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The Floortime Foundation
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Web-Based Radio Show

Questions from Imagine Academy

Stanley I. Greenspan, M.D.

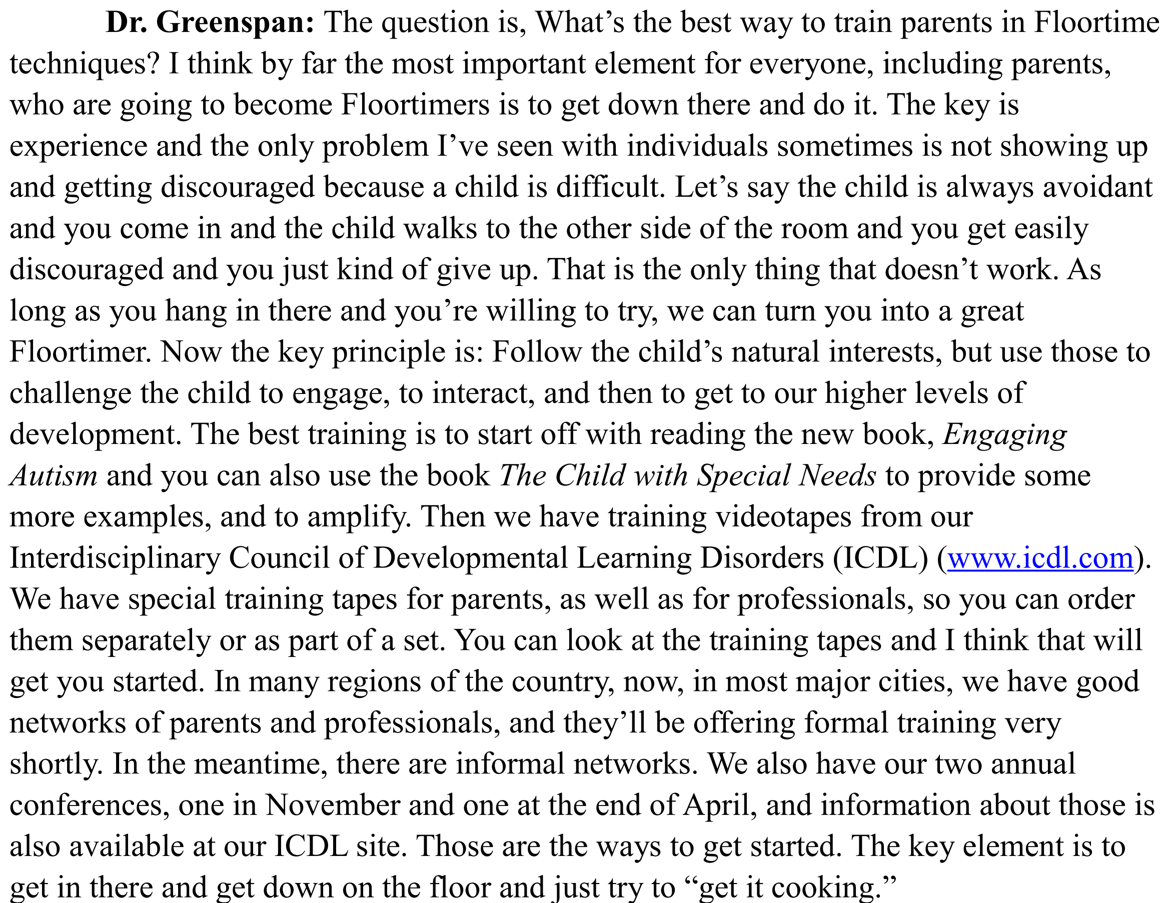
June 28, 2006

I want to welcome everyone to our web-based radio show. We have a special treat today on our show – we're having a special session with the Imagine Academy and we're going to be talking to the parents and perhaps some staff from the Academy with their questions. As you recall, we've been doing a series on learning – learning challenges, learning differences, and learning strengths – and we're going to interrupt that series for this special session where we handle questions and then we'll return to it soon. I think tomorrow – in our next session – we'll also be catching up on questions and then we'll return to complete our series on learning. These are questions that many of you have. The Imagine Academy is an innovative program in Brooklyn, New York, working with children with ASD – autistic spectrum disorders – for the most part, and a variety of special-needs conditions. It's a very motivated and skilled and creative staff and an extraordinarily motivated and gifted group of parents. Actually, the parents were the ones who put this program together and created the Imagine Academy. I've been consulting there and we've been using the DIR/Floortime model to help profile each child and integrate the program for each child. What we're going to do now is turn it over to the Imagine Academy parents and staff for their questions. So, the first question.

