



SPECIAL TIMES

COMMUNITY THERAPEUTIC DAY SCHOOL

187 Spring Street, Lexington, MA 02421 781/861-7081

Winter 2020 Volume 31 # 1

2019 ANNUAL REPORT

CTDS Community Services

A MESSAGE FROM OUR EXECUTIVE DIRECTOR

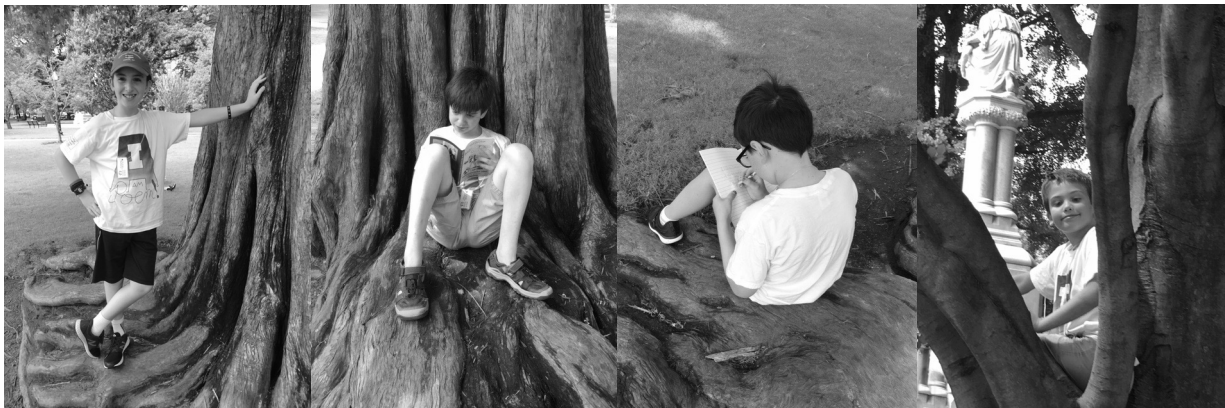
In our 46th year CTDS continues to provide a core school program for 31 children, their families and extended families. We offer an educational and therapeutic program that addresses the cognitive, emotional, physical, psychological and linguistic challenges and strengths these children encounter every day.

In addition, our outreach to the community extends to provide the following: Neuropsychological Evaluations, Sibling Groups, Diagnostic Consultations and Inclusion/Community Services. In all of the above we bring our professional experience, curiosity and understanding of the complexity of the children that come to us for help.

Our outreach is greater than 250 children a year. Our integrity has remained consistent. We invite you to learn how we have carried and held our mission into the greater community.

As always we are grateful for your loyal support of this work that is so important to us all.

Warmly and Sincerely
Nancy Fuller



Inclusion/Community Services



*Daniel Reinstein, Ph.D.
Clinical Director
Neuropsychologist*

Under the heading of Inclusion or Community Services, CTDS has developed a range of resources. This might involve individual psychotherapy, family therapy, child guidance, school consultation or the development of a therapeutic program within a school system.

Our first inclusion programs began as a way to support children who had attended CTDS and were returning to the public school setting. In 1991 we began to develop this program in earnest as a means to support not only children who had attended CTDS but also children who were in need as well as their parents. It also included school systems that had students with significant behavioral, social or emotional challenges and that were interested in maintaining them in the community.

Usually we are contacted by parents or by a representative of a school system, who request an evaluation. We then meet with the child and family during an informal diagnostic evaluation and determine the appropriateness of the child for the inclusion model. If we feel there is a good match between the child, family, and/or school system, we then recommend a package of services for them.

Individual psychotherapy is conducted by a licensed therapist and, for younger children, usually takes the form of a play therapy informed by psychodynamic principles. Older children participate in more of a narrative therapy informed by the same principles. However, in both cases, the therapist draws on a variety of techniques that best match the child and his or her needs. Parent work is most often conducted within a child guidance framework. Children are usually seen weekly and, depending on the level of need, parents may be seen weekly as well or, in some cases, once a month.

