



The BEST PRACTICES

Newsletter
Of

*The Interdisciplinary Council on
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The Best Practices Newsletter of the Interdisciplinary Council on Developmental and Learning Disorders is written to provide regional updates and networking opportunities to professionals and parents working with young children with communication and relating challenges. We hope to provide information and support and welcome any feedback or contributions that you may have. Please address your comments to Jo Raphael, MSW, Editor at: 3213 Midfield Road Baltimore, MD 21208,





EDITORIAL NOTE

Jo Raphael, MSW and Molly Romer Witten, Ph.D.

It has been a while since our last newsletter, but we think it has been worth the wait for this double edition. There have been many exciting new happenings within ICDL and DIR®/Floortime and we are pleased to share them with you.

The DIR® Institute held another wonderful course this past summer for more than 220 participants with several new components. There is now a track for Floortime practitioners as well as for clinicians beginning DIR® practice in addition to the original DIR® Certificate program. All certificate candidates are expected to participate in a mentoring relationship in order to learn, grow and enhance their skills. We expect this because understanding the theory of the DIR model doesn't automatically translate into being a good DIR therapist or educator. Applied experience across a range of children and families over time and self-reflection are key elements in learning to do DIR® well. After all, this method is relationship based. What better way to learn than through reflective practice with mentorship support when supporting relating and communicating, and mastering the functional emotional developmental capacities?

In this issue Kaja Weeks beautifully describes how her experience of mentorship and reflective practice supported her mastery of the DIR® model. Kaja has just completed her DIR® Certificate as a Music Educator and DIR® Practitioner. DIR® is more and more the method of choice for many parents and they have been active in starting new schools and programs in their areas. In this issue Paul Wiggins informs us of the process he and his community have undertaken in order to bring DIR® services to their Pennsylvania locale. We are also pleased to announce the opening of the Imagine Academy in Brooklyn which offers the DIR® method and the Rebecca School will open in NYC in 2006.

We are excited about The Ninth Annual ICDL International Conference: Autism and Disorders of Relating and Communicating-Opening the Door to Meaningful Communication, Thought, and Relationships Throughout the Lifespan which will take place November 11, 12, 13, 2005 with Pre-Conference Workshops on November 9 & 10. The conference will be held at the Hilton McLean, Tysons Corner, VA (Washington, DC Metro Area). Please join us for an exciting and informative conference. Two articles in this issue highlight one of the features of this conference, the just published ICDL Diagnostic Manual for Infancy and early Childhood (DMIC). One is by Sima Gerber, Ph.D., Professor of Speech and Language at Queens College in NYC, and the other by Beth Osten, Occupational Therapist. Both participated in the workgroups which developed a multidimensional approach to diagnosis.

We appreciate your patience as we continue to try to bring you cutting edge articles that reflect *Best Practices and invite* your feedback and contributions .please contact either or both of us: jraphael1@comcast.net and beso1948@global.net.

Best regards,
Jo & Molly



TRANS-DISCIPLINARY IMMERSION:

A View from DIR® Mentorship

Kaja Weeks

An interesting focal point in examining DIR® mentorship concerns challenges of negotiating trans-disciplinary work and arriving intact within an over-arching model. Since DIR® is a comprehensive model that is informed by, carried out and mentored by an array of disciplines, this challenge is likely to find its way into many other mentor/mentee experiences. As my own entry point, early childhood music was a rarity even within the diverse disciplines frequently-found in our midst (e.g. speech/language, occupational therapy, clinical mental health, developmental pediatrics), it is a challenge with which I became very familiar, very quickly! An understanding of this topic greatly improved my actual interventions as well as deepened my theoretical understanding of DIR®. It is impossible to say which changed first, as its evolution took a continually-deepening circular shape -- from direct experience with children and families to reflective mentorship and then back again to application. I believe it's fair to say, though, that the changes (or degree of changes) could not have occurred without the presence of both components: the actual work and the mentorship.