Imagine Academy: Hi, Stanley it's Michele Havens from Imagine Academy. Thank you for that lovely introduction. Parents will be joining us soon, but we're going to start with some staff questions.

Dr. Greenspan: Okay, so we're beginning with some staff questions – go ahead, Michele. Michele Havens is the Clinical Director and the Director of Education at the Imagine Academy and deserves a lot of admiration for her role in working with parents and staff to create a wonderful program.

Imagine Academy: Thank you. I'm going to ask some questions. Some are related to things that we've chatted about in our consultations, but I think they would be beneficial for the audience to hear. The first one is, What would you suggest is the best way to train parents in Floortime techniques?



Dr. Greenspan: The question is, What's the best way to train parents in Floortime techniques? I think by far the most important element for everyone, including parents, who are going to become Floortimers is to get down there and do it. The key is experience and the only problem I've seen with individuals sometimes is not showing up and getting discouraged because a child is difficult. Let's say the child is always avoidant and you come in and the child walks to the other side of the room and you get easily discouraged and you just kind of give up. That is the only thing that doesn't work. As long as you hang in there and you're willing to try, we can turn you into a great Floortimer. Now the key principle is: Follow the child's natural interests, but use those to challenge the child to engage, to interact, and then to get to our higher levels of development. The best training is to start off with reading the new book, *Engaging Autism* and you can also use the book *The Child with Special Needs* to provide some more examples, and to amplify. Then we have training videotapes from our Interdisciplinary Council of Developmental Learning Disorders (ICDL) (www.icdl.com). We have special training tapes for parents, as well as for professionals, so you can order them separately or as part of a set. You can look at the training tapes and I think that will get you started. In many regions of the country, now, in most major cities, we have good networks of parents and professionals, and they'll be offering formal training very shortly. In the meantime, there are informal networks. We also have our two annual conferences, one in November and one at the end of April, and information about those is also available at our ICDL site. Those are the ways to get started. The key element is to get in there and get down on the floor and just try to "get it cooking."

Imagine Academy: Okay, would you suggest that professionals give some suggestions to parents as they're working with their child in terms of activities that are very engaging?

Dr. Greenspan: Well, those parents who are fortunate to have qualified professionals in their area – for example, the professionals who have been attending the conferences and have been practicing the DIR/Floortime model – can guide parents and be extraordinarily helpful to them. In an earlier consult I was talking about parents who are having to go it alone, in a sense, but, again, in most parts of the country now we have good networks and so, hopefully, most parents can find professionals to help guide them. Then the professionals will suggest not only activities, but also the processes that enable Floortime to come alive. But parents shouldn't feel if they don't have a professional nearby that they can't do it.

Imagine Academy: Okay, thank you. Dr. Greenspan this is Abie Levi, director of OT at the Imagine Academy.

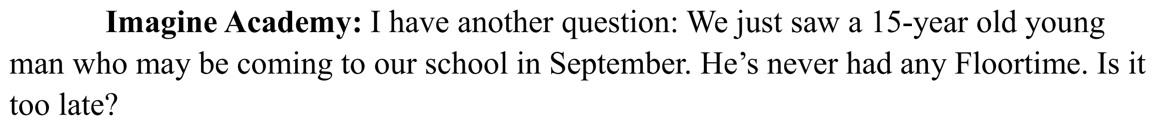
Dr. Greenspan: Hi, Abie.

Imagine Academy: Hi. I wanted to speak to you about home programming. I thought this would be a good segue. I realize the importance of all the elements that go into Floortime regarding spontaneity, appropriateness of activities, interaction, problem-solving, and using multi-sensory approaches. I wanted to know how could, for example, the school and/or a family get effective or efficient means of monitoring how that is being implemented at home?

