Johns Hopkins Bayview
Health and Wellness News

“Time Stood Still”
Family recalls terrifying moments after a ruptured brain aneurysm, and the comfort of the care they received

Living with Myositis
Therapy and research help patients maintain independence and quality of life
(page 4)

More Than Just the “Terrible Twos”
Preschool Therapeutic Learning Center addresses needs of children
(page 12)
Nearly five million children in the U.S. have some type of mental illness—one that significantly interferes with daily life. It’s important to recognize mental illness in children early on, when it is easier to treat. Vanessa Howells, M.D., a psychiatrist in the Community Psychiatry Program, specializes in the diagnosis and treatment of children with mental illness. Below, she answers questions about the symptoms of mental health disorders and when it’s important to seek medical attention.

**Why are mental health disorders hard to identify in children?**
Young children, particularly between the ages of 0 and 5, can’t tell you how they’re feeling. In addition, many behavior problems associated with mental health disorders can be seen in all children to some degree. These include aggression, hyperactivity and intense moods. Identifying the problem depends on the severity of symptoms and the cause, which could be a mental health disorder, developmental delay, home environment or a combination of factors.

**At what age are most children diagnosed with mental health disorders?**
Most parents seek treatment once their child starts school or preschool. Behavior problems become more obvious in the classroom setting.

**What are the most common childhood mental health disorders?**
Attention deficit hyperactivity disorder (ADHD), anxiety disorders and mood disorders are the most common diagnoses. Many children also have developmental issues, such as speech and language disorders. Treatment options include therapy and medication, if needed.

**What signs and symptoms should I look for?**
Signs and symptoms can vary depending on the age and diagnosis of the child. Typically, the symptoms are chronic and cause significant impairment in functioning both at school and at home. A child with ADHD may be so hyperactive and impulsive that he or she has trouble learning and socializing normally. And, a child with severe separation anxiety might go to great lengths to avoid school altogether.

**When should I seek medical attention?**
Parents should seek medical attention when behavior problems are severe and persistent, especially if they pose a safety risk for the child. Parents should discuss their concerns with a pediatrician or mental health provider. Infant, toddler and child find programs, often available through your community’s public school system, also are a good resource for families if a child has developmental delays.
We’re Connecting
To Improve Your Care

Johns Hopkins Medicine’s new electronic medical record system helps you be an active partner in your health care. Everyone on your Johns Hopkins health care team now has access to your single Johns Hopkins medical record to help ensure safe, coordinated care anytime, anywhere.

As part of the new system, Johns Hopkins Medicine is pleased to offer you MyChart, a secure website that you can conveniently access through any computer or mobile device to see the most up-to-date medical information about your Johns Hopkins care. Using MyChart, you can view portions of your medical record, send secure messages to your health care team, renew prescriptions and request appointments.

Here’s what patients have to say about MyChart:

“I met my new primary care physician last week and got the opportunity to sign up for MyChart. I had to have fasting lab work done. By that evening my physician sent me a message that my results had been released, and I was able to see them!”

“I find it easy to access and use. I also recently used it for the first time to make an appointment and it worked well. Overall, it is a useful program.”

“I love it. I have been a patient here for almost 20 years. I really love having everything all in one place and easily accessible. I have several medical conditions that require constant and diligent management by both me and my health care team. I recently needed a refill on one of my medications. Rather than having to look everything up or remember it, I was able to check MyChart and easily request a refill. I can download everything onto my USB (love that feature). I feel very ‘tied in’ now. MyChart promotes patient responsibility for our own health care, and allows patients to feel as if our medical information is readily and easily available. It’s a fabulous system.”

A MyChart account can be established for anyone age 13 or older who is a patient at a participating Johns Hopkins Medicine facility. Ask your health care team for more information, or visit hopkinsmedicine.org/myrecord.

Do you want to share your thoughts on MyChart?
Email sbaker45@jhmi.edu.

A Breath of Fresh Air
Camp Superkids gives children with asthma a chance to breathe again

At Camp Superkids, counselors and other children understand what it feels like to sit on the sidelines. Sponsored by Johns Hopkins Bayview Medical Center, Camp Superkids is a week-long camp that educates children ages 7 to 12 about controlling and treating their asthma. Camp Superkids also features traditional summer camp activities, including swimming, archery and Zumba.

