies. For example, students will pop into a popcorn factory to learn how a production facility works—not just to arm themselves with skill specific to that employer but to acclimate themselves to a work environment in general.

WHAT IT'S ALL ABOUT

Yechezkel “Chezky” Szabovitch and David Einhorn, two program

instructors the *Gazette* spoke to, both bring special-needs backgrounds to their niche work—experience that comes in handy.

According to Mr. Szabovitch, Shaarei Binah exists to give its students productive and proactive days once standard youth disability educational programs run their courses. In other words, it gives them something to do—and not just *anything* but the reverse: a “something” that equips them for life.

Toward that end, he notes, the program is planning two major long-term fronts: One, a full on-site vocational training facility, and two, an onsite gym. In the meantime, he adds, he’s seen students with previously-unstructured days not only coming on time every day but relishing the discipline.

What’s the biggest problem facing these young men, and how does his program solve it?

“We give them a few classes a day and try to get them a job,” summarizes Mr. Einhorn. And to ultimately get them that job, Shaarei Binah trains them in cooking, baking, and even shelving and stocking, among other valuable rudimentary skills.

While sitting with the *Gazette* for an information-gathering interview, Mr. Moskovitz takes a call from one of Shaarei Binah’s students. The young man asks where something is located, and Mr. Moskovitz, speaking intelligently and respectfully, instructs him where to get it. In doing so, he unintentionally conveys just who the program is for and how it fills a previously-vacant community gap.

So, where does Mr. Moskovitz see the program in one year? “Two *kitehs!*” he earnestly and quickly insists, using the Yiddish word for “grade.” He sees it as operating as a regular yeshivah—plus “real” vocational training. There is nothing like it currently in Monsey’s Jewish community, he insists.

Between the several classes, instruction and hands-on learning on-and off-site (including travel), fitness workouts and dinner, it’s already 7:30 p.m. by the time each day’s over. But by the time 8:30 a.m. rolls around the next morning, Shaarei Binah’s students are raring to go. ★

● ► HEALTH NEWS

New Device to Treat Brain Aneurysms Delivers Real-World Results, Clinicians Report

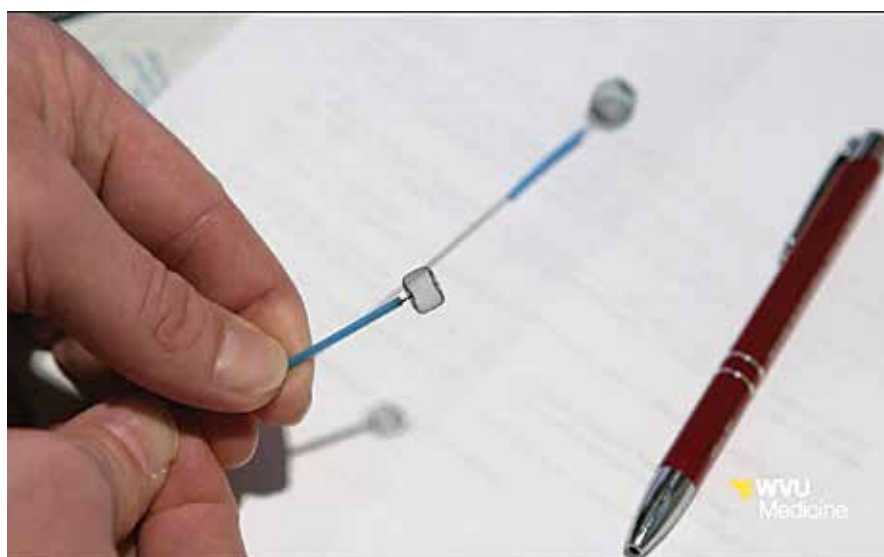
Favorable Efficacy and Safety Profile for Woven Endobridge (WEB) Device in Global Study

Boston, Massachusetts — Among several hundred stroke patients treated worldwide over the past few years for *aneurysm*, or balloon-like bulges on weakened blood vessels that can catastrophically rupture, well over half enjoyed complete closure of the burst blood vessel causing that bleeding when the Woven Endobridge (WEB) device was used.

According to a study published in the journal *Stroke*, 57.8 percent of aneurysms were treated with the WEB device achieved complete *occlusion*, or the blockage or closing of a blood vessel.

What’s more, adequate occlusion occurred in 85.7 percent of aneurysms. Retreatment was only required in 7.8 percent of aneurysms, and no patients experienced aneurysm re-rupture after treatment.

The international study, led by



“WEB” OF SUCCESS: THE WOVEN ENDOBRIDGE (WEB) IS NOW WORKING AROUND THE WORLD

researchers at Massachusetts General Hospital (MGH) and other institutions offers real-world results on the use of the novel device for treating brain aneurysms.

The Woven Endobridge (WEB) device consists of a tiny mesh plug that can be inserted through a vessel and placed into an aneurysm to block blood from going into the bulging region—thereby

stabilizing the vessel and preventing the aneurysm from rupturing. The device can also be used to stabilize previously ruptured aneurysms.

“The WEB has recently become available in the United States, and elsewhere across the globe the device has been available for a longer time—but no large-scale study of its efficacy had yet been performed,” said lead author Adam A. Dmytriw, MD, MPH, MSc, an interventional neuroradiology and endovascular neurosurgery fellow at MGH.

Patients not suitable for open aneurysm surgery or who have other risks now have a viable treatment option, said Dmytriw. “We hope that our results will help guide interventionalists in the appropriate use of the WEB so that patients with challenging brain aneurysms will have a safe option for care.” ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



In the House!



A TASTE OF INTEGRATION: SHAYA MAKES HIS ROUNDS WITH HIS HOMEMADE TOMATO DIP



Fruits (and Vegetables) of His Labors

Shaya Visits Hamaspiik to Hand Out Homemade Tomato Dip

Most of the time, when you work for Hamaspiik in one of its many administrative offices and building, you're aware of the great work the agency does in the field—but you're still one step removed from it.

Sometimes, however, that frontline work comes to you.

With another successful week winding down one recent late-Friday morning, employees of Hamaspiik's Integrated Health behavioral-supports program, and directors of various other departments, were all too happy to receive a special Shabbos treat from a special young man.

Accompanied by Direct Support Professional (DSP) Mr. David Einhorn, Shaya S. of Hamaspiik of Rockland County's Shaarei Binah program for high-functioning young men paid a most fruitful visit to Hamaspiik of Rockland County's headquarters.

Having personally harvested the freshest of tomatoes from a Bronx farmer's market earlier in the week,

Shaya had proceeded to produce equally-fresh tomato dip—an ever-popular condiment gracing the Shabbos tables of his home community—back at his program's kitchen, and then happily distribute it to employees around the office.

With Mr. Einhorn's unobtrusive but positive supports in the immediate background, the effervescent young man—already a beloved face for years now around Hamaspiik—proceeded to hand out small tubs of the fresh stuff as he made his way from cubicle to cubicle and office to office.

Employees momentarily broke away from busy screens and phones to greet Shaya, and he reciprocated like the old friend that he is.

His exuberant demeanor and pleasant personality further endeared him to staff—and gave them something to remind them over Shabbos of the hard work Hamaspiik does at the office and at program sites, week in and week out. ★

A Pre-Passover Getaway Fit For Royalty

Hamaspiik of Orange County Group-Home Family Converges on the Hamaspiik Resort for Grand Family-Style Weekend

In most Jewish homes, the run-up to Passover is an exercise in controlled chaos—but not this past pre-Passover weekend, when Hamaspiik of Orange County group homes enjoyed a fully-catered family-style retreat at the Hamaspiik Resort in upstate Rock Hill, New York.

Also in attendance were group home Managers—and those Managers' Direct Support Professionals (DSPs), trained staff who daily feed, change, bathe and otherwise lovingly and professionally interact with and care for residents.

After a Friday-afternoon welcome lunch, guests enjoyed arts and crafts activities, Macaroni the Clown, a taste of Shabbos food, and swimming for boys and girls.

A singalong with Rabbi Yonason Schwartz ushered in Shabbos—then candle-lighting, girls' activities, and a regal Shabbos meal (followed by a late “Oneg Shabbos” buffet).

The presence of each staff member's wife/husband and children created

angelic scenes in the dining room at each meal—managers and spouses standing in as parent figures and beautiful children as siblings.