The application of the CTDS philosophy within public school systems is essentially an attempt to transplant a holding environment into a public school. Over the years it has taken different forms, but the basic components of structure and relationship practiced at CTDS are the same. What makes inclusion work and what often distinguishes the approach at CTDS is the level of support provided not only to the student but to all of the systems organized around that student as well. Inclusion, as it is currently practiced in public school settings, covers a broad range of programs. This package, or holding environment, may range from services to support the child individually in a mainstream classroom to the development of a classroom in the public school system to support the individual child and a group of his or her peers who also are in need of services. The goal of inclusion, as practiced through CTDS, is to create a holding environment for a child, his or her family, and the school system in which they are continuing their education. Ongoing communication between the child, teachers, parents, therapists, and other specialists as well as with the special education department of the school is critical. To accomplish this, we recommend that the following elements be in place; 1) parent involvement, 2) support of the therapeutic aides and teachers, and 3) the provision of individual psychotherapy, group psychotherapy, and coordination of adjunct therapies.

At various times CTDS has been approached to provide consultative services to school systems. This may involve an observation of a single child or a classroom of children as a means to better define their needs. Or a consult might relate to the use of a particular approach in a classroom that is not working and requires a reformulation of the basic philosophy and its implementation. One consult was requested by a team of special educators from a nearby town that was reorganizing the special education programs in their district. They sought the help of CTDS in better understanding the models we were using and how that might apply to the town's system.

As part of our inclusion program, we have had the opportunity to work closely with teachers, paraprofessionals and administrators in various school systems. As so clearly articulated by Marilyn Bisbicos, Ed.D., the former director of special education in Arlington, MA and with whom we collaborated over a ten year period, "A less expected benefit of the program has been the positive effects it has had on adults. Since 1995 more than 300 classroom teachers and paraprofessionals have participated in training in therapeutic interventions and have had opportunities to use techniques and strategies learned with a variety of special and regular education students. One result has been improvement in inclusion opportunities in school for many students including those in the program as teachers have gained skills in differentiated instructional teaching techniques, and learned more about the characteristics and learning potential of students with disabilities. School administrators have also expanded their understanding and acceptance of students who are challenged academically and socially. In several schools principals have worked collaboratively with program staff in expanding inclusion opportunities, designing individualized schedules, use of materials, gaining space, and reassuring parents....Finally, a tangible positive effect of the program has been its replicability."

Individual and Families

Howard Aibel
 Jonathan Aibel & Julie Rowhein
 Jeffrey & Freida Alpert, *in honor of Kathy Alpert*
 Anonymous, *in honor Nancy Fuller, Lauren Miller & Bridget Glenshaw, Griffin Ruedi in memory of Bruce Hauptman, MD*
 Michael Ashenuga & Liz Vondrak, *in honor of Cait, Kathy, Serena H, Tom, Tara Jane, Lori and Amy*
 Rachael Avery
 Mira Bach
 Kim Barad, *in memory of Bruce Hauptman, MD*
 Phyllis Baumann
 Edward Bell
 Debbie Bergeron & Ted Lambrukos, *in memory of Bruce Hauptman, MD*
 George Berman & Regina Roman
 Jacob & Nancy Bloom
 James & Susan Booth
 Tony Bram & Linda Helmig, *in memory of Bruce Hauptman, MD*
 Richard Brodie, *in memory of Bruce Hauptman, MD*
 Chris & Lisa Broughton, *in memory of Bruce Hauptman, MD*
 Barbara Bruno-Golden, *in memory of Bruce Hauptman, MD*
 Barbara Ann Bryce, *in memory of Dr. Janet Brown, Avis Tait & Bruce Hauptman, MD*
 Jim & Peggy Burling
 John Butler, *in honor of Linda Butler*
 Kiera Butler & Nikhil Swaminathan, *in memory of Bruce Hauptman, MD*
 Linda & Tim Butler, *in honor of Nancy Fuller in memory of Bruce Hauptman, MD*
 Dr Thrassos Calligas, *in memory of Bruce Hauptman, MD*
 Cindy & Steven Chao
 Pamela & Andre Clapp
 Edward Clark
 Len & Liz Cohen, *in honor of Dana Cohen in memory of Bruce Hauptman, MD*
 Edward Cunningham, *in memory of William Cunningham*
 Susan & Michael Curtin, *in honor of Selene Aguayo-Gisholt*
 Eric & Margaret Darling
 Tom & Ellen Draper
 Kathy Egmont
 Jean Farrington
 Katharine & Paul Fennelly, *in honor of Gavin Horling*
 Michael Ferguson & Gail Guerrero, *in honor of Rachel Woodward, Dana Cohen, Michelle Traverse, Exceptional Staff at CTDS*
 Howard & Joanne Fisher
 Scott & Janice Fitzgerald, *in honor of Cait Adelman, Kathy Modderno, Tara Jane Bessette & Lori Silverstone*
 Michael & Ellen Fontenot, *in honor of Philippe Fontenot*
 Richard & Elizabeth Frank, *in memory of Bruce Hauptman, MD*
 Nancy Fuller, *in memory of Dr Joel Fields, Elsie Tropper, Jeanne Berrigan Sheils*
 Mike Geffers & Pamela Goldstein
 Stephen Geller MD, *in memory of Bruce Hauptman, MD*
 Peter Gigliotti, *in honor of Justin Gigliotti*
 Pavithra Giridharan
 Carolyn Gombosi, *in memory of Peter Gombosi, PhD*
 Mark & Marjorie Guffrey
 Robert & Annette Hanson, *in memory of Bruce Hauptman, MD*

