

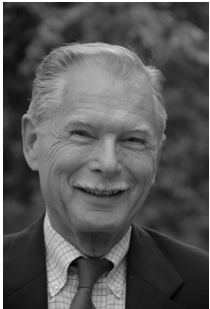


SPECIAL TIMES

COMMUNITY THERAPEUTIC DAY SCHOOL
187 Spring Street, Lexington, MA 02421 781/861-7081

2014 Volume 26 #1

2014 ANNUAL REPORT



For several years, I have been part of a small Board Of Trustees that advises and helps to steer CTDS. Most of you readers of these words know that CTDS is unusual. It is a place to be, for many children who have a hard time being. It is a school; it is a therapeutic environment, and a collection of trained therapeutic individuals; and it is a diagnostic and therapeutic resource for and consultant to families, clinicians, schools, and towns. Small as it is, CTDS is also something of a model - and even something of a beacon - in service, research, and training. CTDS has, I think, a good head, a good heart, and good energy. Despite occasional brief notices about children in the media, politicians do not always have children as a high priority. Child funding is often relatively easy for politicians to praise and then to cut, and this is not an easy era for children with developmental, learning, or other psychiatric difficulties. Even in the relatively enlightened state of Massachusetts, services and funding are far from adequate. We are lucky that CTDS exists, is doing well, and is staffed by remarkably well-motivated and well-trained teachers and clinicians. Thank you all for being part of, and helping, CTDS.

Larry Hartmann, MD, Chairman of the Board, CTDS



We continue to care for and provide careful attention to the children, families and staff of our educational and therapeutic programs. In this newsletter I have highlighted the multiple ways we work to attend to the needs of those who seek our help. In each aspect of the organization we act to promote an environment that strives for optimum emotional and physical health. As we unravel the complexities of each individual child and family's unique condition we pay attention to the quality of the relationships with the staff, the children, the families and to our colleagues. We continue to be grateful for your support.

Nancy Fuller, Executive Director



OUR MISSION

The Community Therapeutic Day School provides an educational and therapeutic environment where children with neurologic and emotional disabilities can reach their intellectual, physical, linguistic, social and emotional potential.

CTDS began under the auspices of the Boston Children's Hospital, Harvard Medical School and the Mass. Mental Health Center. These agencies in 1974 had the foresight under the aegis of the National Institute for Mental Health to allow for the creation of the school. This was an era of social ferment when new ideas and institutions were able to take root. The school established an environment in which the natural unfolding or development of a child could take place by caring for children who in the past might have been lost to society as vital, creative members. The creation of a "holding environment" encompasses the child, and the family including siblings and extended family. The staff helps the family understand the many issues that may be impeding development.

"The holding environment makes possible the steady progress of the maturational process. But the environment does not make the child. At best it enables the child to realize potential."
D.W. Winnicott

SERVICES WE PROVIDE:

DAY SCHOOL PROGRAM

The school program enrolls thirty one children from the age of three to twelve with neurologic and emotional difficulties that interfere with their learning and prevents them from attending a regular school program.

The therapeutic curriculum includes psychotherapy, expressive therapy, occupational therapy, speech and language therapy as well as a full range of academic curriculum. At CTDS each child is motivated with respect to individual strengths and challenges. Our academic program enhances self-esteem and helps the child become a functioning participant in his learning environment, and helps the child work toward educational mastery.

DIAGNOSTIC EVALUATIONS

"The word diagnosis in Greek means to know thoroughly and completely. This is a goal we can never quite reach but continue to strive for. We integrate best past practices with the most current knowledge from the fields of medicine, psychology, neuroscience, education, genetics and psychopharmacology in our effort to arrive at the best possible understanding of our children and their families and to help them towards the most optimal of life's goals."
Bruce Hauptman, MD