Shabbos day began with breakfast, Shachris morning prayers, and a grand noontime lunch. A long afternoon break was followed by activities, a “Shabbos party,” sundown “Shalosh Seudos” meal and a musical post-Shabbos Havdalah ceremony.

Live music and dancing came next, along with a late “Melaveh Malkah” dinner and a well-earned bedtime.

Sunday morning brunch was capped by a noontime live show by the Torah Tots children's performers, a petting zoo, and swimming. Guests left after 5:00 p.m. dinner.

Making all the above even more beautiful were how staff children were totally non-judgmental, accepting and loving towards the individuals—innocently treating them as if they were real family members, as indeed they are. ★

Faces of Fun



(NOT) CLOWNING AROUND: MACARONI THE CLOWN ENTERTAINS HIS TARGET AUDIENCE; HUSBANDS OF STAFF MEMBERS IN ATTENDANCE DANCE FOR JOY AS LIVE MUSIC ENLIVENS



● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Pesach Distribution

Hamaspiik of Kings' County Shows its Gratitude with Matzah and More

Employee Value is more than just a core value at Hamaspiik of Kings' County; it's a daily reality. Before Pesach, employees were offered several valuable and thoughtful gifts to enhance their Yom Tov and show how much their hard work is appreciated.

The first was the arrangement of the annual food distribution, including items such as grape juice, chicken, eggs, and oil, as well as many others—a much-appreciated and useful gift for any family making Yom Tov. This year, the distribution was taken to the next level with the addition of pre-order forms, ensuring that each employee would get the products they really wanted instead of simply choosing from what was in stock at the time they came.

Both clients and employees at Hamaspiik of Kings County receive a booklet of coupons for use in stores and businesses prior to Yom Tov, from dry cleaners to clothing stores to groceries and more. Additionally,

full time employees received special coupons entitling them to significant discounts on matzah and at Glauber's clothing store, as well as a Yom Tov bonus check.

The distribution and discounts were not simply a help to employees as they made Yom Tov—they were a message: at Hamaspiik, you are appreciated and your hard work is valued. Each gift was presented with signature Hamaspiik attention to detail, and applying the Hamaspiik discount at stores is truly something that employees can be proud of.

"I want to thank Mr. Yanky Kellner, Projects and Fleet Manager, for investing not just months, but so much heart, arranging every single aspect of the food distribution and coupons," says Mr. Hershel Wertheimer, Executive Director at Hamaspiik of Kings County. "Our employees give and give all year round—now we have a chance to give back." ★

Hamaspiik Families Thrill to Grand Back-to-Back Holiday Trips to Quassy Amusement Park

Group Events on Two Days, With Collective Hundreds Attending, Show Agency's Community Size, Scope and Growth

Regular family outings are long a tradition at Hamaspiik.

Directed since its inception by Hamaspiik Special Events Coordinator Mrs. Brenda Katina, the annual events are a way for the agency to not only give individuals something healthy and family-friendly to do during the holiday—but also to include those individuals' immediate family. (Inclusion is a two-way street, after all!)

Many of the children and adults with intellectual/developmental disabilities (I/DD) supported by Hamaspiik year-round don't get to see their parents and siblings on a regular basis—primarily because they reside in Hamaspiik group homes.

As for individuals residing in their biological families' homes, parents and often siblings are too-often too involved in their loved ones' special-care needs to treat their loved ones, and never mind themselves, to much-deserved family outings.

Responding to those legitimate mainstream needs (and typically-

overlooked ones, too), Hamaspiik has been orchestrating massive community-wide events and outings for years now come the holidays—giving hundreds of individuals, and by extension, their loving and beloved family members, the healthiest of outlets. And this year would be no different.

Dozens of buses, accessibility vans and other vehicles converged from three New York counties on Middlebury, Connecticut over a two-day period, where passengers disembarked to find themselves at the front gate of Quassy Amusement Park.

For the remainder of the day, hundreds of children and adults with disabilities had the fullest-possible run of the sprawling outdoor park. Accompanied by their loving fathers, mothers, siblings and/or Hamaspiik staff members, they thrilled to Quassy's rollercoasters, train rides, swings and indoor arcade games.

A large covered picnic area served up fresh snacks and drinks, while a deejay

CONTINUED ON PAGE 10 >>

Get a Load of This



DELIVERING THE GOODS: PALETTES OF PASSOVER STOCK STAND READY FOR DISTRIBUTION

Having a "Quas"-tastic Time



SEEN ON THE SCENE: A PROFESSIONAL SECURITY TEAM COORDINATES TRANSPORTATION, A JUGGLER WOWS AN INDIVIDUAL ONSTAGE, AND A GUEST LEADS TWO LOVABLE LLAMAS

● ► HAMASPIK NEWS

Kneading the Most Heartfelt of Prayers

Hamaspiik Orange Staff Bond Over Age-old Women's Custom of "Separating" Freshly-made Dough; Ritual Traditionally Seen as Powerful Prayer Experience for Others, Self

Fork over the dough.
The spiritual dough, that is.
Technically, "separating challah" is the eons-old Jewish ritual of tugging off and then burning a nugget of the unbaked raw stuff, straight from the mixing bowl to the empty oven. For centuries, Jewish women made challah (the classic kneaded Jewish loaf made of just water, flour and eggs) at their kitchen counters. In the absence of gifting the *Kohanim* (the priests of Jerusalem) the Biblical tithe of fresh dough, post-exile generations of matriarchs—mothers, daughters and granddaughters standing shoulder to shoulder and soul to soul—reenacted it right at home.

But spiritually, separating challah is a ritual rife with raw emotion and purest prayer, symbolizing as it does the rendering of life's greatest gifts unto a loving Creator.

As a noted rabbi once explained, bread is the most basic food, symbolic of our physical needs. It is what we toil and work for, to "make bread" and to "put bread" on the table. It is symbolic of everything physical in the world. When you separate challah, you are taking the physical and lifting it up to a spiritual state—first by recognizing that all we have is from Heaven; second, by making the physical, spiritual; and third, by making sacred the very food that we feed our families.

Separating challah, long the province of the Jewish woman, thus evolved in many communities into what essentially amounts to a women's spiritual workshop. These workshops are substantial events in their own right, encrusting their central pillar of dough-separating with so much more than simply burning a small piece of unbaked bread—much as, say, "tea" in England is so much more than flavored hot water in a cup. Part spiritual bonding with ancestors past, part emotional bonding with peers present, a group *hafrashas challah* (or challah separating) is a sacred space of informal prayer where hearts are unburdened in searing and unbridled dialogue with the One Above.

Typifying such raw, unformatted spirituality was the *hafrashas challah* held on the premises of Hamaspiik of Orange County's main building.

Close to 70 women, all Hamaspiik staff members across several divisions and programs, converged around tables set up in the facility's third-floor conference room. Some arrived with pre-kneaded dough previously prepared at home, covered bowls and all, while others prepared it on-site.

Presiding over the ritual was a veteran community member from Brooklyn's Williamsburg neighborhood long a master in the highly nuanced event—having not just the hands to

knowingly knead dough but the touch to respond the minutest sensitivities of sister hearts.

Standing alongside the tables, bowls at the ready, the women began the first part of the ritual.

Reading from small handwritten notes or recalling from memory, each recited the full formal Jewish names of individuals in need of prayer due to various troubles: the illness of a beloved relative or friend, the poverty wracking a desperate family, the loss of precious kin, the pain of adverse and trying life circumstances. Several fellow Hamaspiik employees in particular, needing help on various personal fronts, were especially subject to prayerful attention—along with the individuals with disabilities that Hamaspiik regularly serves, who are in constant need of prayers.

As names were read, the deepest of feelings behind them were palpable across the room, as emotional radars picked up those invisible blips, registering them on the screens of every present heart.

With said loved ones, friends and fellow Jews in mind, each then enunciated the formalized text recited before the performance of most *mitzvos*, or Biblical commandments, including separating challah.

One by one, they then tore off small fistfuls of dough from their batches,

wrapping them in foil to be rendered inedible in the onsite ovens.

Throughout it all, with hearts and souls afire, tears freely flowed.

"Everyone felt very uplifted and united as one family," one participant later described it. "It was felt in the air. The unity and strength was priceless!"