Lawrence Hartmann
 Eddie & Jan Hauben
 Mary Hill, *in memory of Stanley B Macomber III*
 Mea & Bill Hilton, *in honor of John Glenshaw, Bella Malek*
 Patty Hinckley-Kilmain, *in honor of Meghan Hinckley in memory of Marjorie Wellins*
 Kenneth & Jennifer Hiscoe, *in memory of Bruce Hauptman, MD*
 David & Miriam Horton, *in honor of Nancy Fuller, in memory of Bruce Hauptman, MD*
 Richard & Nancy Howard
 Maureen & Thomas Huddleston
 Winston Hughes, *in memory of Bruce Hauptman, MD*
 Jonathan & Shelley Isaacson, *in memory of Bruce Hauptman, MD*
 Steve & Beth Israel, *in memory of Bruce Hauptman, MD*
 Fran & Barry Jacobs
 Laura & Geoff Jarbeau, *in memory of Bruce Hauptman, MD*
 Arthur & Reda Jovellas, *in memory of Bruce Hauptman, MD*
 Alan & Sherri Kauffman
 Tony & Gail Keefer
 Frank Kelly & Kimberly Rego, *in honor of Nancy Fuller, in memory of Bruce Hauptman, MD*
 Grant & Maureen Kille, *in honor of Alison Hiscoe*
 Yongjoo & Haesoo Kim, *in memory of Bruce Hauptman, MD*
 Joe Kitrosser, *in memory of Bruce Hauptman, MD*
 Neil & Miriam Kowall, *in honor of the wonderful staff of CTDS, John Bella, Tara Jane Lori & Priscilla, in memory of Bruce Hauptman, MD*
 Lisa Lansing, *in honor of Matthew Gwirtzman, in memory of Bruce Hauptman, MD*
 Murray & Deb Lapides
 Paul Levenson & Rebecca Tepper
 SweeCheng & Beoleong Lim
 Norman & Bonnie Litowitz, *in memory of Bruce Hauptman, MD*
 Ann & Weston Liu, *in honor of Brandon*
 Eric & Judith Lubershane, *in memory of Bruce Hauptman, MD*
 Mark & Megan Lucier, *in memory of Bruce Hauptman, MD*
 Joseph & Elizabeth Lydon, *in memory of Bruce Hauptman, MD*
 Gabrielle & Jamie Marroig, *in memory of Bruce Hauptman, MD*
 Michael Martignetti
 Elizabeth May
 Henry & Joan May
 Pauline McLaughlin, *in memory of Bruce Hauptman, MD*
 John & Laura McNamara, *in honor of Alan Shapiro, in memory of Bruce Hauptman, MD*
 Kathleen & Matt Modderno, *in memory of Bruce Hauptman, MD*
 Joyce & Richard Morimoto
 James & Hollis Morris
 Rachel & Graham Movitz, *in memory of Bruce Hauptman, MD*
 Kerim & Soizick Munir, *in memory of Bruce Hauptman, MD*
 Stanley & Sandra Neumann, *in memory of Elisabeth Moncreiff*
 Eileen & Donn O'Connell, *in memory of Bruce Hauptman, MD*
 Gilbert O'Connell
 Ed Orenstein, *in memory of Rosanna Sattler*
 Christopher & Vickie Perley