When I first became familiar with general features of DIR® principles (through reading, video illustrations and conferences) I was energized by how consistent they were with my intuitive and comparatively unrefined work along these lines. I was excited by how much I could learn and by the possibility of eventually even contributing some unique perspectives of my own. With the start of formal training in the DIR® Institute, a curious thing happened almost instantly: I identified myself instead as the proverbial “fish out of

water” and wondered how I could ever achieve unity with all the principles I was now seeing in-depth, in particular as they manifested through the many vital professions that criss-crossed the model. How could I take on the mantle of DIR® and still retain -- more importantly, integrate -- principles and strategies that I felt were vital within the medium I knew and used?

Fortunately, an Institute recommendation for mentorship was made early, and I pursued it! A clinical psychologist with long-time DIR® involvement became my primary mentor. This served to both comfort me and, as with the case of all good persistent anxieties seeking outlet, further unnerve me in terms of what I saw as my “trans-disciplinary identity dilemma.” My mentor, strongly appreciative of music (including its role in a Floortime setting), nevertheless did not have a great deal of technical knowledge about it, and I feared being unable to adequately explain, defend, or frankly, get help with, intricate aspects related to it. In time, these diffuse worries regrouped into focused, useful reflections and applications through the mentorship experience and my subsequent growth.

Several influences modified and enlightened my concerns. First, with children whose processing capacities and functional developmental levels were extremely challenging, whose families had parallel stressors, the successful effect of applications derived from the DIR® model became quickly apparent. I was thankful to have a fundamental understanding and, in seeing the impact, wanted to concentrate intensively and rapidly on



refining it. In large part, this meant considering information from many other disciplines as a result of a child's particular needs or in communication with other team members. Here, my mentor's comprehensive experience and steady, supportive stance were clearly invaluable as I wrestled openly with defining various influences and my role within them. For example, how is a complex issue laden with sensory, communicative, neurological and emotional aspects – say, oral hyper-reactivity -- treated differently or similarly by an OT or by a S/LP or by a mental health professional? And how does all that play out with the same child, voiceless yet clearly moved by music, when she comes to see me? How can I be informed by what the other professionals see and do, and what insights and tactics can I offer that would help all of us and the parent move her up the developmental ladder? Where are the boundaries from other disciplines – what informs and what becomes application? These were not just theoretical musings, but exciting, and sometimes even anguishing questions drawn from actual work. Often we viewed videotape that captured these moments. But, as importantly, I was able to wonder out loud, articulate worries about my shortcomings in these numerous new areas, and begin to see a pattern of interwoven influences that included my own. By questioning, reflecting, going back to apply these in the clinic, and then once again re-evaluating, the mentorship process helped me to intricately and most personally re-create the *raison d'être* of the model.

Meanwhile, what happened to musical concerns during this time? The anxious need to have definitive answers receded. Second nature to me, music continued to flow in and out in a kind of natural, auto-piloted form in both my work and as a mentoring topic. As the

work proceeded, I saw its considerable effect and mentally noted its intersection with other disciplines, but I didn't have the opportunity (or luxury) to remain as preoccupied with it as I had been initially. It may seem to be an anomaly to say so, but that turned out to be both fitting and good! As the reflective nature of mentoring sessions solidified, I became increasingly at ease in posing questions about the nature and role of music and not necessarily expecting (or getting) an answer. With the safety that the mentored space afforded, it was possible to leave unanswered questions suspended until the next time while I continued to unearth and create answers through my work. Ultimately, in the process of "seeking to be understood" by my mentor (undoubtedly, in actuality, by myself!), my clarifications and applications, his questions and comments and our revisions collectively became answers. Because we had also, by now, established common concepts and language, the meaning of musical aspects were no longer isolated, but rather found genuinely purposeful entry points and continued life within the DIR® frame and its numerous disciplines.

The second summer I returned to the DIR® Institute I experienced a wonderful awareness in the midst of our small group work. (Small groups are generally comprised of eight or so students and two faculty members, and they are the place where presentations, questions, critiques, and quandaries are openly shared.) The two faculty were an Occupational Therapist and a Clinical Psychologist. I repeatedly found that if I didn't explicitly concentrate on their known professional identities while listening to them speak, I had no idea who was in which profession: either could have been the other, either could have been both, and in actuality, each had transcended solely their own



discipline and presented as a DIR® professional. It was a very moving experience, and once recognized, has repeated itself numerous times. Not the least of those has occurred within the space of being mentored. I use the term “space” (with all that incorporates) in the

hope of including myself. Though I’ve long recognized that transcendent quality in my mentor and recognize its presence in our mutual reflective setting, I sense that some of it has now begun to filter, too, into my own work and more integrated identity.