"Today was a real game-changer," wrote a Hamaspiik staffer in an internal e-mail shown to the *Gazette*, thanking Hamaspiik of Orange County Executive Director Moses Wertheimer for authorizing the staff-supporting event. "You gave your employees something that is far more valuable than money! This event was priceless!"

"The *tefilos* [prayers—ed.] reached high and the *yeshuos* [reprieves—ed.] are here at the door!" she continued. "I have no doubt that every person in that room *hut gepoyelt!* [Yiddish for "achieved results"—ed.]. In my entire life I never felt like I felt today! It felt like Yom Kippur in Shul."

"It was a very inspiring moment of unity. It was nice doing something spiritual together," another participant later told the *Gazette*. "Getting together for a cause meant way more than anything else," she added—more than your standard morale-boosters like staff lunch or gifts. "Getting together to do a *mitzvah*—where else does that happen?" ★

Hamaspiik Families Thrill

<< CONTINUED FROM PAGE 9

blasted music from the park's stage; individuals could be seen dancing to the electric sounds all day.

WHAT IT'S ALL ABOUT

For families whose precious sons or daughters with I/DD live with them, regular care is an exercise in, well, exercise, every day.

Nobody but a mother or father of individual with special needs can tell you what it's really like to nurture an individual with special needs—the regular extra care, attentiveness, safety measures and much more that the founder and first employees of Hamaspiik, themselves special-needs parents, are familiar with.



A POSITIVE SPIN: TWO YOUNG GUESTS TAKE FAMILY FUN ON A WHIRL



NO HORSEPLAY HERE: ENRICHING INFORMAL EQUESTRIAN THERAPY

That's why Hamaspiik gets it.

It's also why Hamaspiik offers these families the respite of the Quassy outing—granting them precious "down time" while their loved ones are

assigned trained staff to professionally handle the challenges of caring for such individuals on recreational outings.

Those actions of care evince a level of attentiveness, proactivity and more

than a little love that comes standard at Hamaspiik—both in every program, every day... and in the grand annual family outing happening once again this day. ★

EVERYONE FITS IN AT FIT WITH FRIENDS!



High-functioning teens and adults are sure to enjoy this fit and fantastic evening program. Members can get stronger and have fun with music, exercise, and dance activities for everyone with the help of our experienced ZUMBA instructors.

GIRLS: AGES 13 AND UP

CALL US
718.387.8400 X 5218
For information and
enrollment

A Project by HamaspiK Kings

HamaspiK Twilights™ is a full suite of after school and weekend programs, each distinctly designed for various age groups and life stages within the OPWDD community.



The Autism Update

News and developments from the world of research and advocacy

AUTISM IN INFANTS COULD BE BETTER DETECTED BY “BABY TALK”



NOW HEAR THIS! RESEARCH LINKS AUTISM WITH REACTION TO MOM’S “BABY TALK”

San Diego, California — The sing-song talking that parents use when talking to beloved babies is universal, and infants tend to prefer it—so when a baby doesn’t seem to engage with that “motherese,” or baby talk, it may be an early sign of autism.

Researchers at the University of California, San Diego investigators suspected that little ones with ASD experience impaired development of innate mechanisms that respond to baby talk.

To test that, they conducted

a series of tests involving 71 toddlers and 14 adults.

The study found different responses among typically developing youngsters and those with ASD. Children with the poorest neural responses to baby talk displayed the most severe social symptoms, poorest language outcomes and most impaired behavioral preference and attention toward baby talk. By comparison, infants and toddlers with typical development showed the strongest responses and affinity to baby talk. ★

RESEARCH COMPILES PROVEN METHODS FOR MAKING MRIS COMFORTABLE FOR PEOPLE WITH AUTISM

Corfu, Greece — People with autism do not really like being confined to a narrow, noisy tube for up to 60 minutes, which is essentially what an MRI scan is. But, it turns out, there has been a bit of research—and resulting practical tips—on making the MRI experience as comfortable as possible for patients with autism, especially children.

Six such “person-centered adjustments,” searched for across thousands of studies from over the years, have now been found and assembled in a single review published in the journal *Autism*. The review was

compiled by Dr. Nikolaos Stogiannos, a radiologist at Corfu General Hospital, and worldwide colleagues.

According to the review, “reasonable and feasible... adjustments” are: communication; psychological interventions; sensory adjustments; pre-MRI “test drives”; distractions (videos or music); and optimizing scans.

NEW TEST HELPS DIAGNOSE AUTISM BY ANALYZING HAIR

New York, New York — A test that helps diagnose children with autism by analyzing their *hair* (yes, you read that right) was recently granted the FDA’s “breakthrough device” designation. That designation gives tests and devices a faster track for

agency approval for public usage.

The test, called StrandDx, is being developed by New York-based Linus Biotechnology, a biotech firm cofounded by Prof. Manish Arora of Mount Sinai’s Icahn School of Medicine.

StrandDx analyzes the levels of chemicals in a strand of a child’s hair to capture a snapshot of his or her *exposome*—the cumulative environmental exposures and how the child regulates certain essential nutrients.

Those measures suggest how a person’s physiology responds to his or her environment, which can predict chances of having autism, according to Dr. Arora.

Previous research by Dr. Arora and colleagues suggests that atypical levels of some metals can be found in the teeth of people with autism.

NEURON-SPECIFIC VIRUS OVERCOMES BARRIERS TO BRAIN-RELATED GENE THERAPY

Pasadena, California — If you want to deliver therapeutic genes to specifically-targeted brain cells without “driving off course” to other brain cells, or even other parts of the body, you use a virus.

A harmless, deactivated virus, that is.

The technique of using a known harmless virus, usually an adeno-associated virus (AAV), as a *vector* to carry treatments into the body is well established in modern medical research.

But now, neuroscientists at California Institute of Technology in Pasadena, have engineered AAVs that target the brain and steer clear of other organs.

In early tests in mice and monkeys, the resulting viruses delivered genes to brain cells without infecting other tissues. The new AAVs are promising in that they could minimize the risk of side effects from gene therapies under development for autism-related conditions, such as Angelman syndrome, Rett syndrome and fragile X syndrome.

SCIENTISTS DISCOVER AREA OF BRAIN CONTROLLING SPEECH RHYTHM

San Francisco, California —

Speaking, singing or even just laughing or babbling don’t just involve making sounds—they also involve specific breathing patterns.

Before a person makes sounds, the brain sends signals to the mouth, tongue and vocal cords. The brain also sends signals to the lungs to exhale, so that sounds can be made.

Until now, science believed that those signals came from two different parts of the brain. But now, scientists have discovered that they come from the same part of the brain.

Research on lab mice by the University of California, San Francisco (UCSF) recently found that a small cluster of neurons in the brain stem not only regulates tempo but also coordinates vocalization with breathing.

“Just to laugh or shout, the body has to coordinate about 100 different muscles in a rhythmic pattern within a single breath,” said researcher Dr. Kevin Yackle. “We discovered the neurons that, when switched on, give us this unconscious ability.”

GENE REACTIVATION CAN BE USED TO TREAT FRAGILE X SYNDROME IN LAB MICE

Riverside, California — Fragile X syndrome (FXS) is a genetic disorder that is also a leading genetic cause of autism. It affects around one in 4,000 males and one in 6,000 females. Symptoms include increased anxiety, intellectual disability and repetitive behaviors.

But now, researchers at the University of California at Riverside report that they were able to reduce Fragile X syndrome symptoms after inserting the *Fmr1* gene into the brains of mice genetically engineered to not have that gene.

When researchers measured brain activity for signs of anxiety and hyperactivity in response to stimuli such as stresses and sounds, they found that the reactivation of the gene in these mice had led them to no longer show Fragile X syndrome symptoms.

“Our work shows beneficial effects of reactivating the *Fmr1* gene, which would be very welcome news for young children living with FXS,” said Iryna M. Ethell, a professor of biomedical sciences in the UCR School of Medicine, who led the research. ★

ת"סב



INTEGRATED HEALTH IS LOOKING TO HIRE CASE MANAGERS

This is a highly clinical program with a greater focus on person-centered care than on boring paperwork. **Join our fun team and grow personally and professionally.**

DO YOUR INTERNSHIP WITH US! We have several programs for interns in addition to care management



Enjoy weekly **team meetings**, direct **clinical supervision**, and ongoing mental health **trainings**.