Robert Pyles, MD, *in memory of Bruce Hauptman, MD*
 Daniel & Toni Reinstein, *in memory of Bruce Hauptman, MD*
 John Richardson & Ellen Sibley, *in honor of Steve Brennan, Karin Linden and Kate Solow*
 Michael & Josephine Ridini
 Christopher Ripman
 Richard Robbins, *in honor of Devon Porter*
 Mike & Caroline Saganich, *in honor of Kathy Modderno*
 Les Savage, *in memory of Bruce Hauptman*
 Aaron Schatz
 Simon Scheff, *in memory of Dr. Janet Brown*
 Marlene Schulman, *in memory of Bruce Hauptman, MD*
 Alan Shapiro & Priscilla Harmel, *in memory of Alice Schreiber, Bill Wolk, Bruce Hauptman, MD, Elsie Tropper, Laura Gouillart, Linda Jennings, MOPS*
 Henry Shaw, *in memory of Dr. Janet Brown*
 Margaret Sheehan, *in honor of Cait Adelman, in memory of Bruce Hauptman, MD*
 Russell Sherman & Wha Kyung, *in memory of Do Hee Kim*
 Theodore & Stephanie Silverstein
 Lori Silverstone
 Morris Stambler
 Barry & Pam Sullivan
 Aaron & Sara Thompson
 Lisa & Bill Thompson, *in honor of Rachel, Dana and Brandi*
 Michelle & Sean Traverse
 Victor & Diane Veloso
 Michael & Vicky Walton, *in memory of Bruce Hauptman, MD*
 Brad & Peggy Wargelin
 Kendra & Peter Wilde
 Howard & Cathy Wishnie, *in memory of Bruce Hauptman, MD*
 Judy & Jeffrey Wisnia
 Mark Yerkes & Jennifer Connor

Corporations & Organizations

Commonwealth of Massachusetts
 Conway Technology Group
 CTDS PAC
 Five Fields, Inc.
 Keane Fire & Safety Equipment Co. Inc.
 Leonard, Mulherin & Greene, P.C.
 Wagon Wheel Nursery & Farmstand, Inc.,

Foundations

Fidelity Charitable Gift Fund, *in memory of Bruce Hauptman, MD, Elisabeth Moncreiff*
 Loring Wolcott & Collidge Trust, LLC
 Morgan Stanley, Global Impact Funding Trust
 Mortimer Charitable Trust
 New York Life, YourCause, LC Trustee
 Pfizer Foundation, *in honor of Steve Brennan, Karin Linden & Kate Solow, in memory of Bruce Hauptman, MD*
 Raytheon Matching Gifts
 Shire
 Jane Sibley 1996 Trust, *in memory of Jane Sibley*
 The Baupost Group, L.L.C
 The Boston Foundation
 Weil Foundation

Special Times Editors and photography:

Nancy Fuller
Lisa Hawkes
Kunjan Anjaria

NONPROFIT ORG.
U.S. POSTAGE PAID
LEXINGTON, MA
PERMIT NO. 56707

COMMUNITY THERAPEUTIC DAY SCHOOL
Statement of Activities
For the Year Ended June 30, 2019

	<u>2019</u>	<u>2018</u>
	<u>Total</u>	<u>Total</u>
REVENUES, GAINS AND OTHER SUPPORT:		
Tuition and fees	\$2,872,248	\$2,848,928
Contributions	133,164	100,294
Grants	28,350	150
Investment income	427,333	430,442
Other Income	1,410	1,190
Net assets released from restrictions:		
Satisfaction of program restrictions	-	-
Total revenues, gains and other support	<u>3,462,505</u>	<u>3,424,574</u>
EXPENSES:		
Program services:		
Day	2,078,667	1,799,494
Summer	129,292	129,742
After School program	14,829	22,568
Inclusion program	<u>314,150</u>	<u>280,375</u>
Total program services	<u>2,536,938</u>	<u>2,232,179</u>
Supporting services:		
Management and general	426,608	375,778
Fundraising	<u>125</u>	<u>100</u>
Total supporting services	<u>426,733</u>	<u>375,878</u>
Total expenses	<u>2,963,671</u>	<u>2,608,057</u>
Change in net assets	<u>498,834</u>	<u>772,947</u>
Net assets at beginning of year	<u>9,702,911</u>	<u>8,929,964</u>
Net assets at end of year	<u>10,201,745</u>	<u>9,702,911</u>