Camp Superkids
July 13-18
Summit Grove Camp
New Freedom, PA
Cost: $400
Some scholarships are available for those who qualify.
Find us on Facebook! Search for “Camp Superkids - camp for children with asthma.”

Comments, requests, change of address?
Email us at bayweb@jhmi.edu.

Contents

2 Noteworthy News
4 Living with Myositis
   Therapy and research help patients maintain independence and quality of life
6 “Time Stood Still”
   Family recalls terrifying moments after a ruptured brain aneurysm, and the comfort of the care they received
8 Actions Speak Louder
   Engaging patients with dementia through activities they love
10 No Pain, Know Gain
   Patient discovers a pain-free and productive life after joint replacement surgery
11 Eating Right for the Season
12 More Than Just the “Terrible Twos”
   Preschool Therapeutic Learning Center addresses needs of children with mental health and behavioral disorders
14 Seminars & Screenings
15 Health & Spirituality
16 Fatal Fall
   Preventing the leading cause of injury

Cover: Karlyn Rittmeyer, and her husband and children, making the most of life after a traumatic brain injury. See story on page 6.
Augie DeAugustinis has found ways to make life with myositis easier.
Living with Myositis

Therapy and research help patients maintain independence and quality of life

R
tired commercial airline pilot William “Augie” DeAugustinis has enjoyed an active lifestyle keeping up with eight grand-
daugthers. The 67-year-old maintained good habits he formed as a pilot to stay in shape and eat well.

DeAugustinis began noticing some unusual changes in his strength and energy levels. He began to fall, and his hand strength decreased. Leg weakness made it hard for him to stand up after sitting. “These were early warning signs that I didn’t realize,” remembers DeAugustinis, of Gainesville, Georgia.

In 2008, a blood test found abnormally high levels of the muscle enzyme creatine kinase (CPK), showing that his muscles were breaking down. It took five physicians the next 16 months to come to an accurate diagnosis: inclusion body myositis (IBM).

Understanding Myositis
Myositis is inflammation of the muscle. In some cases, it is thought to be caused by an autoim-
mune disease where the immune system attacks muscles. The three types of myositis are polymyositis, dermatomyositis and inclusion body myositis (IBM). DeAugustinis has IBM, which typically affects men ages 50 to 80. IBM results in muscle inflammation, which causes weakness in the thighs, hands and throat.

Falling is one of the main risks of IBM. Because of the lost leg strength in the quadriceps, walking becomes harder, and foot drop (inability to raise toes or foot from ankle) is common. Another major challenge of IBM is gradual loss of hand strength and eventually difficulty in swallowing, which can lead to choking.

Finding Help
After being diagnosed with IBM, DeAugustinis found the Johns Hopkins Myositis Center and neurologist Tom Lloyd, M.D, Ph.D. “The cause of inclusion body myositis is a complete mystery,” says Dr. Lloyd. “It is a progressive disease with no known cure, so at the Myositis Center we concentrate on research and treatment.”

At the Myositis Center, a multidisciplinary team of rheumatologists, neurologists, gastroenter-
ologists, nutritionists, nurses and researchers work together to study myositis and find more responsive treatment options for patients. Dr. Lloyd adds, “We treat more myositis patients here than any other center in the world. That experience and breadth of knowledge about all the aspects of myositis helps us to better manage the disease for each patient and their unique circumstances.”

As part of DeAugustinis’s myositis management, he does physical therapy and also finds some relief from massage and acupuncture. “Myositis has permeated every aspect of my life,” explains DeAugustinis. “Getting dressed and shaving are no longer easy, and it’s hard for me to hold my toothbrush or silverware. Walking up stairs or on inclines, and on soft or uneven surfaces, slows me down.”

Dr. Lloyd recognizes that these basic tasks also are day-to-day necessities. “We use occupational therapy to teach patients new skills or ways to do things such as tie their shoes. Physical therapy exercises help maintain muscle mass. Nutrition also plays a role in managing myositis. We try to guide patients when they have problems arise so that they can continue living comfortably,” he says.

Continuing Independence
DeAugustinis is grateful to have found Dr. Lloyd and the Myositis Center. “I know that Dr. Lloyd is the best in his field, as a researcher and clinician. He not only understands myositis, but also is personable and listens well. All the staff at the Myositis Center are of that caliber,” he says.

