The Grand Opening, Continues
The GCH Designer Kids

The Crier recently had the honor of an interview with the creator of all of our wonderful Children’s Hospital logos and is pleased to introduce

Dan Dipple to you:

PC: How many years have you been at Upstate? What is your job title?
DD: I have been working at Upstate for a little over 9 years now - I started in January of 2001. My current position here is the manager of Duplicating & Printing. In addition to the standard duties you’d expect, like personnel management, customer service, making sure our responsibilities as a department are met, etc., I also do quite a bit of graphic design and illustration for other departments and customers within the university as part of my daily job requirements.

PC: How did you get the job for the GCH logo?
DD: If by ‘logo’ you mean the GCH kid characters, I had been doing some character illustration and other illustration as part of the other projects I was involved in for Upstate at the time, and the Marketing department here (I believe it was Susan Keeter, specifically) noticed that, and asked me to do some original artwork for the promotional materials being developed to aid in the fundraising for the Children’s Hospital, which at the time, was just beginning.

PC: Where did you get your inspiration for the picture(s)?
DD: Most of my inspiration for those characters, like all my other artwork, comes from everything and everyone around me - my immediate environment, put simply. I can't help but be interested in all the visuals and sounds around me every day, from old buildings I drive past, beautiful landscapes, architecture, freight trains, the way the sky looks at different times of day, insects, vehicles, chain link fences, the incredible diversity of the human race, all the music I listen to constantly, anything and everything. It all filters through my brain and comes out subconsciously into my artwork, and the GCH kid characters are no exception.

PC: There are quite a few different children/poses that we have been using. How many did you actually create?
DD: Including all the little animals I did for the Children's Surgery Center, I've probably done close to 100 different characters and variations on the main characters. I can almost draw them with my eyes closed!

DD: You can bet on it. Too many people like them (including myself, of course) for me to stop doing these anytime soon. I think they have become a recognizable and valuable symbol of the Children's Hospital portion of Upstate Medical University, so I'm sure we'll see them in new and different incarnations for many years to come.

Gold Standards
Two of our faculty members were recently selected as recipients of the Third Annual Gold Standard Award. On March 23rd, our very own Nienke Dosa and John Andrake were honored at the 2010 “Celebration of the Faculty” ceremony where a total of ten faculty members, hospital-wide, received this recognition. The Gold Standard awards were created in 2008 to recognize faculty members who have shown a passion for their work, be it research, clinical service and/or teaching and who live the values of Upstate by exemplifying innovation and discovery, respecting people, serving the community and valuing integrity. Congratulations, Drs. Dosa and Andrake for this well deserved honor and for representing our department so well.

Not Just Clowning Around
The Crier learned that our very own GCH clown Lou-Lou, was featured in the April issue of the Ladies Home Journal. Lou-Lou, whose real name is Laurie Michelman volunteers on our child life staff in her spare time (when she is not being a busy mom, attorney, or college professor). It is a great article with a delightful picture of Lou-Lou in full costume, and is now available online at: http://www.lhj.com/health/stress/mood-boosters/living-the-dream-clown-school

The Crier had the opportunity to have an exclusive interview with Lou-Lou, herself. Here is her special message to the Department of Pediatrics:
Pediatric Laughter

Lou-Lou (aka Laurie Michelman)

Just me, Lou-Lou Lollipop, your resident "Pediatric Laughter" here to tell you a little about myself in the "Pediatric Crier."

Some of you may have seen me clowning around the halls of the 11th and 12th floors. I usually have on a pink hat, pink tutu and big shoes (you wouldn't want to walk a mile in my shoes!). Or maybe you have heard me - I love to toot my own horn (honk honk). My favorite body part, of course, is the humerus (since it is so close to the funny bone!). Oh, and I have a red nose. Did I mention that I am a clown?

I go by Lou-Lou Lollipop but probably should be named "Lucky," because I am lucky to be a volunteer at the Golisano Children's Hospital at Upstate! Not only do I get to clown around with some of the greatest child life specialists, nurses and other hospital personnel around, but I get to meet some real heroes. Volunteering at Golisano is better than a double sardine sandwich filled with silliness, laughter and all the fun of Upstate? I bring an imaginary bucket of water, at times, in additional containers. Clients may also add water, or use only the sand often find great sensory benefit from moving the sand in different ways: smoothing, sprinkling, pushing with whole body effort, burying miniatures, forming mounds and even hiding clay tumor-like masses within them. Each sandplayer directs his own activity. Often the sandplay client creates a scene using miniatures in the tray. While the sandplayer might say that a certain figure represents something to him, such as an important person in his life, or the friends he has made at the hospital and lost to cancer, often a sandplayer will remark that he doesn’t know why he has placed something in his sandplay picture. It is these elements that often have profound impact on the sandplayer, because this means that he is opening to themes and inner resources emerging from within him that are not yet conscious. For the therapist, witnessing is the most important element, joining in with a child’s play when invited, and silently following the emotions of the sandplayer when he or she chooses to be silent. It is not essential for the material that is presented visually and symbolically in the tray to be brought to verbal consciousness for the client to experience its therapeutic benefit; symptoms may diminish and resolve without being “named” in words, but by being held through the symbols in the tray and the witness of the therapist.