Great work environment with great **camaraderie** and **monthly outings**.



Make a true **difference** in **people's lives**



BA/Yeshiva Degree or equivalent mental health experience a must. Must have a car.
Email resume to Jobs@Integratedhealthrc.org

Public Health and Policy News

taking advantage of differences in non-insurance rates across areas in the state before the ACA insurance expansions. It found evidence that “the ACA expansions beginning in 2014 were associated with higher reading scores after three years for children born to mothers with a high school education or less.”

CANCER SOCIETY: MAJOR PROGRESS IN LUNG CANCER TREATMENT, OVERALL MORTALITY DROP

Atlanta, Georgia — More cases of lung cancer are being detected earlier. More lung-cancer patients are living longer and even surviving. And the overall rate of cancer survival is rising.

According to *Cancer Statistics, 2022*, the latest edition of the American Cancer Society (ACS)’s annual report on cancer rates and trends, some 28 percent of lung cancers in 2018 were detected at a localized stage, while only 17 percent were caught at that early stage in 2004.

At the same time, 31 percent of lung-cancer patients are surviving three or more years after diagnosis, compared to just 21 percent a decade ago.

What’s more, the five-year relative survival rate for all cancers combined increased to 68 percent, up from 49 percent in the mid-1970s.

Overall, there will be an estimated 1.9 million (1,918,030) new cancer diagnoses and 609,360 cancer deaths in the United States in 2022, the ACS reported.

UTAH CITY’S NEW “ONE-CAR COMMUNITY” MAY BE FIRST “15-MINUTE CITY” IN U.S.

Draper, Utah — *Walkability* is the



FIRST U.S. “15-MIN. CITY”: DRAPER, UTAH

public-health concept that wellness is tied to living within walking distance of work, shopping, family and friends and houses of worship.

Over the past decade, the concept—increasingly covered in health-news media, including the *Gazette*—has taken several forms as studies have underscored its benefits.

One such iteration is the “15-minute city,” or the urban-planning idea of putting most everyday errands within a 15-minute walk from your house, recently adopted by the city of Paris, France.

But now, building from scratch what may be America’s first 15-minute city is exactly the point—on the grounds of a 600-acre demolished prison site in Draper, Utah dubbed The Point.

The Point—a brand-new neighborhood in Draper—is being built from the ground up to help an expected 7,400 households need only one car (if at all).

FEDERAL “RURAL” DEFINITION VARIES BETWEEN, WITHIN AGENCIES, AFFECTING PUBLIC-HEALTH FUNDING

Houston, Missouri — Under one applicable federal law, if your town is over 100 miles from the nearest metropolis, it’s “rural”—even if 167,000 people live there. Conversely, your town can boast 50 residents but not be “rural” because it’s under 100 miles from the closest big city.

And it’s that mileage, not population, that can spell billions in federal aid—tax dollars that are often urgently needed for small-town public-health costs.

Small-town Houston, Missouri, pop. 2,500, recently disqualified for federal infrastructure funding because it’s located less than 100 miles from Springfield, population 167,000. At the same time, noted a recent report, the town of Rolla—being over 100 miles from Springfield, qualified for the same funding, even though it

boasts a population of 20,000.

Definitions vary between—and even within—federal agencies on what’s “rural.” The U.S. Department of Agriculture (USDA) alone has more than a dozen different definitions.

PEOPLE RELEASED FROM PRISON HAVE MORE CHRONIC ILLNESS: POLICY BRIEF

Washington, D.C. — A recent policy brief by *Health Affairs* draws attention to what might seem like a common-sense fact, but one prompting quite a bit of study and non-profit services, too: the health and wellbeing of people reentering society after prison sentences.

Among the brief’s key points are that people returning to the mainstream “are sicker than the general population,” have “disproportionate rates” of mental illness and tend to face health care access impediments, and homelessness, unemployment, and a lack of social and family support.

However, the brief notes, the Transitions Clinic Network (TCN) and other nonprofits are working to increase access to health services, improve health, and reduce recidivism among people with chronic illnesses who have recently been released. One of such nonprofits’ key efforts is to match clients with community health workers who are also former prisoners.

MOST-DEPRIVED U.S. COUNTIES HAVE HIGHEST RATES OF DIABETES, FINDS MAYO CLINIC

Rochester, Minnesota — A new study seems to confirm the notion that poverty and poor health go hand in hand—at least as far as diabetes is concerned.

In a data analysis of over one million individuals with diabetes, those living in areas considered to have the “most deprivation” saw significantly higher rates of severe hypoglycemia and diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar state (HHS).

The research by the vaunted Mayo Clinic, published in *JAMA Network Open*, found that rates of severe hypoglycemia, or low blood sugar, in counties with the most social and economic deprivation (quintile 5) was significantly higher than counties with the least such deprivation.

In fact, the study found a 41 percent higher severe hypoglycemia rate for those living in places deemed poorest by information from the American Community Survey. ★

FAMILY COVERAGE DUE TO ACA BOOSTS CHILDREN’S ACADEMIC ACHIEVEMENT: RESEARCH

Iowa City, Iowa — Research by the University of Iowa has found that not only did the landmark Patient Protection and Affordable Care Act (ACA) significantly raise the number of adults and children with health insurance across the U.S., it also has evidently boosted children’s levels of academic achievement when their households were covered.

The research was published in *Health Affairs*.

To arrive at its conclusions, the study employed a unique linkage of birth certificates and data on standardized school tests for children in Iowa—also



SMART LEGISLATION: NEW RESEARCH FINDS THE ACA BOOSTS NATIONAL YOUTH GRADES, TOO

We've got you. Covered.

The days of making dozens of calls are over. Tri-County Care will help you apply for Medicaid during the enrollment process.

We double down to get you enrolled, no matter what.



Tri-County Care

**Coordinating care for
individuals with special needs.**

Boro Park
3611 14th Ave

Williamsburg
295 Division Ave

Five Towns
700 Rockaway Tpke

Monsey
58 Route 59

Kiryas Joel
1 Hamaspik Way

Staten Island
260 Christopher Ln

Tri-County Care is a New York State Hamaspik Association (NYSHA) product.

TriCountyCare.org • 844.504.8400 Ext. 2

In the Know

This article began with the idea of writing about *multiple personality disorder*: a well-established condition in which the patient has two or more distinct and full personalities. (It was also once known as *split personality disorder*.)

However, initial research revealed that in 1994, the condition was renamed *dissociative identity disorder*—a condition “characterized by ‘switching’ to alternate identities,” as the Mayo Clinic defines it. The name-change was enacted to reflect better understanding of the condition.

Of course, we all have our moments of talking to ourselves, inside or (at least when no one is around!) outside our heads—indicating that it’s normal to have two “people” inside ourselves. After all, do not our age-old traditions talk about the “good” and “bad” sides of our hearts, minds and souls—each with its own “voice”?

It is also normal to present different facets of ourselves to different people—to act, so to speak: To be extroverted, colorful and witty around people who are the same, or conversely, to be bookish, taciturn and subdued around such introverts, too. That’s not dissociative identity disorder. But fully becoming another person, and frequently not even remembering switching or what you did while you were “the other person,” is. Do read on to be... in the know.

DEFINITION

Dissociative identity disorder is one of three *dissociative disorders* recognized by modern psychiatry: dissociative amnesia, depersonalization-derealization disorder, and dissociative identity disorder.

Before we get into our subject, here’s Mayo’s brief definition of all three: “Mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity. People with dissociative disorders escape reality in ways that are involuntary and unhealthy and cause problems with functioning in everyday life.”

Dissociative amnesia is primarily defined by “memory loss that’s more severe than normal forgetfulness and that can’t be explained by a medical condition,” lasting “minutes, hours, or rarely, months or years.”

Depersonalization-derealization disorder is primarily defined by “an ongoing or episodic sense of detachment or being outside... your actions, feelings, thoughts and self from a distance (depersonalization). Other people and things around you may feel detached and foggy or dreamlike, time may be slowed down or sped up, and the world may seem unreal (derealization).” It’s important to note that one could have both or just one.

