

Notes from the Director



Meryl Lipton, M.D., Ph.D.

We are honored to have an interview with Joe Palombo, founding member of RNBC, in this edition of *Puzzle Pieces*. Mr. Palombo has a deep and unique understanding of children with learning disabilities. His approach and understanding of the effects of neurocognitive deficits on the development of personality in this population of children allows for enlightened diagnosis and treatment. Through his clinical practice, his teaching and now his extraordinary book, *Learning Disorders & Disorders Of The Self In Children And Adolescents*, Mr. Palombo has made a significant impact on the lives of children with Learning Disorders.

Recently, a member of our Outreach Committee interviewed Mr. Palombo about his newly published book.

A Conversation with Joseph Palombo

Q. Tell me a little bit about yourself and your current practice.

A. I started in clinical social work over forty years ago. From the start I was interested in the treatment of children. In 1964, I came to work at what is now the Josselyn Center for Mental Health. I had started training in the Child & Adolescent Psychotherapy program at the Institute for Psychoanalysis. Later, I became Administrative Director of that program, which permitted me to pursue my interest in the education of child therapists. Some years later, I helped start the Institute for Clinical Social Work and served as Dean. In addition, the years of being associated with Meryl Lipton, Pearl Rieger, Warren Rosen, and Karen Pierce greatly enhanced by understanding of the nature of the neurobehavioral problems.

In my years of practice, I have treated children and adolescents as well as adults in individual psychotherapy. As word got around about my interest in the emotional problems of children with learning disabilities, my practice has become weighted heavily in the direction of people with these problems. Now, I see primarily adolescents and adults, many of whom have learning disabilities.

Q. What got you interested in the problems of children with LD?

A. When I started at the Josselyn Center, Dr. Mary Giffin was its Director. She introduced me to those children, who at the time were called children with perceptual handicaps or minimal brain dysfunctions. The term "learning disabilities" had not been coined then. The clinic focused on children's problems, we, therefore, struggled to understand the ways in which learning disabilities contributed to the children's emotional problems. We knew little then about these issues.

Q. How did your thinking evolve from those early days?

A. At first, the problems of most children were thought to be related to the child rearing approaches used. Parents, in particular mothers, were often implicitly blamed for those problems. At the Institute for Psychoanalysis, I supervised a student on the case of a child with learning disabilities. We found that it did not make sense to



Joseph Palombo, M.A.

A Conversation with Joseph Palombo

blame the parents for what was essentially a neurological problem. We found that when we were able to convey that understanding, both the parents and the child benefited much more from the therapy than had previously been possible. Since then, I have been on a crusade to eliminate blaming parents for their children's problems.

Q. When did you get the idea of writing a book on those issues?

A. Over the years, I had published, many papers on those issues. Few people seemed interested in what I had to say. A publisher proposed that I publish this set of papers in book form to give them greater currency. When I looked at those papers, it was clear that what was needed was a much more comprehensive and integrated treatment of the issues. I set to work on that project about four years ago and was fortunate to find, in W.W. Norton, an excellent publisher and editor. They were most helpful in getting my ideas in shape.

Q. What are the main points you discuss in your book?

A. There are three main themes I address 1) How does a learning disability affect a child's development? 2) Why is it that some children develop emotional problems while others do not? And, 3) how can we use our understanding of a child's learning disability in tailoring our interventions, whether they are remedial or therapeutic?

It is clear that a child with a learning disability brings a special challenge to the task of the caregivers. The child's development invariably takes a different course than it would have had to the child not had such a deficit. Second, not all children with learning disabilities develop emotional problems. Protective factors seem to spare these children. In part this is because of the complex interactions that are set up between the child and the caregivers. Sometimes, the fit between the child and the caregivers permits the child to be protected from the development of problems. At times, the child's deficits can interfere with the parent's efforts at caregiving, no matter how dedicated the caregivers may be. Sometimes, the parents, because of their own problems cannot provide for the child's needs. It is then that emotional problems emerge. Finally, it is important that interventions take into account, not only the cognitive sequela of a learning disability, but also the emotional consequences, which can interfere with remediation efforts.

Q. It sounds like the book is written for professionals, would a lay person benefit from reading it?

A. I tried very hard to make this book as readable as possible for different professionals, including teachers, learning disability specialists, psychologists, and psychotherapists. However, parents these days are quite sophisticated and knowledgeable about their children's problems. The availability of the Internet has, in part, made that possible. These parents would certainly be able to understand most of the contents of the book.