REMINDER
ALUMNI PICNIC
May 1, 2020,
6-7:30 PM
RAIN OR SHINE



Neuropsychological Evaluations

The application of neuropsychological theory and methodology to the clinical assessment of children, is a relatively recent development. The purpose is to understand a child's cognitive strengths and struggles. Different functional abilities, reading, writing, counting, self-care and coordination, can be attributed to specific structures within the brain, structures connected by a variety of discrete pathways, that if disrupted, disrupt functionality. This complex system relies on redundancy and interconnectedness which allows for plasticity; the opportunity for alternate pathways to develop or strengthen. This is particularly true for a nervous system that is changing in a very dynamic way. In the developing nervous system of a child, assessment must then take into consideration the fact that his nervous system is undergoing rapid change and is therefore more amenable to intervention. Thus, intervention must take advantage of this developmental window of opportunity during which the brain's plasticity, redundancy and ability to integrate are optimized.

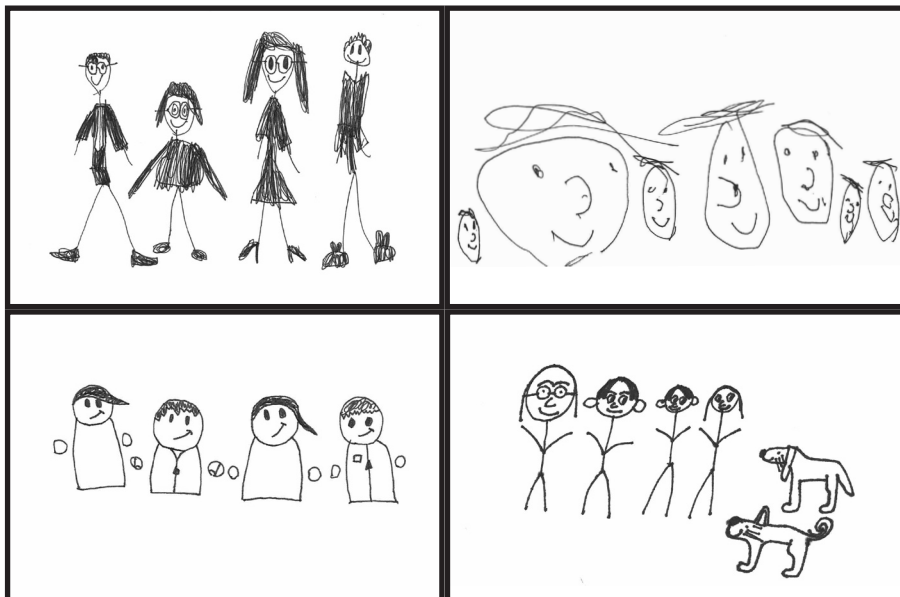
Given current neuropsychological theory, testing must consider not only the performance of the child on individual tests designed to measure specific functionality, but also the overlap and interaction of a variety of functional behaviors measured by those tests. This must be done while also taking into account the child's behavior in a variety of contexts. Because the neurological profile of an individual may limit responses to environmental demands, alterations in the environment may be necessary to promote compensatory strategies and the development of alternate skills. In doing so, an understanding is developed that highlights areas of 'match' and 'mismatch' between a child's skills set and the environmental demands made on them.

In order to construct a better match between the child and their environment, the neuropsychological assessment should examine three primary areas of functioning: cognition, executive functions and emotionality. Armed with this information, parents, teachers and other professionals can begin to construct an environment and provide interactions that facilitate the development of useful alternate or compensatory skills. The caregivers of individual children must have an awareness of the unique child-environment system presented in a neuropsychological assessment and develop an environment, curriculum and relationships that foster this growth. Translating information revealed in an assessment into a classroom or home, as a means to better match a child, is not only possible but crucial.

Neuropsychological assessment of a child must be a multifaceted process, involving the collection of information from a variety of sources. Once the assessment is completed, a feedback session with parents ensures their understanding of their child's unique neurological profile. Also available, is a consultation program in which the parents or school districts have the opportunity to work closely with a consultant to implement recommendations and develop specific interventions or curriculum tailored to the child's needs. An approach integrating the cognitive, emotional and behavioral abilities within the home and school environment increases the opportunity for success, positive experiences and deeper interpersonal relationships.