As for *dissociative identity disorder*, Mayo primarily defines it as feeling “the presence of two or more people talking or living inside your head,” with each identity having “a unique name, personal history and characteristics, including obvious differences in voice, gender, mannerisms and even... the need for eyeglasses.” Mayo notes that “People with dissociative identity disorder typically also have dissociative amnesia and often have dissociative fugue” (pronounced PHEWg, meaning wandering with no awareness of your real identity).

More plainly, the Cleveland Clinic explains that “people with dissociative identity disorder (DID) have two or more separate personalities. These

identities control a person’s behavior at different times.”

Finally, the authoritative American Psychiatric Association (APA) simply defines dissociative identity disorder as “associated with overwhelming experiences, traumatic events and/or abuse that occurred in childhood.”

According to the APA, “among people with dissociative identity disorder in the United States, Canada and Europe, about 90 percent had been the victims of childhood abuse and neglect.” (The APA also reports that over 70 percent of patients have attempted acts of life-threatening self-harm.)

- While this disorder is very rare (affecting between 0.01 and 1% of the population), it is likelier to affect women than men. It can also occur at any age.

SYMPTOMS

In dissociative identity disorder, the primary symptom is having two or more distinct identities. The “core” identity is the person’s usual personality. “Alters” are the patient’s alternate personalities. Some people with DID have up to 100 alters.

“Alters tend to be very different from one another,” continues Cleveland. “The identities might have different genders, ethnicities, interests and ways of interacting with their environments.”

“The attitude and personal preferences (for example, about food, activities, clothes) of a person with dissociative identity disorder may suddenly shift and then shift back,” elaborates the APA. “The identities happen involuntarily and are unwanted and cause distress. People with dissociative identity disorder may feel that they have suddenly become

ALL ABOUT... DISSOCIATIVE IDENTITY DISORDER

Sources: Mayo Clinic, Cleveland Clinic, American Psychiatric Association (APA)



observers of their own speech and actions, or their bodies may feel different (e.g., like a small child, like the opposite gender, huge and muscular).”

Additional symptoms may also include:

- Memory loss (amnesia) of certain time periods, events, people and personal information
- A sense of being detached from one’s self and one’s emotions
- A perception of surrounding people and things as distorted and unreal
- Significant stress or problems in relationships, work or other important areas of life
- Inability to cope well with emotional or professional stress
- Mental health problems, such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts and behaviors
- Sleep disorders, including nightmares, insomnia and sleepwalking
- Alcoholism, drug use and/or eating disorders

CAUSE

According to the Mayo Clinic, dissociative disorders usually develop as a reaction to trauma. Their function is to help keep difficult memories at bay. “The disorder is a way for someone to distance or detach themselves from trauma,” says the Cleveland Clinic. Times of stress can temporarily worsen symptoms, making them more obvious.

These disorders most often form in children who have been subjected to long-term physical or emotional abuse or, less often, a home environment that’s frightening or highly unpredictable. The stress of war or natural disasters also can bring on dissociative disorders.

Because personal identity is still forming during childhood, a child is more able than an adult to step outside of himself or herself and observe trauma as though it’s happening to a different person. Thus, a child who learns to dissociate in order to endure a traumatic experience during childhood may grow into an adult who uses this coping mechanism in response to stressful situations in adulthood.

DIAGNOSIS AND TREATMENT

According to the current edition of the APA’s Diagnostic and Statistical Manual (the DSM-5), the following criteria must be met for an individual to be diagnosed with dissociative identity disorder:

- The individual experiences two or more distinct identities or personality states (each with its own enduring pattern of perceiving, relating to, and thinking about



the environment and self). Some cultures describe this as an experience of possession

- The disruption in identity involves a change in sense of self, sense of agency, and changes in behavior, consciousness, memory, perception, cognition, and motor function
- Frequent gaps are found in the individual’s memories of personal history, including people, places, and events, for both the distant and recent past. These recurrent gaps are not consistent with ordinary forgetting
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

There isn’t a single test that can diagnose DID. A healthcare provider will review the patient’s symptoms and personal health history. They may perform tests to rule out underlying physical causes for symptoms, like head injuries or brain tumors.

Symptoms of DID often show up in childhood, between the ages of five and ten. But parents, teachers or healthcare providers may miss the signs. The disorder might also be confused with other behavioral or learning problems common in children, such as attention deficit hyperactivity disorder (ADHD). That’s why DID usually isn’t diagnosed until adulthood.

Some medications may help with certain symptoms of DID like depression or anxiety. But the most effective treatment is psychotherapy.

Psychotherapy may be intense and difficult as it involves remembering and coping with past traumatic experiences, notes the APA. According to the APA, two types of psychotherapy commonly used to treat DID are cognitive behavioral therapy and dialectical behavioral therapy.

A healthcare provider with specialized training in mental health disorders (psychologist or psychiatrist) can guide the patient toward the right treatment. People with DID may benefit from individual, group or family therapy. Therapy focuses on:

- Identifying and working through past trauma or abuse
- Managing sudden changes in behavior
- Merging separate identities into a single identity

Notably, the APA adds that “hypnosis has also been found to be helpful in treatment of dissociative identity disorder.” In mental health care terms, hypnosis is known as *hypnotherapy*. “Some healthcare providers may recommend hypnotherapy in combination with psychotherapy,” says the Cleveland Clinic, elaborating that “Hypnotherapy is a form of guided meditation. It may help people recover

suppressed memories.”

When to go to the ER

Some people with dissociative disorders present in a crisis with traumatic flashbacks that are overwhelming or associated with unsafe behavior. People with such symptoms should go to the emergency room.

In case of thoughts of hurting one’s self or others, call 9-1-1 or the local emergency number immediately, go to an emergency room, or confide in a trusted relative or friend. Or call 1-800-273-TALK (1-800-273-8255) to reach a trained counselor.

For less urgent symptoms that may indicate a dissociative disorder, call a doctor.

PREVENTION AND PROGNOSIS

Because dissociative identity disorder is largely caused by traumatic events in childhood, preventing it largely consists of preventing traumatic events in childhood. In plain English, that means being a healthy, functional and otherwise good parent: If stress or other personal issues are affecting the way you treat your child, seek help now. Don’t wait! You don’t want your child (and yourself) to pay the price years and decades later. So:

- Talk to a trusted person such as a friend, your doctor or a leader in your faith community
- Ask for help locating resources such as parenting support groups and family therapists
- Look for community education programs and non-profits that offer parenting classes and/or lectures that help parents learn to be healthier parents

If your child has been abused or has experienced a traumatic event, see a doctor immediately. The doctor can refer a mental health professional who can help your child recover and adopt healthy coping skills.

A strong support system can make living with DID more manageable; understanding, sensitive and non-judgmental healthcare providers, family members and friends are essential. Communicate openly and honestly with them—and never fear asking for help.

While there is no cure for DID, most patients will manage the disorder for the rest of their lives.

till, a combination of treatments can help reduce symptoms. Under competent professional care and guidance, the DID patient can learn to have more control over his or her behavior—and, over time, function better at work, at home and in the community. ★

● ► HAMASPIK NEWS

Boneinu



Geared for: Boys and bachurim with special needs

Ages: 8-18

Location: 295 Division Avenue (Williamsburg)

Hours of Operation:
Sunday: 3:00-5:15 p.m.

To enroll Call: 929-289-3413

On any given Sunday, you'll find the boys at Boneini Skill Center beaming with pride at what they've accomplished that day. No matter the project or activity, it's all focused on building their skills and confidence.

After cheder is over, the boys head to Boneini, where they begin the day's activities with sports. Often, an exercise instructor will be there and lead them through various exercises accompanied by blasting music. Pushing up, bending down, stretching, bouncing and so forth—the boys are delighted to follow the movements in sync with music they love.

After sports, the activities vary, yet they all have one common purpose—to build the boys' skills. Practicing daily

living skills like peeling vegetables, making a salad, cooking an egg, folding laundry, the works—the boys carry the skills with them wherever they go.

But not all skills are about daily living; projects that require thought, precision, and coordination are no less important. The woodworking workshop is the perfect illustration. When the boys built a picture frame, they were tasked with drilling holes into two pre-cut pieces of wood, knocking in the nails with small hammers, and assembling the frame. When the picture frames were done, each boy put a photo of himself inside his frame and took it home, excited to show off his project.