Q. How can the book be obtained?

A. The book is available for sale at the RNBC Resource Center and is also at Amazon.com. ■



RUSH
NEUROBEHAVIORAL
CENTER

Founded in 1997, the Rush Neurobehavioral Center is a unique multidisciplinary team committed to serving the medical, psychological and educational needs of children with neurobehavioral problems with a special emphasis on children with social learning disorders. The center develops innovative approaches for diagnosing and treating these children. It conducts research on pediatric neurological and neuropsychological disorders and shares the knowledge acquired through the center's diverse activities with lay and professional communities.

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RNBC PRESENTS
"A Team Approach to NLD"
Friday, April 12, 2002
Annual NLDA Symposium, Berkeley, CA

Presenters will include:

Dr. Sheeba Daniel-Crotty

Dr. Marina Eovaldi

Ms. Jen Grim

Dr. Meryl Lipton

Mr. Josh Mark

Mr. Joe Palombo

Ms. Shartrina Robinson

Ms. Nadine Wengroff

Dr. Michael Woodin

<http://www.rush.edu/rnbc>

RNBC and Chicago Public Schools...A New Partnership

The Rush Neurobehavioral Center (RNBC) strives to develop innovative approaches to the diagnosis and treatment of children with social-emotional learning disabilities (including Nonverbal Learning Disabilities, Asperger's Syndrome, etc.), and to share the knowledge acquired with schools throughout the state.



We are pleased to announce that a high impact, next generation social development program for the inner city was started this fall between RNBC and Chicago Public Schools. The program is being implemented in two CPS elementary schools, Skinner Classical and Farnsworth. The pilot project is helping children with nonverbal learning disabilities and other social-emotional learning disabilities experience social, emotional, and academic success. This project will also enhance the social and emotional well being of the entire school community. A socially and emotionally healthy, school-ready child is essentially one who can

effectively communicate with peers and teachers, as well as establish and maintain long lasting friendships. The National Educational Goals Panel (1999) states:

“Children’s school

experience is more positive and productive when they have a sense of personal well being, grounded in stable, caring relationships in their early lives. Unhappy, fearful, or angry children are preoccupied, unable to give their full attention and engagement to learning experiences. A solid base of emotional security and social competence enables children to participate fully in learning experiences and form good relationships with teachers and peers. In building and maintaining such relationships, key social skills are: respecting the right of others, relating to peers without being too submissive or overbearing, being willing to give and receive support, and treating others as one would like to be treated. To the extent that children develop these social skills and attitudes, they function better in a school setting”

Researchers at the National Institute of Child Health and Human Development report that, “Poor psychosocial adjustment was linked to both bullying and being bullied. Individuals who were harassed were more likely to experience symptoms of social isolation (loneliness, difficulty making friends, poor peer relationships).” Similarly, children with NLD experience situations in which they feel social isolation and relational forms of aggression. This research supports the need for social-emotional education within the classroom setting.

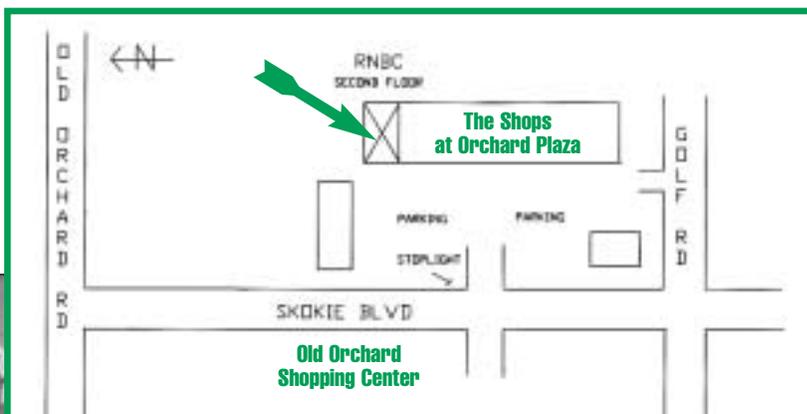
This innovative model educates the entire community including children, parents, and professionals on the social-emotional needs of children. ■

Goals of the Program:

- To expose all teachers to the characteristics of social learning disabilities
- To improve teachers’ communication to parents about social learning disabilities
- To improve teachers’ confidence in teaching children with social learning disabilities
- To provide teachers with a repertoire of direct interventions, accommodations and teaching style adaptations that will maximize students’ success
- To improve the education of all students about social learning disabilities
- To give students with social learning deficits confidence in their academic abilities
- To give students an understanding of their learning styles and strategies they can use to promote their academic success
- To provide parents with education and resources pertaining to social learning disabilities

RNBC Is on the Move Spring 2002

Watch for news of our new location
at 9711 Skokie Blvd.,
at The Shops at Orchard Plaza



The Treatment of ADHD

A Chronic Condition Requiring a Team Effort

Sheeba Daniel-Crotty, Ph.D.