Dr. Greenspan: The question is, How can a school program or any professional group help out the home program and get a sense of how things are going at home so they can provide useful, constructive help? I think there are a number of ways to do that. One is to have the parents come in periodically, and I recommend in schools that there be a meeting weekly or every other week with the parents where the parents do Floortime with the child and the key staff person or persons from the school or the therapeutic program, if it's not a school program, observe. That's what I do in my office. I observe. Then the goal is to give pointers and be constructive. You get a sense of how it's going at home by what's happening in the office. Second, parents often share with me and I'm sure they do this with you, too, they share a videotape of what they're doing at home and you can look at the video with them and, again, give them consultation on the video. Parents can also come in and describe what goes on and where the challenges are and what they feel is going well or is difficult, without staff even observing the parent with the child – this is a third way. All three are often used together. Home visits, obviously, are a possibility if you have the ability to do that and the parents are willing to welcome you into the home. We also have the technology now to do video conferencing with home, so anyone who has a camera mounted on their computer can send live images to your computer and you can do live consultations, home to office or home to school. Those are all ways to facilitate the home program.

Imagine Academy: Do you have a prescription of how often this kind of monitoring should be done?

Dr. Greenspan: Well I think the prescription for how often it should be done really needs, like Floortime itself, to be based on the family's profile. So it can be from once a week to every other week to once a month, depending on the family's needs. At the beginning it's good to do it more frequently, closer to every week or every other week. Once the family is really cooking, sometimes once a month, and then sometimes every two or three months, is sufficient.



Imagine Academy: I have another question: We just saw a 15-year old young man who may be coming to our school in September. He's never had any Floortime. Is it too late?

Dr. Greenspan: The question is, Is it ever too late for Floortime? It's never too late for Floortime. It's never too late for Floortime because it's never too late to learn how to relate to others. Everybody wants relationships, even the most avoidant 15-year old or 20-year old or 32-year old, it's just that they don't know how to experience the joys of relating. Floortime, where we join them in their world and help them enjoy a shared world, gives them that gift, so it's never too late.

Imagine Academy: Is it okay to start as low as levels one and two, even if the child is older?

Dr. Greenspan: Well, you have to start where the child is. So, again, with a child who is not attending or engaging – and we've had 40-year olds who are there – this is where we start and we have made great progress.

Imagine Academy: Okay, great.

Imagine Academy: *(Abie):* In our frequent consultations with you about our children, Dr. Greenspan, it was recommended quite often that the program adapt to each child's need and that's really what Imagine Academy tries to do for each child. The specific child that I'm thinking of really is not in a classroom; she is almost alone and that's where she is and that's what's appropriate for her. I just wanted any suggestions or any feedback that you could give in order to help make the transition to a dyad for a child who would benefit from being alone.

Imagine Academy: *(Michelle Havens):* She does best – I'm going to interrupt for a second – she does best when she's completely alone – we've spoken about her before – but we're having a lot of trouble moving her from a one-to-one situation into a dyad with another child, but maybe she's not ready because she's still really functioning at levels one and two.

Dr. Greenspan: Well, I think basically, as a general rule of thumb, the work needs to be one-on-one with the therapist or the parent until the child has really learned to engage and exchange interactions in terms of circles of communication, so that means until she's getting Levels 1, 2, and 3 cooking. Usually when children are in the middle of Level 4, they're getting close to a continuous flow, and this is when they can start interacting well with a peer, and then we can expand to two children, then three and, as they master Level 4, they can operate in a group of two or three children, but they've got

to really master Level 4 first. So the general rule of thumb is if they're working on Levels 1, 2, and 3 it's fine to have them work predominantly with an adult.

Imagine Academy: Okay, and so even though this is a school setting, because she has such severe challenges it's still appropriate for her to be alone?

Dr. Greenspan: School, by definition, is a place to educate and education begins with learning to attend and relate and interact. So school has nothing to do with group activity.

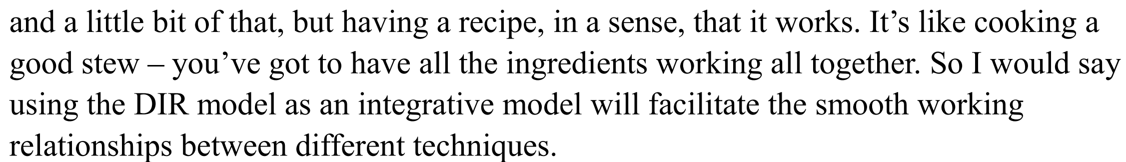
Imagine Academy: Okay. It's the kind of thing that when people first come into the school their comment is, "Are you teaching her anything? Why is she working alone?"

Dr. Greenspan: Well, I think you explain to them exactly what I just said – what you *are* teaching her – because if you don't teach her the basics, it's kind of like trying to teach someone who can't breathe how to run a marathon – it isn't going to work.

Imagine Academy: *(Michelle):* Okay, great.