"Thanks again for the substance and insights regarding our daughter. We have a hard path ahead, but fact and experts are two of the three most essential ingredients (along with love/empathy)."

"Words cannot express how grateful we are to you for all of your hard work and guidance in helping our son through testing and school placement... Thank you for your persistence in working on getting this placement for us. You are such an outstanding professional and we feel very lucky to have worked with you."



Diagnostic Consultations



Joel Goldstein, Bridget Glenshaw, Michelle Traverse

Diagnostic Consultations are an interview and play therapy style of evaluation that focuses on integrating prior evaluations, developmental history, and the child as they are now. Looking through many lenses, we illuminate the emotional, social, cognitive, and neurologic profile of the child as it presents itself in this dynamic interaction between parents, the diagnostic team, and the child. The diagnostic team consists of our psychiatrist, Joel Goldstein, MD, the schools program director, Michelle Traverse, MSW, LICSW, and clinician, Bridget Glenshaw, MA, L.M.H.C.. After an initial intake interview with one or both parents on the phone, as well as a review of prior evaluations, the child comes in for the consultation with their family and plays with one or more of the diagnostic team members. Parents are also in the room and invited into a dialogue which combines further interview with real time observation of the child at play. Reflections about that which is going well, and that which is evidently or historically harder for the child are generated with the idea

being to combine guidance with recommendations. Points of strength and resilience are emphasized, and suggestions about how to provide an environment that will optimally facilitate growth are relayed. Our aim is to provide a warm, embracing experience for children and families to begin to face what is needed so that the whole child can be fostered, supported, and further cherished. The diagnostic experience allows for the family as a whole to be seen, and hopefully provides a touchpoint where they are uniquely supported and further understood.

The Diagnostic Consultation is not only the vehicle through which children are assessed for enrollment into our school program, it is also meant to be available to any family that contacts the school and is in need of support, guidance, expertise and care. This service is available to families of children as young as three years old through to college-age. The consult is entirely free to all families with a donation to the school in any amount being gratefully accepted.



“We would like to thank you for taking the time to meet with us and our son. We know you didn’t have space in the school, yet you spoke to us anyway. We were nothing short of amazed at how well you understood us, especially our son. The way you got him to talk to you was so comforting and warm. And you did it in a way that was also diagnostic. It has been a long road with our wonderful son as we try to bring out the best in him. And sometimes we lose a little hope. Yesterday was a day when we gained a great deal of hope!”

“Thank you so much for taking the time to meet with us. We are very grateful for the opportunity to learn more about CTDS and tour your beautiful, colorful and lively campus. Our time with you all has been a very bright light in a dark period for our family. We felt seen and heard in your presence and more than anything we felt you truly recognized who our son is- what he is struggling with and what his potential is. Your educational and therapeutic philosophies and beliefs, as well as the language you have created within the structure of your school – truly resonated with us. We feel that we have been searching for you for a long time!”

CTDS/Pine Village Collaboration

Last year, the founders and administrators of Pine Village approached CTDS and requested that we assist them in their efforts to identify and support children within their program who were demonstrating significant behavioral, social and emotional struggles.

The Pine Village Preschool Spanish Immersion program was founded in 2001. It currently serves approximately 500 children from ages fifteen months to five years in ten different locations in Boston and its suburbs. As quoted from their website, "Pine Village lives its mission through guided and unstructured play and exploration... Educators serve as facilitators for implementing an emergent curriculum that grows out of their students' interests... Through this type of learning, Pine Village students gain both valuable collaborative problem-solving and communication skills, plus a sense of self-confidence and self-reliance not often demonstrated by children at this stage of development... Knowing that play is children's work, we make sure to provide a safe, warm and loving environment that is enriched with opportunities for discovery and learning... We believe that strong relationships between community, parents, children, and teachers are essential to a positive learning experience for all children."