The treatment of ADHD is most effective when it involves the collaboration between treating clinicians, parents, school personnel and the child. This “multi-systems” or team approach is further enhanced when the team views the course of ADHD as chronic and needing regular monitoring of treatment goals and outcomes. All team members should act as detectives, constantly investigating a child’s specific needs, interventions and progress toward treatment goals. As was mentioned in the last Puzzle Pieces issue, intervention should be individualized and follow-up needs to be on-going. Whether stimulant medication, behavior therapy, classroom interventions or a combination of all three are implemented, treatment goals or target behaviors to change should be specific and realistic. Evaluating the response to treatment requires a constant collection of information from the entire team (i.e., parents, teachers, tutors, the child and other treating clinicians). Furthermore, each team member should have a clear definition of “improvement” for each particular child in different areas of functioning (i.e., core symptoms, academics, peer and family relationships).

In October of 2001, the American Academy of Pediatrics (AAP) published guidelines for the treatment of ADHD. These guidelines were applauded by the professional and parent community (CHAAD) and its guiding principle, the “need for collaboration”, rings true in the ears of many, especially here at RNBC. Consistent with the mission of RNBC, the AAP’s blueprint for treatment recommendations involve: a) recognizing ADHD as a chronic condition; b) educating families on its course, symptom presentation, associated impairments, the effect of developmental changes and need for on-going monitoring; c) collaborating with parents, school personnel and other treating professionals to formulate behavior-specific goals to guide intervention; d) implementing evidenced-based intervention strategies (i.e., behavior therapy and/or stimulant medication); e) evaluating progress toward goals and if goals are not met, re-evaluating the original diagnosis, the possible presence of co-existing conditions and obstacles to adhering to the intervention plan; and f) in collaboration with other team members, continue to monitor and direct follow-up to progress toward goals. The AAP further notes that recommendations for treatment should be carried out only after a careful assessment of the problem and an accurate diagnosis has been made.

There is no easy route or “quick fix” when trying to meet your child’s own specific needs, provide intervention for deficits and to set the stage for success. It is a course that will require an on-going effort, but success is possible with the help of a good team of sleuths doing thorough detective work! ■

Mailbag

Diagnosing and treating behavior disorders

Daniel Wallace, Rush Neurobehavioral Center, Advisory board member, Editorial Response, reprinted from the Chicago Tribune, July 29, 2001

Your July 23 editorial “Ignoring mental illness in kids” correctly calls for early diagnosis and treatment of children with behavior problems. But your description of these conditions as “mental illness” and “psychiatric disorders” does the children in question an injustice.

“Illness” suggests something that can be cured, while “psychiatric disorder” implies something that can be treated successfully by extended time on a therapist’s couch.

I have a child with a learning disability, and I serve on the advisory board of an organization dedicated to treating children with behavior disorders. From those experiences, I have learned that many, perhaps most, behavior problems in children and, by extension, adults have a neurological foundation. This means that they are manifestations of differences in brain structure, chemistry and function.

The best available research suggests that between 10 percent and 20 percent of the population may have such a condition. But awareness of the full range and impact of neurologically based behavior disorders among school officials, physicians and mental-health professionals is surprisingly low.

Attention deficit disorder is probably the best recognized brain-based behavior disorder, partly because it is relatively common and partly because it triggers behavior so disruptive that it demands a response. Many other brain-based conditions produce less extreme behavior but can have equally serious consequences.

An untreated child with any of these conditions will find it hard to fit in, to have friends, to succeed academically, to be liked by his teachers or appreciated by his peers. Ironically many of these conditions occur disproportionately in people with above average and even superior IQs. Yet these children typically under perform in school, with the gap growing wider as they grow older. As adults, they tend to be underemployed, and many find it hard to hold a job at all. Many also find it hard to establish and sustain a marriage or other close relationships. In general, despite great potential, they tend to have unsuccessful lives.