Imagine Academy: *(Abie):* Dr. Greenspan, we have often meetings among the disciplines, specifically among the ABA and Floortime principles, and we try to blend them and try very hard to make both a part of not only the program, but a part of the child. Besides the communication piece we've found that the implementation of this is probably one of the hardest things to do. We're continuously working on it and we're finding it can be done. Do you have any suggestions how to make it much smoother?

Dr. Greenspan: The way to make the integration smoother between different techniques like Floortime and discrete trial ABA, which is more of a behavioral technique, is to use the DIR model, where we profile the child, not as a therapeutic technique, but as what it's intended to be, which is a framework that allows you to understand the child and tailor an approach to the child. So within the DIR model we have room for structure. For example, we often recommend often the Affected Based Language Curriculum (ABLC), which is a more structured language program, but it uses affect. The DIR model also helps you establish your goals, such as if the child needs to work more on engagement or more on continuous flow of back-and-forth communication. So if you decide you need more structure and that discrete trial is the proper technique for that structure it can fit right in – like teaching a child imitation, which helps strengthen Level 4 in our DIR model. So the key thing is to have an integrating framework that the DIR model presents and that facilitates these different techniques working in a cohesive whole. That's the key, not just having a little bit of this



and a little bit of that, but having a recipe, in a sense, that it works. It's like cooking a good stew – you've got to have all the ingredients working all together. So I would say using the DIR model as an integrative model will facilitate the smooth working relationships between different techniques.

Imagine Academy: I just had a question that's another piece of that. One of the things that we find most tricky is when there's a behavioral issue – which should we use, the ABA or the DIR?

Dr. Greenspan: Well, again, you don't want to think of these as different approaches but it's all integrated under our DIR model. So let's look at a behavioral issue – let's say a child is behaving impulsively and is pushing other children, or a child is being negative and refusing to go from one room to another room. Your DIR model enables you to say, "Why is this child having this problem?" Let's say in both instances it's a problem that the child has not yet mastered Level 4 – a continuous flow of back-and-forth gesturing, maybe even as part of preverbal communication – so, therefore, the child can't gesture or use preverbal communication to negotiate when he gets upset, but rather gets impulsive. When he doesn't want to do something he can't negotiate, he just gets negative or falls on the floor or gets obstinate and refuses to move from room to room. At the same time, you have two goals: One is to help him be more cooperative in the immediate sense and follow the rules, but you also have the goal of helping him master Level 4, which will enable him to do more than just not be impulsive or go along with the rules, but to be a good negotiator and to be able to deal with a range of similar issues. So our DIR model would suggest we have two things to work on: one, strengthening the continuous flow of communication so the child can read and respond to signals and initiate and be a better communicator and give the child the adaptability and flexibility he needs and establish a stronger foundation for language so he can understand himself and understand and eventually talk about his feelings; at the same time you have an immediate need to get the child not to hit other children. So you're setting limits, you're making sure you're not secretly smiling or rewarding the child for being impulsive by giving him a back rub right after he pushes someone. So that's where your behavioral analysis comes in because the behavioral analysis allows you to look at what preceded the behavior, what comes after the behavior, and are there any subtle things reinforcing the behavior or are there discriminative stimuli that precede the behavior that lead the child to expect the reinforcement after the behavior, like a staff person who's very indulgent, for example, and doesn't really believe in limits. So the behavioral analysis can help identify immediate things that may be sustaining the "negative behaviors," but it's done as part of our overall DIR model where we're strengthening the foundations, but also dealing with the immediate situation.

Imagine Academy: So we're really looking at, still, doing a functional analysis of the behavior each time.

Dr. Greenspan: Yes, you're doing a functional analysis within the DIR model because the DIR model helps you identify the broad goals that you need to help this child master to really be successful. In another words, the problem is if you do a functional analysis without the DIR model guiding you, you're only operating with a quarter of your potential because you're not understanding what the child has mastered or not mastered in terms of a developmental sequence. In other words, you're only looking at the behavior in isolation. So the DIR model gives you a framework of human development that enables you to do a better functional analysis.

Imagine Academy: What about a child who has splintered skills? Lana, our ABA director just came in, so maybe she wants to elaborate on what we would teach if a child has splintered skills.