Selene Aguayo-Gisholt

Beginning last summer CTDS began collaborating with Pine Village, with gracious support from the Weil Foundation, to address their concerns regarding approximately fifty children they had identified as having the most severe difficulties. The attention is to more broadly determine levels of need for any particular child, identify the most appropriate types of intervention and track the impact of those interventions. CTDS agreed to train Pine Village personnel in observational skills and curriculum development that would better enable them to address the behavioral, social and emotional needs of their students while also becoming educated about networks of support within the Boston area; networks that are currently well integrated into the CTDS program. In this manner, it was believed that Pine Village would develop the skills and resources to more independently service their children and families. To this end, Selene Aguayo-Gisholt, CTDS Inclusion Therapist, LMHC, has been working closely with the staff at Pine Village. On a weekly basis, she observes several children, provides a written report that includes a description of her observation, an analysis of the child's behavior and strategies that guide intervention. This has provided the staff with powerful tools to effect change and has been extremely successful.

Ultimately, our consultation to Pine Village represents an opportunity to educate another institution in a therapeutic approach that CTDS has cultivated over the last forty five years. As such, it provides a chance to replicate aspects of the CTDS philosophy and approach and apply it towards the support of children and their families within an environment that serves children at a younger age. Training Pine Village personnel in observational skills and curriculum development will better enable them to develop a common language and address the social, emotional and behavioral needs of their students while also becoming educated about networks of support within the Boston area. In this manner, it is believed that Pine Village will develop a consistent, internal structure that will help them become independent in these efforts. The project is designed to evolve over the span of three years.

Sibling Group



Olivia von Ferstel,
Selene Aguayo-Gisholt

Sibling Groups at CTDS are designed to help an exceptional and often overlooked population of children: Siblings of children with special and/or developmental needs. These siblings are in complex social and psychological circumstances, have needs of their own and require attention and support.

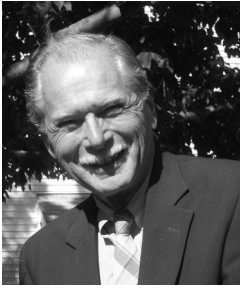
Sibling Groups are based in expressive therapies and involve art activities, play and discussion. Fun and imaginative activities give siblings the opportunity to explore and express the dynamics and themes inherent in the experience of being a sibling to a child with special needs. The group leaders establish the structure and focus of the groups in a creative, sensitive and thoughtful manner.

By providing a safe and supportive setting, siblings can explore and discuss their individual experience and connect with peers who are in similar circumstances. In turn they develop skills to better understand their relationship to themselves and to their brother or sister, work through their complicated feelings and celebrate both their joys and successes.

"Sibling Group has helped me find the meaning of having a sister with a disability. The meaning is hard to say in words. I could do it through music. The piece would be very long, because there is so much to say."

"I've learned to be more patient with my brother and learned that everyone has something that they're good at."

We say Goodbye to our Board Chair



Larry Hartmann MD met Bruce Hauptman MD in 1970 at Mass Mental Health Center and Harvard Medical School, and he met Nancy in 1974. He has been familiar with our school for decades. In 2000 he became a board member of the CTDS Supporting Foundation which was disbanded when we enlarged the CTDS Board. Larry became the chair and has served in that position for twenty years.

Larry Hartmann was President of the American Psychiatric Association and for many years was a strong advocate for equal pay and human rights. His interests in dynamic and social psychiatry, in psycho-social integration and human rights have led him to much activity and several leadership positions in both child and adult psychiatric organizations. He helped to reform the American Psychiatric Association (APA). He is now retired from private practice and from his many committees.

Larry gave voice to his uplifting spirit when he quoted from Wordsworth in our last meeting :

“My heart leaps up when I behold A rainbow in the sky”

*Thank you for your integrity
Thank you for your generosity of spirit
Thank you for your kindness
Thank you for being there when the moment was needed
Thank you for your wisdom
Thank you for your perspective on all things ethical
Thank you for your sense of humor
Thank you for your presence beside me and at the table with all of us
Thank you for your clarity of thought
Thank you for your love of children and respect for teachers
Thank you for your loyalty and devotion
Thank you for your trust*

We will always have deep gratitude for his dedication to CTDS



Welcome to our newest board member...

Aaron Hauptman, M.D. is a pediatric and adult neuropsychiatrist at Boston Children's and Brigham and Women's Hospitals. He has a long-standing interest in work with children and adults with developmental and acquired neurological conditions which impact emotions, cognition and behavior and is involved in education of neurologists, psychiatrists and other clinicians at this critical intersection. He is co-editor, along with Dr. Jay Salpekar, of the educational text, Pediatric Neuropsychiatry: A Case-Based Approach.