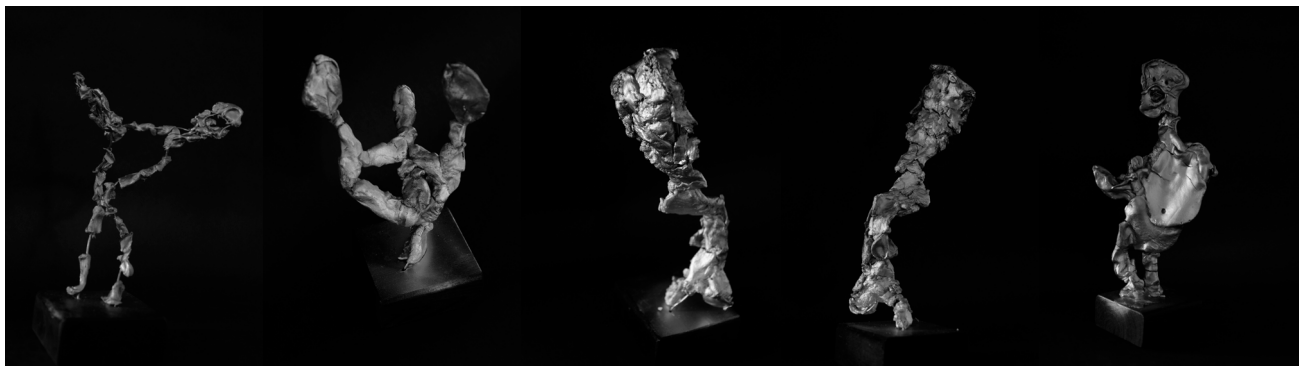
As a community service CTDS evaluates children of all ages for free at the request of parents, or by referral from counseling, educational and medical professionals. We ask that a family make a contribution to our non-profit if they are able. A Spanish speaking clinician can be available upon request.

Utilizing a diagnostic interview and play therapy model, CTDS provides diagnostic evaluations that aid families in understanding their child's needs. Careful exploration of the many facets of the child's development, functioning, and current difficulties allows for the synthesis of diagnostic indicators which illuminate the leading edge of the child's unique strengths and challenges. In our extensive experience and work with the whole child, we offer a clear, impartial and comprehensive perspective that integrates the many aspects of a child's condition. These may include:

- Psychological and/or psychiatric vulnerabilities
- Neurological conditions
- Physical development
- Sensory integration and processing
- Speech/language disorders and/or delays
- Intellectual capacity
- Educational functioning
- Social and emotional maturity and awareness
- Areas of development and developmental trajectory
- Executive Functioning
- Genetics
- Attachment and the child's place in his/her family and culture
- Sibling relationships

"CTDS maintains a prevention-based orientation with very complex children, and the direction is to define and refine diagnosis and work with the whole family. There is no one model that fits these children. It is important to open up possibilities, to expand one's thinking and curiosity to uncover the strengths and abilities, and to understand the disabilities of these children. We need people to step up and get involved: CTDS does that."

Janice Ware, Ph.D., Director, Cardiac Neurodevelopmental Program and Senior Psychologist, Developmental Medicine Center at Children's Hospital/ Harvard Medical School



COMMUNITY CONSULTATION AND THERAPY

The Individual With Disabilities Education Act (IDEA) is a comprehensive Federal Law that mandates “free appropriate education for all children with disabilities.” Throughout the country this concept is called “mainstreaming” or “inclusion”. The Community Therapeutic Day School is actively involved in consulting to public schools. Within the framework of public education we help to design well-orchestrated programs for children with disabilities. We also utilize the ‘Profile’ as a therapeutic assessment, teaching and learning tool in this community work. Clinical and educational services within the public school may include some or all of the following:

- A trained therapeutic tutor to work 1:1 with the child
- Individual and group child guidance work with parents
- Occupational and speech therapy
- Supervision and consultation with public school staff
- Design and support self contained classrooms
- Psychotherapy - individual and group

NEUROPSYCHOLOGICAL EVALUATIONS

Integrating Neuropsychological and Psychological Evaluations: Assessing and Helping the Whole Child

- A resource for neuropsychologists, psychologists, teachers and parents who wish to address both the neurologically and emotionally based difficulties their children are presenting.
- Provides professionals with a unified approach to using the results from assessments to understand and integrate cognitive, behavioral, social and emotional functioning in school-age children.
- Posits that to educate and treat children who are struggling in school, the whole child must be considered to decipher his or her needs and implement interventions.
- Describes how cultivating a therapeutic relationship that integrates the emotional and relational functioning of children enhances both their learning and their ability to successfully navigate the world.

“Words cannot express how grateful we are to you for all of your hard work and guidance in helping John 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.”

Parent

“There is no kind of stress or pain like that which we feel for our children who are struggling. The work that you do to help families like ours may be underappreciated by society, but it is crucial to the children and parents that need it.”