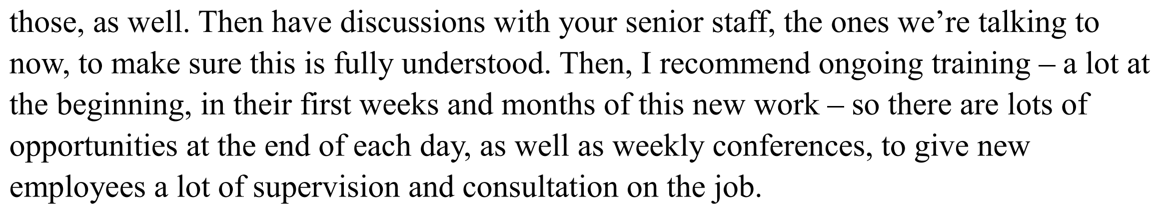
Imagine Academy: *(Lana):* Hi, Dr. Greenspan. What would we use to bridge that gap between those splintered skills? So maybe we do have a child that shows some capacity to perform on Levels 1 and 2, but then there are some things on Level 4.

Dr. Greenspan: When a child has some splinter skills, we take advantage of that. Let's say it's a child who can read but who isn't very engaged and can only open and close three or four circles of communication and get a little bit of back-and-forth interaction going; and let's say the child can also memorize some words. So, we want to work on the fundamentals to help that child engage better and be a 20+ circle interactor, but while we're doing it we're taking advantage of the fact that the child can speak a little bit and can even read. So we might use signs with words on them when the child wants to go out the door in order to get more circles of communication, or help the child use the words he can say or learn new words, but, again, in the context of getting more engagement and more circles of communication. So we always use the splinter skills to build the foundations and even strengthen the splinter skills at the same time.

Imagine Academy: *(Lana):* Great, thank you.

Imagine Academy: *(Michele):* How would you suggest training large numbers of staff? We have new staff coming in September and we still need to continue to train our current staff, but we need to start at the beginning for our new staff.

Dr. Greenspan: For new staff, we want to have them read *Engaging Autism*, we want them to look at the training videos, and we also have my basic introductory lectures from the training workshops that we do every spring on DVD's now, so they can watch



those, as well. Then have discussions with your senior staff, the ones we're talking to now, to make sure this is fully understood. Then, I recommend ongoing training – a lot at the beginning, in their first weeks and months of this new work – so there are lots of opportunities at the end of each day, as well as weekly conferences, to give new employees a lot of supervision and consultation on the job.

Imagine Academy: *(Michele):* While they're actually working with the children?

Dr. Greenspan: Yes, exactly.

Imagine Academy: *(Michele):* This is sort of an OT question so, Abie, maybe you want to add to it: When motor planning is severely challenged, which it is for a number of our children, how can you help a child move through the levels when it's very difficult for them to do much of any movement, or even taking it back to the beginning where they don't seem to have very many ideas. How do you work with children with severe motor planning challenges – how do you get them to progress from Levels 1 and 2 up the ladder?

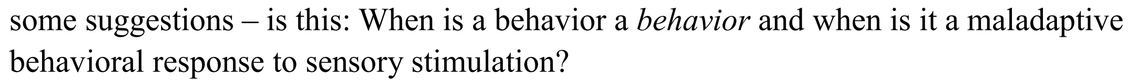
Dr. Greenspan: Well, I think children with severe motor planning problems have trouble sequencing or having a number of steps in their interactions. So when there's a motor planning problem you have to use stronger motivation. The child has to have a higher, stronger desire. So a child who even has trouble reaching for something will reach for his favorite toy or his favorite food and, when we hide it in our hands he may search for it, even if it's hard for him. So the more severe the motor planning, the better the affect has to be. Also, a skilled OT like you have there can help by giving the child sensory support for his motor system, so sometimes just a hand on the elbow will help the child point or gesture; firm pressure on the back or using some movement, like being on a swing can be helpful. So that's the way you get it started and then you gradually try to improve the motor planning through OT exercises while increasing motivation and providing special sensory support.

Imagine Academy: *(Michele):*And hopefully eliminate the sensory support?

Dr. Greenspan: Well, eventually, when it's not needed, but for some children it may be needed for a long time.

Imagine Academy: *(Michele):* Okay.

Imagine Academy: *(Abie):* In dealing with every child on his very specific profile we work very hard on always keeping the child and the children and staff regulated. A major sort of "beef" that always needs clarification – and maybe you have



some suggestions – is this: When is a behavior a *behavior* and when is it a maladaptive behavioral response to sensory stimulation?

Dr. Greenspan: Can you give a concrete example?