Other aids for daily living have made a positive difference for DeAugustinis. Rubber tubing placed over flatware handles help him maintain a better grip. He had his bathroom modified with grab bars and a walk-in shower to avoid having to step over a bathtub wall. A knob on his car steering wheel allows him to continue to drive safely. And, his wife created a special gadget to help him button shirts and pull zippers.

Now, DeAugustinis serves on the board of The Myositis Association. He participates in myositis research in hopes of discovering better ways to manage the disease.

He shares, “There is life after diagnosis. I still have an excellent quality of life. I’m not in a lot of pain, and I’m at peace with what I have.”

—Karen Tong

For more information on myositis or to schedule an appointment, call 410-550-6962 or visit hopkinsmyositis.org.
Eric and Karlyn Rittmeyer began their evening on October 22, 2013, the same way they had dozens of times before: at field hockey practice with their two preteen daughters. While the girls practiced, Karlyn, a 36-year-old resident of Perry Hall, Maryland, sipped hot chocolate and caught up with her friends. When she started getting chilly, Eric suggested she go sit in the car to warm up.

When Eric brought the girls up to the car after practice, they found Karlyn with her head in her hands. “I felt enormous pressure between my eyes. I couldn’t see, and my arms went numb,” Karlyn remembers. Then she started having seizures. Terrified and confused, Eric called 911.

Karlyn was taken by ambulance to the hospital. They found bleeding on her brain, and flew her to Johns Hopkins Bayview Medical Center.

A Frightening Diagnosis
An angiogram confirmed Karlyn had a ruptured aneurysm in her brain, a condition that kills a third of people before they are even able to make it to the hospital. Just after midnight, Geoffrey Colby, M.D., Ph.D., a neurosurgeon at the Johns Hopkins Aneurysm Center, told the Rittmeyers he was clearing his schedule for emergency surgery. “Time stood still,” remembers Eric. “She was so young and healthy. She worked out five days a week. How could this be happening, and what was I going to tell our girls?”

An aneurysm is a bulging, weakened area in the wall of a blood vessel in the brain. If the wall becomes too thin, the aneurysm ruptures and bleeds into the space around the brain.

“Unfortunately, aneurysms are quiet,” says Dr. Colby. “They often are too small to cause symptoms.” While some patients may come to their doctor complaining of sudden headaches and have imaging done to catch the aneurysm early, all too many don’t realize they have one until it ruptures. “Our goal, whenever possible, is to diagnose and treat the aneurysm before it becomes a problem,” says Dr. Colby.

A Specialized Center
“Coming to a specialized center is critical for a ruptured aneurysm,” says Judy Huang, M.D., vice chair of the Department of Neurosurgery at Johns Hopkins Bayview, who worked with Dr. Colby to perform Karlyn’s surgery. “There are

For more information about neurosurgery services at Johns Hopkins Bayview, call 410-550-0465.
many parts to a good outcome: rapid diagnosis, and treatment that is individualized to the patient’s unique condition, and specialized care after surgery. Our team has the expertise to offer all of this to our patients.”

Surgeons at the Johns Hopkins Aneurysm Center specialize in a number of different procedures, so they are able to choose the one that will work best for each individual patient. In Karlyn's case, Drs. Colby and Huang quickly agreed that an open surgery, called microsurgical clipping, would be the best option. Although more invasive than other options, they thought it would give them the best chance of completely repairing the aneurysm to reduce the risk of another rupture. Since Karlyn was young and healthy, they believed she was strong enough for the complicated procedure, which uses small metal clips to stop the blood flow into the aneurysm.

Another option performed by Johns Hopkins surgeons for ruptured aneurysms is called endovascular coiling. This option is minimally invasive, meaning that no incision in the skull is required. Rather, surgeons pass a catheter through the groin into the artery containing the aneurysm. Platinum coils are released through the catheter to induce clotting and prevent blood from getting into the aneurysm.

The Rittmeyers say that it was more than just the doctor’s expertise that eased their fears about the surgery. “When Dr. Colby was explaining everything to me, I felt his compassion,” says Eric. “It made me feel comfortable because I felt like he really cared.”

