



SPECIAL TIMES

Community Therapeutic Day School

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*The Community Therapeutic Day School
Celebrates
Relationship Reflection Resilience*

On October 16th 2004, The Community Therapeutic Day School Supporting Foundation sponsored a 30th anniversary celebration and fundraising event to benefit the Community Therapeutic Day School. The event was a great success, attended by over 200 current and former staff, parents, alumni and members of our community, while raising over \$40,000 for the school. Let us share this special evening with you.

“Good evening and welcome to the Community Therapeutic Day School’s 30th Anniversary Celebration. My name is Kate Ford and I am the current President of the CTDS Supporting Foundation Board. I look out tonight and see alumni, parents, teachers, therapists, staff, board members, and friends of CTDS. We are truly blessed to be in such good company and to be celebrating this special school. I am now honored to introduce Nancy Fuller, Founder and Director of the Community Therapeutic School. Thank you.”

“Tonight is a celebration
A celebration of the past, present and future of our school
As I look out in the room I see your faces and your hearts
You who have been at our side through these years
You who have had the courage to teach
You who have had the courage to learn and
You who have had the courage to take risks
We are deeply grateful for your trust in us.



*Kate Ford Nancy Fuller
President CTDS President/Founder
Supporting Foundation CTDS*

A long time ago, or maybe not so long ago, many children were treated poorly by society. These included children in orphanages, children in institutions and in fact many, not all, but many of the children we have evaluated and treated and educated over the past thirty years at the Community Therapeutic Day School. Some of these children may have had to face a grim institutional life as they grew up. Other children struggled excessively and experienced failure, despair and humiliation in school. But a convergence of factors took place which would lead to where we are now. First there was an awareness that institutional life, in the era spanning the Victorian Age through the end of WWII, was terrible for children. Concurrently, the concept of a “therapeutic community” arose to help children return to their home communities. An awakening grew in the late 1960’s that many children could have a better life in their community than in institutions. State hospitals closed, hastening the demise of chronic institutional care. The advent of medications, which helped some people manage their emotional life. The development of theories: psychoanalytic, neurodevelopmental, and theories of diagnosis and remediation of learning disabilities. The idea of a therapeutic school for young children with a range of serious neurologic, and psychiatric disorders began to emerge. A school which would give hope and life to families and their children, many of whom could be helped to work and play and function alongside their typically developing peers and, to be contributing and, even, exemplary members of society.

That was the beginning of our story in 1974. The name of our school was chosen to capture this notion of a therapeutic community where parents and professionals and children work together toward a common goal.

Here, today we are a thriving community bringing health and dignity to children and their families through love and care and attention. In addition to the traditional 3 R’s - reading, writing and arithmetic, tonight we celebrate an additional 3 R’s, those of Relationship, Reflection and Resilience. Tonight we celebrate our devotion to these children. I want to thank each and every one of you for your support.”



Ed Bell Parent

Relationship

“Good evening. My name is Edward Bell. My primary claim to fame is that I am Julian’s dad. I am honored to be speaking to you tonight, particularly, because I hadn’t planned to be here. You see, 8 1/2 years ago when our son, Julian, was born we had hopes and dreams that were like those of many other couples. We were looking toward the future of raising a typically developing child. In fact, the words “typically developing” were not even part of our lexicon. We had not planned to join a community about which we were only vaguely aware and assumed its members were simply unfortunate other people.

When we took Julian for his two month check-up, his pediatrician told us that the plates of his skull were fusing together prematurely, and she suspected a problem. Thus began our journey into the world of hospitals, specialists, seemingly endless evaluations and tests, early intervention, and the morass of special needs education programs.

When our pediatrician gave us the news about Julian, I handled the situation calmly and respectfully. I told the doctor that she didn’t know what she was talking about and suggested that she should consider returning to medical school. Thus, began my relationship with one of Julian’s primary and earliest advocates. With grace and understanding, she was able to point us in the right directions for treatment and to help us assemble Julian’s medical team. However, despite all of their efforts, neither she nor anyone else at that time could tell us Julian’s diagnosis, give us his prognosis, or in any way tell us what his life was going to be like. This ambiguity shocked us and pushed us to the limits of our ability to cope.

Nancy and Bruce have asked me to speak, tonight, about relationships. So, what I’d like to talk about is what my wife, Peggy, and I have learned about relationships. The most profound catalyst for learning has been accepting and developing a relationship with the ambiguity that I have just described; i.e., the ambiguity of Julian’s condition and its consequences for him and for us.