Imagine Academy: *(Abie):* AL: An example would be a child who would be pinching himself. Is that in response to some sensory stimuli that's causing that type of behavior or is it an attention-seeking behavior?

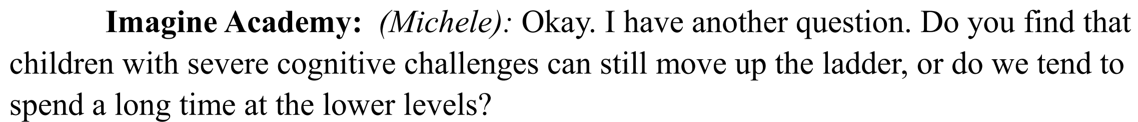
Dr. Greenspan: I think it's always a mistake to jump to the convenient and easy and over-used assumption that it's attention-seeking. That's more often our response to not knowing. So we pretend we know something and say it's attention-seeking. I think that always should be last on your list of 10 or 20 possibilities, and it's usually not the case, although occasionally it is. Usually there's some good reason for it. It may be the child needs more firm pressure and is trying to provide it for himself. Or maybe the child is angry and frustrated and scared of showing that, and therefore takes it out on himself. There may be the need for certain kinds of sensations in the body. It could be an itch – an allergy – that the child is trying to undo. The child may be uncomfortable and not know what to do, due to some medical or physiological reasons. So you've got to really investigate all possibilities and, again, the best way of doing that is also doing a good profile of the child with our DIR model to see where the child is developmentally. The attention-seeking should be on your list, but way down.

Imagine Academy: *(Michele):* Okay, because I was thinking it might be more of an avoidant behavior and if the staff person with him responds by removing him from the activity, could we inadvertently be reinforcing it?

Dr. Greenspan: Well, again, it can be avoidant, too. Every case is going to be a little different, so the biggest mistake we make is jumping to an assumption. You're absolutely right – a behavior like that can be equally likely to be avoidant as attention-getting, so everything should be on your list, but then you have to really look at all possibilities.

Imagine Academy: *(Michele):* Okay. I think the difficulty in a school setting is certainly we need to do something to help him stop the behavior, and my inclination would be to remove him, and yet I know that it might be looked at as reinforcing the behavior.

Dr. Greenspan: Don't worry how it looks. Try things and see what works.



Imagine Academy: *(Michele):* Okay. I have another question. Do you find that children with severe cognitive challenges can still move up the ladder, or do we tend to spend a long time at the lower levels?

Dr. Greenspan: It depends on the nature of the cognitive challenge. Sometimes what appears to be a cognitive challenge is not so great a cognitive challenge once we get the child cooking. So we move every child up the ladder as fast as we can and we don't jump to conclusions – that's my advice.

Imagine Academy: *(Michele)*: Okay, so don't put any kind of a ceiling on the child.

Dr. Greenspan: Right – never put a limit on a child. We have another 20 to 25 minutes left and it looks now like we're going to have staff questions without parents calling in; there was a parent who called in but apparently there is some challenge at getting hooked into the computer. So right now we can just finish taking your questions and then we will have completed our mission for today, so don't feel the need to go beyond what you want to ask just to fill time. In other words, we should just go through the questions you have and then we'll be done.

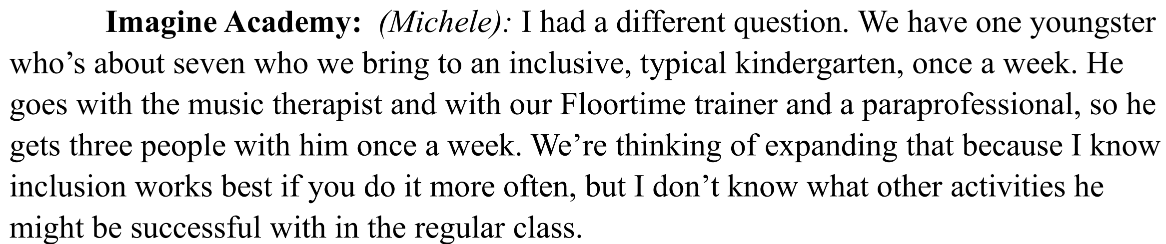
Imagine Academy: *(Michele):* Okay, great.