The social costs are high as well. The talents of some of our best and brightest are lost to the rest of us. And although certainly not all of these children will become criminals or otherwise become direct burdens on society, many of them, if left untreated, will.

Viewed from this perspective, behavior disorders are no one’s fault. They do not reflect bad parenting or teaching. They are not curable in the strictest sense because the underlying differences in brain function cannot be reversed. Because of their neurological origins, they do not respond well to simple interventions like strict parenting or conventional psychotherapy. But they are certainly treatable, especially with careful diagnosis and early, focused intervention. This may include a combination of specialized psychotherapy, medication, tutoring, physical therapy and parent and teacher education and academic modifications.

The good news is that accurate, early diagnosis and intervention really do help. These people often have great strengths that counterbalance their weaknesses, and because they function differently from most of us, they can be great innovators and problem solvers.

The Tribune’s call for awareness and funding are right on. We just need to make sure we have our eye on the right ball. ■

RNBC's 5th Annual Benefit Dinner

Thanks to RNBC's deeply committed Advisory Board, supporters and staff, this year's gala was a huge success. Co-chaired by **Ms. Abby O'Neil** and **Mr. Sam Bezanis**, the benefit raised over \$350,000 and was attended by more than 300 people.



Roger Plummer, Chair, RNBC Advisory Board, Irving B. Harris, and Dr. Meryl Lipton

Every year, the Rush Neurobehavioral Center presents its highest awards to two special individuals. The Pearl H. Rieger Award honors someone who has made a significant difference in the lives of children with neurobehavioral issues. This year, the Center honored **Irving B. Harris**, a leader who has shaped developmental

neurobehavioral research through his keen understanding and his generous philanthropy.

The RNBC Living Proof award honors an individual with a neurobehavioral disorder who despite that challenge or, at times, because of it, achieves eminent success. The 2001 Living Proof Award was presented to legendary chef and restaurateur, **Charlie Trotter**.



Charlie Trotter and Roger Plummer

Save the date of **Wednesday, November 6, 2002**, for RNBC's **Sixth Annual Benefit Dinner**. ■

Upcoming Events

For times, locations and additional information about these events, please call (847) 933-9339 x222.

Tuesday, February 19 Dr. Michael Woodin will present at the Edgebrook Public Library on "Learning and Behavioral Problems" at 7pm

Wednesday, February 27, 2002 Jennifer Grim conducts a teacher inservice on social skills for Harper School in Wilmette

Tuesday, March 5, 2002 Joe Palombo will make a presentation to Professional in Learning Disabilities

Friday, March 8, 2002 Joe Palombo presents "Learning Disabilities and the Development of the Sense of Self" to the National Membership Committee on Psychoanalysis

Tuesday, March 19 TBA Grand Rounds at 12:30pm in the Sharfstein Center of Rush North Shore Medical Center

Tuesday, March 19 Dr. Marc Atkins will present at the Edgebrook Public Library on "ADHD" at 7pm

Tuesday, April 16, 2002 Pearl Reiger will present at the Edgebrook Public Library on Learning Disability Indicators at 7pm

Tuesday May 21, 2002 Gail Connelly discusses Summer Reading Issues at the Edgebrook Public Library at 7pm

Sunday, May 26, 2002 Dr. Michael Woodin discusses social skills and NLD for the Hydrocephalic Association's National Conference at the Sheraton Hotel in Chicago

Tuesday, June 18, 2002 Ceil Rothbart will present the critically acclaimed film, "A Celebration of Differences" at the Edgebrook Public Library at 7pm. She will speak about her parenting experience and what she learned from the many participants from whom she took personal testimony.

CENTER SPOTLIGHT

Over the next year, each newsletter will introduce several members of our multi-disciplinary team. This issue, meet...



Shartrina Robinson, BA, Education Consultant Ms. Robinson did her advanced graduate studies in Curriculum Development at Purdue University where she also holds a BA in Education with a minor in Reading and Computer Science. She provides organizational tutoring for children at RNBC. She develops curriculum and provides consultation with schools for implementation.

Jennifer Grim, MS, Education Consultant Ms Grim holds a MS from the University of Wisconsin-Madison in Special Education and earned a BS in Communicative Disorders at the University of Rhode Island. She provides educational consultations, group and individual social skills therapy and program development. She develops curriculum and provides consultation with schools for implementation.