**A Miracle**

Although Karlyn’s surgery went incredibly well, recovery was still long and difficult. She spent two weeks in the neurosciences critical care unit (NCCU)—an eternity for this close-knit family to be apart. “Every single person who we came in contact with inside Johns Hopkins Bayview was incredible,” says Eric. “We went through a horrifying situation, and I just can’t believe how well we were treated.”

After she was discharged, Karlyn did outpatient rehab to regain her strength and function. “Therapy was tough,” she says. “In the beginning, it was hard to even hold my head up, but I made myself do it.”

Although there are a few lasting effects from her ordeal—Karlyn is now legally blind in one eye—she and her physicians are incredibly pleased with her progress. Only a third of all patients with a ruptured aneurysm make it out without “significant problems,” says Dr. Huang. Karlyn is a success story.

“I’m a miracle,” says Karlyn. “It’s shocking to think about how many people die from this.” Karlyn is now able to drive again, and has returned to her fitness classes at the gym. She and Eric are looking forward to getting a chance to enjoy the pool that they put in their backyard just before her rupture last fall—something Eric worried they may never get a chance to do together with their girls. “I’m happy to be here,” says Karlyn. “And I’m going to make the most of it.”

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For more information on the PFAC, call 410-550-3376.

To hear Eric’s story in his own words, visit hopkinsmedicine.org/jhbmc/neurosurgery.

**A Lasting Impression:**

Patient and Family Advisory Council

Eric Rittmeyer’s positive experience at Johns Hopkins Bayview led him to join the Medical Center’s newly formed Patient and Family Advisory Council (PFAC). The Council seeks the input of patients and family members to help shape overall Medical Center policies, programs, facility design and even daily operations.

“I’m a small business owner, so I’m all about customer service,” says Eric. Through his role on the Advisory Council, Eric hopes to share his perspective on what made his family’s experience so positive, and how that experience can be replicated for future patients.

“It’s simple. Show me respect, make me laugh, earn my trust,” says Eric. “That’s how people want to be treated, and that’s how we were treated during our stay.”

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**Hear from the Experts**

“The thing that makes aneurysms so scary is that people often don’t know they have one until it’s too late,” says Dr. Huang. Although some people are born with a brain aneurysm, most develop over time. Risk factors include a family history, smoking and high blood pressure. They aren’t common enough to warrant standard screenings, but if you start noticing new, severe headaches, you should contact your primary care physician.

To hear Dr. Huang’s podcast on aneurysm detection and treatment, or read more about the coiling technique Dr. Colby uses to cure aneurysms, visit hopkinsmedicine.org/neuro/aneurysm.
Agitation. Irritability. Anxiety. Refusal of care and medications. Verbal or physical aggression. These frustrating, sometimes frightening, symptoms are a complex, yet common, part of dementia. “Behavioral disturbances” can escalate due to any number of factors—including decreasing cognitive function (memory, thinking and judgment), medications, pain, delirium or the environment of care—leaving families and caregivers desperately looking for ways to help their loved ones. Johns Hopkins Bayview’s Medical-Behavioral Unit can help dementia patients and their caregivers better manage these symptoms and bring balance back to the home.

Moving Beyond the Deficits
Staff on the 28-bed inpatient unit recently participated in the trial of a new care model for patients with dementia, based on successful research by Laura N. Gitlin, Ph.D., director of the Johns Hopkins Center for Innovative Care in Aging, and her occupational therapy team. The trial focused on identifying capabilities and interests of people with dementia who were admitted to the hospital with behavioral symptoms, as a favorable alternative to simply prescribing medication. The idea was to heavily engage these areas in which the person with dementia was still highly functional to improve their mood, behavior and sense of self-worth. “With the diagnosis of dementia,
standard tests emphasize deficits,” explains Dr. Gitlin. “But, they don’t really help families with how to effectively support the person with dementia at home. Families of people with dementia need to know what the person can do.”

During the trial, each patient was assessed upon admission, using a variety of task-oriented tests to measure their cognitive, physical and neuro-psychological abilities. These include a “leather lacing” test, a timed physical functioning test and other basic tasks (asking the patient to state their name, shake hands and make eye contact). The patient and their family/caregivers also were extensively interviewed to get an idea of the patient’s likes and dislikes. The occupational therapy team then created activities combining the patient’s strengths with their interests and background.