Lying awake at night during those first few painful and terrifying months, Peggy and I wondered how we were going to deal with Julian’s issues and our fears. How were we going to meet Julian’s emotional and educational needs? What did all this mean for Julian? What were our lives going to be like? As an infant, Julian’s abilities varied from day to day. One professional told us he might catch up to typically developing kids in time. Another told us that Julian probably would never walk.

Before we were fortunate enough to find CTDS, meaningful support was very difficult to come by. We made our way year to year seeking out the best programs and therapists we could find. We worked hard to learn to support each other and to deepen our relationship with Julian and his special needs. After his first year in kindergarten, we visited at least 9 different schools and collaborative programs looking for Julian’s next placement. CTDS was the only fit for Julian. And it was a great fit, not only for Julian but for us, as well. Until Alan Shapiro called to tell us that Julian had a place at CTDS, we were in a constant state of uncertainty, turmoil, and panic not knowing where Julian would get an education or where we could go next in our effort to figure out how best to help him. We had, however, started to accept our situation and began to move forward to be as grounded as possible even with the knowledge that we had no idea what Julian’s future would look like. This was now a given and part of our family’s context.

Like many of the other families whose children have attended CTDS, we found a safe, secure environment where Julian can learn, and begin to understand himself. He can feel positive about himself and thrive in his relationships with others. At CTDS, Julian is amongst a group of people who accept him for who he is. The mission of his teachers is to help him develop a sense of himself and to maximize the skills that he possesses. For us, his parents, we, too, have found a safe haven from many of our worries about Julian. It has entirely changed the fabric of our lives. Julian’s placement at CTDS allows Peggy and me a respite from our anxiety about the present challenges; to exhale once in awhile; and to attend somewhat to our own individual needs as well those of our family.

Since coming to CTDS, we have found ourselves amongst families whose unwavering focus is on the benefit of their children. Now, this notion of wanting the best for our kids is not really much different from those parents of typically developing children. However, our peers who have children with special needs seem so driven to help their children to be safe, to be secure, and to succeed because the stakes are so high. In most cases, our kids can’t fend for themselves, and any delays in treatments or services can be catastrophic. We have been privileged to meet many parents of children with special needs whose situations are very difficult. Yet, their capacity to understand our plight and Julian’s issues never ceases to amaze me. None of these people have ever seemed to be so caught up in their own problems that they are too busy to help us by giving advice and sharing resources or at the very least offering kind words of encouragement and understanding.

Although I happen to be the parent speaking to you tonight, every CTDS family that we have come to know have their own contexts and challenges. I’ve had the good fortune to participate in the weekly parents’ group. At each meeting, we share our stories of heartbreak and triumph. We seek advice from each other and compare notes on, among other things, whose child is eating what, the latest IEP concerns, significant events such as family trips or birthdays, and how the child’s issues affect the rest of the family. Participating in the parents’ group has been a way for me to establish and maintain connections with other parents and the culture and rhythm of the school. This group is only one of the ways in which CTDS and its staff have been here to help.

Listening to other CTDS parents talk about the school, I’ve heard comments like: “They get it. You don’t have to keep explaining things to them.” “CTDS treats the whole family not just my kid.” “I’ve learned we’re not the only ones. There are other families with similar issues.”

Our family has come to understand more clearly that all relationships are ambiguous. We can now apply that understanding in our approach to whatever we do. All relationships have ups and downs. They are full of surprises and disappointments.



*Bruce Hauptman MD
Founder*

Reflection

“The Community Therapeutic Day School, due in part to my training and experience in England in 1970, appropriated a therapeutic philosophy from the work of Donald Winnicott, pediatrician and psychoanalyst. Tonight, we celebrate the evolution of our therapeutic community over thirty years of existence. As is befitting a school, we have chosen as a theme the three R’s. Not the traditional academic three R’s, reading, ’riting and ’rithmetic, but, speaking to the broader concept of a school/therapeutic community, a three R’s befitting a composite therapeutic/educational tradition: relationship, reflection and resilience. Each of these concepts embraces an important aspect of Winnicott’s work and I am hopeful that we can each impart to you this evening some better idea about the operational philosophy of the school.

Ed has talked about the importance of relationship. Winnicott and others wrote about how emotional development itself takes place through relationships. Janice will talk about her experience regarding resilience in children, a concept which takes into account the interplay of each child’s strengths and weaknesses in the developmental process. I will discuss the concept of reflection.

The term reflection literally means a bending back. The term has common use in the notion of thinking back to old memories, not surprising in a thirtieth anniversary and thinking back to our beginnings. Marcel Proust in his seven volume epic “Swan’s Way” reflects on an immense storehouse of memory triggered by eating a piece of cake, a madeleine, and a cup of tea.