But it's not just the physical skills,

it's the emotional skills as well. A different day, they all received a piece of wood and an assortment of colored nails. The boys formed various facial expressions—a smile, a frown, etc.—by hammering the colored nails into the wood, learning how to interpret and express different moods and facial expressions in an enjoyable way.

Creating projects relating to the *parashah* and upcoming Yamim Tovim helps the boys gain important knowledge about *Yiddishkeit* as well. Before Shavuot, they created a Har Sinai, before Sukkos, a *sukkah*.

But the projects don't end with wood. The boys enjoy painting as well and have done various projects, from painting a scene to painting a mug. This

gives them the opportunity to explore their artistic skills too. More recently, they're working on creating detailed miniatures that take a few weeks to complete, as they require a lot of hand coordination and fine motor skills.

Another highlight of the program is creating food. Baking cookies, making french fries, blending smoothies, and so on makes them feel like true chefs.

This year, Boneini added music lessons to the schedule, and each boy is learning to play the instrument of his choice. Between the keyboard, guitar, clarinet, and drums, the boys are truly developing their talents!

Throughout the year, the boys enjoy trips and shows as well, giving them a variety of experiences to savor. ★

Interview



Mr. Noe spearheads Boneini's unique program. The activities they do each week are as unique as the approach is fascinating. Enjoy the interview, as you learn more about their weekly schedule, their Shabbatons, and more.

How did Boneini Start?

When Hamaspiik opened Aleph Bais Center, an after-school program for young boys with special needs, the demand for a Sunday afternoon program for older boys and bachurim increased. Boys ages 10-14 finish cheder and yeshiva quite early and need a way to use the rest of their day productively. Hamaspiik, as always, stepped up to plate and opened Boneini.

It's not hard to deal with a group of boys after a whole day?

Not at all. They love the program, and enjoy coming. When they come out of the van, their faces are

literally wreathed in smiles. There's an atmosphere of warmth and love that's hard to explain. They love their counselors and the program, and relish every minute.

A big part of Boneini is the Shabbatons. What goes into running them?

We try to make a Shabbaton every six to eight weeks, as children of this age are very challenging at home. They need to be occupied, but can't play with toys as they used to. They love action, and need constant stimulation. The boys look forward to each Shabbaton, dreaming about it for weeks.

We have beautiful seudas, a bota

Friday night where the boys sing their hearts out, and a lot of interactive games. Every part of Shabbos is a big deal—and an opportunity as well. At the seudah, every boy gets his own becher, and we all stand around listening to everyone's Kiddush. It's a moving scene, seeing those boys say Kiddush with such emotion and sincerity.

The boys feel like the stars of the show, and they are.

Some boys say a dvar Torah, and some sing solos. In fact, at one of our Shabbatons, one of the boys put on an impromptu play after the seudah. Standing in the lobby, acting as a puritz, he didn't attract just a

few curious onlookers—although it wasn't in plan, all the counselors and families were suddenly there, enjoying their entertainment and being a great audience.

Throughout Shabbos, we have multiple activities and games, but what the boys love most is when we cater to their hobbies and passions. On Motzoei Shabbos, we always have a major melaveh malkah. We blast the music and run around with the boys, giving each one a turn to be lifted on a chair and carried around the hall like a chosson. We sometimes do a kumzitz by a fire, and often bring down singers to perform. The boys are always talking about popular singers and performers, so having them come down to perform just for them makes them feel very special.

How do you get the volunteers?

At the beginning, we advertised and got a few volunteers. They got such tremendous sipuk out of it that they brought other boys as well. In fact, we have counselors who come all the way

CONTINUED ON PAGE 19 >>

● ► HAMASPIK NEWS

Interview

<< CONTINUED FROM PAGE 18

from Monsey every Sunday! They love Boneini so much, they're willing to go such lengths for the experience.

It's unbelievable how connected the counselors get to the boys. When the boys jump off the van each Sunday, there are hugs and shouts of glee.



Everyone's glad to be at Boneini again.

In fact, one of our counselors became so attached to one of the boys that when the boy needed a one-on-one counselor in camp, he volunteered to be the one! For two whole months, he served as the boy's counselor. That's how much he wanted the boy to have a



good time!

What do the parents and boys appreciate most about Boneini?

The kids are happy, and that's what the parents love. It's hard to explain what it is about the program,



but they wouldn't miss a Sunday. One of our boys spent a Shabbos in Monroe and insisted on coming back to Williamsburg on Motzoei Shabbos so he could go to Boneini on Sunday.

The parents also appreciate the way we take responsibility. They can always rely on us to be open, even when cheder or yeshiva is closed. Before the summer, we ran a full-day program for two weeks, giving the boys a great time instead of letting them sit home. We have reliable transportation and are there to assist with anything needed.

The boys call me all the time, leaving messages about the big mitzvah we get by running Boneini. They give endless brachos, and weeks before the Shabbaton they call us on our cellphones, asking what they should pack and what song will be played on the bus. Boneini is a huge part of their life, and they look forward to it tremendously. ★

Play House



Geared for: Children with special needs

Ages: 5-10

Location: 295 Division Avenue (Williamsburg)

Hours of Operation:

Monday-Thursday

Early program: 3:30-4:30 p.m.

After-school program: 4:30-6:00 p.m.

Shabbos: 4:00-6:15 p.m.

Sunday: 10:00 a.m.-3:00 p.m.

To enroll:

Call: 718-387-8400 ext. 4270

Email: ctjacobovitz@hamaspikings.org

There's always action at Playhouse. The friendly, energetic, and enthusiastic vibe carries over to each activity, making it the fun place it is. Counselors and children form strong bonds while enjoying the structured activities centered around the annual theme.

The children who join the early program have the sensory room waiting for them upon arrival. Professionally designed, it's fully equipped with bean bags, a soft-play area, a variety of sensory activities, and more. Soft background music and special lighting complete the relaxing atmosphere. The children enjoy a light snack while they read books, play with dolls, and even create their own clay or silly putty.

At 4:30, the regular program begins.

A new group of volunteers arrive, taking over the early program counselors. Vivaciously, they start the welcome circle, where each child gets a joyous welcoming.

After a nutritious supper, the

children enjoy fun activities according to the annual theme. This year, the theme is "Every child, a rainbow." Every two weeks they explore a different color, with each day focusing on a different concept in relation to that color. The past two weeks, the color was red, with theme days like ladybugs, strawberries, fire trucks, roses, etc. Every game, activity, or food craft is based on that, literally adding color to everything they do.

Each activity is focused on teaching the children age-appropriate skills. Of course, the applause and cheering when a child completes an activity successfully make the whole activity worthwhile.

For example, when the theme was ladybugs, the children had to pick one of the ladybug pictures on the wall and stick on black dots according to the number indicated on the wall. One by one, they each managed to complete the activity, having fun while learning

how to count. On firetruck day, a fire truck came down to Playhouse. The children dressed up as firemen and had a grand time exploring the truck while learning about fires and fire safety. On strawberry day, they created strawberries out of edible playdough they'd made themselves. In addition to the tactile and sensory benefits, the children learned a lot about the fruit.

From time to time, the children get to bake something in Playhouse's small kitchenette. Whether it's cookies, peanut chews, and rum balls, the children feel great with their masterpieces.

On Shabbos afternoon, the counselors bond with the children, singing Shabbos songs, playing games and doing activities that keep the children entertained for hours.

On Sunday, the kids enjoy a special davening experience, with a plush Torah as well as a plush pushke that gets passed around together with the

real pushke. Each child gets a coin to put into the pushke while everyone stands and sings. The boys come up and kiss their tzitzis amid much ceremony, and the davening proceeds with special tunes.

After lunch, they have show-and-tell, followed by activities. From creating traffic lights to smiley faces with food, the children master it all while learning about the functions of each thing they replicate.

They also have free play, where they can choose to play with whichever toy tickles their imagination. Deeply engrossed in the sandbox, sensory toys, books, and more, the children love this time of leisure and quiet.

On legal holidays, the children enjoy all sorts of interesting shows, and often go on trips to exciting places like Urban Air, Build-A-Bear, or the Slime Museum.