Parent

SIBLING GROUPS

Sibling Groups are designed to help an exceptional and often overlooked population of children:

Siblings of children with special needs. These siblings are in complex social and psychological circumstances and have needs of their own that require attention and support. To be in a family and in relationship with a sibling with psychiatric, neurological and/or developmental special needs can be one which cultivates a unique lens through which to view the world; a lens imbued with compassion, insight and acceptance. It can also be a trying and potentially isolating experience. However, being a sibling of a child with special needs rarely, if ever, makes up the entirety of a child’s being. Siblings are artists; siblings are athletes; siblings are students and friends; siblings are individuals with needs all their own. Having a brother or sister with special needs is only one facet of the sibling’s experience. The goals of Sibling Groups are to provide a safe and supportive setting in which siblings can explore and discuss their individual experience of having a brother or sister with special needs, while providing the distinctive opportunity for siblings to connect with peers who are in similar circumstances. Siblings will develop skills to better understand their relationship to themselves and to their brother or sister. Siblings will address and work through their complicated feelings while celebrating their joys and successes. 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 participating in Sibling Group, my daughter feels special about herself as an individual and as a sister. She benefits greatly from the camaraderie and understanding from other group members. She feels they care about her and validate her feelings. She’s been able to talk about how her brother makes her feel, to tell him directly and to tell us what bothers her.”

Parent



Special Times Editors and photography:

Nancy Fuller
Lisa Jennings
Kunjan Anjaria

Sculptures created by the children under
the guidance of artist and therapeutic
teacher Steve Brennan

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

ANNUAL FUND GIVING JULY 1, 2013-JUNE 30, 2014

Individual and Family

Barry & Pam Sullivan, *in honor of Mike Murray,
Steve Brennan, Lauren Alessi & CTDS specialists*
Kathe Swaback
Paul Thorne, *in honor of Elisabeth Holz*
Dan Tilles & Sandra Baca, *in honor of
Daniel Reinstein, Gina McCullough,
Lauren Alessi, Nadine Fowler, Kathy Modderno,
Dawn Burau, Priscilla Harmel & Amy O'Boyle*
Michelle & Sean Traverse
Ernest Van Seasholes, *in honor of Bruce & Nancy*
Henry von Ferstel
Michael Walton, *in honor of Lauren Walton*
Robert & Judith Weber
Al & Mary Weismann
Dorothy Wilde
Peter & Kendra Wilde
Kathleen Willard
Howard Wishnie & Cathy Mitkus, *in memory of
Harry & Marion Wishnie*
Judy Wisnia, *in honor of Nancy & Staff*
William & Linda Wolk, *in memory of
Gloria Jean Collum Dunsford*
Keith & Margaret Woodworth
Mark & Jennifer Yerkes, *in honor of Makai Yerkes*
Jeffrey & Simma Zankel
Pia & Jimmy Zankel
Pat Zito

Foundations

Botwinick - Wolfensohn Foundation, *in honor of
Alan Shapiro's Wisdom & Guidance*
Choate Hall & Stewart LLP, LP Charitable Trust
Fidelity Charitable Gift Fund
Foundation for Metrowest
John Alden Trust
Kenrose Kitchen Table Foundation
Raytheon Matching Gifts
Richard Munroe Foundation
Staples Foundation
State Street Bank & Trust Company
The J.D. Power Family
The Sands Family Foundation
Weil Foundation

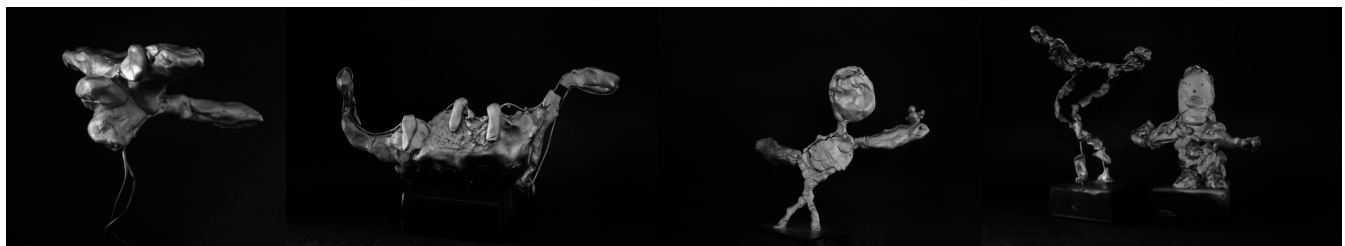
Corporations & Organizations

ABC CPR Services, Inc.
Baupost Group Matching Gift Company
Citizens Bank
Commonwealth of Massachusetts
Fancy Flea Antiques
House of Chang
Leonard, Mulherin & Greene, P.C.
Loring Wolcott, Collidge Trust, LLC