Another aspect of reflection comes from Snow White. Her wicked stepmother looks into a magic mirror. “Mirror, mirror on the wall, who is the fairest...”. Expecting the mirror to extol her beauty, as it had done forever in the past, in a profound moment of betrayal it tells the truth: “you are a beautiful queen, but your step daughter Snow White is even more beautiful...”. The queen is enraged by this reflective revelation and schemes to murder Snow White. So much for fairytales.

The aspect of reflection that I wish to talk about here has to do with Donald Winnicott’s ideas, first presented in an article in a book by Peter Lomas entitled The Predicament of the Family. Winnicott talks initially about earlier work which suggested that there was a “mirror stage” in development, when a child was perhaps twelve months or so; to wit, a young child looked in a mirror and upon seeing its reflection, seeing the movement of its hands and feet and face, began to develop a concept, through the mirror, of an integration of itself as a whole person. Winnicott took this idea a step further. He thought of the notion of the mother’s face itself as the child’s mirror. The child experiences some upset or disturbance or untoward event and looks to the mother’s face. What does the child see? The child sees itself. If the “mirror” of the mother’s face is a loving, caring, supportive caretaking one, then the child, whatever its upset, is reassured. The child has been running and has tripped and its knee is scraped. The child does not instinctively know the extent of its injury. The mother’s face reflects the level of concern. Commensurate with the child’s need, some comfort and a bandaid perhaps? The child calms, reassured that all is reasonably well, nothing serious has happened. If the child is in fact more seriously injured, the mother’s composure and reactivity will ideally reflect the existence of a more distressed situation.

Each time, the mother’s reaction to the child’s distress mirror back to the young child an indication of how concerned the child ought to be regarding its own self. So, when the child looks into the mother’s face, ideally, it sees itself. It begins gradually to learn to care for itself through increasing self awareness gained in these experiences. Winnicott goes on to talk about variations in this process; say mother is ill, or depressed, and is unable to reflect the child’s need because of her condition. What the infant or young child sees is not itself, but, in fact it sees its mother and her distress or need. The child here does not have a reliable reflection of itself to help integrate itself, but must become concerned with its mother’s needs and attend to them first before it can be attended to. The infant may get itself attended to but secondarily. There is a third scenario which Winnicott does not directly consider, but which we have found as an outgrowth of these concepts. Elsewhere Winnicott talks about children who from birth have qualities which strain the relationship of most, if not all, good-enough parents. In these situations, the mother’s face which for most children serves as a mirror, an integrator of the self, must in fact become actively involved in the reflective process and send back the message to a confused, agitated, hyperactive child in a way that truly captures the child’s attention and interest and is attentive not just to the child’s momentary need of reassurance, but to a child overwhelmed with its own confusion and reactivity and agitation, qualities which exist with or without the trauma of the moment. This can be a trying and difficult endeavor for all of us, and we see it with many of the children who come to CTDS where professional staff work with parents and families to sort out these patterns of over or under reactivity and confusion. The therapeutic community provides a form of augmented reflective function: necessary for children who for many reasons are unable to take in the normal mirroring that is essential to healthy integration and experience in relationships where emotional and social development can properly and essentially take place.

Working together in this community enables us to improve our capacities to sort out children’s and familie’s needs so that the reflective process by which optimal emotional and social growth and development can take place. This then empowers children to make better use of the traditional 3 ‘R’s, in a way that traditional education serves us all.”



Janice Ware, PhD.

Resilience

Being asked to speak about resiliency is a dream come true for a psychologist. Resiliency is hope and this is what a psychologist's work is all about.

I have worked for many years with young children who have the most complex developmental profiles. The question most frequently asked is about the future - "Who will my child be when he grows up? Will he be happy? Will he go to college? What does the future hold?"

The answers to these questions are different now from what history has to tell us. Now we know about resiliency. We know about neuroplasticity and the brain's ability to change when given the right supports. The advent of technology in the form of sophisticated brain imaging techniques provides us with dramatic new "proof" of resiliency as we witness changes in the brains of children provided with high quality,

consistent interventions that are targeted to address their specific needs. Although our ability to interpret the findings from neuroimaging studies is still very much in an emerging state, the opportunity to witness change, taking place before our eyes gives us hope.

A look back at history tells us that the idea of resiliency is not deeply rooted in history.