A research committee of the Sandplay Therapists of America (www.sandplay.org), of which McKay is a member, is developing research designs that therapists across the country and the world will be able to use, to increase the conscious understanding and evidence base of this powerful and empowering modality. Recently, a teen-aged cancer survivor spoke to me of her experience of doing sandplay a few years ago. She addressed how often we think we know what we are feeling, but when we see it, it goes deeper. She speaks from experience.

Sandplay Therapy in the GCH

An exclusive report by Ruth McKay, MA, LMFT on this innovative new therapy:

Over the past two months some members of the Upstate community have spent an hour touching into the therapeutic modality of sandplay therapy. In 5 colorful Powerpoint presentations to pediatric oncology nurses, child psychiatry residents, spiritual care providers, as well as two presentations open to all pediatrics staff, Ruth McKay, MA, LMFT, medical family therapist with Upstate’s Center for Children’s Cancer and Blood Disorders, showed dozens of examples of the sandtrays created by patients of the Center during therapy in her office, the Center’s outpatient clinic, and on the in-patient unit (formerly 7H and now 11G), and discussed the integration of this modality with family therapy.

Sandplay is a non-verbal, symbolic, therapeutic modality that has beneficial applications for children facing life-threatening illnesses. It is typical for children in treatment and off treatment to feel intense fear and rage. They typically lack the cognitive and verbal skills to process and express the trauma of diagnosis and treatment. Often trauma is held in the body, and, if never processed, remains as symptoms of post-traumatic stress: avoidance, numbing of emotions, and hyper-arousal, for example. Sandplay therapy (as well as the creative arts therapies) uses a primarily non-verbal approach that allows children (and adults) to address experiences for which they have no words, feelings they have not felt before, and aggressive, dependent or other impulses that might elicit feelings of shame if discussed aloud. It also makes available the deep wisdom within the individual that can be accessed for their healing and thriving.

The physical elements of sandplay therapy include standard-sized tray(s) that can be viewed as a whole in one gaze. In McKay’s office, one tray includes dry sand and one tray includes wet sand. Clients may also add water, or use only water, at times, in additional containers. Most recognizable in this modality are the hundreds of miniatures that each sandplay therapist collects creating her own unique collection. McKay’s collection in the hospital features everything that a child might find in his “world”: trees and stones, rainbows and fire, cars, trucks, airplanes and boats, figures from family life and ordinary people, household objects, fantasy characters, Disney princesses, spiritual and religious figures, and more. In her private collection McKay includes more fragile items and items with more adult themes. These were put to good use last fall by many of the participants of the Women’s Oncology Wellness weekend at Camp Good Days and Special Times when McKay brought sandplay therapy there. Infection control is always kept in mind.

Sandplay is both a visual and a body-based therapy. Patients working in the sand often find great sensory benefit from moving the sand in different ways: smoothing, sprinkling, pushing with whole body effort, burying miniatures, forming mounds and even hiding clay tumor-like masses within them. Each sandplayer directs his own activity. Often the sandplay client creates a scene using miniatures in the tray. While the sandplayer might say that a certain figure represents something to him, such as an important person in his life, or the friends he has made at the hospital and lost to cancer, often a sandplayer will remark that he doesn’t know why he has placed something in his sandplay picture. It is these elements that often have profound impact on the sandplayer, because this means that he is opening to themes and inner resources emerging from within him that are not yet conscious. For the therapist, witnessing is the most important element, joining in with a child’s play when invited, and silently following the emotions of the sandplayer when he or she chooses to be silent. It is not essential for the material that is presented visually and symbolically in the tray to be brought to verbal consciousness for the client to experience its therapeutic benefit; symptoms may diminish and resolve without being “named” in words, but by being held through the symbols in the tray and the witnessing of the therapist.

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of what is also being written about in journals and books addressing interpersonal neurobiology, how therapies that engage both the mind and the brain, often through the body, bring to the client a sense of efficacy, being understood and being valued.