THE DMIC: SLP PERSPECTIVE

Sima Gerber, Ph.D., CCC

Associate Professor, Queens College, CUNY

The new ICDL - Diagnostic Manual for Infancy and Early Childhood includes a paradigm for characterizing healthy and challenged language functioning. The developmental model formulated for this purpose is built on the conceptual and research efforts of many pioneers in the field of language acquisition as well as current research and clinical findings. The format of assessment differs considerably from the traditional evaluation prototype where standardized tests are administered to determine the percentile ranks or age-equivalents of the child. In these approaches the assessment of language is dichotomized into receptive and expressive language abilities which are defined on the basis of particular sub-tests. For example, receptive language may be assessed by presenting the child with pictures and asking her to "show me - He is walking/She is walking." Similarly, the child's expressive language is tapped by asking the child to repeat sentences which include different types of syntactic structures. On the positive side, establishing a child's age equivalent of language functioning helps to determine whether a problem exists and the child's eligibility for services. However this type of information provides minimal direction for intervention planning.

Alternative approaches include the Communication and Symbolic Behavior

Scales developed by Prizant and Wetherby, which is a norm-referenced, standardized tool for evaluating communication, social-affective, and symbolic abilities of children functioning between 8 months and 2 years. Another alternative to formal testing is the language sampling process which involves recording and analyzing the language of the child as he interacts in natural play interactions. Here, the goal is to determine the developmental level of the child's language production and comprehension.

The purpose of the ICDL - DMIC - Language Disorders is to provide a more comprehensive developmental framework for assessing young children's speech, language, and communication. Using this tool, the clinician assesses those components of language and communication and related developments that more closely represent the process of language acquisition rather than the products of language acquisition. Based on a natural interaction between the child and his caregiver, the speech-language pathologist would comment on areas such as the child's affective engagement, reciprocity, and shared meanings rather than focusing primarily on her production of words and sentences. The underlying question being addressed in the DMIC is how is the child doing in the developmental



achievements which contribute to the ability to express one's ideas and feelings with other people in meaningful, interactive exchanges.

Six Early Levels of Language serve as the anchor for the assessment. They include:

Self-Regulation and Interest in the World (0-3 months)

Forming Relationships and Affective-Vocal Synchrony (2-7 months)

Intentional Two-Way Communication (8-12 months)

First Words: Sharing Meanings in Gestures and Words (12-18 months)

Word combinations - Sharing Experiences Symbolically (18 - 24 months)

Early Discourse - Reciprocal Symbolic Interactions with Others (24 - 36 months and beyond)

At each developmental level the following Modalities are addressed:

- Shared Attention
- Affective Engagement
- Reciprocity
- Shared Intentions

Shared forms and Meanings
Sensory Processing and Audition
Motor Planning including Oral Motor Functioning and at the highest level, Emerging discourse.

With this framework, the clinician can construct a detailed profile of the child's current level of functioning and the child's relative strengths and challenges in the different modalities that contribute to language functioning. The language profile allows the clinician to choose an appropriate diagnosis that describes the child's specific needs and plan an appropriate intervention program.

For many clinicians, the developmental approach embodied in this paradigm will be familiar and perhaps, offer a helpful way to systematize observations. For some clinicians, this approach may provide a relatively new way of understanding a child's language functioning. In either case, this approach orients the diagnostic processes toward identifying the developmental foundations for competent language functioning and for planning an intervention program that encompasses the broadest perspective of what language is and how it is acquired.

**ICDL MULTI-AXIAL CLASSIFICATION APPROACH:
An Overview of Regulatory-Sensory Processing Disorders**
Beth Osten, MS, OTR/L

The publication in Spring 2005 of the Interdisciplinary Council on Developmental and Learning Disorders Diagnostic Manual for Infancy and Early Childhood (ICDL-DMIC) marked an important step forward for the diagnosis and treatment of young children with developmental challenges. Clinicians treating young children have struggled with the failure of the DSM-IV-TR to

capture the nature of complex neuro-developmental disorders in a manner that identifies specific areas of deficit, and serves as a useful guide for clinical intervention and research. This is particularly the case with the rise of developmental challenges that have been broadly encompassed under the diagnosis of "autism spectrum" disorders.