State Street Bank & Trust Company
Target Take Charge Of Education
United Way of Mass Bay & Merrimack Valley
Vestport Inc.
Wagon Wheel Nursery & Farmstand, Inc.
Yorktown Congress of Teachers, *in memory of
Elaine Ladka*

We apologize if we inadvertently missed your name. Please contact us.

COMMUNITY THERAPEUTIC DAY SCHOOL		
Statement of Activities		
For the Year Ended June 30, 2014		
	2014	2013
	Total	Total
REVENUES, GAINS AND OTHER SUPPORT:		
Tuition and fees	\$2,531,492	\$2,490,071
Grants	22,000	6,005
Contributions	216,011	254,050
Other Income	12,746	2,506
Investment income	96,187	90,530
Net unrealized and realized gains (losses) on investments	613,777	340,403
Net assets released from restrictions:		
Satisfaction of program restrictions	-	-
Total revenues, gains and other support	3,492,213	3,183,565
EXPENSES AND LOSSES:		
Program services:		
Day treatment and education	1,745,334	1,712,596
Day treatment and education (Summer)	123,002	120,982
After School program	34,084	29,895
Inclusion program	227,003	252,016
Total program services	2,129,423	2,115,489
Supporting services:		
Management and general	397,443	373,100
Fundraising	260	100
Total supporting services	397,703	373,200
Total expenses	2,527,126	2,488,689
Change in net assets	965,087	694,876
Net assets at beginning of year	5,738,467	5,043,591
Net assets at end of year	\$6,708,554	\$5,738,467



ANNUAL FUND GIVING JULY 1, 2013-JUNE 30, 2014

Individual and Family

Jonathan Aibel, *in honor of Nadine Fowler & Adrien Asaff*
 Mary & Walter Alessi, *in honor of Lauren Alessi*
 Jeffrey Alpert, *in honor of Kathy Alpert*
 Kathleen Alpert, *in memory of Janet Brown*
 Anonymous, *in honor of Griffin Ruedi*
 Paul Asquith & Raya Gildor
 Jeannette Baca, *in honor of Nathan Tillis, Phil & Stella Baca*
 Kim Barad
 Michael Bassichis & Sylvia Freed
 Phyllis Baumann
 Robert & Kathy Bennett, *in honor of Kim Bennett Barad*
 George Berman & Regina E. Roman
 Alan Bloom & Sarah Graf
 Jacob & Nancy Bloom
 Sandy & Ethan Bornstein
 Tony Bram & Linda Helmig
 Richard Brodie
 Janet Brown
 Jim & Peggy Burling
 John Butler, *in honor of Linda Butler*
 Linda & Tim Butler, *in honor & memory of Jan Brown, Ph.D., in memory of Helen Silverman*
 Paul & Catherine Bутtenwieser
 Maryann & Joseph Byrnes
 Elizabeth Cabot
 Tom Calagna, *in honor of Alan Shapiro*
 Steven & Cindy Chao
 Edward Clark, *in honor of Nancy Fuller*
 Herbert & Christine Cline
 Robin Cohen
 Ken & Tina Cohn
 Brian Conway, *in honor of Rebecca Conway*
 Jim Cormier, *in memory of Pauline Mercer Cormier*
 Mike Daley
 Joan Dancer, *in memory of William Cunningham*
 Eric & Margaret Darling
 Annette & Olindo DeLollis, *in memory of William Cunningham*
 Ann Densmore
 Tom & Ellen Draper
 Daniel Dwyer
 Barry Dym & Fran Jacobs
 Sarah Fallon
 Paula Maria Fang & Gregory Weisz
 Gary Feldman, *in honor of all the therapists at CTDS*
 Joe & Dolores Finn
 Howard & Joanne Fisher
 Maureen Flannery, *in honor of the entire CTDS staff*
 Michael & Ellen Fontenot
 Barry & Molly Foss
 Nancy Fuller, *in memory of Annette Amoroso, Janet Brown, Herman Irving Cohen, Daniel Lucier, Phoebe Sternbach*