Imagine Academy: *(Abie):* I have a question regarding motor programming. Here at Imagine Academy we've attempted to place children in a semi-structured setting in a developmentally appropriate grouping, implementing multi-sensory activities and Floortime and OT and speech and music therapy, all together all at once, and really trying to get the engagement and the circles. In doing that we've also implemented a motor program that each child would go through based on his developmental level and work on that. Do you see that tying in with the DIR model? Do you see that as beneficial?

Dr. Greenspan: Sure, using lots of things at one time can be very helpful, including music and other activities. The key is, again, to be guided by the child's profile. So you always start with the DIR model, profiling the child, and then determine the reasons why you're doing what you're doing and look at how it's moving the child up through the developmental stages in the DIR model.

Imagine Academy: *(Abie):* Thank you. Just to comment on that, I would say that it's working out very nicely.

Dr. Greenspan: Well, very good. I'm glad to hear that.



Imagine Academy: *(Michele):* I had a different question. We have one youngster who's about seven who we bring to an inclusive, typical kindergarten, once a week. He goes with the music therapist and with our Floortime trainer and a paraprofessional, so he gets three people with him once a week. We're thinking of expanding that because I know inclusion works best if you do it more often, but I don't know what other activities he might be successful with in the regular class.

Dr. Greenspan: Well, I think you have to look at his profile and determine what your goals are and don't just pick activities; ask what's going to promote either engagement or more circles of communication or the beginning use of ideas or logical thinking – so it all depends on where the child is – and then you should brainstorm together as a group and determine what's going to promote that particular developmental stage, not just activities for activities.

Imagine Academy: *(Michele):* When you do inclusion is it best to do it with a very small group of peers?

Dr. Greenspan: Yes, initially.

Imagine Academy: *(Michele):* Even a dyad would be okay?

Dr. Greenspan: A dyad is preferable, initially.

Imagine Academy: *(Michele):* Okay.

Imagine Academy: I had a question about siblings also. We have siblings come and visit us on Friday and we're thinking of expanding the program and I'm wondering if anyone's doing training of siblings or if you have any suggestions.

Dr. Greenspan: With siblings I think it's very good to help them be good Floortimers with their sibling, depending upon how old they are and how verbal they are. You try to create activities where the two children are interacting together.

Imagine Academy: Okay, I believe we only have siblings who come who are age five and up, so they're pretty verbal.

Dr. Greenspan: Okay, so that's good. They can really be your helpers.

Imagine Academy: Great.

Imagine Academy: *(Abie):* Dr. Greenspan, I've been working very hard at trying to come up with a sort of data collecting template for multiple domains, and the most difficult one I've found is trying to ascertain from each discipline that works with each

child how they can efficiently and effectively relate to me the child's regulation because that, of course, is the foundation. Any suggestions?

Dr. Greenspan: Can you give me a concrete example?

Imagine Academy: *(Abie):* For example, I would prefer to have exposure and knowledge of a child who is becoming more disengaged rather than not be aware of it when there's "a behavior" or a crisis, I should say. So if a teacher felt that for a couple of days the child seems a little bit off, but in discrete trials the child is not demonstrating any variation in speech and language or any variation in music, I would like to come up with some sort of documentation system – a qualitative and quantitative one – that would identify a child who may be in crisis if not addressed.

Dr. Greenspan: I'm sorry I'm being thick about this. I'm still not quite getting the essence of the question.

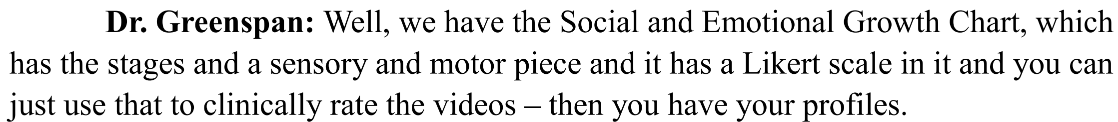
Imagine Academy: *(Michele):* I'm going to paraphrase the question – I think what Abie is referring to is a child who only appears to be disregulated in the classroom, but when he's in all of his specials – music, discrete trails, etc., he seems okay. How would we determine what the issue is?

Dr. Greenspan: Well, again, I would try that child in smaller and smaller groups and see if there's something going on in the classroom that's overloading for the child. Maybe one-on-one is easier for the child. So you have to observe the child in multiple contexts and then alter the classroom setting for the child a little bit – have the child in a corner with one other child or just a teacher, one-on-one, and then move the child a little more into a slightly larger group. Typically, it can be overloading for some kids to be in a class with lots of kids.