No matter the day or activity, Playhouse is the place for warmth, play, and learning. ★

● ► HAMASPIK NEWS

Interview



Hearing about Playhouse, one can't help but marvel at the heartfelt enthusiasm invested in each child, day, and activity. The staff's devotion to the children goes way further than the few hours they spend together each day, and they often serve as the go-to people when Playhouse parents are in need of assistance. Here's a peek into the behind-the-scenes of their program.

How did you start Playhouse? What were the challenges in the beginning?

When we started Playhouse, there was no after-school program for children with special needs in Williamsburg and the parents were desperate for a solution. We started with higher-functioning children and then expanded to serve lower-functioning children as well.

Before we joined Hamaspiik, we were a small group trying our best to help the parents. We ran the program in a private house, and the parents had to pay for every activity, food, or trip. When the need exceeded our capacity, we joined Hamaspiik. We got a beautiful space, as well as all the funding to actualize our program. Slowly, we started offering more days in the week, until we were open practically every day.

Looking back, I can't believe we managed to pull it together so quickly and for so many weeks. Baruch Hashem, we pulled it off!

What part of Playhouse didn't you expect to turn out this way?

We didn't expect it to grow this big. Playhouse took off so fast!

Another thing I'd never have foreseen is the fact that Playhouse is almost always open. We've also become a big part in the mothers' lives, helping them out wherever possible. We put together a text group of all our counselors, and whenever a mother needs a babysitter or a respite house for her child for Shabbos, she can call me or a coordinator and we'll post it on the group. You wouldn't believe how many of our counselors respond to those texts. They're truly amazing girls, driven by chessed!

How do you get the volunteers?

Playhouse has a name for being top-of-the line when it comes to

dealing with children with special needs. Anyone who wants to work with those children, wants to work in Playhouse. We provide extensive training focusing on various typical behaviors and how to deal with them. We also give a CPR course, ensuring that our volunteers are fully equipped in the event of an emergency.

In addition, we constantly shower the volunteers with appreciation in the form of gifts and trips. In fact, this year we have two head counselors who are solely dedicated to the task of showing appreciation to the counselors and making Playhouse the fun place it is. Our staff theme this year is #SpreadingTheAffectionForForever (using the acronym STAFF), and the shawls, drink bottles, and spirals with our logo go a long way in making the volunteers feel like

part of the Playhouse family. We try to do something special for the staff once a month, and every so often, we go on a big trip. Whenever the opportunity arises, we go ice skating, have a pizza party, enjoy a paint party, and so forth to keep the momentum and enthusiasm going.

In the beginning, we put out ads for volunteers. Now, we have girls calling us—and recruiting their friends as well. We're also in touch with all principals, and they support us fully, encouraging their girls to take part in this amazing chessed.

What goes into a Shabbaton?

The work that goes into a Shabbaton is beyond the comprehension of someone who was never involved. Forget about the work beforehand, there are no words to describe the Shabbaton itself! We're taking care of small

children and want to make sure every single detail is in place. We have our counselors call the parents to find out their child's food preferences, sleep habits, and so on, making sure the children will be happy and comfortable throughout the Shabbaton. We train our staff well, pointing out that they're the parents of the child for the duration of the Shabbaton. And indeed, they take their responsibility very seriously.

The atmosphere at the Shabbaton is exhilarating and fun, yet very structured. We go from one thing to the next, keeping the kids entertained for hours on end. We have two head counselors who cheer the group leaders, counselors, and kids on, making each moment a moment to remember.

On Friday night, every boy gets a shtreimel and a bekesh, and they make Kiddush, feeling on top of the world. The girls can choose to dress up as Shabbos mommies as well. Additionally, each child gets a chance to perform with a plastic mike during the seudah. Whether they decide to sing solo, lead the zemiros, or tell a story, for that moment, they're the star of the show.

What do the parents appreciate most about Playhouse?

It's a very personal program. We have a great relationship with all the parents and they constantly call us for any kind of help, big or small. It's truly the Playhouse family.

What feedback touched you the most?

Many parents tell us, "What would we do without Playhouse?" It's a lifesaver for them, as these children can truly sap one's energy reserves. We're always there for the parents at the times they need us most.

While we give the kids a lot of fun, we often hear that the children have improved in so many areas as a result of the skills we've taught them. One specific child was non-verbal for quite some time. Then, he started saying some words. But get this—they were the words we taught him in Playhouse! Another kid used to give his mother a hard time about eating certain foods. In Playhouse, he learned to like them. We love hearing from parents about the incredible accomplishments we've baruch Hashem enabled. ★





A project by
Hamaspiik

A lifeline for parents of children with special needs.



Draw a wealth of chizzuk and guidance from the all-new lineup of renowned speakers and specialists on the Nishmoseini hotline.

Weekly Shiurim

Lectures, and interviews with leading advisors and specialists.

Personal Accounts

Techniques from parents raising a special needs child.

Private 'Coffee Room'

Section for interpersonal conversation with other parents.

Halacha Section

Daily questions and answers by notable dayanim.

Advisory & Tips

Useful tips on federal programs, clinical diagnoses, and more.

Q&A

Live conversations in a Q&A format with specialists in the special needs community.

718.759.1111

נשמותינו



Call anytime & connect anonymously with an entire community of parents like you.



Status Report

Happening In Hospitals Today

U.S. SURGERIES BOUNCED BACK AFTER FIRST COVID WAVE BUT NOT DELTA VARIANT, FINDS STUDY

Stanford, California — Analysis by Stanford University has found that the amount of surgeries done in the U.S. rebounded quickly after the initial COVID-19 shutdown in March/April of 2020. Stanford researchers published their findings recently in *JAMA Network Open*.

The research reviewed data on over 13 million U.S. surgical procedures from Jan. 2019 to Jan. 30, 2021. They found that total volume fell a whopping 48 percent immediately after March 2020, when Medicare/Medicaid and others recommended postponing nonessential surgeries. But that was temporary, with almost all surgical volumes returning to 2019 rates even as COVID surged again in fall and winter of 2020.

But the study also found that the “Delta variant” 2nd wave of COVID was not followed by a similar rebound—because of the staffing shortages hitting hospitals today but which did not hit hospitals after the first wave.

THE NEXT STEP FORWARD: NEW “SMART” ARTIFICIAL KNEE RECORDS, SENDS PATIENT DATA

Warsaw, Indiana — After winning FDA approval this past summer, biotechnology device manufacturer Zimmer Biomet will now be selling its Personal IQ “smart knee” device—an artificial joint that it bills as the world’s first electronically-enhanced joint



KNEES KNOW NOW: ZIMMER’S NEW “SMART KNEE” IMPLANT TRACKS AND REPORTS INFO



OUTWITTING SUPERBUGS: A NEW ANTIBIOTIC VARIANT FOUND HERE IS SHOWING PROMISE

replacement device.

Persona IQ, a joint project of Zimmer and medical data company Canary Medical, is basically an artificial knee with a built-in computer.

The device not only replaces failed knees in candidate patients, but also constantly measures, records and transmits their knee movements in the form of electronic data. That patient data, according to Zimmer and Canary, is used by doctors to help patients get maximum benefit from their knee replacement implant(s). The technology measures and determines range of motion, step count, walking speed and other metrics, and shares it with custom software and even a patient app.

MULTIDRUG-RESISTANT BACTERIA COMMON IN HOSPITALS MIGHT BE DEFEATED BY NOVEL COMPOUND

New York, New York — Healthcare-associated infections (HAIs) remain one of the several banes of modern hospitals. In fact, the CDC estimates that in the U.S., approximately 99,000 deaths each year are related to HAIs.

What’s more, an increasing number of patients get infections in hospitals that evade current antibiotics—including colistin, which has long been used as a last treatment option. When colistin fails, there is often no effective treatment for patients with multidrug-resistant infections.

But now, the discovery of a new

colistin variant might make it possible to outmaneuver those so-called “superbugs.”

The Manhattan-based Rockefeller University recently discovered a compound that could potentially outmaneuver colistin resistance. In animal experiments, the prospective antibiotic was highly potent against dangerous pathogens like *Acinetobacter baumannii*, the most common cause of infections in healthcare settings.