The treatment of young children with complex developmental challenges often requires the coordination of many disciplines including medicine, mental health practitioners, occupational therapy, speech and language therapy, physical therapy, behavioral optometry, educators and other disciplines as well. In order to effectively treat these children and their families, clarity of diagnosis and communication of treatment goals is essential. Further, research into the etiology of complex disabilities and efficacy of treatment approaches is essential to the ongoing care of these children.

One of the classifications that have been added to the ICDL-DMIC is Regulatory-Sensory Processing Disorders. The inclusion of sensory processing disorders has particular significance to occupational therapists because historically sensory integration theory as proposed initially by A. Jean Ayres (1972) and expanded upon by others is one of the frames of reference that has informed our treatment of children. The history and current thinking about the evolution of Ayres original work is outlined in the second edition of *Sensory Integration: Theory and Practice* (Bundy, et al, 2002).

The recognition of sensory processing disorders has significance beyond occupational therapy however because challenges in sensory processing have been identified clinically in children across many disciplines but the nature of these deficits have in the past been poorly and inconsistently defined or have been described within the context of different testing instruments that may not be appropriate for all children. The lack of consistent, agreed up terminology has implications for the accurate description of children's functioning and communication of their behaviors for diagnosis, clinical

reasoning, and treatment planning across disciplines. Additionally, descriptions of sensory processing disorders and associated clinical behaviors have, in the past, been too general to be useful in clinical and empirical research.

The ICDL-DMIC (2005) is a multi-axial system that proposes five categories of bio-psychosocial disorders of childhood.

1. Interactive Disorders
2. Regulatory-Sensory Processing Disorders
3. Neurodevelopmental Disorders of Relating and Communicating
4. Language Disorders
5. Learning Challenges.

Regulatory-sensory processing disorder is listed as one of the five Axis 1: Primary disorders. It can also be a contributing disorder (Axis: III) to one of the other primary diagnostic classifications. Regulatory-Sensory Processing Disorder (RSPD) occurs as a unique pattern of individual sensory processing differences. Individuals vary in the way they detect and give meaning to sensation, and respond to sensory input. Diagnosis is based on the extent to which the primary and contributing factors affect the day-to-day life of the child and his or her family based on available assessments, family report and clinical judgment.

The three types of RSPD include: Sensory Modulation Disorders, Sensory-Based Motor Disorders, and Sensory Discrimination Disorders. Sensory Modulation Disorders refer to difficulty grading the degree or intensity of a response to sensory input. Children with Sensory Discrimination Disorder have problems discerning the salient characteristics of sensory stimuli. The result is a difficulty interpreting or giving meaning to the specific qualities of stimuli, to detect similarities and differences among stimuli, and to differentiate the temporal and/or spatial



qualities of stimuli. There are two types of Sensory-Based Motor Disorders. One type involves Postural Control Challenges, which refer to difficulties stabilizing the body during movement or at rest in order to meet the demands of the environment or of a given motor task. The other type of Sensory-based Motor disorders is Dyspraxia, which is impairment in the ability to plan, sequence and execute novel or unfamiliar actions. It is characterized by awkward and poorly coordinated motor performance, which can be observed in gross motor, fine motor and/or oral motor abilities. Sensory processing in general is not a static function of the nervous system. Sensory processing particularly in individuals with atypical response patterns can vary to some extent as a function of time or day,

environmental context, stress, fatigue, level of arousal and many other factors. Fluctuation among patterns in one child is common, and among various sensory domains is frequently observed in the same child.

The ICDL-DMIC expands and refines the current classifications and has added diagnostic classifications that more clearly define the complex functional deficits that are seen in children with developmental challenges. This new diagnostic classification system provides a much-needed clarification in diagnostic terminology and a systematic method for clarifying the components of developmental challenges. It provides a foundation for diagnosis, treatment, and for future research.