Joshua Mark, LCSW, Social Worker Mr. Mark holds a BSW and a MSW from University of Wisconsin, Madison. He provides social skill building group therapy, child therapy, parent guidance, and educational consultations at RNBC.

Nadine Wengroff, MS, CS, Clinical Nurse Specialist Ms. Wengroff holds a M.S. in Psychiatric and Mental Health Nursing from Rush University and is a Certified Clinical Nurse Specialist in Child and Adolescent Psychiatric Nursing. She assists in medication management, educates patients and families about neurobehavioral disorders, and coordinates social skills groups for children and adolescents with social/emotional disorders at Rush Neurobehavioral Center. Ms. Wengroff also provides counseling services to children and families.

Sheeba Daniel-Crotty, Ph.D., Clinical Psychologist, earned her Ph.D. in Clinical Psychology at MCP Hahnemann University in Philadelphia and did her Post-Doctoral Fellowship in Child Clinical Psychology at the University of Chicago. She completed her Pre-Doctoral Clinical Internship in Child Clinical Psychology at the Medical College of Virginia and earned her B.A. in Psychology at Washington University in St. Louis, MO.

Dr. Daniel-Crotty is a child clinical psychologist who specializes in ADHD and co-existing social-emotional problems. She has experience working with a variety of psychological difficulties such as depression, anxiety, peer problems and disruptive behavior. She conducts individual and family therapy as well as parent training and social skills groups. Dr. Daniel-Crotty also conducts psychological and social cognition assessments.



Michael F. Woodin, Ph.D., Neuropsychologist, completed advanced graduate studies in Clinical/Developmental Psychology at the Eliot-Pearson Department of Child Study at Tufts University, and earned his Ph.D. in School and Neuropsychology at Ball State University. He completed his Pre-Doctoral Internship and Postdoctoral Fellowship In Pediatric Neuropsychology at the Children's Hospital of Philadelphia and the University of Pennsylvania School of Medicine.

Dr. Woodin's professional training is in pediatric neuropsychology. However, he has also previously served as a special education administrator, an elementary and high school teacher, school psychologist, university instructor, master teacher, and as an educational and reading publishing consultant. His experience and expertise is in the areas of brain-behavior relationships, genetic disorders, neurologic disorders, nonverbal learning disabilities, social-emotional learning disabilities, learning disabilities, giftedness, behavioral disorders, and ADHD. Dr. Woodin performs neuropsychological and social cognitive evaluations, offers parent and school-based consultations, provides psychosocial interventions and counseling, and conducts training seminars and presentations.



MASTER PIECE



Learning from Learning Disabilities

by Elie Caham, graduate of Loyola Academy

I have this one memory that sticks in my head. In seventh grade a girl came into my home economics class with a little brown pill bottle. She was the girl everyone picked on, the butt of all our jokes. She was different, and in seventh grade different is bad. She came into class and began to tell everyone how she took Ritalin because she was hyperactive and crazy. This was the kind of thing she did to cause herself to be the butt of jokes. She told everyone that Ritalin was for kids who were not right in the head and who did bad things like trying to kill themselves. I almost started to cry.

I knew I was not crazy, and I didn't do bad things. I would never try to kill myself. I couldn't understand why this girl was telling people all these lies that involved me. If the kids in my class thought Ritalin was for problem children there'd be no way to protest that, or at least to say "hey I take it too and I'm not like that."

In seventh grade it is hard to protest. It is even harder to admit that you are different. And for some of us it's impossible to admit we have a learning problem.

Since third grade I'd known I was different. School was always harder than I'd expected, or probably than my parents had expected it to be for me. Teachers thought I was lazy or spoiled. My third grade teacher once sent a letter home on pink stationery that included lots of underlined statements like: She could do it if she wanted to. Even before that, as early as kindergarten, I remember hanging around my teachers' desks just talking about stuff. They probably thought I couldn't sit still, but really I was just trying to waste time.....stall..... so I wouldn't have to sit down and stare at that paper that didn't make much sense to me.

Then one Saturday at the end of third grade I spent the day inside the office of the school psychologist taking tests. Those tests showed a diagnosis of learning disabilities and an above-average IQ.

You might think it made me glad to learn I was smart. But I didn't feel smart. I just felt different. Even if I had reading and writing skills, I was way below on spelling, punctuation and math. It didn't seem to me there was any way to catch up. And no matter how many people tried to tell me I was smart, I felt dumb.