Sandplay therapy at Upstate Golisano Children’s Hospital is supported by a grant from Paige’s Butterfly Run. Those interested in experiencing this modality firsthand, or learning more about its use at the hospital, are welcome to contact Ruth McKay at 4-7513 or mckayr@upstate.edu.

From A Resident's Perspective
One of our housestaff accompanied Dr. Domachowske on his annual medical mission trip to El Salvador. In this Crier exclusive, Christy Rivers shares her story:

During the second week of February, I met a bunch of high school students in the middle of the night, drove to Cleveland, and boarded a plane that, after several transfers, landed me in El Salvador about 24 hours later. Dr. Domachowske and a bunch of other high school students were already in Rancho Grande, having arrived on an earlier flight.

The goal of the trip was to build a new school for the 80+ families who live there. A small, but not insignificant part of the trip, was the medical clinic, where we saw many of the families and dispensed supplies. We brought with us more than 1000 pounds of medications, vitamins, soap, shampoo, toothpaste, and other toiletries. Some of this we administered when the families stopped in, the rest we left with the health administrator who administers vaccines to the children of the area, and resupplies families with vitamins. He also works within the community to ensure ongoing use of the freshwater wells our group has built on previous trips to El Salvador. Over the years, the health of the community has improved dramatically, just with the implementation of fresh water. The children are growing because parasites no longer live in their primary water source. Now we are working on decreasing the incidence of respiratory disease by encouraging the community to burn trash outside the village.

The most common complaint we saw in the clinic was sore throat, cough, and watery eyes. Joe experienced all of these symptoms the night of our arrival because they were burning wood to make charcoal right across from the school, the place where the men on our trip were sleeping. From then on, he counseled every patient we saw that the reason for their complaints was the “volcano of contamination” burning right across from the school. This has become a joke between us, but also highlights the importance of basic education in the developing world, and how big a difference that education can make.

Overall, this was a fantastic experience for myself, the high school students, and the children of Rancho Grande.

WWHWD?
Dr. Weinberger was recently honored at a surprise celebration at UPAC. It all began with a comment made at a retreat, “What Would Howard Weinberger Do?” in response to some words of wisdom he had shared. The results were a special party on 3/23 complete with T-shirts and a poem written by Cyndi Markert. Dr. Weinberger tells the Crier, “It was such a surprise and I really blushed.” (LINK POEM)

What's-A-Mata Dinner
As many of you know, Marvin Mata officially completed his training on 2/28/10 and is just awaiting his visa before heading off to new adventures in PICU-land! In the mean time, a group of residents took him out for his own private Mata Appreciation Dinner at the Bangkok Thai restaurant on March 5th. Best wishes from all of us, Marvin! Keep in Touch!

Lots-A-Babies
A Diamond in the Rough

It's (Finally) A Girl!
In an email with a subject line, “she FINALLY decided to make an appearance” we were recently notified of the arrival of the Mittiga’s new little girl, Alivia Marie on March 10th, 2010 at 8lbs, 4oz. Matt says, “Mom, Dad, baby, and her two big brothers are all thrilled!”

Massimo Donato Fireball Riccio
The Crier received the following note from former chief resident, Julie Riccio announcing the birth of Massimo Donato:

Yes we do have good news. We had our second baby boy at 37 6/7 weeks on February 13th at 4 am, 7 pounds 3 ounces and 21 inches long, and he came out like a fireball. We only made it to the hospital 15 minutes before his birth, it was a close one. After that, things were not all that smooth either, with him needing to go to the NICU for 36 + hours, and then needing to be readmitted on Day 4 with jaundice. I guess he just wanted to spend time where mom worked. It was a very long first week, but we are all doing well now, except being a little sleep deprived., I hope all is well there. Take care and give everyone my best. - Julie

Special Delivery
And finally (at least for this month), congratulations to Ahmad Rayes and his wife on the birth of Sarah Ella Rayes, on March 26th, at 7lbs 4oz. The residency program received a very brief, and obviously rushed email from Ahmad Rayes early that morning: “Hi , I brought my wife to Crouse in labor this morning, and she has just delivered , I think I am not gonna be able to come…”.

A Frankly Close Shave
One of our pediatric faculty recently had a close shave for a very good cause. But then, if you’ve seen him lately, you may have already figured that out. Frank Smith took part in the annual St. Baldrick’s shave for childhood cancer research. In fact, the Post Standard reports that a record-breaking 500 people took part in this year’s head-shaving fundraiser at Kitty Hoynes Irish Pub & Restaurant raising over $300,000. Frankly, that’s awesome!

APRIL BIRTHDAYS
4/1 Marvin Mata
4/4 Nick Bennett
4/11 Carrie Brindisi Greene
4/21 Carol Plumbley
4/25 Jim Listman