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NEW FLOORTIME SCHOOL

PAUL WIGGINS

EDITOR'S NOTE: This article reflects the experience of one family in Pennsylvania when the

Floortime has changed our lives. We no longer steal our son's toys. Sometimes we impede, sometimes we hide them under our shirts, and sometimes we put them just out of his reach, but we no longer steal from him. Floortime is

teaching us to play with our son the way he would want us to.

We live in Delaware, a state that supposedly has one of the best programs for teaching children with



autism, but knows very little about Floortime. When asking two psychologists at the Delaware Autism Program about Floortime and Dr. Greenspan, they both replied that they had never heard of either. The intake coordinator at the Program indicated she knew of Floortime, and said to make sure we “close those circles.” When I asked her to explain, she said “...if you ask for the red car, and he does not offer it, take it -- that way you have “closed the circle.” An official from Delaware’s Birth to Three Program said he had been to a Greenspan conference. He advised that Greenspan’s ideas were nothing new, and you could get the same training/teaching at any good Montessori School.

It’s difficult to find Floortime-based therapy. In the state of Delaware, it’s non-existent. According to the ICDL, there are still too few schools nationwide that offer Floortime in a full-day school setting ... until now.

This story begins with my son, Ike. He was born in Bashkiria, Russia and abandoned at birth. After battling pneumonia for a week, he was sent to a regional orphanage. My wife and I first met him through a photograph about six months later. We traveled to meet him and his soon-to-be brother within a month. The first time I held him, he stared right through me. My wife and I only spent a couple of days with him and his brother, Brady, and were sent home for three weeks until we could return to finalize the adoption. The time away from our boys was torture. We wanted to get them home as soon as possible. Ike seemed especially fragile - - he was wheezing, had lesions on him and had problems with his eyes.

When we got them home, life was wonderful. We were busier, but happier, than ever. Brady developed quickly, but

Ike started to fall behind. When Ike was 19 months old, he was diagnosed with autism. Desperate to help our son, we started therapy right away through Delaware’s Birth to Three Program. Everyone we spoke with reiterated how critical it was to start therapy early, yet with therapy only three days per week (a total of five hours), we felt we needed to do more. And through much reading and research, Floortime seemed to be the route we needed to go.

So we went looking for help. With no Floortime-based therapy available in our state, the ICDL referred us to the Burpee Institute in Blue Bell, Pennsylvania. Although Ike was making some progress with his therapy through the state, we noticed marked improvement upon starting at Burpee. We finally felt like we were learning how to connect with our son. But within months, the Institute’s owner, Jeanetta, told us that she was closing for personal reasons.

This was devastating news for our family, as we felt like this program was the key to the improvement we were seeing in Ike. And we were saddened for the other children and families who attended the Butterfly Bear Program, a 5-day per week Floortime-based program run out of the Burpee Institute. Where would our family, and the families in the BBF, get the help we needed for our kids now?

Lia Allan, a BBF therapist who previously worked in a school district, did not want to see our children return to an environment that didn’t address the complete child. So she has taken up the challenge, and is attempting to open a full-fledged Floortime based school modeled after the Celebrate the Children school in Netcong, New Jersey.



Opening a school of any kind would be a challenge. Opening a special needs school is more of a challenge. Opening a school that utilizes a non-traditional teaching method that requires a great deal of training is monumental.

It's a remarkable endeavor. Lia needs everything our special children require to thrive and reach their full potential. And the government and the school districts have been unwilling to contribute. But with the sheer determination of this dedicated therapist and the brainstorming and hard work of

parents and families, the "A Different Light School" is coming to fruition.

So now there will be another school that is dedicated to opening and closing circles, joint attention, expanding play and helping our children see the world in "A Different Light."

For more information on "A Different Light School" 501c3, or to lend support, please e-mail Lia Allan at:

LiaAllan@netcarrier.com.

***The Interdisciplinary Council on Developmental and
Learning Disorders
NINTH INTERNATIONAL CONFERENCE***

***Autism and Disorders of Relating and Communicating
OPENING THE DOOR TO MEANINGFUL COMMUNICATION,
THOUGHT, AND RELATIONSHIPS
THROUGHOUT THE LIFESPAN***

November 11, 12, 13, 2005

Pre-Conference Workshops on November 9 & 10

Hilton McLean, Tysons Corner, Virginia

(Washington, DC Metro Area)

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NEW! Diagnostic Manual for Infancy and Early Childhood (ICDL-DMIC)

The first comprehensive, developmentally based classification system for neurodevelopmental (including autism spectrum), mental health, regulatory-sensory processing, and language disorders and learning challenges in the earliest years of life. The ICDL-DMIC opens a new era in our approach to infants, young children, and their families – an approach based on understanding developmental pathways and dynamic processes essential for modern diagnostic and treatment programs.