Bringing Back Quality of Life
Occupational therapists, who design the activities tailored to best engage the patient, then train the recreational therapists and nursing staff on the unit to use these activities throughout the patient’s stay. Before discharge, the care team teaches families how to use and adapt the activities at home. The average patient spends two to three weeks on the Medical-Behavioral Unit before being discharged to their home or care facility.

“A lot of times, family members just don’t know how to deal with someone suffering from dementia, especially when they have increased behavioral disturbances,” says Tristen Kvedar, OTR/L, an occupational therapist on the unit. “We can offer them something structured that the patient enjoys, and that the family can now enjoy doing with them. It improves quality of life for both the patient and the family.”

Kvedar recalls one case in particular: a man who arrived highly irritable, refusing to be touched and displaying generally disorganized behavior. “We found out he was a former member of a barbershop quartet. I began playing barbershop music whenever we spent time together, and he quickly became organized, happy and often sang along.” These seemingly small changes can have big impacts and help patients remain in the home with their family members following discharge.

Maintaining an Identity
“In our preliminary research, we found that a commonly unaddressed need was to include people with dementia in meaningful activities,” explains Dr. Gitlin. “It may seem simple, but the implications are huge. Medications may remain important in treating symptoms associated with dementia, but the activity-based approach also is a way to preserve the patient’s dignity and sense of self.”

Defining Dementia
Dementia is a loss of brain function associated with a number of diseases (namely Alzheimer’s disease). It affects a person’s memory, thinking, judgment, language and behavior. In most cases, dementia is irreversible. Early signs of dementia may include:

- Difficulty with tasks that used to come easily, such as spelling, balancing a checkbook or playing simple, familiar games
- Getting lost on familiar routes
- Language problems, such as trouble with the names of familiar objects
- Frequently misplacing items
- Personality changes and loss of social skills

As dementia progresses, these problems worsen. The person may begin forgetting details about current events or their own life. Dramatic changes in mood and behavior may be seen as well. In the advanced stages of dementia, skilled medical care is recommended.
For years, Eva Clark longed to play outside with her youngest son. She wanted to run with him, ride a bike with him, even just play catch with him. But a deep, intense pain in her right hip made it impossible. The pain began in 2000, right around the time her son was born. “He had never known me to be able to play at all,” says Clark. “It was just too painful.”

For the first few years, Clark dealt with the pain. The 43-year-old Delaware resident would shift her weight to her left side during eight-to-ten-hour workdays at a retail store in Dover Mall. She visited specialists and took anti-inflammatory and prescription arthritis medications to cope with her symptoms. As the pain worsened, she used crutches to get around. Eventually, Clark reached her breaking point.

“My hip joint was so deteriorated, I couldn’t walk without falling to the ground,” she says. “My hip would just give out on me. I couldn’t deal with it anymore.”

**A Painful Diagnosis**
A specialist diagnosed Clark with osteoarthritis, a chronic disease where the cartilage in a joint deteriorates, resulting in bones rubbing against one another, stiffness and pain. The good news: the osteoarthritis was isolated to her right hip. The bad news: the orthopaedic surgeon she saw for a consultation in Delaware could not replace her hip joint due to its advanced deterioration. That’s when Clark discovered Harpal “Paul” Khanuja, M.D., chief of adult reconstruction, hip and knee replacement surgery in the Department of Orthopaedic Surgery at Johns Hopkins Bayview Medical Center.

The orthopaedic surgery program at Johns Hopkins Bayview is known for its highly trained surgeons and comprehensive orthopaedic services, including cartilage restoration, hip replacement and resurfacing, and knee replacement.

**Streamlined Care, Healthy Recovery**
Orthopaedic surgery team members embrace a multidisciplinary approach, meaning everyone—surgeons, geriatricians, pain management specialists, social workers, physical therapists and nurses—works together to ensure the best treatment, as well as an overall plan for a healthy recovery.

This approach also streamlines care, allowing patients to see the same specialists throughout their time at the Medical Center, says orthopaedic surgeon Robert Sterling, M.D. “We have a team of people dedicated to give them the best outcomes possible, and we have the experience to make it happen,” he says.

Dr. Khanuja concurs. “It’s about what’s the best care for the patient,” he says. The first time Clark met Dr. Khanuja, she knew she was in good hands. “I was comfortable with him,” she says. “He sat there until I asked every question, and he answered them.”