Pavithra Giridharan
 Bridget & John Glenshaw, *in memory of Michael Hauptman*
 Andy Goldberg & Suzi Wojdyslawski
 James Golden & Karen Hubbard
 Francis & Laura Gouillart
 Maryann Haldi
 Peter & Jayne Hamel
 Courtney Harmel
 Lawrence Hartmann
 Corinne & Rob Harvie, *in honor of Alan Shapiro & Bridget Glenshaw*
 Eddie & Jan Hauben
 Bruce Hauptman, *in honor of Nancy Fuller*
 Donn & Veronica Heath
 Patty Hinckley-Kilmain, *in memory of Marjorie Wellins, in honor of Meghan Hinckley*
 Michael & Barbara Holz, *in memory of Phyllis Miller*
 David & Miriam Horton
 Jonathan & Shelley Isaacson
 Steve Israel, *in honor of Alan & Priscilla Shapiro*
 Laura & Geoff Jarbeau, *in honor of Selene, Bridget & Olivia for their wonderful Sibling Group work*
 Jake & Rosalind Joffe
 Ron Joseph & Deb De Witt
 Arthur & Reda Jovellas, *in honor of Steve Brennan & Mike Murray*
 Leonard & Barbara Kaban
 Tony & Gail Keefer, *in honor of Bridget & John Glenshaw*
 Janet Kenneally, *in honor of Lauren Walton*
 Joe Kitrosser, *in memory of Sally Joy Remington*
 Paula & Roy Klein
 Teresa Kohlenberg & Tom Goodwille
 Stefanie Krotick, *in memory of Jody Dreher*
 Murray & Deb Lapides
 Robert Lavoie, *in honor of Tyler Lagasse*
 William Lavoie, *in honor of Tyler Lagasse*
 SweeCheng & Beoleong Lim
 Ann Liu, *in honor of Brandon Meinhardt*
 Mark & Megan Lucier, *in memory of Daniel Lucier*
 Diane Lyon, *in honor of Audrey & Evie Stewart*
 Dave & Sue Manley
 Oren & Daphna Mano
 Elaine Mansfield, *in honor of Janice & Jim Ware*
 Gabrielle & Jamie Marroig
 Michael Martignetti
 Henry & Joan May, *in honor of Charlie Humber, Alan Shapiro & Bridget Glenshaw*
 John & Reva McArthur
 Gina & Bob McCullough, *in memory of Herman Irving Cohen*
 Mary McDonald, *in honor of Tyler Lagasse*
 John & Dolores McIlmail
 Skip McKee & Meg Reynolds
 Rochelle & Jack Mikels, *in honor of Andrew & Marisa Mikels*

Rita & Richard Molesworth, *in memory of Elaine Ladka*
 David & Suzanne Morris
 James & Hollis Morris
 Jennifer Neuwaldler
 Lisa & Sean O'Brien, *in honor of John, Adrien & Gina*
 Gary & Elizabeth O'Connell
 Gilbert O'Connell
 Kevin O'Leary, *in honor of Mike Murray & Amy Corral*
 Virginia Ohanian
 Edward Orenstein & Rosanna Sattler
 Joshua Passell & Jane Moncreiff, *in honor of Bruce, Nancy & Alan*
 Amy & Jayesh Patel, *in honor of Linda Butler*
 Randall Paulsen & Sally Bowie
 Lisa Pawley & Rajesh Ranganathan
 Mike Pembroke
 Christopher & Vickie Perley
 Greg & Wendy Peverill-Conti
 Lorna & Lindsay Plowright
 Charlie Popper
 Michael & Julie Porter
 Phillip & Arlene Riley
 Christopher Ripman
 Jennifer Ripman & Richard Munroe
 Melissa & Richard Rollins, *in honor of Steve Brennan*
 Mary Rufo
 Chris Ruigomez & Emily Bruell
 Mary Sabel, *in honor of Priscilla Harmel*
 Leo Saraceno & Cara Voutselas
 Kathryn & Aaron Schatz, *in honor of all staff members*
 Simon Scheff, *in honor & memory of Dr. Janet Brown*
 Franz Schemmel
 Stephen & Toby Schlein
 Ed Seldin, *in honor of Nancy & Bruce*
 Richard & Schlein Seltzer
 Alan Shapiro, *in memory of Joan Hawkes*
 Henry Shaw, *in honor & memory of Dr. Janet Brown*
 Fred Sheehan, *in memory of Frederick J Sheehan Sr.*
 Russell Sherman & Wha Kyung, *in memory of Do Hee Kim*
 Theodore & Stephanie Silverstein
 Andrea & John Smith, *in honor of Pauline Smith*
 Pamela Smith
 Tom & Dorena Speth
 Kirsten & Carter Spille-Scott
 Lisa Spirio, *in honor of Bruce Hauptman*
 Joseph Spound, *in honor of Samantha Spounds' teachers*
 Neila Straub
 Joanna Stull, *in memory of Maxine Stull*



