

NO
AND
AROUND

BY
SAMANTHA
STAINBURN

IMPROVING CHILDREN'S LIVES
THROUGH RESEARCH AND ACTION



Books based on years of academic research can be challenging to digest, but speech-language pathologist Susan H. Lederer's forthcoming work is actually fun to read.

In her office on the first floor of the Hy Weinberg Center, Dr. Lederer, an associate professor and chair of the School of Education's department of Communication Sciences and Disorders, leafs through the final pages her publisher just dropped off for her approval.

She reads aloud: "This is a cow. A cow says 'moo.' A cow says 'moo.' Can you say that, too? This is a duck. A duck says 'quack.' A duck says 'quack.' Can you say that back?"

Her book, *I Can Say That*, consists of two charmingly-illustrated stories designed to help children acquire and speak their first words. Dr. Lederer studies toddlers who are "late talkers"—kids who haven't said their first word by 16 months or only know a few single words at 18 months. Early intervention can help late talkers catch up to their peers; without it, some kids always lag behind.

Since arriving at Adelphi in 1997, Dr. Lederer has sought the most effective intervention strategies for such kids. To help her find out, she's increased the number of speech therapy groups that she and her colleagues offer to local late-talking toddlers. Today there are sixty groups, serving about 300 children, in the department's TOTalk and KIDTalk programs, up from a handful a decade ago. Tactics that have worked in these sessions, like repetition,

SUSAN
LEDERER

questions, games, and praise, are embedded into the text of her new book. Even the words themselves have been carefully vetted. "I chose words that kids like to say, but also help in terms of speech production," Dr. Lederer explains. "Animal sounds, if you think about it phonetically, contain one consonant and one vowel. 'Moo' is 'mu.' And even if the child says 'oo,' isn't that great?"

With a nod to Hillary Clinton (and the African philosopher whose proverb she's so fond of citing), the approach to child health research at Adelphi can be described as 'it takes a university to study a child.' Investigations into improving children's well-being are not contained to Dr. Lederer's department, but occur in disciplines across campus, including health studies, education, social work, and business. Here's how six professors are studying society's youngest, but by no means least important, members.

Susan H. Lederer: TRAINING BRAINS

About 10 percent of all children have speech and language disorders and, left untreated, they can affect other aspects of a child's well-being such as her social and emotional development, Dr. Lederer observes. "Let's say we're playing McDonald's restaurant," she says. "One kid is going to be the McDonald's man, the other kid whose communications are okay is going to be the customer, and if you can't communicate, you're probably going to pack up the food. So you're not getting a big part, and you may not get any part. If you can't use your language to collaborate and pretend, where are you? You're the kid in the corner." Academic development also suffers, she notes, because language skills are needed to participate in all subjects explored in the preschool classroom. "In math, you use language to express the concepts of 'more' and 'less,' 'big' and 'small.' In art, you have to get up and talk about your picture."

While subtle speech problems, such as late talking, may not immediately alarm parents who assume the problem will take care of itself as the child matures, Dr. Lederer, who earned her Ph.D. in linguistics from New York University, says the earlier a speech therapist can intervene, the better. "The longer your early language problems persist, the more likely that they're going to persist. So the child who still has speech and language problems in preschool is the child who in the school years is going to have the difficulty reading and difficulty in general."

What do professionals do that a parent doesn't? "Moms are very big on labeling objects with kids," says Dr. Lederer. "In TOTalk, we're very careful to introduce words that are not just for the purpose of labeling things, but twelve different kinds of words from different parts of speech that allow the child to communicate—a word like 'more,' which helps me

request something I need, and a word like 'no,' which helps me to assert myself or protest." Dr. Lederer and her colleagues have also found that kids are more motivated to say words that start with sounds they can already make or that describe things they like.

Dr. Lederer hopes that reading *I Can Say That* will give parents and children the same sort of boost she's seen participants in the TOTalk program experience. "Many of the parents in the program have reported, 'We took him to Gymboree but he really didn't do well,'" she says. When they see their children begin to have success with speech, "this becomes the experience that everybody else on the block is getting."

Stephen J. Virgilio: TAKING ACTION

Physical education professor Stephen J. Virgilio believes that if our society truly wants to improve children's health, we must question aspects of our culture that are as American as mom and, well, apple pie.