In October, Dr. Khanuja performed a total hip replacement on Clark’s right hip. He also reconstructed part of her right hip and leg to accommodate for the two inches of height she lost from years of deterioration.

To make an appointment or for more information about the Department of Orthopaedic Surgery at Johns Hopkins Bayview, call 443-997-BONE.
Making Up for Lost Time
Most patients who receive joint replacements are healthy, active people, and with Johns Hopkins Bayview’s multidisciplinary approach, many are able to return home within 24 hours of their surgery, Dr. Khanuja explains.

“Our goal is to keep them active, and they do better when they’re home and around their family,” he says.

Once home, patients like Clark complete six weeks of physical therapy. And soon after, most return to their lives, pain-free. “I have no pain,” Clark says. “It’s wonderful. Absolutely wonderful.”

In March, Clark finally became that “playful” mom she longed to be with her youngest son. For the first time ever, she and her son went for a half-mile bike ride together. They also play catch and even roughhouse from time to time. “We’re making up for that now,” she says. “I got my life back.”

And for patients experiencing similar hip pain, Clark recommends the orthopaedic team at Johns Hopkins Bayview. “Get it done,” she says. “It’s the best thing you can do for yourself.”

—Allison Eatough

Eating Right for the Season
How often do you find yourself looking at the nutritional data on the label of your store-bought food? You won’t have to worry about whether or not you are making healthy food choices if you eat with the season!

Every season has a different set of fresh produce that is at its peak. For example, summer is great for berries and tomatoes, while winter is great for squash and kale. A good way to find out what foods are in season is seeing what is on display at your local farmers market. Farms can only grow what is in season, so anything you find there will be fresh.

Dietitian Arielle Belove, RD, recommends eating whole foods that are fresh and in season. “You should try to stay away from highly processed foods, and check the food label and ingredients listed,” she says. “Also, the darker and more colorful the produce is, the more nutrients and antioxidants you will get.”

Eating with the season also can be good for your wallet, as produce tends to cost less when it is in high supply.

During the winter, it can be harder to get fresh fruits and vegetables, so a great substitute is frozen produce. The fruits and vegetables are picked at their prime, then frozen, so their nutritional value and flavor remain intact.

—Tyler Scheff

Stay Healthy this Summer
• If you’re craving sugar, grab fruit first rather than candy
• Watch your portion size
• Understand how to read a food label
• Watch how often you snack

To schedule an appointment with a registered dietitian at Johns Hopkins Bayview, call 410-550-7728.
Aisha Frisby noticed that her daughter Marley’s behavior was “different” when she was a little over a year old. She would cry, scream and throw herself on the floor when she didn’t get her way. She would take her clothes off when she got too hot or throw a tantrum if she was too cold. And, once she started school, sitting still and paying attention became more of a problem. Marley’s behavior got so bad that her preschool teachers suggested that she may need professional help.

“I had a feeling that this was more than the ‘terrible twos,’ ” says Frisby. “I just didn’t know what to do or where to go for help.”

Seeking Help
After meeting with her school’s behavior therapist, Marley, now 4, was referred to the Preschool Therapeutic Learning Center at Johns Hopkins Bayview (see sidebar). Johns Hopkins child psychiatrist Vanessa Howells, M.D., and senior mental health therapist Darren Frisinger, LCPC, completed an initial evaluation of Marley and diagnosed her with speech and language delays, and sensory delays.

“A lot of Marley’s behavior stemmed from not being able to communicate with others,” says Dr. Howells. “She would get so frustrated that the only way to deal with those emotions was to lash out.”

Dr. Howells adds that Marley’s sensory issues contributed to her behavior. “Being around a lot of people where a lot of different things are going on at once can be overwhelming for someone with sensory disorders,” she says. “Their system goes into overload and they need to be removed from the situation. This is one of the reasons Marley didn’t do so well in the school setting.”

Modifying Behavior
The first step in helping Marley was to make sure her entire family was on board. Aisha and her partner, Noy Brown, brought Marley to the Preschool Therapeutic Learning Center several times a week. They even brought Marley’s younger sister, Karter, for additional support (see Karter’s story in sidebar).