FIVE FACTORS MAY COUNTERACT HOSPITAL LABOR SHORTAGES IN 2022

New York, New York — Labor shortages have been plaguing U.S. hospitals since COVID arrived. But a report by outlet Fierce Healthcare says that five factors stand the greatest chance to make positive impacts:

- Boosting “production” of new healthcare workers, particularly registered nurses (RNs), primarily with more nursing schools and more RN educational opportunities
- Training existing hospital staff to use more technology for more specific intermediate and critical-care tasks
- Building and maintaining staff for departments covering temporary nursing within hospital organizations—helping reduce or eliminate dependency on outside temporary-nursing agencies
- Expanding anti-burnout efforts:

Organizations will need to increase benefits like child care subsidies, flexible scheduling, and mental-health work breaks

- Stabilizing COVID: According to experts, getting infections under control will be the single largest factor affecting 2022’s labor crunch

FLORIDA’S LARGEST URGENT-CARE CHAIN BOUGHT BY HCA HEALTHCARE

Nashville, Tennessee — Founded in 1968 as the Hospital Corporation of America (HCA), the Nashville-based HCA Healthcare hospital company continues to expand its footprint in Florida—thanks at least in part due to the Sunshine State’s still-booming population pouring in from other states, primarily from New York.

Across 20 U.S. states and England, the company operates some 185 hospitals and approximately 2,000 ambulatory sites of care, including surgery centers, freestanding ERs, urgent care centers and physician clinics.

Most recently, HCA Healthcare bought out Florida’s largest urgent care chain, MD Now Urgent Care, in a deal closed at the end of 2021 for an undisclosed sum. The 59 urgent care centers join HCA’s already-existing Florida portfolio of 47 hospitals.

Besides the new centers, HCA has also spent some \$3 billion on building new hospitals and renovating existing facilities in Florida in the last three years.

EFFICIENT CONSTRUCTION TECHNOLOGY KEY IN PLANNED DEMOLITION OF OLD HOSPITAL

Duluth, Minnesota — With U.S. hospitals, “out with the old, in with the new” takes several forms.

Old treatments give way to the latest and most effective medicine, what hospital technology and surgical techniques (and tools) constantly being updated.

And old and often-historic hospital buildings—not infrequently original structures built decades or even over a century ago when small, local and privately-own-and-run hospitals were common—are physically modified and/or absorbed into mammoth hospital systems dominating entire blocks.

But sometimes, the sheer costs of maintaining such buildings—think heat, A/C, plumbing and electrical systems—make it cheaper to simply knock down the old and construct the brand-new.

That’s the case with Duluth, Minnesota’s St. Mary’s Medical Center building, part of the Essentia Health hospital system, whose 1923 structure is scheduled for demolition and replacement with a \$900-million, 12-story new hospital tower by mid-2023. ★



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

A Shoulder to Lean on—and Live With, Too

Preventing and Treating Older Adults' Rotator Cuff Injuries

Because many seniors are used to pain (usually arthritis), they tend not see doctors for shoulder pain. But if you're a senior feeling pain after a fall or having "pulled something" in the shoulder—especially if hearing a popping or tearing sound—see the doctor ASAP! You may have injured the *rotator cuff*: a group of muscles and tendons keeping the shoulder joint correctly positioned.

PREVENTION

Seniors can easily injure the rotator cuff—but the best way to prevent that is to maintain shoulder flexibility and fitness. Here are two daily rotator-cuff maintenance exercises:

1. The Plus Sign: Stand and lean forward slightly. Support upper body

with one hand on waist-high table. Dangle other arm straight down from shoulder and draw an imaginary plus sign—up, down, right, left. Do ten times.

2. "Letter T's": Stand holding a 1lb weight in each hand. Slowly lift both arms to sides' shoulder height to form a "T." Slowly drop arms back to sides. Do ten times.

TREATMENT

Non-surgical

If rotator cuff injury is suspected, the doctor will first order over-the-counter (OTC) anti-inflammatories like Advil or Tylenol, and physical therapy too.

In cases where injuries also involve *tendinitis* (inflammation or irritation

of a *tendon*) or *bursitis* (inflammation of the *bursa*, or bone-cushioning sacs), a shot of anti-inflammatory *cortisone* effectively reduces it. But cortisone can only be given a few times (usually once every three-four months) due to side effects like tendon damage.

If non-surgical treatments don't help, surgery is possible.

Surgery

Surgery usually is needed only if there's a complete rotator cuff tear. Most rotator cuff surgery today is *outpatient* (meaning in surgical center, not hospital OR) and uses an *arthroscope*, a tiny camera/light letting surgeons see any internal damage. Treatment depends on what the arthroscope shows.

Post-surgery patients will typically feel uncomfortable for a few weeks and will need slings for three weeks. Physical therapy will start up to four weeks post-surgery. Pain management consists of ice applied daily plus OTC anti-inflammatories like Advil or Tylenol. While it typically takes three months for damaged tendons to heal, full recovery is usually six to 12 months.

For maximum recovery and healing post-injury, the best thing to do is: get good physical therapy. ★

Call Intake at 845-503-5700 to see if you qualify for a home health aide (HHA) to help you in and out of the house, whether or not you're recovering from rotator-cuff injury.

When it Comes to Life, Don't Stress It!

How Seniors Can Reduce This Life-Dampening Factor

Stress is a combination of physical, chemical and emotional stressors that we are not even aware of, and stress is often the cause of other diseases. In fact, according to the American Medical Association (AMA), over 80 percent of all diseases are due to stress and strain that originate in the mind and reflect on the body.

In healthy situations, stress functions as the body's natural reaction to a stressor or stimulus that disturbs our physical or mental equilibrium. This is also known as the "fight-or-flight response." But what happens physically when a senior is challenged by an immediate threat—say, a slippery floor?

First, the heart's pulse rises. Muscle tension heightens. Blood pressure increases. The digestive system slows down. The immune system is suppressed. Breathing becomes rapid. Alertness is heightened. The body also pumps more cortisol (a.k.a. the "stress hormone") into the bloodstream.

This multifaceted and rapid

reaction, in which many things happen inside the body in a matter of seconds, is very beneficial in truly dangerous situations.

But the problem is that in recent times, the "fight-or-flight" mechanism is constantly activated in response to everyday day lives and situations—none of which warrant that level of response.

So the real problem is this: Repeatedly being exposed to that level of stress over a long period of time, or even a lifetime, can contribute to: heart disease, diabetes, asthma, depression, stomach issues, headaches and even dementia—all issues that especially affect seniors.

So here's what we can do about it now:

1. Be active: Exercise, even just daily walks, helps lower the body's stress hormones and can trigger release of endorphins—chemicals that improve mood and act as natural painkillers.
2. Breathe it out: Unwind with deep breathing. Breathe in as you count

to four slowly. Feel the air fill your lungs, hold your breath for four seconds, then breathe out slowly for four seconds. Repeat until you feel better or more centered.

3. Sleep it off: Good sleep habits are critical to stress reduction. Keep a regular sleep schedule, keep bedroom lights low, reduce exposure to outside sound, and ensure comfortable room temperature (approximately 68°F is recommended).
4. Connect: Strong social ties with

family, friends and community will help you through stressful times and help lower anxiety. ★

For seniors, gradual loss of function with activities of daily living, or progressive loss of hearing or vision, promotes stressful vulnerable feelings. Call Intake at 845-503-0700 to see if you or your loved one is eligible for an aide to help with activities of daily living and household help, which can significantly lower stress and anxiety and promote a sense of wellness and being cared for.

WHY STRUGGLE ALONE WITH CARING FOR YOUR ELDERLY LOVED ONES?

Call today to see if they qualify
for home care!

Call Hamaspik HomeCare's
Intake Dept. directly at

845-503-0700



בס"ד

"Thank You, Hamaspiik HomeCare"

- The Homecare Agency that keeps me safe 24 hours a day -



Hamaspiik HomeCare
Legendary Support, Extraordinary Care

1.855.HAMASPIK (426.2774)

INFO@HAMASPIKCARE.ORG

WWW.HAMASPIKCARE.ORG

☆ **MONROE** / 1 HAMASPIK WAY - MONROE, NY 10950

☆ **MONSEY** / 5 PERLMAN DRIVE - SPRING VALLEY, NY 10977

☆ **BORO PARK** / 1105 McDONALD AVE - BROOKLYN, NY 11230

☆ **WILLIAMSBURG** / 44 LEE AVE - BROOKLYN, NY 11211