"Our country is really set up for ill health," says Dr. Virgilio, who is currently the interim chair of the School of Education's department of Health Studies, Physical Education, and Human Performance Science. "Just look at all the holidays we have that are built around unhealthy foods, whether it be candy for Halloween, cake and ice-cream for birthday parties, or stuffing yourself until you can't eat anymore for Thanksgiving. You see that growing up, you're celebrating, so why not have a couple of pieces of pie on a Wednesday night, too? Plus, our American culture is built around

STEPHEN
VIRGILIO

achievement and money, big houses, fancy cars, and you get that by working. The message is, don't worry about your health, make that bonus."

Sounds a little dramatic? Not when you consider what's at stake, Dr. Virgilio maintains.

"The generation of school-age children right now might be the first generation that will not outlive the lifespan of their parents or grandparents if things go on the way they are going," he says. Youth obesity rates have doubled over the past twenty years, and currently 15.7 percent of all American children are overweight or obese, he explains. "Studies have shown that 70 percent of children who are overweight at school age tend to be overweight adults. So you can pretty well gauge that the children in elementary or middle school who have a weight problem are going to have serious health problems down the road, whether it be heart disease, cancer, joint and hip problems, or the like."

Activity and healthy eating will keep kids from getting fat, and Dr. Virgilio has spent his career studying how to change children's behavior so exercise and vegetables become a part of their lives. After working as a physical education teacher in an elementary school in Tampa, Florida, for five years, the Long Island native and Adelphi University alumnus (M.A. '75) earned his Ph.D. and joined the faculty of the University of New Orleans. There, he developed a model national cardiovascular health intervention program for kids called Heart Smart that he tested on local schools. Dr. Virgilio says the program's findings continue to be instructional today. "What we found was it really needs to be a team approach if we're going to make some headway," he says. "It can't happen if just one physical education teacher decides to do a little bit more activity. In order to impact a child's behavior for a life-

time, parents, the school, and the community need to get involved and support it." How? On a local level, grandparents can schedule regular walks with their grandchildren and restaurants can add low-fat items to their menus; nationally, the media can stop showing candy and soda commercials on Saturday morning TV.

Dr. Virgilio returned to Adelphi as a professor in 1990, and has since published several books about improving child health. His latest, *Active Start for Healthy Kids* (Human Kinetics, 2006) contains games and nutritional tips to help parents and preschool teachers get two- to six-

"WHAT WE FOUND WAS IT REALLY NEEDS TO BE A TEAM APPROACH IF WE'RE GOING TO MAKE SOME HEADWAY,"

— Stephen Virgilio

year-olds moving more and eating right. Dr. Virgilio is spending the spring on sabbatical, writing the second edition of a textbook he published in 1997, *Fitness Education for Children: A Team Approach*.

Dr. Virgilio concedes that changing child behavior is "an uphill battle." He says, "You're fighting social and economic problems as well as getting people to change their attitudes towards physical activity and health." School districts may be cutting gym classes, parents may have two or three jobs, inner-city playgrounds may be in disrepair or unsafe, and not every family has the money to buy a treadmill for their basement, he notes. "Plus, in my field of physical education, we haven't



MARYANNE
HYLAND

Maryanne M. Hyland and David Prottas: GETTING BUSINESS ON BOARD

Think that what happens in the office stays in the office? Alas, the corporate world is not like Vegas, observes Maryanne M. Hyland, an associate professor in the department of Management, Marketing, and Decision Sciences. "When people are working long hours and having stressful work experiences, that can spill over to their home lives and be a problem for their children," she says.



DAVID
PROTTAS

helped too much because we've always been thought of as promoting competition. And if a child can't be on the basketball team because they're not that athletic, what do they do? They go home and sit on the computer for three or four hours before dinner."

That's why Dr. Virgilio is open to even unorthodox ideas that encourage activity for children. A few years ago, he served as the chief consultant and spokesperson for a line of preschool physical fitness equipment developed by Los Angeles-based Sport-Fun, Inc.

The equipment, which included a miniature treadmill, stationary bike, stepper, and weight bench, drew some derision—was a toddler really going to walk on a tiny treadmill for twenty minutes, then check his heart-rate? But, says Dr. Virgilio, the point was not for children to work out like adults. "We found that parents loved it because mom would get on the treadmill and, instead of running around not involved, the child would get on their treadmill and mimic what mom was doing. That's good shaping of behavior."