While Frisinger worked with Marley on speech, language and socialization skills, Frisby and Brown attended a parenting group and learned how to reinforce good behaviors, communicate effectively and strengthen their relationship with their daughter. After their respective sessions, the family was brought back together to practice and build upon the skills they learned in group therapy.

“I think the most important thing we learned was how to be patient,” says Frisby. “Once we learned that Marley’s behavior was caused by her own frustrations, we were able to take a step back and change the way we parented her.”

Some of those skills include different techniques for handling temper tantrums, encouraging Marley to slow down and use her words, and paying attention to social cues.

Continuing Treatment
Marley spent six weeks in the Preschool Therapeutic Learning Center before graduating to less frequent treatment in the outpatient clinic. There, she sees a therapist once a week to build on her speech and language skills, and work on her behavior.

While Frisby and Brown recognize that Marley’s treatment is an ongoing process, they couldn’t be happier with their daughter’s improvement. “It’s amazing how much she has changed over the past year,” says Frisby. “Now that she can tell us what she wants or is feeling, everyone is a lot calmer.”

Frisinger gives a lot of credit to Frisby and Brown for Marley’s success. “They are very engaged parents and want the best for their child,” he says. “They are committed to improving not only Marley’s well-being, but the well-being of the family.”

—Meghan Rossbach

To make an appointment or for more information about the Preschool Therapeutic Learning Center, call 410-550-0104.
Noy Brown and Aisha Frisby, pictured with daughters Marley (top) and Karter (bottom), have a lot to smile about these days.

Not long after Marley started treatment in the Preschool Therapeutic Learning Center, Frisby recognized similarities in her younger daughter’s behavior. Karter, now 2, was very aggressive and did not like being around other children—not even her sister. She would pinch, hit and bite. Sharing was a big problem. And, her speech was delayed, making it hard for her to communicate.

“I knew it was important for Karter to get the care she needed,” says Frisby. “I didn’t want to wait as long as I did with Marley.”

Karter started treatment in the Preschool Therapeutic Learning Center earlier this year. She was diagnosed with some language delays, but primarily needed treatment for her challenging behaviors. After intensive therapy sessions to help with socialization, Karter is now receiving treatment in the child psychiatry outpatient clinic. A few days a week, a therapist works with her on socialization—playing with friends, listening and using manners.

“My goal in life is to make sure my girls get everything they need,” says Frisby. “I truly believe that the care they have received will help them become productive citizens of this society and overall good people.”

Preschool Clinical Programs at Johns Hopkins Bayview serve children from birth to age five who are experiencing:

- Depression
- Anxiety
- Oppositional behavior
- Aggression
- Sleeping problems
- Eating problems
- Behavior problems
- Autism spectrum disorder
- Speech and language delays
- Other developmental concerns

The Preschool Therapeutic Learning Center is an intensive outpatient program for children ages three to five who are experiencing developmental delays or mental health disorders. Each parent and child is assigned a primary therapist who oversees all services to the family, including:

- individual therapy
- family therapy
- speech and language therapy
- occupational therapy
- behavior modification

Medication evaluation and management also is offered, if necessary.
Seminars & Screenings

Johns Hopkins Bayview Medical Center offers a variety of educational programs, support groups and screenings. The programs listed on this page are provided at no charge, unless otherwise noted.

SCREENINGS
Varicose Vein Screening
For individuals with varicose veins who are considering treatment or surgery.

For a complete list of upcoming screenings, visit hopkinsmedicine.org/veincenters or call 410-550-VEIN (8346).

SEMINARS
Oh, My Aching Back!
For people who have been diagnosed with degenerative disc conditions and want to learn about the treatment of back and related leg pain.

September 17
6 p.m.
Johns Hopkins Bayview Medical Center
To register, call 410-550-KNOW (5669).

Weight-Loss Surgery Seminar
For individuals 100 pounds or more overweight who are considering weight-loss surgery.

Note: This seminar is required to receive a consult for bariatric surgery.

June 17
July 1 & 22
August 5 & 19
September 2 & 16
October 2 & 21
4:30 to 6 p.m.
Johns Hopkins Bayview Medical Center
To register, call 410-550-KNOW (5669).

CONFERENCES
Surviving Survivorship: Living with Cancer
Free conference for patients and their caregivers.