That started years of tutors and special help in school. Beginning in fourth grade, I would go for one hour each day to the school tutor. She was an amazingly nice woman. But nothing could make up for having to leave my friends in the middle of the day and go to the little classroom off the library and be different.

In fifth grade other kids began to notice the academic differences between us. I had to report to a special classroom instead of taking Spanish. I guess they thought English was hard enough for me to learn. About this time, my parents and some teachers started talking about ADD. I didn't know anything about attention disorders. I just knew it was back

to special doctors and psychologists. More tests. More whispered discussions between my parents and phone calls where my mom cried.

Kids with learning problems spend a lot of time and energy pretending. In my case...partly because I'm so bull-headed...that showed up in refusing to ask for help or take help when it was offered. It didn't matter if it was at home or at school. Once my parents had a brainstorm...I think they got the idea from a book: It went something like this: if one person in the family is having trouble in school, the whole family rallies around her. Everyone gathers at the table each evening for quiet time, reading, writing, doing art work. I was about 10, the oldest of three. And even though my little brother and sister sat quietly coloring....I was crawling around under the table. From the outside someone could say...why don't you just sit down and try to work a little? But if you think you'll never measure up, then to even attempt math problems or writing sentences just confirms what you know is true: you're not good enough. Why would I put myself in that situation?

The same attitude surfaced at school: I wouldn't go to the nurses office for Ritalin because some other kid with a headache or something might see me.

Through high school I resisted peer-tutors or asking teachers for help before tests. I wouldn't let anyone look over my papers or homework. I wanted to be like other kids I knew, who did their homework in front of the t-v or crammed for tests and got As. If someone had asked me then, I couldn't have explained that asking for help was like losing a piece of myself, or at least the self I'd decided to project to the world.

A lot of the insecurities of those elementary and high school years are in the past now. I attend college; I have a full time job, I live on my own. I still struggle with aspects of my learning problems, particularly in getting and keeping organized. But I can look toward to a future in which I have a career...and more and more often I think that career may be in teaching. It would be great for a struggling kid in my classroom to have a teacher who knows how it feels from the other side. I hope I remember to help that kid concentrate on what she's good at, instead of what she lacks.

I hope I remember that all the "special" education or experts tutors around are a waste of time unless they help with the real disability in learning disabilities, and that is self-esteem. What I do remember is that all through my childhood, the well-meaning adults in my life just wanted me to be able to love learning and school. What I really needed was to be able to love myself.

To submit a photo, picture, poem, story or letter for future publication, please fax 847-933-4194; e-mail: nbalantz@rush.edu; or mail to us at RNBC.

RUSH

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Skokie, IL 60076

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While Rush Neurobehavioral Center is pleased to present information and references for parents and educators helping children with neurobehavioral differences, it is our policy not to recommend or endorse any specific reference source.

- www.readingrockets.com
- www.familyeducation.com
- www.smarterkids.com
- www.familyvillage.com
- www.nldline.com
- www.schwablearning.org
- www.allkindsofminds.org

"A Celebration of Differences"

narrated by Bill Kurtis

- Honorable Mention in Education
47th Columbus International Film Festival, 1999
- Honorable Mention, The Sidney Berman Award
American Academy of Child & Adolescent Psychiatry, 1999
- Favorably reviewed in "Booklist"
The American Library Association, 1999
- Finalist in Guidance & Counseling
The New York Festival for Film and Video, 1999
- Featured on Oprah Winfrey, June 15, 2000

Individuals with learning differences possess unique strengths and gifts. In this film, adults and children describe the strategies and experiences which have enabled them to succeed in a world that often frustrates and confuses them. They discuss their academic struggles, the empowerment that comes from understanding their issues, and the determination that enables them to address life's continuing challenges.

To order: Please make check or money order payable to Rush Neurobehavioral Center. Orders will be processed upon receipt of payment. All sales are final. Tapes may also be purchased at the center.

"A Celebration of Differences" (22 min.)	price	\$ 39.95
	shipping	\$ 5.00
	sales tax	\$ 3.40
	total	\$ 48.35

You are an important piece of our puzzle!

To support the unique programs offered by Rush Neurobehavioral Center, consider a donation. Please include this form with your donation, and mail to:

RNBC, 9701 Knox Ave., Suite 102, Skokie, IL 60076

Your donation to our non-profit organization is tax-deductible.

"A Celebration of Differences"
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