Accordingly, while Dr. Hyland and her colleague in the department, Assistant Professor David Prottas, study business practices, their research contains ideas for improving family life, and thus child health.

Both professors focus on family and work issues, including corporate efforts to help employees balance life and work. "Any type of flexible work arrangement that minimizes that conflict between work and family is ben-

eficial to children," observes Dr. Hyland, who worked in human resource management before coming to Adelphi in 1999. "Unfortunately, we can't say that flextime is always the policy that's going to do that, or telecommuting is the policy that's always going to do that." For one thing, she says, research shows that the way employees react to different work-arrangements depends on what kinds of personal work-styles they have. Telecommuting, for example, seems like it would be beneficial to family life because it allows parents to spend more time at home, near

ANY TYPE OF FLEXIBLE WORK ARRANGEMENT THAT MINIMIZES THAT CONFLICT BETWEEN WORK AND FAMILY IS BENEFICIAL TO CHILDREN — Maryanne Hyland

their children. But, says Dr. Hyland, "you may be watching TV when you hear the fax machine go off, and you just can't wait until tomorrow, and before you know it, you find yourself working at 10 o'clock at night. So for those who do have a tendency to work longer hours, telecommuting may not be a good thing, because then they end up working too much." In order for family-friendly policies to actually increase employee satisfaction, it helps if companies implement them with the particular people or units who'll be using them in mind, Dr. Hyland says.

Family-friendly policies also don't make employees happier if the office culture doesn't support them, says Dr. Prottas, who spent about twenty years as an investment banker before embarking on his second career as an academic, earning his Ph.D. from Baruch

College in 2004 and joining Adelphi's School of Business in 2005. "There is a persistent problem in that a lot of people think their careers would suffer if they were to take leaves or work part time, and all the data suggest they are absolutely right." Dr. Prottas has found that "to a very large degree, companies don't necessarily need more programs and policies, they need to do a much better job about educating their employees about the programs in existence," including spreading the word that use of such programs won't adversely affect their careers.

Companies can only say this in good faith, however, if they've made sure such programs don't have a negative impact on their business, and that's why Dr. Prottas recommends companies consider the impact of work/life balance programs on each department before implementing them. "At the end of the day," he says, "they may find there are certain functions that cannot be family-friendly. If you're in a computer software business where if your product gets out first, you survive, and if it gets out second, you go bankrupt, the software development department of that business is not an organization that can say, 'Take time off for your kids.'" Companies should redesign what they can, he suggests, and develop alternative career paths for people working in areas that can't offer family-friendly programs. "If not," he says, "employees will stay in place and be unhappy."

NO KIDDING AROUND

Julie C. Altman and Anne M. Mungai: CULTIVATING A NURTURING ENVIRONMENT

Just as toxic soil stunts a plant's growth, troubled environments prevent children from developing into healthy adults. Julie C. Altman, an associate professor of social work, and Anne M. Mungai, an associate professor of education, are both attempting to make the world a more nurturing place for children.

Dr. Altman, who grew up in western Pennsylvania and spent more than a decade working with abused and neglected children before earning her Ph.D. at the University of Chicago, is focused on improving the parenting skills of adults whose kids are in foster care or in danger of being taken away from them. "I'd seen too many children who, at the age of three, had been in and out of five foster homes and were so tremendously damaged—not from the parents they had, but from the system they were in," she says. "I didn't want to be a child-saver; I wanted to be a family supporter, to improve parents' capacity to support their children."

Dr. Altman recently wrapped up a three-year study on how to best engage parents to accept the services they need to be better parents—and do it quickly. "You only have eighteen months to get in and fix that family or else that child is free for adoption," she notes. "I'm pro-adoption, but I think that we need to satisfy ourselves that we've done everything we can before that point comes." In her study, Dr. Altman learned that parental change is more likely to occur if the interaction between social workers and parents is characterized by honesty, cultural sensitivity, persistence, and hopefulness, and includes setting clear goals. Her next step will be to share what she's learned with social service agencies and help them translate it into practice.