October 11
12 to 4 p.m.
The BWI Marriott Hotel
1743 West Nursery Road
Linthicum, MD 21090
To register, call Barry Miller at 410-955-8934 or email milleba@jhmi.edu.

PATIENT INFORMATION SESSIONS
Childbirth Preparation
This session provides expectant mothers and their labor coaches in-depth instruction on labor, delivery, pain control and other topics related to the birth experience. Classes are led by a certified childbirth educator.

One Saturday and Sunday per month
August 2 & 3
September 6 & 7
October 4 & 5
9 a.m. to 3 p.m. both days
Cost: $65
To register, call 410-550-BABY (2229).

Breastfeeding
Learn the benefits of breastfeeding, behaviors of a normal newborn, how to pump and store breast milk, and how medications and contraceptives affect breastfeeding.

August 3
September 7
October 5
1 to 3 p.m.
Cost: $30
To register, call 410-550-BABY (2229).

SUPPORT GROUPS
Journeying Together Through Cancer
A support group for people who have been diagnosed with cancer and their caregivers.

First Tuesday of every month
7 to 8:30 p.m.
Francis X. Knott Conference Center
Johns Hopkins Bayview Medical Center
For more information, call Chaplain Marian Boyer at 410-550-7569 or mboyer13@jhmi.edu.

Breast Cancer Survivors Program
A nurturing program for women diagnosed with breast cancer in active or post treatment.

Light refreshments are served and parking is validated.

June 26
July 31
August 28
September 25
6 to 8:00 p.m.
For more information or to register to attend, contact Catherine Klein at 410-550-6690 or cklein3@jhmi.edu.

Inch By Inch:
Helping Stroke Survivors Progress
Third Wednesday of every month
2 to 3:30 p.m.
Department of Rehabilitation Services
Johns Hopkins Bayview Medical Center
Third Thursday of every month
7 to 8:30 p.m.
Medicine Education Center
Johns Hopkins Bayview Medical Center
For more information, or to join the group, contact Rachel Zangrilli at 410-550-7793.

To see a full list of seminars and screenings, and to register online, visit hopkinsmedicine.org/jhbmc/seminars.
Research studies show that people who are involved in a faith-based community lead healthier lives. They believe their lives have more meaning. They cope better with stress. They experience less depression and anxiety, and they experience greater well-being.

Recognizing the connection between health and spirituality, many hospitals are partnering with neighboring religious organizations to improve health outcomes. The Healthy Community Partnership grew out of relationships that Johns Hopkins Bayview established with a number of area congregations. These partnerships support initiatives that improve access to medical care, offer educational programs on health topics that impact the community, equip individuals and groups with health resources, and address health care disparities.

One of the major programs of the Healthy Community Partnership is its annual symposium. Called the William S. Perper National Healthy Community Partnership Symposium, this day-long event brings together health care providers and members of faith-based communities to discuss health care delivery and empower specific populations to maintain their health, independence and dignity.

This year’s keynote speaker is Harold G. Koenig, M.D., M.H.Sc., a nationally recognized expert on the topic of religion and spirituality. All are welcome to attend (see above for registration details).
One in three adults over the age of 65 falls each year in the United States, according to The Centers for Disease Control and Prevention. Falls are the leading cause of both fatal and nonfatal injuries of older adults. Injury-related falls can happen for a number of reasons, including age, unstable surfaces, working in unsafe environments, and even taking a number of prescribed medications at once.

Nathaniel McQuay, Jr., M.D., chief of the Division of Trauma at Johns Hopkins Bayview, sees many serious fall-related injuries. “Many injuries from falling result in fractured ribs and hips,” he says. “Many older adults are just one fall away from becoming seriously injured. It is important to take steps to prevent falls.” Dr. McQuay also suggests that if you’re on medications that affect how your blood clots, ask your doctor about possible side effects.

Some steps you can take to reduce your risk of falling include:

- Make sure that you have clear and well-lit walkways throughout your house.
- Wear solid shoes with good support.
- Take your time when walking around slippery areas like spills and ice.
- Have your vision checked every year.
- Make sure all of your doctors know what medicine you are on, and keep a list with you.
- Use non-slip mats and grab bars in the bathroom.

—Tyler Scheff

If you fall and injure yourself, you should immediately seek help or call 911.