Imagine Academy: *(Michele):* Going back to the original part of the question, do you have any suggestions for collecting data during Floortime?

Dr. Greenspan: Well, we use a Likert scale – a 7-point scale – for each of the functional developmental capacities – each of the developmental stages – and a Likert scale for each of the sensory processing areas. Then we simply profile the child on a weekly or daily basis on how he's doing, so you can see how the child is progressing or not progressing at each of the levels the child is working at.

Imagine Academy: *(Michele):* That's very interesting. We were thinking this summer of taking the videos that we've taken of the children since the beginning of the year and going back to code the videos to have some data.



Dr. Greenspan: Well, we have the Social and Emotional Growth Chart, which has the stages and a sensory and motor piece and it has a Likert scale in it and you can just use that to clinically rate the videos – then you have your profiles.

Imagine Academy: *(Michele):* That's a great idea. Okay.

Imagine Academy: This might not be a good question for the radio, but I wonder if you can explain the scoring of the Social and Emotional Growth Chart?

Dr. Greenspan: Well, the scoring is simple. For example, to rate engagement or two-way communication, you rate whether the child does it none of the time, some of the time, half the time, or most of the time.

Imagine Academy: Right, but in terms of the total – we have a total for the sensory score, the first eight items and then a total for the entire –

Dr. Greenspan: I wouldn't worry about the totals; I would use it more as a profile for each area. If you want to then total up the scores, obviously 7 is "most of the time" and the more sevens you have, the higher your total score; but it's more important to know how the child is cooking at each level and whether you're making progress at the levels you want to.

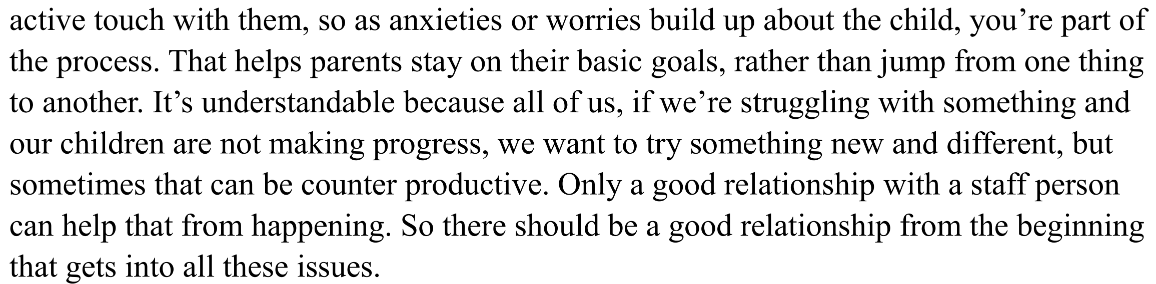
Imagine Academy: So if we look at the original scales from September and the scales that we've done recently, there should be an increase – the total should be higher.

Dr. Greenspan: The total should be higher and you should get movement towards the higher scores in the areas you're working on.

Imagine Academy: Okay.

Imagine Academy: *(Lana):* Hi Dr Greenspan, this is Lana. I have a question regarding what your recommendations would be for helping to manage a family's needs when they come to a school like Imagine Academy, requesting Floortime, and then maybe a few months into the program the school decides it wants to discontinue Floortime and maybe use traditional teaching strategies instead of Floortime, then three months later that they decide they want to go back to Floortime. I'm sure you've encountered families that have been through this flip-flop.

Dr. Greenspan: I think the key thing in helping families – and we need to do this a little more of in all programs – is involving the families at the get-go, seeing how their feelings are, how they're coping emotionally with their child's challenges, and get them really involved at home in an active home program that extends to the school program – a home program that includes a lot of the DIR kinds of activities. Then we have to be in



active touch with them, so as anxieties or worries build up about the child, you're part of the process. That helps parents stay on their basic goals, rather than jump from one thing to another. It's understandable because all of us, if we're struggling with something and our children are not making progress, we want to try something new and different, but sometimes that can be counter productive. Only a good relationship with a staff person can help that from happening. So there should be a good relationship from the beginning that gets into all these issues.

Imagine Academy: *(Lana):* Thank you.

Imagine Academy: *(Michele):* I think we're coming down the end of our questions.

Dr. Greenspan: That's terrific. Thank you very much; these were wonderful questions. This is a good opportunity, not only for you to ask questions, but to ask questions I know others have as well, and I look forward to continuing to work with you all.

Imagine Academy: Thank you very much.