JOINING US THIS YEAR

Let us introduce our new psychiatrist who will work with Bruce Hauptman caring for our children and families.

Jennifer Neuwalder MD, Psychiatrist, started as a Resident Fellow at CTDS in 2009 and 2013 before joining the staff this year. She holds an AB in Visual and Environmental Studies from Harvard University, a Master in Architecture from the Harvard Graduate School of Design, and her MD from Tufts University School of Medicine. Previously, Jen was a Psychiatry Resident at UMASS Child/Adult Psychiatry Residency Program, then a Child and Adolescent Psychiatry Fellow at Cambridge Health Alliance, and worked last year as a staff psychiatrist on the Child Assessment Unit (inpatient child psychiatry) at Cambridge Hospital. In 2010-2011 she was selected as a Fellow of the American Psychoanalytic Association. Her long term interests include creative and mindful approaches to therapeutic work with each individual within family and community systems, as well as the experience of self in relation to the physical, emotional, developmental, and intellectual world.



Personal Statement:

What I love about child and adolescent psychiatry is its simultaneous simplicity and complexity. At the most basic, the task is simple: all children and families want to love and be loved, to listen and be heard, to feel safe expressing their needs and to have their needs respected, and when possible, met. The families I have worked with, those that have taught me the most, have shared these simple goals but were in crisis due to intersecting and often conflicting layers of complexity that caused disabling suffering.

My approach to working with families in crisis, and to sustaining longer term work once the acute crisis has subsided, is grounded in my own experiences in the visual arts (drawing and sculpture) and architecture, humanistic approaches to practicing medicine (The Healer's Art, narrative medicine, palliative care), meditation (mindfulness, T'ai Chi, Taoist meditation, loving-kindness meditation), and psychotherapy. My roots in psychiatry are distinctly psychodynamic and psychoanalytically informed, but I have come to appreciate a pragmatic approach that includes regular reassessment of goals and current needs and tailoring of approach for each child and family. Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), both use strategies and self awareness to manage behavior and family therapies (especially structural and strength-based) inform my work with children and families. I have grown to appreciate the role for medication as a powerful tool that can at times enable other therapeutic interventions to proceed.

When meeting with children and families, I strive to be affectively attuned while observing and self-monitoring in the moment. My sensibility when working with young latency-aged children is grounded in the developmental paradigm embodied so well by Fred Rogers on Mister Rogers Neighborhood. I have a kinship with the work of D. W. Winnicott, which is part what made me feel immediately at home the first time I visited CTDS and met Bruce, Nancy, Alan, Daniel, and the community of staff and children at the school. I believe in using whatever knowledge and perspective is most useful to help children and their families cultivate health, hope, resiliency, and competence. I enjoy thinking through each child's unique circumstances through multiple lenses: psychological, relational, developmental, neurodevelopmental, medical, family-systems, academic, cognitive, social, sensory, artistic, philosophical, intergenerational, cultural, trauma-informed, developmental trauma-informed. Each child is part of a rich tapestry that has evolved over time and is part of a larger multi-generational tapestry, which is itself part of something larger. Finding a child and family's strengths and nurturing them, figuring out what scaffolds need more refinement, identifying the unspoken misperceptions and losses, or who else in the family needs more support – this is the holistic approach that I find most satisfying.

I look forward now to working in community settings (rather than inpatient) in collaboration with other professionals, to continue both evaluation and longer-term psychotherapeutic work (of which medications are just one part), while balancing work with the needs of my family, including my husband and two young children.