ICDL Members \$17.50
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New Second Edition

The Affect-Based Language Curriculum (ABLC): An Intensive Program for Families, Therapists and Teachers. 2nd Edition.

By Stanley Greenspan, M.D. and Diane Lewis, M.A., CCC/SLP. An innovative approach to the development of language that integrates the affect based model of human development, developed by Stanley I. Greenspan, M.D. (e.g. the Floortime Model), with the development of receptive and expressive language, imitation, pragmatics, and engagement. The curriculum incorporates the principles of Systematic Instruction and Applied Floortime as the primary teaching strategies. It also includes supplemental oral motor and augmentative communication techniques that support the development of language. The new, Second Edition, includes updated and revised chapters as well as new sections on ABLC in the Classroom, Support Groups, and Foundation Activities with Expanded Elicitations for every skill from the checklists. The Second Edition also includes a CD with all Checklists, Tracking Forms, Systematic Instruction Skills and Applied Floortime Activities in Microsoft Word format for easy application.

Book & CD		CD Only	
ICDL Members	\$47.50	ICDL Members	\$16.95
Non-Members	\$52.50	Non-Members	\$19.95

TRAINING VIDEOTAPES

Price Reduced! Now Available in DVD!

ICDL Training Videotapes on the DIR® Model and Floor Time Techniques

This 13 tape series, nearly 20 hours in length, features Stanley I. Greenspan, M.D. and Serena Wider, Ph.D. demonstrating the Developmental, Individual Difference, Relationship-Based (DIR®) model and Floor Time strategies for different types of children and families with special needs. A guide highlighting what to look for in each of the videos is included Available in both videotape and DVD.

Videotape Version		DVD Version	
ICDL Members	\$295.00	ICDL Members:	\$225.00
Non-Members	\$325.00	Non-Members	\$225.00

Floortime DVD Training Series

Meant to supplement the child’s work with professionals, the Floortime DVD Training Series shows parents how to use the Floortime approach to help their child relate and communicate. The series was developed by acclaimed child development experts Stanley I. Greenspan MD and Serena Wieder, PhD, creators of the DIR® approach for children with autism and other special needs. The method, known more familiarly as Floortime, encourages parents to get down on the floor with their child, following his lead and natural interests in play, entering his world to help him connect with others.

The Floortime DVD Training series, presented by the Floortime Foundation on behalf of the Interdisciplinary Council on Developmental and Learning Disorders (ICDL), is available in three DVD sets, each at \$79.95.

Each DVD set features interviews of Drs. Greenspan and Wieder; video of them working with individual children and their parents to demonstrate how to put Floortime principles into action; and a supplementary guide with transcripts, information about the Floortime approach and a parent questionnaire.

ORDERING INFORMATION

Please allow 6-8 weeks for delivery. Membership information and order forms can be downloaded from our website: www.icdl.com or call: 301-656-2667 or write to: The Interdisciplinary Council on Developmental and Learning Disorders, 4938 Hampden Lane, Suite 800, Bethesda, MD 20814.



***Interdisciplinary Council on
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WEB-BASED RADIO SHOW
WITH
STANLEY I. GREENSPAN, M.D.

TUNE IN THURSDAYS FROM 10:30 TO 11:30 a.m. EST

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A call in, web-based radio show with Stanley I. Greenspan, M.D., featuring discussions and answers to questions on infants and children with special needs and learning disabilities as well as on facilitating development in all children (those with and without special challenges). The broadcast will include in-depth discussions of critical topics such as language, intelligence, peer relationships, and handling aggression. Periodic video illustrations will be provided.

*Listen as Dr. Greenspan interviews colleagues on new discoveries and programs and offers practical advice for parents and clinicians.*

*Tune in live to each broadcast or view archived shows at: [www.floor-time.org](http://www.floor-time.org)*