If we lived in the Middle Ages we believed that the fertilized egg carried within it a homunculus, a "little man" fully formed. All of life was thought to be predetermined from the time the egg was fertilized. Nothing about life was left to chance. The task of development from birth to death was to grow and mature, playing out the sequence of life laid out for us.

If we lived in the 17th century we also believed that children could not control their destinies and that the "bad things" in life were determined by witches who caused disease, evil eyes that cast spells, and demons and devils that possessed individuals against their will. The concept of change was unknown.

One hundred years ago the family that lived in the very house that now houses CTDS probably adhered to the view "spare the rod and spoil the child." We would recognize the need for authoritarian parenting and harsh punishment to strengthen a child's will and prepare him for life's burdens.

Fifty years ago, within the span of my own lifetime, some believed "refrigerator mothers" caused autism. Now we know the causes of autism are far more complex.

Twenty-five years ago the first mentions of resiliency came about when we started talking about "critical periods" in development. At the time my children were born, science tempted us to believe that if a mother didn't have an immediate opportunity to "bond" with her child within the first few hours of life, the mother's attachment to the child was damaged and a risk for irreparable emotional damage existed. We know now that there is no specific moment in time that determines a child's potential.

Even fifteen years ago if you sat in a Children's Hospital case conference looking at the MRI image of a young child's brain the conversation might have focused on finding the location in the brain where particular developmental achievement was thought to originate, such as a site for language.

However, if you sat in last week at the Developmental Medicine Center's conference for parents on "Reading" you would have had a chance to see brain images of a child with attention, behavior, and learning problems that showed dramatic brain changes in the location and amount of neuronal activity in the left hemisphere after a year of consistent, high quality intervention.

What lessons have we learned over time about resiliency? We have learned that childhood is not immutable. As Jerome Kagan so ably describes in a wonderful book Three Seductive Ideas, the "fixity" of early childhood profiles is not so fixed. There isn't a single critical period but there is a sensitive period. Those sensitive periods for change are the years of childhood rather than just a single moment in time right after birth. The evidence we have now supports that resiliency - the capacity to change - is present throughout childhood. The earlier and the more consistently we intervene with high quality care, the more we have for making meaningful, lasting changes in the lives of our children.

And perhaps most importantly of all, we have learned that emotional development and cognitive learning are not separate processes but two different sides of the same coin. We know that if a child has an emotional or behavioral problem we can help them use their cognitive skills to learn about their feelings and emotions. We also know the converse of this rule, if a child has cognitive or learning problems we can motivate learning by engaging the emotions and imaginations of children.

However, if a child has both emotional and cognitive problems - as most children here at CTDS have - then a delicate cloth has to be woven that combines treatments for both problems. Sometimes the balance of the work we do focuses on one aspect, sometimes on the other. You can't learn and apply what you learn if you are in a state of emotional turmoil. You can't fully understand your self and your emotions without a practical understanding of the way the world works and what is expected of you. What a difficult but promising challenging for us."



*Alison Koehler
Alumni Student*



*Alan Shapiro, Founder
CTDS Program Director*

A SPECIAL THANK YOU

TO ALL THOSE WHO SO GENEROUSLY CONTRIBUTED AND DONATED TO THIS EVENT

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There are no guarantees. We have learned to be flexible; to accept and trust that whatever happens we will work through it. We are still without a diagnosis and prognosis. But, we feel that CTDS and the connections we have with other CTDS families have provided relationships which have given us the confidence to deal with whatever issues develop for Julian and whatever ambiguities remain because we continue to work toward the unambiguous goal of meeting Julian's needs.

Tonight, we are celebrating, a milestone; CTDS' 30th anniversary. Recently, our family reached a milestone. For two years, we have driven Julian to school each morning. Two weeks ago, he rode the bus by himself for the first time. Julian's teacher, Kathy Terry, called, and told us that it was time. She said riding the bus would be good for Julian's self-confidence and his sense of independence. However, Kathy forgot to ask whether or not I was prepared for the experience. Nevertheless, Kathy was right. Julian was triumphant – thrilled with his accomplishment.

Julian now rides the bus every day. Aside from the time that I was able to spend with him during the ride to school, I miss only one thing about the drive and the drop off. When Alan Shapiro is on car duty in the morning, it's a wonderful experience to watch him greet each child with the same enthusiasm and sense of purpose that he must have had when he started at CTDS 30 years ago.

Happy 30th to CTDS, Nancy, Bruce, Alan, and all of the teachers and staff who have made a difference in our lives and in the lives of so many other families for the past 30 years. Thank you."

THE EVENT COMMITTEE. . .



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Thank you to all who helped make this Event so successful!

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