Dr. Altman remarks that strengthening weak families would be easier work if American society placed a higher priority on it. On a recent trip to Canada, she visited a social service agency and was stunned by the quality of the facilities. "It was well-lit and there were all sorts of clean and beautiful toys, lots of baby carriages, and a park to take them to," she recalls. "You go into Jamaica, Queens, into one of the private contract agencies that deal with the same kinds of families, and there's a bulletproof shield in front of the security man who questions why you're there, and the toys are all broken and filthy. Why are we putting up with that? Why don't we respect children and families who are poor and marginalized?"

She considers this for a moment. "It's a difficult question, but I want to say it's because we academics and social workers have not done a convincing enough job of saying parenting is important, that how you treat your children is directly related to what kind of world citizens they become."

Like Dr. Altman, Dr. Mungai believes current American attitudes towards raising children leave a lot to be desired. Dr. Mungai grew up in Kenya, but has lived in the United States since 1988, raising her four children in Michigan and New York with her husband, a Kenyan agricultural engineer who's now a pastor.

"I think we're stifling the creativity of our kids," she says. "When I was growing up in




Kenya, parents did not provide every toy. They'd tell kids, 'Make up your own game.' You tell American kids that, they'll say, 'We're bored.' Then, the stress level is just amazing. I remember when my kids were in high school, they wouldn't go to bed until 2:00 a.m., doing homework. And then we expect

them to play all the instruments and be in sports." If this goes on, she says, "I think we're going to have a sad generation that doesn't have any social skills and only thinks about themselves."

Dr. Mungai thinks schools can prevent children from turning into zombies—showing them how to be good citizens and love learning—if teachers are adequately trained and supported in their efforts to provide such education. Since arriving at Adelphi in 1998, Dr. Mungai has won nine years' worth of grant funding totaling \$678,225 to provide and assess professional development for teachers in the Roosevelt Union Free School District, a struggling Nassau County school

district where 80 percent of students qualify for free lunches. She organizes workshops for teachers in the district on subjects ranging from low-cost science experiments to stress reduction.

Dr. Mungai is so convinced that good education lays the foundation for a healthy life that when her middle child, Caroline, a graduate student studying early childhood education at Adelphi, died suddenly of an illness in November 2004, she and her husband established a foundation to build and operate an orphanage and model school in Kenya in her memory. "This way," Dr. Mungai says, "we are turning a tragedy into a blessing for somebody else. I don't have my baby, but at least I can give another baby a future and hope one day they'll say, 'Because of Caroline, we have our education.'" 

IMPROVING CHILDREN'S LIVES
THROUGH RESEARCH AND ACTION

WELL SERVED

At Adelphi, children and families are served not just through scholarship and outreach, but also through a host of University services. For contact information or additional details, visit WWW.ADELPHI.EDU/COMMUNITYSERVICES

MENTAL HEALTH SERVICES

Both the Center for Psychological Services and the Postdoctoral Psychotherapy Center, part of the Gordon F. Derner Institute of Advanced Psychological Studies, offer psychological evaluation as well as individual, family, and group therapy to treat a wide range of issues.

SPEECH AND HEARING CENTER

The Hy Weinberg Center for Communication Disorders offers evaluations and treatment for all ages with a variety of speech, language, and hearing concerns. All services are provided by students in the department of Communication Sciences and Disorders, who work in collaboration with the professional clinical staff of speech-language pathologists and audiologists.

CENTER FOR LITERACY

The Center for Literacy offers literacy assessment and instruction for students entering grades one through twelve who are experiencing difficulties in reading or writing. These include problems with decoding, vocabulary, comprehension, writing, and study skills. Teachers employ a variety of instructional approaches based on the most current educational theory and research.

CHILD ACTIVITY CENTER

Available to Adelphi faculty, staff, students, and area residents, the Child Activity Center provides a full day educational program to children between the ages of three and five years.

INSTITUTE FOR PARENTING

The Institute for Parenting is committed to research, education, and service to enhance the health and well-being of children. Parents can receive support and knowledge about the best parenting practices to establish rich, age appropriate, and nurturing environments. Workshops and special courses on topics of interest are offered throughout the year.

SPORTS LEADERSHIP INSTITUTE

The Sports Leadership Institute is committed to expanding the roles that athletics and physical education can play in addressing serious social and health issues affecting young people. Through outreach programs and workshops, addressing such areas as violence prevention, substance abuse, bullying and teasing, and sportsmanship, the Institute aims to promote leadership, ethical and healthy choices, and teach valuable life lessons.